Assiniboine South

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

OUR HEALTH
OUR COMMUNITY

Health Status

Health Determinants

Community Voices

This is a statistical health needs profile of Assiniboine South (2014 pop 35,106)--the name of a Winnipeg Regional Health Authority community area (CA). The residents of this CA live almost entirely between Wilkes Avenue to the south and the Assiniboine River to the north; all boundaries for this CA can be found on the map (page 11). Assiniboine South has the highest median household income ($81,462) and lowest proportion of its residents (8%) is poor.

Despite its obvious advantages, Assiniboine South residents are concerned about those living at the margin of their CA. The CA hosts three Manitoba Housing complexes; residents of these complexes have access to three tenant services coordinators. This is thought to be stretching their ability to offer support in the guise of access to resources. For example, although the number of recent refugees living in these housing complexes and Assiniboine South in general is unknown, from the community's perspective, refugees may be disadvantaged on two counts: food security (affordable access to) and low levels of functional literacy.

A new ACCESS Centre built in the neighboring CA—St. James Assiniboia/ Winnipeg West—was to offer residents easier and timely access to health care (e.g., physician offices, physicians, specialists). Residents have transportation options with a bus directly dropping them off in front of the ACCESS Centre. Health and Social Services is unchanged in accessibility to Assiniboine South residents both in the community and at the ACCESS Centre. Services have expanded and are enhanced from the prior 3401 Roblin Office. Further, community education needs to occur related to transportation/ transit options and enhanced ACCESS Centre Services through the Community Facilitators. Assiniboine South is actively working on this through their WRHA Community Facilitators.

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Centre for Healthcare Innovation
University of Manitoba

About this Community Area Profile

Prior to the development of community profiles, the Local Health Involvement Groups (**LHIGs**) were contacted for their suggestions to help shape community profiles. LHIGs inputs were very helpful in developing this profile. The **purpose** of this community area (CA) profile is to provide an overview of socio-demographic, health and wellness data. These data for Assiniboine South will enable the improvement of health status in the community and the quality of life among multiple sectors in the population. The **community profile** serves as an important information resource for many organizations and programs associated with health, wellness, and community development. It also plays an important role in helping stakeholders to engage with the public in a shared effort to improve the health for everyone. It is possible to build healthy and vibrant communities that empower citizens to achieve their best physical and mental health. A community profile helps provide the objective data for building a better community.

Health begins in the community. It is rooted in the circumstances of where individuals live, learn, and work. It is significantly affected by what residents earn as income, and who they live and socialize with.

Reading this Profile: Indicators, Data & Graphics

In this profile, results for each indicator are presented for Assiniboine South overall. Where data has been suppressed due to small numbers, it is indicated with an [s].

Charts and Graphics

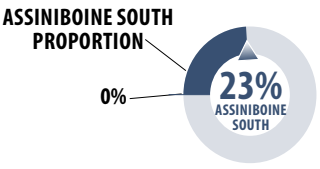
There are a variety of chart styles used is this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating the worst and best value across all CAs.

Findings

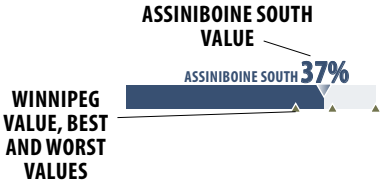
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014). Most rates are age/sex standardized.

Wherever possible we have also made an attempt to compare 2006 and 2011 Census and National Health Survey (NHS) data to report the socio-demographic findings.

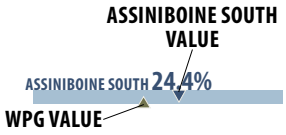
DIAL CHART



BAR CHART

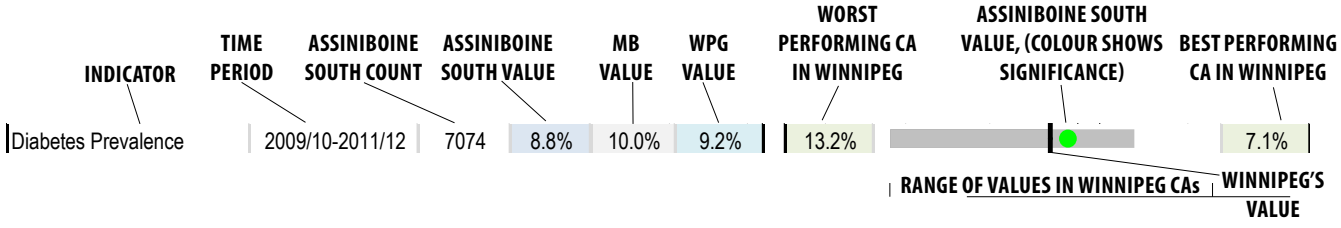


SPINE CHART



About the At-a-Glance Indicator Chart

The chart on page 4 provides an **At-a-Glance** view of selected indicators of health status, health behaviours, preventive services, and health care access. The time periods stated for each indicator vary depending on the indicator and the data available to measure it. The first column provides indicator titles. The second column presents the latest time period for which the data are available, the third column gives exact count/cases in the CA, and the fourth column presents rate/percentage of the CA. This is followed by Manitoba and Winnipeg rates/percentages. Finally, the table shows Winnipeg's worst and best CAs' rates/percentages along with graphic illustration of the data.



Assiniboine South (02) Community Profile

OUR HEALTH
OUR COMMUNITY

SOCIO-DEMOGRAPHIC CHARACTERISTICS

Socio-demographic factors (e.g., age, gender, ethnicity, primary language) and socioeconomic status (e.g., income, education, employment) can influence health outcomes. The age distribution of a community impacts the supports and services needed in a community. For example, young families and older adults benefit from affordable housing and balanced working hours. Different population groups, varying in income and education levels often have different challenges in maintaining or improving their health. For instance, Indigenous and vulnerable persons are groups which, in general, face barriers to good health and access to health services.

