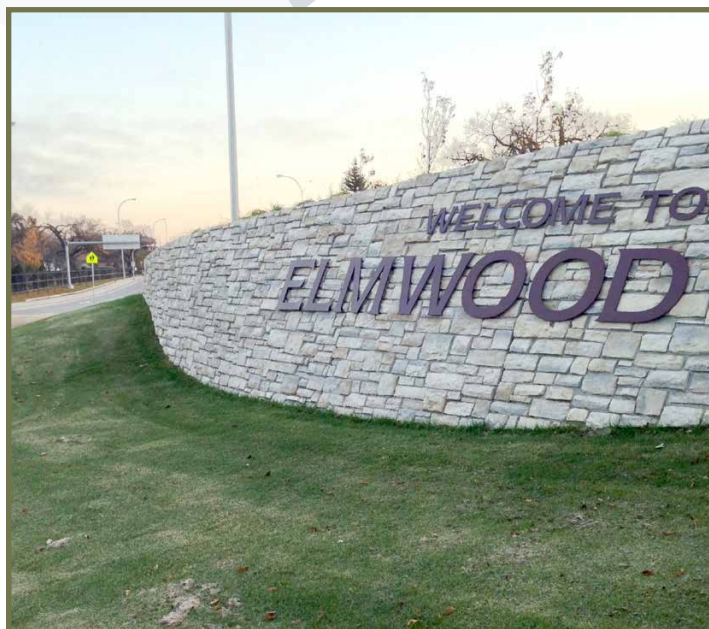


River East

Community Area Profile, 2015

Winnipeg Regional Health Authority (WRHA)

OUR HEALTH
OUR COMMUNITY



Health Status

Self-perceived Health PAGE 5

Chronic Disease PAGE 5

Mental Health & Substance Abuse PAGE 5

Mortality PAGE 6

Reproductive & Developmental Health PAGE 7

Sexually Transmitted Infections PAGE 7

Health Determinants

Education & Employment PAGE 9

Material & Social Deprivation PAGE 9

Income & Affordable Housing PAGE 10

Health Behaviours PAGE 12

Health Care Access, Immunization & Screening PAGE 13

Health & Social Housing PAGE 14

Community Voices PAGE 8

This is a statistical health needs profile of River East (2014 pop 97,603)—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 four neighborhood clusters (NC). The southernmost NC is commonly known as Elmwood and includes the neighborhoods of Chalmers and Talbot-Grey while the most northern NC (River East North) is East St. Paul. As one travels up the route which splits the CA—Raleigh St./Gateway Rd.—median household income ranges from Elmwood's \$45,167 to St. Paul East's \$114,117 in 2010.

Despite these gradients in income, the community notes that many resources have been developed specifically for community-based needs. For example, access to healthy food continues to be a concern in the more southerly neighborhoods of

River East—a community supported food-cooperative **Better Access to Groceries Program (BAG)** has been set up in response. Also, early childhood development—a key attribute which sets up kids for coping with future life-challenges—is supported by healthy baby groups and public health nurse visits that encourage good nutritional practices.

Overwhelmingly, residents of River East consider it a great place to live, work and play. However, there remain challenges in reaching out to those who need some of the myriad of resources available. A trend that some have noticed is that many seniors are forced into living in housing above their means and, as a result, other areas of life suffer, such as nutrition, transportation and accessing medical, and community programs.



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 River East 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 River East 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

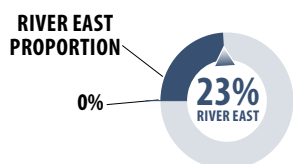
There are a variety of chart styles used in this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

Findings

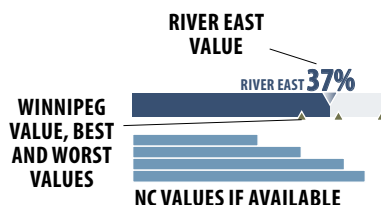
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014).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

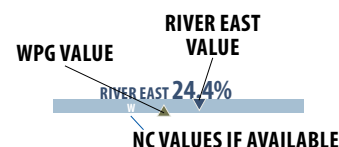
DIAL CHART



BAR CHART



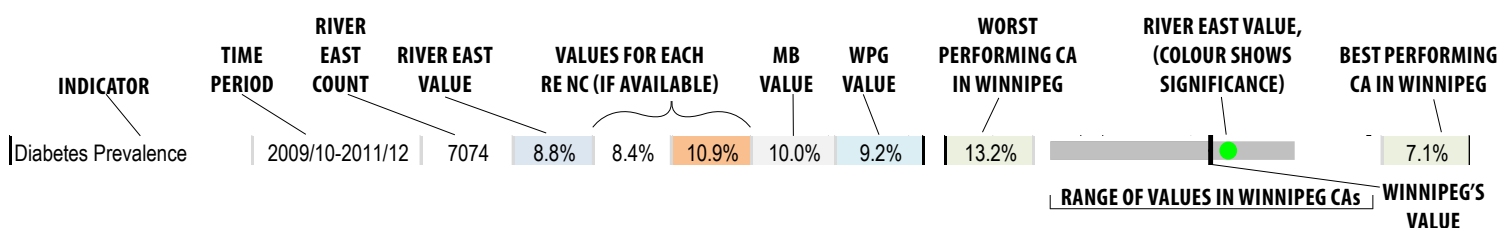
SPINE CHART



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.



River East (07) Community Profile

OUR HEALTH
OUR COMMUNITY

The River East community area (CA) is comprised of four neighborhood clusters (NCs): **River East South** (07A), **River East West** (07B), **River East East** (07C) and **River East North** (07D). River East North includes the rural municipality of East St. Paul.

