

River Heights

Community Area Profile, 2015

Winnipeg Regional Health Authority (WRHA)

OUR HEALTH
OUR COMMUNITY



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This is a statistical health needs profile of River Heights (2014 pop 57,037) - the name of a Winnipeg Regional Health Authority community area (CA). River Heights is located south of the Assiniboine River, west of Fort Rouge at Cambridge Street, east of Edgeland St. adjacent to Tuxedo, and north of the Canadian National Railways mainline. To the north of Academy Road is Wellington Crescent. The boundaries for this CA can be found on the map (page 11); it is also a CA comprised of two neighborhood clusters (NC). **River Heights West** consists of 12 neighborhoods: Central River Heights, Crescentwood, Earl Grey, Ebby-Wentworth, Grant Park, J.B. Mitchell, Mathers, North River Heights, Rockwood, Sir John Franklin, South River Heights, and Wellington Crescent. **River Heights East** is comprised of just five neighborhoods: Lord Roberts, McMillan, River-Osborne, Riverview, and Roslyn. Median household income for River Heights West (\$64,574) was

higher than that for River Heights East (\$47,210) in 2010. Fourteen (14%) of residents are in low income status.

The community network partners of River Heights describe their community as vibrant and point to the many opportunities to socialize, often in ways that are either low cost or free. The community network partners also feels that sufficient income is an important contributor to health outcomes in River Heights. The service providers are acutely aware that it still houses many low-income families with critical issues: food insecurity, mental health and addictions. River Heights agencies work collaboratively to identify, anticipate, and remedy the gaps in health care services in the community.

7.9%	7.9%	9.6%
2.7	2.6	4.1



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

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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 River Heights 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 Heights 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

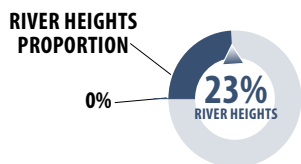
There are a variety of chart styles used in this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

Findings

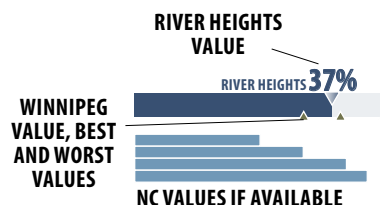
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014).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

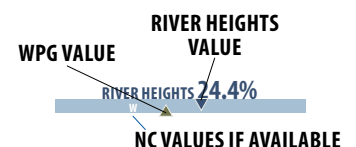
DIAL CHART



BAR CHART



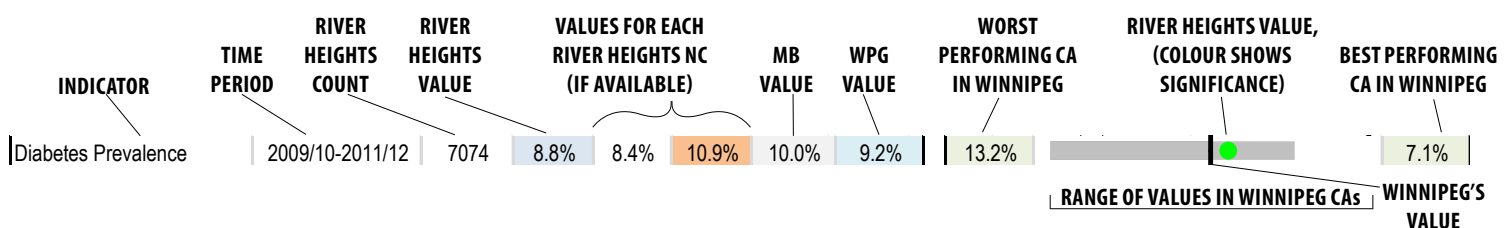
SPINE CHART



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 Heights (12) Community Profile

OUR HEALTH
OUR COMMUNITY

The River Heights community area (CA) is comprised of four neighborhood clusters (NCs): **River Heights West** (12A) and **River Heights East** (12B).

SOCIO-DEMOGRAPHIC CHARACTERISTICS

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

AGE & GENDER

	FEMALES	MALES
0-9 years	2,429 (8%)	2,583 (9%)
10-19 years	2,452 (8%)	2,638 (10%)
20-39 years	9,583 (32%)	9,133 (33%)
40-64 years	9,811 (33%)	9,172 (34%)
65-74 years	2,689 (9%)	2,183 (8%)
75+ years	2,783 (9%)	1,581 (6%)

ETHNICITY

Aboriginal	4,570 (8%)
Recent Immigrants (2006-2011)	1,950 (3%)
Visible Minorities	5,835 (10%)

EDUCATION

No certificate/diploma/degree (15+ population)	14%
High school diploma or equivalent (15+ population)	25%
Postsecondary certificate, diploma or degree (15+ pop.)	61%

EMPLOYMENT

Participation rate (in labour force/15+ population)	72%
Employment rate (employed/15+ population)	68%
Unemployment rate (unemployed, in labour force)	5.2%

INCOME

Income under \$19,999	13,865 (29%)
\$20,000-\$59,999	22,835 (49%)
\$60,000-\$99,999	7,430 (16%)
\$100,000-\$124,999	1,335 (3%)
\$125,000+	1,575 (3%)

