

Assiniboine South

COMMUNITY
AREA PROFILE
2020

The **Assiniboine South community area (CA)** is comprised of a single neighbourhood cluster (002)—highlighted in the map below.

*Our Health,
Our Community*

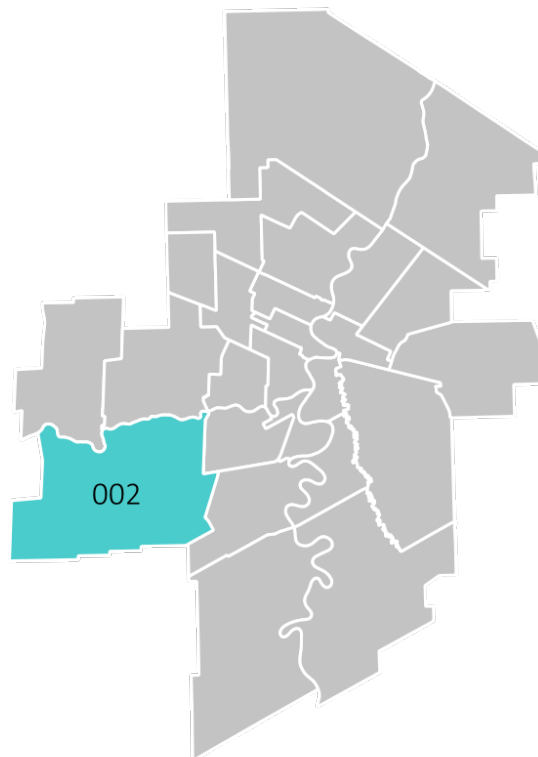


Introduction

The Community Area Profile is a snapshot of the 2019 Community Health Assessment (CHA), which provides information about the health of our population (for example, health status, health disparities, determinants of health and health services utilization). Each CA profile offers the healthcare system, social services, community development, support agencies and others, valuable insight into the health of the communities they serve. The information presented in the CA profiles can help to guide the way services are designed, determine which services are offered in communities and neighbourhoods, identify how community partners can work together to provide better support and services to their community members, and determine how to best meet the identified needs of the community area.

Where does the data come from?

The data included in the CA profiles are obtained from multiple sources including: Administrative Health and Surveillance Data, Canadian Community Health Survey, 2016 Canada Census, and Healthy Child Manitoba. It is important to note that different data sources, such as the ones used in this report, collect data using different time periods. For that reason, not all indicators in this profile are reported using the same time periods.



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Areas of Strength and Areas for Improvement

This page illustrates health indicators that saw the most statistically significant changes over time. 'Areas of Strength' are health indicators that have improved ("now") compared to the last reported time period ("then") within the community area, and 'Areas for Improvement' are health indicators that have worsened compared to the last reported time period.

Areas of Strength



Fewer residents were hospitalized or died due to a heart attack (per 1,000)



Areas for Improvement

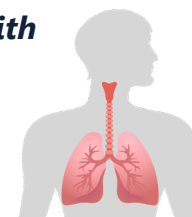
More residents were living with diabetes



Teen pregnancy rate decreased over time
(per 1,000 females aged 15-19)



