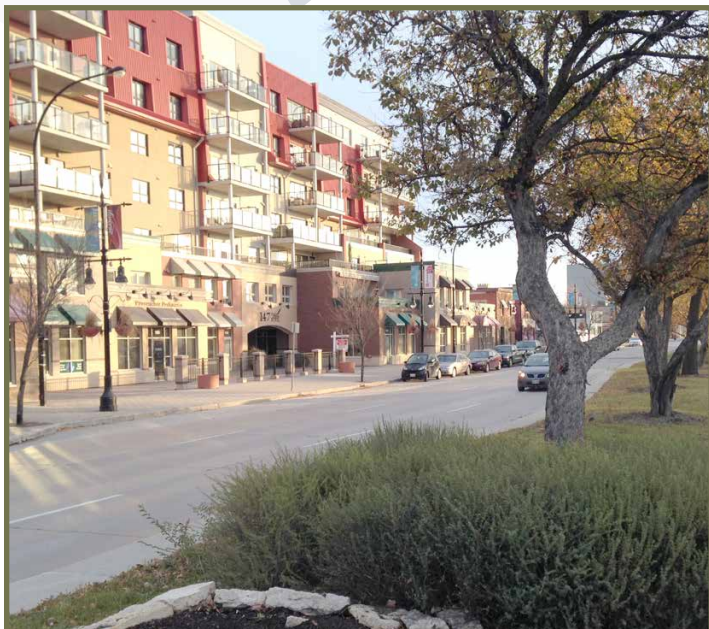


# St. Boniface

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

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## Health Determinants

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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 St. Boniface (2014 pop 59,397)--the name of a Winnipeg Regional Health Authority community area (CA). The boundaries for this CA can be found on the map (page 11); it is also a CA comprised of two neighborhood clusters (NC). **St. Boniface West** consists of four neighborhoods: Central St. Boniface, North St. Boniface, Norwood East, and Norwood West. **St. Boniface East** is comprised of 15 neighborhoods: Archwood, Dufresne, Holden, Island Lakes, Maginot, Mission Industrial, Niakwa Park, Niakwa Place, Royalwood, Sagecreek, Southdale, Southland Park, Stock Yards, Tissot, and Windsor Park.

Succeeding cultures of indigenous peoples lived in the area for thousands of years before European exploration. It was an area of historic Ojibwe occupation. Currently, it is home to one of the largest francophone communities west of the Great Lakes, and is known as Winnipeg's French Quarter. The neighborhood is positively filled with French culture such as 10-day winter festival, Festival du Voyageur, which fills the city with snow sculptures and invites everyone to experience the French heritage of its fur-trading past. St.

Boniface features landmarks such as the St. Boniface Cathedral, Boulevard Provencher, the Provencher Bridge, Esplanade Riel, St. Boniface Hospital, the Université de Saint-Boniface, and the Royal Canadian Mint.

Median household income for St. Boniface East (\$80,877) was much higher than that of St. Boniface West (\$45,911) in 2010. A relatively small proportion of residents are in low income status (11%). Residents are comfortably wealthy but not rich. While St. Boniface houses the majority of French speaking residents, there is strong visible minority population. The community feels that, for the most part, St. Boniface is a "healthy" community and has many characteristics that contribute to better health. However, service providers are acutely aware that it still houses many low-income families and new comers. System navigation and how to connect with new comers for them to get access to the information is a challenge. St. Boniface agencies are striving to work collaboratively to identify, anticipate, and remedy the gaps in health care services in the community.



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 St. Boniface 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 St. Boniface 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

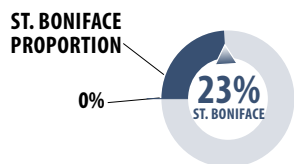
There are a variety of chart styles used in this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

### Findings

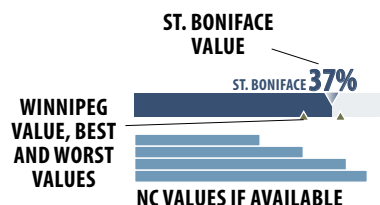
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at [wrha.mb.ca/research/cha2014](http://wrha.mb.ca/research/cha2014)).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

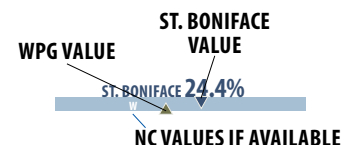
#### DIAL CHART



#### BAR CHART



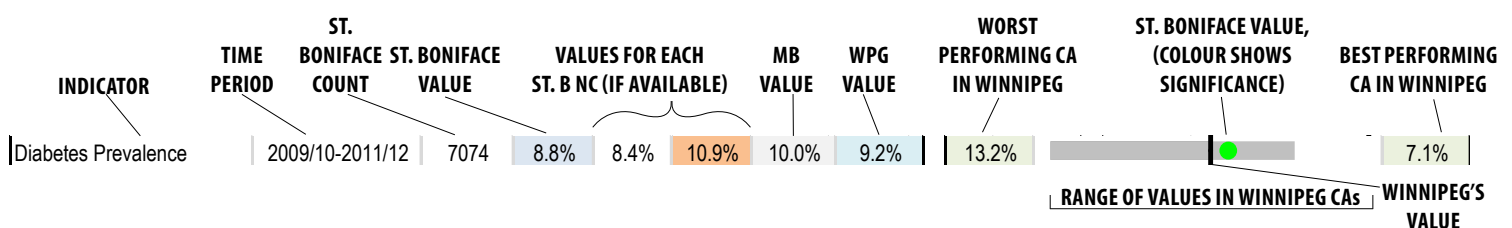
#### SPINE CHART



## 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.



# St. Boniface (05) Community Profile

OUR HEALTH  
OUR COMMUNITY

The St. Boniface community area (CA) is comprised of two neighborhood clusters (NCs): **St. Boniface West (05A)** and **St. Boniface East (05B)**.