LONE-PARENT FAMILIES

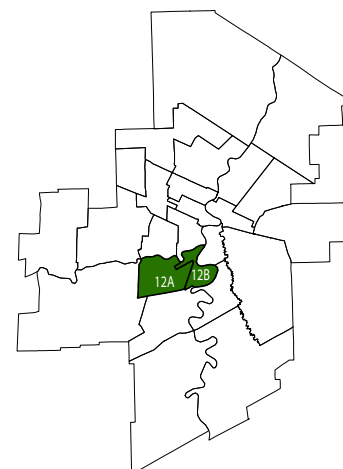
Female-led parent	2,105 (80%)
Male-led parent	525 (20%)

65+

Male, living alone	815 (25%)
Female, living alone	2,500 (53%)

LIVING IN PERSONAL CARE HOME 12%

AREA: 18.1 km²
POPULATION (2014): 57,037
POPULATION (2009): 55,751
12A: River Heights West
12B: River Heights East



Note: Map of River Heights on page 11

HIGHLIGHTS

- The population of this community is steadily increasing from 55,751 in June 2009 to 57,037 in 2014 (2% increase).
- The majority (91%) of residents speak English at home; 6% speak a non-official language at home, 2% speak both (English and a non-official language) and 1% speak French.
- The percentage of residents identifying as Aboriginal was 6.6% in 2006 and it has increased by 1.6% in 2011. The percentage of visible minority residents has increased from 9.3% to 10.4%. The reported percentage of new immigrants during the period of 2006 -2011 was 3.5%.
- The unemployment rate has increased from 4.5% in 2006 to 5.2% in 2011.
- Attendees at the **community engagement** event identified the main issues of concern as income, housing, social belonging, and mental health.
- Attendees identified the following community strengths: active and public transportation, proximity of amenities, public green spaces, and a variety of affordable social activities and programs. They also pointed out that there is great diversity among residents.
- The percentages of residents who received treatment for total respiratory diseases, ischemic heart disease, and osteoporosis have significantly decreased over time, whereas the percentage of residents who received treatment for diabetes has significantly increased over time.
- Premature mortality rate and potential years of life lost have significantly decreased over time.
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time.
- 20.2% of River Heights 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 Heights At-a-Glance

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

	Indicator	Time Period	River Heights Count	Rates or Percentages				WPG	WPG Worst CA	WPG Best CA
				River Heights	River Heights West	River Heights East	MB			
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	60%	65%	54%	57%	58%	42%	69%
	General Mental Health ~~	2005-2010	n/a	33%	34%	31%	40%	38%	33%	44%
	Male Life Expectancy ^	2007-2011	n/a	79.3	80.6	77.3	77.5	78.3	71.7	81.8
	Female Life Expectancy ^	2007-2011	n/a	84.5	85.5	83.8	82.2	82.7	77.4	85.6
	Child Mortality ****	2005-2009	n/a	[s]			33.3	21.3	55.5	9.3
	Premature Mortality **	2007-2011	n/a	2.6	2.1	3.3	3.1	2.9	5.4	1.9
	Potential Yrs of Life Lost **	2007-2011	n/a	29.7	26.0	36.1	51.5	45.8	100.3	29.7
	Suicide Death Rate ***	2007-2011	n/a	1.4			1.7	1.5	4.3	0.8
	Respiratory Diseases	2011/12	5460	9.5%	9.6%	9.3%	9.5%	9.9%	13.2%	8.8%
	Hypertension Incidence *	2011/12	604	2.4	2.4	2.5	3.1	3.0	3.5	2.4
	Hypertension Prevalence	2011/12	10958	22.5%	22.6%	22.4%	25.6%	24.6%	28.5%	22.5%
	Diabetes Incidence *	2009/10-2011/12	693	0.66	0.63	0.69	0.85	0.80	1.25	0.61
	Diabetes Prevalence	2009/10-2011/12	3626	7.5%	7.3%	8.0%	10.0%	9.2%	13.2%	7.1%
	Heart Disease Incidence *	2007/08-2011/12	1126	0.64	0.67	0.62	0.67	0.66	0.90	0.50
	Heart Disease Prevalence	2007/08-2011/12	3848	7.7%	8.0%	7.6%	7.9%	7.9%	9.6%	6.8%
	Stroke Event Rates (40+)**	2007-2011	388	2.3	2.3	2.4	2.7	2.6	4.1	2.1
	Dementia Prevalence	2007/08-2011/12	2166	11.5%	11.8%	10.8%	10.6%	10.9%	12.6%	8.7%
	Osteoporosis Prevalence	2009/10-2011/12	2760	12.3%	11.9%	12.5%	10.4%	10.3%	12.3%	7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	14517	26.4%	26.3%	25.8%	23.3%	24.4%	27.4%	18.3%
	Substance Abuse Prev.	2007/08-2011/12	2322	4.4%	3.5%	5.2%	5.0%	4.9%	9.8%	2.6%
	Chlamydia Infections ****	2013	183	318.4			n/a	398.3	971.9	236.8
	Gonorrhea Infections ****	2013	30	55.0			n/a	77.4	278.7	23.2
	Families - 3+ Risk Factors ¹	2011	n/a	16.5%			23.6%	23.9%	51.8%	11.8%
	Teen Pregnancy (15-19)**	2012/13	47	16.8			18.4	15.5	38.9	5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	5.5%	5.6%	5.3%	5.2%	5.8%	7.0%	5.0%
	Breastfeeding Initiation	2012/13	542	94.1%			82.9%	86.3%	73.1%	94.1%
	Children not school-ready ²	2010/11	n/a	10.7%			15.0%	14.8%	24.3%	8.7%
BEHAVIOURS	Current Smokers	2007-2012	n/a	23%	16%	31%	20%	19%	39%	10%
	Binge Drinking ^{^^}	2007-2012	n/a	22%	27%	17%	24%	23%	38%	22%
	Physically Inactive	2007-2012	n/a	36%	32%	40%	45%	43%	59%	36%
	Fruit & Veg Consumption ^{^^}	2007-2012	n/a	56%	54%	58%	63%	62%	77%	53%
HEALTH CARE ACCESS	Overweight & Obesity	2007-2012	n/a	53%	52%	54%	56%	54%	65%	46%
	Childhood Immunization	2007/08	n/a	72.5%			71.5%	72.4%	58.8%	78.9%
	Breast Cancer Screening	2010/11-2011/12	3857	53.1%	55.2%	49.3%	53.4%	51.4%	36.6%	57.5%
	Cervical Cancer Screening	2009/10-2011/12	14626	56.6%	56.8%	56.1%	n/a	53.4%	46.1%	59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	4.6%			12.3%	7.7%	19.1%	3.8%
	Looking for a doctor	2007-2012	n/a	51%	60%	38%	56%	53%	70%	41%
	Use of Physicians	2011/12	47204	82.4%	82.5%	81.6%	79.1%	81.2%	77.8%	84.1%
	Hospitalization for ACSC **	2011/12	189	3.2	2.5	4.2	6.3	4.1	7.5	2.3
	Inpatient Hospitalizations **	2011/12	4186	64.5	59.0	63.3	87.9	65.4	92.5	59.6
	Benzodiazepine Prescribing	2010/11-2011/12	1951	20.7%	19.8%	22.4%	20.5%	19.7%	23.0%	12.6%

