

Inkster

Community Area Profile, 2015

Winnipeg Regional Health Authority (WRHA)

OUR HEALTH OUR COMMUNITY



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This is a statistical health needs profile of Inkster (2014 pop 34,373)--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 a CA comprised of two neighborhood clusters (NC). **Inkster West** contains just two neighborhoods: Inkster Gardens and Tyndall Park. **Inkster East** includes four neighborhoods: Brooklands, Burrows-Keewatin, Shaughnessy Park, and Weston. Median household income in Inkster West (\$77,597) is higher than in Inkster East (\$43,400) in 2010. Twenty percent (20%) of Inkster residents are in low income status. Residents of Inkster describe their community as a diverse community that is rich in culture and is home to many newcomers as well as a young Aboriginal population.

10.0%	9.2%	13.2%
0.67	0.66	0.90
7.9%	7.9%	9.6%
2.7	2.6	4.1

There are significant differences in income levels within the community area. Inkster East has a much higher level of low-income earners (29%) when compared with Inkster West (13%). The community feels that low income and inadequate education contribute to many health issues. Stakeholders advise of the need for more affordable housing, better transit service, improved access to healthy, affordable food, and more support for mental health issues.

Inkster is a community with many strengths and resources. Early childhood education programming is growing and is well supported by local businesses. Agencies work collaboratively to find and address the gaps in health services. Inkster is a community of cultural diversity, innovative programs, and resilient residents.



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health 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 Inkster 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 Inkster 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

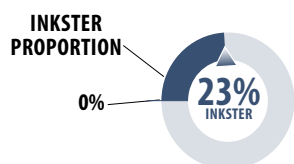
There are a variety of chart styles used in this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

Findings

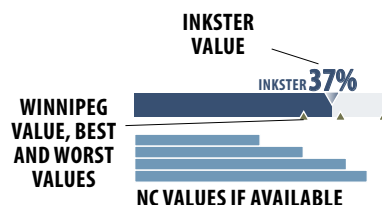
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014).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

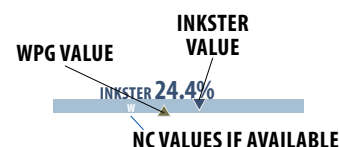
DIAL CHART



BAR CHART



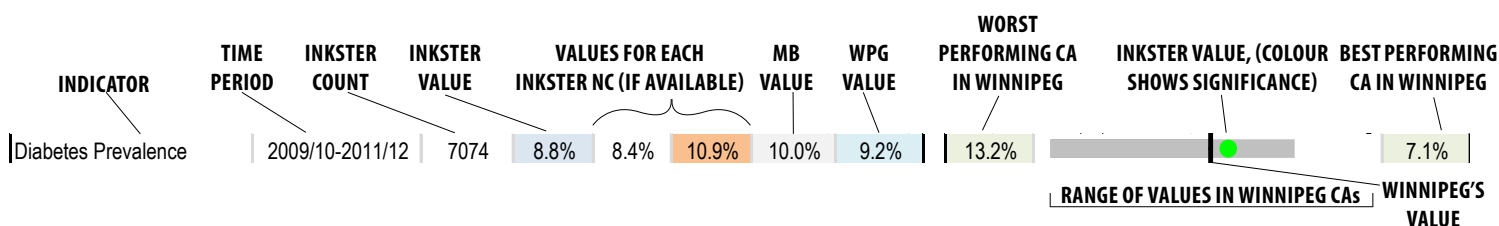
SPINE CHART



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.



Inkster (09) Community Profile

OUR HEALTH
OUR COMMUNITY

The Inkster community area (CA) is comprised of two neighborhood clusters (NCs): **Inkster West** (09A) and **Inkster East** (09B).

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.

AGE & GENDER

	FEMALES	MALES
0-9 years	2,138 (12%)	2,309 (13%)
10-19 years	2,409 (14%)	2,671 (16%)
20-39 years	5,077 (30%)	5,203 (30%)
40-64 years	5,615 (33%)	5,502 (32%)
65-74 years	1,073 (6%)	1,025 (6%)
75+ years	840 (5%)	511 (3%)

ETHNICITY

Aboriginal	4,660 (15%)
Recent Immigrants (2006-2011)	4,205 (14%)
Visible Minorities	14,625 (49%)

EDUCATION

No certificate/diploma/degree (15+ population)	26%
High school diploma or equivalent (15+ population)	31%
Postsecondary certificate, diploma or degree (15+ pop.)	43%

EMPLOYMENT

Participation rate (in labour force/15+ population)	68.8%
Employment rate (employed/15+ population)	64.0%
Unemployment rate (unemployed, in labour force)	7.0%

INCOME

Income under \$19,999	8,445 (39%)
\$20,000-\$59,999	11,725 (54%)
\$60,000-\$99,999	1,515 (7%)
\$100,000-\$124,999	110 (0.5%)
\$125,000+	85 (0.4%)

LONE-PARENT FAMILIES

Female-led parent	1,535 (80%)
Male-led parent	390 (20%)