## 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	<b>3,379 (11%)</b>	<b>3,404 (12%)</b>
10-19 years	<b>3,375 (11%)</b>	<b>3,399 (12%)</b>
20-39 years	<b>8,487 (28%)</b>	<b>8,139 (28%)</b>
40-64 years	<b>10,264 (34%)</b>	<b>10,176 (35%)</b>
65-74 years	<b>2,516 (8%)</b>	<b>2,274 (8%)</b>
75+ years	<b>2,371 (8%)</b>	<b>1,613 (6%)</b>

### ETHNICITY

Aboriginal	<b>5,940 (11%)</b>
Recent Immigrants (2006-2011)	<b>1,755 (3%)</b>
Visible Minorities	<b>7,465 (14%)</b>

### EDUCATION

No certificate/diploma/degree (15+ population)	<b>17%</b>
High school diploma or equivalent (15+ population)	<b>28%</b>
Postsecondary certificate, diploma or degree (15+ pop.)	<b>55%</b>

### EMPLOYMENT

Participation rate (in labour force/15+ population)	<b>69.8%</b>
Employment rate (employed/15+ population)	<b>66.4%</b>
Unemployment rate (unemployed, in labour force)	<b>4.9%</b>

### INCOME

Income under \$19,999	<b>13,090 (31%)</b>
\$20,000-\$59,999	<b>19,030 (46%)</b>
\$60,000-\$99,999	<b>7,485 (18%)</b>
\$100,000-\$124,999	<b>1,115 (3%)</b>
\$125,000+	<b>1,110 (3%)</b>

### LONE-PARENT FAMILIES

Female-led parent	<b>1,745 (78%)</b>
Male-led parent	<b>505 (22%)</b>

### 65+

Male, living alone	<b>550 (17%)</b>
Female, living alone	<b>1,475 (38%)</b>

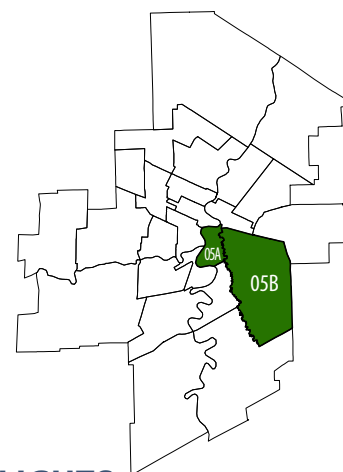
### LIVING IN PERSONAL CARE HOME

**7.0%**

AREA: 47.4 km<sup>2</sup>  
POPULATION (2014): 59,397  
POPULATION (2009): 54,413

05A: St. Boniface West  
05B: St. Boniface East

Note: Map of St. Boniface on page 11



## HIGHLIGHTS

- The population of this community is steadily increasing from 54,413 in June 2009 to 59,397 in 2014 (9% increase).
- The majority (82%) of residents speak English at home; 9% speak French, 5% speak a non-official language at home, and the remaining 4% speak either English and French or English and a non-official language.
- The percentage of residents identifying as Aboriginal has increased from 9.1% in 2006 to 11.3% in 2011. The percentage of visible minority residents has increased from 9.4% to 14.1%. The reported percentage of new immigrants during the period of 2006-2011 was 3.3%.
- The unemployment rate has increased from 4.0% in 2006 to 4.9% in 2011.
- Attendees at the **community engagement** event identified the main issues of concern as income, education, social belonging, mental health services, and access to bilingual health care.
- Attendees related that St Boniface offers many opportunities for leisure, cultural and community activities which promote health. They also indicated that health care access is improving and that there are many high quality services available in both French and English.
- 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 diabetes has significantly increased over time.
- Male life expectancy at birth has significantly increased over time.
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time.
- During 2007-2012, 65% of residents reported not having a regular medical doctor.
- 19.2% of St. Boniface 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

