Section D

DEMOGRAPHICS

Winnipeg Regional Health Authority
Caring for Health
Office régional de la santé de Winnipeg
À l'écoute de notre santé

The Winnipeg Health Region serves residents of the City of Winnipeg as well as the Rural Municipalities of East and West St. Paul. According to the Manitoba Health and Healthy Living (MHHL) registry, the population in Winnipeg Health Region in 2006 was 667,038. It shows an increase in population of 2% from 2001 when population was reported as 653,728. This section continues on to report detailed population characteristics about the Winnipeg Health Region (WHR) based on data from Manitoba Health and Healthy Living registry and Statistics Canada (census data).

Ten diverse demographic indicators are included:

- *Manitoba population*
- *Urban (Winnipeg) population*
- *Population density*
- *Population Pyramids by age & sex*
- *Population projection to 2036*
- *Child to elderly (dependency) ratio*
- *Percent of lone-parent families*
- *Aboriginal People* (as a portion of the Winnipeg population)
- *Most frequent languages spoken at home* and,
- *Internal migrant mobility* (the extent to which Winnipeg residents move around from census to census)

Winnipeg has the largest proportion of Manitoba's urban population. According to census data of 1996 and 2001, the urban population proportion has also slightly increased from 98.9% to 99.3%. In addition, the population density in the region increased from 1076 residents per square kilometre to 1106 residents per square kilometre between the 1996 and 2006 censuses. The community area of Downtown had the highest population density of 4014 residents per square kilometre in 2006. A population pyramid shows the age and sex composition of the population. The population pyramid of Winnipeg indicates that our population is aging. Winnipeg's population under 20 years of age accounts for a slightly lower percentage of the WHR population than in other Manitoba regions.

Canadians aged 65 and over and those under age 15 are more likely to be socially and/or economically dependent on working age Canadians, and may also put certain additional demands on health services. The Winnipeg dependency ratio of children and elderly persons to the working age group shows some variation between Winnipeg community areas from a low of 43.5% in River heights to a high of in St. James-Assinibioa 54.1%.

Additionally, the findings from Winnipeg's 2006 census data shows that: 83% of lone-parent families were headed by a female; Point Douglas, Downtown and Inkster had the highest percentage of aboriginal people; and, the 5-year and 1-year internal migrants were 7% and 2.2% in Winnipeg respectively.

Manitoba Population

The number of people living in Manitoba by age and sex as of December 31, 2000 and 2005.

Province of Manitoba: Population Counts & Percentages by Age Group & Sex as of Dec 31, 2000 and 2005

Table 15.1

Manitoba Population: 2000 & 2005						
Age Groups	Population in 2000 (TOTAL=1,151,895)		Population in 2005 (TOTAL=1,175,235)			
	Male	Female	Male	% Male	Female	% Female
0-4	37989	35864	36408	-3.1%	34693	3.0%
5-9	42583	40759	38979	-3.3%	36815	3.1%
10-14	43077	40895	43435	-3.7%	41592	3.5%
15-19	41876	39652	43506	-3.7%	41693	3.5%
20-24	38528	37901	40428	-3.4%	39742	3.4%
25-29	37871	37875	37390	-3.2%	37552	3.2%
30-34	38734	38861	37815	-3.2%	38133	3.2%
35-39	46237	46221	38879	-3.3%	39097	3.3%
40-44	46382	45569	45944	-3.9%	46121	3.9%
45-49	41699	42053	45949	-3.9%	45183	3.8%
50-54	36581	37021	40785	-3.5%	41182	3.5%
55-59	27687	27742	35269	-3.0%	35950	3.1%
60-64	22173	22913	26048	-2.2%	26519	2.3%
65-69	19808	21297	20123	-1.7%	21568	1.8%
70-74	17359	20763	17158	-1.5%	19512	1.7%
75-79	13950	19917	13986	-1.2%	18286	1.6%
80-84	8684	14367	9863	-0.8%	16173	1.4%
85-89	4623	9279	5007	-0.4%	9890	0.8%
90 +	1895	5210	2270	-0.2%	6292	0.5%
TOTAL	567736	584159	579242		595993	

Urban (Winnipeg) Population

Winnipeg is an urban area and most people living in the city are classified as "urban". An urban area is defined as having a minimum population of 1,000 and a population density of 400 people per square kilometer. Most of Winnipeg Health Region's rural population would come from East or West St. Paul.

Table 15.2

Urban (Winnipeg) Population, 1996-2001				
	1996		2001	
Winnipeg	Urban	Rural	Urban	Rural
	98.9%	1.1%	99.3%	0.7%

Source: Statistics Canada Census, 1996,2001

Winnipeg Health Region: Population Counts & Percentages by Age Group & Sex as of Dec 31, 2000 and 2005

Table 15.3

Winnipeg Health Region Population: 2000 & 2005								
Age Groups	Population 2000 (TOTAL=649,011)		Population 2005 (TOTAL=662,520)					
	Male	Female	Male	% Male Total	Male MB %	Female	% Female Total	Female MB %
0-4	19944	18524	18519	2.8%	3.1%	17595	2.7%	3.0%
5-9	21990	21224	20025	3.0%	3.3%	18755	2.8%	3.1%
10-14	22034	20886	22140	3.3%	3.7%	21419	3.2%	3.5%
15-19	21248	20408	22442	3.4%	3.7%	21812	3.3%	3.5%
20-24	21511	21973	22437	3.4%	3.4%	22979	3.5%	3.4%
25-29	22513	22927	22539	3.4%	3.2%	22911	3.5%	3.2%
30-34	23391	23348	22679	3.4%	3.2%	22881	3.5%	3.2%
35-39	27477	27242	23209	3.5%	3.3%	23227	3.5%	3.3%
40-44	27004	26907	26979	4.1%	3.9%	27029	4.1%	3.9%
45-49	24199	25297	26674	4.0%	3.9%	26591	4.0%	3.8%
50-54	21242	22406	23562	3.6%	3.5%	24656	3.7%	3.5%
55-59	15453	16023	20133	3.0%	3.0%	21409	3.2%	3.1%
60-64	11923	12909	14165	2.1%	2.2%	15068	2.3%	2.3%
65-69	10832	12292	10599	1.6%	1.7%	12111	1.8%	1.8%
70-74	9279	12334	9370	1.4%	1.5%	11379	1.7%	1.7%
75-79	7671	12026	7579	1.1%	1.2%	10984	1.7%	1.6%
80-84	4582	8364	5515	0.8%	0.8%	9825	1.5%	1.4%
85-89	2353	5374	2689	0.4%	0.4%	5798	0.9%	0.8%
90+	903	2998	1178	0.2%	0.2%	3658	0.6%	0.5%
TOTAL	315549	333462	322433			340087		

Population Density

Number of people per square kilometer. This indicator is calculated by dividing the total population by land area.

Table 15.4

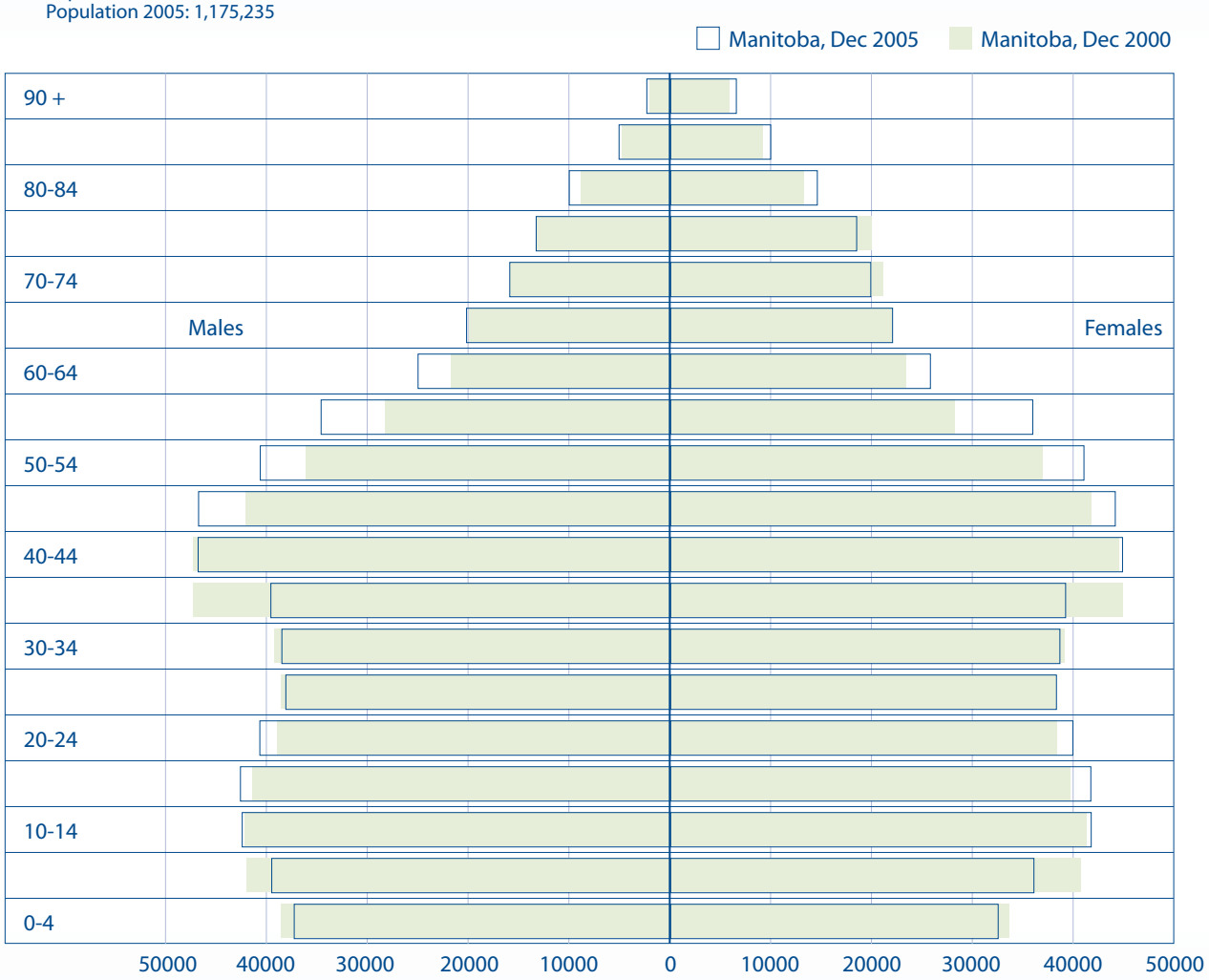
Population Density by Community Areas			
Community Area	1996	2001	2006
Fort Garry	777.4	810.1	862.2
Assiniboine South	590.6	602.3	600.2
St. Boniface	961.6	1004.3	1098.5
St. Vital	960.6	956.6	979.9
Transcona	1157.6	1141.2	1145.9
River Heights	3177.2	3114.8	3076.3
River East	1196.6	1220.8	1229.4
Seven Oaks	447.9	453.5	475.4
St. James - Assiniboia	1026.9	1005.1	987.1
Inkster	1735.1	1729.7	1767.2
Downtown	4575.8	4652.0	4625.6
Point Douglas	3950.5	3875.4	4014.4
Winnipeg	1076.0	1084.3	1106.4
Manitoba	2.1	2.1	2.2

