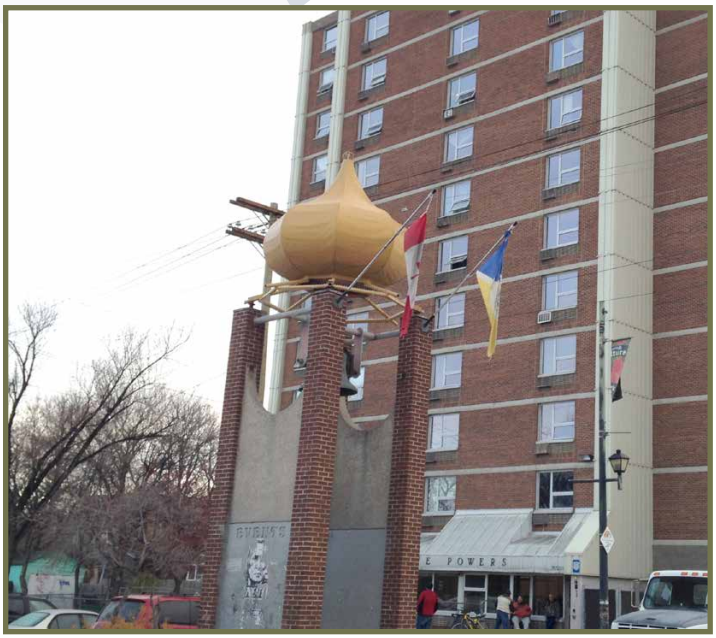
Point Douglas

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

OUR HEALTH
OUR COMMUNITY



This is a statistical health needs profile of Point Douglas (2014 pop 47,546)--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). **Point Douglas South** contains six neighborhoods: Dufferin, Dufferin Industrial, Lord Selkirk Park, North Point Douglas, South Point Douglas, and William Whyte. **Point Douglas North** includes Burrows Central, Inkster-Faraday, Luxton, Mynarski, Robertson, St. Johns, and St. Johns Park. Median household income of Point Douglas North ($45,294) is little higher than Point Douglas South ($28,915). Overall, 33% of Point Douglas residents are in low income status.

Point Douglas is one of the Winnipeg's oldest neighborhoods and is also considered part of Winnipeg's fabled North End. The neighborhood of North Point Douglas boasts two of Winnipeg's oldest houses - Barber House and Ross House Museum. There is a strong presence of First Nations in this CA. Thunderbird House is located in Point Douglas South and is used for community meetings and ceremonies.

The community of Point Douglas faces some important challenges to health and wellbeing including a lack of affordable housing and food insecurity. There are disparities present in important health determinants such as education, employment, income, housing, child care, access to culture, and health care. These disparities make it difficult for individuals, families and communities to reach their full health potential.

Point Douglas also has many strengths and resiliences, and there are excellent programs operating in the community. There are active initiatives and networks working on the issues of food security and affordable housing in Point Douglas. The community is also home to a variety of innovative health care initiatives, programs for women, and cultural programs.

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
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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 Point Douglas 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 Point Douglas 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

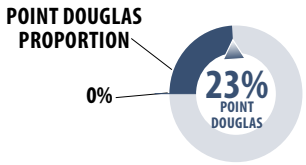
There are a variety of chart styles used is this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

Findings

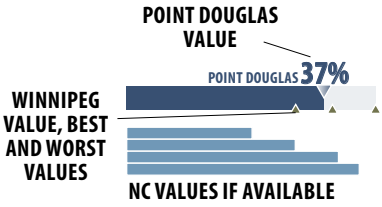
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014).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

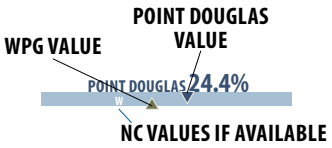
DIAL CHART



BAR CHART

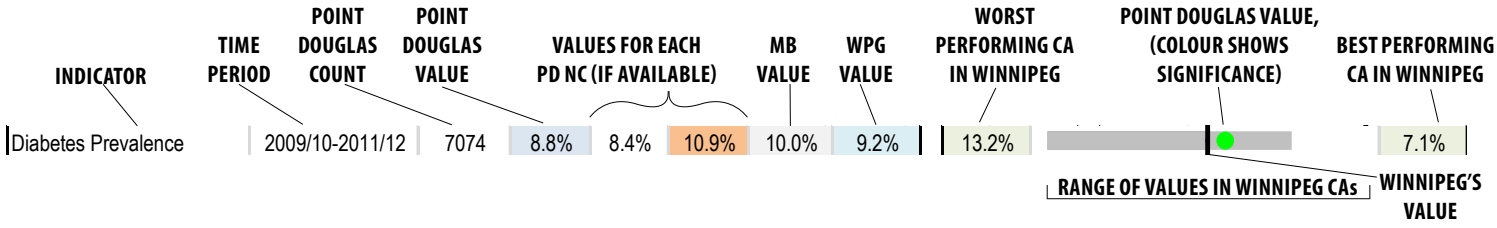


SPINE CHART



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.



Point Douglas (10) Community Profile

Point Douglas is comprised of two neighborhood clusters (NCs), **Point Douglas North** (10A) and **Point Douglas South** (10B).

SOCIO-DEMOGRAPHIC CHARACTERISTICS

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

Source: MH, 2014

AGE & GENDER

	FEMALES		MALES	
0-9 years	**3,615**	**(15%)**	**3,789**	**(16%)**
10-19 years	**3,454**	**(15%)**	**3,558**	**(15%)**
20-39 years	**6,838**	**(29%)**	**6,843**	**(28%)**
40-64 years	**7,025**	**(30%)**	**7,894**	**(33%)**
65-74 years	**1,262**	**(5%)**	**1,182**	**(5%)**
75+ years	**1,341**	**(6%)**	**745**	**(3%)**

Source: 2011 Census / National Household Survey

ETHNICITY

Aboriginal	**11,140**	**(28%)**
Recent Immigrants (2006-2011)	**3,810**	**(10%)**
Visible Minorities	**10,385**	**(27%)**

EDUCATION

No certificate/diploma/degree (15+ population)	**36%**
High school diploma or equivalent (15+ population)	**29%**
Postsecondary certificate, diploma or degree (15+ pop.)	**36%**

EMPLOYMENT

Participation rate (in labour force/15+ population)	**61.2%**
Employment rate (employed/15+ population)	**55.4%**
Unemployment rate (unemployed, in labour force)	**9.5%**

INCOME

Income under $19,999	**12,665**	**(46%)**
$20,000-$59,999	**13,625**	**(49%)**
$60,000-$99,999	**1,435**	**(5%)**
$100,000-$124,999	**70**	**(0.3%)**
$125,000+	**70**	**(0.3%)**

