

Seven Oaks

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 Seven Oaks (2014 pop 75,553)--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 three neighborhood clusters (NC). **Seven Oaks East** contains 11 neighborhoods: Garden City, Jefferson, Kildonan Park, Leila North, Leila-McPhillips Triangle, Margaret Park, Riverbend, Rivergrove, Seven Oaks, Templeton-Sinclair, and West Kildonan Industrial. **Seven Oaks West** includes just four neighborhoods: Amber Trails, Mandalay West, Rosser-Old Kildonan, and The Maples. Seven Oaks North is equivalent to the rural municipality of West St. Paul. Median household income in Seven Oaks North (\$98,645) is dramatically higher than in Seven Oaks East (\$58,012) in 2010.

Residents of Seven Oaks describe their community as being highly culturally diverse. This community is home for many newcomers, and the rate of immigration is felt to be on the rise. Seven Oaks has a variety of programs targeted to newcomers, and many services are offered in a variety of languages. Despite these

efforts, residents report that challenges remain: "adjusting to a new life in a new world seems to have a significant effect on the health of immigrants". Ensuring that health services are accessible to newcomers has been a priority for those working in the community, and stakeholders point to language and cultural barriers as continuing to have significant and multiple impacts on the health of residents.

There are considerable differences in income levels within the community area, with a much higher level of low-income earners in Seven Oaks West (17%), when compared with Seven Oaks North (5%). Community stakeholders advise that barriers to employment need to be addressed including a lack of jobs, inadequate transportation, low wages, and a failure to adequately recognize international credentials.

Seven Oaks boasts many innovative, community-based programs, and a flexible and proactive school division. A core strength identified by the community is "the collaboration and partnership amongst stakeholders developing programs to meet changing needs".



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 Seven Oaks 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 Seven Oaks 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

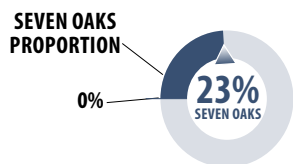
There are a variety of chart styles used in this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

Findings

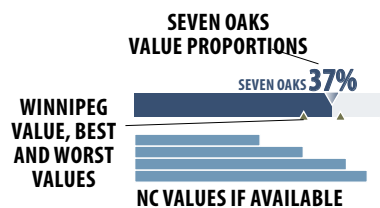
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014).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

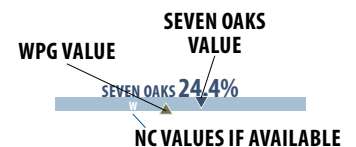
DIAL CHART



BAR CHART



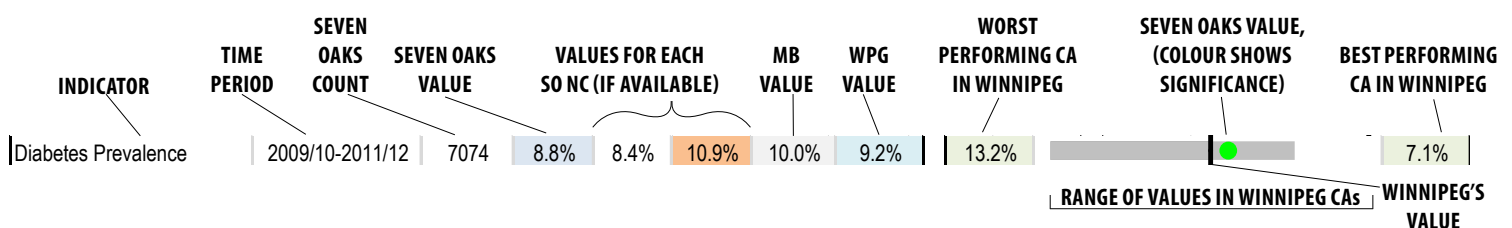
SPINE CHART



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.



Seven Oaks (08) Community Profile

OUR HEALTH
OUR COMMUNITY

The Seven Oaks community area (CA) is comprised of three neighborhood clusters (NCs): **Seven Oaks West (08A)**, **Seven Oaks East (08B)**, and **Seven Oaks North (08C)**. Seven Oaks North includes the rural municipality of West 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	4,285 (11%)	4,509 (12%)
10-19 years	4,585 (12%)	5,020 (14%)
20-39 years	10,754 (28%)	10,749 (29%)
40-64 years	12,697 (33%)	12,318 (33%)
65-74 years	3,106 (8%)	2,629 (7%)
75+ years	3,038 (8%)	1,863 (5%)

ETHNICITY

Aboriginal	5,880 (9%)
Recent Immigrants (2006-2011)	8,245 (12%)
Visible Minorities	23,415 (35%)

EDUCATION

No certificate/diploma/degree (15+ population)	22%
High school diploma or equivalent (15+ population)	29%
Postsecondary certificate, diploma or degree (15+ pop.)	49%

EMPLOYMENT

Participation rate (in labour force/15+ population)	69.1%
Employment rate (employed/15+ population)	64.6%
Unemployment rate (unemployed, in labour force)	6.4%

INCOME

Income under \$19,999	17,705 (34%)
\$20,000-\$59,999	25,920 (50%)
\$60,000-\$99,999	6,565 (13%)
\$100,000-\$124,999	645 (1%)
\$125,000+	535 (1%)

LONE-PARENT FAMILIES

Female-led parent	2,630 (80%)
Male-led parent	675 (20%)

65+

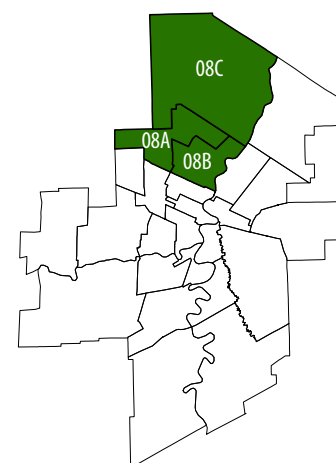
Male, living alone	595 (16%)
Female, living alone	1,775 (36%)