65+

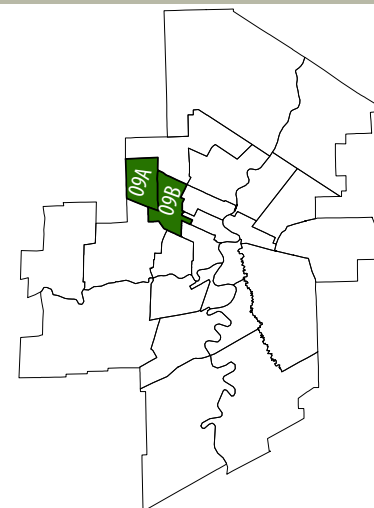
Male, living alone	210 (18%)
Female, living alone	390 (27%)

LIVING IN PERSONAL CARE HOME 9%

AREA: 18.1 km²
POPULATION (2014): 34,373
POPULATION (2009): 33,371

09A: Inkster West
09B: Inkster East

Note: Map of Inkster on page 11



HIGHLIGHTS

- The population of this community is steadily increasing from 33,371 in June 2009 to 34,373 in 2014 (3% increase).
- The majority (69%) of residents speak English at home; 19% speak a non-official language at home, and the remaining 12% speak both (English and a non-official language).
- The percentage of residents identifying as Aboriginal was 15.9% in 2006 and has decreased by 0.4% in 2011. The percentage of visible minority residents has increased from 39.4% to 48.6%. The reported percentage of new immigrants during the period of 2006-2011 was 14.0%.
- The unemployment rate has increased from 5.3% in 2006 to 7.0% in 2011.
- Attendees at the **community engagement** event identified the main issues of concern as employment, low income, education, transportation, mental health services for youth, and access to healthy food.
- Attendees identified the following community strengths: an Access center, a community food center, and the presence of large public housing complexes. They also pointed to the cultural diversity which makes this community resilient, self-reliant, and dynamic.
- The percentages of residents who received treatment for total respiratory diseases, ischemic heart disease, and osteoporosis have significantly decreased over time.
- The percentages of residents who received treatment for hypertension and diabetes have significantly increased over time.
- The percentage of binge drinking residents increased from 16% in 2001-2005 to 35% in 2007-2012.
- Inpatient hospitalization has significantly decreased over time.
- 22.7% of Inkster residents did not return the National Household Survey (NHS) when compared to Seven Oaks residents' non-response (17.6%).

Source: MH, 2014

Source: 2011 Census / National Household Survey

Source:
MCHP
2013

Inkster At-a-Glance

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

	Indicator	Time Period	Inkster Count	Rates or Percentages				WPG Worst CA	WPG	WPG Best CA
				Inkster	Inkster W	Inkster E	MB			
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	57%	[s]	46%	57%	58%	42%	69%
	General Mental Health ~~	2005-2010	n/a	44%	42%	46%	40%	38%	33%	44%
	Male Life Expectancy ^	2007-2011	n/a	77.7	84.5	73.3	77.5	78.3	71.7	81.8
	Female Life Expectancy ^	2007-2011	n/a	82.6	97.3	79.4	82.2	82.7	77.4	85.6
	Child Mortality ****	2005-2009	n/a	17.2			33.3	21.3	55.5	9.3
	Premature Mortality **	2007-2011	n/a	3.3	2.3	4.6	3.1	2.9	5.4	1.9
	Potential Yrs of Life Lost **	2007-2011	n/a	46.3	36.6	61.4	51.5	45.8	100.3	29.7
	Suicide Death Rate ***	2007-2011	n/a	1.8			1.7	1.5	4.3	0.8
	Respiratory Diseases	2011/12	3709	11.0%	10.0%	12.2%	9.5%	9.9%	13.2%	8.8%
	Hypertension Incidence *	2011/12	380	3.5	3.4	3.6	3.1	3.0	3.5	2.4
	Hypertension Prevalence	2011/12	6141	28.5%	28.2%	28.6%	25.6%	24.6%	28.5%	22.5%
	Diabetes Incidence *	2009/10-2011/12	553	1.18	1.11	1.23	0.85	0.80	1.25	0.61
	Diabetes Prevalence	2009/10-2011/12	2953	12.9%	11.9%	13.7%	10.0%	9.2%	13.2%	7.1%
	Heart Disease Incidence *	2007/08-2011/12	566	0.74	0.62	0.92	0.67	0.66	0.90	0.50
	Heart Disease Prevalence	2007/08-2011/12	1484	7.8%	6.3%	9.5%	7.9%	7.9%	9.6%	6.8%
	Stroke Event Rates (40+)**	2007-2011	133	2.5	2.2	2.9	2.7	2.6	4.1	2.1
	Dementia Prevalence	2007/08-2011/12	457	8.7%	4.9%	11.3%	10.6%	10.9%	12.6%	8.7%
	Osteoporosis Prevalence	2009/10-2011/12	627	7.8%	6.9%	8.5%	10.4%	10.3%	12.3%	7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	5568	18.3%	14.5%	21.5%	23.3%	24.4%	27.4%	18.3%
	Substance Abuse Prev.	2007/08-2011/12	1372	4.4%	2.3%	6.4%	5.0%	4.9%	9.8%	2.6%
	Chlamydia Infections ****	2013	196	532.0			n/a	398.3	971.9	236.8
	Gonorrhea Infections ****	2013	37	99.4			n/a	77.4	278.7	23.2
	Families - 3+ Risk Factors ¹	2011	n/a	33.0%			23.6%	23.9%	51.8%	11.8%
	Teen Pregnancy (15-19)**	2012/13	62	22.7			18.4	15.5	38.9	5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	6.0%	6.4%	5.6%	5.2%	5.8%	7.0%	5.0%
	Breastfeeding Initiation	2012/13	327	78.2%			82.9%	86.3%	73.1%	94.1%
	Children not school-ready ²	2010/11	n/a	14.5%			15.0%	14.8%	24.3%	8.7%
BEHAVIOURS	Current Smokers	2007-2012	n/a	26%	16%	38%	20%	19%	39%	10%
	Binge Drinking^^	2007-2012	n/a	35%	40%	27%	24%	23%	38%	22%
	Physically Inactive	2007-2012	n/a	36%	36%	36%	45%	43%	59%	36%
	Fruit & Veg Consumption^^	2007-2012	n/a	69%	60%	78%	63%	62%	77%	53%
	Overweight & Obesity	2007-2012	n/a	51%	[s]	53%	56%	54%	65%	46%
HEALTH CARE ACCESS	Childhood Immunization	2007/08	n/a	69.4%			71.5%	72.4%	58.8%	78.9%
	Breast Cancer Screening	2010/11-2011/12	1722	47.7%	43.1%	50.9%	53.4%	51.4%	36.6%	57.5%
	Cervical Cancer Screening	2009/10-2011/12	6594	48.9%	51.3%	45.7%	n/a	53.4%	46.1%	59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	10.8%			12.3%	7.7%	19.1%	3.8%
	Looking for a doctor	2007-2012	n/a	[s]	[s]	35%	56%	53%	70%	41%
	Use of Physicians	2011/12	27416	77.8%	78.2%	78.4%	79.1%	81.2%	77.8%	84.1%
	Hospitalization for ACSC **	2011/12	137	4.2	2.4	6.4	6.3	4.1	7.5	2.3
	Inpatient Hospitalizations **	2011/12	2093	64.1	48.9	76.0	87.9	65.4	92.5	59.6
	Benzodiazepine Prescribing	2010/11-2011/12	325	12.6%	10.2%	14.6%	20.5%	19.7%	23.0%	12.6%

