Executive Summary

Major Findings and Implications

The population of the Winnipeg Health Region is growing and aging

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

Overall health status is improving…

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

However, chronic disease burden is also increasing

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

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

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

Communicable diseases are a growing concern in the Winnipeg Health Region

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

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

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

Determinants of health & inequities across the Region

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

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

Key Findings by Chapter

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

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

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

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

Chapter 3 – How healthy are we?

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

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

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

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

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i. Government of Canada. 2019. Vaccination Coverage Goals and Vaccine Preventable Disease Reduction Targets by 2025. Retrieved October 18, 2019 from https://www.canada.ca/en/public-health/services/immunization-vaccine-priorities/national-immunization-strategy/vaccination-coverage-goals-vaccine-preventable-diseases-reduction-targets-2025.html#1.2.1.

ii. Public Health Agency of Canada. 2018. A Pan-Canadian Framework for Action. Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030. Retrieved September 18, 2019 from https://www.canada.ca/content/dam/phac-aspc/documents/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework/sexually-transmitted-blood-borne-infections-action-framework.pdf.

iii. Fransoo, R., Mahar, A., The Need to Know Team, Anderson, A., Prior, H., Koseva, I., McCulloch, S., Jarmasz, J., Burchill, S. The 2019 RHA Indicators Atlas. Winnipeg, MB. Manitoba Centre for Health Policy. Autumn 2019.