LONE-PARENT FAMILIES

Female-led parent	**2,820**	**(81%)**
Male-led parent	**685**	**(20%)**

65+

Male, living alone	**525**	**(31%)**
Female, living alone	**1,020**	**(43%)**

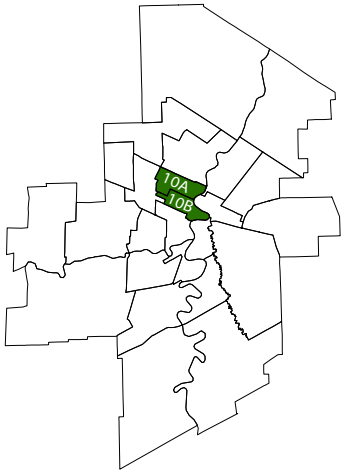
Source: MCHP, 2013

LIVING IN PERSONAL CARE HOME **11%**

AREA: 19.9 KM^2
POPULATION (2014): 47,546
POPULATION (2009): 42,561

10A: Point Douglas North
10B: Point Douglas South

Note: Map of Point Douglas on page 11



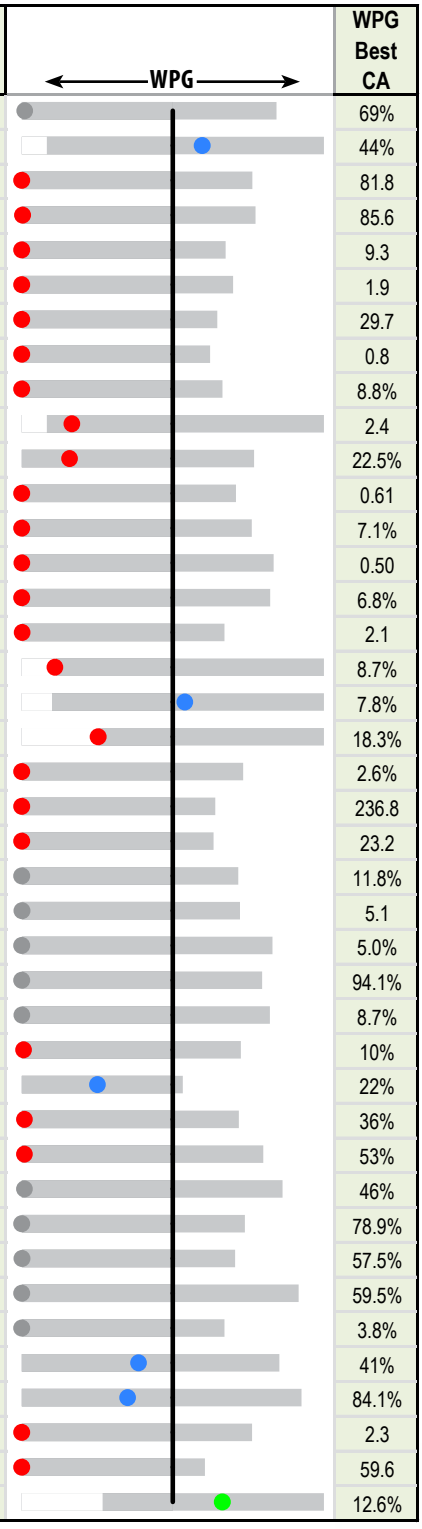
HIGHLIGHTS

- The population of this community is steadily increasing from 42,561 in June 2009 to 47,546 in 2014 (12% increase).
- The majority (79%) of residents speak English at home; 13% speak a non-official language at home and the remaining 7% speak both (English and a non-official language).
- The percentage of residents identifying as Aboriginal was 29.0% in 2006 and it has decreased by 0.5% in 2011. The percentage of visible minority residents has increased from 19.9% to 26.5%. The reported percentage of new immigrants during the period of 2006-2011 was 9.7%.
- The unemployment rate has increased from 8.3% in 2006 to 9.5% in 2011.
- Attendees at the **community engagement** event identified the main issues of concern as: low level of education, poor job opportunities and lack of support to healthy food, stable housing, walk-in doctors, day care spaces and transportation funds from employment and income assistance (EIA).
- Attendees identified the following community strengths: improved affordable housing, health education and supports delivered in schools, food security programs, access to healthcare, access to social programs, and good early childhood education programs.
- The percentages of residents who received treatment for total respiratory diseases and ischemic heart disease have significantly decreased over time.
- The percentages of residents who received treatment for hypertension, diabetes, and mood and anxiety disorders have significantly increased over time.
- Stroke event rate has significantly increased over time.
- Almost one third (29.4%) of Point Douglas residents did not return the National Household Survey (NHS).