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	5,110 (10%)	5,365 (11%)
10-19 years	5,485 (11%)	5,847 (12%)
20-39 years	13,398 (27%)	13,523 (28%)
40-64 years	16,933 (34%)	16,152 (34%)
65-74 years	4,281 (9%)	3,801 (8%)
75+ years	4,882 (10%)	2,826 (6%)

ETHNICITY

Aboriginal	9,905 (11%)
Recent Immigrants (2006-2011)	3,525 (4%)
Visible Minorities	10,950 (12%)

EDUCATION

No certificate/diploma/degree (15+ population)	23%
High school diploma or equivalent (15+ population)	31%
Postsecondary certificate, diploma or degree (15+ pop.)	46%

EMPLOYMENT

Participation rate (in labour force/15+ population)	66.8%
Employment rate (employed/15+ population)	63.6%
Unemployment rate (unemployed, in labour force)	4.8%

INCOME

Income under \$19,999	24,000 (33%)
\$20,000-\$59,999	36,315 (50%)
\$60,000-\$99,999	9,595 (13%)
\$100,000-\$124,999	1,365 (2%)
\$125,000+	1,320 (2%)

LONE-PARENT FAMILIES

Female-led parent	3,965 (80%)
Male-led parent	985 (20%)

65+

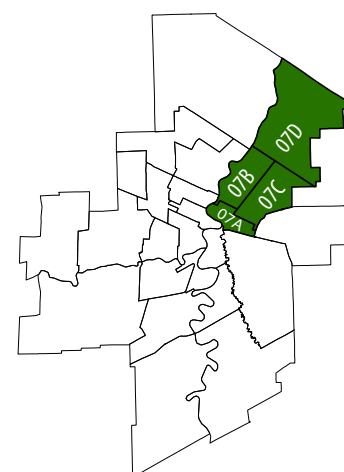
Male, living alone	1,165 (24%)
Female, living alone	3,640 (76%)

LIVING IN PERSONAL CARE HOME 9%

AREA: 77.7 km²
POPULATION (2014): 97,603
POPULATION (2009): 94,268

07A: River East South
07B: River East West
07C: River East East
07D: River East North

Note: Map of River East on page 11



HIGHLIGHTS

- The population of this community is steadily increasing from 94,268 in 2009 to 97,603 in 2014 (4% increase).
- The majority (87%) of residents speak English at home; 9% speak a non-official language at home, and 3% speak both (English and a non-official language).
- The percentage of residents identifying as Aboriginal has increased from 9.5% in 2006 to 11.0% in 2011. Similarly the percentage of visible minority residents has increased from 10.3% to 11.9%. The reported percentage of new immigrants during the period of 2006-2011 was 3.8%.
- The unemployment rate was 4.9% in 2006 and has decreased by 0.1% in 2011.
- Attendees at the **community engagement event** identified the main issues of concern as: **housing affordability (high rents), low wages and working long hours, and difficulty finding a family physician.**
- The percentages of residents who received treatment for diabetes and substance abuse have significantly increased over time.
- The Elmwood area has a high percentage of children "Not Ready for School" in three areas: Physical Health & Well-being, Social Competence, and Communication Skills & General Knowledge.
- The percentage of residents aged 75 years and older and living in a personal care home has decreased significantly over time.
- Almost a quarter (24.9%) of River East 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

River East At-a-Glance

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

				Rates or Percentages										
	Indicator	Time Period	River East Count	River East	River East North	River East East	River East West	River East South	MB	WPG	WPG Worst CA	← WPG →	WPG Best CA	
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	51%	61%	50%	53%	39%	57%	58%	42%	<div><div></div></div>	69%	
	General Mental Health ~~	2005-2010	n/a	37%	27%	33%	42%	39%	40%	38%	33%	<div><div></div></div>	44%	
	Male Life Expectancy ^	2007-2011	n/a	78.7	82.3	78.9	78.8	76.2	77.5	78.3	71.7	<div><div></div></div>	81.8	
	Female Life Expectancy ^	2007-2011	n/a	83.8	87.5	82.0	85.6	83.3	82.2	82.7	77.4	<div><div></div></div>	85.6	
	Child Mortality ****	2005-2009	n/a	15.1					33.3	21.3	55.5	<div><div></div></div>	9.3	
	Premature Mortality **	2007-2011	n/a	2.8	1.5	2.6	2.9	4.1	3.1	2.9	5.4	<div><div></div></div>	1.9	
	Potential Yrs of Life Lost **	2007-2011	n/a	37.7	20.4	30.1	43.4	54.3	51.5	45.8	100.3	<div><div></div></div>	29.7	
	Suicide Death Rate ***	2007-2011	n/a	1.5					1.7	1.5	4.3	<div><div></div></div>	0.8	
	Respiratory Diseases	2011/12	9060	9.2%	6.8%	9.2%	9.0%	11.4%	9.5%	9.9%	13.2%	<div><div></div></div>	8.8%	
	Hypertension Incidence *	2011/12	1177	2.9	2.7	3.0	2.7	3.0	3.1	3.0	3.5	<div><div></div></div>	2.4	
	Hypertension Prevalence	2011/12	19812	24.4%	21.5%	25.1%	24.3%	25.3%	25.6%	24.6%	28.5%	<div><div></div></div>	22.5%	
	Diabetes Incidence *	2009/10-2011/12	1344	0.75	0.53	0.74	0.73	0.94	0.85	0.80	1.25	<div><div></div></div>	0.61	
	Diabetes Prevalence	2009/10-2011/12	7074	8.8%	5.8%	9.2%	8.4%	10.9%	10.0%	9.2%	13.2%	<div><div></div></div>	7.1%	
	Heart Disease Incidence *	2007/08-2011/12	1990	0.67	0.57	0.68	0.66	0.84	0.67	0.66	0.90	<div><div></div></div>	0.50	
	Heart Disease Prevalence	2007/08-2011/12	6410	7.9%	6.7%	8.1%	8.0%	9.4%	7.9%	7.9%	9.6%	<div><div></div></div>	6.8%	
	Stroke Event Rates (40+)**	2007-2011	724	2.9	2.1	3.1	3.0	2.7	2.7	2.6	4.1	<div><div></div></div>	2.1	
	Dementia Prevalence	2007/08-2011/12	2752	10.3%	7.0%	11.5%	10.4%	10.5%	10.6%	10.9%	12.6%	<div><div></div></div>	8.7%	
	Osteoporosis Prevalence	2009/10-2011/12	3453	9.7%	9.3%	9.4%	9.8%	8.6%	10.4%	10.3%	12.3%	<div><div></div></div>	7.8%	
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	21011	22.7%	19.1%	22.5%	22.3%	23.5%	23.3%	24.4%	27.4%	<div><div></div></div>	18.3%	
	Substance Abuse Prev.	2007/08-2011/12	4475	5.1%	3.4%	4.2%	4.8%	6.2%	5.0%	4.9%	9.8%	<div><div></div></div>	2.6%	
	Chlamydia Infections ****	2013	333	342.8						n/a	398.3	<div><div></div></div>	236.8	
	Gonorrhea Infections ****	2013	33	34.9						n/a	77.4	<div><div></div></div>	23.2	
	Families - 3+ Risk Factors¹	2011	n/a	21.3%						23.6%	23.9%	<div><div></div></div>	11.8%	
	Teen Pregnancy (15-19)**	2012/13	106	17.1						18.4	15.5	<div><div></div></div>	5.1	
	Low Birth Weight Infants	2007/08-2011/12	n/a	5.0%	[s]	5.3%	4.5%	6.0%	5.2%	5.8%	7.0%	<div><div></div></div>	5.0%	
Breastfeeding Initiation	2012/13	903	85.5%						82.9%	86.3%	<div><div></div></div>	94.1%		
Children not school-ready²	2010/11	n/a	15.7%						15.0%	14.8%	<div><div></div></div>	8.7%		
BEHAVIOURS	Current Smokers	2007-2012	n/a	20%	[s]	21%	19%	28%	20%	19%	39%	<div><div></div></div>	10%	
	Binge Drinking^^	2007-2012	n/a	24%	23%	30%	21%	17%	24%	23%	38%	<div><div></div></div>	22%	
	Physically Inactive	2007-2012	n/a	49%	35%	55%	44%	46%	45%	43%	59%	<div><div></div></div>	36%	
	Fruit & Veg Consumption^^	2007-2012	n/a	64%	50%	66%	68%	63%	63%	62%	77%	<div><div></div></div>	53%	
	Overweight & Obesity	2007-2012	n/a	59%	[s]	61%	58%	62%	56%	54%	65%	<div><div></div></div>	46%	
HEALTH CARE ACCESS	Childhood Immunization	2007/08	n/a	75.1%					71.5%	72.4%	58.8%	<div><div></div></div>	78.9%	
	Breast Cancer Screening	2010/11-2011/12	6567	53.4%	58.9%	54.4%	54.4%	43.7%	53.4%	51.4%	36.6%	<div><div></div></div>	57.5%	
	Cervical Cancer Screening	2009/10-2011/12	21428	51.8%	60.7%	54.8%	48.1%	51.2%	n/a	53.4%	46.1%	<div><div></div></div>	59.5%	
	Inadequate prenatal care	2007/08-2008/09	n/a	6.1%					12.3%	7.7%	19.1%	<div><div></div></div>	3.8%	
	Looking for a doctor	2007-2012	n/a	55%	[s]	52%	50%	65%	56%	53%	70%	<div><div></div></div>	41%	
	Use of Physicians	2011/12	80016	80.9%	82.1%	81.3%	80.6%	79.6%	79.1%	81.2%	77.8%	<div><div></div></div>	84.1%	
	Hospitalization for ACSC **	2011/12	384	3.7	1.3	3.3	3.9	5.5	6.3	4.1	7.5	<div><div></div></div>	2.3	
	Inpatient Hospitalizations **	2011/12	7308	70.4	50.0	64.1	67.4	79.9	87.9	65.4	92.5	<div><div></div></div>	59.6	
	Benzodiazepine Prescribing	2010/11-2011/12	2983	19.9%	15.6%	18.8%	21.2%	16.4%	20.5%	19.7%	23.0%	<div><div></div></div>	12.6%	

