

Winnipeg Regional Health Authority (WRHA) Community Health Assessment 2014

PACM AGM
May 5, 2016

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CHI Evaluation Platform
WRHA Research & Evaluation Unit



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Health Authority
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CHI Evaluation Platform

- The WRHA Research & Evaluation Unit has changed its name in 2014/15 to the Centre for Healthcare Innovation's Evaluation Platform

But functions remain the same:

- We still undertake the research, evaluation, knowledge synthesis & translation, & capacity building which responds to WRHA's needs & also to provincial needs.
- We are also responsible for producing **Community Health Assessment Report** every 5 years



Community Health Assessment Definition

The ***Community Health Assessment (CHA)*** process:

- is part of a strategic plan that
 - **describes** the health & health needs of the community by
 - collecting, **analyzing** & using quantitative & qualitative data to
 - **educate** & **mobilize** communities
 - develop **priorities**
 - garner resources
 - facilitate collaborative action **planning**
- with the aim of **improving** community health status & **quality of life** among multiple sectors of the population.



Deliverables

1. Description(s) of health status, health behaviors, & health care access

(in CHA 2014 report;
Volume 1 & 2)

Winnipeg Regional Health Authority

COMMUNITY HEALTH ASSESSMENT 2014





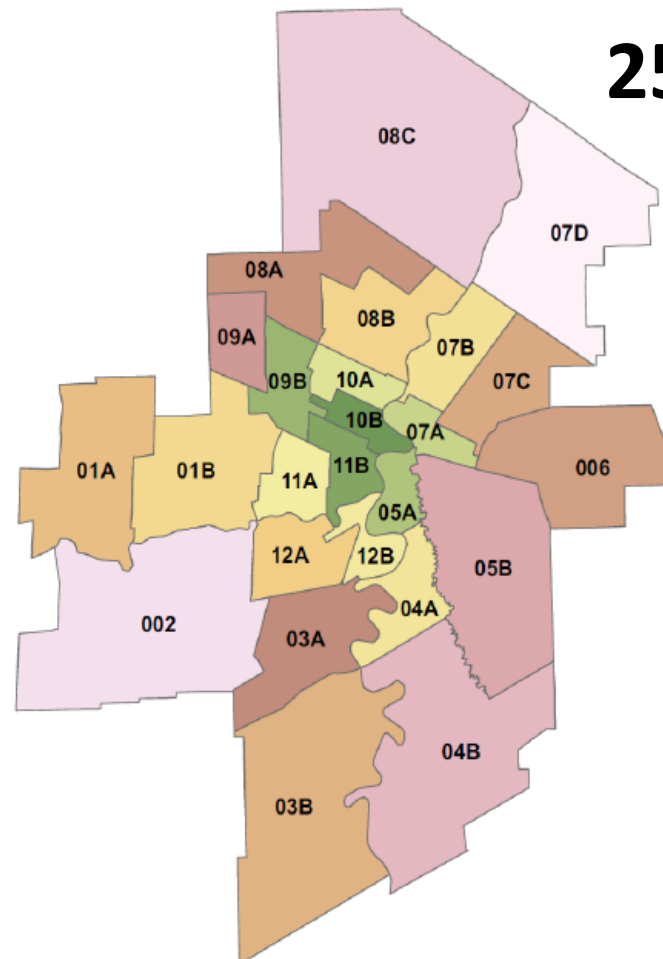
Winnipeg Regional Health Authority

12 Winnipeg CAs + Churchill



25

Neighborhood Cluster:



- 01A St. James-Assiniboia W
- 01B St. James-Assiniboia E
- 002 Assiniboine South
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COMMUNITY HEALTH ASSESSMENT 2014

- Approximately **86** indicators
- Indicators presented in **4** domains
 - Population & community characteristics
 - Health status
 - **Health behaviors**, preventive services, & socio-economic status
 - Healthcare access, utilization, & quality
- Health Inequality in each indicator by median household income & urban income quintile



Deliverables

2. Community capacity building & empowerment
(community engagement sessions during 2014-2015)
3. Emphasis on the importance of health determinants (in **13** Community Area Profiles, 2015)
 - Health behaviors, education, employment, income, housing, screening, access,



Downtown

Community Area Profile, 2015
Winnipeg Regional Health Authority (WRHA)



Downtown At-a-Glance

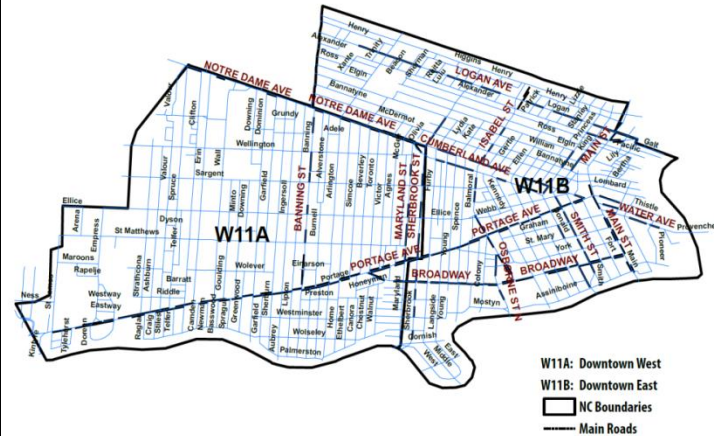
● BETTER THAN WPG ● WORSE THAN WPG ● SIMILAR TO WPG ● SIGNIFICANCE COULD NOT BE CALCULATED

