Fort Garry

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

OUR HEALTH
OUR COMMUNITY

This is a statistical health needs profile of Fort Garry (2014 pop 87,108)--the name of a Winnipeg Regional Health Authority community area (CA). The boundaries for this CA can be found on the map (page 11); it is also a CA comprised of two neighborhood clusters (NC). **Fort Garry North** consists of 10 neighborhoods: Beaumont, Brockville, Crescent Park, Linden Ridge, Linden Woods, Maybank, Pembina Strip, Point Road, Whyte Ridge, and Wildwood. **Fort Gary South** is comprised of 12 neighborhoods: Agassiz, Bridgwater Forest, Cloutier Drive, Fairfield Park, Fort Richmond, Montcalm, Parc La Salle, Richmond Lakes, Richmond West, South Pointe, St. Norbert, and Waverley Heights. Fort Garry is primarily a middle class residential area and is very ethnically diverse. Median household income for Fort Garry North ($82,113) was higher than that Fort Garry South ($68,737) in 2010. Fourteen percent (14%) of residents are in low income status.

There is a large population of newcomers in Fort Garry. There has been a 24% increase in population from 2009 to 2014. The community network partners feels that, for the most part, Fort Garry is a "healthy" community and has many characteristics that contribute to better health. However, service providers are acutely aware that it still houses many low-income families from diverse cultures with critical needs such as lack of funds for transportation to access programs, shopping in larger markets, and recreation, a tearing down of language barriers for better understanding of the healthcare system, and good employment opportunities. Fort Garry agencies work collaboratively to identify, anticipate, and remedy the gaps in health care services in the community.

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 Fort Garry 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 Fort Garry 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

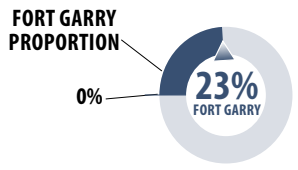
There are a variety of chart styles used is this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

Findings

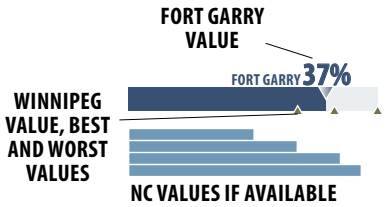
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014).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

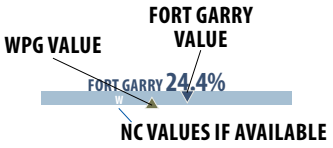
DIAL CHART



BAR CHART

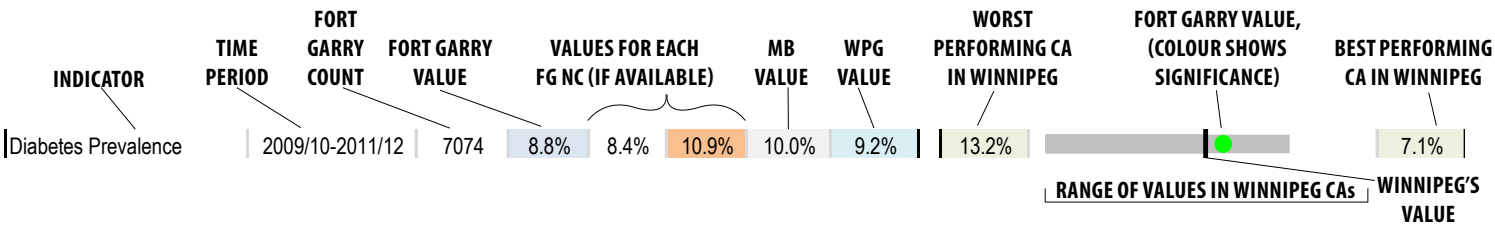


SPINE CHART



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.



Fort Garry (03) Community Profile

The Fort Garry community area (CA) is comprised of two neighborhood clusters (NCs): **Fort Garry North** (03A) and **Fort Garry South** (03B).

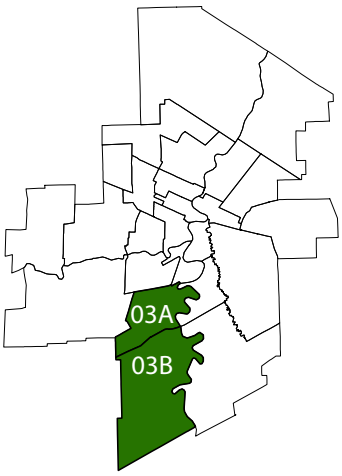
SOCIO-DEMOGRAPHIC CHARACTERISTICS

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.

AREA: 77.0 KM^2
POPULATION (2014): 87,108
POPULATION (2009): 70,359

03A: Fort Garry North
03B: Fort Garry South

Note: Map of Fort Garry on page 9



Source: MH, 2014

AGE & GENDER

	FEMALES		MALES	
0-9 years	**4,357**	**(10%)**	**4,662**	**(11%)**
10-19 years	**5,421**	**(12%)**	**5,903**	**(14%)**
20-39 years	**13,086**	**(30%)**	**13,429**	**(31%)**
40-64 years	**14,448**	**(33%)**	**13,795**	**(32%)**
65-74 years	**3,335**	**(8%)**	**2,986**	**(7%)**
75+ years	**3,395**	**(8%)**	**2,291**	**(5%)**

Source: 2011 Census / National Household Survey

ETHNICITY

Aboriginal	**3,840**	**(5%)**
Recent Immigrants (2006-2011)	**5,970**	**(8%)**
Visible Minorities	**21,480**	**(29%)**

EDUCATION

No certificate/diploma/degree (15+ population)	**13%**
High school diploma or equivalent (15+ population)	**26%**
Postsecondary certificate, diploma or degree (15+ pop.)	**61%**

EMPLOYMENT

Participation rate (in labour force/15+ population)	**68.9%**
Employment rate (employed/15+ population)	**64.8%**
Unemployment rate (unemployed, in labour force)	**5.9%**

INCOME

Income under $19,999	**19,605**	**(34%)**
$20,000-$59,999	**23,065**	**(40%)**
$60,000-$99,999	**10,080**	**(18%)**
$100,000-$124,999	**1,920**	**(3%)**
$125,000+	**2,310**	**(4%)**

