Downtown

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

OUR HEALTH
OUR COMMUNITY

This is a statistical health needs profile of Downtown Community Area. The boundaries for this CA can be found on the map (page11).

Downtown East, with a population of 40,620 (2014), is the economic and cultural heart of the City. The area is the home to major post secondary institutions, the largest hospital in the Province, the Manitoba Legislature and the Forks, a traditional meeting place for the Indigenous peoples where the Red River meets the Assiniboine River. Thousands visit the area daily for work and to access services and attractions but it is also home to a diverse population within its many distinct neighborhoods, including Central Park, Centennial, Assiniboine, West Alexander, West Broadway and Spence.

Downtown West or the "West End" (population 41,002) extends west from Sherbrook to McPhillips in the north and Empress Street with the Assiniboine River bordering the south. A number of vibrant and diverse neighborhoods are found here--including Daniel McIntyre/ St. Matthews, Minto, Sargent Park and Wolseley. These areas have traditionally been where new immigrants have settled and the area continues to be influenced by the many cultures, including people of aboriginal ancestry, who have made the area their permanent home.

There are wonderful things happening in all of these neighborhoods and there is much strength and resiliency, but there are also disparities, which are created by inadequate access to such important health determinants as education, employment, income, housing, child care and culture. The impacts of rising rents and an inadequate supply of affordable housing options, food insecurity brought on by inadequate incomes and limited access to full service grocery stores and limited transportation options are all factors that make it difficult for individuals, families and communities to reach their full health potential.

Winnipeg Regional Health Authority Caring for Health | Office régional de la santé de Winnipeg À l'écoute de notre santé
George & Fay Yee 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 Downtown 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 Downtown overall. Where data has been suppressed due to small numbers, it is indicated with an [s]. Blanks indicate where data are not available at the neighborhood cluster (NC) level.

Charts and Graphics

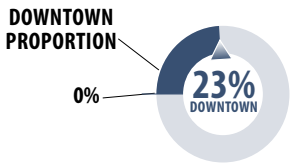
There are a variety of chart styles used is this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

Findings

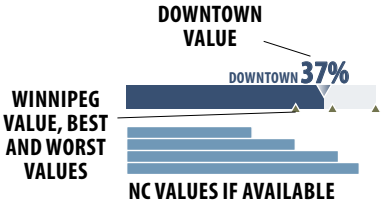
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014).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

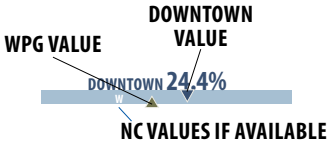
DIAL CHART



BAR CHART

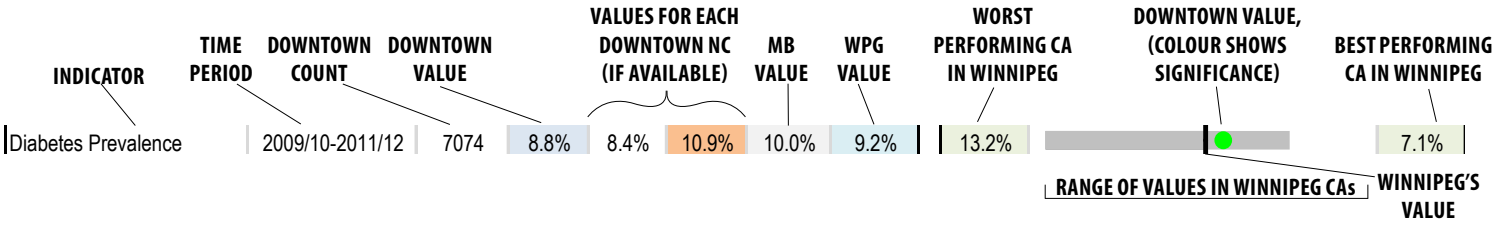


SPINE CHART



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 followed by columns presenting NCs data (if available). The worst performing NC in the community is highlighted in orange. These columns are 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.



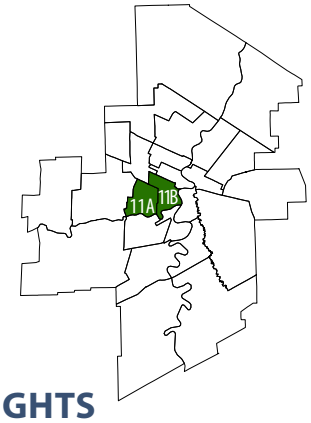
Downtown (11) Community Profile

The Downtown community area (CA) is comprised of two neighborhood clusters (NCs): **Downtown West** (11A), and **Downtown East** (11B)

AREA: 16.3 KM²
POPULATION (2014): 81,622
POPULATION (2009): 78,172

11A: Downtown West
11B: Downtown East

Note: Map of Downtown on page 11



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	**4,784**	**(12%)**	**5,070**	**(12%)**
10-19 years	**4,936**	**(12%)**	**5,187**	**(12%)**
20-39 years	**13,025**	**(33%)**	**13,857**	**(33%)**
40-64 years	**11,594**	**(29%)**	**13,664**	**(33%)**
65-74 years	**2,642**	**(7%)**	**2,441**	**(6%)**
75+ years	**2,853**	**(7%)**	**1,569**	**(4%)**

Source: 2011 Census / National Household Survey

ETHNICITY

Aboriginal	**10,820**	**(17%)**
Recent Immigrants (2006-2011)	**9,155**	**(14%)**
Visible Minorities	**24,520**	**(38%)**

EDUCATION

No certificate/diploma/degree (15+ population)	**23%**
High school diploma or equivalent (15+ population)	**27%**
Postsecondary certificate, diploma or degree (15+ pop.)	**50%**