Source: MH, 2014

AGE & GENDER

	FEMALES		MALES	
0-9 years	**1,581**	**(9%)**	**1,634**	**(10%)**
10-19 years	**1,915**	**(11%)**	**2,038**	**(12%)**
20-39 years	**4,139**	**(23%)**	**4,163**	**(25%)**
40-64 years	**6,544**	**(36%)**	**5,793**	**(34%)**
65-74 years	**2,006**	**(11%)**	**1,925**	**(11%)**
75+ years	**2,035**	**(11%)**	**1,333**	**(8%)**

Source: 2011 Census / National Household Survey

ETHNICITY

Aboriginal	**1,820**	**(5%)**
Recent Immigrants (2006-2011)	**550**	**(2%)**
Visible Minorities	**2,520**	**(8%)**

EDUCATION

No certificate/diploma/degree (15+ population)	**13%**
High school diploma or equivalent (15+ population)	**28%**
Postsecondary certificate, diploma or degree (15+ pop.)	**59%**

EMPLOYMENT

Participation rate (in labour force/15+ population)	**67.2%**
Employment rate (employed/15+ population)	**63.8%**
Unemployment rate (unemployed, in labour force)	**5.0%**

INCOME

Income under $19,999	**7,840**	**(29%)**
$20,000-$59,999	**11,455**	**(42%)**
$60,000-$99,999	**5,200**	**(19%)**
$100,000-$124,999	**1,120**	**(4%)**
$125,000+	**1,940**	**(7%)**

LONE-PARENT FAMILIES

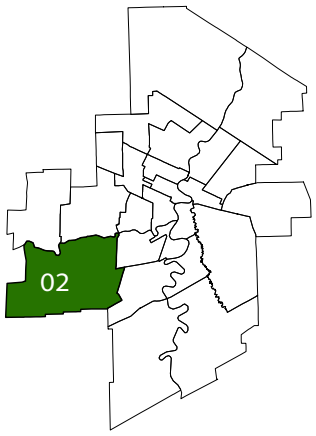
Female-led parent	**1,015**	**(78%)**
Male-led parent	**285**	**(22%)**

65+

Male, living alone	**360**	**(13%)**
Female, living alone	**1,130**	**(37%)**

Source: MCHP, 2013

LIVING IN PERSONAL CARE HOME **19%**



AREA: 61.2 KM²
POPULATION (2014): 35,106
POPULATION (2009): 36,436

Note: Map of Assiniboine South on page 11

HIGHLIGHTS

- The population of this community has somewhat decreased from 36,436 in June 2009 to 35,106 in June 2014 (4% decrease).
- The majority (94%) of residents speak English at home; 4% speak a non-official language at home, and the remaining 2% speak both (English and a non-official language).
- The percentage of residents identifying as Aboriginal has increased from 3.8% in 2006 to 5.4% in 2011. The percentage of visible minority residents has increased from 7.2% in 2006 to 7.5% in 2011. The reported percentage of new immigrants during the period of 2006 -2011 was 1.6%.
- The unemployment rate has increased from 3.9% in 2006 to 5.0% in 2011.
- Attendees at the **community engagement** event identified the main issues of concern as employment, income, affordable housing, access to day-care, isolated seniors, transportation, mental health stigma, and a lack of general health and wellness knowledge.
- The percentages of residents who received treatment for total respiratory diseases, ischemic heart disease, and osteoporosis have significantly decreased over time.
- The percentage of residents who received treatment for diabetes has significantly increased over time.
- Suicide death rate has significantly increased over time.
- The percentage of binge drinking residents has increased from 15% in 2001-2005 to 38% in 2007-2012.
- During 2007-2012, 70% of Assiniboine South residents reported not having a regular medical doctor and were looking for one.
- 19.1% of Assiniboine South residents did not return the National Household Survey (NHS).

Assiniboine South At-a-Glance

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

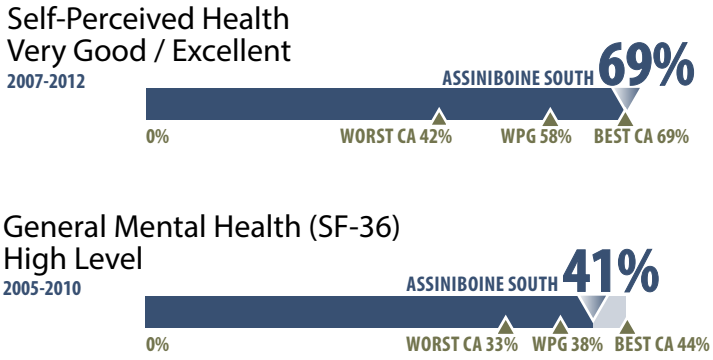
	Indicator	Time Period	Assiniboine South Count	Rates or Percentages: Assiniboine South	MB	WPG	WPG Worst CA	WPG	WPG Best CA
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	69%	57%	58%	42%		69%
	General Mental Health ~~	2005-2010	n/a	41%	40%	38%	33%		44%
	Male Life Expectancy ^	2007-2011	n/a	81.2	77.5	78.3	71.7		81.8
	Female Life Expectancy ^	2007-2011	n/a	83.5	82.2	82.7	77.4		85.6
	Child Mortality ****	2005-2009	n/a	13.3	33.3	21.3	55.5		9.3
	Premature Mortality **	2007-2011	n/a	2.0	3.1	2.9	5.4		1.9
	Potential Yrs of Life Lost **	2007-2011	n/a	31.4	51.5	45.8	100.3		29.7
	Suicide Death Rate ***	2007-2011	n/a	1.5	1.7	1.5	4.3		0.8
	Respiratory Diseases	2011/12	3547	9.6%	9.5%	9.9%	13.2%		8.8%
	Hypertension Incidence *	2011/12	452	2.6	3.1	3.0	3.5		2.4
	Hypertension Prevalence	2011/12	7597	22.6%	25.6%	24.6%	28.5%		22.5%
	Diabetes Incidence *	2009/10-2011/12	455	0.61	0.85	0.80	1.25		0.61
	Diabetes Prevalence	2009/10-2011/12	2312	7.1%	10.0%	9.2%	13.2%		7.1%
	Heart Disease Incidence *	2007/08-2011/12	621	0.50	0.67	0.66	0.90		0.50
	Heart Disease Prevalence	2007/08-2011/12	2325	6.8%	7.9%	7.9%	9.6%		6.8%
	Stroke Event Rates (40+)**	2007-2011	245	2.3	2.7	2.6	4.1		2.1
	Dementia Prevalence	2007/08-2011/12	1437	12.2%	10.6%	10.9%	12.6%		8.7%
	Osteoporosis Prevalence	2009/10-2011/12	1604	10.8%	10.4%	10.3%	12.3%		7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	8439	24.6%	23.3%	24.4%	27.4%		18.3%
	Substance Abuse Prev.	2007/08-2011/12	1154	3.4%	5.0%	4.9%	9.8%		2.6%
	Chlamydia Infections ****	2013	116	370.3	n/a	398.3	971.9		236.8
	Gonorrhea Infections ****	2013	9	29.5	n/a	77.4	278.7		23.2
	Families - 3+ Risk Factors[1]	2011	n/a	12.1%	23.6%	23.9%	51.8%		11.8%
	Teen Pregnancy (15-19)**	2012/13	19	8.0	18.4	15.5	38.9		5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	5.2%	5.2%	5.8%	7.0%		5.0%
	Breastfeeding Initiation	2012/13	243	91.4%	82.9%	86.3%	73.1%		94.1%
	Children not school-ready[2]	2010/11	n/a	19.1%	15.0%	14.8%	24.3%		8.7%
BEHAVIOURS	Current Smokers	2007-2012	n/a	10%	20%	19%	39%		10%
	Binge Drinking^^^	2007-2012	n/a	38%	24%	23%	38%		22%
	Physically Inactive	2007-2012	n/a	37%	45%	43%	59%		36%
	Fruit & Veg Consumption^^	2007-2012	n/a	60%	63%	62%	77%		53%
	Overweight & Obesity	2007-2012	n/a	53%	56%	54%	65%		46%
HEALTH CARE ACCESS	Childhood Immunization	2007/08	n/a	77.2%	71.5%	72.4%	58.8%		78.9%
	Breast Cancer Screening	2010/11-2011/12	3017	56.6%	53.4%	51.4%	36.6%		57.5%
	Cervical Cancer Screening	2009/10-2011/12	9043	55.8%	n/a	53.4%	46.1%		59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	3.9%	12.3%	7.7%	19.1%		3.8%
	Looking for a doctor	2007-2012	n/a	70%	56%	53%	70%		41%
	Use of Physicians	2011/12	30893	83.4%	79.1%	81.2%	77.8%		84.1%
	Hospitalization for ACSC **	2011/12	94	2.3	6.3	4.1	7.5		2.3
	Inpatient Hospitalizations **	2011/12	2468	59.6	87.9	65.4	92.5		59.6
	Benzodiazepine Prescribing	2010/11-2011/12	1134	21.1%	20.5%	19.7%	23.0%		12.6%