LIVING IN PERSONAL CARE HOME 13%

AREA: 128.3 KM²
POPULATION (2014): 75,553
POPULATION (2009): 65,055

08A: Seven Oaks West
08B: Seven Oaks East
08C: Seven Oaks North

Note: Map of Seven Oaks on page 11



HIGHLIGHTS

- The population of this community has increased from 65,055 in June 2009 to 75,553 in June 2014 (16% increase).
- The majority (73%) of residents speak English at home; 18% speak a non-official language at home, and the remaining 9% speak both (English and a non-official language).
- The percentage of residents identifying as Aboriginal has increased from 8.2% in 2006 to 8.8% in 2011. The percentage of visible minority residents increased from 25.3% to 34.9%. The reported percentage of new immigrants during the period of 2006 -2011 was 12.3%.
- The unemployment rate has increased from 5.0% in 2006 to 6.4% in 2011.
- Attendees at the **community engagement** event identified the main issues of concern as: poor busing service, lack of employment, affordable housing, and access to mental health services, and having high percentage of new immigrants with limited knowledge and finances.
- Attendees identified the following community strengths: collaborative approaches to education, services for newcomers, access to food, improved access to healthcare services, great public spaces and facilities, and innovative and accessible programs. Attendees indicated that Seven Oaks is a diverse community where stakeholders collaborate and partner to meet changing needs.
- The percentages of residents who received treatment for total respiratory diseases, ischemic heart disease, and osteoporosis have significantly decreased over time, whereas the percentages of residents treated for hypertension and diabetes have significantly increased over time.
- The percentage of low birth-weight infants has significantly increased over time.
- The percentages of residents who received treatment for mood and anxiety disorders and substance abuse have significantly decreased over time.
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines significantly decreased over time.
- 17.6% of Seven Oaks residents did not return the National Household Survey (NHS) and this non-response is the lowest among the Winnipeg community areas.

Source: MHH, 2014

Source: 2011 Census / National Household Survey

Source: MCHP, 2013

Seven Oaks At-a-Glance

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

	Indicator	Time Period	Seven Oaks Count	Rates or Percentages					MB	WPG	WPG Worst CA	WPG Best CA
				Seven Oaks	Seven Oaks North	Seven Oaks West	Seven Oaks East					
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	58%	59%	58%	54%	57%	58%		42%	69%
	General Mental Health ~~	2005-2010	n/a	36%	50%	38%	33%	40%	38%		33%	44%
	Male Life Expectancy ^	2007-2011	n/a	78.6	79.4	79.5	77.9	77.5	78.3		71.7	81.8
	Female Life Expectancy ^	2007-2011	n/a	82.4	79.9	82.1	84.4	82.2	82.7		77.4	85.6
	Child Mortality ****	2005-2009	n/a	9.3				33.3	21.3		55.5	9.3
	Premature Mortality **	2007-2011	n/a	2.8	2.2	2.5	3.2	3.1	2.9		5.4	1.9
	Potential Yrs of Life Lost **	2007-2011	n/a	41.2	22.6	35.0	49.6	51.5	45.8		100.3	29.7
	Suicide Death Rate ***	2007-2011	n/a	1.2				1.7	1.5		4.3	0.8
	Respiratory Diseases	2011/12	6934	10.0%	8.3%	9.9%	10.2%	9.5%	9.9%		13.2%	8.8%
	Hypertension Incidence *	2011/12	816	3.3	2.6	3.4	3.3	3.1	3.0		3.5	2.4
	Hypertension Prevalence	2011/12	14798	27.3%	23.9%	28.6%	27.2%	25.6%	24.6%		28.5%	22.5%
	Diabetes Incidence *	2009/10-2011/12	1085	0.96	0.80	1.01	0.95	0.85	0.80		1.25	0.61
	Diabetes Prevalence	2009/10-2011/12	6059	11.0%	8.8%	11.5%	10.8%	10.0%	9.2%		13.2%	7.1%
	Heart Disease Incidence *	2007/08-2011/12	1438	0.78	0.76	0.81	0.78	0.67	0.66		0.90	0.50
	Heart Disease Prevalence	2007/08-2011/12	4594	8.8%	9.1%	9.1%	8.9%	7.9%	7.9%		9.6%	6.8%
	Stroke Event Rates (40+)**	2007-2011	484	3.0	4.0	3.5	2.8	2.7	2.6		4.1	2.1
	Dementia Prevalence	2007/08-2011/12	1990	11.7%	19.6%	11.5%	10.6%	10.6%	10.9%		12.6%	8.7%
	Osteoporosis Prevalence	2009/10-2011/12	2174	9.5%	10.5%	8.3%	9.7%	10.4%	10.3%		12.3%	7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	13089	21.0%	22.3%	17.7%	22.2%	23.3%	24.4%		27.4%	18.3%
	Substance Abuse Prev.	2007/08-2011/12	2260	3.6%	3.0%	2.5%	4.1%	5.0%	4.9%		9.8%	2.6%
	Chlamydia Infections ****	2013	232	308.6				n/a	398.3		971.9	236.8
	Gonorrhea Infections ****	2013	38	51.1				n/a	77.4		278.7	23.2
	Families - 3+ Risk Factors ¹	2011	n/a	17.3%				23.6%	23.9%		51.8%	11.8%
BEHAVIOURS	Teen Pregnancy (15-19)**	2012/13	46	9.4				18.4	15.5		38.9	5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	6.7%	[s]	7.4%	6.5%	5.2%	5.8%		7.0%	5.0%
	Breastfeeding Initiation	2012/13	674	87.1%				82.9%	86.3%		73.1%	94.1%
	Children not school-ready ²	2010/11	n/a	14.3%				15.0%	14.8%		24.3%	8.7%
	Current Smokers	2007-2012	n/a	20%	[s]	17%	23%	20%	19%		39%	10%
	Binge Drinking ^{^^}	2007-2012	n/a	25%	[s]	23%	27%	24%	23%		38%	22%
	Physically Inactive	2007-2012	n/a	41%	[s]	42%	39%	45%	43%		59%	36%
	Fruit & Veg Consumption ^{^^}	2007-2012	n/a	65%	73%	58%	69%	63%	62%		77%	53%
	Overweight & Obesity	2007-2012	n/a	54%	40%	51%	56%	56%	54%		65%	46%
	Childhood Immunization	2007/08	n/a	77.6%				71.5%	72.4%		58.8%	78.9%
HEALTH CARE ACCESS	Breast Cancer Screening	2010/11-2011/12	4469	51.4%	57.3%	53.0%	49.5%	53.4%	51.4%		36.6%	57.5%
	Cervical Cancer Screening	2009/10-2011/12	14553	50.8%	57.3%	49.3%	51.0%	n/a	53.4%		46.1%	59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	4.0%				12.3%	7.7%		19.1%	3.8%
	Looking for a doctor	2007-2012	n/a	63%	[s]	38%	72%	56%	53%		70%	41%
	Use of Physicians	2011/12	57250	80.9%	81.7%	79.9%	81.9%	79.1%	81.2%		77.8%	84.1%
	Hospitalization for ACSC **	2011/12	280	3.7	3.0	3.9	3.5	6.3	4.1		7.5	2.3
	Inpatient Hospitalizations **	2011/12	4625	63.4	55.3	56.6	62.5	87.9	65.4		92.5	59.6
	Benzodiazepine Prescribing	2010/11-2011/12	1749	19.7%	15.4%	16.7%	21.3%	20.5%	19.7%		23.0%	12.6%