EMPLOYMENT

Participation rate (in labour force/15+ population)	**68.3%**
Employment rate (employed/15+ population)	**62.9%**
Unemployment rate (unemployed, in labour force)	**7.9%**

INCOME

Income under $19,999	**23,065**	**(46%)**
$20,000-$59,999	**23,365**	**(46%)**
$60,000-$99,999	**3,400**	**(7%)**
$100,000-$124,999	**305**	**(0.6%)**
$125,000+	**320**	**(0.6%)**

LONE-PARENT FAMILIES

Female-led parent	**3,350**	**(82%)**
Male-led parent	**760**	**(19%)**

65+

Male, living alone	**875**	**(34%)**
Female, living alone	**1,655**	**(46%)**

Source: MCHP, 2013

LIVING IN PERSONAL CARE HOME **17%**

HIGHLIGHTS

- The population of this community is steadily increasing from 78,172 in June 2009 to 81,622 in 2014 (4% increase).
- The majority (72%) of residents speak English at home; 19% speak a non-official language at home, and the remaining 8% speak both (English and a non-official language).
- The percentage of residents identifying as Aboriginal was 17.4% in 2006 and it has decreased by 0.6% in 2011. The percentage of visible minority residents has increased from 31.9% to 38.2%. The reported percentage of new immigrants during the period of 2006 -2011 was 14.2%.
- The unemployment rate has decreased slightly from 8.4% in 2006 to 7.9% in 2011.
- Attendees at the **community engagement** event identified the main issues of concern as poor socio-economic conditions, generational poverty, lack of education, employment, childcare, affordable housing, and supports for newcomers.
- Attendees indicated that the school division is supportive and responsive. They also pointed out that the community has many long-term residents, and that residents are resilient and determined.
- The percentages of residents who received treatment for total respiratory diseases, ischemic heart disease, osteoporosis, and substance abuse have significantly decreased over time.
- The percentages of residents who received treatment for hypertension and diabetes have significantly increased over time.
- Chlamydia and gonorrhea infection rates are second highest when compared to other Winnipeg community area rates.
- The percentage of children who were "not ready for school" in two or more domains of Early Development Measure (EDI) has been significantly higher than Manitoba's baseline percentage.
- A little over one fourth (26.9%) of Downtown residents did not return the National Household Survey (NHS).

Downtown At-a-Glance

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

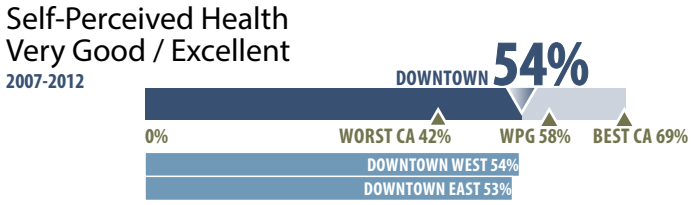
	Indicator	Time Period	Downtown Count	Rates or Percentages: Downtown	Downtown West	Downtown East	MB	WPG	WPG Worst CA	WPG	WPG Best CA
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	54%	54%	53%	57%	58%	42%	WPG	69%
	General Mental Health ~~	2005-2010	n/a	44%	47%	40%	40%	38%	33%		44%
	Male Life Expectancy ^	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%
	Osteoporosis Prevalence	2009/10-2011/12	1945	10.1%	8.8%	11.4%	10.4%	10.3%	12.3%		7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	17142	25.5%	21.3%	29.0%	23.3%	24.4%	27.4%		18.3%
	Substance Abuse Prev.	2007/08-2011/12	5478	7.6%	5.2%	9.1%	5.0%	4.9%	9.8%		2.6%
	Chlamydia Infections ****	2013	589	644.4			n/a	398.3	971.9		236.8
	Gonorrhea Infections ****	2013	162	177.0			n/a	77.4	278.7		23.2
	Families - 3+ Risk Factors[1]	2011	n/a	38.4%			23.6%	23.9%	51.8%		11.8%
	Teen Pregnancy (15-19)**	2012/13	159	30.3			18.4	15.5	38.9		5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	6.5%	6.5%	6.5%	5.2%	5.8%	7.0%		5.0%
	Breastfeeding Initiation	2012/13	876	80.4%			82.9%	86.3%	73.1%		94.1%
	Children not school-ready[2]	2010/11	n/a	20.7%			15.0%	14.8%	24.3%		8.7%
BEHAVIOURS	Current Smokers	2007-2012	n/a	25%	28%	21%	20%	19%	39%		10%
	Binge Drinking^^^	2007-2012	n/a	24%	21%	28%	24%	23%	38%		22%
	Physically Inactive	2007-2012	n/a	47%	44%	52%	45%	43%	59%		36%
	Fruit & Veg Consumption^^	2007-2012	n/a	66%	66%	65%	63%	62%	77%		53%
	Overweight & Obesity	2007-2012	n/a	50%	53%	48%	56%	54%	65%		46%
HEALTH CARE ACCESS	Childhood Immunization	2007/08	n/a	61.6%			71.5%	72.4%	58.8%		78.9%
	Breast Cancer Screening	2010/11-2011/12	2905	38.0%	41.8%	33.4%	53.4%	51.4%	36.6%		57.5%
	Cervical Cancer Screening	2009/10-2011/12	14637	46.1%	45.7%	46.5%	n/a	53.4%	46.1%		59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	14.8%			12.3%	7.7%	19.1%		3.8%
	Looking for a doctor	2007-2012	n/a	50%	34%	66%	56%	53%	70%		41%
	Use of Physicians	2011/12	62004	79.1%	78.7%	80.5%	79.1%	81.2%	77.8%		84.1%
	Hospitalization for ACSC **	2011/12	552	7.5	5.1	10.1	6.3	4.1	7.5		2.3
	Inpatient Hospitalizations **	2011/12	6493	85.3	70.2	94.2	87.9	65.4	92.5		59.6
	Benzodiazepine Prescribing	2010/11-2011/12	1172	16.6%	15.0%	18.5%	20.5%	19.7%	23.0%		12.6%