~ Excellent / Very Good ~~ High Level
^ in years ^^ 0-4 times per day ^^^ once or more per month
* per 100 ** per 1,000 *** per 10,000 **** per 100,000
[1] Risk factors for maternal health and child development
[2] Children "not ready for school" in two or more domains of "Early Development Instrument"

Prepared by Evaluation Platform, CHI, December 2015

How Healthy is the Community?

Self-perceived Health

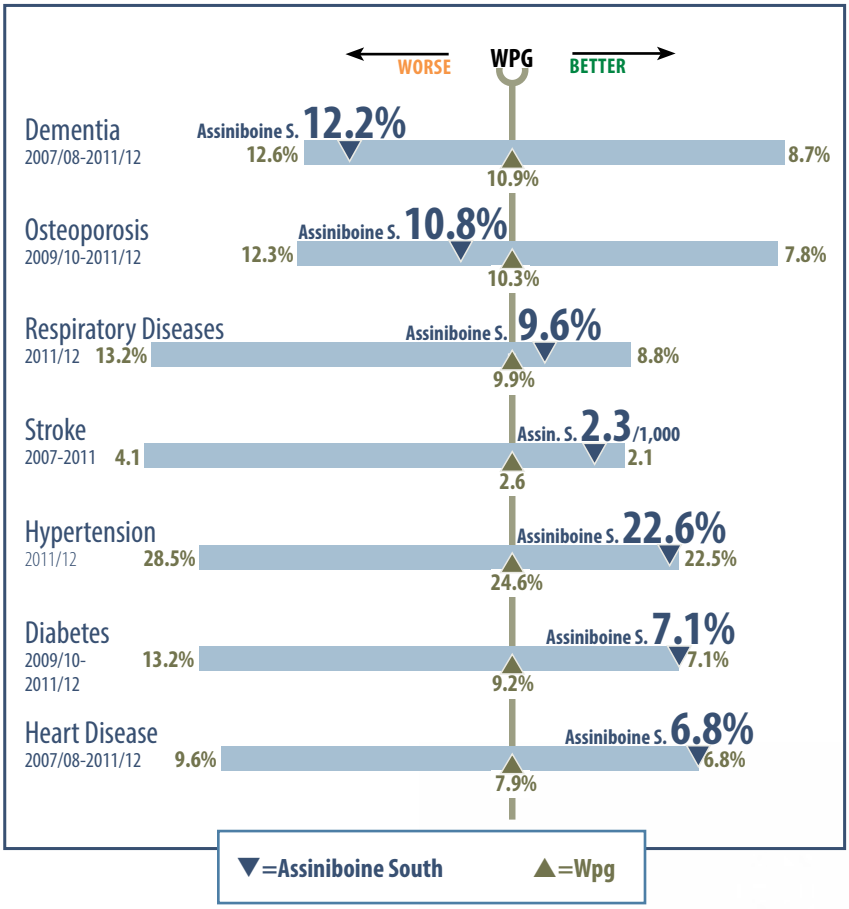


General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

FINDINGS

- Compared to Winnipeg (58%), a much higher proportion of Assiniboine South residents (69%) reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a similar proportion of Assiniboine South residents (41%) reported "high level" of general mental health.

Chronic Disease

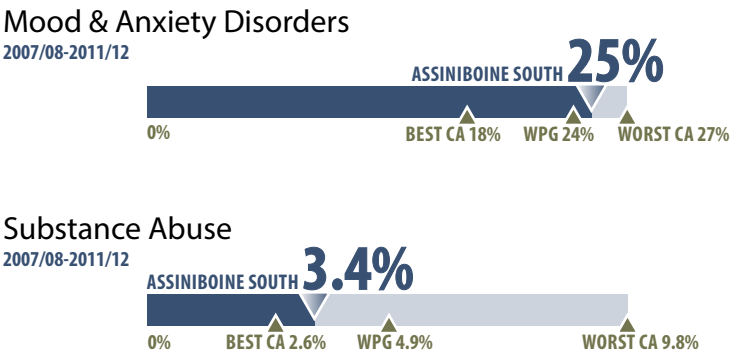


Chronic disease is a growing and global problem. It not only burdens individuals suffering from them but also burdens families, communities, and the health care system.

FINDINGS

- The percentages of residents treated for **dementia** and **hypertension** have remained somewhat the same over time.
- The percentages of Assiniboine South residents who received treatment for **total respiratory diseases**, **ischemic heart disease**, and **osteoporosis** have significantly decreased over time.
- **Stroke** event rate somewhat remained the same over time in Assiniboine South (2.3 cases per 1,000 residents aged 40+ in 2007-2011).
- The percentage of Assiniboine South residents who received treatment for **diabetes** has significantly increased over time (from 6.0% 2004/05-2006/07 to 7.1% in 2009/10-2011/12). The increase in diabetes prevalence is likely related to earlier detection, treatment, awareness, and self care of residents with diabetes.