LONE-PARENT FAMILIES

Female-led parent	**2,255**	**(80%)**
Male-led parent	**555**	**(20%)**

65+

Male, living alone	**495**	**(13%)**
Female, living alone	**1,715**	**(35%)**

Source: MCHP, 2013

LIVING IN PERSONAL CARE HOME **9%**

HIGHLIGHTS

- The population of this community has increased from 70,359 in June 2009 to 87,108 in 2014 (24% increase).
- The majority (80%) of residents speak English at home; 14% speak a non-official language at home, 4% speak both (English and a non-official language), and the remaining 1% speak French.
- The percentage of residents identifying as Aboriginal has increased from 4.6% in 2006 to 5.3% in 2011. The percentage of visible minority residents has increased from 22.7% to 29.5%. The reported percentage of new immigrants during the period of 2006 -2011 was 8.2%.
- The unemployment rate has increased from 4.9% in 2006 to 5.9% in 2011.
- Attendees at the **community engagement** event identified the main issues of concern as employment, income, education, knowledge of nutrition, and transportation to healthcare providers.
- 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.
- Stroke event rate has significantly decreased over time.
- Male and female life expectancy at birth has significantly increased over time, whereas premature mortality rate has significantly decreased over time.
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time.
- 18.3% of Fort Garry residents did not return the National Household Survey (NHS) and this non-response is the third lowest among the Winnipeg community areas; Seven Oaks being the lowest (17.6%).

Fort Garry At-a-Glance

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

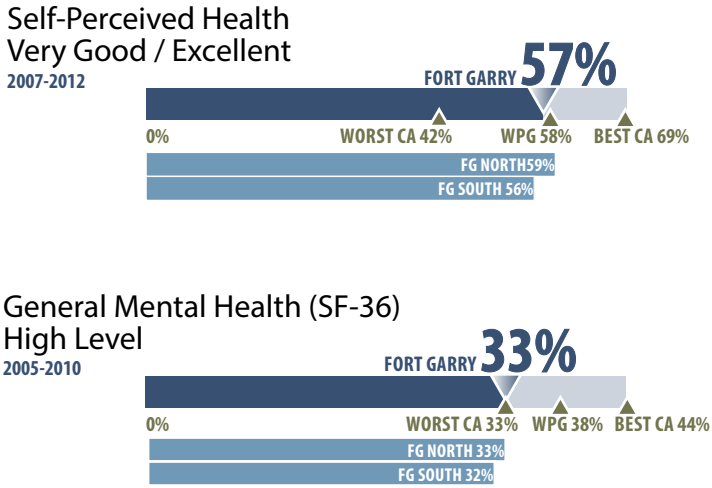
	Indicator	Time Period	Fort Garry Count	Rates or Percentages: Fort Garry	Fort Garry North	Fort Garry South	MB	WPG	WPG Worst CA	WPG	WPG Best CA
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	57%	59%	56%	57%	58%	42%		69%
	General Mental Health ~~	2005-2010	n/a	33%	33%	32%	40%	38%	33%		44%
	Male Life Expectancy ^	2007-2011	n/a	81.8	82.2	82.1	77.5	78.3	71.7		81.8
	Female Life Expectancy ^	2007-2011	n/a	85.6	85.8	87.7	82.2	82.7	77.4		85.6
	Child Mortality ****	2005-2009	n/a	20.6			33.3	21.3	55.5		9.3
	Premature Mortality **	2007-2011	n/a	1.9	1.9	1.9	3.1	2.9	5.4		1.9
	Potential Yrs of Life Lost **	2007-2011	n/a	30.6	24.4	38.3	51.5	45.8	100.3		29.7
	Suicide Death Rate ***	2007-2011	n/a	0.8			1.7	1.5	4.3		0.8
	Respiratory Diseases	2011/12	6472	8.8%	8.7%	8.9%	9.5%	9.9%	13.2%		8.8%
	Hypertension Incidence *	2011/12	857	3.1	2.8	3.3	3.1	3.0	3.5		2.4
	Hypertension Prevalence	2011/12	13299	23.3%	22.9%	23.8%	25.6%	24.6%	28.5%		22.5%
	Diabetes Incidence *	2009/10-2011/12	773	0.67	0.69	0.64	0.85	0.80	1.25		0.61
	Diabetes Prevalence	2009/10-2011/12	4412	7.8%	7.4%	8.0%	10.0%	9.2%	13.2%		7.1%
	Heart Disease Incidence *	2007/08-2011/12	1141	0.61	0.61	0.64	0.67	0.66	0.90		0.50
	Heart Disease Prevalence	2007/08-2011/12	3889	7.2%	7.2%	7.5%	7.9%	7.9%	9.6%		6.8%
	Stroke Event Rates (40+)**	2007-2011	345	2.1	2.3	2.1	2.7	2.6	4.1		2.1
	Dementia Prevalence	2007/08-2011/12	1640	9.7%	9.4%	9.5%	10.6%	10.9%	12.6%		8.7%
	Osteoporosis Prevalence	2009/10-2011/12	2528	10.7%	10.7%	9.9%	10.4%	10.3%	12.3%		7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	13517	20.6%	20.5%	20.1%	23.3%	24.4%	27.4%		18.3%
	Substance Abuse Prev.	2007/08-2011/12	1717	2.6%	2.4%	2.6%	5.0%	4.9%	9.8%		2.6%
	Chlamydia Infections ****	2013	209	236.8			n/a	398.3	971.9		236.8
	Gonorrhea Infections ****	2013	20	23.2			n/a	77.4	278.7		23.2
	Families - 3+ Risk Factors[1]	2011	n/a	11.8%			23.6%	23.9%	51.8%		11.8%
	Teen Pregnancy (15-19)**	2012/13	29	5.1			18.4	15.5	38.9		5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	5.2%	4.5%	5.6%	5.2%	5.8%	7.0%		5.0%
	Breastfeeding Initiation	2012/13	668	91.5%			82.9%	86.3%	73.1%		94.1%
	Children not school-ready[2]	2010/11	n/a	12.0%			15.0%	14.8%	24.3%		8.7%
BEHAVIOURS	Current Smokers	2007-2012	n/a	14%	13%	15%	20%	19%	39%		10%
	Binge Drinking^^^	2007-2012	n/a	31%	31%	33%	24%	23%	38%		22%
	Physically Inactive	2007-2012	n/a	48%	48%	46%	45%	43%	59%		36%
	Fruit & Veg Consumption^^	2007-2012	n/a	62%	62%	61%	63%	62%	77%		53%
	Overweight & Obesity	2007-2012	n/a	53%	52%	54%	56%	54%	65%		46%
HEALTH CARE ACCESS	Childhood Immunization	2007/08	n/a	74.8%			71.5%	72.4%	58.8%		78.9%
	Breast Cancer Screening	2010/11-2011/12	5234	57.5%	59.1%	56.0%	53.4%	51.4%	36.6%		57.5%
	Cervical Cancer Screening	2009/10-2011/12	17936	57.3%	55.9%	58.4%	n/a	53.4%	46.1%		59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	4.4%			12.3%	7.7%	19.1%		3.8%
	Looking for a doctor	2007-2012	n/a	41%	51%	[s]	56%	53%	70%		41%
	Use of Physicians	2011/12	61209	81.3%	82.5%	80.5%	79.1%	81.2%	77.8%		84.1%
	Hospitalization for ACSC **	2011/12	187	2.5	1.8	3.0	6.3	4.1	7.5		2.3
	Inpatient Hospitalizations **	2011/12	4561	60.1	54.4	58.6	87.9	65.4	92.5		59.6
	Benzodiazepine Prescribing	2010/11-2011/12	1726	18.5%	19.3%	17.5%	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