# St. Boniface At-a-Glance

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

	Indicator	Time Period	St Boniface Count	Rates or Percentages				MB	WPG	WPG Worst CA	WPG Best CA
				St Boniface	St Boniface East	St Boniface West					
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	58%	63%	46%	57%	58%		42%	69%
	General Mental Health ~	2005-2010	n/a	37%	41%	26%	40%	38%		33%	44%
	Male Life Expectancy ^	2007-2011	n/a	80.3	83.3	76.6	77.5	78.3		71.7	81.8
	Female Life Expectancy ^	2007-2011	n/a	84.0	89.8	81.7	82.2	82.7		77.4	85.6
	Child Mortality ****	2005-2009	n/a	14.8			33.3	21.3		55.5	9.3
	Premature Mortality **	2007-2011	n/a	2.7	2.2	4.0	3.1	2.9		5.4	1.9
	Potential Yrs of Life Lost **	2007-2011	n/a	33.3	30.6	41.9	51.5	45.8		100.3	29.7
	Suicide Death Rate ***	2007-2011	n/a	1.0			1.7	1.5		4.3	0.8
	Respiratory Diseases	2011/12	5063	9.0%	8.9%	9.4%	9.5%	9.9%		13.2%	8.8%
	Hypertension Incidence *	2011/12	646	2.6	2.6	2.8	3.1	3.0		3.5	2.4
	Hypertension Prevalence	2011/12	10368	23.1%	23.1%	22.8%	25.6%	24.6%		28.5%	22.5%
	Diabetes Incidence *	2009/10-2011/12	731	0.74	0.71	0.80	0.85	0.80		1.25	0.61
	Diabetes Prevalence	2009/10-2011/12	3652	8.2%	7.9%	8.9%	10.0%	9.2%		13.2%	7.1%
	Heart Disease Incidence *	2007/08-2011/12	953	0.62	0.64	0.60	0.67	0.66		0.90	0.50
	Heart Disease Prevalence	2007/08-2011/12	3237	7.6%	7.4%	8.1%	7.9%	7.9%		9.6%	6.8%
	Stroke Event Rates (40+)**	2007-2011	288	2.3	2.1	2.8	2.7	2.6		4.1	2.1
	Dementia Prevalence	2007/08-2011/12	1340	10.5%	9.0%	12.4%	10.6%	10.9%		12.6%	8.7%
	Osteoporosis Prevalence	2009/10-2011/12	1939	10.8%	10.1%	11.3%	10.4%	10.3%		12.3%	7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	11725	22.9%	21.7%	24.4%	23.3%	24.4%		27.4%	18.3%
	Substance Abuse Prev.	2007/08-2011/12	2085	4.0%	3.1%	5.5%	5.0%	4.9%		9.8%	2.6%
	Chlamydia Infections ****	2013	161	288.0			n/a	398.3		971.9	236.8
	Gonorrhea Infections ****	2013	22	40.5			n/a	77.4		278.7	23.2
	Families - 3+ Risk Factors <sup>1</sup>	2011	n/a	20.6%			23.6%	23.9%		51.8%	11.8%
	Teen Pregnancy (15-19)**	2012/13	21	6.0			18.4	15.5		38.9	5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	5.2%	5.1%	5.3%	5.2%	5.8%		7.0%	5.0%
	Breastfeeding Initiation	2012/13	564	93.2%			82.9%	86.3%		73.1%	94.1%
	Children not school-ready <sup>2</sup>	2010/11	n/a	8.7%			15.0%	14.8%		24.3%	8.7%
BEHAVIOURS	Current Smokers	2007-2012	n/a	16%	18%	11%	20%	19%		39%	10%
	Binge Drinking^^	2007-2012	n/a	22%	21%	26%	24%	23%		38%	22%
	Physically Inactive	2007-2012	n/a	36%	35%	38%	45%	43%		59%	36%
	Fruit & Veg Consumption^^	2007-2012	n/a	59%	57%	65%	63%	62%		77%	53%
	Overweight & Obesity	2007-2012	n/a	46%	42%	57%	56%	54%		65%	46%
HEALTH CARE ACCESS	Childhood Immunization	2007/08	n/a	77.4%			71.5%	72.4%		58.8%	78.9%
	Breast Cancer Screening	2010/11-2011/12	3701	54.5%	56.4%	49.9%	53.4%	51.4%		36.6%	57.5%
	Cervical Cancer Screening	2009/10-2011/12	14007	59.5%	62.1%	53.2%	n/a	53.4%		46.1%	59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	3.8%			12.3%	7.7%		19.1%	3.8%
	Looking for a doctor	2007-2012	n/a	65%	73%	67%	56%	53%		70%	41%
	Use of Physicians	2011/12	47606	83.4%	83.7%	82.5%	79.1%	81.2%		77.8%	84.1%
	Hospitalization for ACSC **	2011/12	170	2.8	2.7	3.1	6.3	4.1		7.5	2.3
	Inpatient Hospitalizations **	2011/12	3620	61.4	55.5	66.1	87.9	65.4		92.5	59.6
	Benzodiazepine Prescribing	2010/11-2011/12	1663	23.0%	20.0%	27.5%	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

<sup>1</sup> Risk factors for maternal health and child development

<sup>2</sup> Children "not ready for school" in two or more domains of "Early Development Instrument"

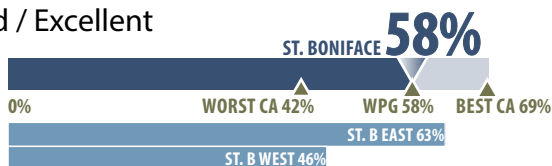
# How Healthy is the Community?



## Self-perceived Health

### Self-Perceived Health Very Good / Excellent

2007-2012



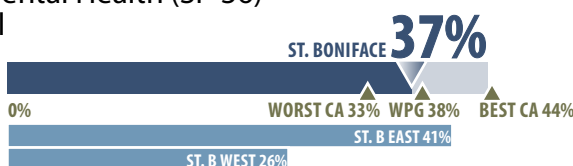
**General health** is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

### FINDINGS

- Compared to Winnipeg, a similar proportion of St. Boniface residents reported "excellent" or "very good" self-perceived health and "high level" of general mental health.
- Compared to St. Boniface West, a much better proportion of St. Boniface East residents reported "excellent" or "very good" self-perceived health and "high level" of general mental health.