Mental Health & Substance Abuse

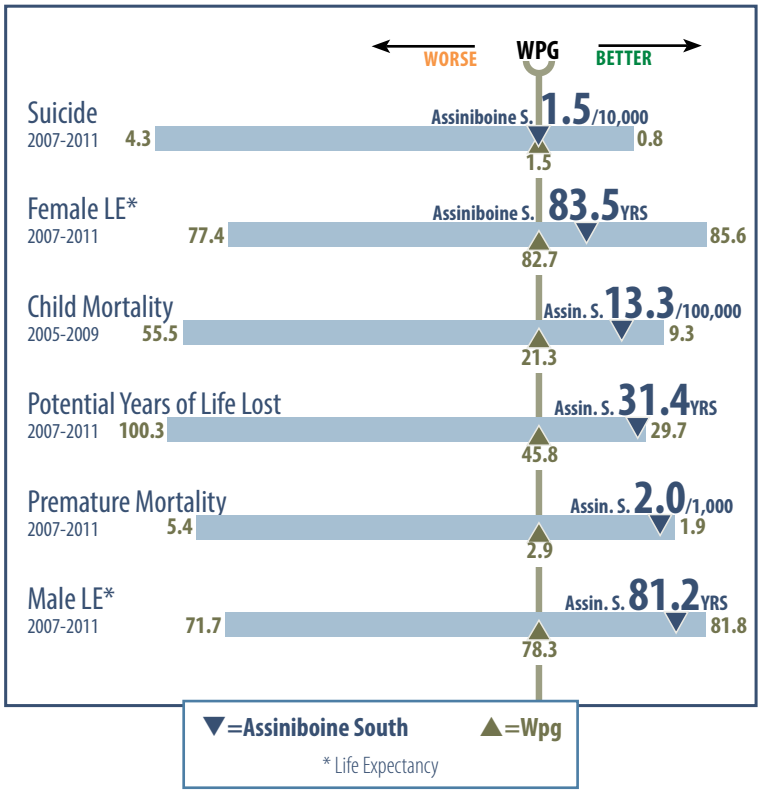


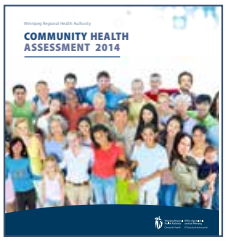
Mental and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life.

FINDINGS

- The percentage of Assiniboine South residents who received treatment for mood and anxiety disorders has slightly decreased over time (from 24.8% in 2002/03-2006/07 to 24.6% in 2007/08-2011/12).
- The percentage of Assiniboine South residents who received treatment for substance abuse has remained the same over time (3.4% in 2007/08-2011/12).

Life Expectancy & Death





Complete report available at wrha.mb.ca/research/cha2014.

Community health is influenced by **life expectancy and mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless, increasing life expectancy has an impact on support services required by aging population. For example, home care and personal care homes.

Potential years of life lost (PYLL) is an important health indicator of a community. PYLL estimates the average years a person would have lived if he/she had not died prematurely. Acute and chronic disease conditions and injuries (intentional or unintentional) result in premature death of individuals. One of the biggest challenges to achieving healthy communities is to prevent and manage disease conditions and injuries–in effect, lowering the premature death rate.

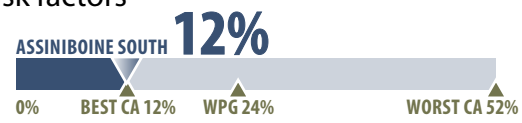
FINDINGS

- **Suicide** death rate has significantly increased over time (from 0.6 per 10,000 residents aged 10+ in 2002-2006 to 1.5 in 2007-2011).
- **Female life expectancy** at birth has remained somewhat the same over time (83.5 years in 2007-2011).
- In 2005-2009, **child mortality** rate was 13.3 per 100,000 children aged 1-19. Data from the previous period (2000-2004) has been suppressed due to small numbers.
- **Potential years of life lost** (PYLL) has increased over time (from 26.5 years per 1,000 residents in 2002-2006 to 31.4 years in 2007-2011).
- **Premature mortality** rate (PMR) has significantly decreased over time in Assiniboine South (from 2.3 per 1,000 residents in 2002-2006 to 2.0 in 2007-2011).
- **Male life expectancy** at birth has increased slightly over time (from 80.0 years in 2002-2006 to 81.2 years in 2007-2011).

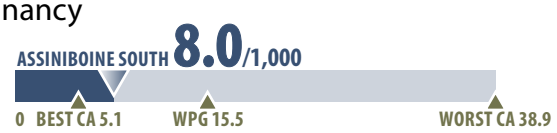
Reproductive & Developmental Health

Low Birth Weight
2007/08-2011/12

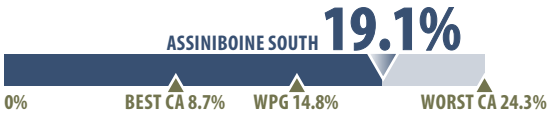
Families with 3 or more risk factors
2011



Teen Pregnancy
2012/13



Children Not Ready for School
2010/11



Reproductive and developmental health indicators have an impact on safe motherhood, child survival, and reduction of maternal and child morbidity and/or mortality. Socio-economic factors influence reproductive health, teen pregnancies, and teen births.

FINDINGS

- The percentage of low birth-weight infants has decreased over time in Assiniboine South (from 5.7 per 100 live infants per year in 2002/03-2006/07 to 5.2% in 2007/08-2011/12).
- The percentage of mothers with newborns who screened positive for 3 or more risk factors for maternal health and child's development has been somewhat steady over time in Assiniboine South (from 13.1% in 2003 to 12.1% in 2011).
- The teen pregnancy rate has decreased slightly over time (from 9.1 per 1,000 females aged 15-19 in 2010/11 to 8.0 in 2012/13).

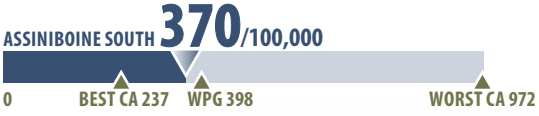
Early childhood development has an impact on the emotional and physical health of individuals in their later years. Research indicates that children who begin school and are ready to learn will have future success in learning throughout their lives. Early development Instrument (EDI) scores are used to assess if children are ready or not ready for school. EDI results are a reflection of the strengths and needs of children in communities.