~ Excellent / Very Good

~~ High Level

^ in years

^^ 0-4 times per day

* per 100 person yrs.

** per 1,000

^^^ once or more per month

*** per 10,000

**** per 100,000

¹ Risk factors for maternal health and child development² Children "not ready for school" in two or more domains of "Early Development Instrument"

How Healthy is the Community?



Self-perceived Health

Self-Perceived Health Very Good / Excellent

2007-2012



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

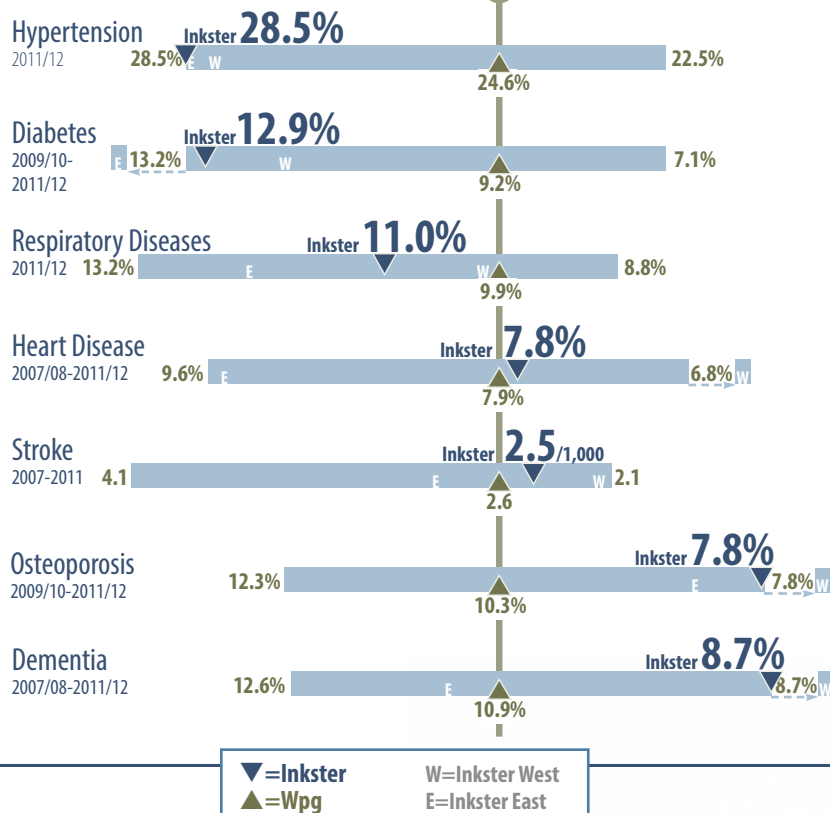
- Compared to Winnipeg (58%), a similar proportion of Inkster residents (57%) reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a much higher proportion of Inkster residents (44%) reported "high level" of general mental health.