Indicator	Time Period	Downtown Count	Rates or Percentages				WPG	Worst CA	WPG	Best CA
			Downtown	Downtown West	Downtown East	MB				
Self-Perceived Health ~	2007-2012	n/a	54%	54%	53%	57%	58%	42%	69%	
General Mental Health ~	2005-2010	n/a	44%	47%	40%	40%	38%	33%	44%	
Male Life Expectancy ^	2007-2011	n/a	74.1	77.4	71.3	77.5	78.3	71.7	81.8	
Female Life Expectancy ^	2007-2011	n/a	78.6	80.8	76.3	82.2	82.7	77.4	85.6	
Child Mortality ****	2005-2009	n/a	48.8			33.3	21.3	55.5	9.3	
Premature Mortality **	2007-2011	n/a	4.7	3.5	6.1	3.1	2.9	5.4	1.9	
Potential Yrs of Life Lost **	2007-2011	n/a	82.7	63.8	104.8	51.5	45.8	100.3	29.7	
Suicide Death Rate ***	2007-2011	n/a	2.7			1.7	1.5	4.3	0.8	
Respiratory Diseases	2011/12	8087	10.7%	10.1%	11.5%	9.5%	9.9%	13.2%	8.8%	
Hypertension Incidence *	2011/12	803	3.2	3.2	3.3	3.1	3.0	3.5	2.4	
Hypertension Prevalence	2011/12	12191	25.1%	25.1%	25.2%	25.6%	24.6%	28.5%	22.5%	
Diabetes Incidence *	2009/10-2011/12	1051	1.05	0.92	1.20	0.85	0.80	1.25	0.61	
Diabetes Prevalence	2009/10-2011/12	5941	11.7%	10.5%	13.0%	10.0%	9.2%	13.2%	7.1%	
Heart Disease Incidence *	2007/08-2011/12	1113	0.65	0.59	0.75	0.67	0.66	0.90	0.50	
Heart Disease Prevalence	2007/08-2011/12	3415	7.6%	6.9%	8.8%	7.9%	7.9%	9.6%	6.8%	
Stroke Event Rates (40+)**	2007-2011	401	2.8	2.5	3.3	2.7	2.6	4.1	2.1	
Dementia Prevalence	2007/08-2011/12	1780	12.0%	9.9%	15.0%	10.6%	10.9%	12.6%	8.7%	

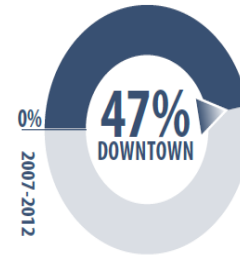
CA Profile Example



Downtown CA Map

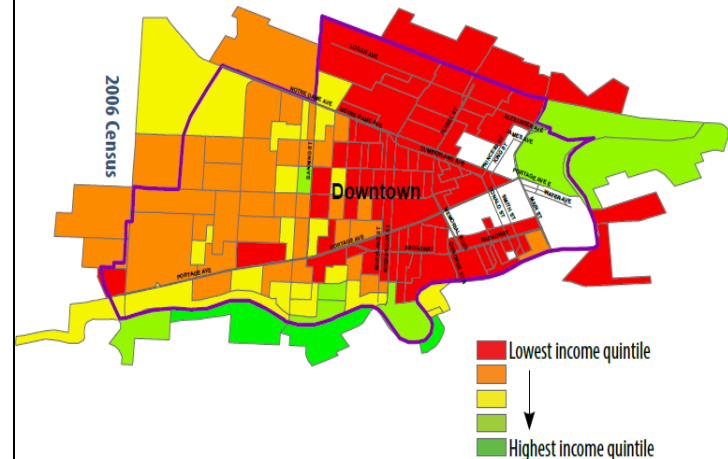


Physically Inactive



DOWNTOWN WEST 44%
DOWNTOWN EAST 52%

WINNIPEG 43%
WORST CA 59%
BEST CA 36%



Lowest income quintile
Highest income quintile

Data Sources

- The 2013 RHA Indicator Atlas (Manitoba Centre for Health Policy [MCHP])
- Manitoba Health Reports
- Population Projections
- Healthy Child Manitoba Office
- CancerCare Manitoba (CCMB) 2014
- WRHA Population & Public Health Program
- Statistics Canada Health Profiles
- Census Data
- Canadian Community Health Survey (CCHS)(2007-12)
- WRHA Youth Health Survey Report 2012



WRHA Socio-Demographic Characteristics

Socio-demographics factors & socio-economic status can influence health outcomes

AGE & GENDER

	FEMALES		MALES	
0-9 years	40,568	(11%)	42,574	(12%)
10-19 years	43,410	(11%)	46,159	(13%)
20-39 years	107,798	(28%)	108,026	(29%)
40-64 years	124,803	(33%)	122,901	(34%)
65-74 years	30,948	(8%)	27,111	(7%)
75+ years	31,581	(8%)	19,724	(5%)

ETHNICITY

Aboriginal	73,390	(11%)
Recent Immigrants (2006-2011)	44,555	(6%)
Visible Minorities	70,050	(19%)

EDUCATION

No certificate, diploma or degree (15+ population)	20%
High school diploma or equivalent (15+ population)	29%
Postsecondary certificate, diploma or degree (15+ pop.)	52%

EMPLOYMENT

Participation rate (in labour force/15+ population)	68.3%
Employment rate (employed/15+ population)	64.8%
Unemployment rate (unemployed, in labour force)	5.9%

LOW-INCOME MEASURE (AFTER TAX)

16%

LONE-PARENT FAMILIES

Female-led parent	27,505	(80%)
Male-led parent	6,960	(20%)