FINDINGS

- The percentage of children "not ready for school" in two or more domains of the EDI has increased (from 12% to 19%) over the years (2005/06-2010/11) in Assiniboine South. Further, for the Emotional Maturity and Social Competency measures the percentage of children who were "not ready for school" (after combining data from all four years) has been significantly higher than Manitoba's baseline percentages.

Sexually Transmitted Infections (STIs)

Chlamydia
2013



Gonorrhea
2013

STIs have serious outcomes. Several STIs may not show early symptoms. As a result, there are greater risks of passing the infection to others. However, STIs can be treated and individuals can be cured.

FINDINGS

- In 2013, Assiniboine South's chlamydia infection rate of 370 per 100,000 has been somewhat similar to Winnipeg's at 398. However, Assiniboine South's gonorrhea infection rate of 29.5 per 100,000 in 2013 has been better than Winnipeg's at 77.

What Determines Health in the Community?

Community engagement session(s) were undertaken in order to meet with the community members and various agency staff to look behind the numbers to understand health in each community. Thanks to the Community Facilitators who organized these sessions for Evaluation Platform member(s) to lead. Broadly, the following questions were posed to participating members.

What do you think impacts/affects the health of people in your community?

What is it you would like others (in & outside the community) to know about the health of those who live in Assiniboine South community area.

The majority of participants' views and discussions were around social determinants of health and health equity--factors that impact the health in the community. Participants' views are strongly supported by the literature.

Several factors influence the health and well-being of a community. Some factors increase the risk of ill health and some decrease its risk. Mostly these factors are interrelated and contribute towards both positive and negative impacts on the community's health. However, some of these factors are modifiable and, therefore, can improve the health and well-being of a community.

Since several factors are interrelated, participants' views often included more than one factor when they were explaining how the community's health and well-being is impacted. Participant voices are presented below.

Community Voices

Education, Employment & Income

- Lack of education
- Need more education with respect to nutrition, health, and wellbeing
- Improve functional literacy
- Poverty/low income effects all aspects of life e.g. nutrition, physical activity etc.
- Ensure fixed wages
- Barriers to childhood development – accessible child care
- Shortage of employment
- Budget restraints

Food & Nutrition

- Food security – meaning families coming from troubled countries feel insecure about the future and express the need to stock food
- Low literacy level – meaning unable to read the food labels
- Access to grocery stores that are cheaper – meaning low income residents shop in a nearby store that is costly as the cheaper stores are far away and sometimes they don't about their existence.
- Healthy foods need to be cheaper and easily accessible
- Easily available recipes

Housing

- There are three Manitoba housing complexes in Assiniboine south and there are three tenant services coordinators.
- Need more affordable housing and rent subsidies
- Barriers to renting
  - owners do not rent to people on assistance single parent/low-income or need a co-signer
  - non availability of apartments
  - condos are expensive
  - need large sum to be deposited in advance
- Getting into co-op housing is difficult – meaning long waiting list
- Barriers to housing lead to depression and anxiety issues in community members

Access to Care/Programs

- Need easy & timely access to health care (physicians, physician offices, specialist)
- More for seniors – preventive & treatment
- Need transportation and bus fare to access resources e.g. physical activities
- Need easy access to the knowledge of available & existing resources & facilities
- Need more affordable child care
- Limited transportation negatively impacts socialization, nutrition, and health

Early Childhood Development

- Lack of adult continuing education centers with full time and affordable day care
- Long waitlist and day cares are costly
- Person is not entitled to day care subsidy once they start working even if they fall in low income category; this impacts the overall wellbeing of individuals' particularly single parent as their income is spent on rent and child care and leaves them with very little for food and other requirements

Social Belonging

- Need motivation 'in taking the first step' to socialize or to participate in group activities
- Need socialization locations for seniors
- Need a sense of social belong; enhance the feeling of being valued/ needed – meaning bridge neighbors support, support groups etc.
- Enhance community development and relation building
- Eliminate language barrier

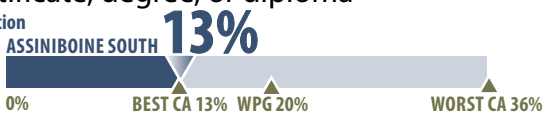
What Determines Health in the Community?

The following sections discuss some of these factors which have been categorized into **socio-economic determinants**, **health behaviors**, and **health care access.**

Education & Employment

No certificate, degree, or diploma

15+ Population
2011



Participation in Labour Force

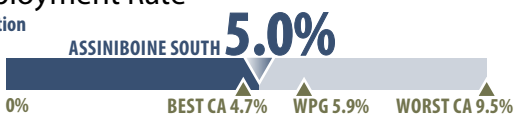
15+ population by labour force status
2011

Employment Rate

15+ population by labour force status
2011

Unemployment Rate

15+ population
2011



Education impacts an individual's job opportunities and income level. It also helps individuals to better understand their health options and make informed choices about health. People with higher education tend to be healthier than those with less formal education. Offering to partner with other organizations to deliver informal education (e.g. skills building workshops) could contribute towards improved individual and community health.

FINDINGS

- In Assiniboine South, the percentage of individuals with no certificate, diploma or degree has decreased from 15.9% in 2006 to 13% in 2011.
- In Assiniboine South, the percentage of individuals having a high school certificate or equivalent remained the same over time (28%).

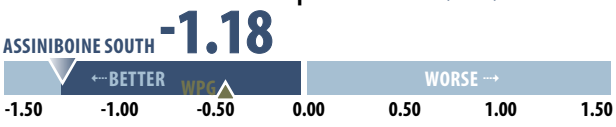
Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

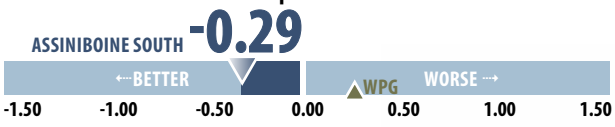
- The labor force participation rate in Assiniboine South has increased from 62.7% in 2006 to 67.2% in 2011.
- The employment rate in Assiniboine South has increased from 60.3% in 2006 to 63.8% in 2011.
- The unemployment rate has increased from 3.9% in 2006 to 5.0% in 2011.