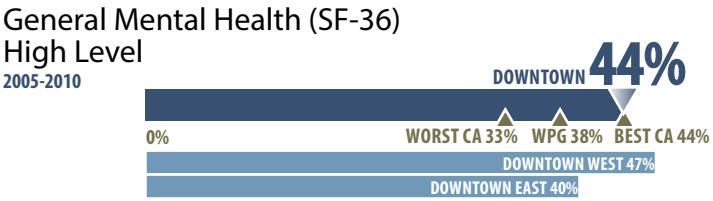
~ Excellent / Very Good ~~ High Level
^ in years ^^ 0-4 times per day ^^^ once or more per month
* per 100 person yrs. ** per 1,000 *** per 10,000 **** per 100,000
[1] Risk factors for maternal health and child development
[2] Children "not ready for school" in two or more domains of "Early Development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

Prepared by Evaluation Platform, December 2015

How Healthy is the Community?

Self-perceived Health



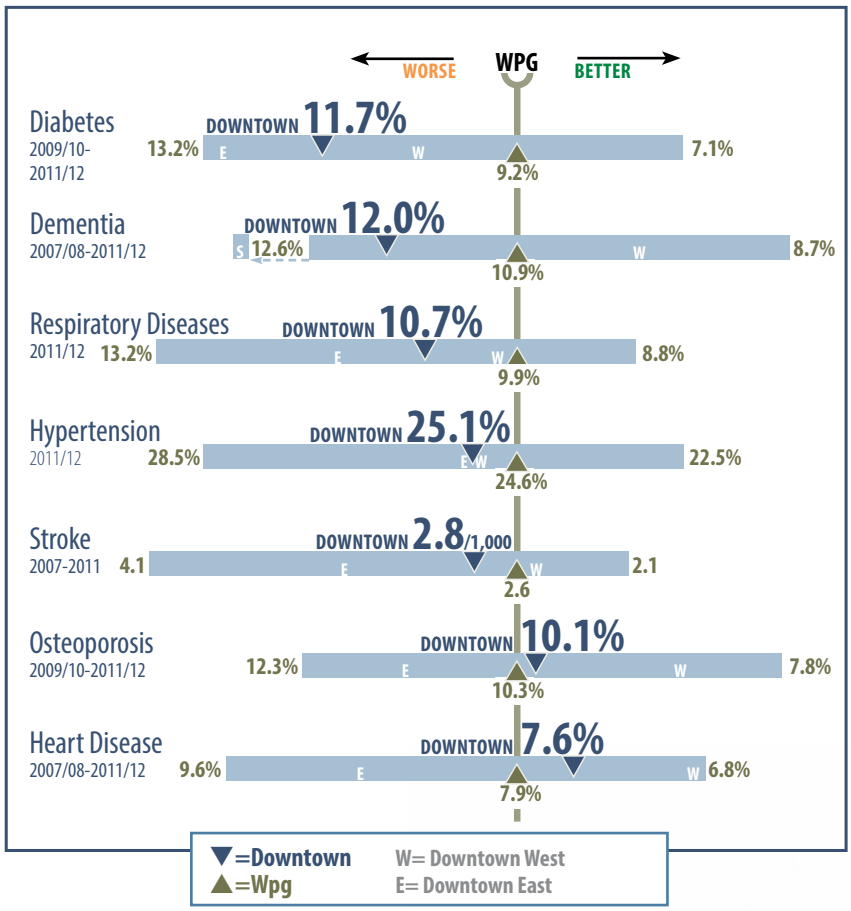


General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

FINDINGS

- Compared to Winnipeg (58%), a lower proportion of Downtown residents (54%) reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a higher proportion of Downtown residents (44%) reported "high level" of general mental health.
    - Compared Downtown East (40%), a higher proportion of Downtown West residents (47%) 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.

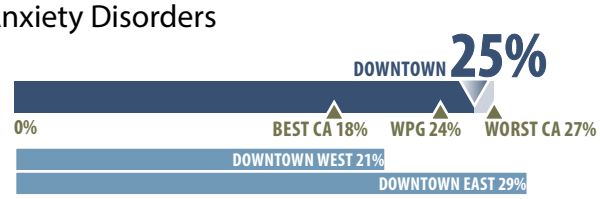
FINDINGS

- The percentages of Downtown residents who received treatment for **diabetes** and **hypertension** have significantly increased over time. The increase in diabetes prevalence is likely related to earlier detection, treatment, awareness, and self care of residents with diabetes.
- The percentage of residents aged 55+ treated for **dementia** has somewhat remained the same over time (12.0% in 2007/08-2011/12).
- The percentages of Downtown residents who received treatment for **total respiratory diseases**, **ischemic heart disease** and **osteoporosis** have significantly decreased over time.
- **Stroke** event rate has slightly decreased over time (from 2.9 cases per 1,000 residents aged 40+ in 2002-2006 to 2.8 in 2007-2011).
- **Heart attack** event rate significantly increased over time (from 4.0 per 1,000 residents aged 40+ in 2002-2006 to 4.6 in 2007-2012).