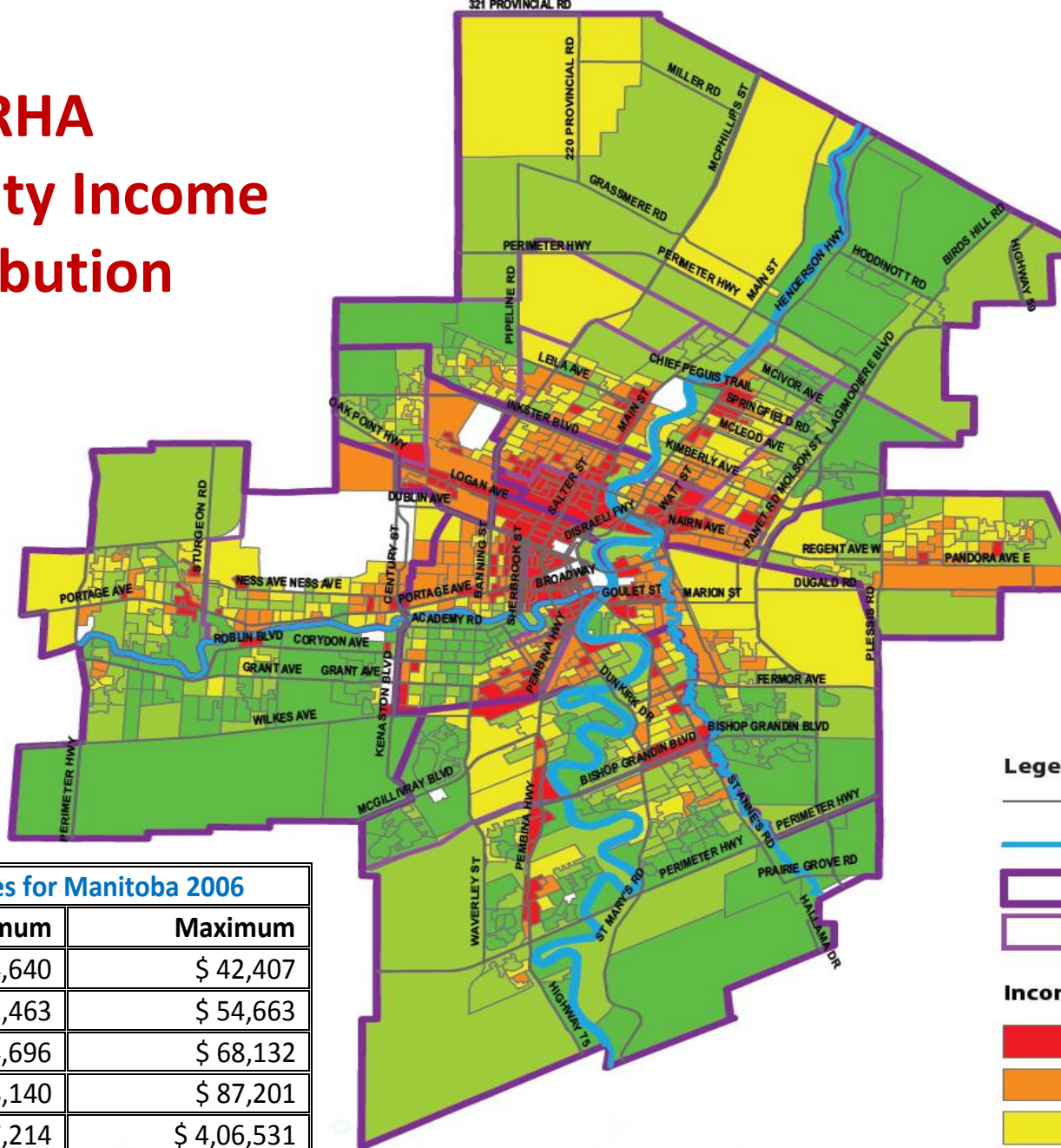
65+

Male, living alone	7,900	(19%)
Female, living alone	21,750	(41%)

LIVING IN PERSONAL CARE HOME

12%

WRHA Community Income Distribution



Legend:

- Major road
- Rivers
- Community Areas
- Neighborhood Clusters

Income Quintiles

- U1 (Lowest)
- U2
- U3
- U4
- U5 (Highest)

Income Quintiles for Manitoba 2006

Urban	Minimum	Maximum
Lowest (U1)	\$ 14,640	\$ 42,407
U2	\$ 42,463	\$ 54,663
U3	\$ 54,696	\$ 68,132
U4	\$ 68,140	\$ 87,201
Highest (U5)	\$ 87,214	\$ 4,06,531

Source: 2006 Census; Population data is based on records of residents registered with Manitoba Health as 2010
 Income Quintiles: Based on Average Household Income by Census Dissemination Area; Calculated by MCHP for urban area of MB
 Map: Created by Research and Evaluation Unit, WRHA January, 2013

Canadian Community Health Survey (CCHS)



Health Behaviors Indicators

- Physical Activity
- Overweight & Obesity
- Fruit & Vegetable Consumption
 - Tobacco Smoking
- Exposure to 2nd hand smoking at home
 - Binge Drinking



WRHA Youth Health Survey (YHS)

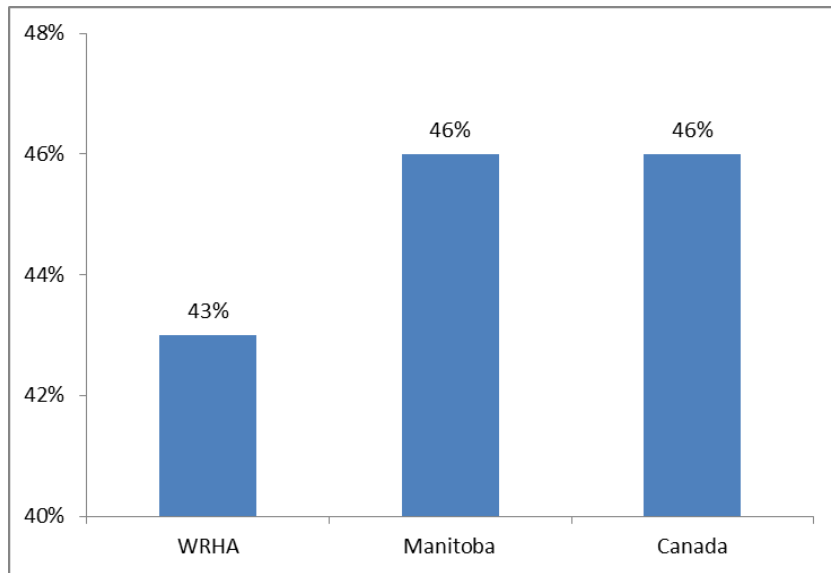


Health Behaviors

- Individual **health behaviors** help to maintain physical and mental health and reduce the risk of chronic conditions.
- Exercising daily and eating fruits and vegetables daily are recommended to minimize disease burden.
- Similarly, it is recommended to avoid smoking and binge drinking.

So, let's see what the data say.

Inactive Leisure-time Physical Activity



12+ years; CCHS:2007-2012

- **21%** of girls & **16%** of boys in grades 7-12 reported being inactive in physical activities in 2012/13 (YHS)

- Youth aged between 12 & 17 **should** accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily
- Adults **should** accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week.