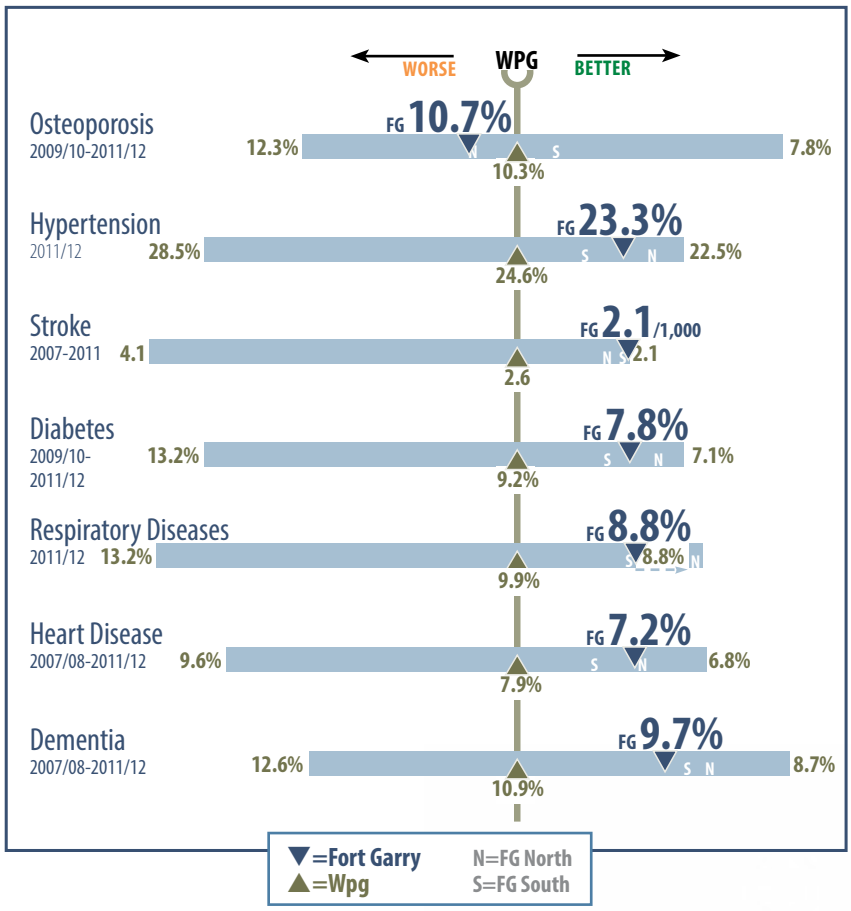


General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

FINDINGS

- Compared to Winnipeg (58%), a similar proportion of Fort Garry residents reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a lower proportion of Fort Garry residents (33%) reported "high level" of general mental health.
    - The proportion of Fort Garry North and South residents' responses were somewhat similar for self-perceived health (excellent or very good) and general mental health (high level).

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.

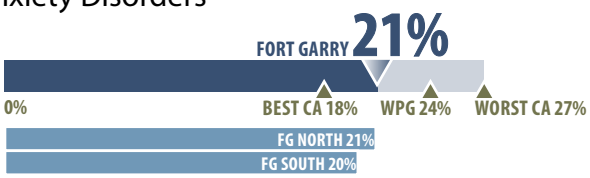
FINDINGS

- The percentages of Fort Garry residents who received treatment for **total respiratory diseases**, **ischemic heart disease**, and **osteoporosis** have significantly decreased over time.
- The percentage of Fort Garry residents who received treatment for **hypertension** has remained the same over time (23.3%).
- **Stroke** event rate has significantly decreased over time (from cases 2.8 per 1,000 residents aged 40+ in 2002-2006 to 2.1 in 2007-2011).
- The percentage of Fort Garry residents who received treatment for **diabetes** has significantly increased over time (from 7.2% in 2004/05-2006/07 to 7.8% 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.
- The percentage of residents treated for **dementia** has decreased slightly over time (from 10.1% in 2002/03-2006/07 to 9.7% in 2007/08-2011/12).