~ Excellent / Very Good

~~ High Level

^ in years

^^ 0-4 times per day

^^^ once or more per month

* per 100 person yrs.

** per 1,000

*** per 10,000

**** per 100,000

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

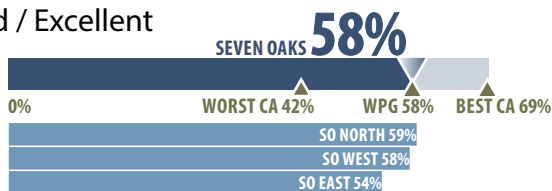
How Healthy is the Community?



Self-perceived Health

Self-Perceived Health Very Good / Excellent

2007-2012



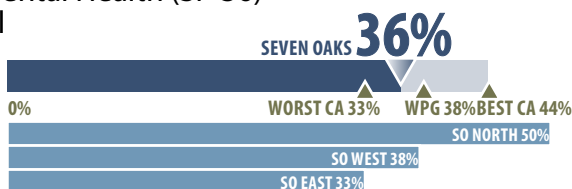
General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

FINDINGS

- Compared to Winnipeg (58%), a similar proportion of Seven Oaks residents (58%) reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a lower proportion of Seven Oaks residents (36%) reported "high level" of general mental health.
- The proportions of Seven Oaks North residents reported self-perceived health as "very good" (59%) and general mental health as "high level" (50%) are better than proportions from other NCs within Seven Oaks.

General Mental Health (SF-36) High Level

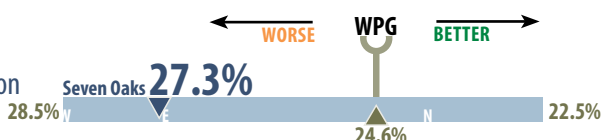
2005-2010



Chronic Disease

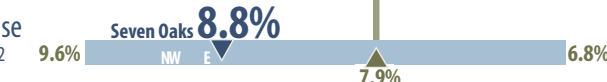
Hypertension

2011/12



Heart Disease

2007/08-2011/12



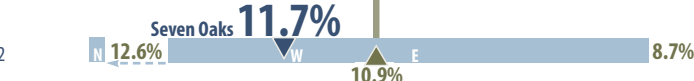
Diabetes

2009/10-2011/12



Dementia

2007/08-2011/12



Stroke

2007-2011



Respiratory Diseases

2011/12



Osteoporosis

2009/10-2011/12



▼ = Seven Oaks
▲ = Wpg
N = SO North
E = SO West
W = SO 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

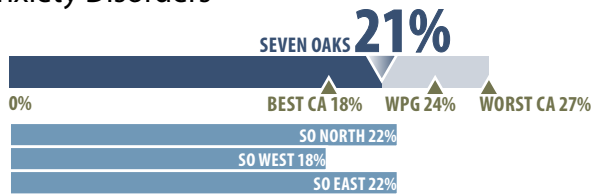
- The percentages of Seven Oaks residents who received treatment for **hypertension** and **diabetes** have significantly increased over time. The increase in diabetes prevalence is likely related to earlier detection, treatment, awareness, and self care of residents with diabetes.
- The percentage of Seven Oaks residents aged 55+ treated for **dementia** has decreased slightly over time (from 12.0% in 2002/03-2006/07 to 11.7% in 2007/08-2011/12). The high prevalence of dementia in Seven Oaks North has been affected by the Middlechurch PCH in that area. When excluding this PCH from the analysis, values for Seven Oaks North were 8.3% in 2002/03-2006/07 and 9.7% in 2007/08-2011/12.
- Stroke** event rate has increased slightly over time in Seven Oaks (from 2.8 cases per 1,000 residents aged 40+ in 2002-2006 to 3.0 in 2007-2011).
- The percentages of Seven Oaks residents who received treatment for **total respiratory diseases**, **ischemic heart disease**, and **osteoporosis** have significantly decreased over time.