Point Douglas At-a-Glance

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

	Indicator	Time Period	Point Douglas Count	Rates or Percentages: Point Douglas	Point Douglas North	Point Douglas South	MB	WPG	WPG Worst CA	WPG Best CA
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	42%	44%	23%	57%	58%	42%	69%
	General Mental Health ~~	2005-2010	n/a	39%	39%	39%	40%	38%	33%	44%
	Male Life Expectancy ^	2007-2011	n/a	71.7	75.3	66.7	77.5	78.3	71.7	81.8
	Female Life Expectancy ^	2007-2011	n/a	77.4	82.6	70.9	82.2	82.7	77.4	85.6
	Child Mortality ****	2005-2009	n/a	55.5			33.3	21.3	55.5	9.3
	Premature Mortality **	2007-2011	n/a	5.4	3.9	8.3	3.1	2.9	5.4	1.9
	Potential Yrs of Life Lost **	2007-2011	n/a	100.3	59.3	175.8	51.5	45.8	100.3	29.7
	Suicide Death Rate ***	2007-2011	n/a	4.3			1.7	1.5	4.3	0.8
	Respiratory Diseases	2011/12	5979	13.2%	12.3%	15.0%	9.5%	9.9%	13.2%	8.8%
	Hypertension Incidence *	2011/12	492	3.4	3.2	3.8	3.1	3.0	3.5	2.4
	Hypertension Prevalence	2011/12	7670	27.3%	27.1%	27.7%	25.6%	24.6%	28.5%	22.5%
	Diabetes Incidence *	2009/10-2011/12	744	1.25	1.13	1.50	0.85	0.80	1.25	0.61
	Diabetes Prevalence	2009/10-2011/12	3868	13.2%	11.9%	15.8%	10.0%	9.2%	13.2%	7.1%
	Heart Disease Incidence *	2007/08-2011/12	896	0.90	0.92	0.90	0.67	0.66	0.90	0.50
	Heart Disease Prevalence	2007/08-2011/12	2561	9.6%	9.3%	10.9%	7.9%	7.9%	9.6%	6.8%
	Stroke Event Rates (40+)**	2007-2011	346	4.1	3.6	5.4	2.7	2.6	4.1	2.1
	Dementia Prevalence	2007/08-2011/12	1088	12.6%	9.0%	19.3%	10.6%	10.9%	12.6%	8.7%
	Osteoporosis Prevalence	2009/10-2011/12	1121	10.1%	8.8%	12.3%	10.4%	10.3%	12.3%	7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	10434	27.4%	24.0%	32.0%	23.3%	24.4%	27.4%	18.3%
	Substance Abuse Prev.	2007/08-2011/12	3960	9.8%	6.5%	14.1%	5.0%	4.9%	9.8%	2.6%
	Chlamydia Infections ****	2013	509	971.9			n/a	398.3	971.9	236.8
	Gonorrhea Infections ****	2013	147	278.7			n/a	77.4	278.7	23.2
	Families - 3+ Risk Factors[1]	2011	n/a	51.8%			23.6%	23.9%	51.8%	11.8%
	Teen Pregnancy (15-19)**	2012/13	138	38.9			18.4	15.5	38.9	5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	7.0%	6.9%	7.2%	5.2%	5.8%	7.0%	5.0%
	Breastfeeding Initiation	2012/13	565	73.1%			82.9%	86.3%	73.1%	94.1%
	Children not school-ready[2]	2010/11	n/a	24.3%			15.0%	14.8%	24.3%	8.7%
BEHAVIOURS	Current Smokers	2007-2012	n/a	39%	40%	34%	20%	19%	39%	10%
	Binge Drinking^^^	2007-2012	n/a	30%	32%	[s]	24%	23%	38%	22%
	Physically Inactive	2007-2012	n/a	59%	59%	58%	45%	43%	59%	36%
	Fruit & Veg Consumption^^	2007-2012	n/a	77%	76%	77%	63%	62%	77%	53%
	Overweight & Obesity	2007-2012	n/a	65%	66%	53%	56%	54%	65%	46%
HEALTH CARE ACCESS	Childhood Immunization	2007/08	n/a	58.8%			71.5%	72.4%	58.8%	78.9%
	Breast Cancer Screening	2010/11-2011/12	1512	36.6%	39.3%	30.3%	53.4%	51.4%	36.6%	57.5%
	Cervical Cancer Screening	2009/10-2011/12	7771	46.1%	48.2%	41.8%	n/a	53.4%	46.1%	59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	19.1%			12.3%	7.7%	19.1%	3.8%
	Looking for a doctor	2007-2012	n/a	57%	69%	[s]	56%	53%	70%	41%
	Use of Physicians	2011/12	36685	80.2%	80.3%	80.5%	79.1%	81.2%	77.8%	84.1%
	Hospitalization for ACSC **	2011/12	326	7.5	4.9	11.9	6.3	4.1	7.5	2.3
	Inpatient Hospitalizations **	2011/12	3967	92.5	69.8	118.9	87.9	65.4	92.5	59.6
	Benzodiazepine Prescribing	2010/11-2011/12	733	17.4%	17.5%	17.0%	20.5%	19.7%	23.0%	12.6%

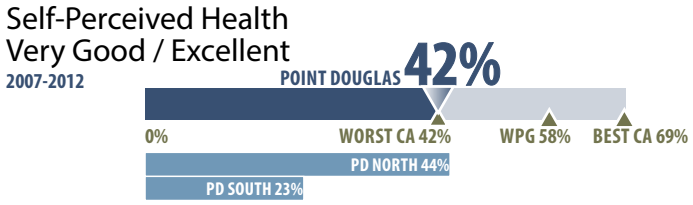


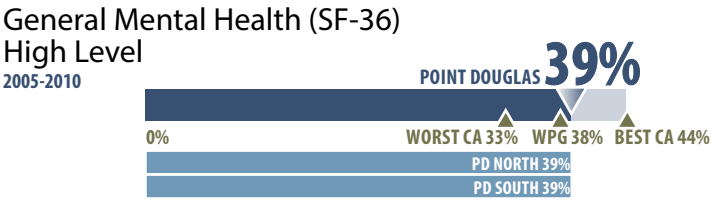
~ Excellent / Very Good ~~ High Level
^ in years ^^ 0-4 times per day ^^^ once or more per month
* per 100 person yrs. ** per 1,000 *** per 10,000 **** per 100,000
[1] Risk factors for maternal health and child development
[2] Children "not ready for school" in two or more domains of "Early Development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

Prepared by Evaluation Platform, December 2015

How Healthy is the Community?