~ Excellent / Very Good ~ High Level

^ in years

* per 100 person yrs.

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

^^ 0-4 times per day

** per 1,000

^^^ once or more per month

*** per 10,000

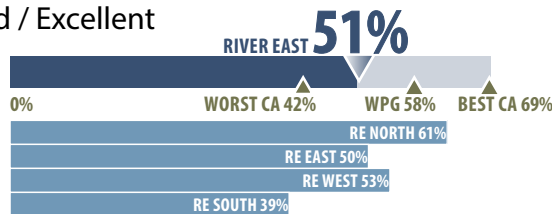
**** per 100,000

How Healthy is the Community?

Self-perceived Health

Self-Perceived Health Very Good / Excellent

2007-2012



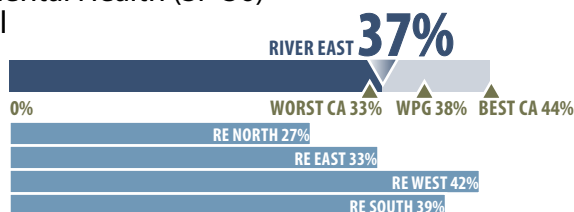
General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

FINDINGS

- Compared to Winnipeg (58%), a lower proportion of River East residents (51%) reported "excellent" or "very good" self-perceived health.
- River East North respondents reported higher proportion of "excellent" or "very good" self-perceived health (61%) when compared to other NCs within River East.
- River East West respondents reported a higher proportion of "high level" of general mental health (42%) when compared to other NCs within River East.

