Point Douglas

The **Point Douglas community area (CA)** is comprised of two neighbourhood clusters: Point Douglas North (10A) and Point Douglas South (10B).

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



Areas for Improvement





Teen pregnancy rates decreased over time (per 1,000)



Teen birth rates decreased over time (per 1,000)





More residents were newly diagnosed with diabetes

(per 100 person years)



More residents were living with diabetes





Male life expectancy increased over time





Fewer residents were living with osteoporosis





More children were living with asthma





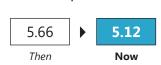
More residents were living with hypertension



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



Premature mortality rate decreased over time (per 1,000)





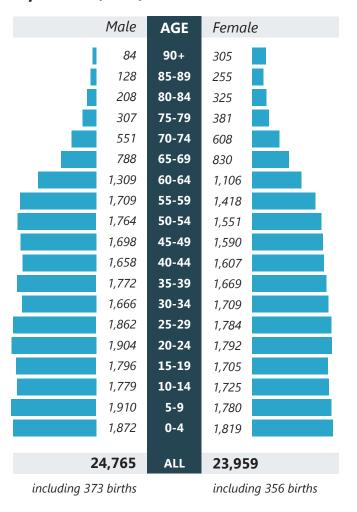
More residents were living with total respiratory morbidity



Who lives in Point Douglas?

A brief overview of the community area's population by age and sex, demographic information, life expectancy at birth, as well as mortality. The Point Douglas community area is comprised of two neighbourhood clusters: Point Douglas North (10A) and Point Douglas South (10B). The comparator, the Winnipeg Health Region (WHR), comprises Winnipeg, East St. Paul, West St. Paul, and Churchill.

Population (2018): 48,724 residents



Demographic info (2016)

	CA (range)		WHR
Indigenous	Overal	l: 29.0 %	12.2%
	North: 22.2%	South: 44.4%	
Visible	Overall: 35.4%		27.5%
minority	North: 39.1%	South: 27.1%	
Lone-parent	Overall: 32.1%		18.3%
families	North: 27.5%	South: 44.0%	
Immigrant	Overall: 31.4%		25.2%
status	North: 34.8%	South: 23.7%	

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

Male	Point Douglas	Female	
74.3	Overall	77.8	
78.7	North	82.9	
68.8	South	72.5	
79.4	WHR	83.4	

Mortality (per 1,000 residents)

Indicator (2012-16)	CA North	CA South	CA	WHR
Premature mortality rate (before 75 years old)	3.78	7.65	5.12	2.64
Potential years of life lost (life lost when people die before age 75)	60.5	158.3	94.6	45.2
Potentially avoidable deaths (avoidable through primary prevention efforts before age 75)	2.72	5.83	3.8	1.98
Total mortality rate (all ages)	7.9	15.6	10.9	6.3

Legend

BETTER SIMILAR

WORSE

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	WORSE	WORSE
Ischemic heart disease prevalence	SIMILAR	WORSE
Heart attack rate	BETTER	WORSE
Congestive heart failure prevalence	SIMILAR	WORSE
Stroke rate	SIMILAR	WORSE

Diabetes		
Diabetes incidence	WORSE	WORSE
Diabetes prevalence	WORSE	WORSE
Lower limb amputation prevalence	SIMILAR	WORSE

Respiratory		
Total respiratory morbidity rate	WORSE	WORSE
Asthma prevalence for children	WORSE	WORSE

Musculoskeletal		
Osteoporosis prevalence	BETTER	SIMILAR
Arthritis prevalence	SIMILAR	WORSE

Mental illness		
Benzodiazepine overprescribing – community	SIMILAR	BETTER
Antidepressant prescription follow-up	SIMILAR	SIMILAR
Suicide rate	SIMILAR	WORSE

Injury		
Unintentional injury hospitalization rate	SIMILAR	SIMILAR
Intentional injury hospitalization rate	SIMILAR	WORSE