Self-perceived Health



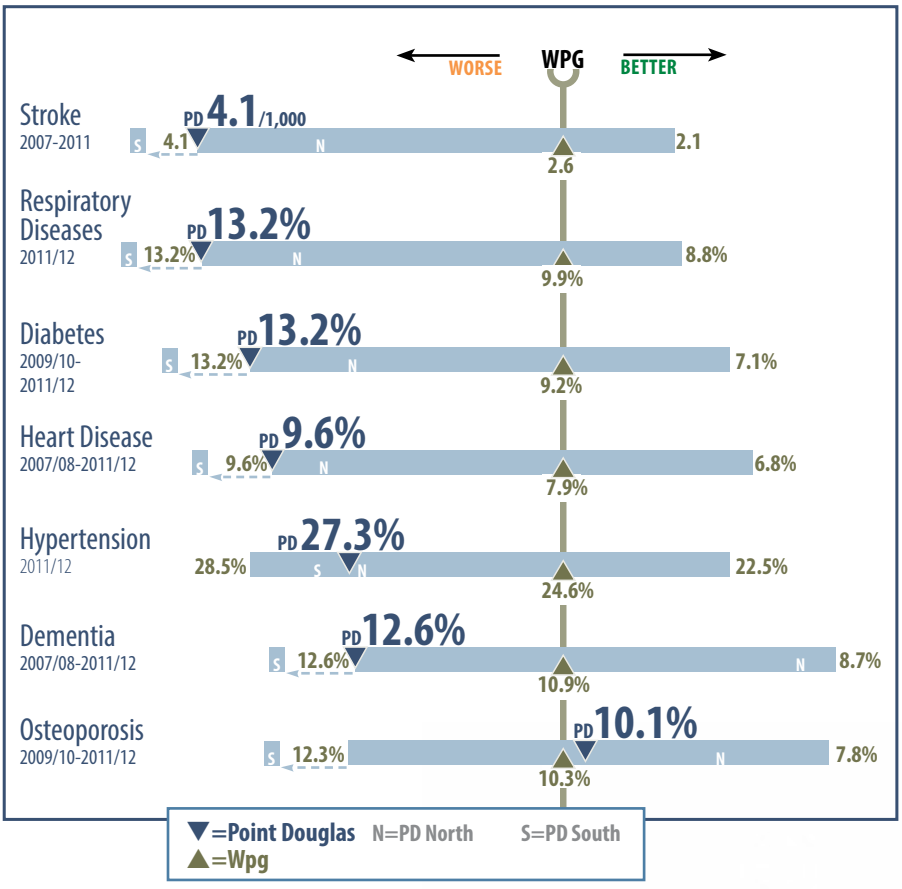


General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

FINDINGS

- Compared to Winnipeg (58%), a much lower proportion of Point Douglas residents (42%) reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a similar proportion of Point Douglas residents (39%) reported "high level" of general mental health.
  - Point Douglas North and South residents reported similar "high level" of general mental health (39%).
  - 44% of Point Douglas North residents reported "excellent" or "very good" self-perceived health, while only 23% of Point Douglas South residents reported the same.

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.

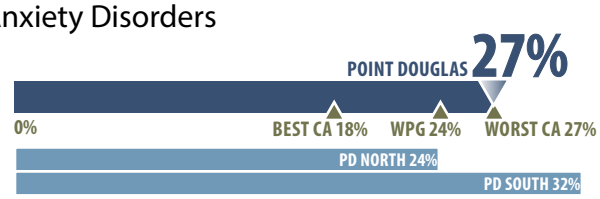
FINDINGS

- **Stroke** event rate has significantly increased over time (from 3.1 cases per 1,000 residents aged 40+ in 2002-2006 to 4.1 in 2007-2011).
- The percentages of Point Douglas residents who received treatment for **total respiratory diseases** and **ischemic heart disease** have significantly decreased over time.
- The percentages of Point Douglas 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 percentage of Point Douglas residents aged 55+ treated for **dementia** has somewhat remained the same over time (12.6% in 2007/08-2011/12).
- The percentage of Point Douglas residents who received treatment for **osteoporosis** has significantly decreased over time (from 11.1% in 2004/05-2006/07 to 10.1% in 2009/10-2011/12).

Mental Health & Substance Abuse

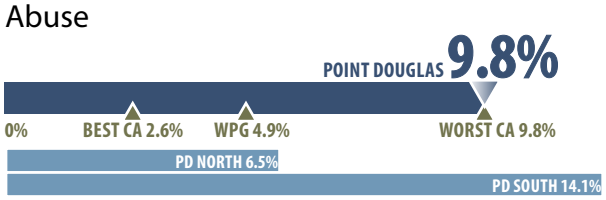
Mood & Anxiety Disorders

2007/08-2011/12



Substance Abuse

2007/08-2011/12

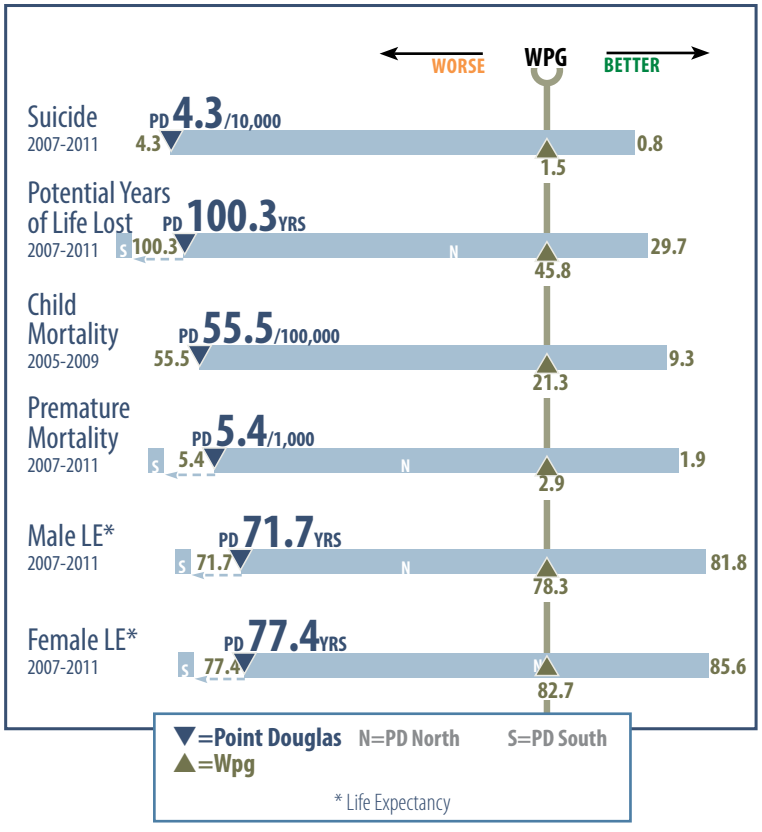


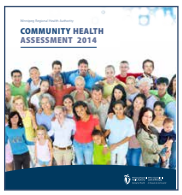
Mental and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary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

FINDINGS

- The percentage of Point Douglas residents who received treatment for mood and anxiety disorders has significantly increased over time (from 25.7% in 2002/03-2006/07 to 27.4% in 2007/08-2011/12).
- The percentage of Point Douglas residents who received treatment for substance abuse has increased slightly over time (from 9.6% in 2002/03-2006/07 to 9.8% in 2007/08-2011/12).

Life Expectancy & Death





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

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

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

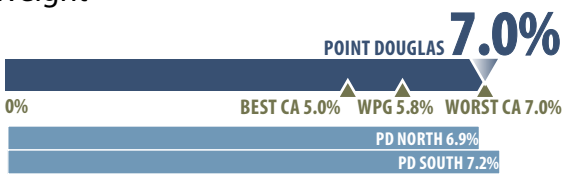
FINDINGS

- **Suicide** death rate has increased over time (from 3.3 per 1,000 residents aged 10+ in 2002-2006 to 4.3 in 2007-2011).
- **Potential years of life lost** (PYLL) has decreased slightly over time in Point Douglas (from 107.9 years per 1,000 residents in 2002-2006 to 100.3 years in 2007-2011).
- **Child mortality** rate has decreased over time in Point Douglas (from 59.7 per 100,000 children aged 1-19 in 2000-2004 to 55.5 in 2005-2009).
- **Premature mortality** rate (PMR) has remained somewhat the same over time (5.4 per 1,000 residents in 2007-2011).
- **Male life expectancy** at birth has remained the same over time (71.7 years in 2007-2011).
- **Female life expectancy** at birth has increased over time (from 76.1 years in 2002-2006 to 77.4 years in 2007-2011).