More residents were living with total respiratory morbidity



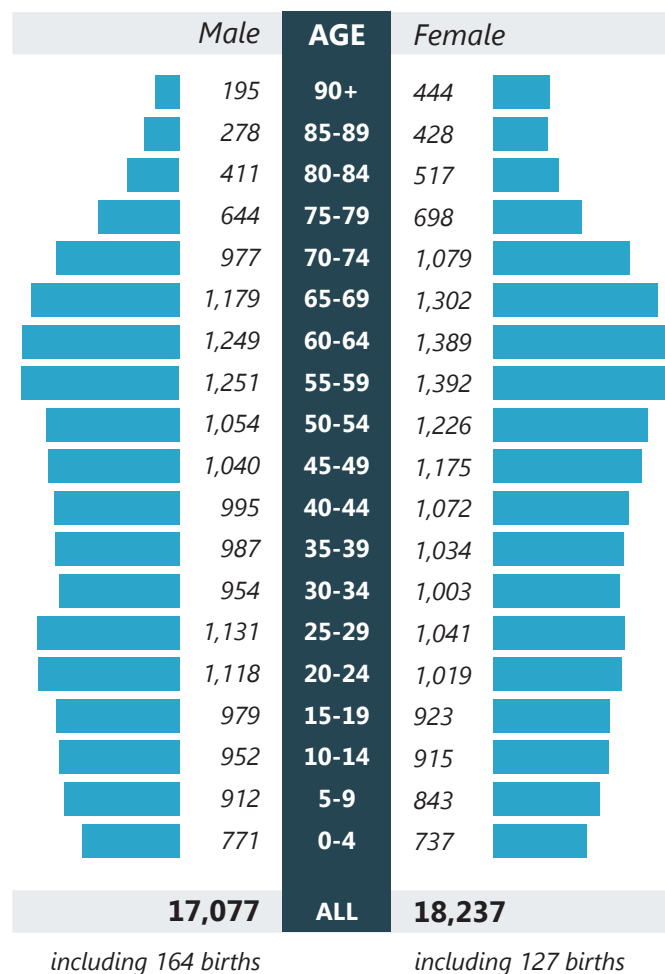
Teen birth rate decreased over time
(per 1,000 females aged 15-19)



Who lives in Assiniboine South?

A brief overview of the community area's population by age and sex, demographic information, life expectancy at birth, as well as mortality. The Assiniboine South community area is comprised of a single neighbourhood cluster (002). The comparator, the Winnipeg Health Region (WHR), comprises Winnipeg, East St. Paul, West St. Paul, and Churchill.

Population (2018): 35,314 residents



Demographic info (2016)

	CA	WHR
Indigenous	7.3%	12.2%
Visible minority	10.3%	27.5%
Lone-parent families	13.2%	18.3%
Immigrant status	14.5%	25.2%

Life expectancy at birth [in years] (2012-16)

Male	Assiniboine South	Female
82.0	Assiniboine South	83.9
79.4	WHR	83.4

Mortality (per 1,000 residents)

Indicator (2012-16)	CA	WHR
Premature mortality rate (before 75 years old)	2.03	2.64
Potential years of life lost (life lost when people die before age 75)	34.3	45.2
Potentially avoidable deaths (avoidable through primary prevention efforts before age 75)	1.26	1.98
Total mortality rate (all ages)	6.5	6.3

Legend

BETTER	SIMILAR	WORSE
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than the **MB** average (not just the WHR)

Summary of Key Health Indicators

This page highlights two measures:

Trend: How key indicators have changed in the community since the last reported time period.

vs MB: How those key indicators compare to the Manitoba average.

Chronic Diseases and Illnesses

Cardiovascular	Trend	vs MB
Hypertension prevalence	SIMILAR	BETTER
Ischemic heart disease prevalence	SIMILAR	BETTER
Heart attack rate	BETTER	BETTER
Congestive heart failure prevalence	SIMILAR	BETTER
Stroke rate	SIMILAR	SIMILAR

Diabetes	Trend	vs MB
Diabetes incidence	SIMILAR	BETTER
Diabetes prevalence	WORSE	BETTER
Lower limb amputation prevalence	SIMILAR	SIMILAR

Respiratory	Trend	vs MB
Total respiratory morbidity rate	WORSE	SIMILAR
Asthma prevalence for children	SIMILAR	SIMILAR

Musculoskeletal	Trend	vs MB
Osteoporosis prevalence	SIMILAR	WORSE
Arthritis prevalence	SIMILAR	SIMILAR

Mental Illness	Trend	vs MB
Benzodiazepine overprescribing – community	BETTER	SIMILAR
Antidepressant prescription follow-up	SIMILAR	SIMILAR
Suicide rate	SIMILAR	SIMILAR

Injury	Trend	vs MB
Unintentional injury hospitalization rate	SIMILAR	SIMILAR
Intentional injury hospitalization rate	SIMILAR	SIMILAR