General Mental Health (SF-36) High Level

2005-2010

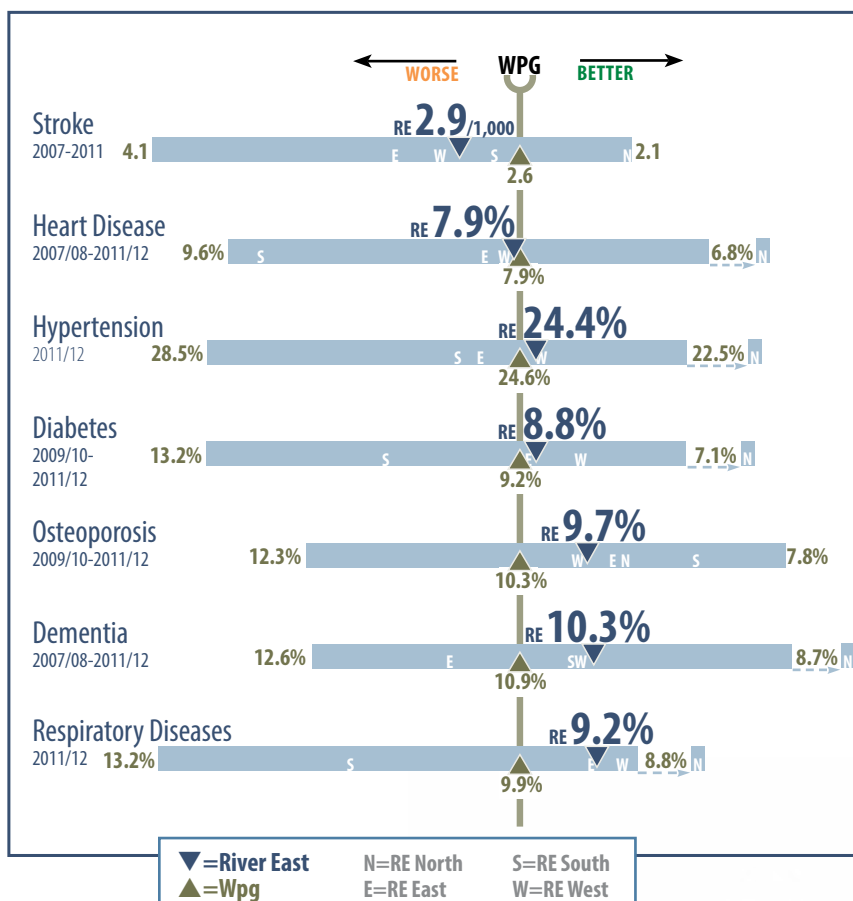


Chronic Disease

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

- Stroke** event rates has remained somewhat the same over time. (2.9 cases per 1,000 residents aged 40+ in 2007-2011).
- The percentages of residents who received treatment for **total respiratory diseases, ischemic heart disease, and osteoporosis** have significantly decreased over time.
- The percentage of residents who received treatment for **hypertension** has remained somewhat the same over time (24.4% in 2011/12)
- The percentage of River East residents who received treatment for **diabetes** significantly increased over time (from 8.1% in 2004/05-2006/07 to 8.8% in 2009/10-2011/12). The increase in diabetes prevalence is likely related to earlier detection, treatment, awareness, and self care of residents with diabetes.
- The percentage of residents aged 55+ who received treatment for **dementia** has decreased slightly over time (from 10.6% in 2002/03-2006/07 to 10.3% in 2007/08-2011/12).

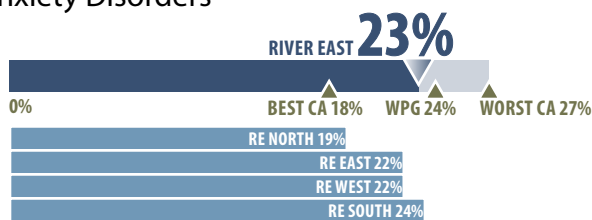




Mental Health & Substance Abuse

Mood & Anxiety Disorders

2007/08-2011/12



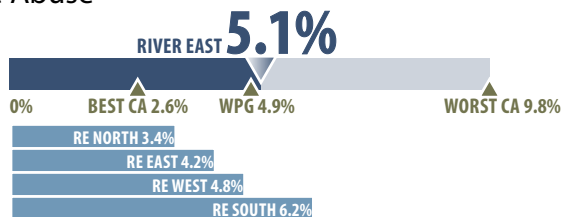
Mental and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary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

FINDINGS

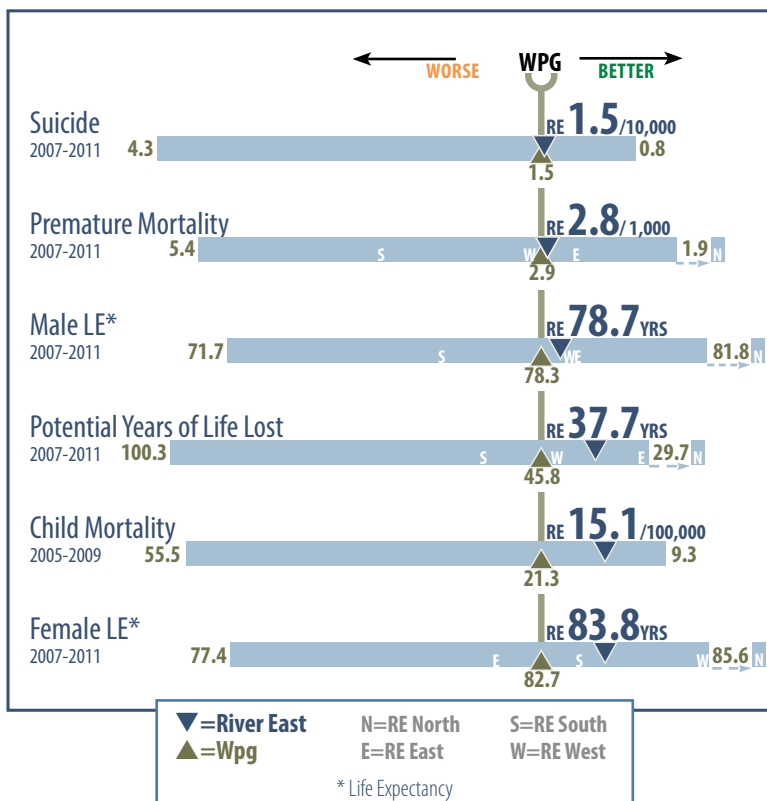
- The percentage of River East residents who received treatment for mood and anxiety disorders has remained somewhat the same over time (23% in 2007/08-2011/12).
- The percentage of residents who received treatment for substance abuse has significantly increased over time (from 4.2% in 2002/03-2006/07 to 5.1% in 2007/08-2011/12).

Substance Abuse

2007/08-2011/12



Life Expectancy & Death

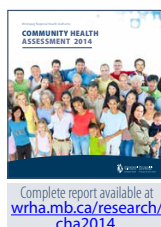


Community health is influenced by **life expectancy and mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless,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

- Suicide** death rate has increased slightly over time (from 1.4 per 1,000 residents aged 10+ in 2002-2006 to 1.5 in 2007-2011).
- Premature mortality (PMR) and child mortality** rates decreased over time in River East.
- Male life expectancy** at birth has remained somewhat the same over time in River East (78.7 years).
- Potential years of life lost (PYLL)** has decreased slightly over time in River East (from 42.1 years per 1,000 residents in 2002-2006 to 37.3 years in 2007-2011).
- Female life expectancy** at birth has significantly increased over time (from 82.3 years to 83.8 years).



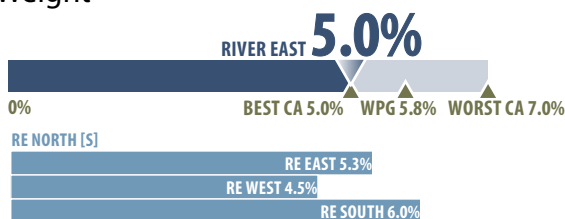
Complete report available at
wrha.mb.ca/research/cha2014



Reproductive & Developmental Health

Low Birth Weight

2007/08-2011/12



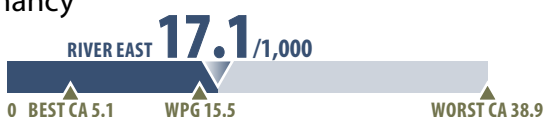
Families with 3 or more risk factors

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 in River East has remained the same over time (5% in 2007/08-2011/12).
- The percentage of mothers with newborns who screened positive for 3 or more risk factors for maternal health and child's development has been somewhat steady over time (22.1% in 2003 and 21.3% in 2011).
- Teen pregnancy rate has increased slightly over time (from 15.3 per 1,000 females aged 15-19 in 2010/11 to 17.1 in 2012/13).