Reproductive & Developmental Health

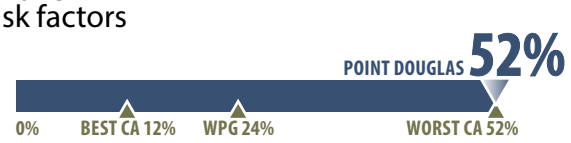
Low Birth Weight

2007/08-2011/12



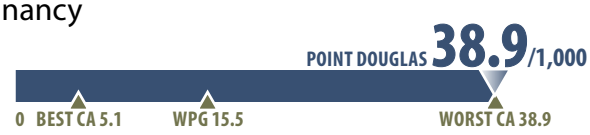
Families with 3 or more risk factors

2011



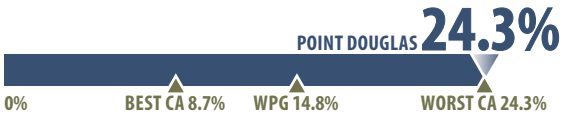
Teen Pregnancy

2012/13



Children Not Ready for School

2010/11



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

FINDINGS

- The percentage of low birth-weight infants has increased slightly over time in Point Douglas (from 6.4 per 100 live infants per year in 2002/03-2006/07 to 7.0% 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 has decreased slightly over time in Point Douglas (from 54.9% in 2003 to 51.8% in 2011).
- Teen pregnancy rate has decreased over time (from 52.6 per 1,000 females aged 15-19 in 2010/11 to 38.9 in 2012/13).

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

FINDINGS

- The percentage of children "not ready for school" in two or more domains of EDI has somewhat increased (from 20% to 24%) over the years (2005/06-2010/11) in Point Douglas. And after combining data from all four years, the percentage of children who were "not ready for school" (21%) has been significantly higher 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, Point Douglas's chlamydia infection rate of 971.9 has been worse. Similarly, Point Douglas's gonorrhea infection rate of 278.7 per 100,000 in 2013 has also been worse than Winnipeg's at 77.

What Determines Health in the Community?

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

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

What is it you would like others (in & outside the community) to know about the health of those who live in Point Douglas 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

- Several people in the community are poor, job opportunities are limited and EIA administration is very humiliating.
- Recreation options require money and that is not considered under EIA. EIA does not provide funds for transportation. Bus is a life line for this community which is limited.
- All these factors lead to high stress in individuals and poor health outcomes.
- While there some great food security programs in the area, access to affordable and healthy food continues to be a challenge in Point Douglas.
- This issue is rooted in income levels and has serious health effects.

Housing

- There is some good housing but not everyone is able to afford them.
- People on social assistance have to either live in poor social housing or rentals that are hideous.
- Housing programs in Point Douglas are making a positive difference.
- While there are still serious housing issues, progress is being made

Access to Care/Programs

- Health interventions often come too late for residents.
- Programs should be proactive and engaging.
- There is lack of continuity of care. Some residents are sent home from ER way too soon and sometime health interventions are offered late in illness process.
- This community lacks primary care and walk-in doctors.
- Sometimes it is difficult to communicate with homecare.
- Dental care is also not that great.
- Need trauma counselor as in this community there are many intergenerational trauma survivors.
- Tobacco is sacred to First Nations, but this population needs to learn that their bodies are sacred too

Early Childhood Development

- People need to be taught good parenting before having more kids.
- There is a negative influence of partner on drinking and smoking during pregnancy.
- CFS all too often breaks up families.
- There is not enough ECD program to bring families together to decrease isolation and improve mental health.
- There is also high level of domestic violence.
- Community needs more day care centers and more child care spots. There are not many childhood supports in walkable distance.

Social Belonging

- There is a stay and play program for families with young children. This program helps bring families together, decrease isolation, and improve mental health.

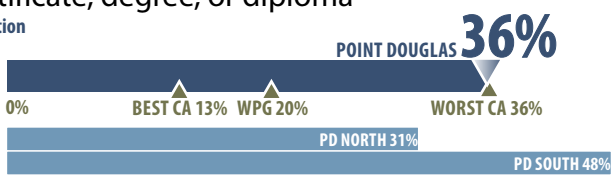
What Determines Health in the Community?

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

Education & Employment

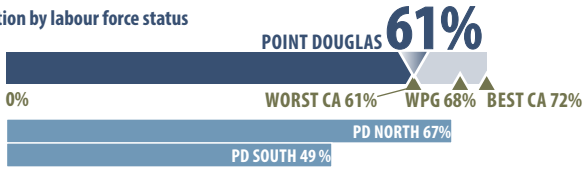
No certificate, degree, or diploma

15+ Population
2011



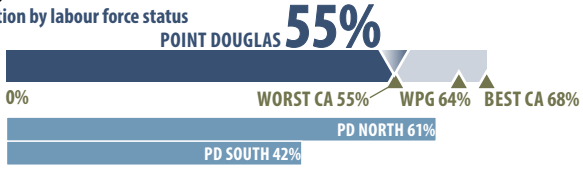
Participation in Labour Force

15+ population by labour force status
2011



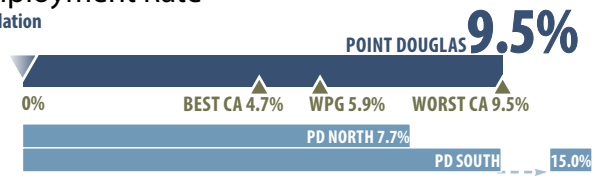
Employment Rate

15+ population by labour force status
2011



Unemployment Rate

15+ Population
2011



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

FINDINGS

- The percentage of individuals in Point Douglas with no certificate, diploma or degree has decreased from 39.6% in 2006 to 35.9% in 2011.
- The percentage of individuals in Point Douglas having a high school certificate or equivalent was 27.0% in 2006 and has increased by 1.6% in 2011.

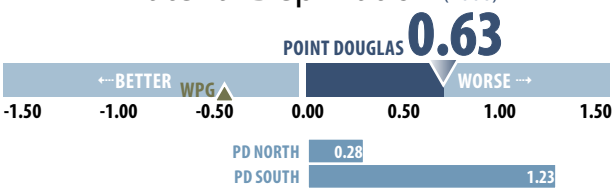
Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

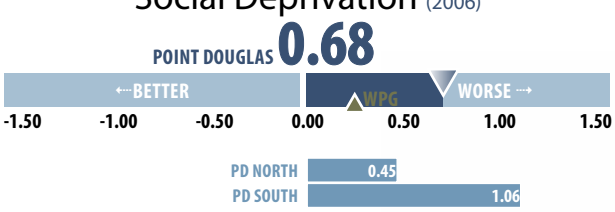
- The labor force participation rate in Point Douglas has somewhat remained the same over time (61%).
- The employment rate was 56.0% in 2006 and has decreased by 0.6% in 2011.
- The unemployment rate has increased from 8.3% in 2006 to 9.5% in 2011.