~ Excellent / Very Good

~~ High Level

^ in years

^^ 0-4 times per day

* per 100 person yrs.

** per 1,000

^^^ once or more per month

*** per 10,000

**** per 100,000

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

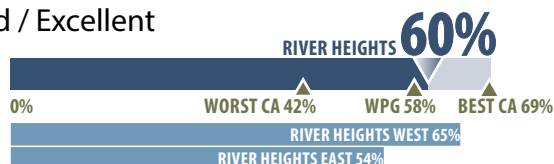
How Healthy is the Community?



Self-perceived Health

Self-Perceived Health Very Good / Excellent

2007-2012



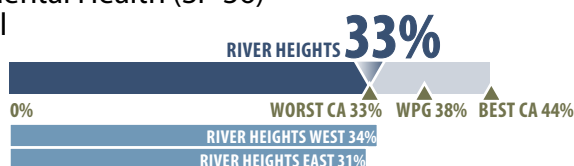
General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

FINDINGS

- Compared to Winnipeg (58%), a similar proportion of River Heights residents (60%) reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a lower proportion of River Heights residents (33%) reported "high level" of general mental health.
- Compared River Heights East (54%), a much higher proportion of River Heights West residents (65%) reported "excellent" or "very good" self-perceived health.

General Mental Health (SF-36) High Level

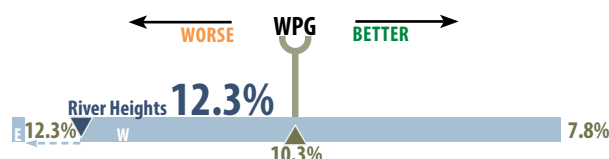
2005-2010



Chronic Disease

Osteoporosis

2009/10-2011/12



Dementia

2007/08-2011/12



Heart Disease

2007/08-2011/12



Respiratory Diseases

2011/12



Stroke

2007-2011



Diabetes

2009/10-2011/12



Hypertension

2011/12



▼ = River Heights W = River Heights West
▲ = Wpg E = River Heights East

Chronic disease is a growing and global problem. It not only burdens individuals suffering from them but also burdens families, communities, and the health care system.

FINDINGS

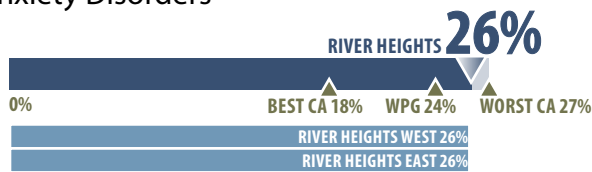
- The percentage of River Heights residents aged 55+ treated for **dementia** has increased slightly over time (from 11.1% in 2002/03-2006/07 to 11.5% in 2007/08-2011/12).
- The percentages of River Heights residents who received treatment for **total respiratory diseases**, **ischemic heart disease**, and **osteoporosis** have significantly decreased over time.
- Stroke** event rate has decreased slightly over time (from 2.5 cases per 1,000 residents aged 40+ in 2002-2006 to 2.3 in 2007-2011).
- The percentage of River Heights residents who received treatment for **diabetes** has significantly increased over time (from 7.0% in 2004/05-2006/07 to 7.5% 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 River Heights residents who received treatment for **hypertension** has decreased slightly over time (from 22.7% in 2006/07 to 22.5% in 2011/12).