Material and Social Deprivation

Material Deprivation (2006)



Social Deprivation (2006)



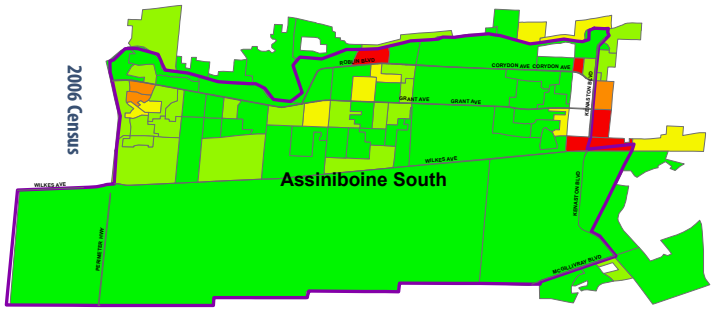
Better health is also influenced by social support and connectedness that an individual has with their family, friends, and community. Community connectedness reflects our commitment to shared resources and systems. Hence having community centers and programs, transportation system, and social safety nets could enhance the health of individuals living in the community.

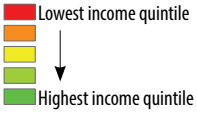
Material deprivation higher than zero means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher proportion of individuals who are separated, divorced, or widowed, living alone and a higher proportion of the population that has moved at least once in the past five years.

FINDINGS

- Assiniboine South has a material deprivation score of -1.18 (lower than zero = better) and social deprivation score of -0.29 (lower than zero = better). Material deprivation score has been significantly better than Manitoba score (-0.02).

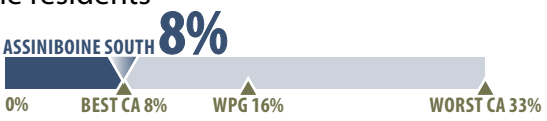
Income & Affordable Housing





	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
ASSINIBOINE SOUTH 2011 NHS	**$81,462**	**$38,440**

Low income residents
2011



Income plays a major role in determining the health of individuals and families in the community. For example, income influences access to affordable housing, healthy choices, and lowered stress levels for individuals and families. Those who are unemployed or have lower income, experience the poorest health and well-being. Therefore, the range of incomes within the community needs to be considered when designing community programs and services to improve access for all.

FINDINGS

- Median individual income of Assiniboine South has increased from $34,210 in 2005 to $38,440 in 2010. Similarly, median household income has increased from $74,992 to $81,462.
- Average individual income of Assiniboine South has increased from $51,799 in 2005 to $55,330 in 2010. Similarly, average household income has increased from $106,617 to $112,608.
- In the 2011 National Household Survey (NHS) report, low-income statistics are presented based on the after-tax low-income measure (LIM-AT). This measure is not related to the low-income cut-offs (LICO) presented in the 2006 Census and therefore prevalence rates of low income are not comparable.

Renting, spending more than 30% of income on housing
2011

Owned, spending more than 30% of income on housing
2011

Affordable housing is yet another important factor that influences health. People in households that spend 30% or more of total household income on shelter expenses are considered to be having 'housing affordability' problems. Thus, these people are constrained from making healthier choices and could experience physical and mental health problems.

FINDINGS

- The percentage of tenant households spending 30% or more of household total income on shelter costs in Assiniboine South has decreased from 39.2% in 2006 to 36.3% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 10.7% in 2006 to 11.6% in 2011.