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.

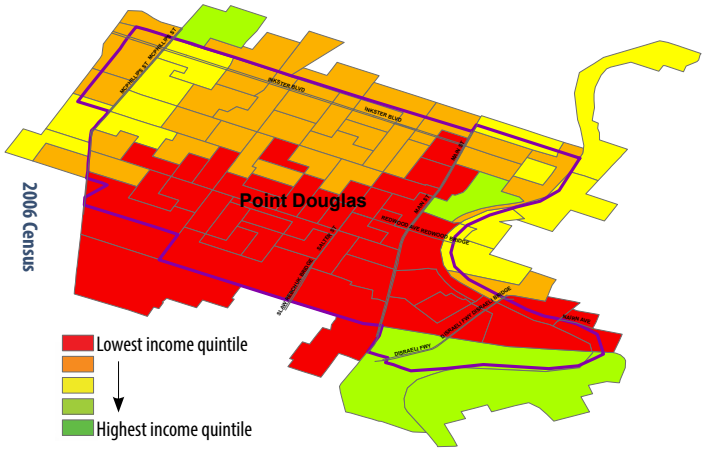
Material deprivation higher than zero means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher proportion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

- Point Douglas has a material deprivation score of 0.63 (higher than zero = worse) and social deprivation score of 0.68 (higher than zero = worse). Material and social deprivation have been significantly worse than Manitoba scores (-0.02; 0.02).

Prepared by Evaluation Platform, December 2015

Income & Affordable Housing



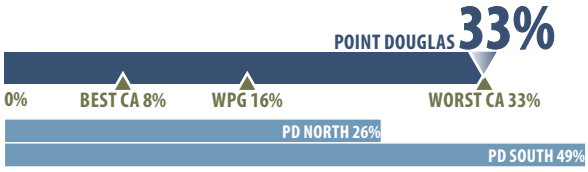
		MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
2011 NHS	POINT DOUGLAS	**$39,614**	**$22,157**
	POINT DOUGLAS NORTH	**$45,294**	**$24,343**
	POINT DOUGLAS SOUTH	**$28,915**	**$18,071**

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.

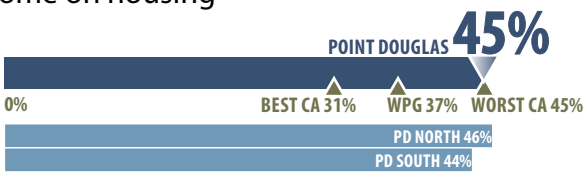
FINDINGS

- Median individual income of Point Douglas has increased from $19,248 in 2005 to $22,157 in 2010. Similarly, median household income has increased from $33,831 to $39,614.
- Average individual income of Point Douglas has increased from $22,523 in 2005 to $26,211 in 2010. Similarly, average household income has increased from $40,703 to $48,468.
- 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.

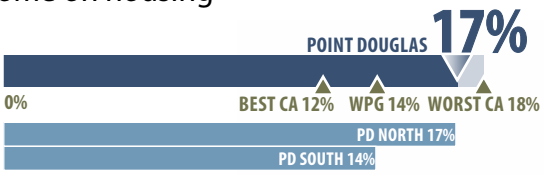
Low income residents
2011



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 Point Douglas has increased from 40.2% in 2006 to 45.0% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 15.8% in 2006 to 16.8% in 2011.