Mental Health & Substance Abuse

Mood & Anxiety Disorders

2007/08-2011/12



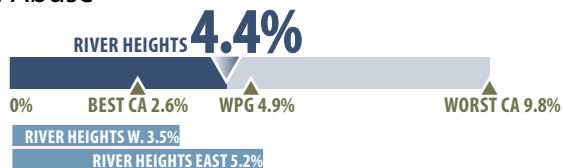
Mental and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary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

FINDINGS

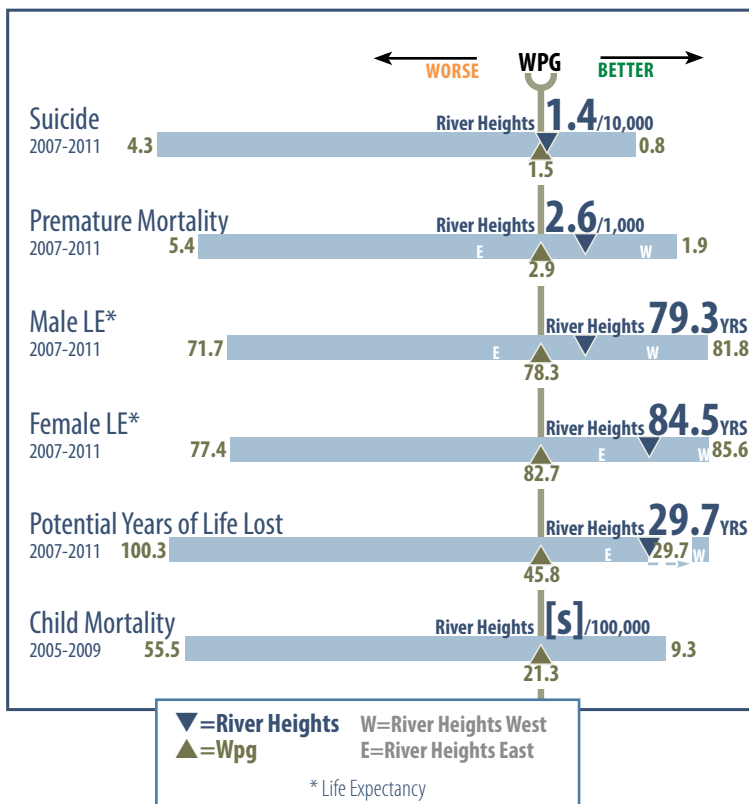
- The percentages of River Heights residents who received treatment for mood and anxiety disorders and substance abuse have remained somewhat the same over time.

Substance Abuse

2007/08-2011/12



Life Expectancy & Death

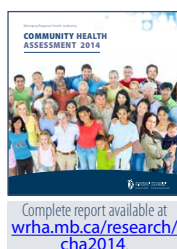


Community health is influenced by **life expectancy and mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless, 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 in River Heights has increased slightly over time (from 1.3 per 1,000 residents aged 10+ in 2002-2006 to 1.4 in 2007-2011).
- Premature mortality** rate (PMR) has significantly decreased over time (from 3.1 per 1,000 residents in 2002-2006 to 2.6 in 2007-2011).
- Male life expectancy** at birth has significantly increased over time (from 77.7 years in 2002-2006 to 79.3 years in 2007-2011).
- Female life expectancy** has also significantly increased over time (from 82.7 years in 2002-2006 to 84.5 years in 2007-2011).
- Potential years of life lost (PYLL)** in River Heights has significantly decreased over time (from 44.7 years per 1,000 residents in 2002-2006 to 29.7 years in 2007-2011).
- Child mortality** rate has decreased over time (from 19.8 per 100,000 children aged 1-19 in 2000-2004 to 'suppressed' in 2005-2009).





Reproductive & Developmental Health

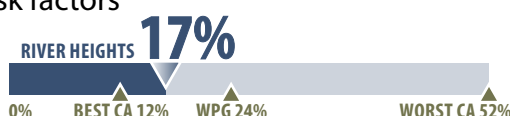
Low Birth Weight

2007/08-2011/12



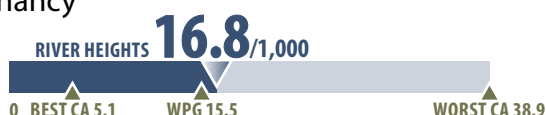
Families with 3 or more risk factors

2011



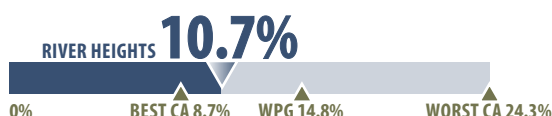
Teen Pregnancy

2012/13



Children Not Ready for School

2010/11



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

FINDINGS

- The percentage of low birth-weight infants has increased slightly over time in River Heights (from 5.1 per 100 live infants per year in 2002/03-2006/07 to 5.5% 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 increased over time in River Heights (from 12.6% in 2003 to 16.5% in 2011).
- Teen pregnancy rate has increased over time (from 11.0 per 1,000 females aged 15-19 in 2010/11 to 16.8 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 decreased (from 16% to 10.7%) over the years (2005/06-2010/11) in River Heights. Further, for two measures (Language & Thinking Skills [9%] and Communication Skills & General Knowledge [7%]) the percentages of children who were "not ready for school" (after combining data from all four years) have been significantly lower than the Manitoba's baseline percentages (12%; 11%).



Sexually Transmitted Infections (STIs)

Chlamydia

2013



Gonorrhea

2013



STIs have serious outcomes. Several STIs may not show early symptoms. As a result, there are greater risks of passing the infection to others. However, STIs can be treated and individuals can be cured.