General Mental Health (SF-36) High Level

2005-2010



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

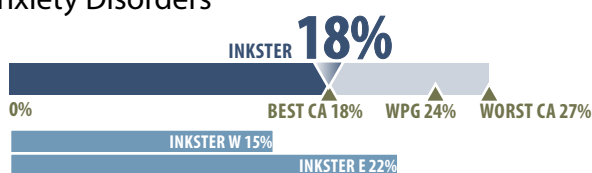
- The percentages of Inkster residents who received treatment for **hypertension** and **diabetes** have significantly increased over time. The increase in diabetes prevalence is likely related to earlier detection, treatment, awareness, and self care of residents with diabetes.
- The percentages of Inkster residents who received treatment for **total respiratory diseases**, **ischemic heart disease**, and **osteoporosis** have significantly decreased over time.
- **Stroke** event rate has been somewhat the same over time (2.5 cases per 1,000 residents in 2007-2011).
- The percentage of residents treated for **dementia** has decreased by 0.2% over time (from 8.9% in 2002/03-2006/07 to 8.7% in 2007/08-2011/12).



Mental Health & Substance Abuse

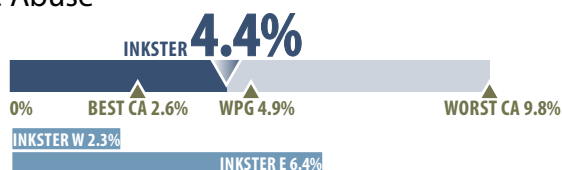
Mood & Anxiety Disorders

2007/08-2011/12



Substance Abuse

2007/08-2011/12



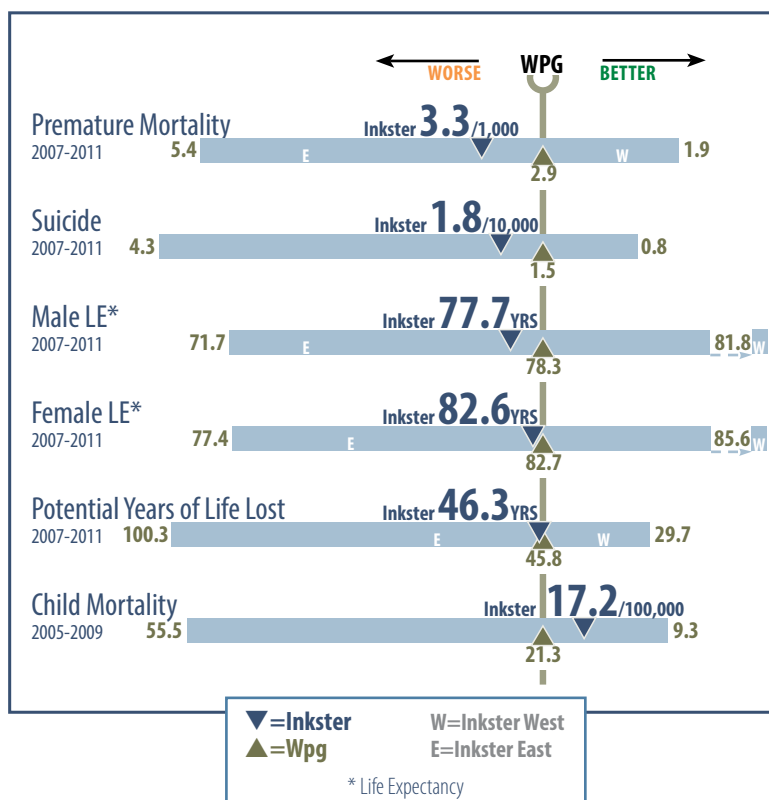
Mental and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary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

FINDINGS

- The percentage of Inkster residents who received treatment for mood and anxiety disorders has decreased slightly over time (from 19.3% in 2002/03-2006/07 to 18.3% in 2007/08-2011/12).
- The percentage of Inkster residents who received treatment for substance abuse has decreased slightly over time (from 4.6% in 2002/03-2006/07 to 4.4% in 2007/08-2011/12).



Life Expectancy & Death

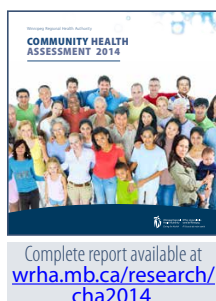


Community health is influenced by **life expectancy** and **mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community.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

- **Premature mortality rate (PMR)** has decreased over time (from 3.5 per 1,000 residents in 2002-2006 to 3.3 in 2007-2011).
- **Suicide** death rate has decreased slightly over time (from 2.1 per 1,000 residents aged 10+ in 2002-2006 to 1.8 in 2007-2011).
- **Male life expectancy** at birth has increased slightly over time (from 76.8 years in 2002-2006 to 77.7 years in 2007-2011).
- **Female life expectancy** at birth has also increased slightly over time (from 81.1 years in 2002-2006 to 82.6 years in 2007-2011).
- **Potential years of life lost (PYLL)** in Inkster has increased over time (from 42.3 years per 1,000 residents in 2002-2006 to 46.3 years in 2007-2011).
- **Child mortality** rate has increased over time in Inkster (from 13.1 per 100,000 children aged 1-19 in 2000-2004 to 17.2 in 2005-2009).





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 decreased slightly over time in Inkster (from 6.3 per 100 live infants per year in 2002/03-2006/07 to 6.0% 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 ranged between 30.7% and 38.8% in Inkster over the years (35.9% in 2003, 38.8% in 2005, 30.7% in 2008 and 33.0% in 2011).
- The teen pregnancy rate has decreased from 24.1 per 1,000 females aged 15-19 in 2010/11 to 22.7 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 somewhat the same (14%) over the years (2005/06-2010/11) in Inkster. However, for Physical Health and Well-being measure the percentage of children who were "not ready for school" (after combining data from all four years) (14%) has been significantly higher than Manitoba's baseline percentage (11%).