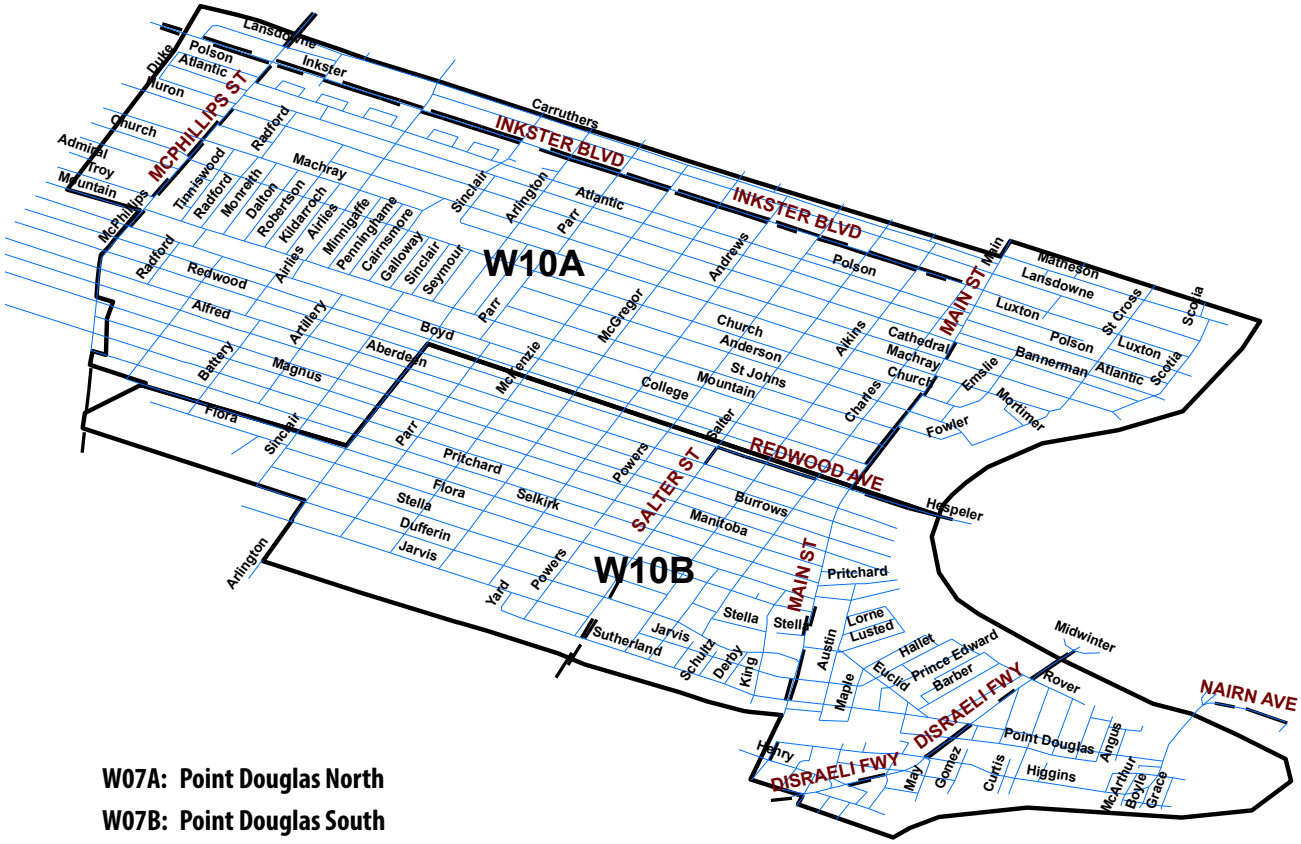
At-a-Glance

Selected indicators from 2011 Census & NHS

● POINT DOUGLAS

	Indicator	Point Douglas	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	35.9%	25.1%	19.7%	35.9%	← WPG →	12.7%
	High school diploma or equivalent	28.6%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	35.6%	47.2%	51.7%	35.6%		61.2%
EMPLOYMENT	Labour participation rate	61.2%	67.3%	68.3%	61.2%		72.0%
	Employment rate	55.4%	63.1%	64.3%	55.4%		68.2%
	Unemployment rate	9.5%	6.2%	5.9%	9.5%		4.7%
HOUSING	Renting,shelter costs are 30% or more of household income	45.0%	35.4%	37.5%	45.0%		31.2%
	Owner, shelter costs are 30% or more of household income	16.8%	13.0%	14.0%	17.7%		11.6%
INCOME	Low income in 2010 based on after-tax low-income measure %	33.3%	16.4%	16.4%	33.3%		8.0%
	Median individual income	$22,157	$29,029	$30,455	$21,801		$38,440
	Median household income	$39,614	$57,299	$58,503	$36,298		$81,462

Point Douglas CA Map



W07A: Point Douglas North

W07B: Point Douglas South

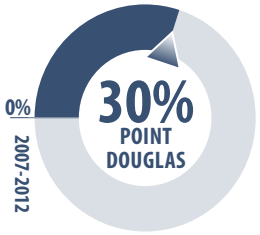
NC Boundaries

Main Roads

Major Streets

Health Behaviours

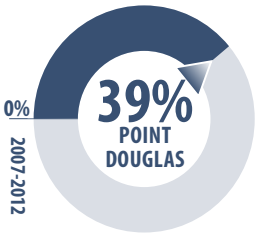
Binge Drinking



PD NORTH 32%
PD SOUTH [S]

WINNIPEG 23%
WORST CA 38%
BEST CA 22%

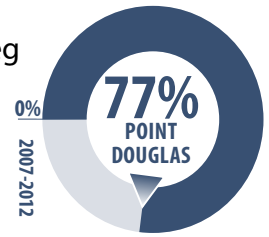
Tobacco Use



PD NORTH 40%
PD SOUTH 34%

WINNIPEG 19%
WORST CA 39%
BEST CA 10%

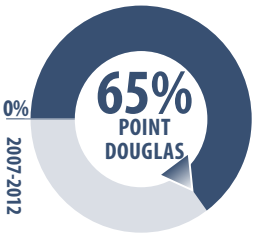
Less Than 5 Daily Servings of Fruit & Veg



PD NORTH 76%
PD SOUTH 77%

WINNIPEG 62%
WORST CA 77%
BEST CA 53%

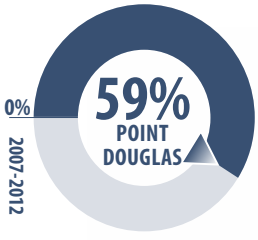
Overweight & Obesity



PD NORTH 66%
PD SOUTH 53%

WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive



PD NORTH 59%
PD SOUTH 58%

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 21% in 2001-2005 to 30% in 2007-2012. In 2007-2012, 42% of residents reported that they never drank; 27% identified as having 5 or more drinks on one occasion less than once per month.
- The percentage of current smokers (daily or occasionally) has increased from 33% in 2001-2005 to 39% in 2007-2012. In 2007-2012, 28% of residents identified as being former smokers; 34% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 33% in 2003-2005 to 26% in 2007-2012. In 2007-2012, 74% of residents identified as not being exposed to second hand smoke.
- The percentage of residents consuming fruits and vegetables less than 5 times a day has increased from 64% in 2001-2005 to 77% in 2007-2012. In 2007-2012, 23% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has increased from 61% in 2001-2005 to 65% in 2007-2012. In 2007-2012, 35% of residents identified as being either underweight or normal.
- During the period 2007-2012, 59% of residents reported being physically inactive. The remaining 41% residents identified as being physically active.

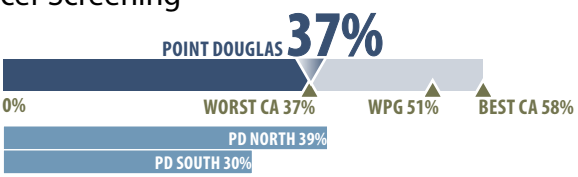
Health Care Access, Immunization & Screening

Childhood Immunization Aged 2 years

2007/08

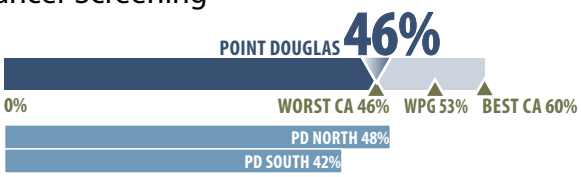
Breast Cancer Screening

2010/11-2011/12



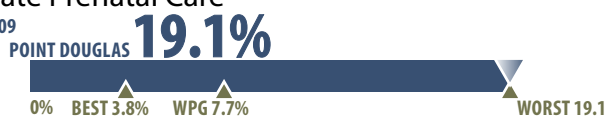
Cervical Cancer Screening

2009/10-2011/12



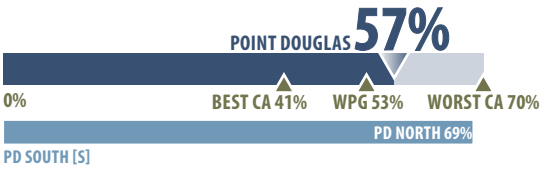
Inadequate Prenatal Care

2007/08-2008/09



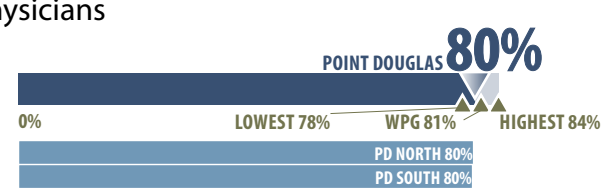
Looking for a regular medical doctor

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 Point Douglas has decreased slightly from 61.0% in 2002/03 to 58.8% in 2007/08.
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time (from 57% in 2006/07 to 51% in 2011/12).
- During 2010/11-2011/12, 37% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 46% of women aged 15 and older had a cervical screening (Pap test) for cancer.
- In 2007/08-2008/09, the proportion of women with inadequate prenatal care (PNC) (19.1%) in Point Douglas has been higher than Winnipeg's at 7.7%.