### General Mental Health (SF-36) High Level

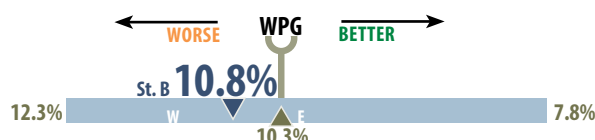
2005-2010



## Chronic Disease

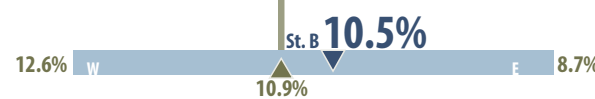
### Osteoporosis

2009/10-2011/12



### Dementia

2007/08-2011/12



### Heart Disease

2007/08-2011/12



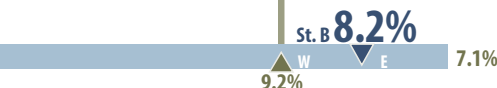
### Stroke

2007-2011



### Diabetes

2009/10-2011/12



### Respiratory Diseases

2011/12



### Hypertension

2011/12



▼ = St. Boniface E = St. B East  
▲ = Wpg W = St. B West

**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

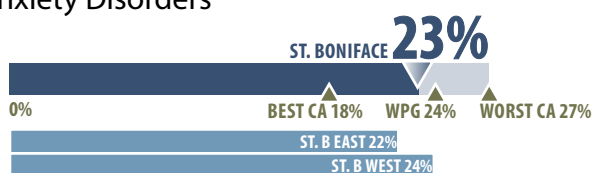
- The percentages of St. Boniface residents who received treatment for **total respiratory diseases**, **ischemic heart disease**, and **osteoporosis** have significantly decreased over time.
- The percentage of residents treated for **dementia** has increased slightly over time (from 10.2% in 2002/03-2006/07 to 10.5% in 2007/08-2011/12).
- Stroke** event rate has increased slightly over time (from 2.1 cases per 1,000 residents aged 40+ in 2002-2006 to 2.3 in 2007-2011).
- The percentage of St. Boniface residents who received treatment for **diabetes** has significantly increased over time (from 7.6% in 2004/05-2006/07 to 8.2% 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 St. Boniface residents who received treatment for **hypertension** has remained the same over time (23.1% in 2011/12).



## Mental Health & Substance Abuse

### Mood & Anxiety Disorders

2007/08-2011/12



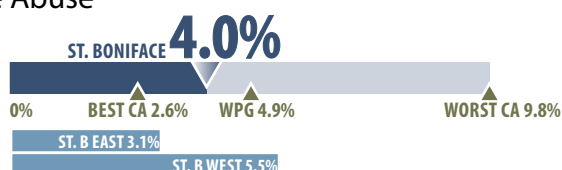
**Mental** and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the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

### FINDINGS

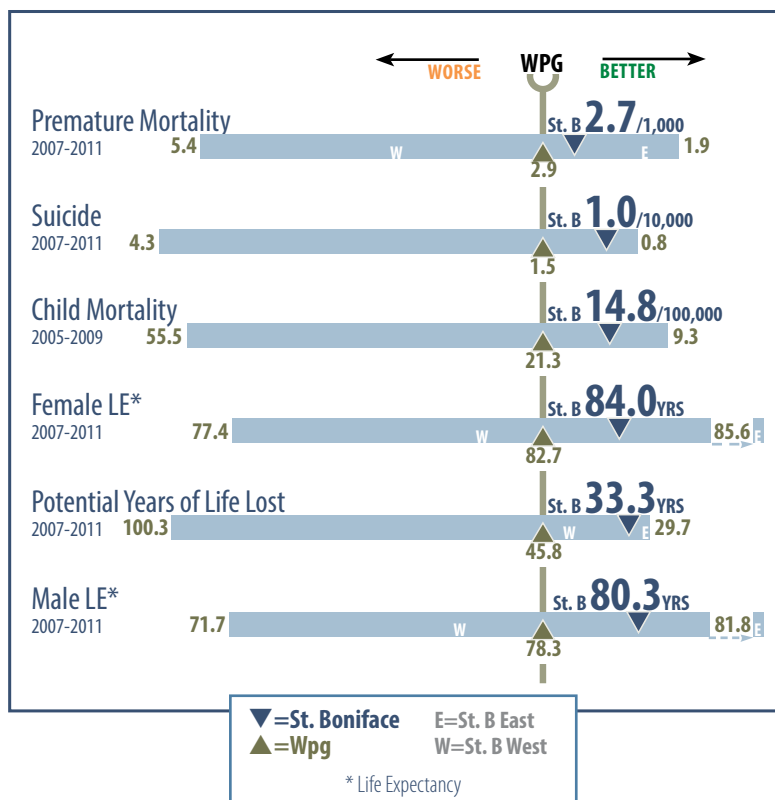
- The percentage of St. Boniface residents who received treatment for mood and anxiety disorders has decreased slightly over time (from 23.8% in 2002/03-2006/07 to 22.9% in 2007/08-2011/12).
- The percentage of St. Boniface residents who received treatment for substance abuse has increased slightly over time (from 3.8 in 2002/03-2006/07 to 4.0% in 2007/08-2011/12).

### Substance Abuse

2007/08-2011/12



## Life Expectancy & Death

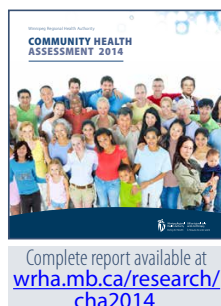


Community health is influenced by **life expectancy and mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless,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

- Premature mortality rate (PMR)** has remained somewhat the same over time (2.7 per 1,000 residents in 2007-2011).
- Suicide** death rate has increased slightly over time (from 0.9 per 1,000 residents aged 10+ in 2002-2006 to 1.0 in 2007-2011).
- Child mortality** rate has increased over time in St. Boniface (from 10.7 per 100,000 children aged 1-19 in 2000-2004 to 14.8 in 2005-2009).
- Female life expectancy** at birth has remained somewhat the same over time (84 years).
- Potential years of life lost (PYLL)** in St. Boniface has increased over time (from 30.2 years per 1,000 residents in 2002-2006 to 33.3 years in 2007-2011).
- Male life expectancy** at birth has significantly increased over time (from 78.9 years in 2002-2006 to 80.3 years in 2007-2011).