Mental Health & Substance Abuse

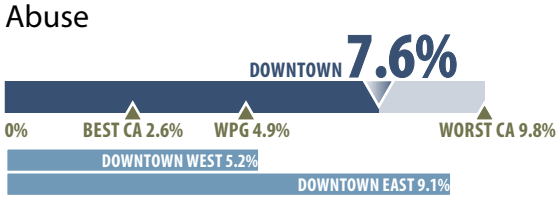
Mood & Anxiety Disorders

2007/08-2011/12



Substance Abuse

2007/08-2011/12

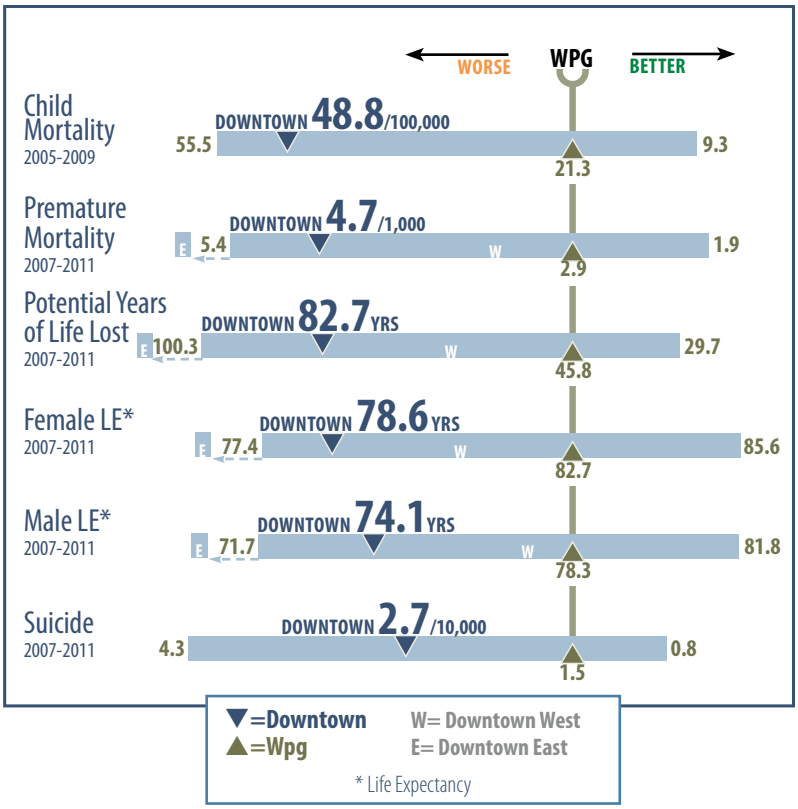


Mental and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary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

FINDINGS

- The percentage of Downtown residents who received treatment for mood and anxiety disorders has decreased slightly over time (from 26.1% in 2002/03-2006/07 to 25.5% in 2007/08-2011/12).
- The percentage of Downtown residents who received treatment for substance abuse has significantly decreased over time (from 8.5% in 2002/03-2006/07 to 7.6% in 2007/08-2011/12).

Life Expectancy & Death

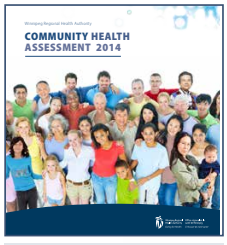


Community health is influenced by **life expectancy and mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless, 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

- **Child mortality** rate has somewhat decreased over time in Downtown (from 50.0 per 100,000 children aged 1-19 in 2000-2004 to 48.8 in 2005-2009).
- **Premature mortality** rate (PMR) has significantly decreased over time (from 5.1 per 1,000 residents in 2002-2006 to 4.7 in 2007-2011)
- **Potential years of life lost** (PYLL) has decreased slightly over time in Downtown (from 89.1 years per 1,000 residents in 2002-2006 to 82.7 years in 2007-2011).
- **Female life expectancy** at birth remained somewhat the same over time (78.6 years).
- **Male life expectancy** at birth has significantly increased over time (from 72.0 years in 2002-2006 to 74.1 years in 2007-2011).
- **Suicide** death rate has decreased over time (from 3.4 per 1,000 residents aged 10+ in 2002-2006 to 2.7 in 2007-2011).



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

Prepared by Evaluation Platform, December 2015

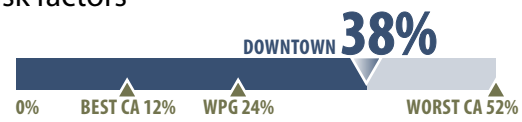
Reproductive & Developmental Health

Low Birth Weight

2007/08-2011/12

Families with 3 or more risk factors

2011

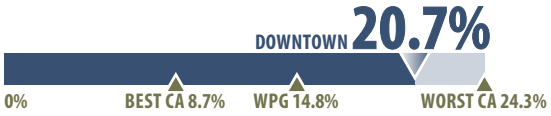


Teen Pregnancy

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 significantly decreased over time in Downtown (from 7.8 per 100 live infants per year in 2002/03-2006/07 to 6.5% 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 decreased slightly over time in Downtown (from 40.4% in 2003 to 38.4% in 2011).
- Teen pregnancy rate has increased slightly over time (from 29.0 per 1,000 females aged 15-19 in 2010/11 to 30.3 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 EDI has somewhat increased (from 17.6% to 20.7%) over the years (2005/06-2010/11) in Downtown. And after combining data from all four years, the percentage of children who were "not ready for school" (19%) has been significantly higher than Manitoba's baseline percentage.

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

- Compared to the Winnipeg's rate of 398.3 per 100,000 in 2013, Downtown's chlamydia infection rate of 644.4 has been worse. Similarly, Downtown's gonorrhea infection rate of 177.0 per 100,000 in 2013 has also been worse 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 Downtown 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

- Downtown residents are determined and resilient. Many of them living here have been long term residents.
- It is very hard for parents to get their kids to school. Teenagers drop out so young.
- Access to post-secondary education is limited. It is not affordable and options are limited. A GED is not recognized for university entrance. Similarly, modified grade 12 is not useful.
- Adult literacy funding is reduced/ limited.
- There is generational poverty. Younger generations are trying to break the cycle. People are scared to break out of the cycle. Some families pull them back. There is lot of hopelessness. Some are resilient.
- There are lots of new comers who want to learn Canadian rules. Some have started small business and boost towards moving forward.
- Sometimes there is a stigma associated with living in the Downtown area, yet there are great services and programs here. Great community support from the school division.
- Many residents have insufficient income and food skills to make healthy choices.
- There are food banks but not everyone knows where they are located.