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, Inkster's chlamydia infection rate of 532.0 has been worse, whereas Inkster's gonorrhea infection rate of 99.4 per 100,000 in 2013 has been somewhat similar to 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 Inkster 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

- Inkster is a diverse community that is rich in culture. It is home to many newcomers as well as a young Aboriginal population.
- This community has been neglected by the city services, social services and the government resulting in poor health outcomes due to systemic discrimination and poverty
- Health is an issue within Inkster and lack of access to health services and healthy food along with low income contributes to poor health and chronic conditions.
- There needs to be significant work in removing and reducing barriers (low income, transportation etc.)
- All of the social determinants are tied together and impact one another. For example if you don't have housing or you have low income, no food how can one get a good education?
- Many young residents face barriers to employment.
- Income and education contribute to many health issues in Inkster.
- Only two full time service grocery stores are located in Inkster. It is difficult to access healthy food and food is costly. Need access to healthy affordable food.

Early Childhood Development

- I think teachers and school staff are neither trained to identify health (mental) concerns in children nor to work with children with issues.
- Recognition that early childhood education programming is growing in the city, which is well supported by local businesses.

Mental Health

- Newcomers don't recognize signs and symptoms of mental illness.
- There is stigma of mental illness as some feel judged.

Housing & Transportation

- Although we have largest housing complex in Inkster, there is shortage of affordable housing.
- Buses are very limited to Inkster, and bus passes and tickets are expensive.
- There is a perception that new regulation means that people are forced to prove that they have at least 3 appointments before they will be given bus tickets by service agencies. Can't people just get people where they need to be? Why so many questions. This result in low rate of doctor's appointment for prenatal and infants care.

Social Belonging

- Community is diverse as we have new comers and young aboriginal population.
- Although community likes to help itself, some experience social isolation, racism, addition and mental health issues.
- Support systems are limited to address these issues.
- There is only one community mental health worker for whole community.
- Need Crisis Response Centre for adolescents.

What Determines Health in the Community?

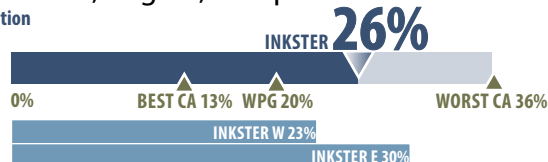
The following sections discuss some of these factors which have been categorized into **socio-economic determinants, health behaviors, and health care access.**



Education & Employment

No certificate, degree, or diploma

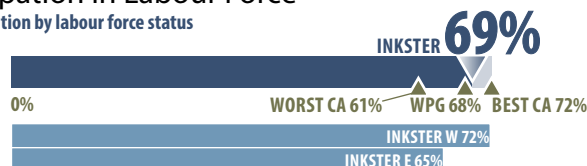
15+ Population
2011



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.

Participation in Labour Force

15+ population by labour force status
2011



FINDINGS

- The percentage of individuals in Inkster with no certificate, diploma or degree has decreased from 30.2% in 2006 to 26% in 2011.
- The percentage of individuals having a high school certificate or equivalent was 31.9% in 2006 and it has decreased by 0.9% in 2011.

Employment Rate

15+ population by labour force status
2011



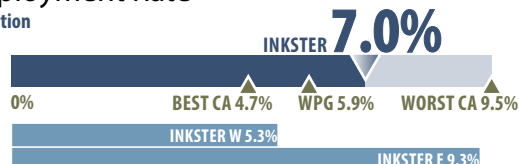
Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

- The labor force participation rate in Inkster has decreased from 70.3% in 2006 to 68.8% in 2011.
- The employment rate has decreased from 66.5% in 2006 to 64.0% in 2011.
- The unemployment rate has increased from 5.3% in 2006 to 7.0% in 2011.

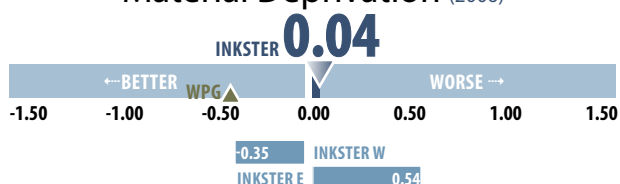
Unemployment Rate

15+ Population
2011



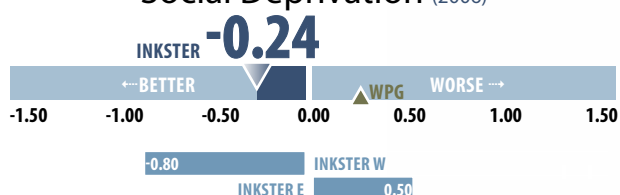
Material and Social Deprivation

Material 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.