Source: Manitoba Health and Healthy Living Registry

Population Pyramid

Figure 15.1: Age & Sex Profile of Manitoba, 2000 and 2005

Population 2000: 1,151,895
Population 2005: 1,175,235

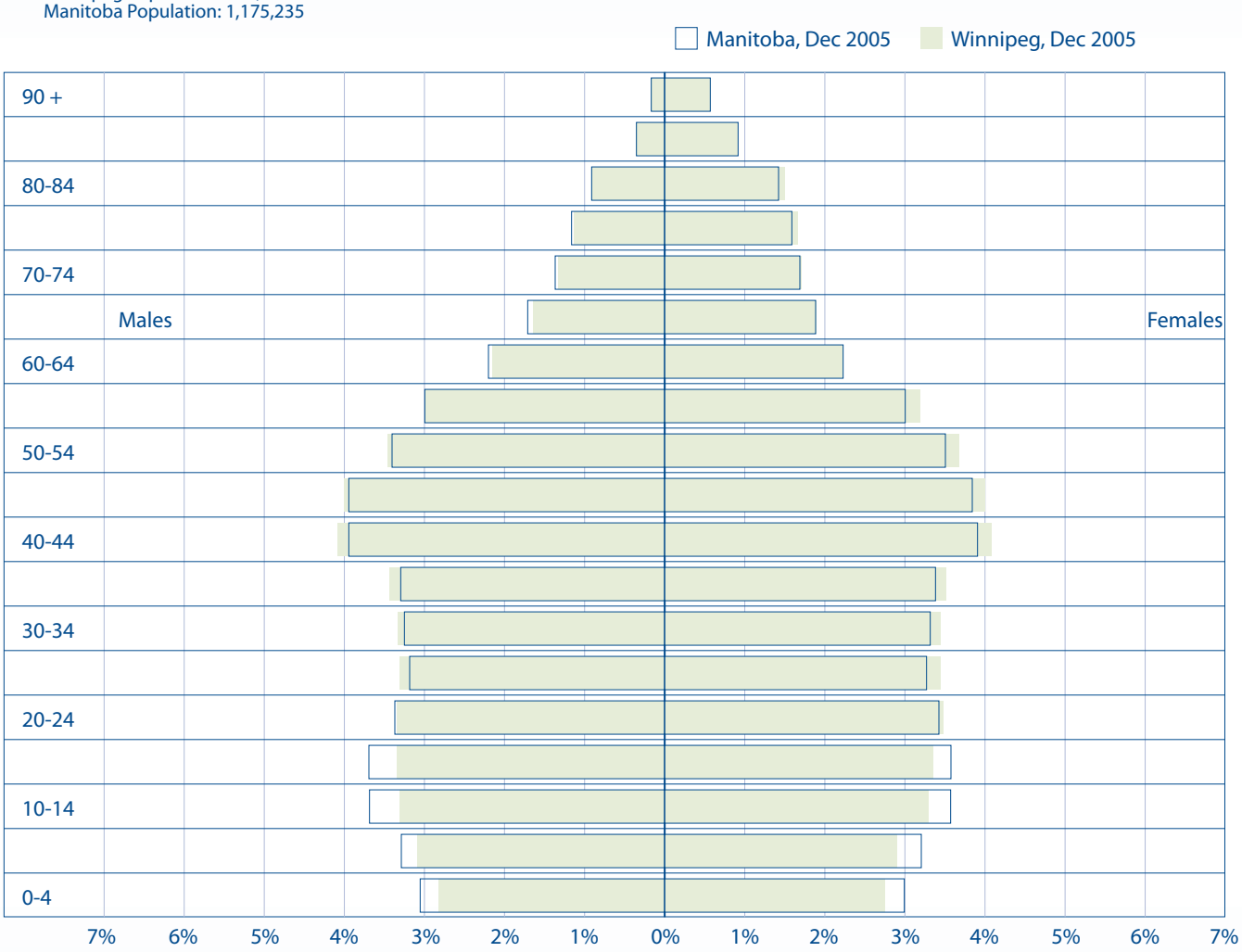


Source: Manitoba Centre for Health Policy, 2009

Population Pyramid

Figure 15.2: Age & Sex Profile of Winnipeg, 2005

Winnipeg Population: 662,520
Manitoba Population: 1,175,235

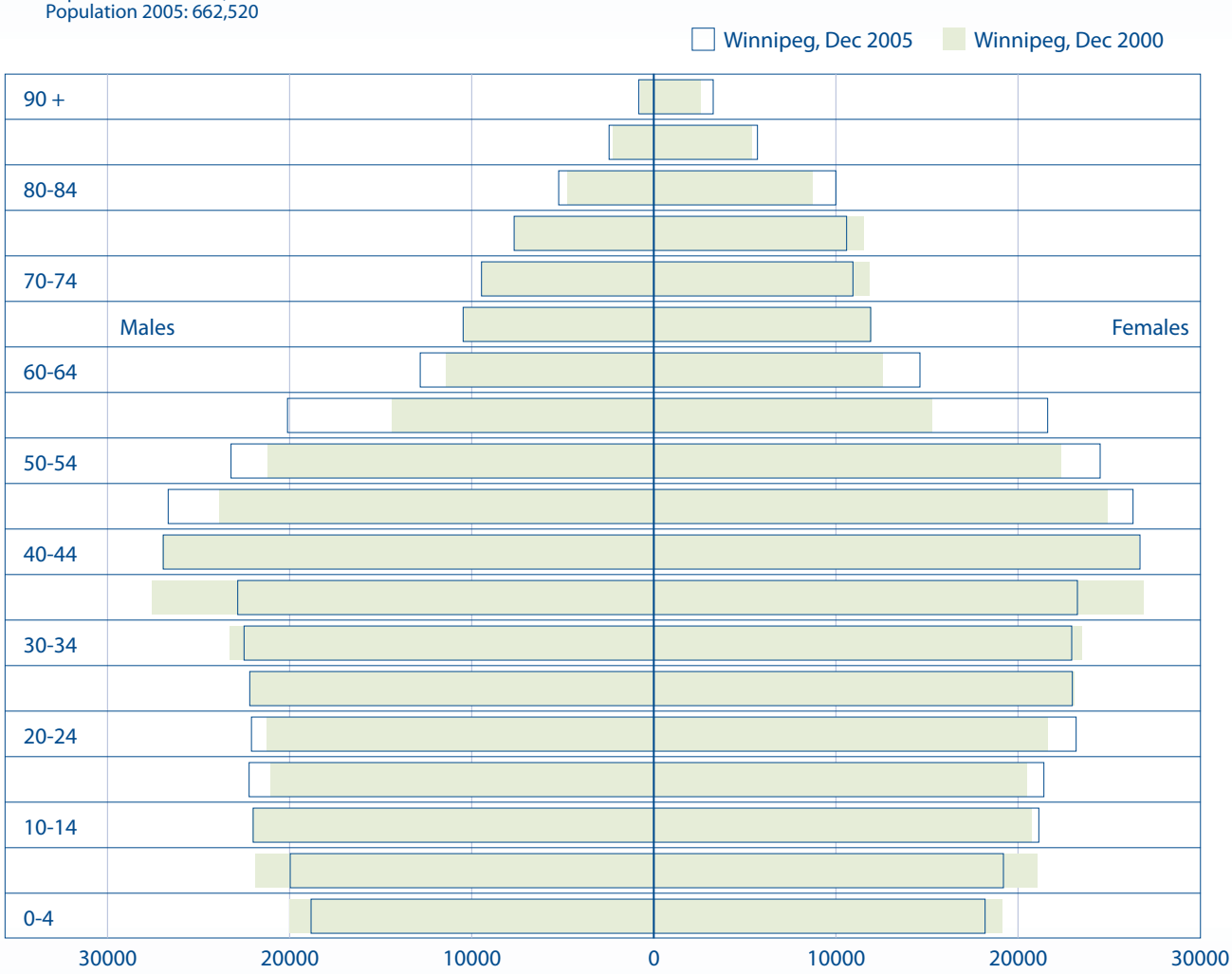


Source: Manitoba Centre for Health Policy, 2009

Population Pyramid

Figure 15.3: Age & Sex Profile of Winnipeg, 2000 and 2005

Population 2000: 649,012
Population 2005: 662,520

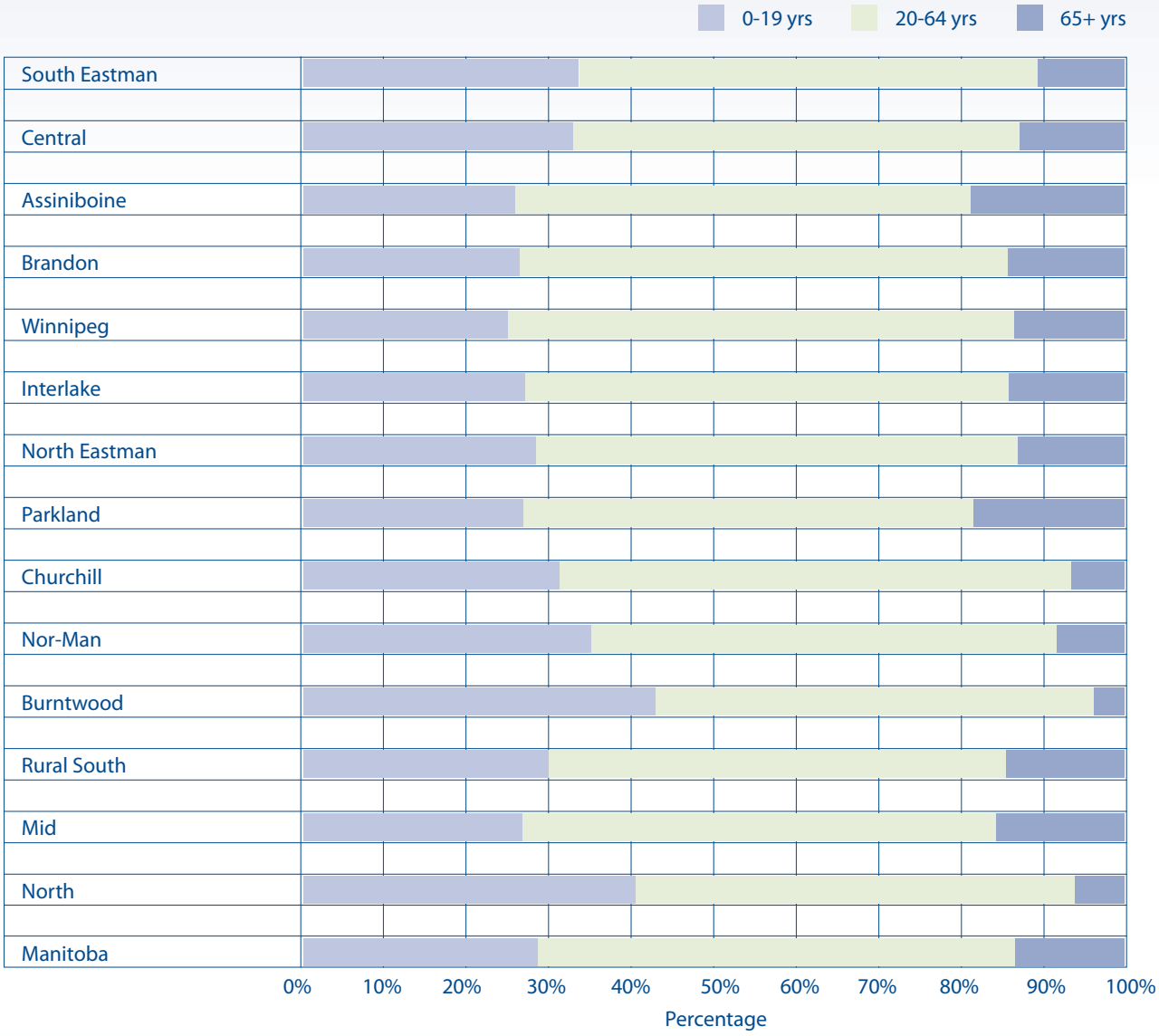


Source: Manitoba Centre for Health Policy, 2009

Table 15.5: Proportion of RHA population in each age group, 2005

	0-19 yrs	20-64 yrs	65+ yrs
South Eastman	32.4%	57.0%	10.6%
Central	31.6%	55.3%	13.2%
Assiniboine	25.8%	54.8%	19.4%
Brandon	26.3%	59.8%	14.0%
Winnipeg	24.6%	61.8%	13.7%
Interlake	26.9%	58.6%	14.5%
North Eastman	28.4%	58.1%	13.5%
Parkland	26.9%	54.4%	18.7%
Churchill	30.7%	63.3%	6.0%
Nor-Man	34.5%	57.2%	8.4%
Burntwood	43.7%	52.5%	3.7%
Rural South	30.1%	55.6%	14.3%
Mid	27.3%	57.3%	15.4%
North	40.4%	54.3%	5.3%
Manitoba	28.0%	58.3%	13.6%

Figure 15.4: Proportion of RHA population in each age group

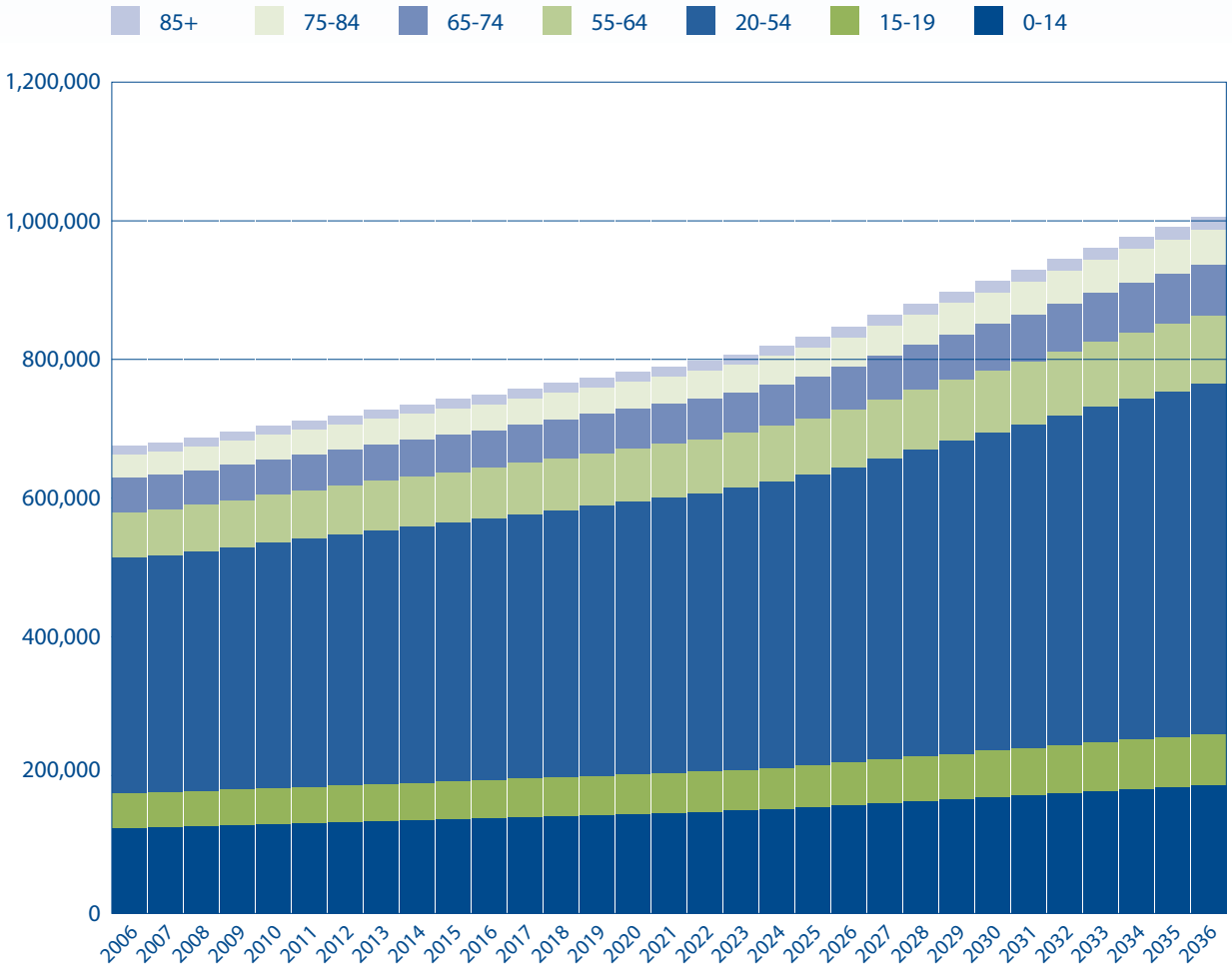


Source: Statistics Canada Census, 2001,2006

Projected Winnipeg Population by Age Groups, 2006-2036

Number of people projected to be living in Winnipeg from 2006 to 2036. An Aboriginal peoples population projection is also provided for Winnipeg.