FINDINGS

- Compared to Winnipeg's rate of 398.3 per 100,000 in 2013, River Heights' chlamydia infection rate of 318 has been somewhat better, whereas River Heights' gonorrhea infection rate of 55 per 100,000 in 2013 has been somewhat similar to Winnipeg's at 77.

What Determines Health in the Community?

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

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

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

- While there are amenities and community programming in the area, some residents struggle to access them. Poverty and transportation affect health and wellbeing.
- Income level can affect many things – eating poorly, stress and mental health, transportation options, and the ability to access community programs.
- In River Heights there community gardens but several residents experience food insecurity and face illness.

Mental Health

- Mental health is an important health issue in River Heights.
- Because of low income residents suffer from stress, anxiety and addictions.
- There is also stigma attached to mental health issues and makes it hard for people to seek treatment.

Social Belonging

- This is a vibrant community and lots of opportunities to socialize as people look out for each other and several programs are either low cost or free.
- However, growing digital culture is prohibiting people from socializing and leading to some having a sedentary lifestyle.
- Poverty is also prohibiting people from enjoying socialization outdoors because they do not have enough money to buy proper warm clothes for long winter.
- Some residents do not feel safe in social housing.

What Determines Health in the Community?

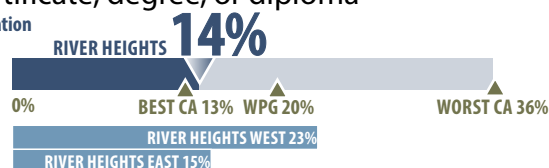
The following sections discuss some of these factors which have been categorized into **socio-economic determinants, health behaviors, and health care access.**



Education & Employment

No certificate, degree, or diploma

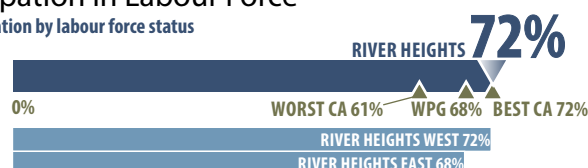
15+ Population
2011



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

Participation in Labour Force

15+ population by labour force status
2011

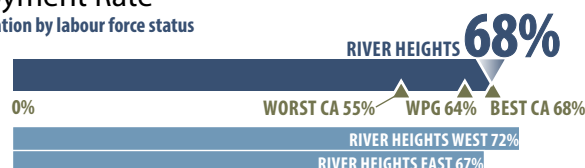


FINDINGS

- The percentage of individuals in River Heights with no certificate, diploma or degree has decreased from 15.8% in 2006 to 13.8% in 2011.
- The percentage of individuals having a high school certificate or equivalent was 24.7% in 2006 and has increased by 0.3% in 2011.

Employment Rate

15+ population by labour force status
2011



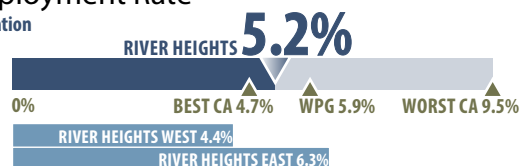
Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

- The labor force participation rate in River Heights has increased from 70.4% in 2006 to 72.0% in 2011.
- The employment rate has increased from 67.2% in 2006 to 68.2% in 2011.
- The unemployment rate has increased from 4.5% in 2006 to 5.2% in 2011.

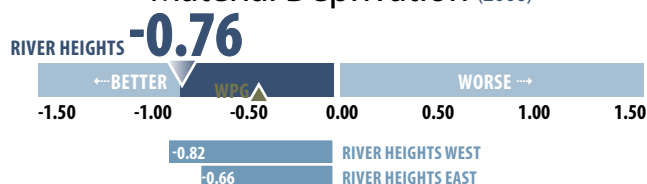
Unemployment Rate

15+ Population
2011



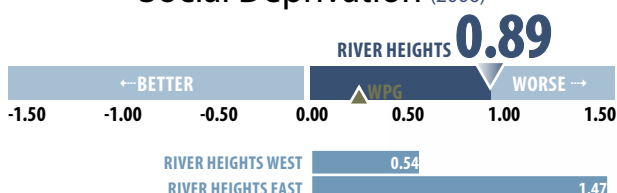
Material and Social Deprivation

Material Deprivation (2006)



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

Social Deprivation (2006)

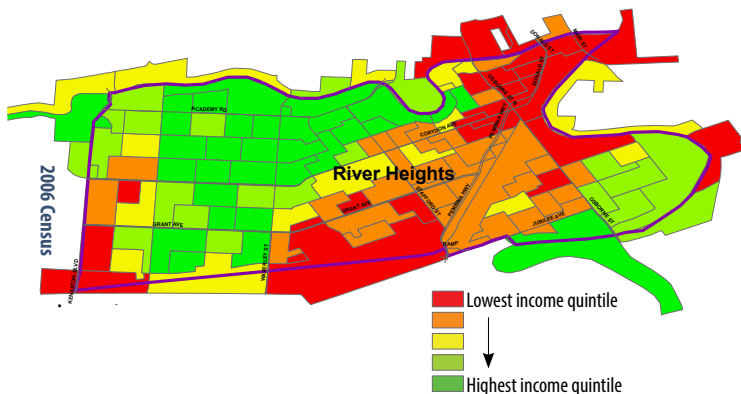


Material deprivation higher than zero means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher proportion of individuals who are separated, divorced, or widowed, living alone and a higher proportion of the population that has moved at least once in the past five years.