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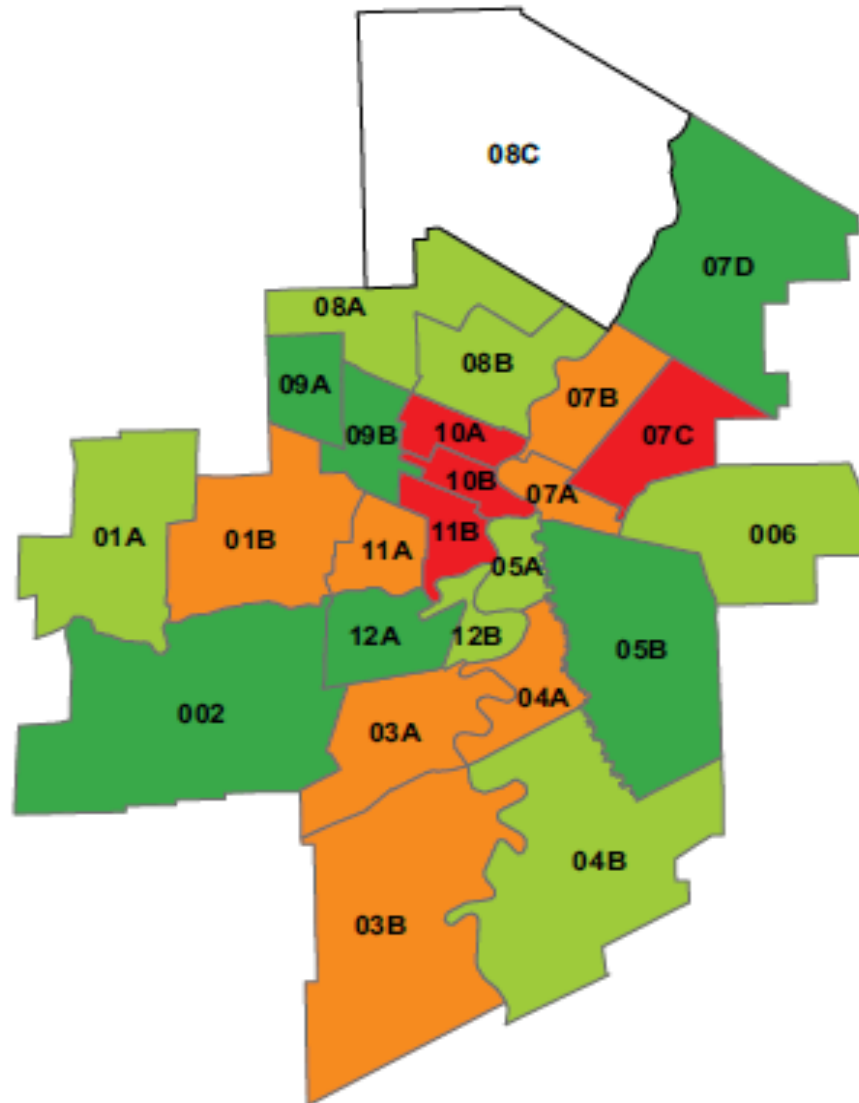
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Geographic Variation

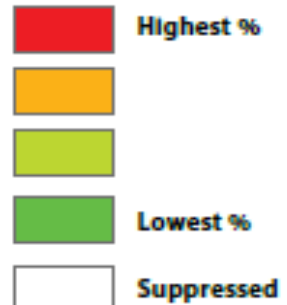
Physically Inactive by Winnipeg Neighborhood Cluster

Age- & sex-adjusted percent of weighted sample aged 12+ from combined CCHS cycles 2007–2008, 2009–2010, & 2011–2012

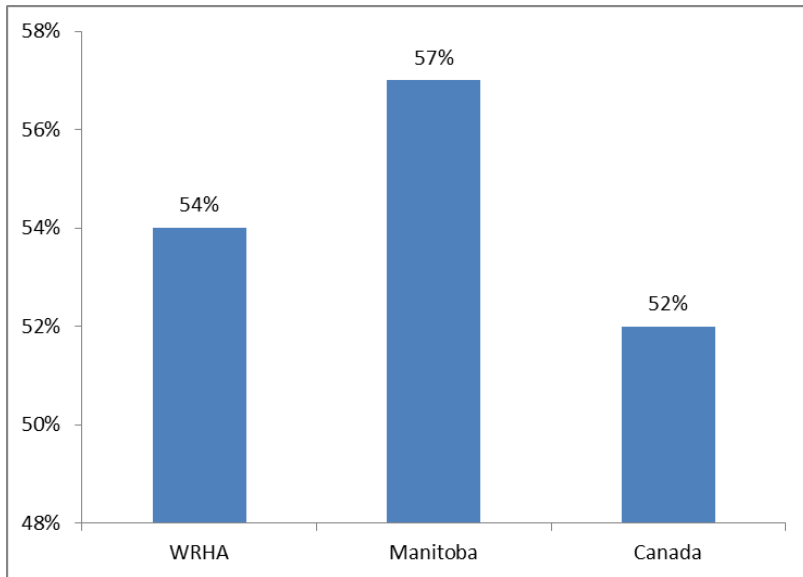


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Overweight & Obesity



18+ years; CCHS:2007-2012

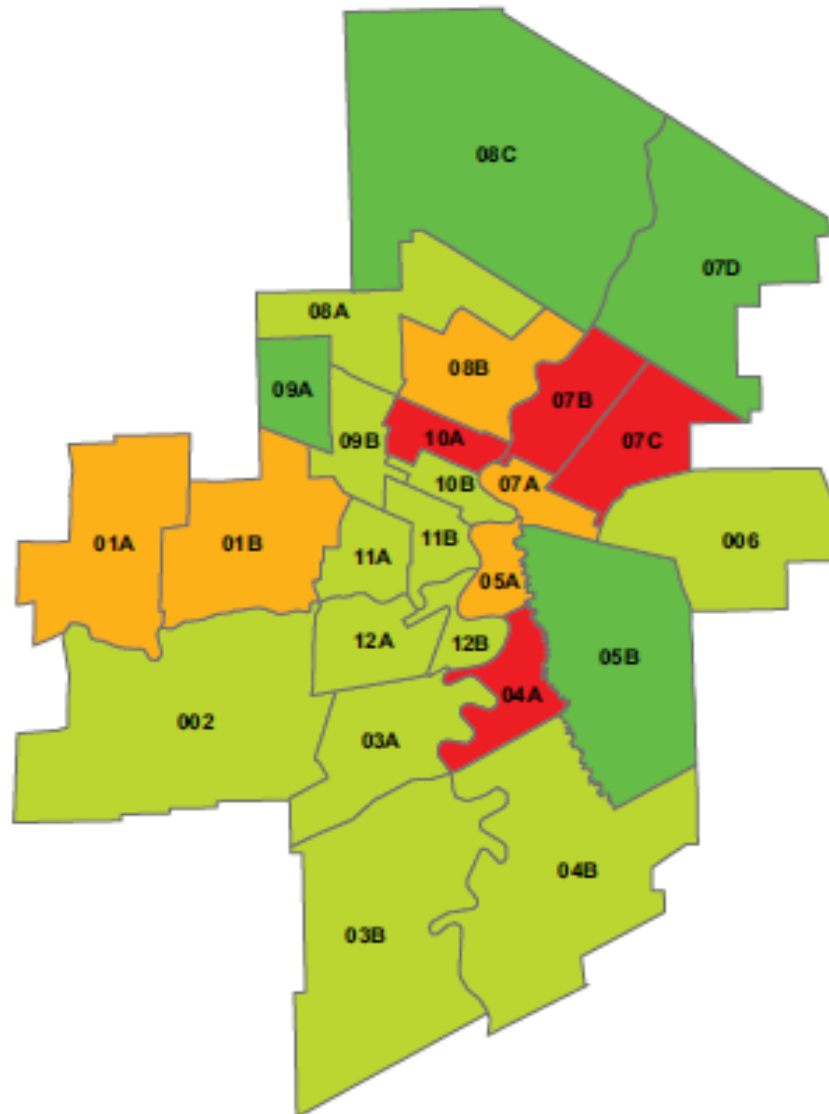
- **19%** of girls & **27%** of boys in grades 7-12 reported being overweight/obese in 2012/2013 (YHS)

- People often report their weight less than and their height more than an objective measurement of the two.
- On average, pregnant women in Manitoba gained 14.5 kilograms (35 pounds) during pregnancy, a weight gain similar to the national average (15.7 kg) and considered to be expected.

