Churchill

The Churchill community area (CA) is comprised of the town of Churchill.



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

The town of Churchill, Manitoba, is located at the mouth of the Churchill River on the Southwest shore of the Hudson Bay. Churchill was founded on the traditional territories of the Dene and Cree peoples , and has a population of 903 people . The Churchill Health Centre serves patients from Churchill and surrounding areas in Manitoba, Nunavut, and the Kitikmeot and Baffin regions . It provides a wide range of services ranging from emergency medical care, inpatient care, emergency obstetrics and care for older adults.

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.

Our Health, Our Community



Sections

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Unique Data Characteristics of Churchill

Churchill's population size is small. Data for Churchill should be interpreted with caution because small numbers of events (for example, someone being diagnosed with diabetes or being admitted to the hospital) can sometimes cause large differences in rates. For some health indictors, case counts were less than five, so rates and counts are suppressed (not shown) to protect the identities, privacy, and personal information of individuals. Therefore, only a select list of reported health indicators are available in this profile.

Areas of Strength



Fewer residents were living with arthritis

32.4%	11.3%
Then	Now



Fewer residents were living with total respiratory morbidity









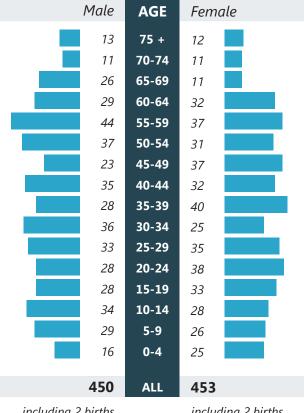




Who lives in Churchill?

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

Population (2018): 903 residents



including 2 births

including 2 births

Demographic info (2016)

	СА	WHR
Indigenous	67.9%	12.2%
Visible minority	4.0%	27.5%
Lone-parent families	33.3%	18.3%
Immigrant status	2.3%	25.2%

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

Male	Churchill	Female
74.3	Churchill	81.6
79.4	WHR	83.4

Mortality (per 1,000 residents)

Indicator (2012-16)	CA	WHR
Premature mortality rate (before 75 years old)	3.99	2.64
Potential years of life lost (life lost when people die before age 75)	40.7	45.2
Potentially avoidable deaths (avoidable through primary prevention efforts before age 75)	3.08	1.98
Total mortality rate (all ages)	9.8	6.3

WORSE

Legend

BETTER SIMILAR 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	SIMILAR
Ischemic heart disease prevalence	SIMILAR	SIMILAR
Diabetes		
Diabetes incidence	SIMILAR	SIMILAR
Diabetes prevalence	SIMILAR	SIMILAR
Respiratory		
Total respiratory morbidity rate	BETTER	BETTER
Asthma prevalence for children	SIMILAR	SIMILAR
Musculoskeletal		
Osteoporosis prevalence	SIMILAR	SIMILAR
Arthritis prevalence	BETTER	BETTER

Maternal and Child Health

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

Healthcare

Primary Care		
Ambulatory care sensitive conditions (ACSC) hospitalization rate	BETTER	SIMILAR
Personal Care Homes		
Residents in PCH	SIMILAR	WORSE

Legend



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

Social Determinants of Health

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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.

<i>Education</i> (Statistics Canada Census 2016)	Community avg. (range)	WHR avg.
Educational attainment - % of residents (aged 15+) who have high school diploma or higher	68%	83%

Healthy Child Development (readiness for school learning) (HCMO 2019)			
Kindergarten	Physical health and well-being domain	12.5%	15.1%
children vulnerable	Social performance domain	37.5%	12.6%
in the: Emotional maturity domain	Emotional maturity domain	37.5%	14.9%
	Language and cognitive domain	25.0%	14.4%
	Communication & general knowledge domain	37.5%	17.6%

<i>Income</i> (Statistics Canada Census 2016)		
Median household income after tax	\$60,318	\$59,510
Low Income Measure-After Tax (LIM-AT)	19%	16%
Proportion of children (aged 0-17) living in low income families	30.4%	22.6%

<i>Employment</i> (Statistics Canada Census 2016)		
Unemployment rate (aged 15+)	14.3%	6.5%
Labour force participation (aged 15+)	72.6%	67.1%

<i>Housing</i> (Statistics Canada Census 2016)		
Llousing offerdebility (13% tenant	40% tenant
Housing affordability (spending more than 30% of total before-tax income on housing)	0% owner	12% owner

Health Behaviours (MCHP Mental Illness Among Adult Manitobans 2018)		
Substance use disorders	13.7%	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).

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.

				Rate		
	Indicator	Time period	CA Count	СА	WHR	МВ
Maternal and child health	Teen pregnancy (per 1,000 females)	2012/13-2016/17	7	44.1	23.3	30.0
	Breastfeeding initiation	2016/17	6	85.6%	86.8%	84.2%
	Inadequate prenatal care	2012/13-2016/17	6	16.5%	6.6%	10.3%
Chronic diseases and illness	Hypertension prevalence	2016/17	122	19.9%	20.7%	20.7%
	Ischemic heart disease prevalence	2012/13-2016/17	36	8.5%	8.6%	8.3%
	Diabetes incidence	2014/15-2016/17	19	0.91	0.74	0.80
	Diabetes prevalence	2014/15-2016/17	107	11.8%	7.9%	8.7%
	Total respiratory morbidity rate	2016/17	26	2.5%	11.1%	10.3%
	Asthma prevalence for children	2015/16-2016/17	35	17.1%	16.7%	15.1%
	Osteoporosis prevalence	2016/17	14	7.58%	4.05%	3.83%
	Arthritis prevalence	2015/16-2016/17	73	11.3%	20.4%	20.4%
	Mood & anxiety disorders	2010/11-2014/15	107	13.8%	24.7%	23.2%
	Dementia prevalence	2010/11-2014/15	7	3.4%	10.7%	10.3%
Preventative healthcare	Influenza immunization (aged 65+)	2017/18	45	49.5%	58.2%	55.2%
	Pneumococcal immunization (aged 65+)	2017/18	59	63.4%	62.6%	61.2%
		-				
Healthcare access	Ambulatory consultations*	2016/17	166*	17.6%*	31.8%	29.0%
	Hospitalization for ACSC (per 1,000)	2016/17	12	12.8	4.5	6.1
	Inpatient hospitalization rate (per 1,000)	2016/17	102	118.6	63.1	78.4
	Continuity of care*	2015/16-2016/17	47*	58.3%*	73.1%	71.5%

BETTER SIMILAR

than the **MB** average

WORSE

* Data should be interpreted with caution as numbers may be underreported.

Acknowledgements & Additional Information

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.

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

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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

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









Winnipeg Regional Office régional office régional de Health Authority santé de Winnip Caring for Health À l'écoute de no