Social Deprivation (2006)

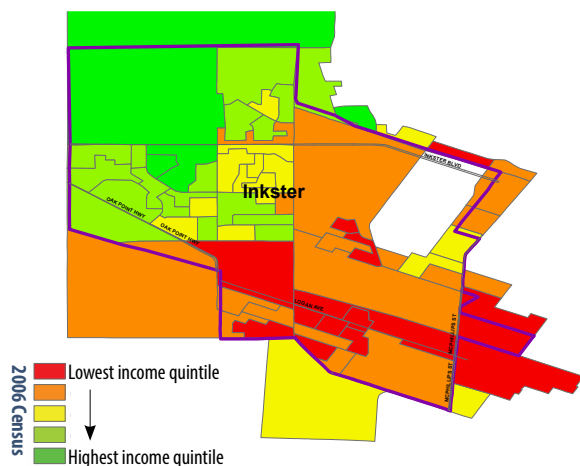


Material deprivation higher than zero means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher proportion 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

- Inkster has a material deprivation score of 0.04 (higher than zero = worse) and social deprivation score of -0.24 (lower than zero = better).

Income & Affordable Housing



	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
2011 NHS INKSTER	\$57,765	\$26,048
INKSTER WEST	\$77,597	\$28,897
INKSTER EAST	\$43,400	\$23,771

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 Inkster has increased from \$23,065 in 2005 to \$26,048 in 2010. Similarly, median household income has increased from \$49,799 to \$57,765.
- Average individual income of Inkster has increased from \$26,238 in 2005 to \$29,099 in 2010. Similarly, average household income has increased from \$56,504 to \$64,734.
- 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



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 Inkster has remained the same over time (32%).
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 9.9% in 2006 to 15.5% in 2011.