Geographic Variation

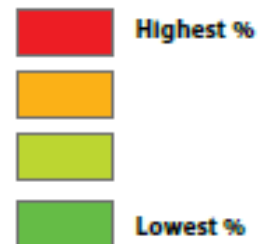
Overweight & Obesity by Winnipeg Neighborhood Cluster

Age- & sex-adjusted percent of weighted sample aged 18+ from combined CCHS cycles 2007–2008, 2009–2010, & 2011–2012

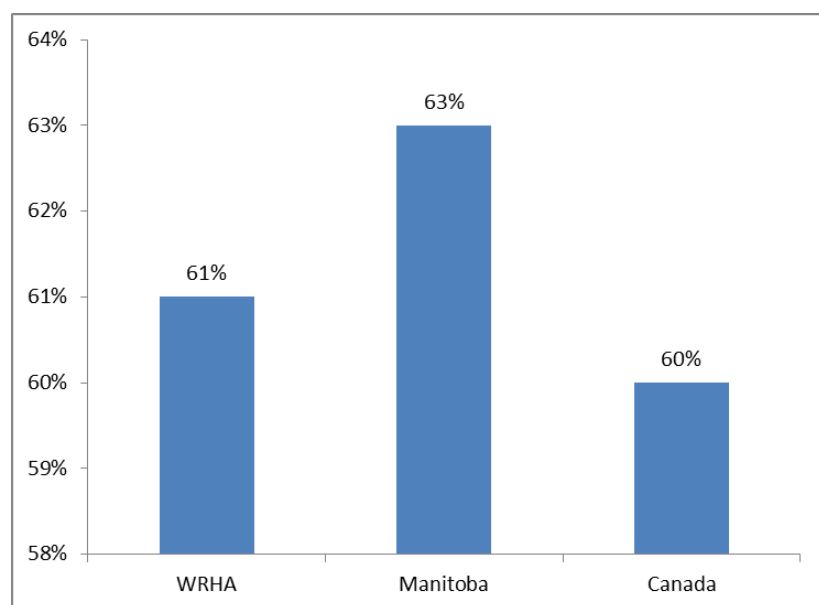


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Fruit & Vegetable Consumption (0-4 times per day)



12+ years; CCHS:2007-2012

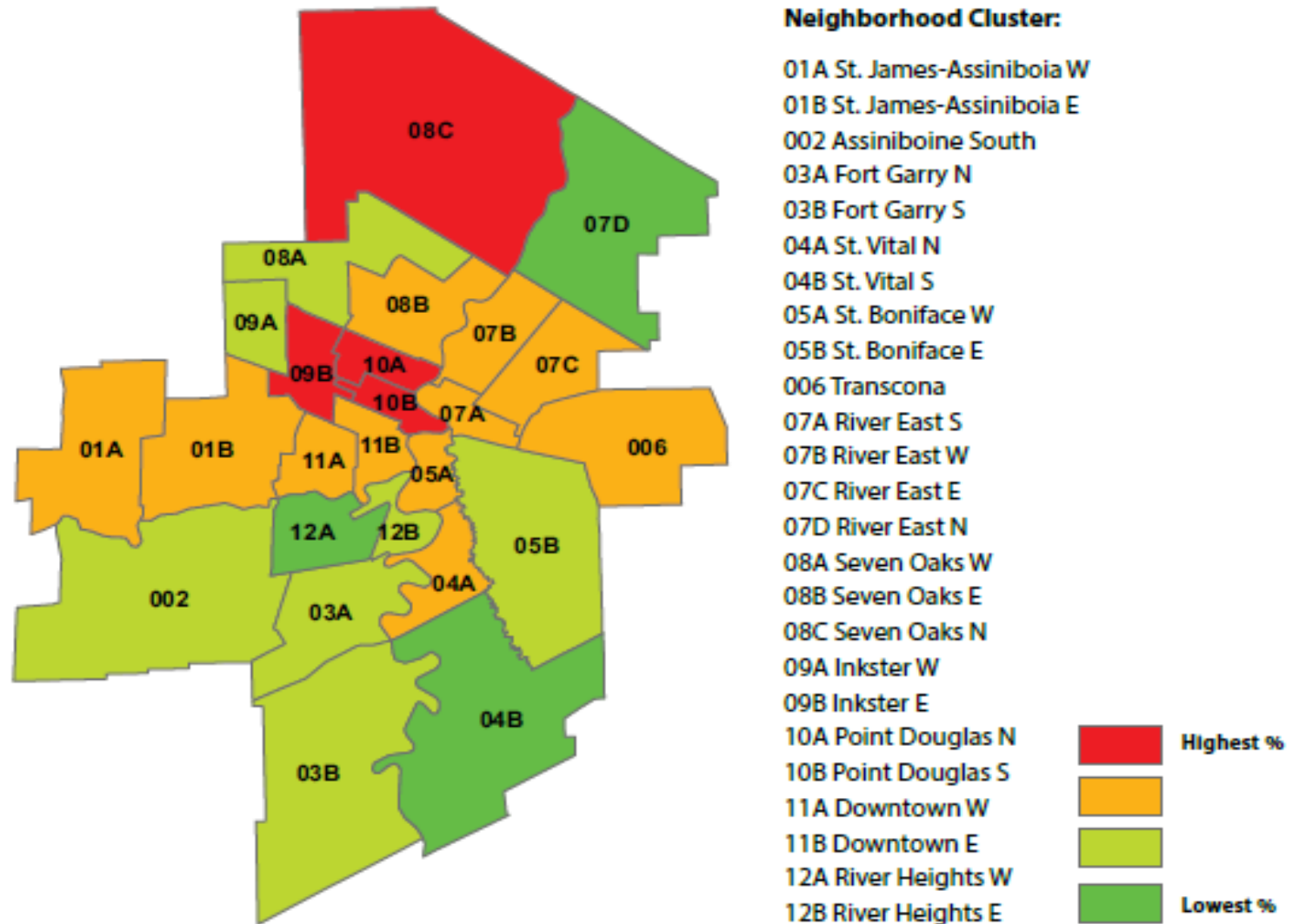
- Only **40%** in grades 7-12 reported consuming fruits & vegetables **7** or more times per day in 2012/2013 (YHS)

- Fruit & vegetable consumption is measured using either times per day or servings per day. Canada's Food Guide is based on servings and recommends:
 - 4 or more servings of fruit and vegetables per day for children under age 14 years;
 - 7 or more servings of fruit and vegetables per day for teens and adults (above age 14 years).