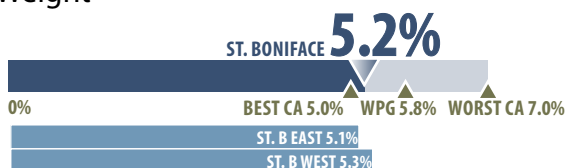




## Reproductive & Developmental Health

### Low Birth Weight

2007/08-2011/12



### Families with 3 or more risk factors

2011



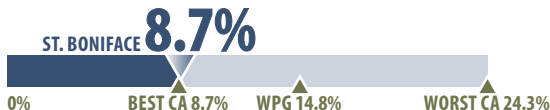
### Teen Pregnancy

2012/13



### Children Not Ready for School

2010/11



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

### FINDINGS

- The percentage of low birth-weight infants has increased slightly over time in St. Boniface (from 5.0 per 100 live infants per year in 2002/03-2006/07 to 5.2% 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 St. Boniface (from 14.2% in 2003 to 20.6% in 2011).
- Teen pregnancy rate has decreased over time in St. Boniface (from 9.3 per 1,000 females aged 15-19 in 2010/11 to 6.0 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 15% to 9%) over the years (2005/06-2010/11) in St. Boniface. And after combining data from all four years, the percentage of children who were "not ready for school" (11%) has been significantly lower than Manitoba's baseline percentages (14%).



## Sexually Transmitted Infections (STIs)

### Chlamydia

2013



### Gonorrhea

2013



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

### FINDINGS

- Compared to the Winnipeg's rate of 398.3 per 100,000 in 2013, St. Boniface's chlamydia infection rate of 288.0 has been better. Similarly, St. Boniface's gonorrhea infection rate of 40.5 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 St. Boniface 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

- Some of the residents here are poor and do not have financial stability and this in turn impacts their health and well-being.
- Level of education is an important factor for long term health outcomes in St Boniface.

### Housing

- Lack of choices for affordable quality housing for newcomers and seniors especially single seniors.

### Mental Health

- Knowing where and how to connect to mental health support and services when needed, especially for children and youth.
- Mental health services that are not available/accessible in French - system navigation and in **particular in French**.
- How to address the mental health needs of youth in school.

### Early Childhood Development

- Choices of adequate and quality childcare spaces, including French.
- Child and parents centres (both in French and English) offer quality programs, are well utilized and appreciated.

### Access to Care/Programs

- St Boniface has many high quality services in French and English.
- St Boniface has many opportunities for health care and leisure, cultural and community activities to promote health, but it can be difficult to find.
- Public transportation closer to some community centres and schools in East St-Boniface.
- Transition from support systems can be challenging ex: homecare – hospital- home.
- Choices of adequate and quality childcare spaces, including French.
- Child and parents centres (both in French and English) offer quality programs, are well utilized and appreciated.

# What Determines Health in the Community?

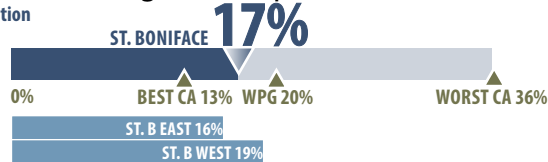
The following sections discuss some of these factors which have been categorized into **socio-economic determinants, health behaviors, and health care access.**



## Education & Employment

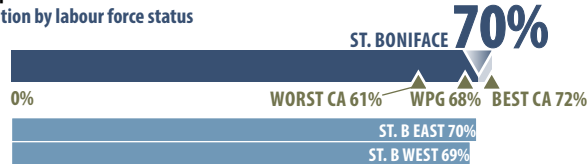
### No certificate, degree, or diploma

15+ Population  
2011



### Participation in Labour Force

15+ population by labour force status  
2011



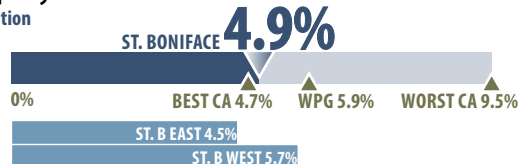
### Employment Rate

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 St. Boniface with no certificate, diploma or degree has decreased from 20.6% in 2006 to 17% in 2011.
- The percentage of individuals having a high school certificate or equivalent was 26.8% in 2006 and has increased by 1.2% in 2011.

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

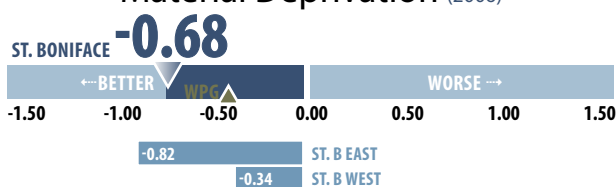
### FINDINGS

- The labor force participation rate in St. Boniface was 70.6% in 2006 and has decreased by 0.8% in 2011.
- The employment rate has decreased from 67.8% in 2006 to 66.4% in 2011.
- The unemployment rate has increased from 4.0% in 2006 to 4.9% in 2011.