Maternal and Child Health

Healthy Child Development	Trend	vs MB
Teen pregnancy rate	BETTER	BETTER
Teen birth rate	BETTER	BETTER
Inadequate prenatal care	SIMILAR	BETTER
Breastfeeding initiation	SIMILAR	SIMILAR

Healthcare

Primary Care	Trend	vs MB
Ambulatory consultations	SIMILAR	SIMILAR
Continuity of care	SIMILAR	SIMILAR
Ambulatory care sensitive conditions (ACSC) hospitalization rate	SIMILAR	BETTER

Personal Care Homes	Trend	vs MB
Median waiting times for PCH admission	SIMILAR	SIMILAR
– from hospital	SIMILAR	SIMILAR
– from community	SIMILAR	SIMILAR
Residents in PCH	BETTER	WORSE

Legend

BETTER	SIMILAR	WORSE
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Trend: Than last time period
vs. MB: Compared to MB average

Social Determinants of Health



This section highlights social determinants of health (SDOH), or “systematic social and economic conditions that influence a person’s health”¹. They include education, income, employment, housing, early childhood development, and health behaviours that can have a significant impact on individual and population health.

Education (Statistics Canada Census 2016)	Community avg.	WHR avg.
Educational attainment - % of residents (aged 15+) who have high school diploma or higher	88%	83%

Healthy Child Development (readiness for school learning) (HCMO 2019)			
Kindergarten children vulnerable in the:	Physical health and well-being domain	14.6%	15.1%
	Social performance domain	13.9%	12.6%
	Emotional maturity domain	13.9%	14.9%
	Language and cognitive domain	11.3%	14.4%
	Communication & general knowledge domain	13.9%	17.6%

Income (Statistics Canada Census 2016)		
Median household income after tax	\$75,787	\$59,510
Low Income Measure-After Tax (LIM-AT)	9%	16%
Proportion of children (aged 0-17) living in low income families	15.5%	22.6%

Employment (Statistics Canada Census 2016)		
Unemployment rate (aged 15+)	4.9%	6.5%
Labour force participation (aged 15+)	64.7%	67.1%

Housing (Statistics Canada Census 2016)		
Housing affordability (spending more than 30% of total before-tax income on housing)	37% tenant 10% owner	40% tenant 12% owner