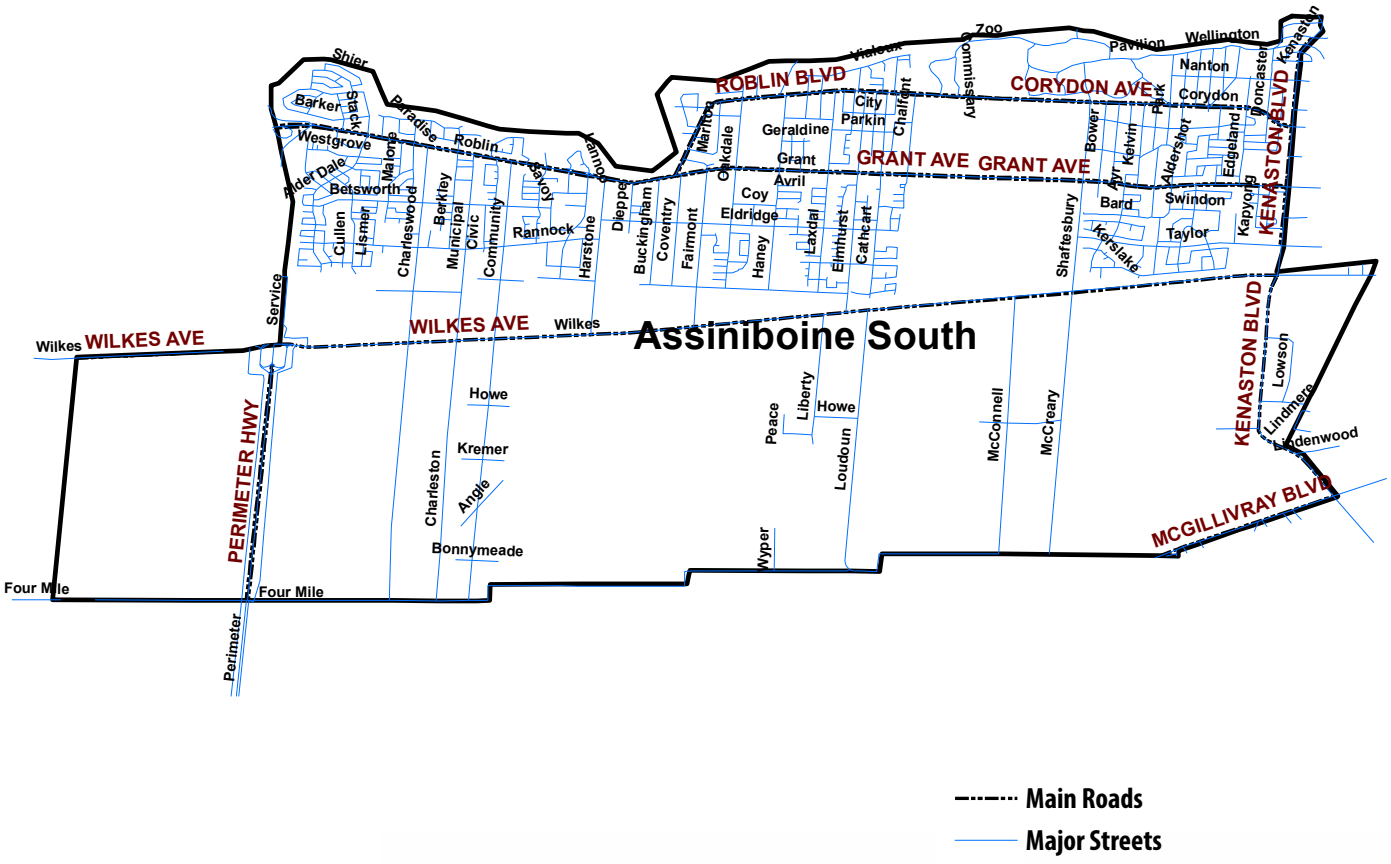
At-a-Glance

Selected indicators from 2011 Census & NHS

● ASSINIBOINE SOUTH

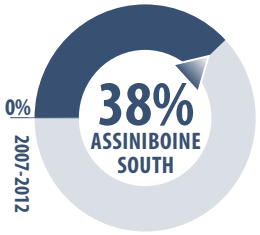
	Indicator	Assiniboine South	MB	WPG	WPG Worst CA	← WPG →	WPG Best CA
EDUCATION	No certificate, diploma or degree	12.7%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	28.1%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	59.2%	47.2%	51.7%	35.6%		61.2%
EMPLOYMENT	Labour participation rate	67.2%	67.3%	68.3%	61.2%		72.0%
	Employment rate	63.8%	63.1%	64.3%	55.4%		68.2%
	Unemployment rate	5.0%	6.2%	5.9%	9.5%		4.7%
HOUSING	Renting,shelter costs are 30% or more of household income	36.3%	35.4%	37.5%	45.0%		31.2%
	Owner, shelter costs are 30% or more of household income	11.6%	13.0%	14.0%	17.7%		11.6%
INCOME	Low income in 2010 based on after-tax low-income measure %	8.0%	16.4%	16.4%	33.3%		8.0%
	Median individual income	$38,440	$29,029	$30,455	$21,801		$38,440
	Median household income	$81,462	$57,299	$58,503	$36,298		$81,462

Assiniboine South CA Map



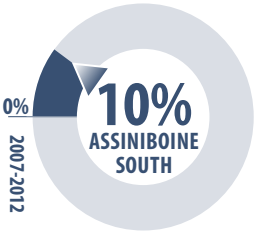
Health Behaviours

Binge Drinking



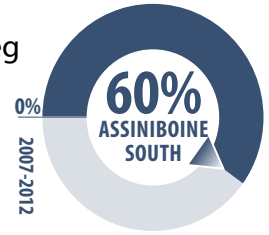
WINNIPEG 23%
WORST CA 38%
BEST CA 22%

Tobacco Use



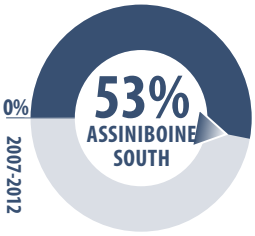
WINNIPEG 19%
WORST CA 39%
BEST CA 10%

Less Than 5 Daily Servings of Fruit & Veg



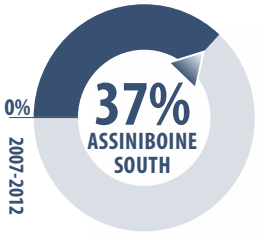
WINNIPEG 62%
WORST CA 77%
BEST CA 53%

Overweight & Obesity



WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive



WINNIPEG 43%
WORST CA 59%
BEST CA 36%

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.

FINDINGS

- The percentage of binge drinking residents has increased from 15% in 2001-2005 to 38% in 2007-2012. In 2007-2012, 36% of residents reported that they never drank; 26% identified as having 5 or more drinks on one occasion less than once per month.
- The percentage of current smokers (daily or occasionally) has decreased from 15% in 2001-2005 to 10% in 2007-2012. In 2007-2012, 39% of residents identified as being former smokers; 50% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 10% in 2003-2005 to 8% in 2007-2012. In 2007-2012, 92% of residents identified as not being exposed to second hand smoke.
- The percentage of residents consuming fruits and vegetables less than 5 times a day has decreased from 63% in 2001-2005 to 60% in 2007-2012. In 2007-2012, 40% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has increased from 47% in 2001-2005 to 53% in 2007-2012. In 2007-2012, 47% of residents identified as being either underweight or normal.
- During the period 2007-2012, 37% of residents reported being physically inactive. The remaining 63% residents identified as being physically active.

Health Care Access, Immunization & Screening

Childhood Immunization
Aged 2 years
2007/08

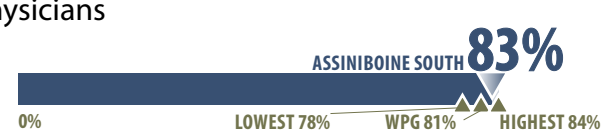
Breast Cancer Screening
2010/11-2011/12

Cervical Cancer Screening
2009/10-2011/12

Inadequate Prenatal Care
2007/08-2008/09

Looking for a regular medical doctor
2007-2012

Use of physicians
2011/12



Immunization typically is the administration of a vaccine in order to make an individual immune or resistant to an infectious disease(s). **Screening** is a process to prevent or recognize a disease in an individual when there are no visible signs and symptoms. Immunization and screening at medically defined age intervals are vital for the prevention of disease in the community. **Prenatal care** (PNC) is an important preventive care. It helps to achieve a healthy pregnancy and birth which positively impacts children's health in the early years of life.

FINDINGS

- Immunization rate for children aged 2 years in Assiniboine South has increased over time (from 74.5% in 2002/03 to 77.2% in 2007/08).
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time (from 68% in 2006/07 to 64% in 2011/12).
- During 2010/11-2011/12, 57% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 56% of women aged 15 and older had a cervical screening (Pap test) for cancer.
- In 2007/08-2008/09, the proportion of women with inadequate prenatal care (PNC) (3.9%) in Assiniboine South has been lower than Winnipeg's at 7.7%.

Access to health services is essential for maintaining and improving community health. To meet the health needs (prevent, diagnose, and treat illness) of communities, the Region and Manitoba's Minister of Health are responsible for providing quality services.

FINDINGS

- During 2007-2012, 70% of Assiniboine South residents reported not having a regular medical doctor and were looking for one.
- The percentage of residents who attended at least one ambulatory visit (use of physician) in a given year has remained the same over time (83% in 2011/12).
- Inpatient hospitalization has slightly decreased over time (from 62.3 per 1,000 residents in 2006/07 to 59.6 in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has remained somewhat the same over time (18.7% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has remained somewhat the same over time (21% in 2010/11-2011/12).

How Healthy Are Residents in Social Housing?