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

FINDINGS

- The percentage of children "not ready for school" in two or more domains of EDI in River East has been stable (15.7%) over the years (2005/06-2010/11). However, for the Social Competence measure the percentage of children who were "not ready for school" (after combining data from all four years) (13%) has been significantly higher than Manitoba's baseline percentage (9%).
- The Elmwood area of River East has a significantly higher percentage of children "not ready for school" in three areas: Physical Health & Well-being, Social Competence, and Communication Skills & General Knowledge measures of EDI.



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 Winnipeg's rate of 398 per 100,000 in 2013, River East's chlamydia infection rate of 343 has been better. Similarly, River East's gonorrhea infection rate of 35 per 100,000 in 2013 has also been better than Winnipeg's at 77.

What Determines Health in the Community?

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

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

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

- Income levels and education significantly impact health and wellbeing in River East. Although lots of jobs are available the wages are low.
- One has to work long hours to support family. This results in limited time with family.
- Access to healthy food is a big concern. Small stores have been closing over the years and it is hard for single moms to get to big stores with kids on bus.
- Busing is also challenging. There is nowhere close by to get bus tickets. One has to take the bus to get tickets.
- Due to lack of English proficiency, new comers have difficulty finding work in the field they are trained.

Early Childhood Development

- River East is a great place to live, work, and play.
- There are many resources here that have been developed for this community specifically. For example, healthy baby groups and public health nurses visits support nutrition.
- Communicating effectively with those who need the resources is a big challenge.

Housing

- Housing affordability, particularly for seniors, is an important issue.
- Many seniors are forced into living in housing above their means, and therefore other areas of life suffer, such as nutrition, transportation and accessing medical, and community programs.

What Determines Health in the Community?

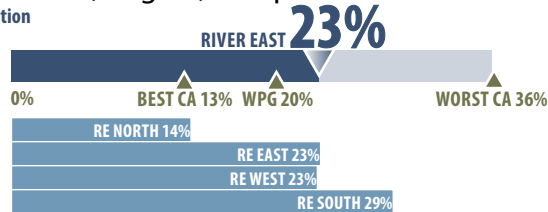
The following sections discuss some of these factors which have been categorized into **socio-economic determinants, health behaviors, and health care access.**



Education & Employment

No certificate, degree, or diploma

15+ Population
2011



Participation in Labour Force

15+ population by labour force status
2011



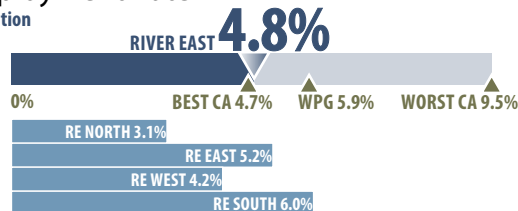
Employment Rate

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 River East with no certificate, diploma or degree has decreased from 27% in 2006 to 23% in 2011.
- The percentage of individuals having a high school certificate or equivalent was 29.7% in 2006 and has increased by 0.8% 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.

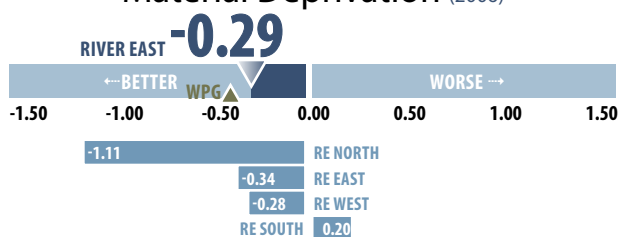
FINDINGS

- The labour force participation and employment rates (64%, 67%) in River East have remained stable over time.
- The unemployment rate was 4.9% in 2006 and has decreased by 0.1% in 2011.

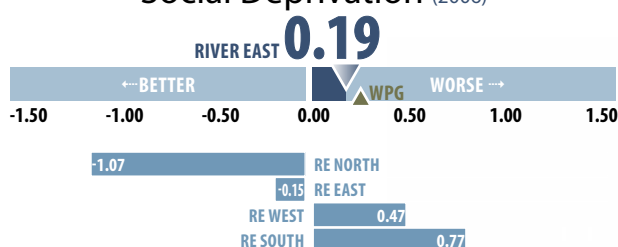


Material and Social Deprivation

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.

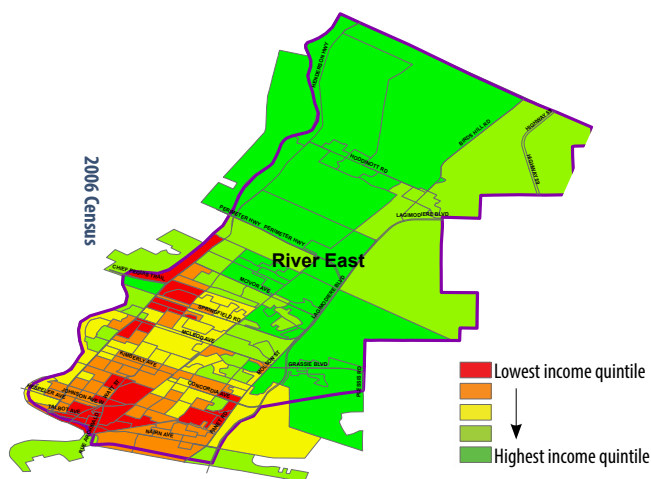
Material deprivation higher than zero means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher proportion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

- River East has a material deprivation score of -0.29 (lower than zero = better) and a social deprivation score of 0.19 (higher than zero = worse). Material deprivation score has been significantly better than Manitoba score (-0.02).



Income & Affordable Housing



	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
2011 NHS RIVER EAST	\$57,156	\$30,414
RIVER EAST SOUTH	\$45,167	\$25,973
RIVER EAST WEST	\$52,335	\$30,241
RIVER EAST EAST	\$66,288	\$30,957
RIVER EAST NORTH	\$114,117	\$43,597

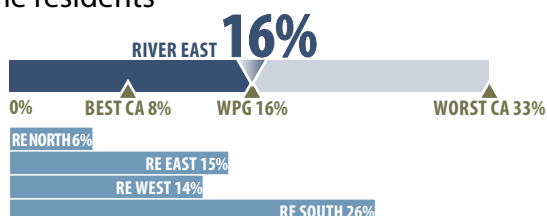
Income plays a major role in determining the health of individuals and families in the community. For example, income influences access to affordable housing, healthy choices, and lowered stress levels for individuals and families. Those who are unemployed or have lower income, experience the poorest 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 River East has increased from \$25,884 in 2005 to \$30,414 in 2010. Similarly, median household income has increased from \$47,236 to \$57,156.
- Average individual income of River East has increased from \$31,129 in 2005 to \$37,658 in 2015. Similarly, average household income has increased from \$58,169 to \$71,673.
- 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.