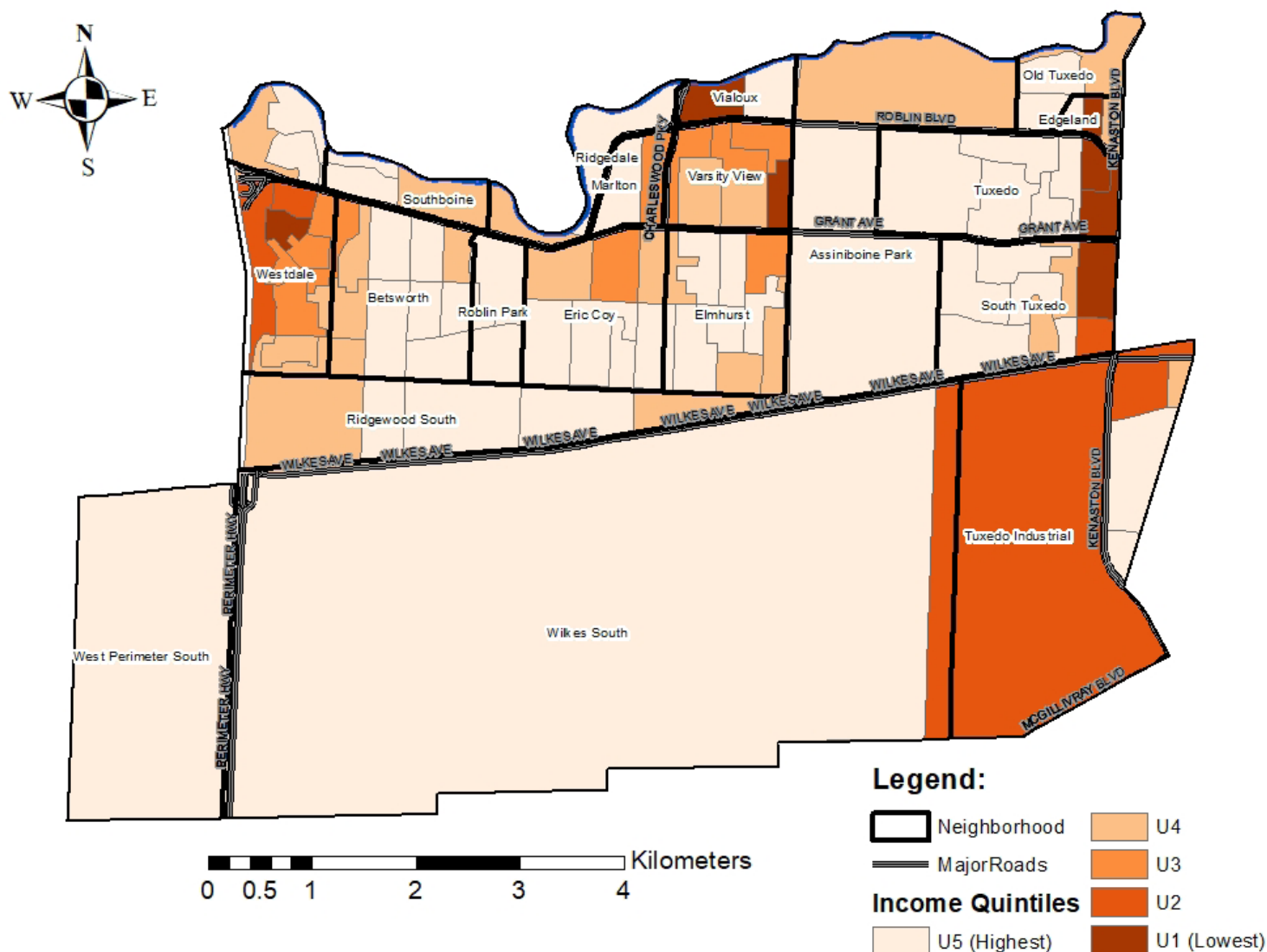
Health Behaviours (MCHP Mental Illness Among Adult Manitobans 2018)		
Substance use disorders	4.1%	5.6%

Some important SDOH factors are not listed here due to incomplete community-level data (e.g., food insecurity, health behaviours, personal health determinants).

Boundaries & Income Quintiles Map

This map of the **Assiniboine South community area** highlights income quintiles for each neighbourhood. The map also highlights main roads to show the boundaries for the community area.

Assiniboine South Community Area



Source: Statistics Canada Census 2016

Map: Created by Population and Public Health Unit, WRHA, September 2020

At-a-Glance of Selected Indicators

Compares the health of people in the community area or in each neighbourhood cluster to the health of Winnipeg Health Region residents and Manitobans overall.

	Indicator	Time period	CA Count	Rate		
				CA	WHR	MB
Maternal and child health	Teen pregnancy (per 1,000 females)	2012/13-2016/17	59	10.2	23.3	30.0
	Teen birth (per 1,000 females)	2012/13-2016/17	23	3.9	13.9	21.5
	Breastfeeding initiation	2016/17	244	92.2%	86.8%	84.2%
	Families first 3+ risk factors	2017	192	23.5%	24.6%	26.7%
	Inadequate prenatal care	2012/13-2016/17	43	4.2%	6.6%	10.3%
Chronic diseases and illnesses	Hypertension prevalence	2016/17	6,868	18.8%	20.7%	20.7%
	Ischemic heart disease prevalence	2012/13-2016/17	2,669	7.4%	8.6%	8.3%
	Heart attack rate (per 1,000, aged 40+)	2012-2016	278	2.43	3.00	3.24
	Congestive heart failure prevalence	2016/17	331	1.31%	1.57%	1.59%
	Stroke rate (per 1,000)	2012-2016	270	2.26	2.43	2.48
	Diabetes incidence	2014/15-2016/17	553	0.49	0.74	0.80
	Diabetes prevalence	2014/15-2016/17	2,759	5.8%	7.9%	8.7%
	Lower limb amputation due to diabetes	2012/13-2016/17	24	0.88%	0.91%	1.09%
	Total respiratory morbidity rate	2016/17	4,332	10.6%	11.1%	10.3%
	Asthma prevalence for children	2015/16-2016/17	985	16.7%	16.7%	15.1%
	Osteoporosis prevalence	2016/17	780	4.68%	4.05%	3.83%
	Arthritis prevalence	2015/16-2016/17	6,903	21.2%	20.4%	20.4%
	Mood & anxiety disorders	2010/11-2014/15	7,648	25.6%	24.7%	23.2%
	Antidepressant prescription follow-up	2012/13-2016/17	402	55.0%	55.3%	51.7%
	Dementia prevalence	2010/11-2014/15	1,517	11.9%	10.7%	10.3%
	Suicide rate (per 1,000, aged 10+)	2012-2016	21	0.12	0.15	0.17