Owned, spending more than 30% of income on housing

2011



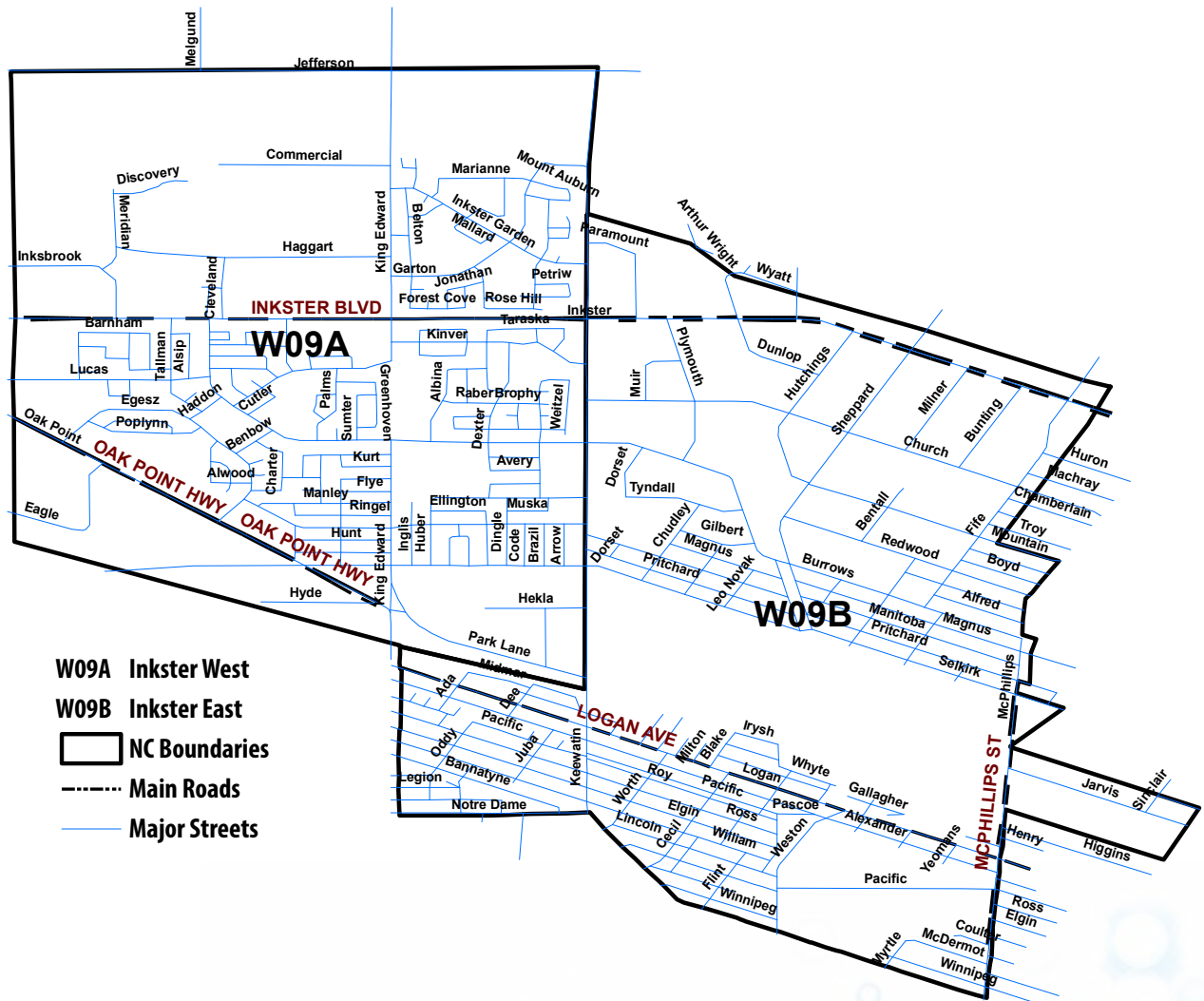
At-a-Glance

Selected indicators from 2011 Census & NHS

 INKSTER

	Indicator	Inkster	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	26.3%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	31.0%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	42.8%	47.2%	51.7%	35.6%		61.2%
	Labour participation rate	68.8%	67.3%	68.3%	61.2%		72.0%
	Employment rate	64.0%	63.1%	64.3%	55.4%		68.2%
EMPLOYMENT	Unemployment rate	7.0%	6.2%	5.9%	9.5%		4.7%
	Renting, shelter costs are 30% or more of household income	32.2%	35.4%	37.5%	45.0%		31.2%
	Owner, shelter costs are 30% or more of household income	15.5%	13.0%	14.0%	17.7%		11.6%
HOUSING	Low income in 2010 based on after-tax low-income measure %	20.2%	16.4%	16.4%	33.3%		8.0%
	Median individual income	\$26,048	\$29,029	\$30,455	\$21,801		\$38,440
	Median household income	\$57,765	\$57,299	\$58,503	\$36,298		\$81,462
INCOME							

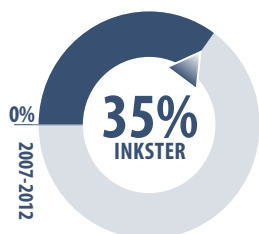
Inkster CA Map





Health Behaviours

Binge Drinking



INKSTER W 40%
INKSTER E 27%

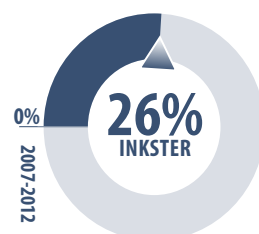
WINNIPEG 23%
WORST CA 38%
BEST CA 22%

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 16% in 2001-2005 to 35% in 2007-2012. In 2007-2012, 34% of residents reported that they never drank; 31% 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 22% in 2001-2005 to 26% in 2007-2012. In 2007-2012, 27% of residents identified as being former smokers; 46% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 21% in 2003-2005 to 15% in 2007-2012. In 2007-2012, 85% 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 62% in 2001-2005 to 69% in 2007-2012. In 2007-2012, 31% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has decreased from 56% in 2001-2005 to 51% in 2007-2012. In 2007-2012, 49% of residents identified as being either underweight or normal.
- During the period 2007-2012, 36% of residents reported being physically inactive. The remaining 64% residents identified as being physically active.

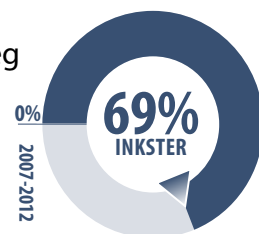
Tobacco Use



INKSTER W 16%
INKSTER E 38%

WINNIPEG 19%
WORST CA 39%
BEST CA 10%

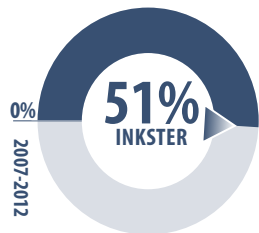
Less Than 5 Daily Servings of Fruit & Veg



INKSTER W 60%
INKSTER E 78%

WINNIPEG 62%
WORST CA 77%
BEST CA 53%

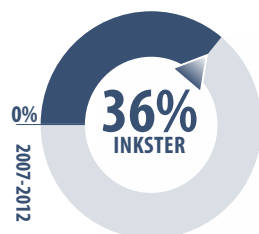
Overweight & Obesity



INKSTER W [S]
INKSTER E 53%

WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive



INKSTER W 36%
INKSTER E 36%

WINNIPEG 43%
WORST CA 59%
BEST CA 36%



Health Care Access, Immunization & Screening

Childhood Immunization Aged 2 years 2007/08



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 Inkster has somewhat decreased over time (from 71.3% in 2002/03 to 69.4% in 2007/08).
- The percentage of residents aged 65 and older receiving a flu shot has decreased over time (from 56% in 2006/07 to 53% in 2011/12).
- During 2010/11-2011/12, 48% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 49% 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) (10.8%) in Inkster has been somewhat 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.

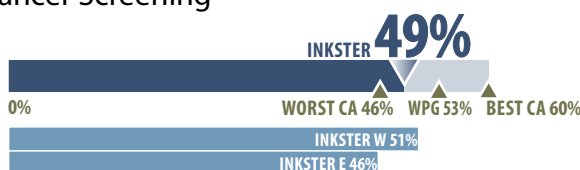
FINDINGS

- During 2007-2012, a very few number of Inkster residents reported not having a regular medical doctor. Although overall Inkster data has been suppressed, 35% of Inkster West residents reported not having a regular medical doctor.
- The percentage of residents who attended at least one ambulatory visit (use of physician) in a given year has decreased over time (from 80.8% in 2006/07 to 77.8% in 2011/12).
- Inpatient hospitalization has significantly decreased over time (from 73.1 per 1,000 residents in 2006/07 to 64.1 in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has somewhat decreased over time (from 10.6% in 2005/06-2006/07 to 9.2% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has somewhat decreased over time (from 13.1% in 2005/06-2006/07 to 12.6% in 2010/11-2011/12).