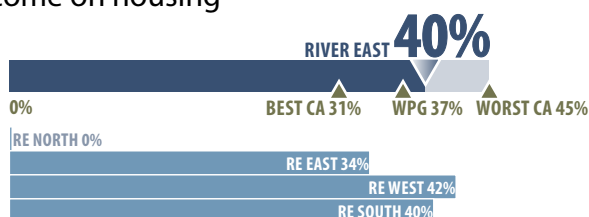
Low income residents

2011



Renting, spending more than 30% of income on housing

2011



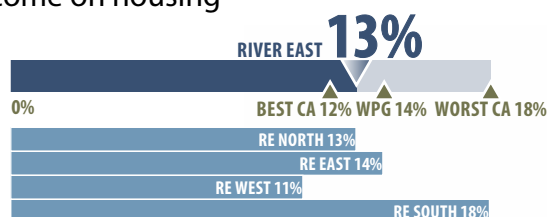
Affordable housing is yet another important factor that influences health. People in households that spend 30% or more of total household income on shelter expenses are considered to be having 'housing affordability' problems. Thus, these people are constrained from making healthier choices and could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

FINDINGS

- The percentage of tenant households spending 30% or more of household total income on shelter costs in River East has increased from 34% in 2006 to 40% in 2011.
- The percentage of owner households spending 30% or more of total household income on shelter costs has increased slightly from 11% in 2006 to 13% in 2011.

Owned, spending more than 30% of income on housing

2011



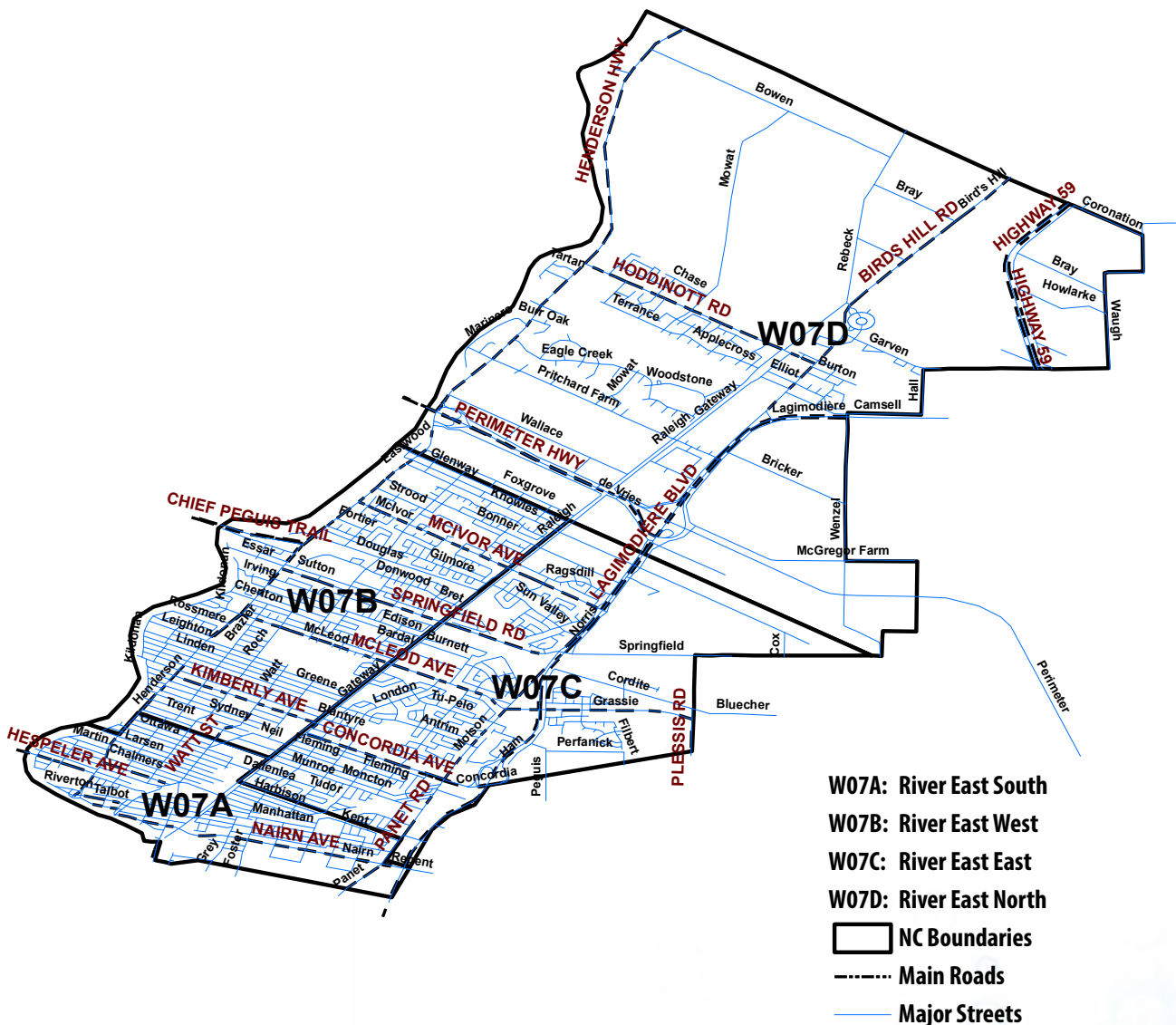
At-a-Glance

Selected indicators from 2011 Census & NHS

RIVER EAST

	Indicator	River East	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	23.1%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	30.5%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	46.4%	47.2%	51.7%	35.6%		61.2%
	Labour participation rate	66.8%	67.3%	68.3%	61.2%		72.0%
	Employment rate	63.6%	63.1%	64.3%	55.4%		68.2%
EMPLOYMENT	Unemployment rate	4.8%	6.2%	5.9%	9.5%		4.7%
	Renting, shelter costs are 30% or more of household income	39.6%	35.4%	37.5%	45.0%		31.2%
HOUSING	Owner, shelter costs are 30% or more of household income	13.3%	13.0%	14.0%	17.7%		11.6%
	Low income in 2010 based on after-tax low-income measure %	15.8%	16.4%	16.4%	33.3%		8.0%
	Median individual income	\$30,414	\$29,029	\$30,455	\$21,801		\$38,440
	Median household income	\$57,156	\$57,299	\$58,503	\$36,298		\$81,462
INCOME							