Having a place to live is very important for health and well-being of all community residents. In order to have affordable housing, some residents compromise and spend less on necessary requirements such as, food, clothing, and healthcare needs. This may lead to ill-health.

Manitoba housing provides a wide range of subsidized housing for residents with low income. However, it appears that growing cost of living impedes the health of residents living in social housing. Researchers found that, when compared to the general population in Manitoba, residents living in Manitoba social housing do not live as long, are more likely to have schizophrenia, are more likely to commit suicide, and are less likely to finish high school (MCHP, 2013). That said, social housing cannot address all the issues that are linked to poverty and poor health. Therefore, the data presented below may help review existing social programs in Assiniboine South and their impact on the health and wellbeing of residents in poverty.

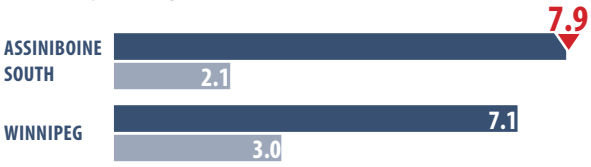
Morbidity and Mortality

LEGEND

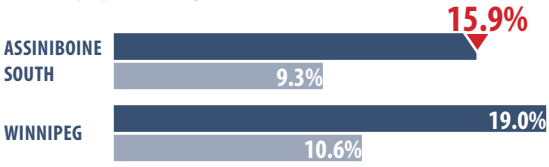
SOCIAL HOUSING RESIDENTS
ALL OTHER RESIDENTS

▼ **Better than all other Assiniboine residents** ▼ **Worse than all other Assiniboine residents** ▼ **No difference compared to all other Assiniboine residents**

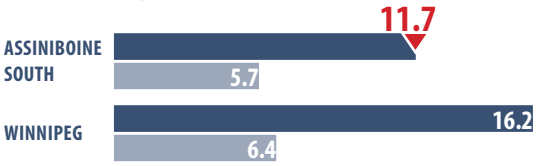
Premature Mortality
1999-2008, per 1000 age 0-74



Total Respiratory Morbidity
2008/09, proportion all ages

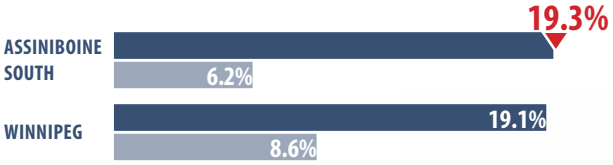


Injury Hospitalization
1999/00-2008/09, per 1000

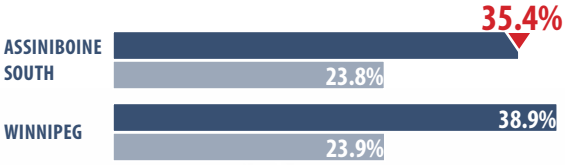


Schizophrenia
2004/05-2008/09, proportion age 10+

Diabetes Prevalence
2006/07-2008/09, proportion age 19+



Mood and Anxiety Disorders
2004/05-2008/09, proportion age 10+

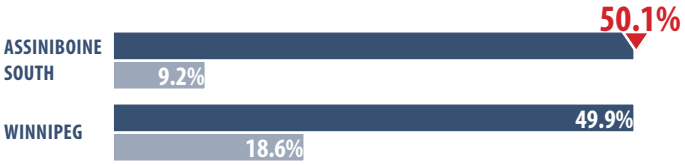


Children & Adolescents

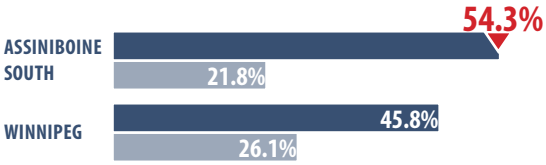
SOCIAL HOUSING RESIDENTS
ALL OTHER RESIDENTS

▼ Better than all other Assiniboine residents ▼ Worse than all other Assiniboine residents ▼ No difference compared to all other Assiniboine residents

Mothers with 3+ Risk Factors
FY 2003/04 and 2007/08

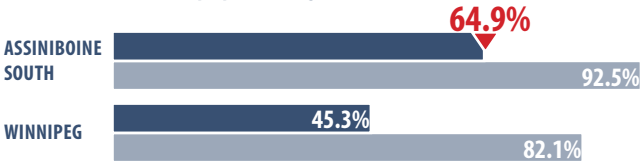


Children Not Ready for School in 1+ Domain
School Years 2005/06 and 2006/07, proportion of students



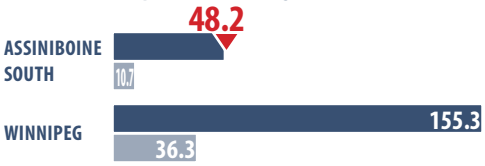
Breastfeeding Initiation
2004/05-2008/09, proportion of newborns

High School Completion
School Years 2007 & 2008, proportions of graduates



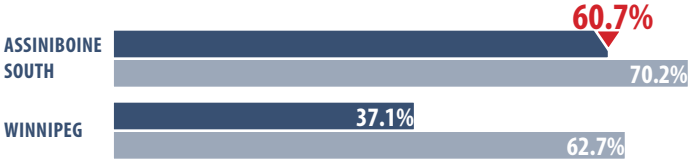
Complete Immunization by Age 2
2007/08-2008/09, proportion of children born 2005/06-2006/07

Teen Pregnancy
2004/05-2008/09, per 1000 females age 15-19



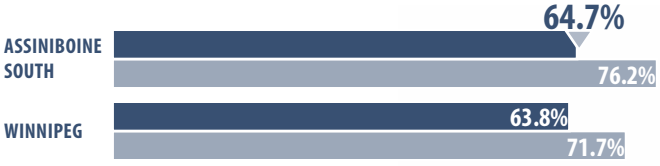
Screening & Healthcare Utilization

Breast Cancer Screening
2007/08-2008/09, proportion females 50-69

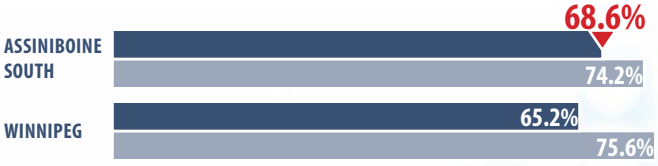


Complete Physicals
2008/09, proportion all ages

Cervical Cancer Screening
RHA, 2006/07-2008/09, proportion females 18-69



Majority of Care from a Single Physician
2008/09, proportion, all ages



User Notes