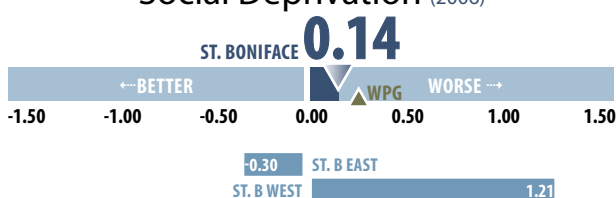


## Material and Social Deprivation

### 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.

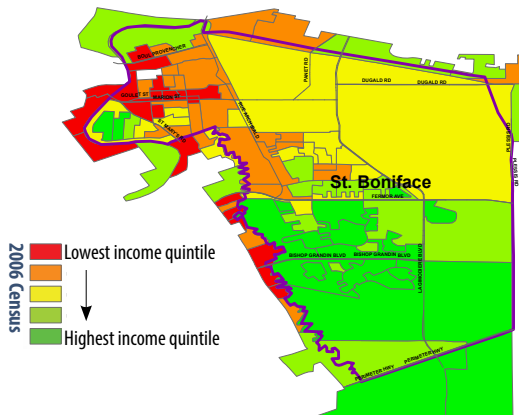
**Material deprivation higher than zero** means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher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

- St. Boniface has a material deprivation score of -0.68 (lower than zero = better) and social deprivation score of 0.14 (higher than zero = worse). Material deprivation score has been significantly worse than Manitoba score (-0.02).



## Income & Affordable Housing



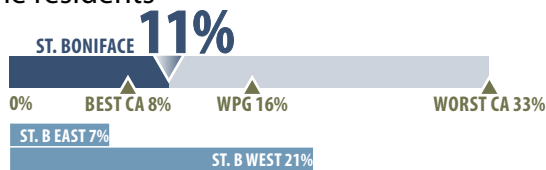
	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
2011 NHS ST. BONIFACE	\$68,939	\$35,099
ST. BONIFACE WEST	\$45,911	\$29,622
ST. BONIFACE EAST	\$80,877	\$37,730

**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.

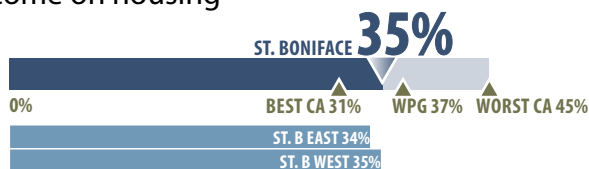
### FINDINGS

- Median individual income of St. Boniface has increased from \$29,880 in 2005 to \$35,099 in 2010. Similarly, median household income has increased from \$58,840 to \$68,939.
- Average individual income of St. Boniface has increased from \$36,501 in 2005 to \$42,499 in 2010. Similarly, average household income has increased from \$70,148 to \$81,888.
- 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

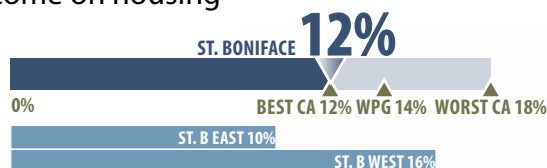


**Affordable housing** is yet another important factor that influences health. People in households that spend 30% or more of total household income on shelter expenses are considered to be having 'housing affordability' problems. Thus, these people are constrained from making healthier choices and could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

### FINDINGS

- The percentage of tenant households spending 30% or more of household total income on shelter costs in St. Boniface has decreased from 35.7% in 2006 to 34.6% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 10.6% in 2006 to 11.8% in 2011.