Mental Health & Substance Abuse

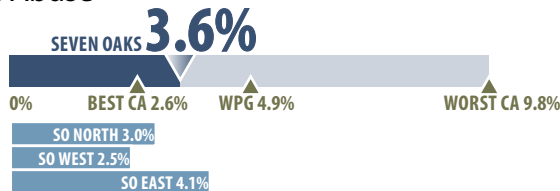
Mood & Anxiety Disorders

2007/08-2011/12



Substance Abuse

2007/08-2011/12



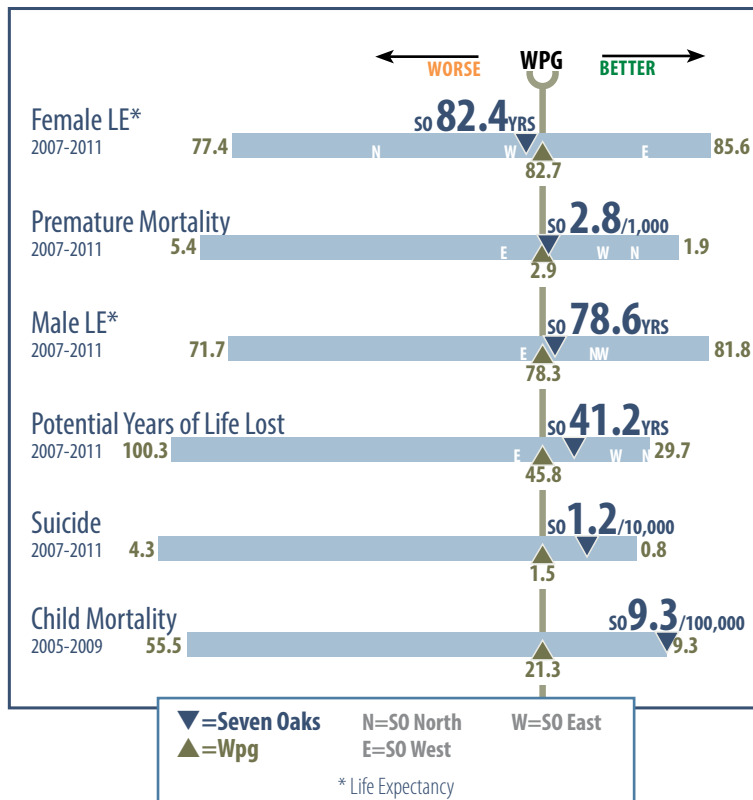
Mental and substance disorders are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary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

FINDINGS

- The percentage of Seven Oaks residents who received treatment for mood and anxiety disorders has significantly decreased over time (from 23.1% in 2002/03-2006/07 to 21.1% in 2007/08-2011/12).
- The percentage of Seven Oaks residents who received treatment for substance abuse has significantly decreased over time (from 4.0% in 2002/03-2006/07 to 3.6% in 2007/08-2011/12).



Life Expectancy & Death



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

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

FINDINGS

- Female life expectancy** at birth has also significantly increased over time (from 81.2 years in 2002-2006 to 82.4 years 2007-2011).
- Premature mortality** rate (PMR) has significantly decreased over time in Seven Oaks (from 3.3 per 1,000 residents in 2002-2006 to 2.8 in 2007-2011).
- Male life expectancy** at birth has significantly increased over time (from 77.4 years in 2002-2006 to 78.6 years in 2007-2011).
- Potential years of life lost (PYLL)** has increased slightly over time in Seven Oaks (from 39.8 years per 1,000 residents in 2002-2006 to 41.2 years in 2007-2011).
- Suicide** death rate has decreased slightly over time in Seven Oaks (from 1.3 per 10,000 residents aged 10+ in 2002-2006 to 1.2 in 2007-2011).
- Child mortality** rate has decreased over time (from 14.3 per 100,000 children aged 1-19 in 2000-2004 to 9.3 in 2005-2009).





Reproductive & Developmental Health

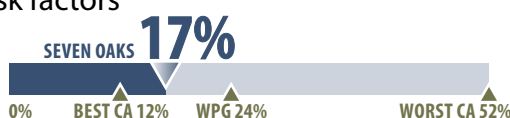
Low Birth Weight

2007/08-2011/12



Families with 3 or more risk factors

2011



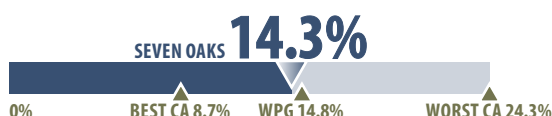
Teen Pregnancy

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 significantly increased over time in Seven Oaks (from 5.1 per 100 live infants per year in 2002/03-2006/07 to 6.7% 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 is somewhat steady over time in Seven Oaks (18.0% in 2008 and 17.3% in 2011).
- Teen pregnancy rate has decreased over time (from 14.1 per 1,000 females aged 15-19 in 2010/11 to 9.4 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

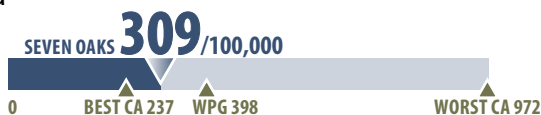
- The percentage of children "not ready for school" in two or more domains of the EDI has somewhat decreased (from 18% to 14%) over the years (2005/06-2010/11) in Seven Oaks. However, for the Emotional Maturity measure the percentage of children who were "not ready for school" (after combining data from all four years) (14%) has been significantly higher than Manitoba's baseline percentage (12%).



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, Seven Oaks's chlamydia infection rate of 309 has been better. Similarly, Seven Oaks's gonorrhea infection rate of 51 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?

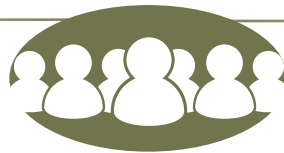
What is it you would like others (in & outside the community) to know about the health of those who live in Seven Oaks community area.

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

- Many residents are engaged in shift work which can be a barrier to regular exercises and nutritious food.
- There is growing number of new immigrants. New immigrants often have difficulty finding meaningful employment.
- Women face an additional challenge when their employment hours and day care hours do not match.
- Education is expensive and inaccessible.
- Transportation options are lacking—bus service is poor, sidewalk are not cleared of snow, and industrial areas have no sidewalks. This can create barriers to employment and make errands and appointments difficult and expensive.

Food & Nutrition

- The community has a variety of easily accessible grocery stores.
- Healthy Together Now (previously CDPI) was started and trialled in Seven Oaks.
- Hans Kai began in Seven Oaks and it focuses on self-help and support in a group setting in regards to nutrition, mental health, sleep, stress, access to physician etc.

Housing

- We need to ensure that more affordable housing is made available. Co-op housing in the neighborhood has challenges such as safety and mold issues.
- Rent guidelines are needed so that housing can be more affordable for seniors. Right now, rent continues to increase but pensions do not.

Early Childhood Development

- There are healthy baby groups and early years coalition programming and partnership with WRGA services. However, there is a long wait list childcare if one has to go back to work.

Mental Health

- Stress seems to be a major contributor to health programs in the community.
- Dealing with work and life while adjusting to a new life in a new country seems to have a significant effect on the health of immigrants.
- Families and individuals suffering from depression feel they have no place they can go.