Geographic Variation

Fruit & Vegetable Consumption (Less than 5 times per day) by Winnipeg Neighborhood Cluster

 Age- & sex-adjusted percent of weighted sample aged 12+ who consumed fruits and vegetables 0–4 times per day from combined CCHS cycles 2007–2008, 2009–2010, & 2011–2012



Alcohol Use/Binge Drinking

- **Use in 12 years and older** (2007-12)
 - **23%** of WRHA residents reported binge drinking; slightly lower than Manitoba (24%)
 - Binge drinking in WRHA ranged from 22% in St. Boniface & River Heights CAs to **38%** in Assiniboine South CA
- **Use in YOUTH** (2012/13)
 - **21%** of grade 7-12 students had at least one alcoholic drink in the past month;
 - 16% of them indicated that they had 5 or more drinks of alcohol within a couple of hours on at least one day in the past month
- **Use during Pregnancy**
 - **14%** of pregnant women in Winnipeg & **24%** in Churchill drank alcohol



Tobacco Smoking

- **In 12 years and older** (2007-2012)
 - **19%** of WRHA residents reported smoking daily or occasionally
 - The percentage of smokers in WRHA ranged from 10% in Assiniboine South CA to 39% in Point Douglas CA
- **In YOUTH** (2012/13)
 - **9%** of female and **10%** of male grade 7-12 students reported being current smokers (daily or occasionally)
 - 2% of students reported using smokeless tobacco in the past month
 - 42% of students who are current smokers wanted to quit
- **During Pregnancy**
 - **16.6%** of pregnant women living in Winnipeg & **17.6%** living in Churchill smoked



Highlights from WRHA CHA 2014

- Overall, health in the Region is improving, but improvements are needed in some areas.
- Disparities in social determinants of health persist.
- Substantial inequalities in health status remain.
- Gaps in healthcare access, utilization, and quality exist.
- **A large proportion of residents are practicing unhealthy behaviors or not using preventive services.**

Why??



Individual Socio-economic Complexities Influence Health Behaviors

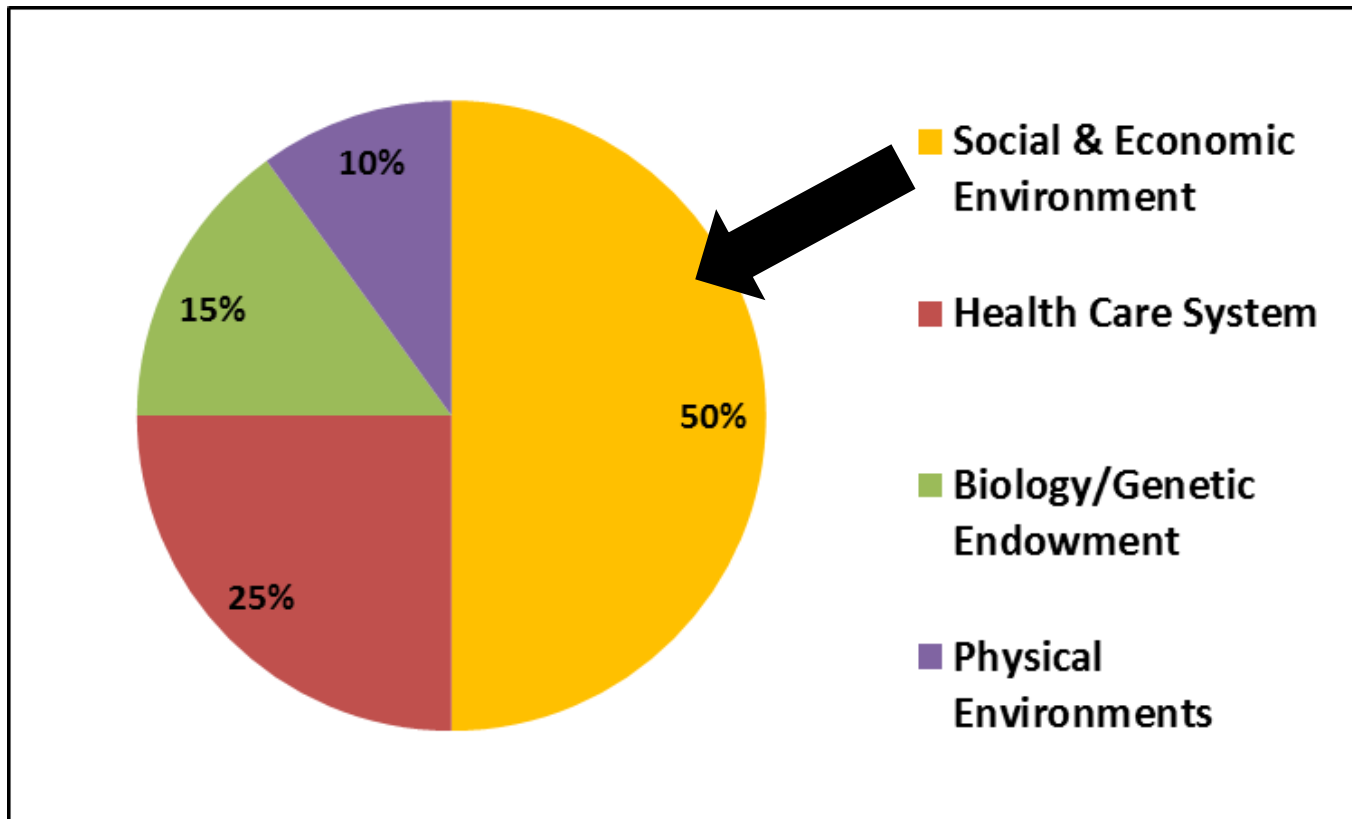
- Children in care
- Teen mom
- Child of a teen mom
- Major mental health diagnosis
- Lowest income quintile
- Income assistance
- Newcomer
- Child of newcomer
- High residential mobility
- Social housing residents
- Involvement with the Justice system

Health Behaviors Impact Individual Health Status

- General health
- Life expectancy
- Chronic diseases
- Mental & substance abuse disorders
- Reproductive & developmental health
- Utilization of preventive services



Estimated Impact of Determinants of Health on Health Status of the Population



Source: Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002.