Housing

- Poverty, education, and affordable housing are important issues affecting the health of residents.
- Quality of life in Downtown is not good. Rent goes up but income doesn't change.

Early Childhood Development

- Access to children's activities is limited.
- Need more affordable child care – Number of single moms is high in Downtown, and these moms have to go for work to earn.
- For some families not knowing English is another barrier as they have difficulty seeking child care.

Mental Health

- Support for mental health is very limited.
- Several Downtown community members need help with extreme stress, social belonging, and inclusion.
- Some schools do assess children for emotional stability.

Access to Care/Programs

- Need more access to language translation services.

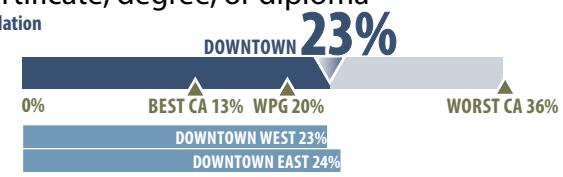
What Determines Health in the Community?

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

Education & Employment

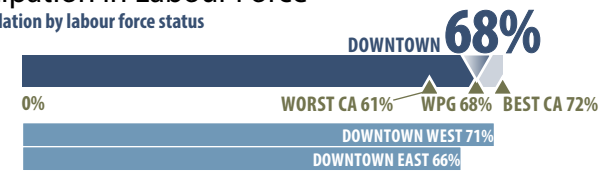
No certificate, degree, or diploma

15+ Population
2011



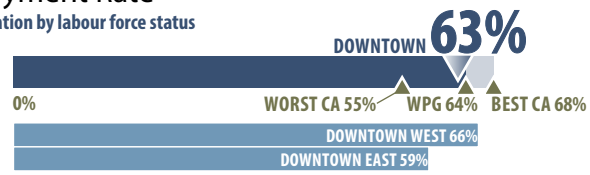
Participation in Labour Force

15+ population by labour force status
2011



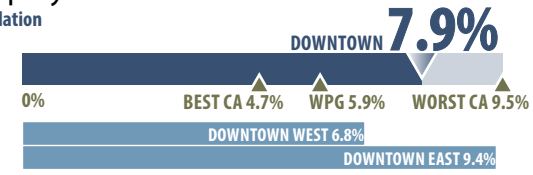
Employment Rate

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

- The percentage of individuals in Downtown with no certificate, diploma or degree has decreased from 27.8% in 2006 to 23.2% in 2011.
- The percentage of individuals having a high school certificate or equivalent was 28.3% in 2006 and has decreased by 1.7% in 2011.

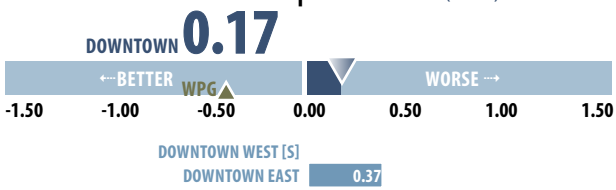
Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

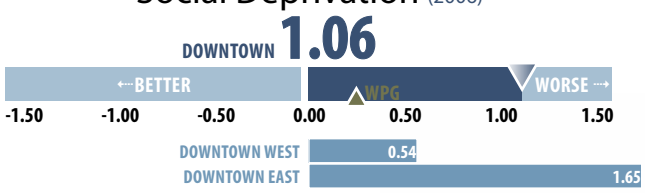
- The labor force participation rate has increased from 65.7% in 2006 to 68.3% in 2011.
- The employment rate has increased from 60.2% in 2006 to 62.9% in 2011.
- The unemployment rate has decreased slightly in Downtown from 8.4% in 2006 to 7.9% in 2011.

Material and Social Deprivation

Material Deprivation (2006)



Social Deprivation (2006)



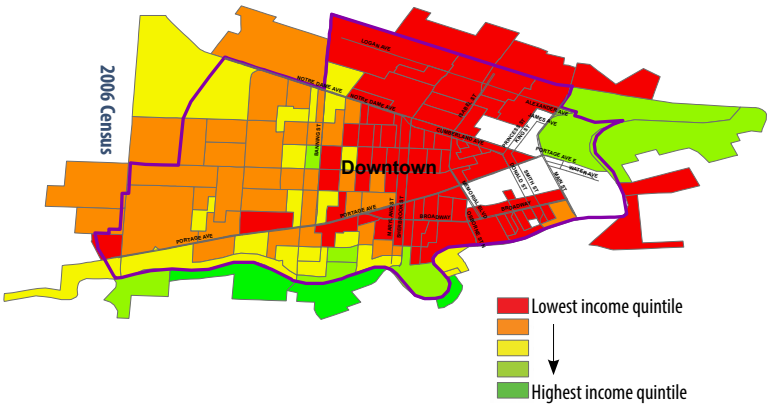
Better health is also influenced by social support and connectedness that an individual has with their family, friends, and community. Community connectedness reflects our commitment to shared resources and systems. Hence having community centers and programs, transportation system, and social safety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

- Downtown has a material deprivation score of 0.17 (higher than zero = worse) and social deprivation score of 1.06 (higher than zero = worse). Material and social deprivation scores have been significantly worse than Manitoba scores (-0.02, 0.02).