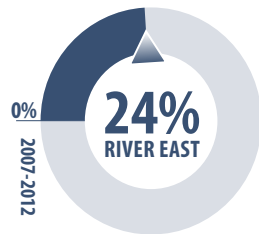
River East CA Map





Health Behaviours

Binge Drinking



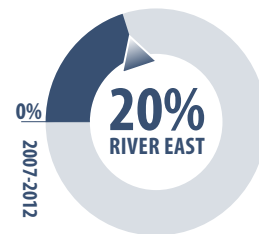
RE NORTH	23%
RE EAST	30%
RE WEST	21%
RE SOUTH	17%
WINNIPEG	23%
WORST CA	38%
BEST CA	22%

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

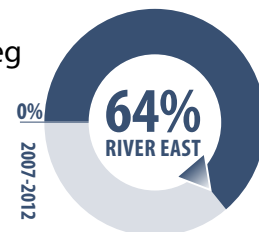
- The percentage of binge drinking residents has increased from 17% in 2001-2005 to 24% in 2007-2012. In 2007-2012, 47% of residents reported that they never drank; 28% identified as having 5 or more drinks on one occasion less than once per month.
- The percentage of current smokers (daily or occasionally) in River East has decreased from 25% in 2001-2005 to 20% in 2007-2012. In 2007-2012, 40% of residents identified as being former smokers; 41% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 22% in 2003-2005 to 13% in 2007-2012. In 2007-2012, 87% of residents identified as not being exposed to second hand smoke.
- The percentage of residents consuming fruits and vegetables "less than 5 times a day" has decreased from 72% in 2001-2005 to 64% in 2007-2012. In 2007-2012, 36% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has increased from 54% in 2001-2005 to 59% in 2007-2012. In 2007-2012, 41% of residents identified as being either underweight or normal.
- During the period 2007-2012, 49% of River East residents reported being physically inactive. The remaining 51% residents identified as being physically active.

Tobacco Use



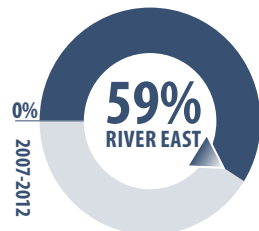
RE NORTH [S]	
RE EAST	21%
RE WEST	19%
RE SOUTH	28%
WINNIPEG	19%
WORST CA	39%
BEST CA	10%

Less Than 5 Daily Servings of Fruit & Veg



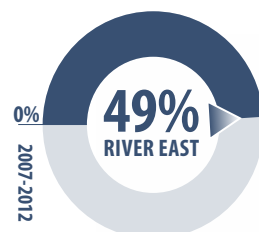
RE NORTH	50%
RE EAST	66%
RE WEST	68%
RE SOUTH	63%
WINNIPEG	62%
WORST CA	77%
BEST CA	53%

Overweight & Obesity



RE NORTH [S]	%
RE EAST	61%
RE WEST	58%
RE SOUTH	62%
WINNIPEG	54%
WORST CA	65%
BEST CA	46%

Physically Inactive



RE NORTH	35%
RE EAST	55%
RE WEST	44%
RE SOUTH	46%
WINNIPEG	43%
WORST CA	59%
BEST CA	36%

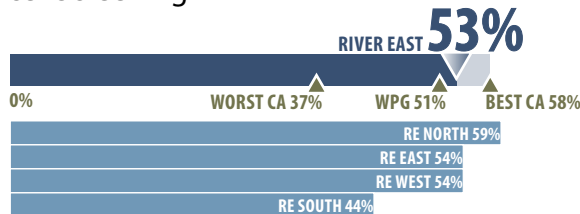


Health Care Access, Immunization & Screening

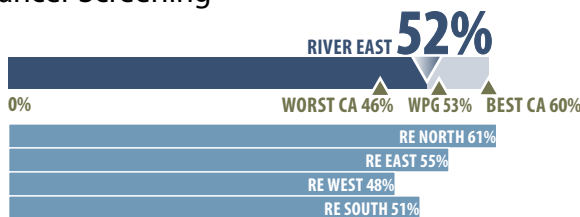
Childhood Immunization Aged 2 years 2007/08



Breast Cancer Screening 2010.12-2011/12



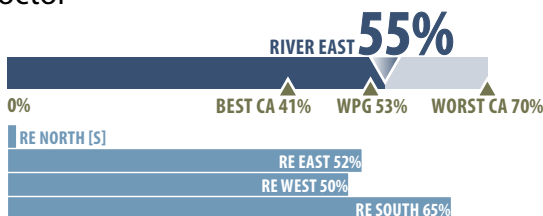
Cervical Cancer Screening 2009/10-2011/12



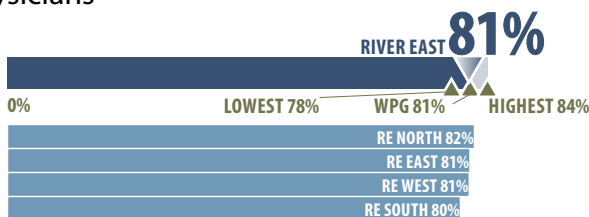
Inadequate Prenatal Care 2007/08-2008/09



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 River East has decreased slightly over time (from 76% in 2002/03 to 75% in 2007/08).
- The percentage of River East residents aged 65 and older receiving a flu shot has significantly decreased over time (from 65% in 2006/07 to 57% in 2011/12).
- During 2010/11-2011/12, 53% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 52% 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) (6.1%) in River East has been lower than Winnipeg's at 7.7%.

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

FINDINGS

- During 2007-2012, 55% of River East residents reported not having a regular medical doctor and were looking for one. This finding is corroborated by the community engagement attendees.
- The percentage of residents who attended at least one ambulatory visit (use of physician) in a given year has somewhat decreased over time (from 83% in 2006/07 to 81% in 2011/12).
- Inpatient hospitalization has decreased over time (from 74 per 1,000 residents in 2006/07 to 70 in 2011/12).
- The percentage of the community-dwelling seniors (aged 75 years and older) using benzodiazepines has remained stable over time (20% 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 10.2% in 2005/06-2006/07 to 8.5% in 2010/11-2011/12).