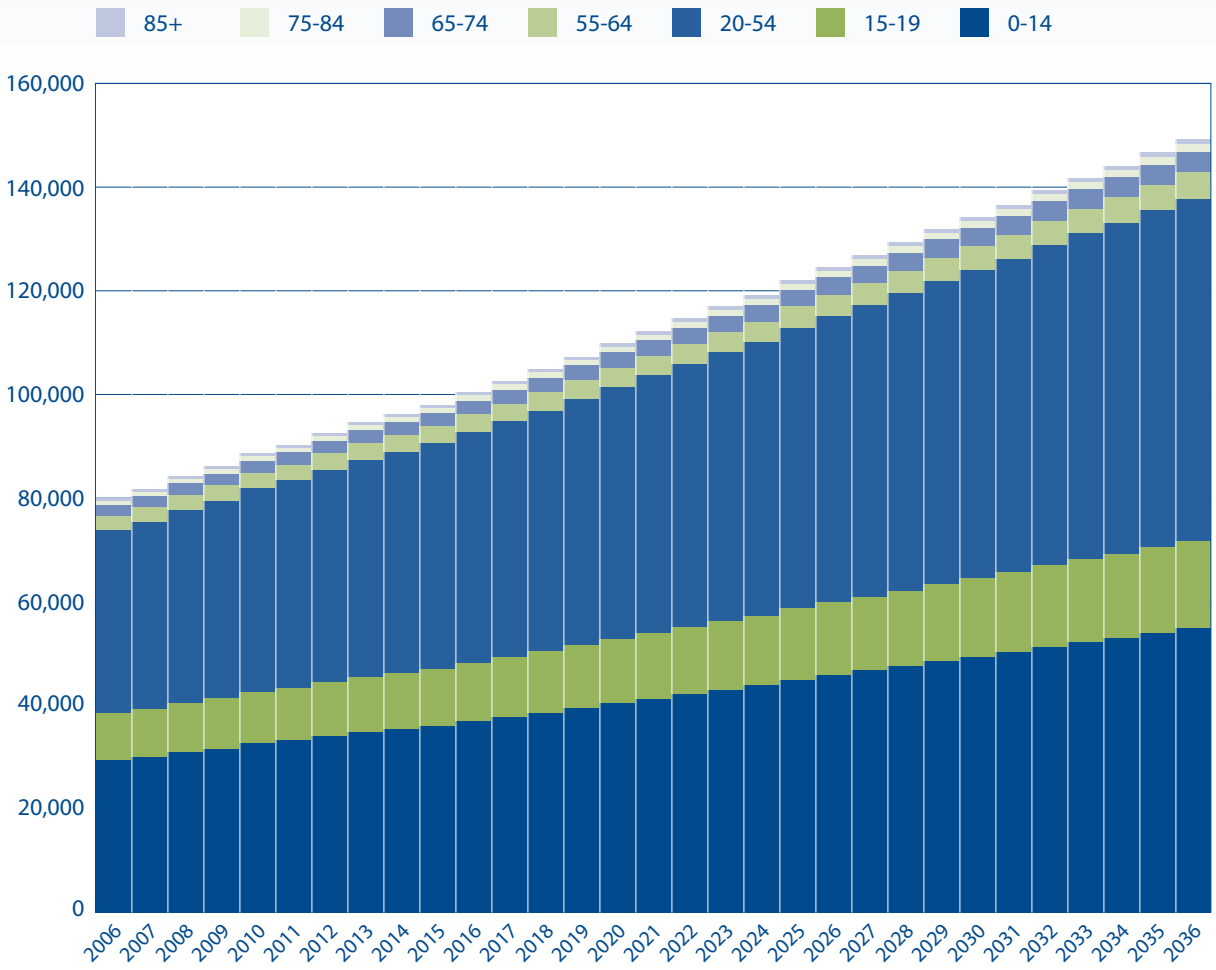
Figure 15.5



Note: A Projection year is June 1 to May 31.
Data Source: Manitoba Bureau of Statistics (MBS) Regional Health Authority Projections April 2008

Projections for the Winnipeg Aboriginal Peoples Population by Age Group, 2006-2036

Figure 15.6

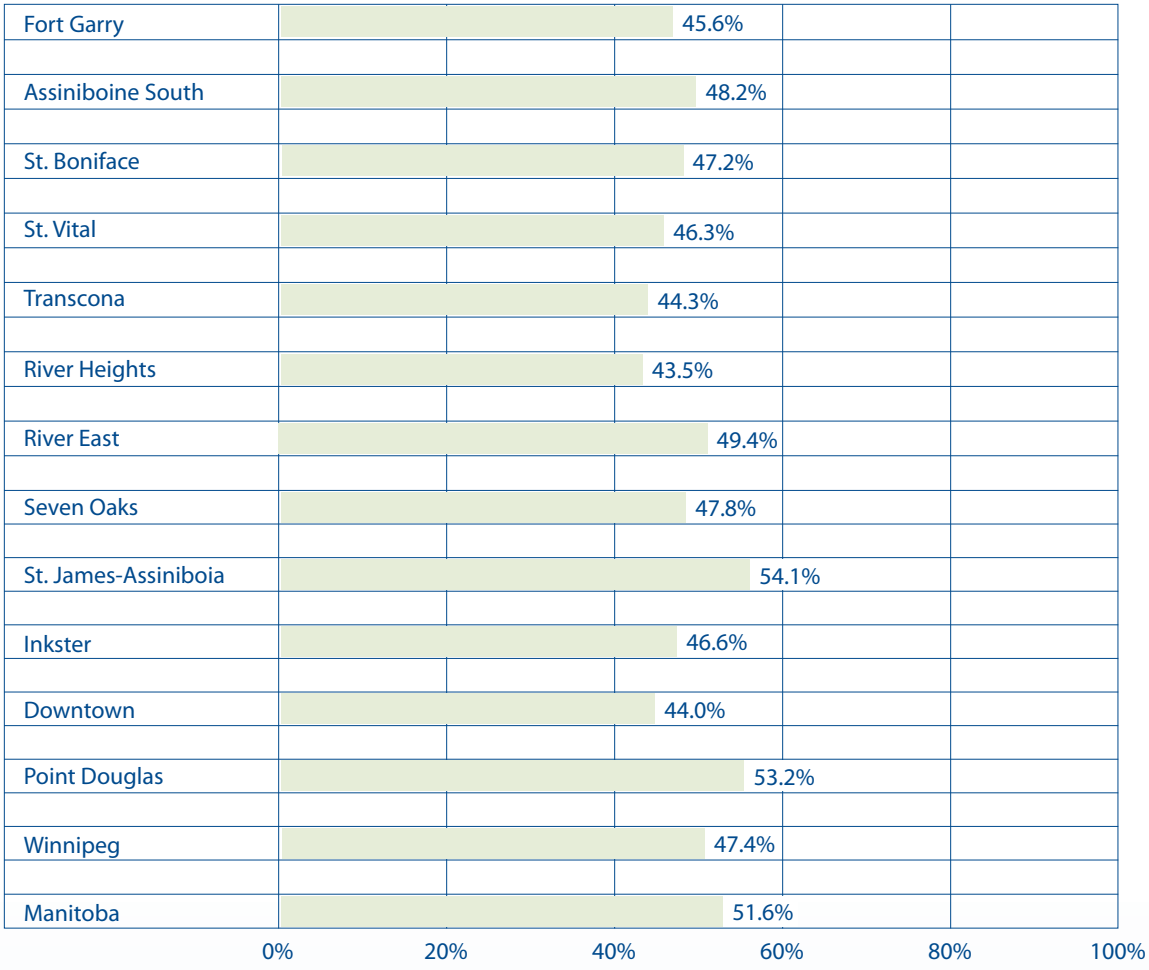


Note: A Projection year is June 1 to May 31.
Data Source: MBS Regional Health Authority (First Nations) Projections, April 2008

Dependency Ratio (Child & Elderly to Working Age Population Ratio)

The ratio of the combined child population (aged 0 to 14 years) and elderly population (aged 65 years and older) to the working age population (aged 15 to 64 years) according to the 2006 census. A region's dependency ratio is a reasonable measure of the likely demands on its health services since those residents under the age 15 and over the age of 64 are more likely to require health services. Children and the elderly are also more likely to be socially and/or economically dependent on those of working age. This ratio is usually presented as the number of dependents (%) for every 100 people in the working age population.

Figure 15.7



Source: Manitoba Health and Healthy Living Population Registry, 2008

Percentage of Lone-Parent Families

The percentage (%) of lone-parent families among all census families living in private households. A census family refers to married or common-law couple or lone parent with at least one never-married son or daughter living in the same household.

Table 15.6

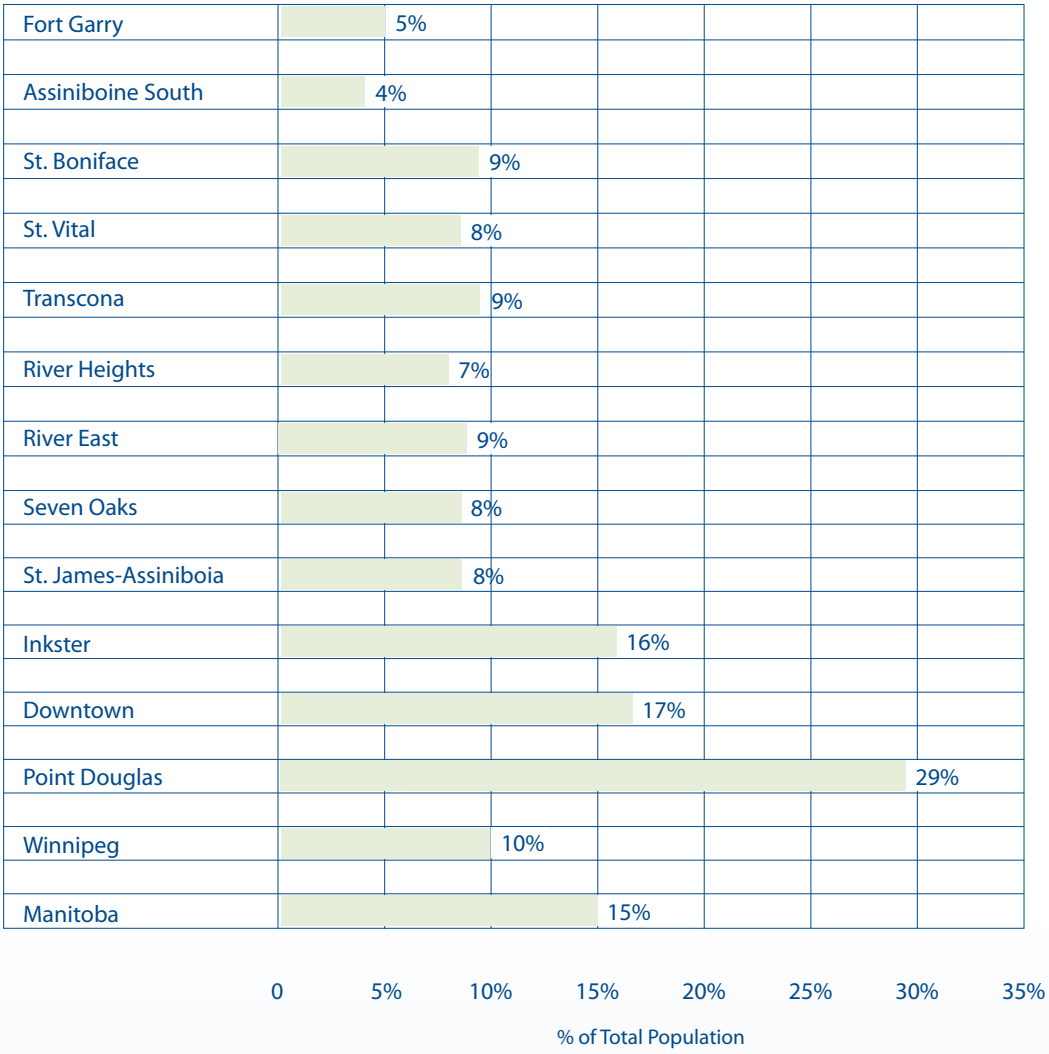
Community Area	2001		2006	
	Female Lone-Parent	Male Lone- Parent	Female Lone-Parent	Male Lone- Parent
Fort Garry	82%	18%	82%	18%
Assiniboine South	77%	23%	82%	18%
St. Boniface	79%	21%	82%	18%
St. Vital	86%	14%	82%	18%
Transcona	85%	15%	81%	19%
River Heights	82%	18%	82%	18%
River East	83%	17%	84%	16%
Seven Oaks	84%	17%	87%	13%
St. James - Assiniboia	85%	15%	81%	19%
Inkster	83%	17%	84%	16%
Downtown	87%	14%	83%	17%
Point Douglas	79%	21%	83%	17%
Winnipeg	83%	17%	83%	17%
Manitoba	82%	18%	81%	19%

Source: Statistics Canada Census, 2001,2006

Aboriginal Peoples Living in a Geographic Area

Aboriginal status is a social determinant of health (e.g., rates of infant mortality, smoking and chronic disease are significantly higher among Aboriginal peoples). Knowing the proportion of people in a geographic area who are Aboriginal can help with health planning. Aboriginal peoples are those persons who report identifying with at least one Aboriginal group (e.g., North American Indian, Métis or Inuit and/or those who reported being a Treaty Indian or a Registered Indian as defined by the Indian Act and/or those who were members of an Indian Band or First Nation).