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

FINDINGS

- During 2007-2012, 57% of Point Douglas residents reported not having a regular medical doctor and were looking for one.
- The percentage of residents who attended at least one ambulatory visit (use of physician) in a given year has somewhat decreased over time (from 82% in 2006/07 to 80% in 2011/12)
- Inpatient hospitalization has significantly decreased over time (from 105.5 per 1,000 residents in 2006/07 to 92.5 in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has significantly decreased over time (from 17.1% in 2005/06-2006/07 to 11.5% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has remained the same over time (17.4% 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 Point Douglas and their impact on the health and wellbeing of residents in poverty.

Morbidity and Mortality

LEGEND

SOCIAL HOUSING RESIDENTS

ALL OTHER RESIDENTS

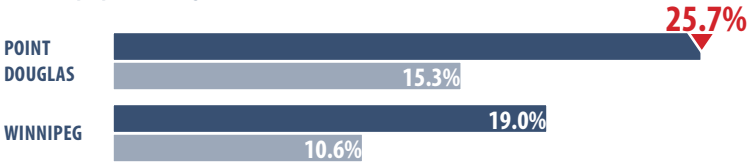
▼ **Better than all other Point Douglas residents** ▼ **Worse than all other Point Douglas residents** ▼ **No difference compared to all other Point Douglas residents**

Premature Mortality

1999-2008, per 1000 age 0-74

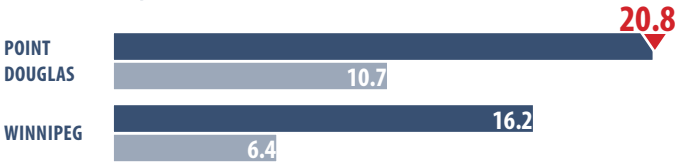
Total Respiratory Morbidity

2008/09, proportion all ages



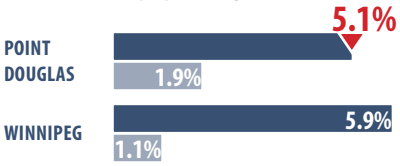
Injury Hospitalization

1999/00-2008/09, per 1000



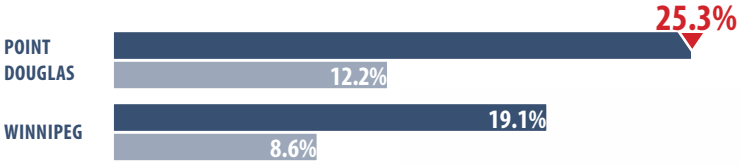
Schizophrenia

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



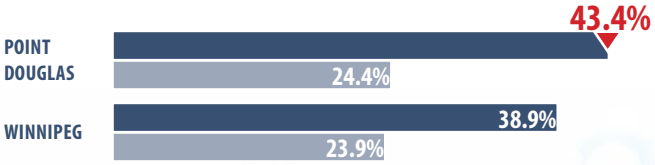
Diabetes Prevalence

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



Mood and Anxiety Disorders

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

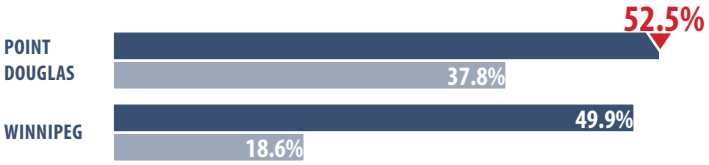


Children & Adolescents

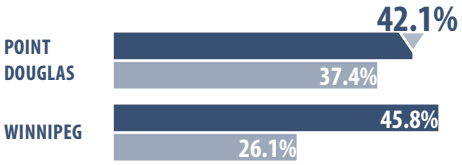
SOCIAL HOUSING RESIDENTS
ALL OTHER RESIDENTS

Better than all other Point Douglas residents | Worse than all other Point Douglas residents | No difference compared to all other Point Douglas residents

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

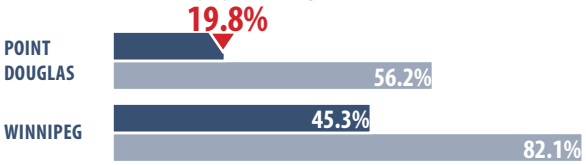


Children Not Ready for School in 1+ Domain
School Years 2005/06 and 2006/07, proportion of students



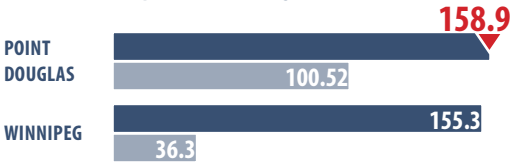
Breastfeeding Initiation
2004/05-2008/09, proportion of newborns

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



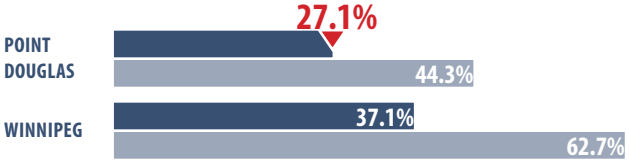
Complete Immunization by Age 2
2007/08-2008/09, proportion of children born 2005/06-2006/07

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



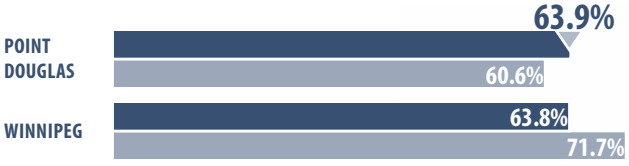
Screening & Healthcare Utilization

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

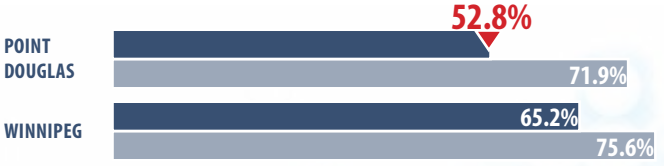


Complete Physicals
2008/09, proportion all ages

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