Social Belonging

- Seven Oaks strength is the collaboration and partnership amongst stakeholders developing to meet changing needs.
- Seven Oaks is a diverse and growing community – home to many newcomers, families, and seniors.
- Newcomers in Seven Oaks have particular needs. Isolation, particularly among women is an important health issue.

Access to Care/Programs

- New comers are looking for health care providers to speak their language which is a challenge.
- Information given by health professionals should be standard and consistent; two people go to the doctor about the same issue and come away with very different care plans, which is confusing.
- There are many options for wellness initiatives however they are expensive, so seniors cannot partake. Parking is expensive.

What Determines Health in the Community?

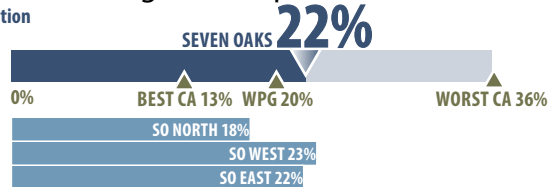
The following sections discuss some of these factors which have been categorized into **socio-economic determinants, health behaviors, and health care access.**



Education & Employment

No certificate, degree, or diploma

15+ Population
2011



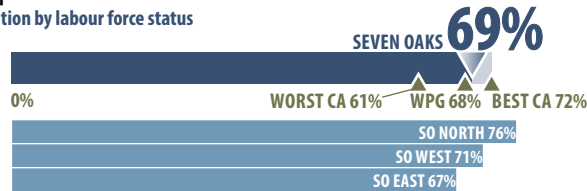
Education impacts an individual's job opportunities and income level. It also helps individuals to better understand their health options and make informed choices about health. People with higher education tend to be healthier than those with less formal education. Offering to partner with other organizations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

FINDINGS

- The percentage of individuals in Seven Oaks with no certificate, diploma or degree has decreased from 26.5% in 2006 to 22% in 2011.
- The percentage of individuals having a high school certificate or equivalent was 28.1% in 2006 and has only increased by 0.6% in 2011.

Participation in Labour Force

15+ population by labour force status
2011



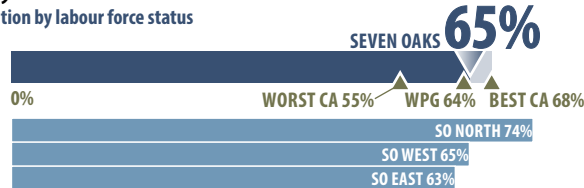
Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

- The labor force participation rate in Seven Oaks has increased from 67.6% in 2006 to 69.1% in 2011.
- The employment rate was 64.3% in 2006 and has increased by 0.7% in 2011.
- The unemployment rate has increased from 5.0% in 2006 to 6.4% in 2011.

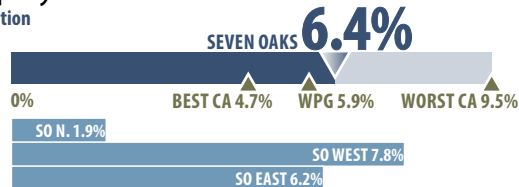
Employment Rate

15+ population by labour force status
2011



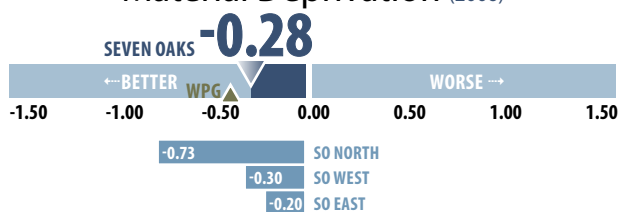
Unemployment Rate

15+ Population
2011



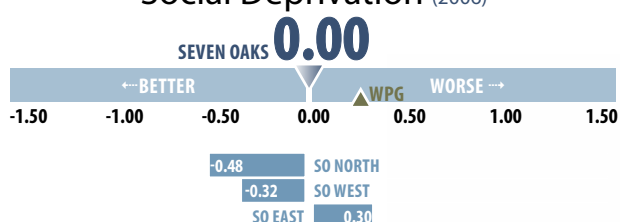
Material and Social Deprivation

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)

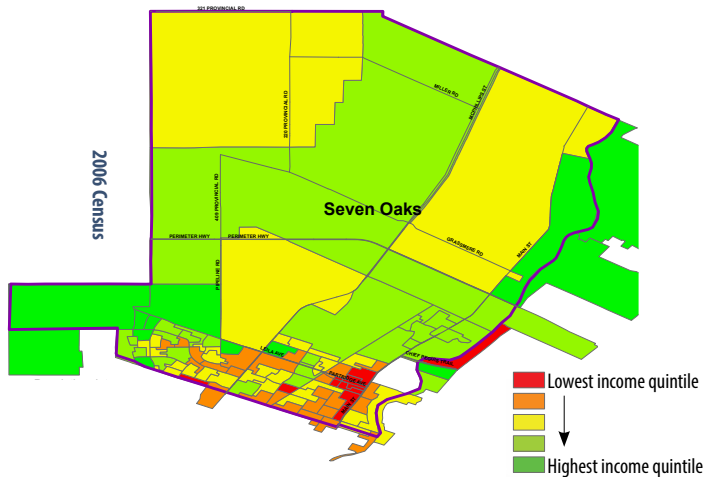


Material deprivation higher than zero means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher proportion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

- Seven Oaks has a material deprivation score of -0.28 (lower than zero = better) and social deprivation score of 0.00 (higher than zero = worse). Material deprivation score has been significantly better than Manitoba score (-0.02).