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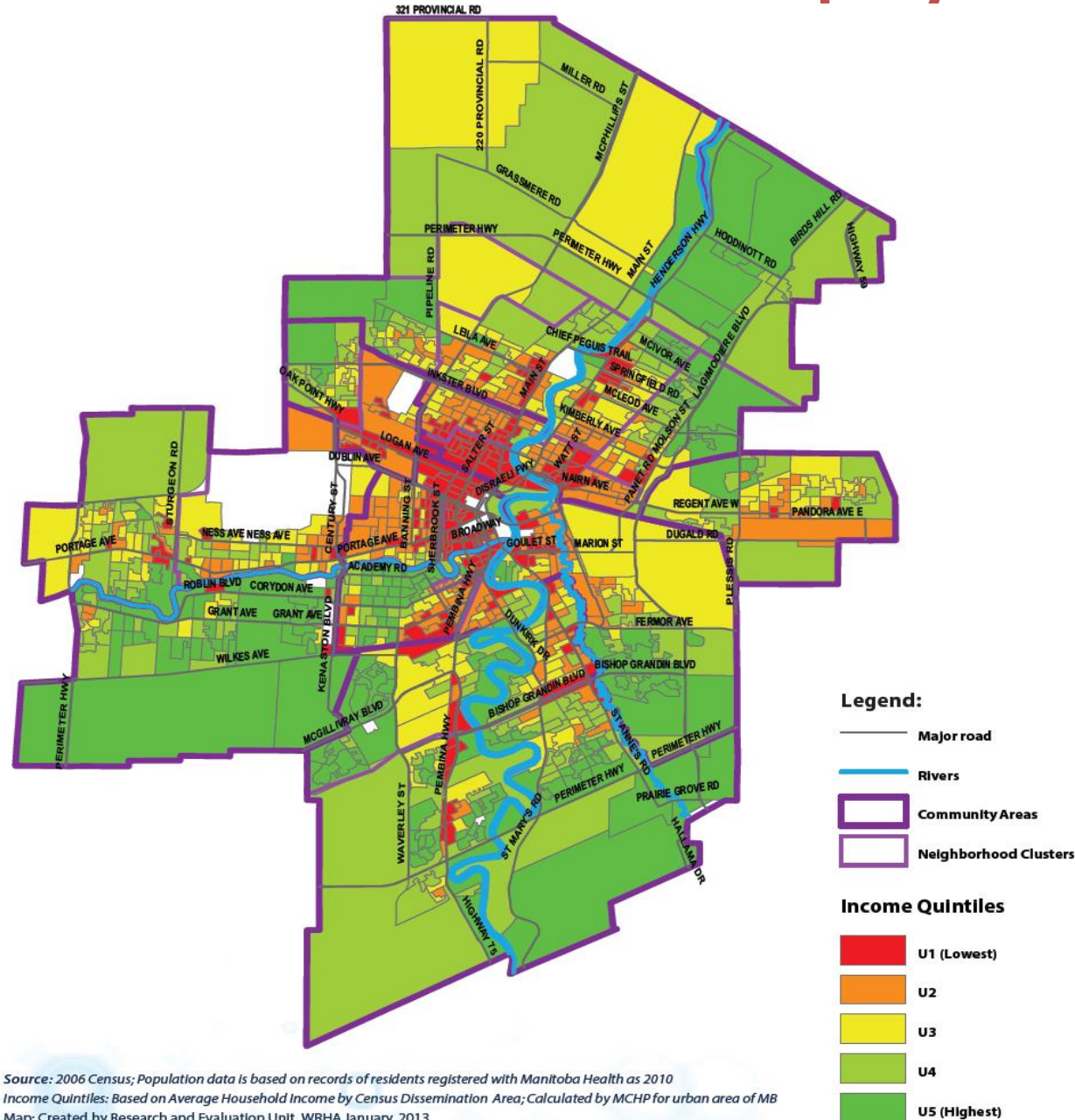


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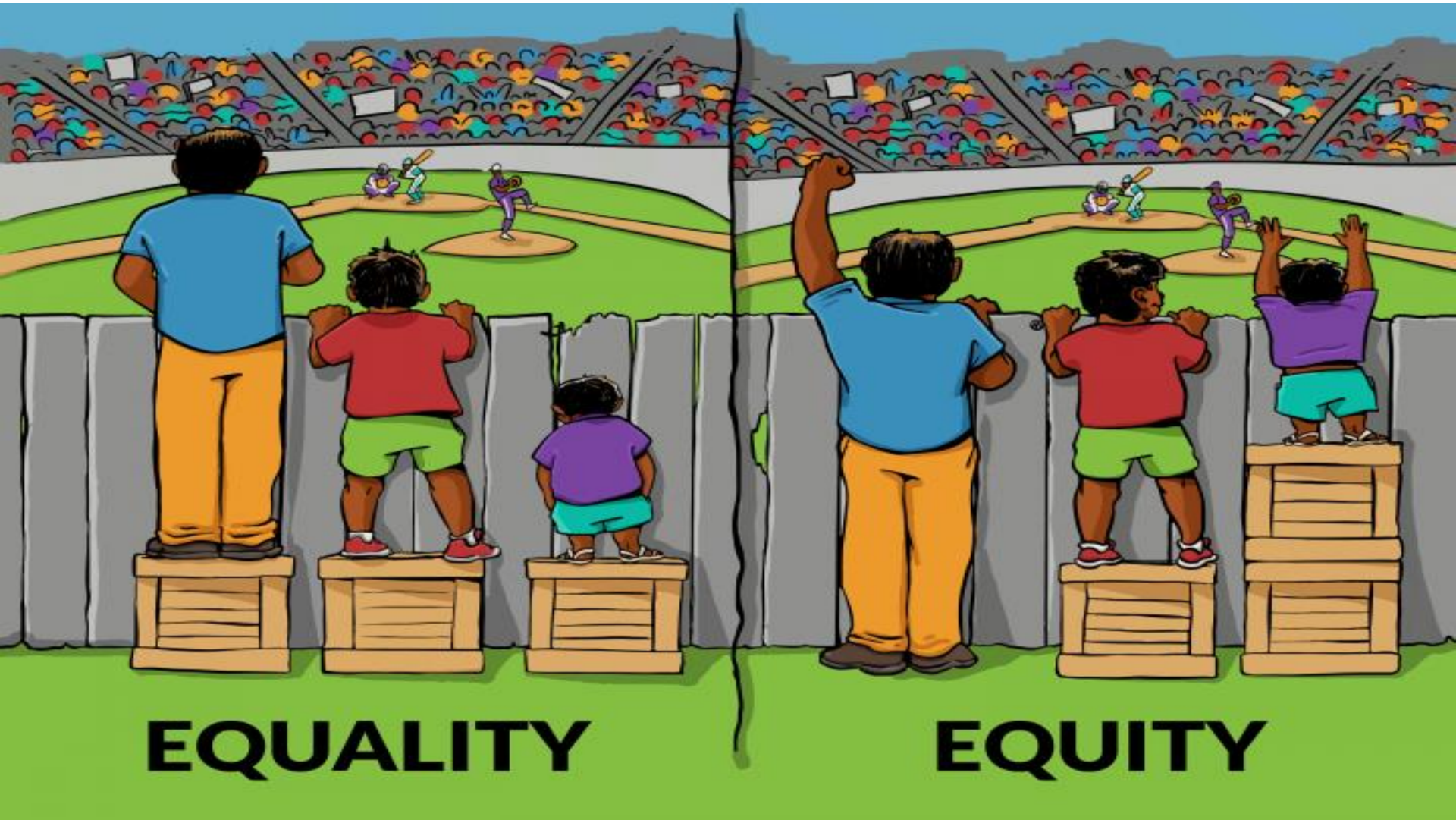