Figure 15.8: Aboriginal People Living in Winnipeg Community Areas as a proportion of the total population, 2006



Source: Statistics Canada Census, 2006

Most Frequent Language Spoken at Home

The language spoken most often or on a regular basis at home is recorded as part of the Statistics Canada Census. This indicator describes the language spoken most often or on a regular basis at home by individuals at the time of the most recent census (2006).

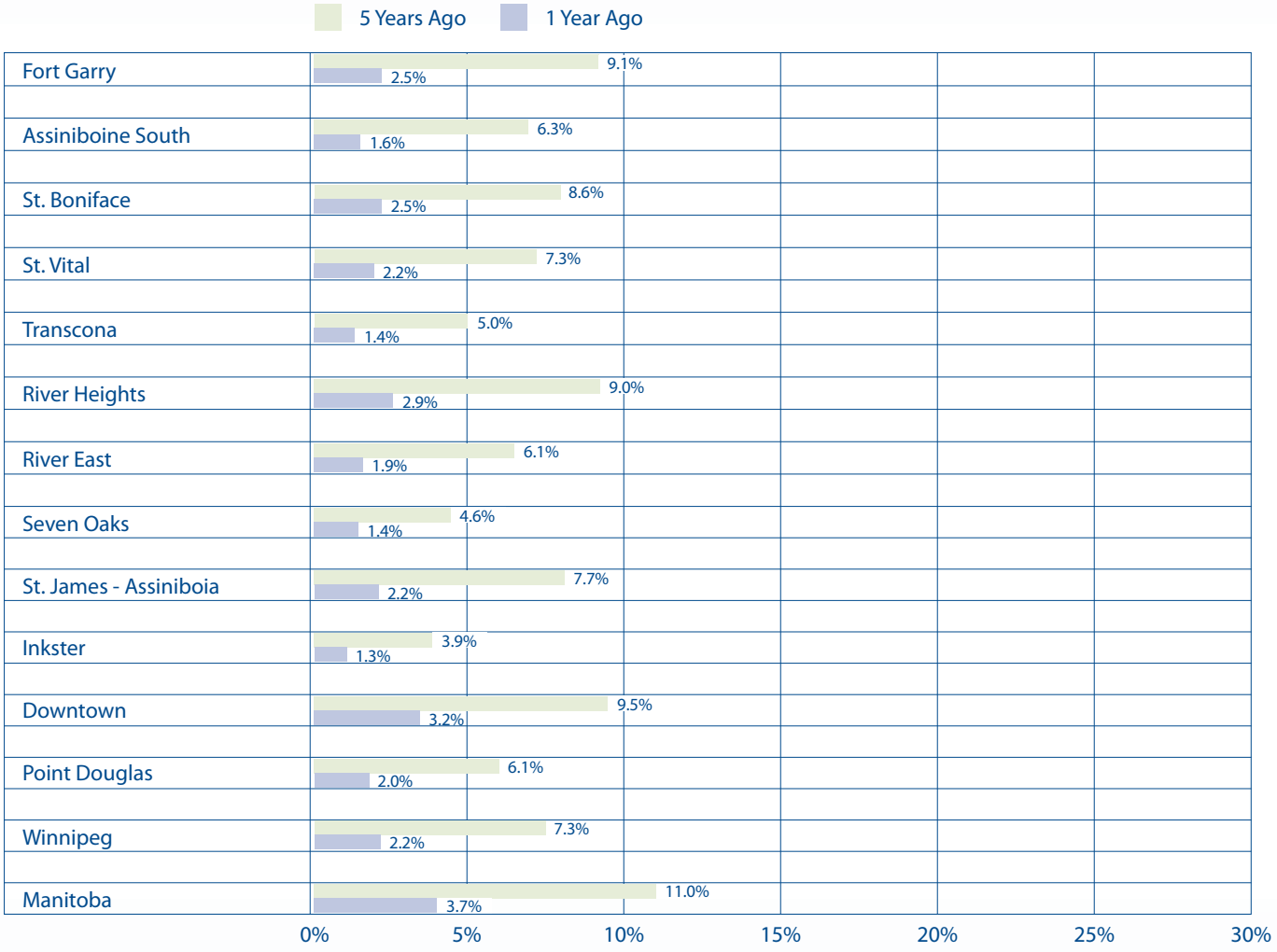
Figure 15.9

Source: Statistics Canada Census, 2006

Internal Migrant Mobility

The population of Winnipeg and Manitoba does not move often. The percentage (%) of people that lived in a different Canadian municipality 5 years prior to the current census (2001, 5-year internal migrants) or one year before the current census (2006, 1-year internal migrants) are reported. External migrants who were living outside Canada are excluded.

Figure 15.10



Source: Statistics Canada Census, 2001 & 2006

Appendix A

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	**2009/2010 WRHA CHA Report Indicator Index** (Follows the Table of Contents) Definition	Data Source Organization Report Name
A. Health Status				
1. General Status, Life Expectancy and Mortality				
Population Health ***Mortality*** **Core**	D-12	**Life Expectancy** -Life Expectancy (Female)	The expected length of life for females, from birth, based on the patterns of mortality in the population for the preceding five years. Data were analyzed for two 5–year periods: 1996–2000 and 2001–2005. Values are not age–adjusted.	Manitoba Health & Healthy Living (MHHL) and Health Information Management (HIM) Admin Data
	D-12	-Life Expectancy (Male)	The expected length of life of males from birth, based on the patterns of mortality in the population for the preceding five years. Data were analyzed for two 5–year periods: 1996–2000 and 2001–2005. Values are not age–adjusted.	Manitoba Centre for Health Policy (MCHP) RHA Atlas 2009
Population Health ***Health/ Social Conditions*** **Core**	D-15	**Premature Mortality** (PMR)	The number of deaths among an area's residents under 75 years old, per 1000 residents under 75, per year. Rates are reported for two 5-year periods, 1996-2000 and 2001-2005 and were age- and sex-adjusted to the Manitoba population (aged 0-74) in the first time period.	MHHL (HIM) Admin Data MCHP RHA Atlas 2009
Population Health ***Mortality*** Non-Core	D-20	Potential Years of Life Lost (PYLL)	The number of potential years of life lost among area residents dying between the ages of 1 and 74, per 1000 residents aged 1–74. Rates were calculated for two 5–year periods, 1996–2000 and 2001–2005, and were age– and sex–adjusted to the Manitoba population (aged 1-74) in the first time period.	MHHL (HIM) Admin Data MCHP RHA Atlas 2009
Population Health ***Mortality*** **Core**	D-2	**Infant Mortality**	The rate of death among infants under 1 year old (excludes stillbirths and infants weighing less than 500 grams or with a gestational age of less than 22 weeks) to the number of live births in calendar years. Crude infant mortality rates per 1,000 live births were calculated for two five–year time periods: calendar years 1996–2000 and 2001–2005.	Vital Statistics Administrative Data
Population Health ***Mortality*** **Core**	D-13	**Top 5 Causes of Mortality**	Percentage of deaths represented by the five most prevalent causes, by age and sex, for two, 5-year periods, 1996-2000 and 2001-2005. Deaths are shown for Manitoba and Winnipeg but not by neighbourhood clusters due to the relatively small number of deaths by cause in smaller geographic areas.	Vital Statistics MHHL(HIM) RHA Profiles 2009
Population Health ***Functional Status*** **Core**	B-2	**Health Status (self-rated)**	The age– and sex–adjusted proportion of participants who responded to each response category when answering the following question in the CCHS: "In general, would you say your health is: excellent, very good, good, fair, or poor?". [A further clarification is offered to participants in the survey, "By health, we mean not only the absence of disease or injury but also physical, mental and social wellbeing."] Responses of 'Fair' and 'Poor' were combined to avoid suppressing results. Those responding 'Don't Know' were excluded. The age–and sex–adjusted proportion of respondents in each group is shown. Results from CCHS cycles 1.1 (2001), 2.1 (2003) and 3.1 (2005) were combined, so changes over time are not available.	Canadian Community Health Survey (CCHS) cycles 1.1 (2001), 2.1 (2003) and 3.1 (2005) MCHP RHA Atlas 2009
Population Health ***Functional Status*** **Core**	B-3	**Physical Functioning**	This indicator is based on calculating physical functioning scores derived from responses to SF–36 questions included in the CCHS. Basic physical functioning is assessed on a scale from 0 to 100 ("0" meaning unable to bathe or dress or walk one block; "100" meaning capable of vigorous activity). Results from CCHS cycles 2.1 (2003) and 3.1 (2005) were combined and are included.	CCHS cycles 2.1 (2003) and 3.1 (2005) MCHP RHA Atlas 2009
Population Health ***Functional Status*** **Core**	B-4	**Mental Health Status**	The general mental health scale is derived from the SF–36 questionnaire. The scale measures overall mental health on a scale of 0 to 100 (a higher score is better). Based on the distribution of scores, three groups were created with approximately one–third of respondents in each group: Low (score 0–79), Medium (score 80–91), and High (score 92–100). The age– and sex–adjusted percent of survey respondents in each group is shown. Results from cycles 2.1 (2003) and 3.1 (2005) were combined and included.	CCHS cycles 2.1 (2003) and 3.1 (2005) MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	**2009/2010 WRHA CHA Report Indicator Index** (Follows the Table of Contents) Definition	Data Source Organization Report Name
A. Health Status				
2. Early Childhood and Maternal Health				
Determinants of Health & Social Well Being ***Socio-Econ Cond*** **Core**	F-18	**Teen Births**	The proportion of females aged 15 to 19 years who gave birth over two, five-year periods. The teen birth rate was calculated using hospital data by taking the ratio of live births to females aged 15 to 19 years to the total female population of the same age. The rates are age-adjusted per 1,000 females aged 15-19 years.	MHHL (HIM) Admin Data MCHP Child Health Atlas, 2008
Population Health ***Health/Social Conditions*** **Core**	C-4	**Pre-term Births**	The proportion (%) of any live births where the gestational age was less than 37 weeks, divided by the total number of live births constitute this indicator. Values were calculated for two 5–year time periods, 1996/97–2000/01 and 2001/02–2005/06, and were sex–adjusted to the Manitoba population in the first time period.	MHHL (HIM) Admin Data MCHP Child Health Atlas, 2008
Health System Performance ***Accessibility*** **Core**	N-13	**Maternal Alcohol Use Families First (FF)**	The proportion of mothers of newborns who used alcohol during pregnancy as indicated on the Families First program screening form. Counts and crude percentages are reported for four 1-year periods, 2003-2006.	Healthy Child MB Admin Data WRHA Families First Program Families First Screening Form 2003-2006
Health System Performance ***Accessibility*** **Core**	N-13	**Maternal Smoking (FF)**	The proportion of mothers of newborns who smoked during pregnancy as indicated on the Families First program screening form. Counts and crude percentages are reported for four 1-year periods, 2003-2006.	Healthy Child MB Admin Data WRHA Families First Program Families First Screening Form 2003-2006
Health System Performance ***Accessibility*** **Core**	N-13	**Maternal Depression & Maternal Anxiety Disorders Combined (FF)**	The proportion of mothers of newborns with a diagnosis of depression and anxiety disorder (combined) as indicated on the Family First program screening form. Counts and crude percentages are reported for four 1-year periods, 2003-2006.	Healthy Child MB Admin Data WRHA Families First (FF) Program. FF Screening Form 2003-2006
Health System Performance ***Accessibility*** **Core**	N-13	**Newborns born to families with Financial Difficulties (FF)**	Proportion (%) of families of newborns experiencing financial difficulties as indicated on the Families First screening form. This risk factor includes mothers who are either on social assistance or income support, or who report financial difficulties. Financial difficulties are defined as having insufficient monies available to meet basic needs. Counts and crude percentages are reported for four 1-year periods, 2003-2006.	Healthy Child MB Admin Data WRHA Families First (FF) Program. FF Screening Form 2003-2006
Health System Performance ***Accessibility*** **Core**	N-13	**Newborns born to Mothers with less than Grade 12 education (FF)**	The proportion of mothers of newborns with less than Grade 12 education as indicated on the Families First program screening form. Counts and crude percentages are reported for four 1-year periods, 2003-2006.	Healthy Child MB Admin Data WRHA Families First (FF) Program. FF Screening Form 2003-2006
Health System Performance ***Accessibility*** **Core**	N-13	**Positive Families First Screen (FF)**	The proportion (%) of families of newborns experiencing three or more risk factors as indicated on the Families First screening form. Counts and crude percentages are reported for four 1-year periods, 2003-2006.	Healthy Child MB Admin Data WRHA Families First (FF) Program. FF Screening Form 2003-2006
Health System Performance ***Accessibility*** **Core**	N-14	**Screening For and Enrollment in the Families First Program**	The percentage of Winnipeg's regional post partum population screened and the percentage of those who screened positive who actually enrolled in the Families First program. Counts and crude percentages are reported for four 1-year periods, 2003-2006.	Healthy Child MB Admin Data WRHA Families First (FF) Program. FF Screening Form 2003-2006