Mental Health & Substance Abuse

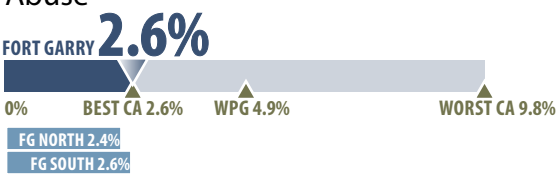
Mood & Anxiety Disorders

2007/08-2011/12



Substance Abuse

2007/08-2011/12

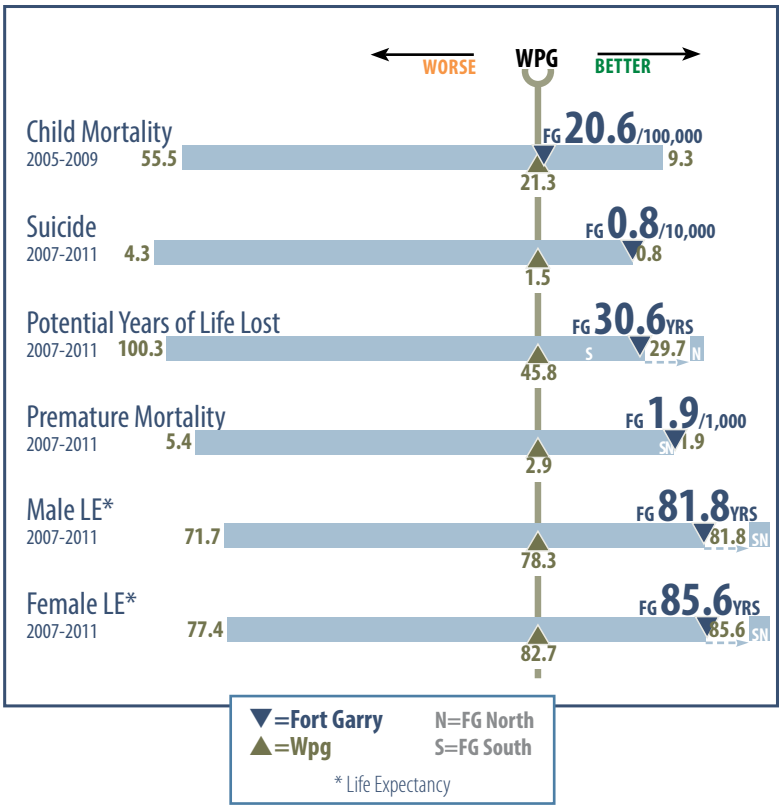


Mental and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary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

FINDINGS

- The percentage of Fort Garry residents who received treatment for mood and anxiety disorders has decreased slightly over time (from 21.0% in 2002/03-2006/07 to 20.6% in 2007/08-2011/12).
- The percentage of Fort Garry residents who received treatment for substance abuse has remained somewhat the same over time (2.6% in 2007/08-2011/12).

Life Expectancy & Death

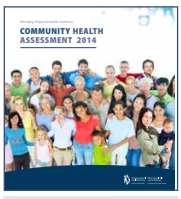


Community health is influenced by **life expectancy and mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless, 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 increased over time (from 17.5 per 100,000 children aged 1-19 in 2000-2004 to 20.6 in 2005-2009).
- **Suicide** death rate has increased slightly over time (from 0.7 per 1,000 residents aged 10+ in 2002-2006 to 0.8 in 2007-2011).
- **Potential years of life lost** (PYLL) in Fort Garry has decreased over time (from 35.4 years per 1,000 residents in 2002-2006 to 30.6 years in 2007-2011).
- **Premature mortality** rate (PMR) has significantly decreased over time in Fort Garry (from 2.5 per 1,000 residents in 2002-2006 to 1.9 in 2007-2011).
- **Male life expectancy** at birth has significantly increased over time (from 80.1 years in 2002-2006 to 81.8 years in 2007-2011).
- **Female life expectancy** at birth has also significantly increased over time (from 83.8 years in 2002-2006 to 85.6 years in 2007-2011).

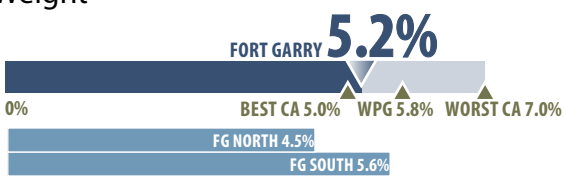


Complete report available at wrha.mb.ca/research/cha2014

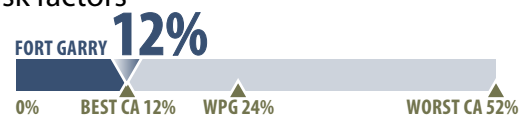
Prepared by Evaluation Platform, December 2015

Reproductive & Developmental Health

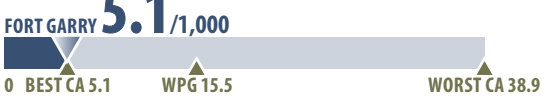
Low Birth Weight
2007/08-2011/12



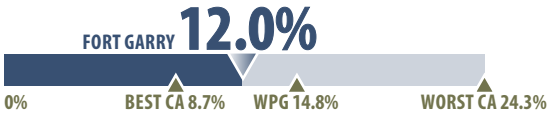
Families with 3 or more risk factors
2011



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 remained the same over time in Fort Garry (5.2 per 100 live infants per year 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 increased over time in Fort Garry (from 8.3% in 2003 to 11.8% in 2011).
- Teen pregnancy rate has decreased over time in Fort Garry (from 6.5 per 1,000 females aged 15-19 in 2010/11 to 5.1 in 2012/13).

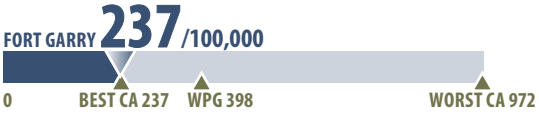
Early childhood development has an impact on the emotional and physical health of individuals in their later years. Research indicates that children who begin school and are ready to learn will have future success in learning throughout their lives. Early development Instrument (EDI) scores are used 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 remained the same (12.0%) over the years (2005/06-2010/11) in Fort Garry. And after combining data from all four years, the percentage of children who were "not ready for school" (12%) has been significantly lower than Manitoba's baseline percentage (14%).