Social Determinants of Health & Health Equity

- Individuals living in the social and economic margins experience **poor health outcomes**
- There are a number of health indicators that are **affected by income**
- Richer individuals tend to be healthier & live longer



Source: 2006 Census; Population data is based on records of residents registered with Manitoba Health as 2010
Income Quintiles: Based on Average Household Income by Census Dissemination Area; Calculated by MCHP for urban area of MB
Map: Created by Research and Evaluation Unit, WRHA January, 2013



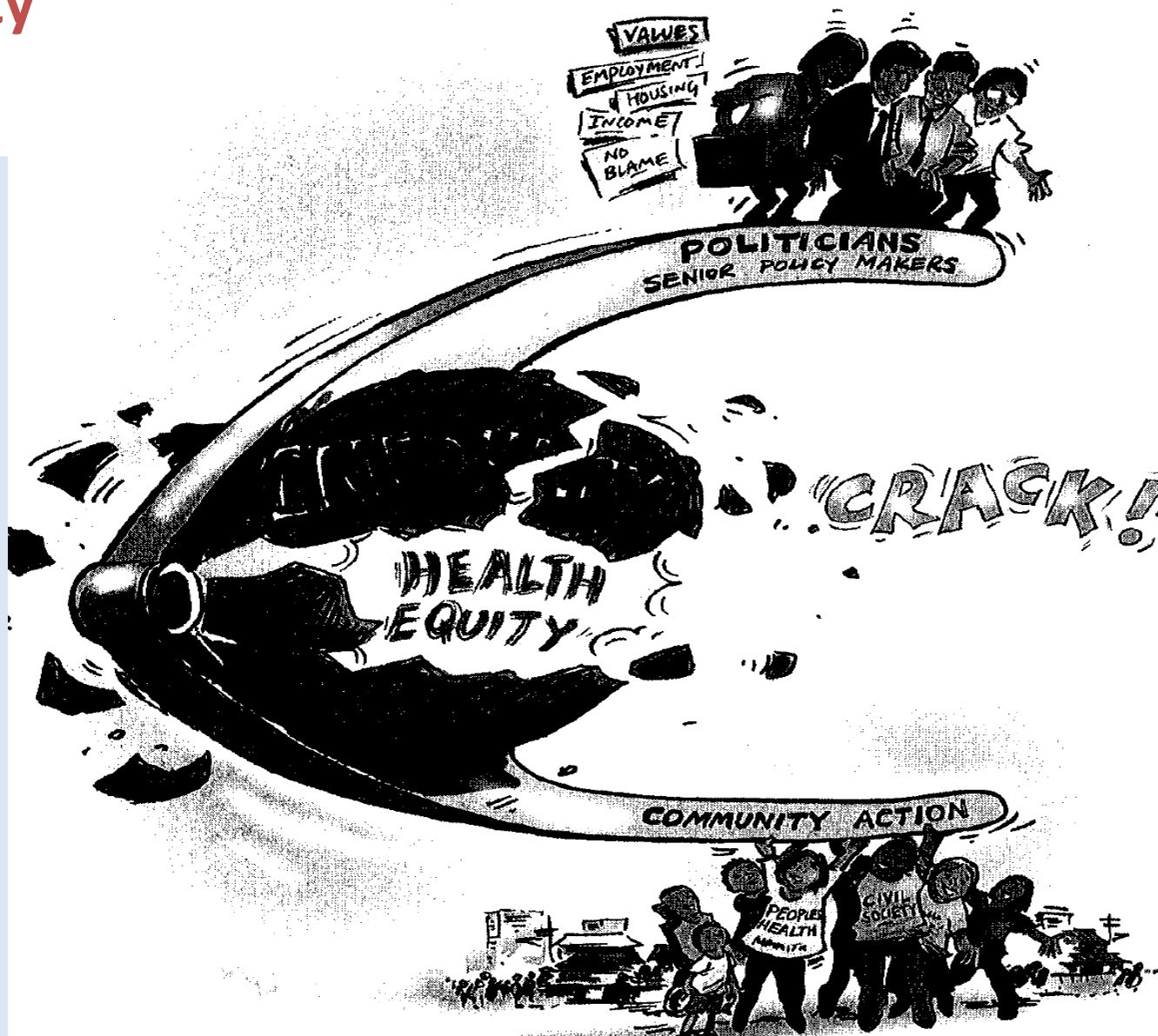
EQUALITY

EQUITY

**Aligning income with social housing AND planning
for service provision**

The nutcracker effect: top down & bottom up action for Health Equity

- Education, promotion, preventive & protective initiatives are important
- Create social & economic conditions which ensure good health for the entire population
- Ensuring access to care & maintaining health = **reduction in health costs**



How healthy is your community?