FINDINGS

- River Heights has a material deprivation score of -0.76 (lower than zero = better) and social deprivation score of 0.89 (higher than zero = worse). Material deprivation score has been significantly better than Manitoba score (-0.02), whereas social deprivation score has been significantly worse than Manitoba score (0.02).

Income & Affordable Housing



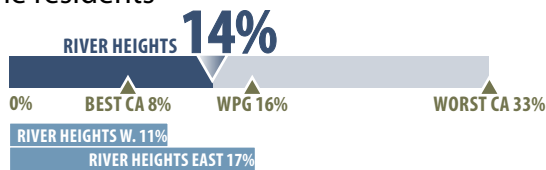
	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
2011 NHS RIVER HEIGHTS	\$55,372	\$33,743
RIVER HEIGHTS WEST	\$64,574	\$35,708
RIVER HEIGHTS EAST	\$47,210	\$31,293

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.

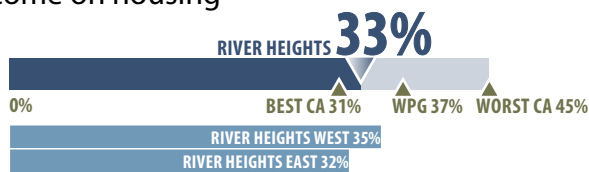
FINDINGS

- Median individual income of River Heights has increased from \$28,402 in 2005 to \$33,743 in 2010. Similarly, median household income has increased from \$47,646 to \$55,372.
- Average individual income of River Heights has increased from \$38,329 in 2005 to \$43,814 in 2010. Similarly, average household income has increased from \$64,137 to \$73,973.
- 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 Heights has decreased from 35.4% in 2006 to 33.3% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 12.4% in 2006 to 16.0% in 2011.