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
A. Health Status				
3. Chronic Diseases				
Population Health ***Health/Social Conditions*** **Core**	C-13	**Diabetes**	The proportion (%) of residents age 19 or older who received treatment for diabetes in a 3-year period as identified by at least two physician visits or one hospitalization with a diagnosis of diabetes, or one or more prescription for medication to treat diabetes. Rates are reported for two, 3-year periods, 1998-2000 and 2003-2005 and were age- and sex-adjusted to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-15	**Hypertension**	The proportion (%) of residents age 19 or older who received treatment for high blood pressure or hypertension in a 1-year period as identified by either at least one physician visit or one hospitalization with a diagnosis of hypertension, or two or more prescriptions for high blood pressure medicine. Values were calculated for two 1–year periods, 2000/01 and 2005/06, and were age– and sex–adjusted to the Manitoba population (19+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-17	**Ischemic Heart Disease**	The proportion (%) of residents age 19 or older who received treatment for ischemic heart disease in a 5-year period as identified by either at least two physician visits or one hospitalization with a diagnosis of ischemic disease or at least one physician visit for IHD and two or more prescriptions for IHD medications. Rates were calculated for two 5–year periods, 1996–2000 and 2001–2005, and were age– and sex–adjusted to the Manitoba population (19+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-18	**Stroke**	The rate of hospitalizations or deaths due to stroke in Winnipeg residents age 40 or older. Stroke was defined by ICD-9-CM codes in the most responsible diagnosis field for hospitalization, or as the cause of death in Vital Statistics files. Rates were calculated for two 5–year periods, 1996–2000 and 2001–2005, and were age– and sex–adjusted to the Manitoba population (40+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-6	**Arthritis**	The proportion (%) of residents age 19 or older who received treatment for arthritis (rheumatoid or osteoarthritis) in a two-year period as identified by either at least two physician visits or one hospitalization for arthritis or one physician visit for arthritis and two or more prescriptions for arthritis medications. Values were calculated for two 2–year periods, 1999/00–2000/01 and 2004/05–2005/06, and were age– and sex–adjusted to the Manitoba population (19+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-7	**Osteoporosis**	The proportion (%) of residents age 50 or older who received treatment for osteoporosis in a three-year period as identified by either at least one physician visit for: osteoporosis, hip, spine, humerus (upper arm) or wrist fracture OR one or more prescriptions for medications to treat osteoporosis. Fractures associated with trauma were excluded. Values were calculated for two 3–year periods, 1998/99–2000/01 and 2003/04–2005/06, and were age– and sex–adjusted to the Manitoba population (50+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-9	**Total Respiratory Morbidity**	The proportion (%) of residents (all ages) who received treatment for any of the following respiratory diseases as identified by claims for at least one physician visit or hospitalization in one year: asthma, acute bronchitis, chronic bronchitis, bronchitis not specified as acute or chronic, emphysema, or chronic airway obstruction. Rates are reported for two 1-year periods, 2000/01 and 2005/06 and are age- and sex-adjusted to the Manitoba population in the first time period	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	**2009/2010 WRHA CHA Report Indicator Index** (Follows the Table of Contents) Definition	Data Source Organization Report Name
A. Health Status				
3. Chronic Diseases				
Population Health ***Health/Social Conditions*** **Core**	C-8	**Asthma** -All ages	The proportion (%) of residents (all ages) who received treatment for asthma from a health professional within a 2-year window. Rates are reported for five 1-year periods, 2002/03 to 2006/07 by sex; rates are age-adjusted to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MHHL RHA Profiles 2009
		-Child	The proportion (%) of Winnipeg children age 5 to 19 who received treatment for asthma in a two-year period. Rates were calculated for two, 2-year time periods: 1999/2000-2000/01 and 2004/055-2005/06 and were age- and sex-adjusted to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MCHP Child Health Atlas, 2008
Population Health ***Health/Social Conditions*** **Core**	C-10	**Cancer** -Cancer Incidence	The rate of new cancers (all, lung, colorectal, prostate (males), breast & cervical (females) and melanoma are based data from the Manitoba Cancer Registry. All rates are age-standardized per 100,000 residents for cancer, by cancer site for two, 3-year periods: 2000-2002 and 2005-2007. These rates are also reported on by sex for two (earlier) 3-year periods: 2000-2002 and 2003-2005. CancerCare Manitoba Administrative Data	MHHL RHA Profiles 2008 Health System Performance Effectiveness
	T-6	-Cancer Survival	Five-year relative survival ratios (percentage) for cancers (all, lung, colorectal, prostate (males), breast & cervical (females) and melanoma) are from Manitoba Cancer Registry data. All ratios (percentages) are age-standardized for cancer (all sites combined), for two, 3-year periods: 2000-2002 and 2005-2007.	CancerCare Manitoba Administrative Data MHHL RHA Profiles 2008