Breast Cancer Screening 2010/11-2011/12



Cervical Cancer Screening 2009/10-2011/12



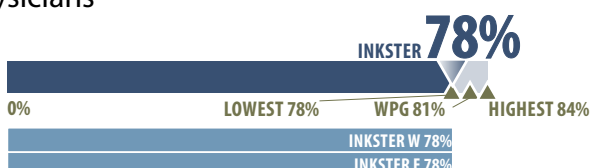
Inadequate Prenatal Care 2007/08-2008/09



Looking for a regular medical doctor 2007-2012



Use of physicians 2011/12



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 Inkster and their impact on the health and wellbeing of residents in poverty.

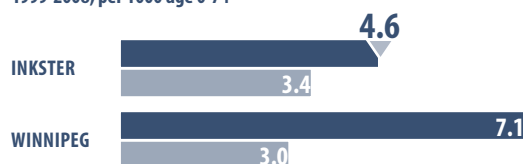
Morbidity and Mortality



 **Better than all other Inkster residents**
 **Worse than all other Inkster residents**
 **No difference compared to all other Inkster residents**

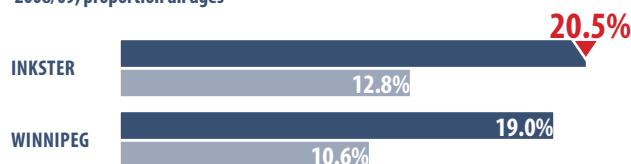
Premature Mortality

1999-2008, per 1000 age 0-74



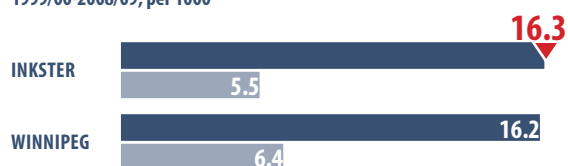
Total Respiratory Morbidity

2008/09, proportion all ages



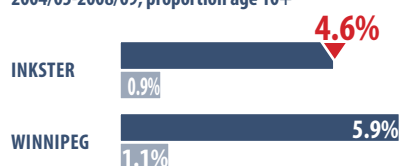
Injury Hospitalization

1999/00-2008/09, per 1000



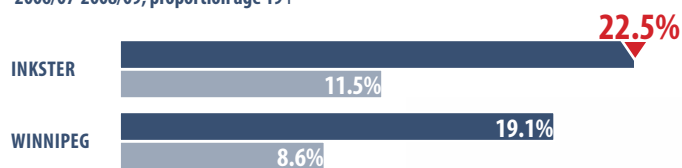
Schizophrenia

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



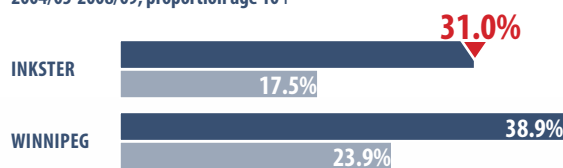
Diabetes Prevalence

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



Mood and Anxiety Disorders

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





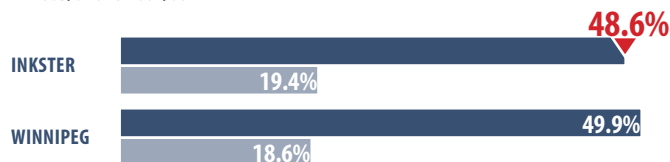
Children & Adolescents



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

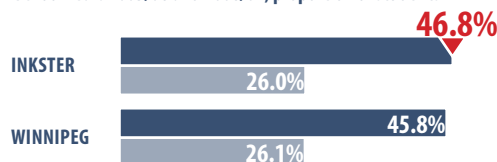
Mothers with 3+ Risk Factors

FY 2003/04 and 2007/08



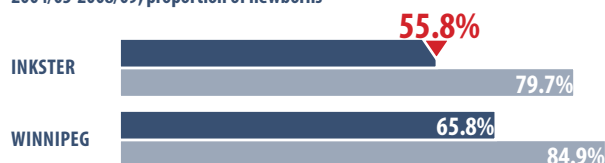
Children Not Ready for School in 1+ Domain

School Years 2005/06 and 2006/07, proportion of students



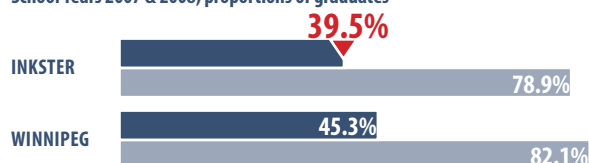
Breastfeeding Initiation

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

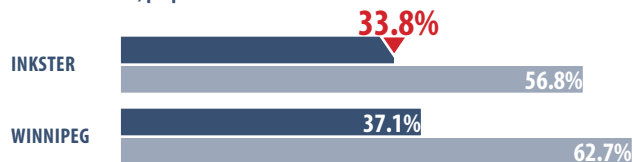
2004/05-2008/09, per 1000 females age 15-19



Screening & Healthcare Utilization

Breast Cancer Screening

2007/08-2008/09, proportion females 50-69



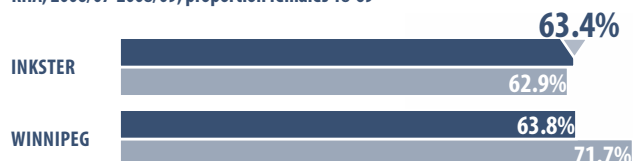
Complete Physicals

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