Income & Affordable Housing



	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
SEVEN OAKS	\$63,444	\$29,598
SEVEN OAKS NORTH	\$98,645	\$41,071
SEVEN OAKS WEST	\$69,223	\$26,587
SEVEN OAKS EAST	\$58,012	\$30,750

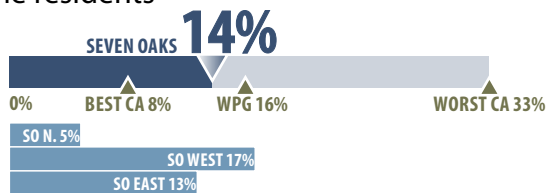
Income plays a major role in determining the health of individuals and families in the community. For example, income influences access to affordable housing, healthy choices, and lowered stress levels for individuals and families. Those who are unemployed or have lower income, experience the poorest 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 Seven Oaks has increased from \$25,759 in 2005 to \$29,598 in 2010. Similarly, median household income has increased from \$53,383 to \$63,444.
- Average individual income of Seven Oaks has increased from \$30,528 in 2005 to \$35,048 in 2010. Similarly, average household income has increased from \$62,510 to \$74,197.
- 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.

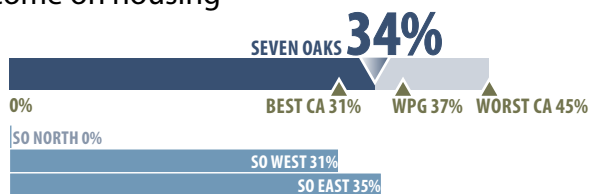
Low income residents

2011



Renting, spending more than 30% of income on housing

2011



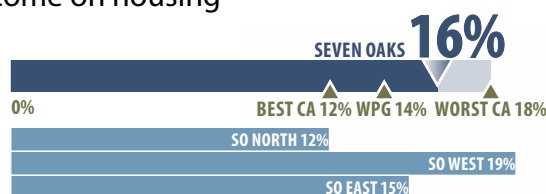
Affordable housing is yet another important factor that influences health. People in households that spend 30% or more of total household income on shelter expenses are considered to be having 'housing affordability' problems. Thus, these people are constrained from making healthier choices and could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

FINDINGS

- The percentage of tenant households spending 30% or more of household total income on shelter costs in Seven Oaks has increased from 33.2% in 2006 to 34.1% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 12.3% in 2000 to 16.0% in 2011.

Owned, spending more than 30% of income on housing

2011



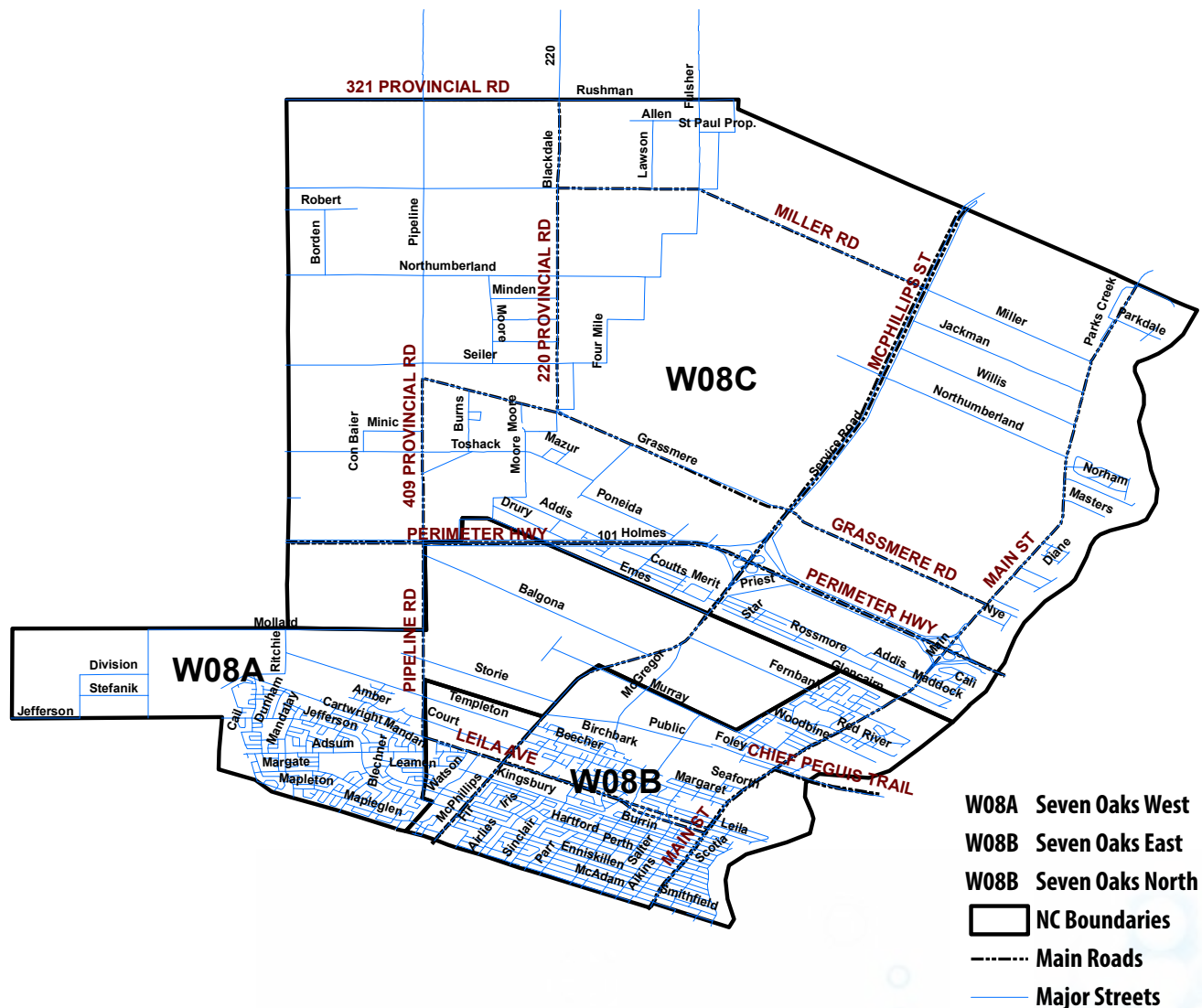
At-a-Glance

Selected indicators from 2011 Census & NHS

SEVEN OAKS

	Indicator	Seven Oaks	MB	WPG	WPG Worst CA	WPG Best CA
EDUCATION	No certificate, diploma or degree	22.0%	25.1%	19.7%	35.9%	12.7%
	High school diploma or equivalent	28.7%	27.7%	28.6%	25.0%	33.1%
	Postsecondary certificate, diploma or degree	49.4%	47.2%	51.7%	35.6%	61.2%
	Labour participation rate	69.1%	67.3%	68.3%	61.2%	72.0%
	Employment rate	64.6%	63.1%	64.3%	55.4%	68.2%
EMPLOYMENT	Unemployment rate	6.4%	6.2%	5.9%	9.5%	4.7%
	Renting, shelter costs are 30% or more of household income	34.1%	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 %	13.9%	16.4%	16.4%	33.3%	8.0%
INCOME	Median individual income	\$29,598	\$29,029	\$30,455	\$21,801	\$38,440
	Median household income	\$63,444	\$57,299	\$58,503	\$36,298	\$81,462