Maternal and Child Health

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

Healthcare

Primary Care		
Ambulatory consultations	SIMILAR	WORSE
Continuity of care	SIMILAR	SIMILAR
Ambulatory care sensitive conditions (ACSC) hospitalization rate	SIMILAR	SIMILAR

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

Legend

BETTER SIMILAR WORSE

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". 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	69% (59 - 74%)	83%

Healthy Child Development (readiness for school learning) (HCMO 2019)						
Kindergarten	Physical health and well-being domain	24.0% (17.9 - 35.9%)	15.1%			
children vulnerable	Social performance domain	18.7% (12.6 - 30.4%)	12.6%			
in the: Emotional maturity domain		17.9% (12.9 - 27.7%)	14.9%			
	Language and cognitive domain	21.9% (18.3 - 28.8%)	14.4%			
	Communication & general knowledge domain	23.9% (17.4 - 36.6%)	17.6%			

Income (Statistics Canada Census 2016)		
Median household income after tax	\$44,437 (\$30,465 - \$51,661)	\$59,510
Low Income Measure-After Tax (LIM-AT)	30% (20 - 51%)	16%
Proportion of children (aged 0-17) living in low income families	40.9% (28.7 - 63.3%)	22.6%

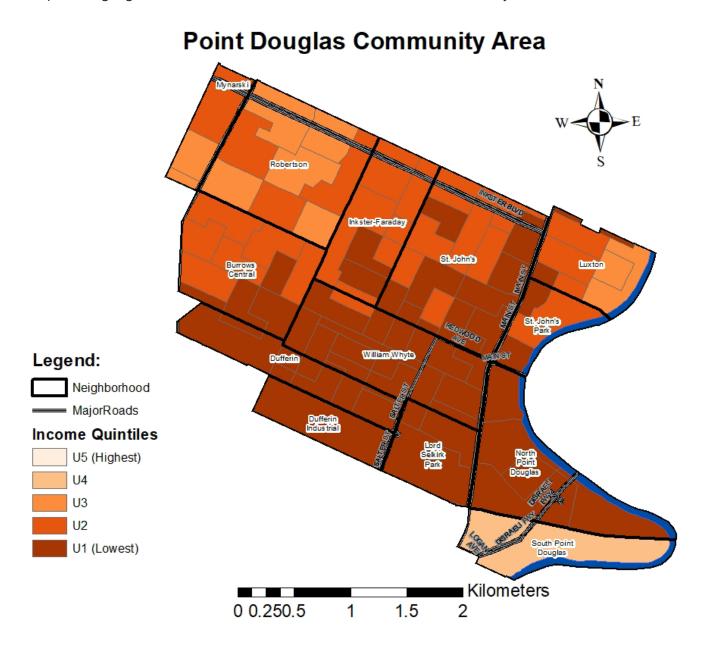
Employment (Statistics Canada Census 2016)		
Unemployment rate (aged 15+)	9.6% (8.2 - 13.9%)	6.5%
Labour force participation (aged 15+)	60.9% (48.4 - 66.1%)	67.1%

Housing (Statistics Canada Census 2016)		
Housing affordability (was discussed by 200/ of total before two increases beggins)	44% tenant (41 - 46%)	40% tenant
Housing affordability (spending more than 30% of total before-tax income on housing)	13% owner (13 - 14%)	12% owner

Health Behaviours (MCHP Mental Illness Among Adult Manitobans 2018)		
Substance use disorders	No CA level-data (8.1 - 18.0%)	5.6%