Owned, spending more than 30% of income on housing 2011



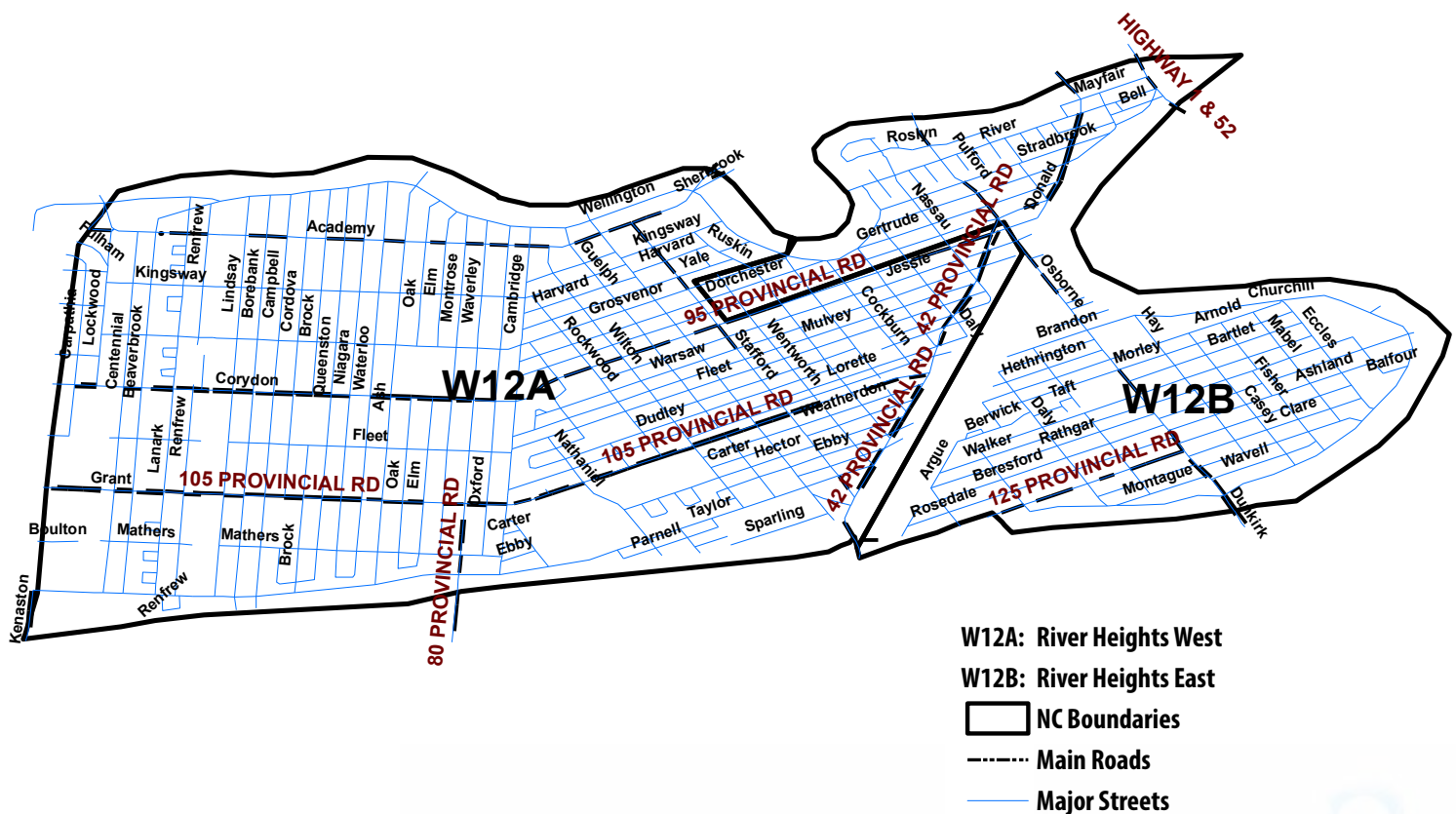
At-a-Glance

Selected indicators from 2011 Census & NHS

RIVER HEIGHTS

	Indicator	River Heights	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	13.8%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	25.0%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	61.2%	47.2%	51.7%	35.6%		61.2%
	Labour participation rate	72.0%	67.3%	68.3%	61.2%		72.0%
	Employment rate	68.2%	63.1%	64.3%	55.4%		68.2%
EMPLOYMENT	Unemployment rate	5.2%	6.2%	5.9%	9.5%		4.7%
	Renting, shelter costs are 30% or more of household income	33.3%	35.4%	37.5%	45.0%		31.2%
HOUSING	Owner, shelter costs are 30% or more of household income	16.0%	13.0%	14.0%	17.7%		11.6%
	Low income in 2010 based on after-tax low-income measure %	13.6%	16.4%	16.4%	33.3%		8.0%
INCOME	Median individual income	\$33,743	\$29,029	\$30,455	\$21,801		\$38,440
	Median household income	\$55,372	\$57,299	\$58,503	\$36,298		\$81,462

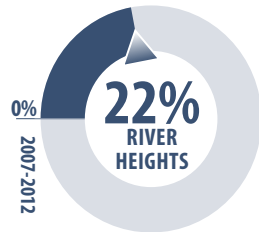
River Heights CA Map





Health Behaviours

Binge Drinking



RIVER HEIGHTS WEST 27%
RIVER HEIGHTS EAST 17%

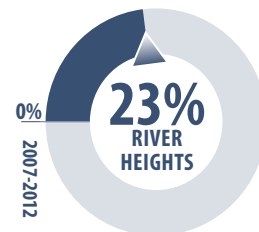
WINNIPEG 23%
WORST CA 38%
BEST CA 22%

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 22% in 2007-2012. In 2007-2012, 46% of residents reported that they never drank; 32% 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 slightly from 21% in 2001-2005 to 23% in 2007-2012. In 2007-2012, 44% of residents identified as being former smokers; 33% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 15% in 2003-2005 to 12% in 2007-2012. In 2007-2012, 88% of residents identified as not being exposed to second hand smoke.
- The percentage of residents consuming fruits and vegetables less than 5 times a day has decreased from 63% in 2001-2005 to 56% in 2007-2012. In 2007-2012, 44% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has increased from 44% in 2001-2005 to 53% in 2007-2012. In 2007-2012, 47% of residents identified as being either underweight or normal.
- During the period 2007-2012, 36% of residents reported being physically inactive. The remaining 64% residents identified as being physically active.

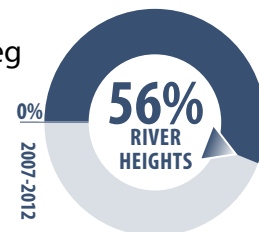
Tobacco Use



RIVER HEIGHTS WEST 16%
RIVER HEIGHTS EAST 31%

WINNIPEG 19%
WORST CA 39%
BEST CA 10%

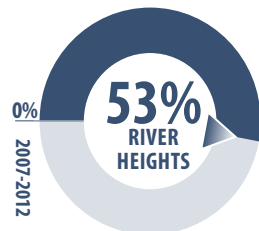
Less Than 5 Daily Servings of Fruit & Veg



RIVER HEIGHTS WEST 54%
RIVER HEIGHTS EAST 58%

WINNIPEG 62%
WORST CA 77%
BEST CA 53%

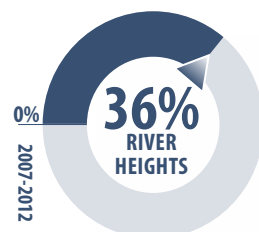
Overweight & Obesity



RIVER HEIGHTS WEST 52%
RIVER HEIGHTS EAST 54%

WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive



RIVER HEIGHTS WEST 32%
RIVER HEIGHTS EAST 40%

WINNIPEG 43%
WORST CA 59%
BEST CA 36%

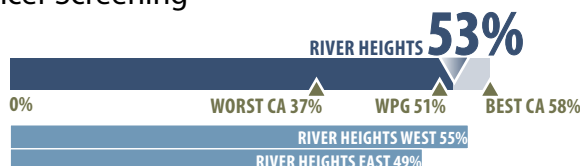


Health Care Access, Immunization & Screening

Childhood Immunization Aged 2 years 2007/08



Breast Cancer Screening 2010/11-2011/12



Cervical Cancer Screening 2009/10-2011/12



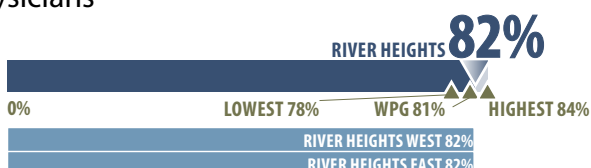
Inadequate Prenatal Care 2007/08-2008/09



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 River Heights has decreased over time (from 76.5% in 2002/03 to 72.5% in 2007/08).
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time (from 64% in 2006/07 to 59% 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, 57% of women aged 15 and older had a cervical screening (Pap test) for cancer.
- In 2007/08-2008/09, the proportion of women with inadequate prenatal care (PNC) (4.6%) in River Heights 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, 51% of River Heights 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 83.7% in 2006/07 to 82.4% in 2011/12).
- Inpatient hospitalization has decreased over time (from 68.0 per 1,000 residents in 2006/07 to 64.5 in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has increased slightly over time (from 11.1% in 2005/06-2006/07 to 11.7% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has increased slightly over time (from 20.5% in 2005/06-2006/07 to 20.7% 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 Heights and their impact on the health and wellbeing of residents in poverty.