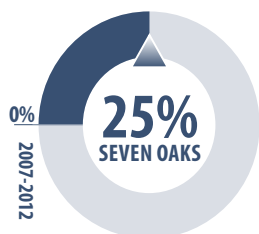
Seven Oaks CA Map





Health Behaviours

Binge Drinking



SO NORTH [S]
SO WEST 23%
SO EAST 27%

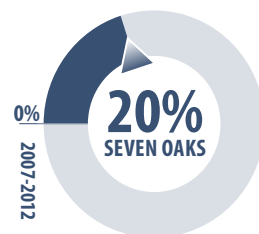
WINNIPEG 23%
WORST CA 38%
BEST CA 22%

Individual **health behaviors** help to maintain physical and mental health and reduce the risk of chronic conditions. Exercising daily and eating fruits and vegetables daily are recommended to minimize disease burden. Similarly, it is recommended to avoid smoking and binge drinking.

FINDINGS

- The percentage of binge drinking residents has increased from 9% in 2001-2005 to 25% in 2007-2012. In 2007-2012, 52% of residents reported that they never drank; 23% identified as having 5 or more drinks on one occasion less than once per month.
- The percentage of current smokers (daily or occasionally) has increased from 19% in 2001-2005 to 20% in 2007-2012. In 2007-2012, 32% of residents identified as being former smokers; 48% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 12% in 2003-2005 to 9% in 2007-2012. In 2007-2012, 91% 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 68% in 2001-2005 to 65% in 2007-2012. In 2007-2012, 35% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has increased from 51% in 2001-2005 to 54% in 2007-2012. In 2007-2012, 46% of residents identified as being either underweight or normal.
- During the period 2007-2012, 41% of residents reported being physically inactive. The remaining 59% residents identified as being physically active.

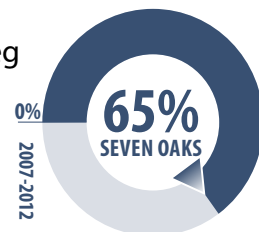
Tobacco Use



SO NORTH [S]
SO WEST 17%
SO EAST 23%

WINNIPEG 19%
WORST CA 39%
BEST CA 10%

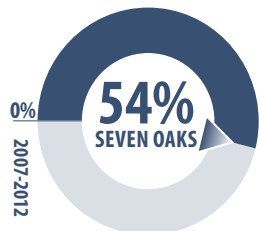
Less Than 5 Daily Servings of Fruit & Veg



SO NORTH 73%
SO WEST 58%
SO EAST 69%

WINNIPEG 62%
WORST CA 77%
BEST CA 53%

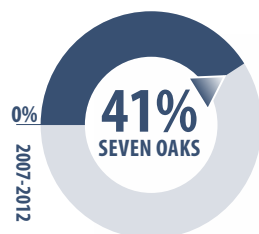
Overweight & Obesity



SO NORTH 40%
SO WEST 51%
SO EAST 56%

WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive



SO NORTH [S]
SO WEST 42%
SO EAST 39%

WINNIPEG 43%
WORST CA 59%
BEST CA 36%



Health Care Access, Immunization & Screening

Childhood Immunization

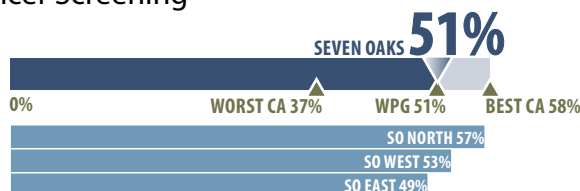
Aged 2 years

2007/08



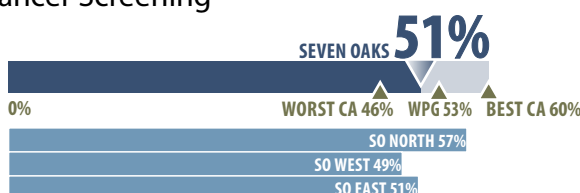
Breast Cancer Screening

2010/11-2011/12



Cervical Cancer Screening

2009/10-2011/12



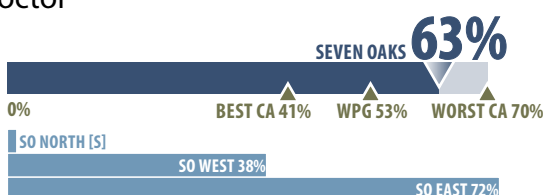
Inadequate Prenatal Care

2007/08-2008/09



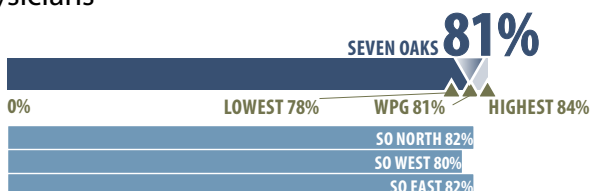
Looking for a regular medical doctor

2007-20/12



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 Seven Oaks has increased slightly over time (from 76.2% in 2002/03 to 77.6% in 2007/08).
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time (from 63% in 2006/07 to 56% in 2011/12).
- During 2010/11-2011/12, 51% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 51% 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) (4.0%) in Seven Oaks 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, 63% of Seven Oaks 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% in 2006/07 to 81% in 2011/12).
- Inpatient hospitalization has significantly decreased over time (from 71.6 per 1,000 residents in 2006/07 to 63.4 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 14.4% in 2005/06-2006/07 to 12.6% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has significantly decreased over time (from 21.2% in 2005/06-2006/07 to 19.7% in 2010/11-2011/12).