Boundaries & Income Quintiles Map

This map of the **Point Douglas community area** highlights income quintiles for each neighbourhood. The map also highlights main roads to show the boundaries for the 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	CA	CA North	CA South	WHR	МВ
Maternal and	Teen pregnancy (per 1,000 females)	2012/13-2016/17	541	63.2	45.5	97.9	23.3	30.0
child health	Teen birth (per 1,000 females)	2012/13-2016/17	387	45.1	31.3	72.4	13.9	21.5
	Breastfeeding initiation	2016/17	490	73.3%	76.7%	68.5%	86.8%	84.2%
	Families first 3+ risk factors	2017	412	45.3%	35.8%	58.4%	24.6%	26.7%
	Inadequate prenatal care	2012/13-2016/17	481	13.1%	9.5%	18.6%	6.6%	10.3%
Chronic	Hypertension prevalence	2016/17	7,363	24.9%	24.6%	26.2%	20.7%	20.7%
diseases and illnesses	Ischemic heart disease prevalence	2012/13-2016/17	2,636	9.7%	10.8%	12.4%	8.6%	8.3%
ana miesses	Heart attack rate (per 1,000, aged 40+)	2012-2016	372	4.40	4.23	4.95	3.00	3.24
	Congestive heart failure prevalence	2016/17	412	2.48%	2.06%	3.57%	1.57%	1.59%
	Stroke rate (per 1,000)	2012-2016	300	3.64	3.06	4.78	2.43	2.48
	Diabetes incidence	2014/15-2016/17	1,158	1.20	1.07	1.40	0.74	0.80
	Diabetes prevalence	2014/15-2016/17	5,019	12.1%	10.5%	14.0%	7.9%	8.7%
	Lower limb amputation due to diabetes	2012/13-2016/17	64	1.52%	0.89%	2.53%	0.91%	1.09%
	Total respiratory morbidity rate	2016/17	7,215	14.6%	13.1%	16.8%	11.1%	10.3%
	Asthma prevalence for children	2015/16-2016/17	2,049	19.6%	18.1%	22.1%	16.7%	15.1%
	Osteoporosis prevalence	2016/17	386	3.54%	3.49%	3.75%	4.05%	3.83%
	Arthritis prevalence	2015/16-2016/17	8,451	26.1%	23.6%	31.8%	20.4%	20.4%
	Mood & anxiety disorders	2010/11-2014/15	N/A	N/A	23.2%	33.6%	24.7%	23.2%
	Antidepressant prescription follow-up	2012/13-2016/17	482	54.8%	54.5%	55.1%	55.3%	51.7%
	Dementia prevalence	2010/11-2014/15	N/A	N/A	8.8%	17.7%	10.7%	10.3%
	Suicide rate (per 1,000, aged 10+)	2012-2016	64	0.33	N/A	N/A	0.15	0.17

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Rate

				Rate				
	Indicator	Time period	CA Count	CA	CA North	CA South	WHR	MB
Injury	Intentional injury hospitalization (per 1,000)	2016/17	90	2.03	N/A	N/A	0.65	0.80
	Unintentional injury hospitalizaiton (per 1,000)	2016/17	281	6.94	4.80	11.02	4.54	5.42
Preventative	Influenza immunization (aged 65+)	2017/18	2,260	47.2%	N/A	N/A	58.2%	55.2%
healthcare	Pneumococcal immunization (aged 65+)	2017/18	2,753	57.5%	N/A	N/A	62.6%	61.2%
Healthcare	Ambulatory consultations	2016/17	13,024	29.0%	28.3%	27.8%	31.8%	29.0%
access	Hospitalization for ACSC (per 1,000)	2016/17	440	9.1	6.6	15.8	4.5	6.1
	Inpatient hospitalization rate (per 1,000)	2016/17	4,117	90.1	74.6	120.6	63.1	78.4
	Continuity of care	2015/16-2016/17	24,387	72.1%	72.5%	70.0%	73.1%	71.5%
	Benzodiazepine overprescribing-community	2012/13-2016/17	603	16.4%	15.0%	17.0%	17.6%	18.5%
	Median wait times for PCH-from hospital (weeks)	2015/16-2016/17	104	1.4	N/A	N/A	1.3	2.5
	Median wait times for PCH-from community (weeks)	2015/16-2016/17	74	2.3	N/A	N/A	4.3	8.1

BETTER

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than the **MB** average

##

Statistical testing not available

N/A denotes data 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

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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