Morbidity and Mortality

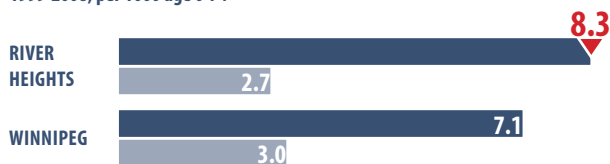
LEGEND

SOCIAL HOUSING RESIDENTS
 ALL OTHER RESIDENTS

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

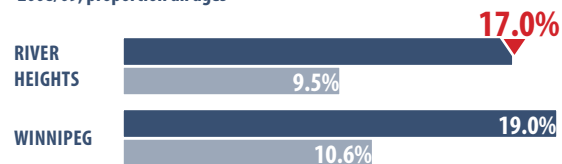
Premature Mortality

1999-2008, per 1000 age 0-74



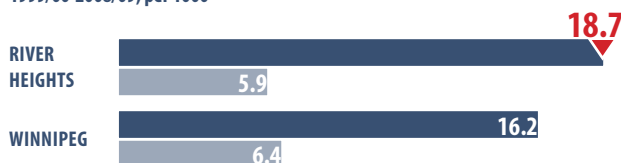
Total Respiratory Morbidity

2008/09, proportion all ages



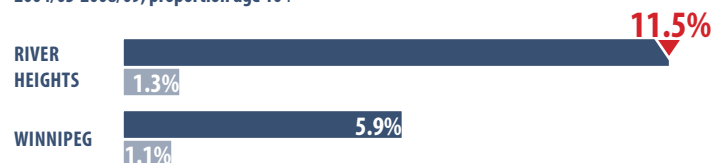
Injury Hospitalization

1999/00-2008/09, per 1000



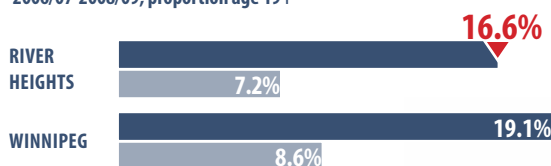
Schizophrenia

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



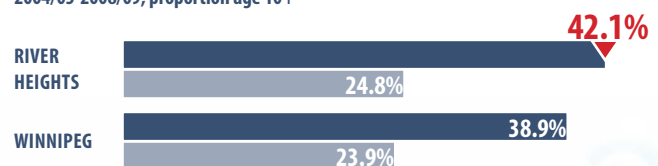
Diabetes Prevalence

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



Mood and Anxiety Disorders

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





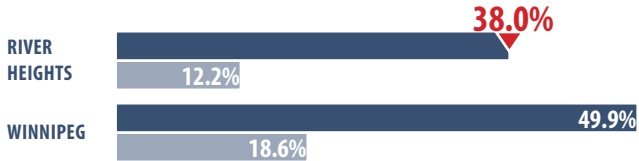
Children & Adolescents



Better than all other River Heights residents
 Worse than all other River Heights residents
 No difference compared to all other River Heights residents

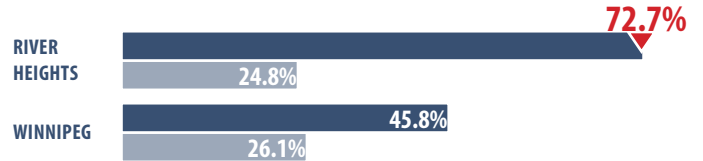
Mothers with 3+ Risk Factors

FY 2003/04 and 2007/08



Children Not Ready for School in 1+ Domain

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



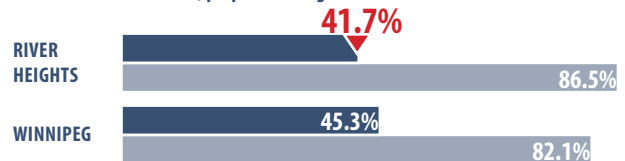
Breastfeeding Initiation

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

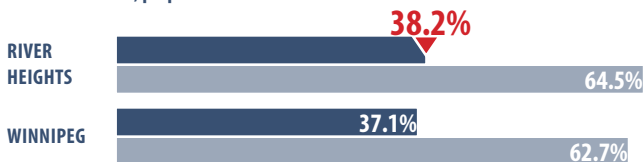
2004/05-2008/09, per 1000 females age 15-19



Screening & Healthcare Utilization

Breast Cancer Screening

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



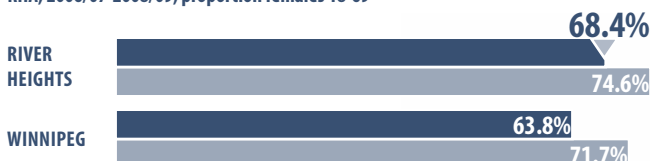
Complete Physicals

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