BETTER

SIMILAR

WORSE

than the MB average

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Statistical testing not available

	Indicator	Time period	CA Count	Rate		
				CA	WHR	MB
Injury	Intentional injury hospitalization per 1,000	2016/17	7	0.25	0.65	0.80
	Unintentional injury hospitalization per 1,000	2016/17	193	3.94	4.54	5.42
Preventative healthcare	Influenza immunization (aged 65+)	2017/18	5,132	63.5%	58.2%	55.2%
	Pneumococcal immunization (aged 65+)	2017/18	5,212	64.3%	62.6%	61.2%
Healthcare access	Ambulatory consultations	2016/17	14,218	34.6%	31.8%	29.0%
	Hospitalization for ACSC per 1,000	2016/17	100	2.3	4.5	6.1
	Inpatient hospitalization rate per 1,000	2016/17	2,420	53.6	63.1	78.4
	Continuity of care	2015/16-2016/17	20,550	72.7%	73.1%	71.5%
	Benzodiazepine overprescribing-community	2012/13-2016/17	1,174	18.6%	17.6%	18.5%
	Median wait times for PCH-from hospital (weeks)	2015/16-2016/17	71	1.2	1.3	2.5
	Median wait times for PCH-from community (weeks)	2015/16-2016/17	70	3.6	4.3	8.1

BETTER

SIMILAR

WORSE

than the MB average

##

Statistical testing not available

Select Definitions

Inadequate prenatal care: determined by the number of physician visits received by a prospective mother, considering when the first prenatal visit took place. A prenatal visit is defined as a visit to a health professional (e.g., physician, mid-wife, or nurse practitioner) where medical or healthcare was performed to take care of the pregnancy.

Families First Risk factors: three or more of the following risk factors identified as leading to poor childhood outcomes: 1) maternal alcohol use; 2) maternal smoking; 3) mother with less than high school education; 4) financial difficulties; 5) maternal depression and/or anxiety; 6) number of screens.

Potentially avoidable deaths: The average annual rate of avoidable deaths before age 75, per 1,000 population, over a five-year time period. Avoidable deaths include those that could be avoided through primary prevention efforts, such as lifestyle modifications, immunizations and health promotion initiatives.

Acknowledgements & Additional Information

For more information or to provide feedback to improve the community health assessment process in the future

If you'd like additional information, have any questions, or if you would like to provide feedback on how we can improve the community health assessment process, including the CA profiles (e.g., design, language, content, additional information) please contact us:

CHA@wrha.mb.ca

Additional links

To view the full 2019 Community Health Assessment:

wrha.mb.ca/research/community-health-assessment/2019-report

For a suite of web-based interactive data tools, dashboards and maps, visit the Manitoba Collaborative Data Portal:

mbcdp.ca/community-health-assessment-2019.html

Acknowledgements

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¹ Canadian Medical Association. 2019. Social determinants of Health. Canadian Medical Association. Accessed from: <https://www.cma.ca/social-determinants-health>