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



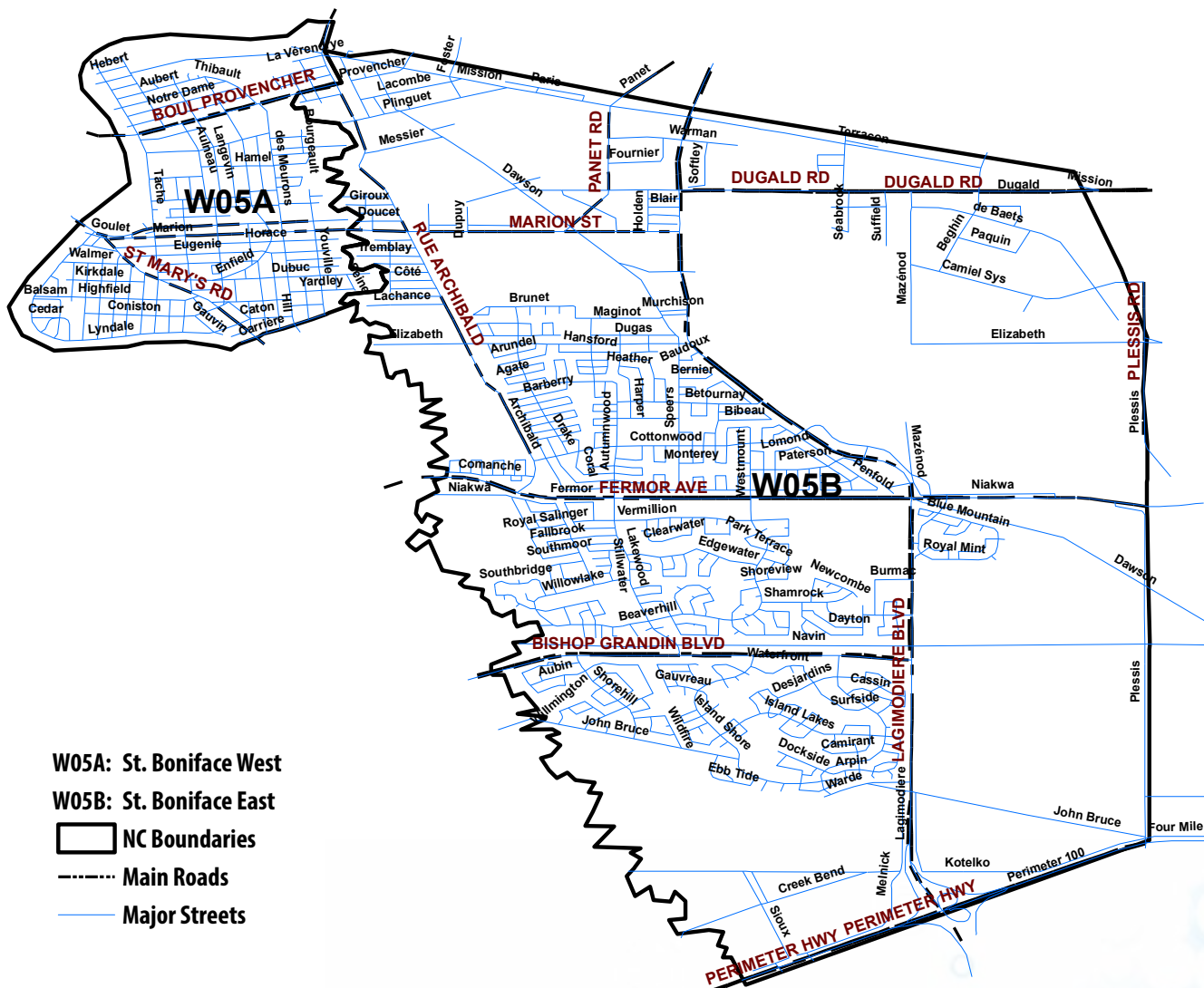
# At-a-Glance

Selected indicators from 2011 Census & NHS

ST. BONIFACE

	Indicator	St Boniface	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	17.2%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	27.5%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	55.3%	47.2%	51.7%	35.6%		61.2%
	Labour participation rate	69.8%	67.3%	68.3%	61.2%		72.0%
	Employment rate	66.4%	63.1%	64.3%	55.4%		68.2%
EMPLOYMENT	Unemployment rate	4.9%	6.2%	5.9%	9.5%		4.7%
	Renting, shelter costs are 30% or more of household income	34.6%	35.4%	37.5%	45.0%		31.2%
HOUSING	Owner, shelter costs are 30% or more of household income	11.8%	13.0%	14.0%	17.7%		11.6%
	Low income in 2010 based on after-tax low-income measure %	10.8%	16.4%	16.4%	33.3%		8.0%
	Median individual income	\$35,099	\$29,029	\$30,455	\$21,801		\$38,440
INCOME	Median household income	\$68,939	\$57,299	\$58,503	\$36,298		\$81,462

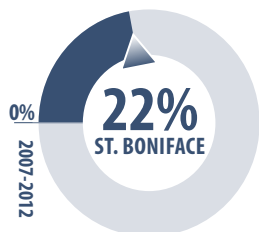
## St. Boniface CA Map





## Health Behaviours

### Binge Drinking



ST. B EAST 21%  
ST. B WEST 26%

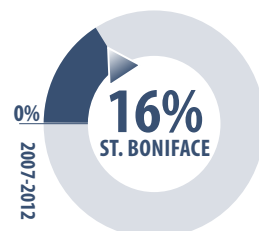
WINNIPEG 23%  
WORST CA 38%  
BEST CA 22%

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

### FINDINGS

- The percentage of binge drinking residents has increased from 16% in 2001-2005 to 22% in 2007-2012. In 2007-2012, 52% of residents reported that they never drank; 26% identified as having 5 or more drinks on one occasion less than once per month.
- The percentage of current smokers (daily or occasionally) has decreased from 22% in 2001-2005 to 16% in 2007-2012. In 2007-2012, 46% of residents identified as being former smokers; 38% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 16% in 2003-2005 to 8% in 2007-2012. In 2007-2012, 92% 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 70% in 2001-2005 to 59% in 2007-2012. In 2007-2012, 41% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has decreased from 54% in 2001-2005 to 46% in 2007-2012. In 2007-2012, 54% 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.

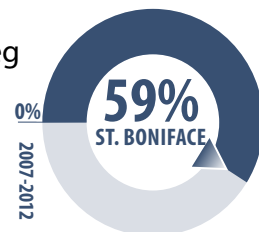
### Tobacco Use



ST. B EAST 18%  
ST. B WEST 11%

WINNIPEG 19%  
WORST CA 39%  
BEST CA 10%

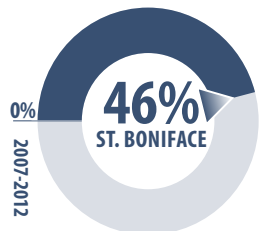
### Less Than 5 Daily Servings of Fruit & Veg



ST. B EAST 57%  
ST. B WEST 65%

WINNIPEG 62%  
WORST CA 77%  
BEST CA 53%

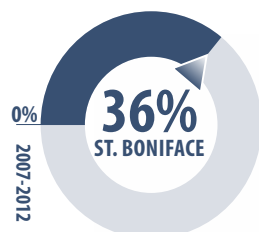
### Overweight & Obesity



ST. B EAST 42%  
ST. B WEST 57%

WINNIPEG 54%  
WORST CA 65%  
BEST CA 46%

### Physically Inactive



ST. B EAST 35%  
ST. B WEST 38%

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



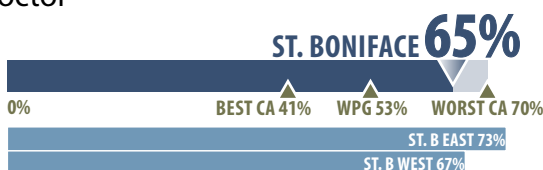
### Cervical Cancer Screening 2009/10-2011/12