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	**2009/2010 WRHA CHA Report Indicator Index** (Follows the Table of Contents) Definition	Data Source Organization Report Name
A. Health Status A. Health Status				
4. Mental Health				
Population Health ***Health/Social Conditions*** **Core**	C-23	**Mood disorders and/or Use of Antidepressants/ Mood Stabilizers**	The proportion (%) of residents age 10 or older who received treatment for mood disorders over a five–year period. Values were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age– and sex–adjusted to the Manitoba population (10+) in the first time period. (Found under the title: DEPRESSION, RHA Atlas 2009)	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-24	**Anxiety Disorders**	The proportion (%) of residents age 10 or older who received treatment for anxiety over a five–year period. Values were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age– and sex–adjusted to the Manitoba population (10+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-25	**Substance Abuse**	The proportion (%) of residents age 10 or older who received treatment for any of the following codes in one or more physician visits or hospital abstracts over a five–year period: alcoholic or drug psychoses, alcohol or drug dependence or nondependent abuse of drugs [ICD–9–CM codes 291, 292, 303, 304, 305; ICD–10–CA codes F10–F19, F55.] Values were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age– and sex–adjusted to the Manitoba population (10+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-26	**Personality Disorder**	The proportion (%) of residents age 10 or older who received treatment for personality disorders (ICD–9–CM code 301; ICD–10–CA codes F34.0, F60, F61, F62, F68.1, F68.8, F69) in hospital abstracts or physician claims. Values were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age– and sex–adjusted to the Manitoba population (10+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-27	**Schizophrenia**	The proportion (%) of residents age 10 or older who received treatment for schizophrenia (ICD–9–CM code 295; ICD–10–CA codes F20, F21, F23.2, and F25) in hospital abstracts or physician visits. Values were calculated for two 5–year periods, 1996/97– 2000/01 and 2001/02–2005/06. Within each period, record going back 12 years were examined to ensure inclusion of residents diagnosed earlier, but who have not had the diagnosis attributed to recent service use records. Values were age- and sex-adjusted to the Manitoba population (10+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-22	**Cumulative Mental Illness**	The proportion (%) of the population aged 10 or greater who received treatment for one or more of the following mental illnesses: depression, anxiety disorders, substance abuse, schizophrenia, and personality disorder. Values were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age– and sex–adjusted to the Manitoba population (10+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Health/Social Conditions*** **Core**	C-29	**Teenagers prescribed SSRI Antidepressants**	The proportion (%) of the population aged 10-19 years having at least one SSRI (selective serotonin reuptake inhibitor) prescription in a fiscal year. Values were calculated for two 1–year periods, 2002/03 and 2005/06, and were age– and sex–adjusted to the Manitoba population (10-19) in the first time period.	MHHL (HIM) Administrative Data MCHP Child Health Atlas, 2008
Population Health ***Health/Social Conditions*** **Core**	C-28	**Dementia (age 55 and over)**	Dementia is a loss of brain function. It is not a single disease. Instead, dementia refers to a group of illnesses that involve memory, behaviour, learning, and communication problems. The problems are progressive, which means they get worse overtime. The proportion of residents age 55 or older with at least one physician visit or hospitalization for any of the following codes: ICD–9–CM 290, 291, 292, 294, 331, 797; ICD–10–CA codes F00, F01, F02, F03, F04, F05.1, F06.5, F06.6, F06.8, F06.9, F09, F10–F19, G30, G31.0, G31.1, G31.9, G32.8, G91, G93.7, G94, R54 (but excluding: F10.0, F10.1, F10.2, F10.3, F10.4, F10.8, F10.9, F11.1, F11.2, F12.1, F12.2, F13.1, F13.2, F14.1, F14.2, F15.1, F15.2,F16.1, F16.2, F17.1, F17.2, F18.1, F18.2, F19.1, F19.2). Values were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age– and sex–adjusted to the Manitoba population (55+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	**2009/2010 WRHA CHA Report Indicator Index** (Follows the Table of Contents) Definition	Data Source Organization Report Name
A. Health Status A. Health Status				
5. Injuries				
Population Health ***Health/Social Conditions*** **Core**	C-19	**Injury Hospitalization Rates (0-19 years)**	The number of hospital separations of area residents for which any injury code was included as one of the diagnoses (not necessarily the Most Responsible), per 1000 residents per year. In any given period, a resident could be hospitalized for injury more than once, so this measure indicates the total number of injury–related separations from acute care facilities by all residents of the area. This definition encompasses injuries by all causes (including self–inflicted). Rates were calculated for 1996/97–2000/01 and 2001/02–2005/06 and were age– and sex–adjusted to the Manitoba population in 2000/01. Hospitalizations were defined as any inpatient hospitalization with an external cause of injury diagnosis code (also known as an E–code), ICD–9 CM codes E800–E999*; ICD–10–CA codes V01–Y89. Excluded from the count of hospitalizations due to injury are those related to medical error or drug complications, as follows: • misadventures during surgical or medical care, ICD–9–CM codes E870–E876; ICD–10–CA codes Y60–Y69, Y88.1 • reactions or complications due to medical care, ICD–9–CM codes E878–E879; ICD–10–CA codes Y70–Y84, Y88.2, Y88.3 • adverse effects due to drugs, ICD–9–CM codes E930–E949; ICD–10–CA codes Y40–Y59, Y88.0 Transfers between hospitals were tracked and only hospital episodes were counted, not individual separations, to reduce double–counting injuries. All Manitoba hospitals were included; PCHs and Long–Term Care facilities were excluded (Riverview, Deer Lodge, Rehabilitation Centre for Children and Adolescent Treatment Centre). Newborn birth injuries or deaths, stillbirths and brain deaths were excluded.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Population Health ***Mortality*** **Core**	D-9	**Unintentional Injury Deaths**	Rates per 100,000 population of death from unintentional injuries are reported. Unintentional injuries include injuries due to causes such as motor vehicle collisions, falls, drowning, burns and poisoning, but not "intentional" injuries (e.g., suicide or violence) or medical misadventures/complication. Age-standardized rates are reported for five 1-year periods, 2002-2006. Since the annual number of unintentional injury deaths is small, changes in rates from year to year should be interpreted with caution Rates are not available for individual community areas, again because of small numbers.	MHHL (HIM) Vital Statistics MHHL RHA Profiles 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
A. Health Status				
5. Injuries				
Population Health ***Mortality*** **Core**	D-10	**Suicide Rates**	The number of deaths due to suicide among residents age 10+, per 100,000 area residents age 10+, per year. A relatively 'inclusive' definition was used in an attempt to overcome suspected under–counting of suicides in administrative data. Results are shown by Community Area but not by Neighborhood Cluster, due to the relatively small number of suicides in smaller areas. Rates were adjusted to the Manitoba population in the first time period. Rates were calculated for two 5–year periods, 1996–2000 and 2001–2005, and were age– and sex adjusted to the Manitoba population in the first time period. Suicides were defined as any death record in Vital Statistics data with any of the following causes: • accidental poisoning, ICD–9–CM codes E850–E854, E858, E862, E868; ICD–10–CA codes X40–X42, X46, X47 • poisoning with undetermined intent, ICD–10–CA codes Y10–Y12, Y16, Y17 • self–inflicted poisoning, ICD–9–CM codes E950–E952; ICD–10–CA codes X60–X69 • self–inflicted injury by hanging, strangulation and suffocation, ICD–9–CM code E953;ICD–10–CA code X70 • self–inflicted injury by drowning, ICD–9–CM code E954; ICD–10–CA code X71 • self–inflicted injury by firearms and explosives, ICD–9–CM code E955; ICD–10–CA codes X72–X75 • self–inflicted injury by smoke, fire, flames, steam, hot vapours and hot objects, ICD–9–CM codes E958.1, E958.2; ICD–10–CA codes X76, X77 • self–inflicted injury by cutting and piecing instruments, ICD–9–CM code E956; ICD–10–CA codes X78, X79 • self–inflicted injury by jumping from high places, ICD–9–CM code E957; ICD–10–CA code X80 • self–inflicted injury by jumping or lying before a moving object, ICD–9–CM code E958.0; ICD–10–CA code X81 • self–inflicted injury by crashing of motor vehicle, ICD–9–CM code E958.5; ICD–10–CA code X82 • self–inflicted injury by other and unspecified means, ICD–9–CM codes E958.3, E958.4, E958.6–E958.9; ICD–10–CA codes X83, X84 • late effects of self–inflicted injury, ICD–9–CM code E959	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
A. Health Status A. Health Status				
6. Sexually Transmitted Infections				
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-13	**Chlamydia**	Chlamydia is defined as a laboratory-confirmed episode of genital, rectal or oropharyngeal infection with Chlamydia trachomatis. Crude Rate (per 100,000) of laboratory-confirmed Chlamydia Infections was calculated in the Winnipeg Health Region by age group and sex for 2008.	Communicable Disease Control Branch, Public Health Division, Manitoba Health, 2009 MHHL RHA Profiles 2009
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-14	**Gonorrhea**	Gonorrhea is defined as a laboratory- confirmed episode of genital or extra-genital infection with Neisseria gonorrhoeae. Crude Rate (per 100,000) of laboratory-confirmed Gonorrhea Infections was calculated in the Winnipeg Health Region by age group and sex for 2008.	Communicable Disease Control Branch, Public Health Division, Manitoba Health, 2009 MHHL RHA Profiles 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
B. Determinants of Health and Well-being				
7. Preventive Health Interventions				
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-10	**Adult Pneumococcal Immunization**	The proportion (%) of residents age 65 or older who ever received a vaccine for pneumococcal disease. For most seniors, a pneumococcal vaccination is considered a 'once in a lifetime' event, so these rates show the 'cumulative' percent of residents who ever had a pneumococcal vaccination. Values were calculated as of 2000/01 and 2005/06 and were age– and sex–adjusted to the Manitoba population 65+ in 2000/01.	MIMS MCHP RHA Atlas 2009
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-9	**Adult Influenza Immunization Rates**	The proportion (%) of residents age 65 or older who received a vaccine for influenza in a given year. Values were calculated for 2000/01 and 2005/06 and were age– and sex–adjusted to the Manitoba population 65+ in 2000/01.	MIMS MCHP RHA Atlas 2009
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-8	**Childhood Immunization Rates**		
		-1 year olds	Immunization rates for 1–year–old children as identified by two birth cohorts—those born in 1998 through 2000 and those born in 2003 through 2005. Both cohorts were followed until their first birthday. Immunizations by one year include diphtheria, pertussis, tetanus, polio (all combined in one vaccine—DaPTP) and Haemophilus influenzae B (Hib).	MIMS MCHP Child Health Atlas, 2008
		-2 year olds	Immunization rates for 2–year–old children as identified in two separate cohorts including children born in 1997 through 1999 and those born in 2002 through 2004. Both cohorts were followed until their second birthday. Immunizations required by two years include additional doses of DaPTP and HiB, as well as the measles, mumps and rubella (MMR) vaccine.	MIMS MCHP Child Health Atlas, 2008
		-7 year olds	Immunization rates for 7–year–old children as identified in two separate cohorts including children born in 1992 through 1994 and those born in 1997 through 1999. Both cohorts were followed until their seventh birthday. Immunizations required by seven years of age include additional doses of the same vaccines required at 2 years of age (i.e., DaPTP, Hib, and MMR).	MIMS MCHP Child Health Atlas, 2008
Determinants of Health and Social Well Being **Health Behaviours** **Core**	E-17	**Cervical Cancer Screening**	(PAP Test) The proportion of women age 18–69 who received at least one Pap test in a three–year period. This was defined by a physician visit with a tariff code for a Pap test, including a visit for a physical or regional exam with a Pap test or a visit for a Pap test only, or a laboratory tariff code. Rates were calculated for two 3–year periods, 1998/99–2000/01 and 2003/04–2005/06, and adjusted to the female population age 18–69 in the first period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-16	**Breast Cancer Screening (Mammogram)**	The proportion (%) of women age 50–69 that had at least one mammogram in a two–year period. This included screening and diagnostic mammograms. Rates were calculated for two 2–year periods, 1999/00–2000/01 and 2004/05–2005/06, and adjusted to the female population age 50–69 in the first period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
B. Determinants of Health and Well-being				
8. Health Risk Factors				
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-4	**Smoking**	The proportion (%) of the population aged 12 and over who reported being either a current, former or non-smoker. The data are derived from the Canadian Community Health Survey (CCHS) and from responses to several questions on smoking habits, and uses the groupings 'Current Smoker' (includes daily smoker, occasional daily smoker who previously was a daily smoker and always an occasional smoker), 'Former Smoker' (includes former daily smoker and former occasional smoker), and 'Non–smoker' (never smoked). The age– and sex–adjusted proportion of participants in each response category is shown. Rates were calculated using data from CCHS cycles 1.1 (2001), 2.1 (2003), and 3.1 (2005). Note that these rates may no longer reflect current behaviour.	CCHS cycles 1.1 (2001) 2.1 (2003) & 3.1 (2005) MCHP RHA Atlas 2009
Determinants of Health and Social Well Being ***Environmental Factors*** **Core**	G-1	**Second-Hand Smoke Exposure**	Second-hand smoke is the ambient smoke from a burning cigarette, pipe or cigar, and/or the smoke exhaled by a smoker. People who are in proximity to a person who is smoking inhale second-hand smoke which is deleterious to health. Participants in the Canadian Community Health Survey who did not live alone or were non–smokers were asked the question, "Including both household members and regular visitors, does anyone smoke inside your home, every day or almost every day?" Respondents were grouped into two categories, 'Exposed to Second–Hand Smoke' or 'No Exposure to Second–Hand Smoke' based on their answer to the question above. The indicator reports on the proportion (%) of respondents aged 12 and over in each of the two categories. The age- and sex– adjusted proportion of respondents in each group is shown. Rates were calculated using data from CCHS cycles 2.1 (2003) and 3.1 (2005).	CCHS cycles 2.1 (2003) & 3.1 (2005) MCHP RHA Atlas 2009
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-1	**Body Mass Index (BMI)**	Body Mass Index (BMI) is a statistical measure used to classify and compare individuals according to their height and weight. BMI is calculated as weight (in kilograms) divided by height (in metres) squared and typically ranges from 15 to 45. BMI for respondents aged 18 or over was calculated from self-reported height and weight (unless measured values were available—in cycle 2.2 only) then grouped into three categories: Underweight and Normal (BMI less than 25), Overweight (25-29), and Obese (30+) The age- and sex-adjusted proportion of respondents over age 18 in each group is shown. Rates were calculated using data from CCHS cycles 1.1 (2001), 2.1 (2003), and 3.1 (2005).	CCHS cycles 1.1 (2001) 2.1 (2003) & 3.1 (2005) MCHP RHA Atlas 2009
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-5	**Total Activity Level**	This index was created to calculate total energy expenditure levels for respondents to the Canadian Community Health Survey (CCHS) aged 15–75. It is based on physical activity undertaken during both work–time and leisure–time activities in the previous three months. Respondents were grouped into three categories: Active (≥3 kcal/kg/d), Moderate (1.5 to <3 kcal/kg/d), or Inactive (<1.5 kcal/kg/d) based on current energy expenditure conventions. The age– and sex–adjusted proportion of respondents to the survey in each group is shown. Rates were calculated using data from CCHS cycles 1.1 (2001), 2.1 (2003), and 3.1 (2005).	CCHS cycles 1.1 (2001) 2.1 (2003) & 3.1 (2005) MCHP RHA Atlas 2009
Determinants of Health and Social Well Being ***Health Behaviours*** **Core**	E-2	**Nutrition: Fruit and Vegetable Consumption**	The proportion of the respondents to the CCHS aged 12 and over who reported that they consumed on average "0–4 times per day" or "5 or more times per day" servings of fruit and vegetables. The age– and sex–adjusted proportion of respondents to the CCHS in each group is shown. Rates were calculated using data from CCHS cycles 1.1 (2001) and 2.1 (2003). In the CCHS, the total daily consumption of fruits and vegetables is a derived variable that indicates the total number of times per day the respondent eats fruits or vegetables.	CCHS cycles 1.1 (2001) 2.1 (2003) MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
B. Determinants of Health and Well-being				
9. Socio-Economic Conditions				
Determinants of Health and Social Well Being ***Socio-Economic Conditions*** Non-core	F-11	**High-school completion**	High school completion is seen to be a bridge to further opportunities such as post-secondary education and training and employment. Although it does not guarantee employment, its lack remains a significant predictor of lower earnings, higher rates of unemployment, poorer health and a higher reliance on social assistance. Two separate cohorts of grad 9 students were followed for six years to determine what percentage of them completed high school. Students enrolled in grade 9 in 1997/98 were followed until the 2002/03 school year; students enrolled in grade 9 in 2000/01 were followed until the 2005/06 school year. Sex-adjusted percent of students completing high school within 6 years of enrolling in grade 9 are reported.	Department of Education Enrollment Administrative Data MCHP Child Health Atlas, 2008
Determinants of Health and Social Well Being ***Socio-Economic Conditions*** **Core**	F-12	**Education**	Highest level of schooling attained by residents of Winnipeg (by Community Area) according to 2006 Census data. The level of education attained was classified into the following five levels: 1. Less than high school (no certificate, diploma or degree) 2. High school certificate or equivalent 3. Apprenticeship or trades certificate or diploma (including 'centres de formation professionnelle') 4. College, CEGEP or other non-university certificate or diploma 5. University certificate, diploma or degree: university certificate or diploma below bachelor level, bachelor's degree; university certificate or diploma above bachelor level; degree in medicine, dentistry, veterinary medicine or optometry; master's degree; earned doctorate.	Statistics Canada, 2006 Census MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium
Determinants of Health and Social Well Being ***Socio-Economic Conditions*** **Core**	H-6	**Readiness for School**	This indicator describes the "readiness for school" of kindergarten children residing in the Winnipeg Health Region (WHR). Results from the Early Development Instrument (EDI) provide a measurement of children's readiness to begin grade one. As children's readiness for school is influenced by their early years, EDI results are a reflection of the strengths and needs of children's communities. Average EDI scores are provided at the regional (WHR) and Community Area levels for the following areas of development: - Physical health & well-being - Language & thinking skills - Social competence - Communication skills & general knowledge - Emotional maturity The percentage of children 'not ready' (bottom 10th percentile of EDI scores) for school and 'very ready for school' (top 30th percentile of EDI scores) as determined from the Early Development Instrument (EDI) administered to all kindergarten children. Percentages are shown for the school years 2005/06 and 2006/07	EDI (Early Development Instrument) Healthy Child Manitoba , 2008

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	**2009/2010 WRHA CHA Report Indicator Index** (Follows the Table of Contents) Definition	Data Source Organization Report Name
B. Determinants of Health and Well-being				
9. Socio-Economic Conditions				
Determinants of Health and Social Well Being ***Socio-Economic Conditions*** **Core**	H-9	**School Changes**	Students who change schools frequently have been observed to have higher rates of school failure and high school withdrawal. The disruptions caused by frequent changes are particularly difficult for the student's social relationships. Frequent school changes have also been associated with markers of poor school performance such as lone-parent families and low socioeconomic status. For this indicator, two different cohorts of Grade 3 students were followed for four years to determine how many changes were experienced over the time period. The first cohort entered grade 3 in the 1997/98 school year and were followed until the end of the 2000/01 school year; the second cohort entered grade 3 in 2002/03 and were followed until 2005/06. Students who moved away from Manitoba were excluded, and changes that were expected (e.g., moving from primary to middle school) were not counted as school changes. Percent of Grade 3 Students with no school changes in 4 years are reported (sex-adjusted).	Department of Education Enrollment Administrative Data MCHP Child Health Atlas, 2008
Determinants of Health and Social Well Being ***Socio-Economic Conditions*** **Core**	F-2	**LICOs (low income cut-offs)** -Individuals -Economic families	Low income cut-offs (LICOs) are intended to convey the income level at which a family may be in difficult circumstances because it has to spend a greater portion of its income on the basics (food, clothing and shelter) than does the average family of similar size. LICOs reflects the proportion of the population who are substantially worse off than the average economic family (all occupants of a dwelling unit who are related by blood, marriage or adoption including couples living together in common-law relationships), unattached individual (a person who either lives alone or shares a dwelling unit, but is unrelated to the other occupants by blood, marriage, adoption or common-law relationship). This indicator reports the proportion of persons in each category of "household" with 2001 and 2005 incomes below the Statistics Canada low-income cut-off (LICO) as determined from census data.	Statistics Canada, 2006 Census MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium
Determinants of Health and Social Well Being ***Socio-Economic Conditions*** **Core**	F-3	**Median Income of Individuals & Households**	The dollar amount that marks the midpoint of a distribution of individuals, with income, ranked by size of income. Median individual income is that amount which divides the income size distribution of the group into two halves, i.e. the incomes of the first half of households are below the median, while those of the second half are above the median. Median individual income is calculated using the total income (pre-tax, post-transfer) for persons aged 15 and over who reported income in the Census of Canada. Median household income is calculated for all household units in the Census of Canada, whether or not they reported income.	Statistics Canada, 2006 Census MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium
Determinants of Health and Social Well Being ***Socio-Economic Conditions*** **Core**	F-9	**Unemployment rates**	The labour force aged 15 and over who did not have a job during the reference week. The labour force consists of people who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks. Unemployment crude rates are shown for two 1-year periods: 2001 and 2006	Statistics Canada, 2006 Census MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium
Determinants of Health and Social Well Being ***Socio-Economic Conditions*** **Core**	F-13	**Housing affordability**	The percentage of the population who reported spending 30% or more of total household income on shelter costs from the Census of Canada. Shelter expenses include payments for electricity, oil, gas, coal, wood or other fuels, water and other municipal services, monthly mortgage payments, property taxes, condominium fees and rent. Band housing on First Nations reserves was not included in this calculation. Data are shown for two 1-year period: 2001 and 2006. Statistics Canada, 2006 Census	MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium

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C. Health System Performance				
10. Fiscal				
Health System Characteristics ***Fiscal*** **Core**	Y-1	**Percent Operating Budget Spent on Acute, PCH and Community Costs**	The percentage of the total operating budget going to acute care, long term care and community care costs, 2003/04 to 2007/08.	MIS MHHL(HIM) RHA Profiles 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
C. Health System Performance				
11. Accessibility				
Health System Performance ***Accessibility*** **Core**	N-11	**Location of Visits to General & Family Practitioners**	The proportion of visits to General and Family Practitioners (GPs/FPs) which took place within the resident's District, elsewhere in their RHA, in another RHA, or in Winnipeg. In Winnipeg and Brandon, all visits within the RHA were considered 'in District.' Churchill results are not shown because of incomplete data for physician claims. Rates were calculated for 2000/01 and 2005/06 and were age– and sex–adjusted to the Manitoba population in 2000/01.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Performance ***Accessibility*** **Core**	N-6	**Use of Physicians**	The proportion of an area's residents who received at least one ambulatory visit in a fiscal year. Ambulatory visits include virtually all contacts with physicians, except during inpatient hospitalization. Values were calculated for 2000/01 and 2005/06 and were age–and sex–adjusted to the Manitoba population in 2000/01.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Performance ***Accessibility*** **Core**	N-7	**Ambulatory Care Visit Rate**	This is the average number of visits to physicians per resident per year. Ambulatory visits include almost all contacts with physicians (general and family practitioners and specialists): office visits, walk–in clinics, home visits, nursing home visits, visits to outpatient departments, and some emergency room visits (where data are recorded). Excluded are services provided to patients while admitted to hospital and visits for prenatal care. Rates were calculated for 2000/01 and 2005/06 and were age– and sex–adjusted to the Manitoba population in 2000/01.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Performance ***Accessibility*** **Core**	N-8	**Ambulatory Care Consultation Rates**	This is the average number of ambulatory consultations per resident per year. 'Consultations' are a subset of ambulatory visits: they occur when one physician refers a patient to another physician (usually a specialist or surgeon) because of the complexity, obscurity, or seriousness of the condition, or when the patient requests a second opinion. The consult rate is the best indicator of access to specialist care. Rates were calculated for 2000/01 and 2005/06 and were age– and sex–adjusted to the Manitoba population in 2000/01.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Performance ***Accessibility*** **Core**	N-11	**Location Of Visits To Specialists**	The proportion of visits to specialist physicians which took place within the resident's District, elsewhere in their RHA, in another RHA, or in Winnipeg. In Winnipeg and Brandon, all visits within the RHA were considered 'in District.' Churchill results are not shown because of incomplete data for physician claims. Rates were calculated for 2000/01 and 2005/06 and were age– and sex–adjusted to the Manitoba population in 2000/01.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Performance ***Accessibility*** **Core**	N-15	**Supply of PCH Beds**	The number of PCH beds per thousand residents aged 75+. Bed counts were taken from the Manitoba Health and Healthy Living PCH bed map. Data are shown for two 2–year periods: 1999/00–2000/01 and 2004/05–2005/06.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
C. Health System Performance				
11. Accessibility				
Health System Performance ***Accessibility*** **Core**	N-1	**Operational Hospital Beds**	The number of beds in acute care hospitals within each RHA, divided by the population of the RHA. The beds counts come from the "setup beds" data kept by Manitoba Health and Healthy Living for 2000/01 and 2005/06. These values need to be interpreted with caution because the actual number for beds in use in each hospital varies through the year and beds can be used for "non-acute" care. The values are shown to provide an overall indication of the relative supply of beds across the province, and to track major changes over time.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Performance ***Accessibility*** **Core**	N-5	**In & Out Flow of RHA Inpatients**	The in and out flow of the Winnipeg Region's residents in measuring: • Catchment: where RHA hospital inpatients came from based on hospital separations, and • Location: where RHA residents went for hospital separations. We report on Hospital Catchment: Where Patients Using WRHA Hospitals Came From of all separations from all hospitals in each RHA. This is the proportion of hospitalizations that was provided to WHR residents, residents of other RHAs, Winnipeg residents, or out–of–province residents. Over 97% of residents of Winnipeg attend hospitals in the region (location). Less than 1.5% of WHR residents use out-of-province hospitals.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
C. Health System Performance				
12. Effectiveness				
Health System Performance ***Effectiveness*** **Core**	T-17	**Tonsillectomy/ Adenoidectomy**	The number of tonsillectomy and/or adenoidectomy procedures performed per 1,000 residents aged 0 to 14 years, by area of residence, regardless of location of provision. Rates of tonsillectomy and/or adenoidectomy (T/A) for children 0 to 14 years of age were calculated for two different five fiscal–year time periods: 1996/97–2000/01 and 2001/02–2005/06. Both inpatient and outpatient T/A procedures were captured in the analysis.	MHHL (HIM) Administrative Data MCHP Child Health Atlas 2008
Health System Performance ***Effectiveness*** **Core**	T-16	**Hysterectomy**	A hysterectomy is a surgical operation to remove the uterus and, sometimes, the cervix. Removal of the body of the uterus without removing the cervix is referred to as a subtotal (or partial) hysterectomy. Concerns have been voiced that hysterectomy is used too often as a first line of treatment and is not necessarily always appropriate. The WHR is encouraging the use of less invasive methods to manage discretionary indications for hysterectomy. Hysterectomy rates were calculated for woman age 25 or older for fiscal years 1984/85–2003/04. Hysterectomy was defined as any hospitalization for a hysterectomy surgery. These were identified by ICD–9–CM procedure codes of 68.4, 68.5 or 68.9 in any procedure field. (Note: this excludes procedure codes for radical hysterectomies typically associated with cancer cases, i.e., codes 68.6 and 68.7). The age-adjusted number of hysterectomies performed per 1,000 women aged 25 or older, by area of residence, regardless of location of provision.	MHHL (HIM) Administrative Data MCHP What works? 2008

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	**2009/2010 WRHA CHA Report Indicator Index** (Follows the Table of Contents) Definition	Data Source Organization Report Name
C. Health System Performance				
12. Effectiveness				
Health System Performance ***Effectiveness*** **Core**	T-9	**Caesarean Section**	A C-section is a procedure in which a baby, rather than being born vaginally, is surgically extracted (removed) from the uterus. This type of delivery can have an impact on the newborn's health. Babies delivered via Caesarean section (C–Section) are at increased risk of a number of complications including respiratory problems and difficulties breastfeeding.[9] C–Sections are also more costly than vaginal births (CIHI, 2006) and increase the risk of complications to the mother.[10] The C– Section rates for women of child–bearing age (in this case 12 to 51 years) are calculated by taking the ratio of the number of women giving birth by C–Section to the total number of women giving birth. Data come from the hospital records. Values were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age–adjusted to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MCHP Child Health Atlas 2008
Health System Performance ***Effectiveness*** **Core**	T-10	**Vaginal Birth after Caesarian Section**	This indicator is limited to women who have previously given birth by C–Section. Vaginal birth after Caesarean Section (VBAC) is an important indicator of the effort to reduce unnecessary C–Sections when there is no indication for a C–Section and evidence that C–Sections may increase complications for the newborns. VBACs also tend to carry lower health risks to the mother and require shorter hospital stays than C–Sections.[11] The percent of women giving birth vaginally who had previously had at least one delivery by C–Section; the data come from the hospital records. Values were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and were age–adjusted percent of deliveries to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MCHP Child Health Atlas 2008
Health System Performance ***Effectiveness*** **Core**	T-1	**Ambulatory Care Sensitive Conditions**	Ambulatory Care Sensitive (ACS) conditions are a set of medical conditions or diagnoses "for which timely and effective outpatient care can help to reduce the risks of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition."12 ACS is a grouping comprised of 17 diseases/diagnoses, including asthma, angina, gastro-enteritis, and congestive heart failure, created by Billings and colleagues.[13] The idea behind this measure was that if people receive an adequate level of good quality primary care, they should not need to be hospitalized for these conditions. This indicator describes the rate at which an area's residents were hospitalized for Ambulatory Care Sensitive (ACS) Conditions, per 1000 residents per year. The crude and adjusted rate of hospitalizations for ACS conditions per 1000 residents age 0-74 was measured over two fiscal years: 2000/01 and 2005/2006. The conditions making up this indicator are listed in Appendix A. For all ACS conditions, the ACS condition must have been coded as the "most responsible diagnosis" on the hospital discharge. All Winnipeg hospitals are included; PCHs and personal care homes including Deer Lodge and Riverview were excluded. Individuals who died in hospital were excluded from the numerator. The denominator includes all residents of the WHR age 0-74 as of December 31, 2000 and 2005.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Performance ***Effectiveness*** **Core**	T-7	**Unplanned Readmission Following Discharge For Acute Myocardial Infarction (AMI)**	Readmission after acute myocardial infarction (AMI) has been targeted for public reporting because it is a common, costly, and often preventable outcome. This indicator is the risk-adjusted rate of unplanned readmissions for selected reasons within 28 days following discharge for a heart attack in Manitoba. To enable comparison across regions, a statistical model was used to adjust for differences in age, sex and co–morbidities (co-existing illness). Due to small numbers, the Canadian Institute for Health Information's Health Indicators 2008 report data is used. Results are based on three years of pooled data, 2004/2005-2006/2007.	CIHI Administrative Data CIHI Health Indicators 2009

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C. Health System Performance				
13. Continuity of Services				
Health System Performance ***Continuity of Services*** **Core**	R-1	**Continuity of Care**	The percentage of residents receiving at least 50% of their ambulatory visits over a two–year period from the same physician. For children 0 to 14, it could be a GP/FP or a Pediatrician; for those 15 to 59, only GP/FPs were used; for those 60+, it could be a GP/FP or an Internal Medicine specialist. Residents with less than three ambulatory visits over the two–year period were excluded. Values were calculated for two 2–year periods, 1999/00–2000/01 and 2004/05–2005/06, and were age– and sex–adjusted to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Performance ***Continuity of Services*** **Core**	R-2	**Antidepressant follow-up**	The proportion of patients with a new prescription for antidepressants and a physician diagnosis of depression who had at least three physician visits within four months of the prescription being filled. Crude rates were calculated for two 3–year periods, 1998/99–2000/01 and 2003/04–2005/06.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
C. Health System Performance				
14. Utilization				
Health System Characteristics ***Utilization*** **Core**	V-1	**Ambulatory Visits To All Physicians By Category Of Illness**	The distribution of diagnoses (illness categories) as attributed during ambulatory visits (one diagnosis code is recorded for each physician visit). Visits are grouped according to the 19 chapters of the International Classification of Diseases system (ICD–9–CM), and the top 10 reasons for a visit to a physician in Winnipeg are shown for each 5-year time period, 2000/01 and 2005/06.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-2	**Physician Visits "For" Mental Illness**	The annual rate of ambulatory visits per resident aged 10 years or more to all physicians (General Practitioners / Family Physicians and Specialists) for which a Mental Illness was coded as the reason for the visit. Age-adjusted annual rate of Physician visits "for" mental Illness in Winnipeg were calculated for one 3 fiscal-year time period: 1997/98-2001/02.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-10	**Hospital Days Used**		
		-Short-stay Days	Hospital Days used for Short Stays (1–13 days): The number of days used in 'short' hospitalizations. An inpatient hospitalization lasting one day to 13 days is considered a short hospital stay in this study. Newborn (birth) hospitalizations were excluded. All Manitoba hospitals were included; PCHs and Long–term Care facilities were excluded (e.g., Deer Lodge and Riverview). The number of hospital days used in short stays (less than 14 days) per 1,000 area residents per year. If a resident had more than one short hospitalization in the period, then the days used in all short hospitalizations were summed. Rates were calculated for 2000/01 and 2005/06 and were age– and sex–adjusted to the Manitoba population in 2000/01.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
		-Long-stay Days	Hospital Days used for Long Stays (14+ days): The number of days used in 'long' hospitalizations. An inpatient hospitalization lasting 14 days or more was considered a long hospital stay in this study. Newborn (birth) hospitalizations were excluded. All Manitoba hospitals were included; PCHs and Long–term Care facilities were excluded (e.g., Deer Lodge and Riverview). The number of hospital days used in long stays (14 or more days) per 1,000 area residents per year. If a resident had more than one long hospitalization in the period, then the days used in all long hospitalizations were summed. Each hospitalization was limited to 365 days maximum length of stay. Hospitalizations in long term care facilities were excluded (e.g., Deer Lodge and Riverview).	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