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, Fort Garry's chlamydia infection rate of 236.8 has been somewhat better. Similarly, Fort Garry's gonorrhea infection rate of 23.2 per 100,000 in 2013 has also 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 Fort Garry 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

- Fort Garry may appear affluent, yet there are extremes in demography. Income levels have serious impacts on health.
- Fort Garry is home to many families that are in poverty and living in Manitoba Housing.
- There are number of top notch fitness facilities for individuals who are financially stable whereas, for those that don't have the financial stability it is more difficult to access these fitness programs. There is lack of funding for transportation which also prevents accessing programs, shopping in larger markets and recreation.

Mental Health

- Teens in Fort Garry are struggling with mental health issues.
- Children with special needs require special services and program and they appear to be very limited.
- Children are experiencing high level of stress in their lives.

Early Child Development

- The increase of families and children with disabilities is increasing to the point that resources are stretched.
- Not having sufficient daycares is a major issue.
- Care for 12 years and over before and after school is problematic as it impacts families' ability to work and acquire further education. In addition this problem is impacting sibling ability to be a kid and not a second parent.
- City plan needs to be reviewed as it adversely impacts impact health and well-being of a community. There are more 7-11 type stores in a community when compared to actual food store. Similarly, fast food joints are closer to the schools in this area.
- Weather it is low income resulting in lack of food and shelter or over scheduling with extra activities. We need to reevaluate what a healthy child is and what all children need to do to be successful.

Access to Care/Programs

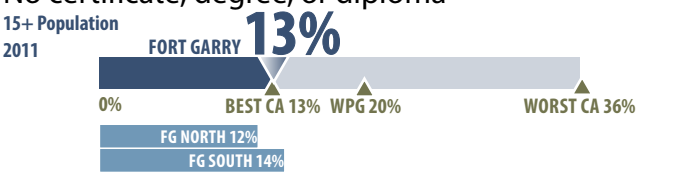
- For the most part Fort Garry is a "healthy" community. At the far south end of the city has many good features, but access to health care resources, community activities, sources for affordable food resources is very limited to residents when these resources are not walking distance away.
- Fort Garry has great facilities and programs which contribute to health. Need to ensure that all residents have resources and means to access them. Also, need to market and create awareness of services offered.
- There is a large population of newcomers and some of them may have trouble navigating the health system.
- Aboriginal families are not accessing programming and supports in the community. Social belonging for this population is an issue especially, from pre-school to adulthood.

What Determines Health in the Community?

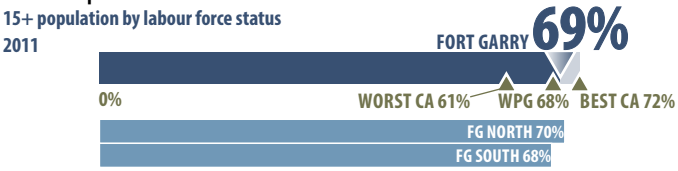
The following sections discuss some of these factors which have been categorized into **socio-economic determinants**, **health behaviors**, and **health care access.**

Education & Employment

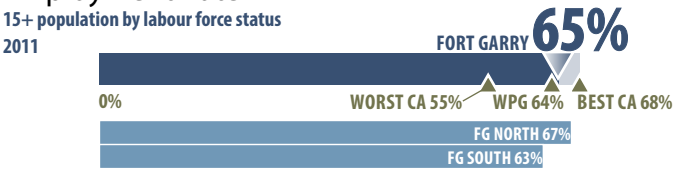
No certificate, degree, or diploma



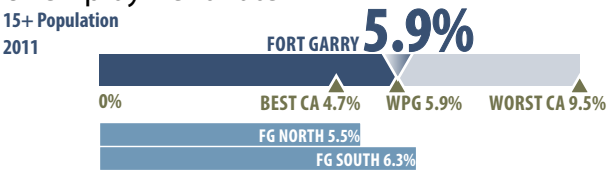
Participation in Labour Force



Employment Rate



Unemployment Rate



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 Fort Garry with no certificate, diploma or degree has decreased from 15.5% in 2006 to 12.9% in 2011
- The percentage of individuals having a high school certificate or equivalent was 26.3% in 2006 and has decreased by 0.3% in 2011.

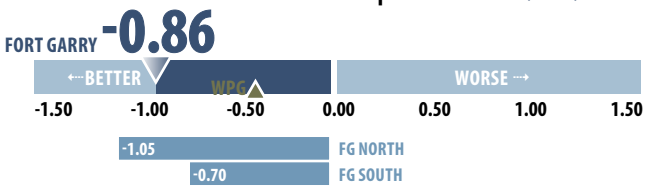
Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

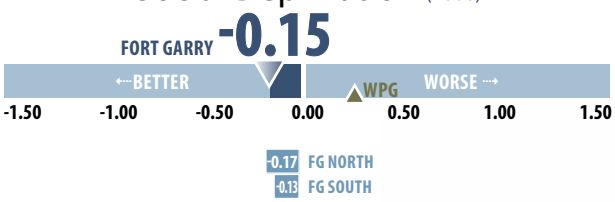
- The labor force participation rate in Fort Garry was 69.1% and has decreased by 0.2% in 2011.
- The employment rate has decreased from 65.8% in 2006 to 64.8% in 2011.
- The unemployment rate has increased from 4.9% in 2006 to 5.9% in 2011.