Income & Affordable Housing



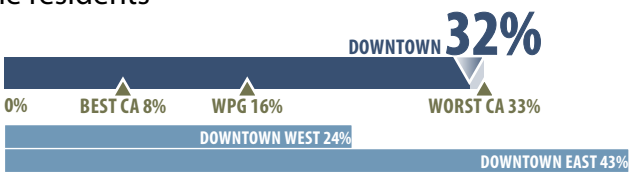
		MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
2011 NHS	DOWNTOWN	**$36,298**	**$21,801**
	DOWNTOWN WEST	**$47,310**	**$24,511**
	DOWNTOWN EAST	**$29,049**	**$19,655**

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.

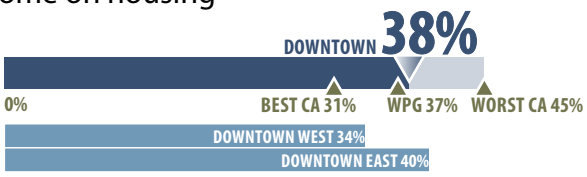
FINDINGS

- Median individual income of Downtown has increased from $18,802 in 2005 to $21,801 in 20110. Similarly, median household income has increased from $30,307 to $36,298.
- Average individual income of Downtown has increased from $23,847 in 2005 to $27,880 in 2010. Similarly, average household income has increased from $39,611 to $47,116.
- 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.

Low income residents
2011



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 Downtown has decreased from 40.6% in 2006 to 38.1% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 14.9% in 2006 to 17.7% in 2011.

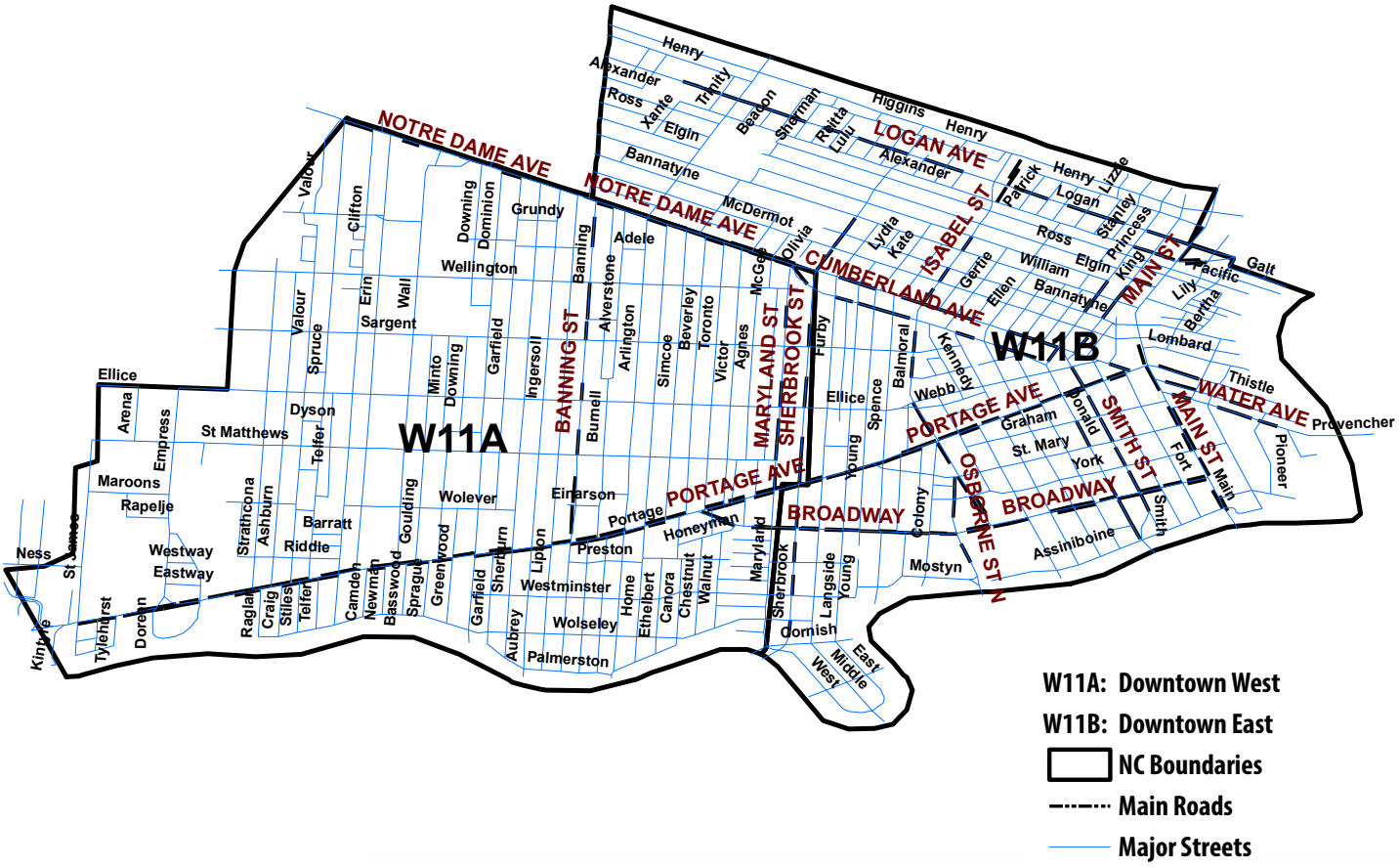
At-a-Glance

Selected indicators from 2011 Census & NHS

● DOWNTOWN

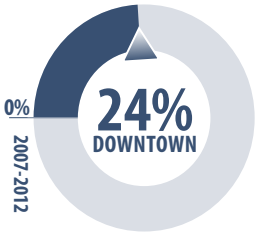
	Indicator	Downtown	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	23.2%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	26.6%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	50.1%	47.2%	51.7%	35.6%		61.2%
EMPLOYMENT	Labour participation rate	68.3%	67.3%	68.3%	61.2%		72.0%
	Employment rate	62.9%	63.1%	64.3%	55.4%		68.2%
	Unemployment rate	7.9%	6.2%	5.9%	9.5%		4.7%
HOUSING	Renting,shelter costs are 30% or more of household income	38.1%	35.4%	37.5%	45.0%		31.2%
	Owner, shelter costs are 30% or more of household income	17.7%	13.0%	14.0%	17.7%		11.6%
INCOME	Low income in 2010 based on after-tax low-income measure %	32.4%	16.4%	16.4%	33.3%		8.0%
	Median individual income	$21,801	$29,029	$30,455	$21,801		$38,440
	Median household income	$36,298	$57,299	$58,503	$36,298		$81,462