Dimension Category Core vs. Non-Core	CHAN Ref No.	Indicator Title	2009/2010 WRHA CHA Report Indicator Index (Follows the Table of Contents) Definition	Data Source Organization Report Name
C. Health System Performance				
14. Utilization				
Health System Characteristics ***Utilization*** **Core**	V-14	**Cataract Surgery**	Cataracts occur when the lens of the eye becomes cloudy and normal vision is impaired. The clouded lens is removed in its entirety by surgery and replaced with an intraocular lens made of plastic. This indicators describes the number of cataract replacement surgeries performed on area residents age 50 or older, per 1,000 residents age 50 or older. Cataract surgery was defined by a physician claim with tariff codes 5611, 5612 and tariff prefix 2 (surgery), or a hospital separation with ICD–9–CM procedure codes 13.11, 13.19, 13.2, 13.3, 13.41, 13.42, 13.43, 13.51, 13.59, or CCI code 1.CL.89. Additional cataract surgeries for Manitoba residents were added from medical reciprocal claims for out of province procedures, including Alberta (tariff code 27.72) and Saskatchewan (tariff codes 135S, 136S, 226S and 325S). Rates were calculated for 2000/01 and 2005/06 and age– & sex– adjusted to the Manitoba population age 50+ years in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-15	**Hip Replacement Surgery**	Hip replacement surgery removes damaged or diseased parts of a hip joint and replaces them with new, man-made parts. The goals of this surgery are to: relieve pain, help the hip joint work better and improve walking and other movements. The most common reason for hip replacement surgery is osteoarthritis in the hip joint. This indicator reports on the number of total hip replacements performed on area residents age 40 or older, per 1,000 area residents age 40 or older. Hip replacements were defined by ICD–9–CM codes 81.50, 81.51, 81.53, or CCI code 1.VA.53 in any procedure field in hospital abstracts. Rates were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and age– & sex–adjusted to the Manitoba population age 40 or older in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-16	**Knee Replacement Surgery**	Knee replacement is surgery for people with severe knee damage. Knee replacement surgery can relieve pain and allow persons to be more active. During a total knee replacement, the surgeon removes damaged cartilage and bone from the surface of the knee joint and replaces them with a man-made surface of metal and plastic. In a partial knee replacement, the surgeon only replaces one part of the knee joint. This indicator reports on the total number of knee replacements performed on area residents age 40 or older, per 1,000 area residents age 40 or older. Knee replacements were defined by ICD–9–CM codes 81.54, 81.55, or CCI code 1.VG.53 in any procedure field in hospital abstracts. Rates were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and age– & sex–adjusted to the Manitoba population age 40 or over in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-17	**Cardiac Catheterizations**	Cardiac catheterization is the most accurate method for identifying the location and severity of coronary artery disease. A catheter is inserted into a groin or arm artery and advanced to the opening of the coronary arteries supplying blood to the heart with the help of a fluoroscope (and X-ray viewing instrument). The catheter is used to inject radiographic contrast into each cardiac artery and the images produced are called an angiogram. This indicator describes the number of cardiac catheterizations performed on area residents age 40 or older, per 1,000 residents age 40 or older. This includes ICD–9–CM procedure codes 37.21–37.23, 88.52–88.57, or CCI procedure codes 2.HZ.28, 3.IP.10 in any procedure field in a hospital abstract (inpatient or outpatient). Rates were calculated for two 3–year periods, 1998/99–2000/01 and 2003/04–2005/06, and age– & sex–adjusted to the Manitoba population 40+ in the first time period. Cardiac catheterizations were only performed at the two tertiary hospitals (Health Sciences Centre and St Boniface General Hospital), so only hospital separations from those two hospitals were included in the analysis in order to eliminate the potential for double–counting of procedures.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

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C. Health System Performance				
14. Utilization				
Health System Characteristics ***Utilization*** **Core**	V-20	**Percutaneous Coronary Interventions**	Percutaneous coronary interventions are procedures that treat the narrowed coronary arteries of the heart found in people with coronary heart disease. These interventions include percutaneous transluminal coronary angioplasty (PTCA) procedures commonly known as 'angioplasty' or 'balloon angioplasty'. Angioplasty procedures use a balloon-tipped catheter to enlarge a narrowing in a coronary artery and, if necessary to insert a small lattice-shaped metal tube called a stent to hold the artery open so blood can flow through it more easily. This indicator reports on the number of percutaneous transluminal coronary angioplasty procedures (with or without stent insertion) performed on area residents age 40 or older, per 1,000 residents age 40 or older. This includes ICD–9–CM procedure codes 37.21–37.23, 88.52–88.57, or CCI procedure codes 1.IJ.50 and 1.IJ.57 in any procedure field in a hospital abstract (inpatient or outpatient). Rates were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and age– & sex– adjusted to the Manitoba population age 40 or more years in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics **Utilization** **Core**	V-21	**Coronary Artery Bypass Graft (CABG)**	Surgeries Bypass surgery is performed on persons with significant narrowing or blockage of coronary arteries to replace narrowed and blocked segments, permitting increased blood flow to the deliver oxygen and nutrients to the heart muscles, thereby improving circulation throughout the body. The number of bypass surgeries performed on area residents age 40 or older, per 1,000 area residents age 40 or older. Bypass surgery is defined by ICD–9–CM procedure codes 36.1–36.16, 36.19, or CCI code 1.IJ.76 in any procedure field (these codes include all surgeries, regardless f the number of vessels affected). Rates were calculated for two 5–year periods, 1996/97–2000/01 and 2001/02–2005/06, and age– & sex–adjusted to the Manitoba population 40+ in the first time period. Bypass surgeries were only performed at the two tertiary hospitals (Health Sciences Centre and St Boniface General Hospital), so only hospital separations from those two hospitals were included in the analysis, in order to eliminate the potential for double–counting of procedures.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics **Utilization** **Core**	V-7	**Separations from Acute Care Hospitals with a Diagnosis "For" Mental Illness**	The number of hospitalizations in acute care hospitals, and in Mental Health Centres, per 1,000 residents per year for which a Mental Illness Disorder was coded as the 'most responsible' cause of the hospitalization. Age standardized rate per 1000 were calculated for two 1 year periods: 20003/2004-2007/2008.	MHHL (HIM) Administrative Data MHHL RHA Profiles 2009
Health System Characteristics **Utilization** **Core**	V-4	**Total hospital separation rates**	A separation from a health care facility occurs anytime a patient (or resident) leaves because of discharge, transfer, or death. The number of separations is the most commonly used measure of the utilization of hospital services. The total number of inpatient and outpatient hospital separations (discharges) of area residents, per 1000 residents per year. In any given period, a resident could be hospitalized more than once, so this indicator shows the total number of separations from acute care facilities by all residents of the area. Rates were calculated for 2000/01 and 2005/06 and were age– and sex-adjusted to the Manitoba population in 2000/01. All Manitoba hospitals were included; Personal Care Homes (PCH) and Long–term Care facilities were excluded (Riverview, Deer Lodge, Rehabilitation Centre for Children and Manitoba Adolescent Treatment Centre). Newborn (birth) hospitalizations were excluded but the mother's hospitalization was included. Rates were calculated for 2000/01 and 2005/06 and were age– and sex-adjusted to the Manitoba population in 2000/01.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

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C. Health System Performance				
14. Utilization				
Health System Characteristics **Utilization** **Core**	V-22	**New Home Care Cases**	The percentage of the population (all ages) with a new home care case opened in a year (values shown are the annual average for a two–year period). Some home care clients had more than one case in a year, but were only counted once for this indicator. Rates were calculated for 1999/00–2000/01 and 2003/04–2004/05 and were age– and sex–adjusted to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-23	**Open Home Care Cases**	The percentage of the population (all ages) with an open home care case in a year (values shown are the annual average for a two–year period). Some home care clients had more than one case in a year, but were only counted once for this indicator. Rates were calculated for 1999/00–2000/01 and 2003/04–2004/05 and were age– and sex–adjusted to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-24	**Home Care Case Closures**	The percentage of the population (all ages) with a home care case which closed during the year (values shown are the annual average for a two–year period). Some home care clients had more than one case in a year, but were counted only once for this indicator. Rates were calculated for 1999/00–2000/01 and 2003/04–2004/05 and were age– and sex–adjusted to the Manitoba population in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-25	**Average Length of Home Care Cases**	The average length (in days) of all home care cases open in a two–year period. A home care client may have more than one case in a period, and each would be counted as a separate case with a separate length of service. Rates were calculated for 1999/00–2000/01 and 2003/04–2004/05 and were age– and sex–adjusted to the Manitoba population in the first time period. For residents with more than one home care case, days in home care were counted for each case open in the fiscal year. If the case was open prior to the start of the fiscal year, the case was assigned April 1st as the start date; and similarly, if the case was not closed prior to the end of the fiscal year, the case was assigned March 31st as the end date.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Accessibility*** Non-core	N-16	**Admissions to PCH**	The percentage of area residents age 75+ admitted to a PCH in a year (values shown are the annual average for a two–year period). Area of residence was assigned based on where people lived at the time, which is determined by the location of the PCH. Rates are shown for 1999/00–2000/01 and 2004/05–2005/06, and are age– and sex–adjusted to the population of Manitoba (75+) in the first time period.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-27	**Level of Care on Admission to PCH**	The distribution of levels of care assigned to PCH residents at the time of their admission. Level 1 represents the lowest level of need; Level 4 represents the highest. These are crude rates only; statistical testing was not done on these values.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009
Health System Characteristics ***Utilization*** **Core**	V-28	**Median Length of Stay by Level of Care at Admission to PCH**	The median length of stay (in years) of PCH residents, according to their level of care on admission. The median length of stay is the amount of time which half of all residents stayed. For example, in 1999/00–2000/01, the median was 2.33 years overall in Manitoba, so half of all residents stayed less than 2.33 years and half stayed longer. Level 1 represents the lowest level of need; Level 4 represents the highest. Crude values are reported only and statistical testing was not done on these values for two 2-years time periods of 1999/00-2000/01; and 2004/05-2005/06.	MHHL (HIM) Administrative Data MCHP RHA Atlas 2009

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D. Demographics				
Health System Characteristics ***Demographics*** **Core**	U-1	**Manitoba Population**	The number of people living in Manitoba by age and sex as of December 31, 2000 and 2005.	MHHL Population Registry MCHP RHA Atlas 2009
Health System Characteristics ***Demographics*** **Core**	U-10	**Winnipeg Population**	Winnipeg is an urban area and most people living in the city are classified as "urban". An urban area is defined as having a minimum population of 1,000 and a population density of 400 people per square kilometer. Most of Winnipeg Health Region's rural population would come from East or West St. Paul. Population Counts & Percentages by Age Group & Sex are reported as of Dec 31, 2000 and 2005.	MHHL Population Registry Statistics Canada, 2006 Census MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium
Health System Characteristics ***Demographics*** **Core**	U-11	**Population Density**	Number of people per square kilometer. This indicator is calculated by dividing the total population by land area.	MHHL Population Registry Statistics Canada, 2006 Census MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium
Health System Characteristics ***Demographics*** **Core**	U-2	**Population Pyramids By Age & Sex**	A population pyramid is a graph showing the age and sex composition of the population. The percentage (or actual number) of residents within each five–year age group (0–4, 5–9, etc, up to 90+ years old) is shown for both males (on the left side of the graph) and females (on the right side). In this report, there are two types of population pyramids shown for Winnipeg Health Region: a. The first pyramid is a comparison of Winnipeg to the Manitoba population on December 31, 2005 showing the percentage of males and females in each five–year age categories. For Winnipeg and for Manitoba, the male plus female bars add up to 100%. b. The second pyramid shows how Winnipeg has changed over time. The Winnipeg population on December 31, 2000 is compared with that on December 31, 2005, showing the actual number of males and females in each five–year age category (males on the left, females on the right). The numbers in each of the bars add up to the total population for Winnipeg in each year.	MHHL Population Registry MCHP RHA Atlas 2009
Health System Characteristics ***Demographics*** **Core**	U-3	**Population Projections**	Number of people projected to be living in Winnipeg from 2006 to 2036. A First Nations population projection is also provided for Winnipeg.	MHHL Population Registry Statistics Canada, 2006 Census MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium

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D. Demographics				
Health System Characteristics ***Demographics*** **Core**	U-4	**Population Attributes:**		
		Dependency Ratio (Child & Elderly to Working Age Population Ratio)	The ratio of the combined child population (aged 0 to 14 years) and elderly population (aged 65 years and older) to the working age population (aged 15 to 64 years). A region's dependency ratio is a reasonable measure of the likely demands on its health services since those residents under the age 15 and over the age of 64 are more likely to require health services. Children and the elderly are also more likely to be socially and/or economically dependent on those of working age. This ratio is usually presented as the number of dependents for every 100 people in the working age population.	MHHL Population Registry Statistics Canada, 2006 Census MHHL (HIM) 2006 MB Stats Can Data Consortium
	U-6	**Lone-Parent Families Living in Winnipeg**	The percentage (%) of lone-parent families among all census families living in private households. A census family refers to married or common-law couple or lone parent with at least one never-married son or daughter living in the same household.	MHHL Population Registry Statistics Canada, 2006 Census MHHL (HIM) 2006 Census of Canada Special Purchase, Manitoba Statistics Canada Data Consortium
	U-7	**Aboriginal Peoples Living In Community Areas**	Aboriginal status is a social determinant of health (e.g., rates of infant mortality, smoking and chronic disease are significantly higher among Aboriginal peoples). Knowing the proportion of people in a geographic area who are Aboriginal can help with health planning. Aboriginal peoples are those persons who report identifying with at least one Aboriginal group (e.g., North American Indian, Métis or Inuit and/or those who reported being a Treaty Indian or a Registered Indian as defined by the Indian Act and/or those who were members of an Indian Band or First Nation).	
	U-8	**Most Frequent Language Spoken At Home**	The language spoken most often or on a regular basis at home is recorded as part of the Statistics Canada Census. This indicator describes the language spoken most often or on a regular basis at home by individuals at the time of the census (1996, 2001, 2006).	
	U-9	**Internal Migrant Mobility**	The population of Winnipeg and Manitoba does not move often. The percentage (%) of people that lived in a different Canadian municipality at the time of the previous census (5-year internal migrants) or one year before the current census (1-year internal migrants) are reported to show this for the 2006 Census. External migrants who were living outside Canada are excluded.	

Appendix B

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