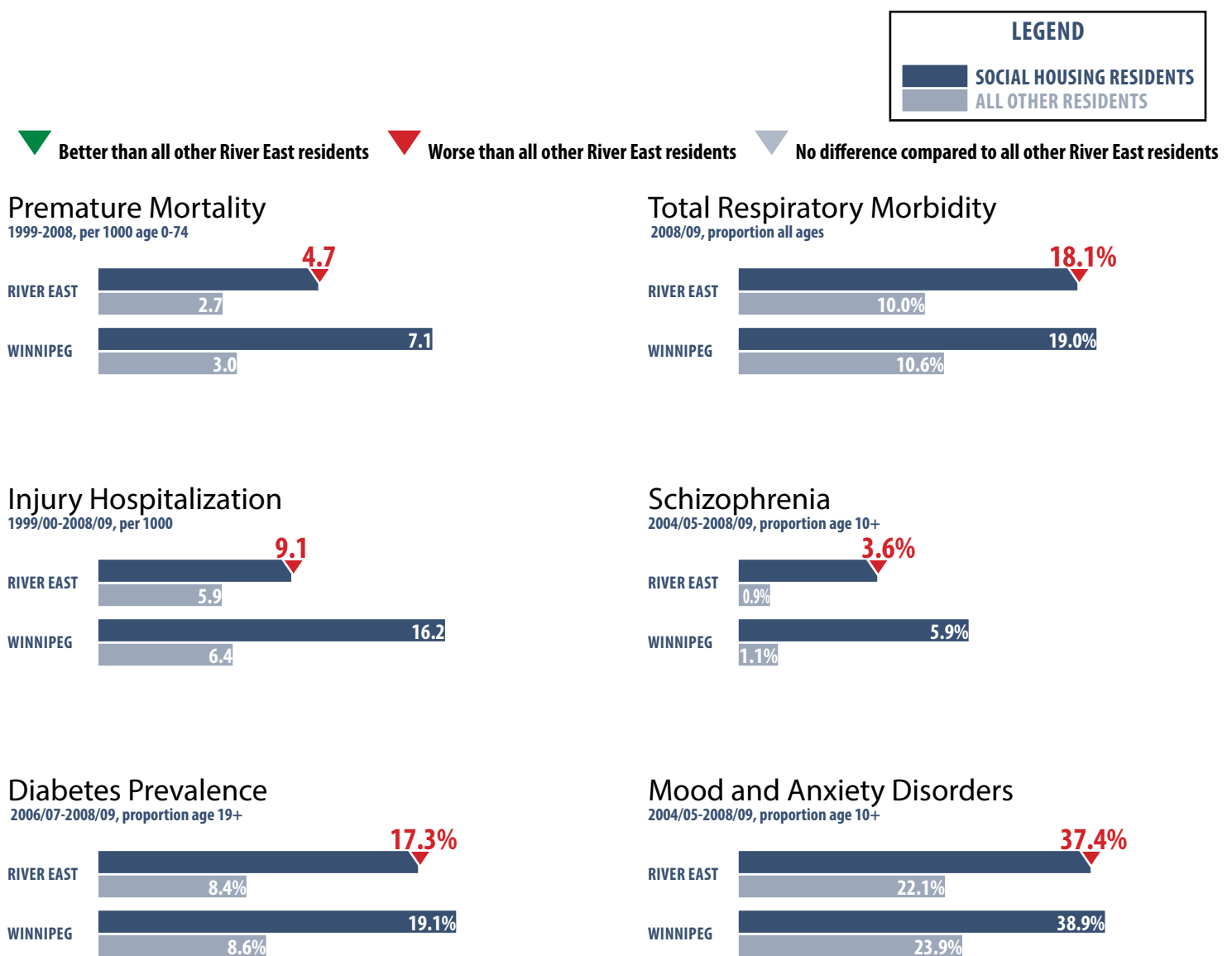
How Healthy Are Residents in Social Housing?

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

Morbidity and Mortality





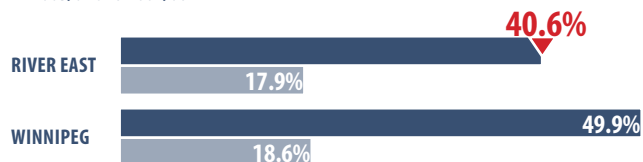
Children & Adolescents

SOCIAL HOUSING RESIDENTS
ALL OTHER RESIDENTS

▼ Better than all other River East residents
 ▼ Worse than all other River East residents
 ▼ No difference compared to all other River East residents

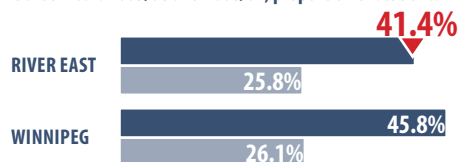
Mothers with 3+ Risk Factors

FY 2003/04 and 2007/08



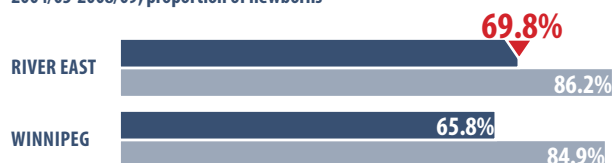
Children Not Ready for School in 1+ Domain

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



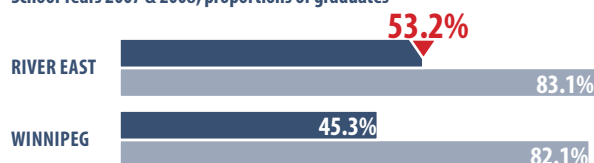
Breastfeeding Initiation

2004/05-2008/09, proportion of newborns



High School Completion

School Years 2007 & 2008, proportions of graduates



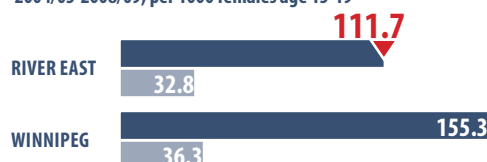
Complete Immunization by Age 2

2007/08-2008/09, proportion of children born 2005/06-2006/07



Teen Pregnancy

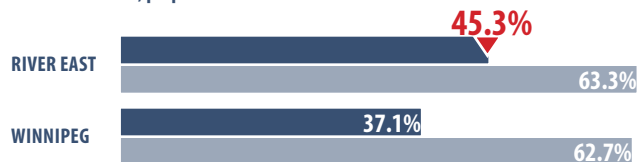
2004/05-2008/09, per 1000 females age 15-19



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