Downtown CA Map



Health Behaviours

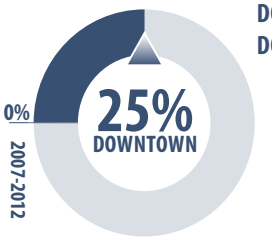
Binge Drinking



DOWNTOWN WEST 21%
DOWNTOWN EAST 28%

WINNIPEG 23%
WORST CA 38%
BEST CA 22%

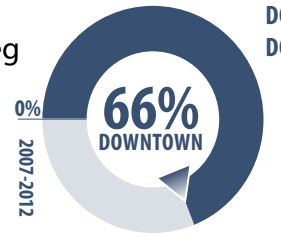
Tobacco Use



DOWNTOWN WEST 28%
DOWNTOWN EAST 21%

WINNIPEG 19%
WORST CA 39%
BEST CA 10%

Less Than 5 Daily Servings of Fruit & Veg



DOWNTOWN WEST 66%
DOWNTOWN EAST 65%

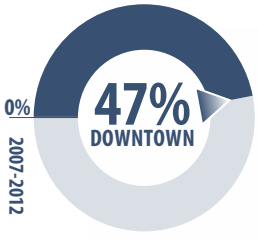
WINNIPEG 62%
WORST CA 77%
BEST CA 53%

Overweight & Obesity

DOWNTOWN WEST 53%
DOWNTOWN EAST 48%

WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive



DOWNTOWN WEST 44%
DOWNTOWN EAST 52%

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 18% in 2001-2005 to 24% in 2007-2012. In 2007-2012, 49% of residents reported that they never drank; 27% 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 slightly from 26% in 2001-2005 to 25% in 2007-2012. In 2007-2012, 33% of residents identified as being former smokers; 42% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 21% in 2003-2005 to 12% in 2007-2012. In 2007-2012, 88% 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 increased from 64% in 2001-2005 to 66% in 2007-2012. In 2007-2012, 33% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has increased from 46% in 2001-2005 to 50% in 2007-2012. In 2007-2012, 50% of residents identified as being either underweight or normal.
- During the period 2007-2012, 47% of residents reported being physically inactive. The remaining 53% residents identified as being physically active.

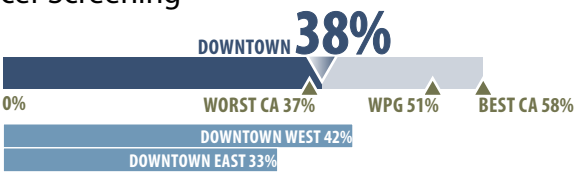
Health Care Access, Immunization & Screening

Childhood Immunization Aged 2 years

2007/08

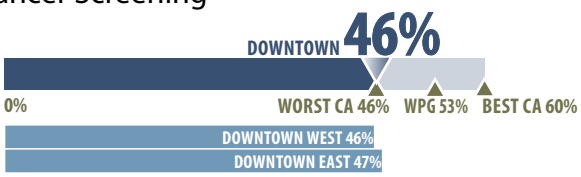
Breast Cancer Screening

2010/11-2011/12



Cervical Cancer Screening

2009/10-2011/12

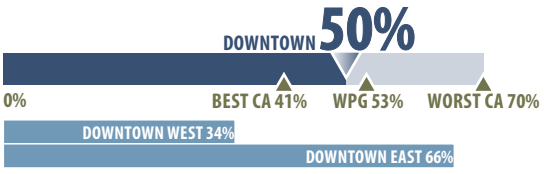


Inadequate Prenatal Care

2007/08-2008/09

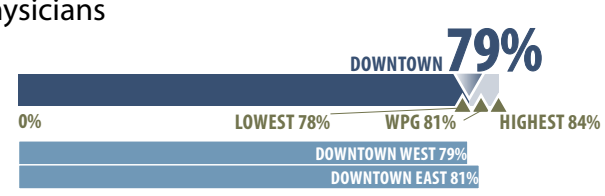
Looking for a regular medical doctor

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 Downtown has remained the same over time (61.6% in 2007/08) .
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time (from 56% in 2006/07 to 51% in 2011/12).
- During 2010/11-2011/12, 38% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 46% 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) (14.8%) in Downtown has been higher 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, 50% of Downtown 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 somewhat decreased over time (from 82% in 2006/07 to 79% in 2011/12)
- Inpatient hospitalization has significantly decreased over time (from 94.5 per 1,000 residents in 2006/07 to 85.3 in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has increased by one percent over time (from 16% in 2005/06-2006/07 to 17% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has decreased by one percent over time (from 17.6% in 2005/06-2006/07 to 16.6% 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 Downtown and their impact on the health and wellbeing of residents in poverty.