Material and Social Deprivation

Material Deprivation (2006)



Social Deprivation (2006)



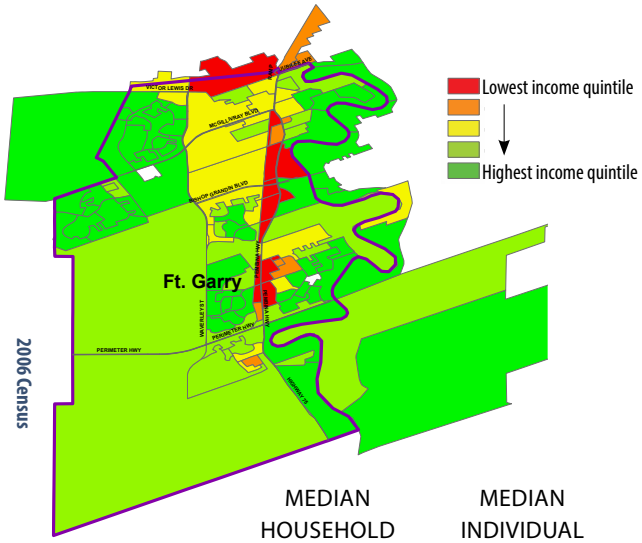
Better health is also influenced by social support and connectedness that an individual has with their family, friends, and community. Community connectedness reflects our commitment to shared resources and systems. Hence having community centers and programs, transportation system, and social safety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

- Fort Garry has a material deprivation score of -0.86 (lower than zero = better) and social deprivation score of -0.15 (lower than zero = better). Material deprivation score has been significantly better than Manitoba score (-0.02).

Income & Affordable Housing



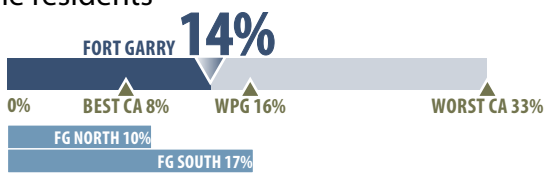
2011 NHS	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
FORT GARRY	**$73,764**	**$33,159**
FORT GARRY NORTH	**$82,113**	**$36,883**
FORT GARRY SOUTH	**$68,737**	**$30,420**

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.

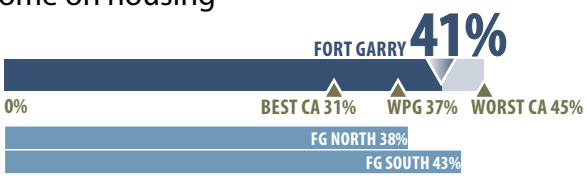
FINDINGS

- Median individual income of Fort Garry has increased from $28,435 in 2005 to $33,159 in 2010. Similarly, median household income has increased from $63,059 to $73,764.
- Average individual income of Fort Garry has increased from $38,271 in 2005 to $44,428 in 2010. Similarly, average household income has increased from $77,978 to $91,633.
- 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.

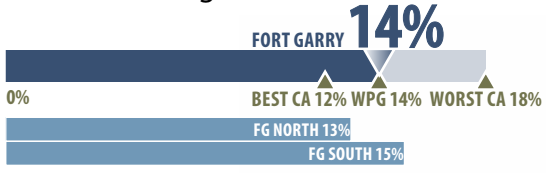
Low income residents
2011



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 Fort Garry has decreased from 42.2% in 2006 to 41.2% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 11.7% in 2006 to 13.7% in 2011.