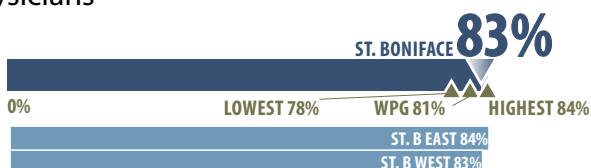
### Inadequate Prenatal Care 2007/08-2008/09



### 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 St. Boniface has remained the same over time (77% 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 58% in 2011/12).
- During 2010/11-2011/12, 55% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 60% 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) (3.8%) in St. Boniface 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, 65% of St. Boniface 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 decreased by one percent over time (from 84.3% in 2006/07 to 83.4% in 2011/12).
- Inpatient hospitalization has significantly decreased over time (from 66.4 per 1,000 residents in 2006/07 to 61.4 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 8.6% in 2005/06-2006/07 to 7.0% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has remained somewhat the same over time (23.0% 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 St. Boniface 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 St. Boniface residents   ▼ Worse than all other St. Boniface residents   ▼ No difference compared to all other St. Boniface residents

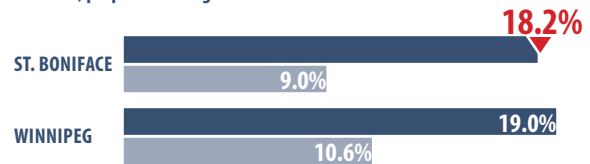
### Premature Mortality

1999-2008, per 1000 age 0-74



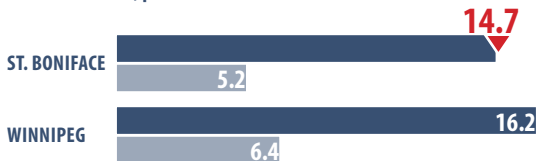
### Total Respiratory Morbidity

2008/09, proportion all ages



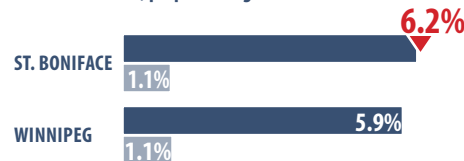
### Injury Hospitalization

1999/00-2008/09, per 1000



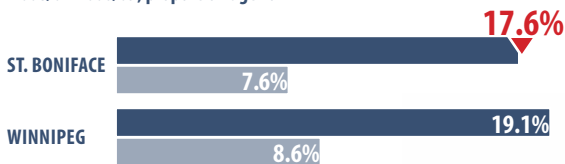
### Schizophrenia

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



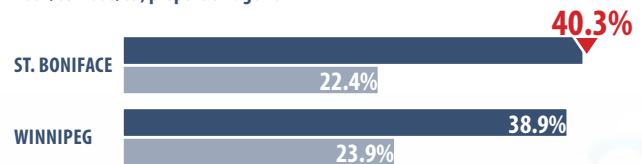
### Diabetes Prevalence

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



### Mood and Anxiety Disorders

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





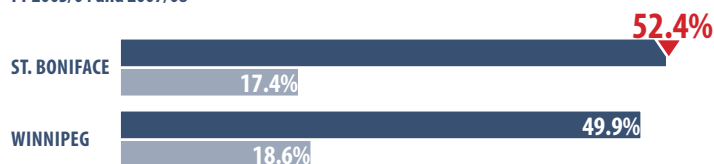
## Children & Adolescents

**SOCIAL HOUSING RESIDENTS**  
**ALL OTHER RESIDENTS**

▼ Better than all other St. Boniface residents    ▼ Worse than all other St. Boniface residents    ▼ No difference compared to all other St. Boniface residents

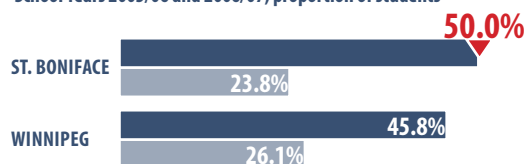
### Mothers with 3+ Risk Factors

FY 2003/04 and 2007/08



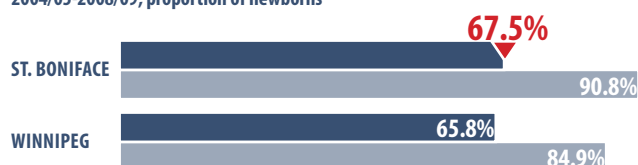
### Children Not Ready for School in 1+ Domain

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



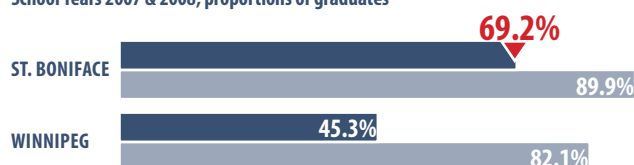
### Breastfeeding Initiation

2004/05-2008/09, proportion of newborns



### High School Completion

School Years 2007 & 2008, proportions of graduates



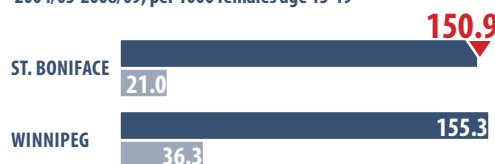
### Complete Immunization by Age 2

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



### Teen Pregnancy

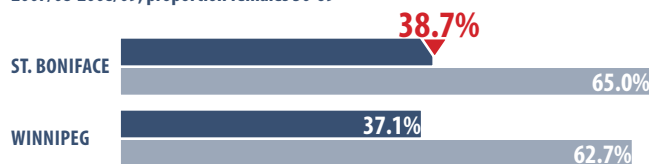
2004/05-2008/09, per 1000 females age 15-19



## 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