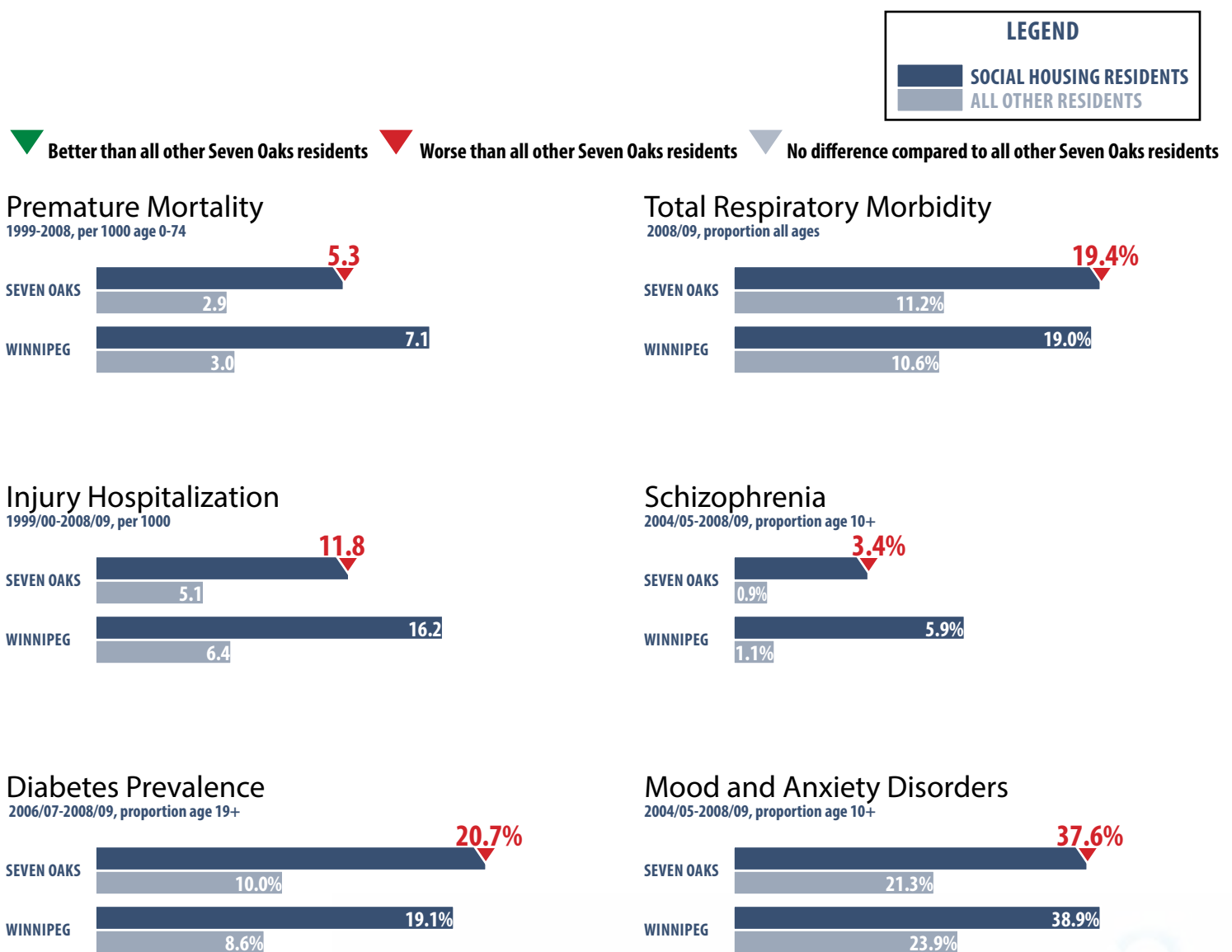
How Healthy Are Residents in Social Housing?

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 Seven Oaks 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 Seven Oaks residents



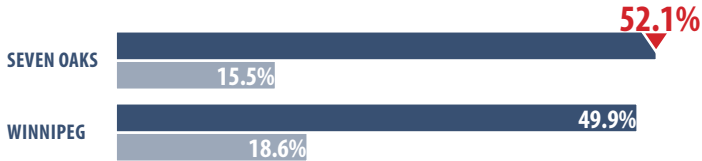
Worse than all other Seven Oaks residents



No difference compared to all other Seven Oaks residents

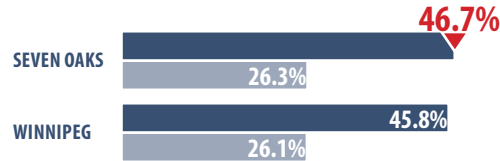
Mothers with 3+ Risk Factors

FY 2003/04 and 2007/08



Children Not Ready for School in 1+ Domain

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



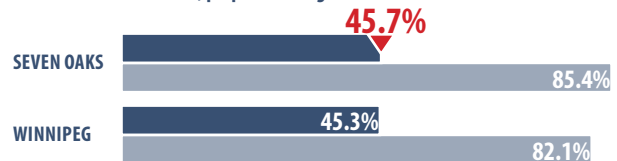
Breastfeeding Initiation

2004/05-2008/09, proportion of newborns



High School Completion

School Years 2007 & 2008, proportions of graduates



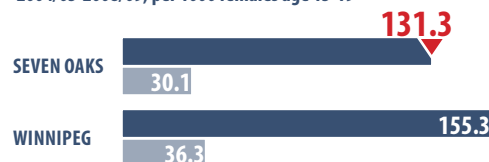
Complete Immunization by Age 2

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



Teen Pregnancy

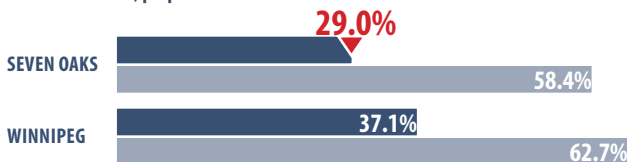
2004/05-2008/09, per 1000 females age 15-19



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