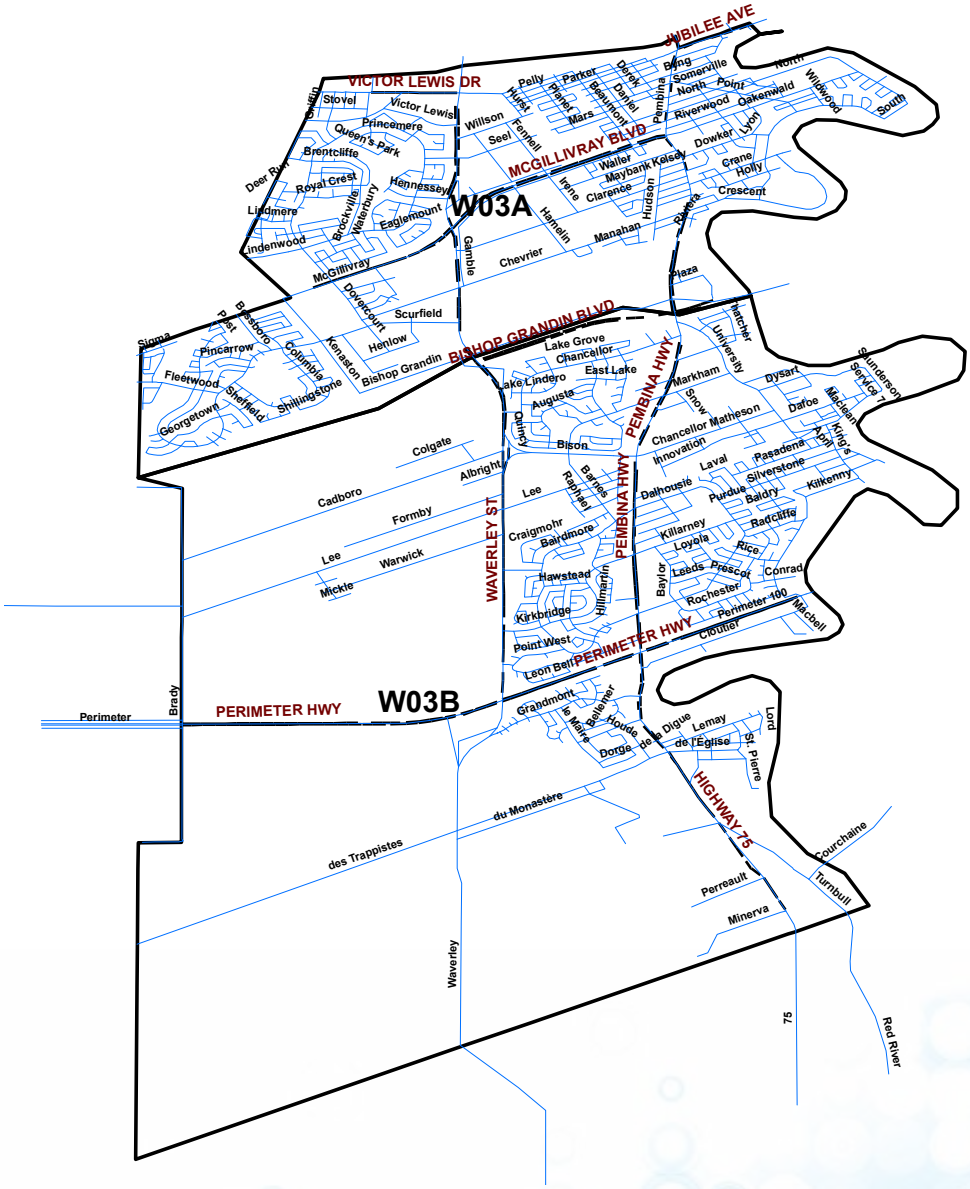
At-a-Glance

Selected indicators from 2011 Census & NHS

FORT GARRY

	Indicator	Fort Garry	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	12.9%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	26.0%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	61.1%	47.2%	51.7%	35.6%		61.2%
EMPLOYMENT	Labour participation rate	68.9%	67.3%	68.3%	61.2%		72.0%
	Employment rate	64.8%	63.1%	64.3%	55.4%		68.2%
	Unemployment rate	5.9%	6.2%	5.9%	9.5%		4.7%
HOUSING	Renting,shelter costs are 30% or more of household income	41.2%	35.4%	37.5%	45.0%		31.2%
	Owner, shelter costs are 30% or more of household income	13.7%	13.0%	14.0%	17.7%		11.6%
INCOME	Low income in 2010 based on after-tax low-income measure %	13.9%	16.4%	16.4%	33.3%		8.0%
	Median individual income	$33,159	$29,029	$30,455	$21,801		$38,440
	Median household income	$73,764	$57,299	$58,503	$36,298		$81,462

Fort Garry CA Map



W03A: Fort Garry North

W03B: Fort Garry South

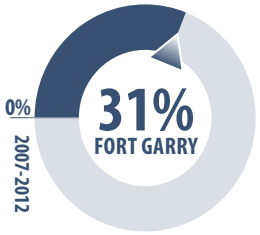
NC Boundaries

Main Roads

Major Streets

Health Behaviours

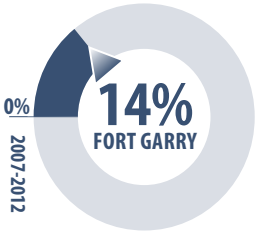
Binge Drinking



FG NORTH 31%
FG SOUTH 33%

WINNIPEG 23%
WORST CA 38%
BEST CA 22%

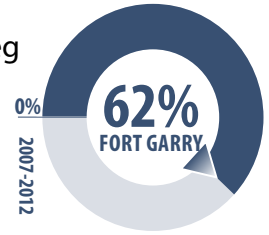
Tobacco Use



FG NORTH 13%
FG SOUTH 15%

WINNIPEG 19%
WORST CA 39%
BEST CA 10%

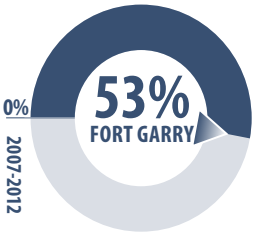
Less Than 5 Daily Servings of Fruit & Veg



FG NORTH 62%
FG SOUTH 61%

WINNIPEG 62%
WORST CA 77%
BEST CA 53%

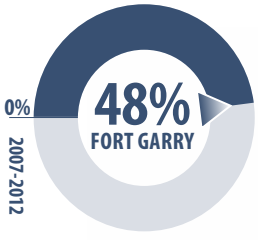
Overweight & Obesity



FG NORTH 52%
FG SOUTH 54%

WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive



FG NORTH 48%
FG SOUTH 46%

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 13% in 2001-2005 to 31% in 2007-2012. In 2007-2012, 49% of residents reported that they never drank; 20% identified as having 5 or more drinks on one occasion less than once per month.
- The percentage of current smokers (daily or occasionally) has increased from 11% in 2001-2005 to 14% in 2007-2012. In 2007-2012, 35% 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 8% in 2003-2005 to 6% in 2007-2012. In 2007-2012, 94% 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 60% in 2001-2005 to 62% in 2007-2012. In 2007-2012, 38% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has increased from 48% 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, 48% of residents reported being physically inactive. The remaining 52% residents identified as being physically active.

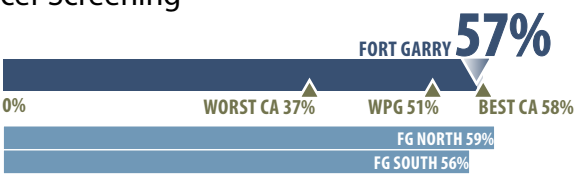
Health Care Access, Immunization & Screening

Childhood Immunization Aged 2 years

2007/08

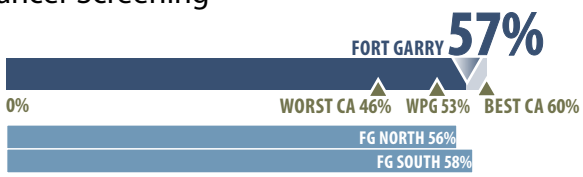
Breast Cancer Screening

2010/11-2011/12



Cervical Cancer Screening

2009/10-2011/12

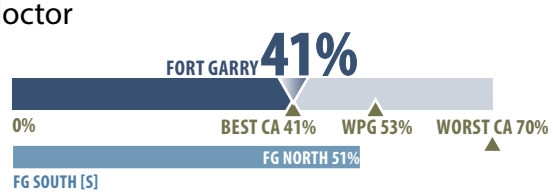


Inadequate Prenatal Care

2007/08-2008/09

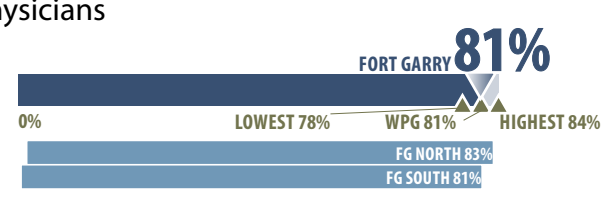
Looking for a regular medical doctor

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 Fort Garry has increased over time (from 70.9% in 2002/03 to 74.8% in 2007/08).
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time (from 66% in 2006/07 to 62% in 2011/12).
- During 2010/11-2011/12, 58% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 57% 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) (4.4%) in Fort Garry 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, 41% of Fort Garry 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 decreased over time (from 83.1% in 2006/07 to 81.3% in 2011/12).
- Inpatient hospitalization has decreased over time (from 63.5 per 1,000 residents in 2006/07 to 60.1 in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has significantly increased over time (from 7.7% in 2005/06-2006/07 to 8.8% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines remained somewhat the same over time (18% 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 Fort Garry and their impact on the health and wellbeing of residents in poverty.