Morbidity and Mortality

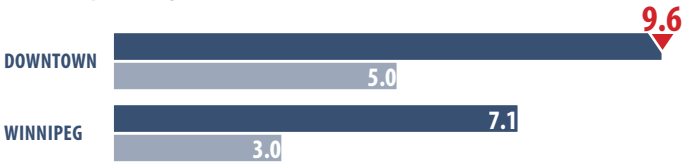
LEGEND

SOCIAL HOUSING RESIDENTS

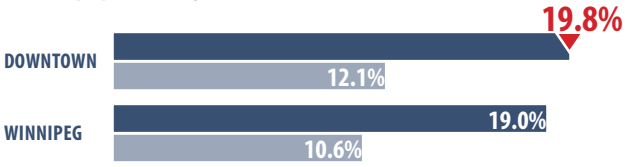
ALL OTHER RESIDENTS

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

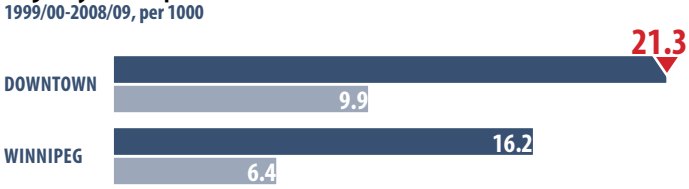
Premature Mortality
1999-2008, per 1000 age 0-74



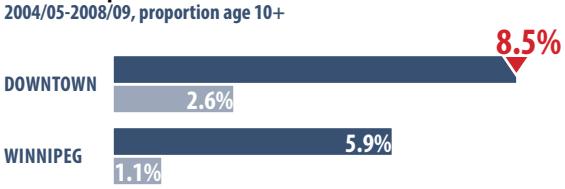
Total Respiratory Morbidity
2008/09, proportion all ages



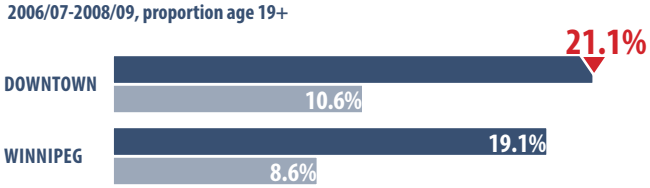
Injury Hospitalization
1999/00-2008/09, per 1000



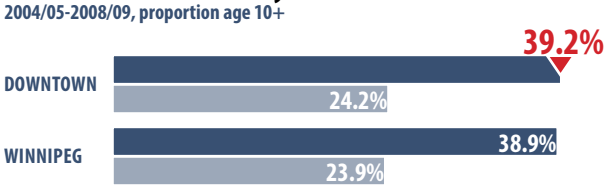
Schizophrenia
2004/05-2008/09, proportion age 10+



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



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

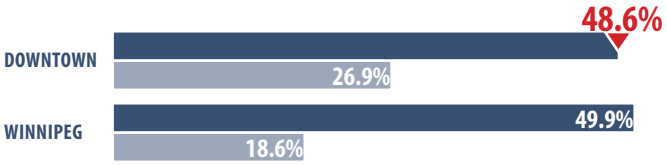


Children & Adolescents

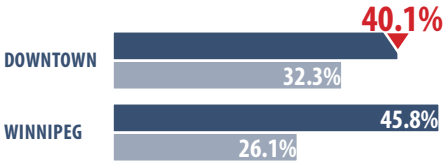
SOCIAL HOUSING RESIDENTS
ALL OTHER RESIDENTS

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

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

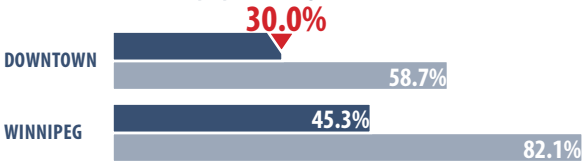


Children Not Ready for School in 1+ Domain
School Years 2005/06 and 2006/07, proportion of students

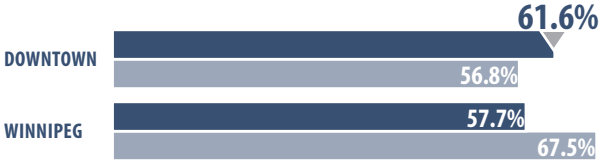


Breastfeeding Initiation
2004/05-2008/09, proportion of newborns

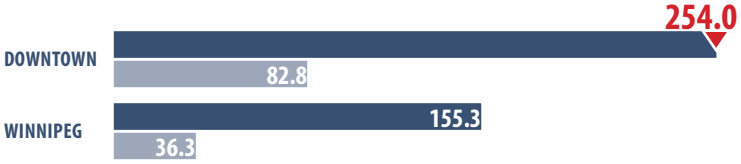
High School Completion
School Years 2007 & 2008, proportions of graduates



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

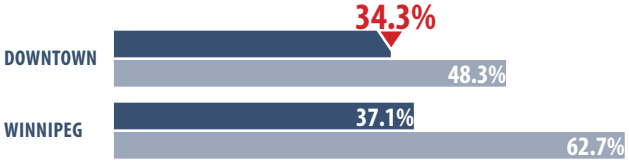


Teen Pregnancy
2004/05-2008/09, per 1000 females age 15-19



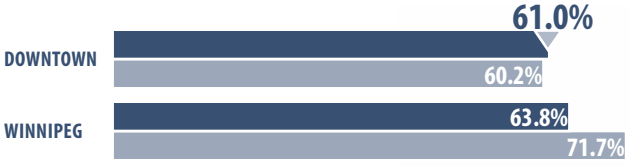
Screening & Healthcare Utilization

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

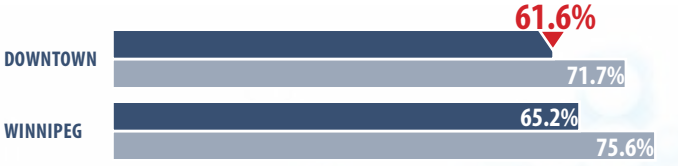


Complete Physicals
2008/09, proportion all ages

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