Morbitity and Mortality

LEGEND

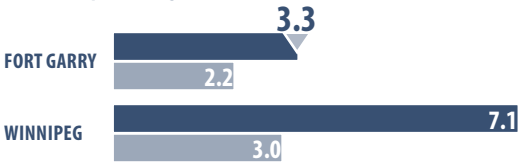
SOCIAL HOUSING RESIDENTS

ALL OTHER RESIDENTS

Better than all other Fort Garry residents | **Worse than all other Fort Garry residents** | **No difference compared to all other Fort Garry residents**

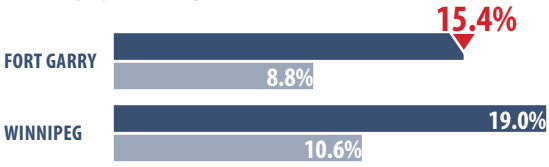
Premature Mortality

1999-2008, per 1000 age 0-74



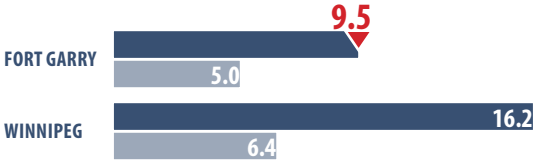
Total Respiratory Morbidity

2008/09, proportion all ages



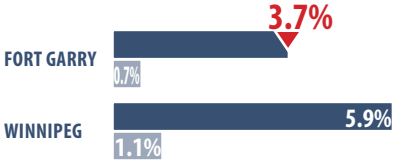
Injury Hospitalization

1999/00-2008/09, per 1000



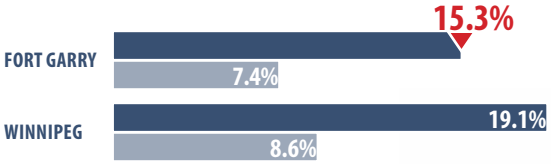
Schizophrenia

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



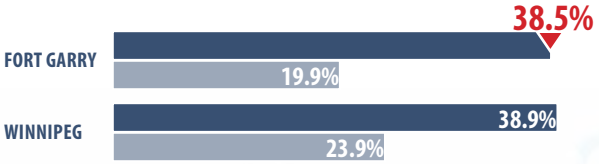
Diabetes Prevalence

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



Mood and Anxiety Disorders

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

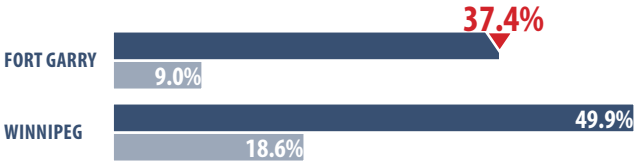


Children & Adolescents

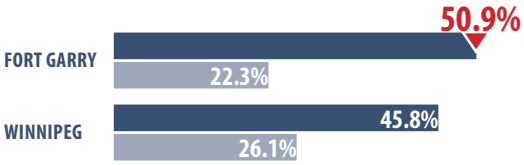
SOCIAL HOUSING RESIDENTS
ALL OTHER RESIDENTS

▼ Better than all other Fort Garry residents ▼ Worse than all other Fort Garry residents ▼ No difference compared to all other Fort Garry residents

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

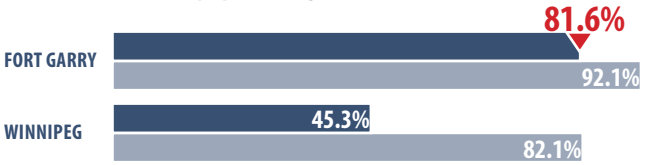


Children Not Ready for School in 1+ Domain
School Years 2005/06 and 2006/07, proportion of students



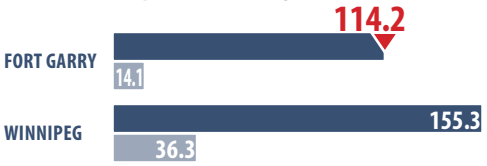
Breastfeeding Initiation
2004/05-2008/09, proportion of newborns

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



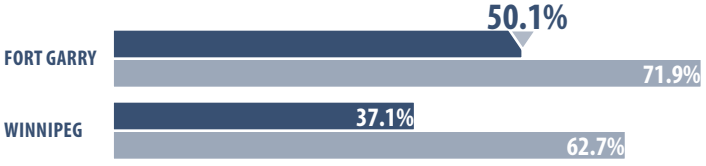
Complete Immunization by Age 2
2007/08-2008/09, proportion of children born 2005/06-2006/07

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



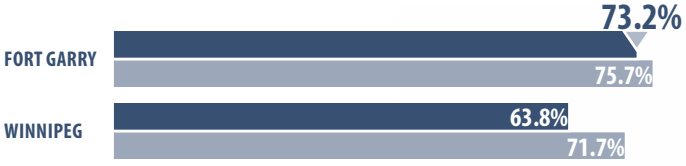
Screening & Healthcare Utilization

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

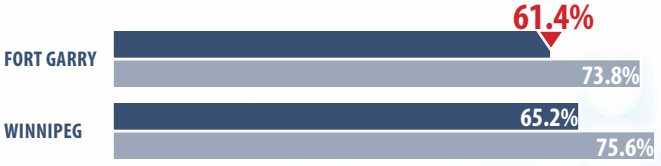


Complete Physicals
2008/09, proportion all ages

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