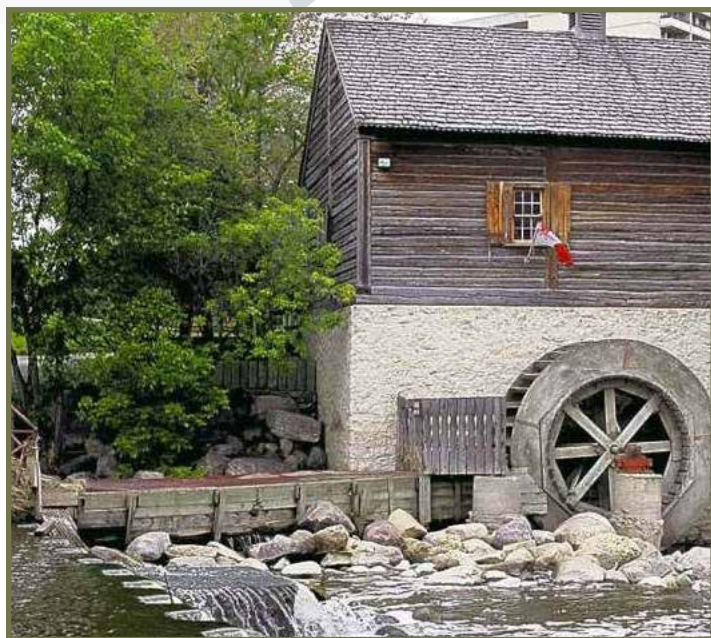


St. James-Assiniboia

Community Area Profile, 2015

Winnipeg Regional Health Authority (WRHA)

OUR HEALTH
OUR COMMUNITY



Health Status

Self-perceived Health PAGE 5

Chronic Disease PAGE 5

Mental Health & Substance Abuse PAGE 5

Mortality PAGE 6

Reproductive & Developmental Health PAGE 7

Sexually Transmitted Infections PAGE 7

Health Determinants

Education & Employment PAGE 9

Material & Social Deprivation PAGE 9

Income & Affordable Housing PAGE 10

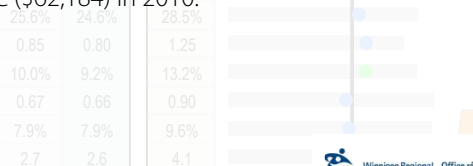
Health Behaviours PAGE 12

Health Care Access, Immunization & Screening PAGE 13

Health & Social Housing PAGE 14

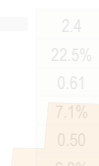
Community Voices PAGE 8

This is a statistical health needs profile of St. James Assiniboia (2014 pop 60,073)—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. James-Assiniboia East** is rich in mid-incomes single-family housing and some multi-level dwellings (low to high rise) in such neighborhoods as Airport, Birchwood, Booth, Bruce Park, Dear Lodge, Jameswood, Kensington, King Edward, Silver Heights, and Woodhaven. **St. James-Assiniboia West** is similarly constituted and is comprised of nine neighborhoods: Assiniboia Downs, Buchanan, Crestview, Glendale, Heritage Park, Kirkfield, Westwood, Sturgeon Creek, and Saskatchewan North. The CA is divided by Sturgeon Road and both are bounded on the south by the Assiniboine River. Median household income for St. James-Assiniboia East (\$57,016) was slightly less than the West NC (\$62,184) in 2010.



Residents of St. James Assiniboia describe it as a “changing community culturally as well as an active community, with access to green spaces, programs and active transport pathways.” The population of seniors is growing and with this, the community notes that more affordable housing is needed. Housing costs may explain why some seniors are finding it difficult to “make ends meet”. Some have also noted that programs to assist isolated seniors would improve this population’s quality of life.

Children living in less-advantaged areas of the CA may have needs that should be targeted. The ability to thrive is affected by basic needs like good nutrition. Pockets of this kind of need can be found in St. James-Assiniboia.



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. James-Assiniboia 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. James-Assiniboia 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

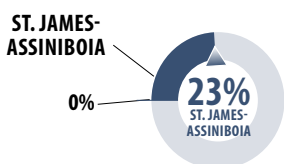
There are a variety of chart styles used in this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

Findings

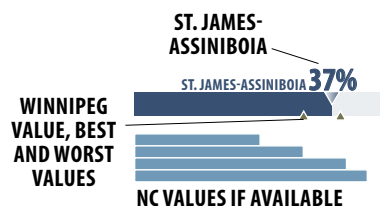
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at wrha.mb.ca/research/cha2014/).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

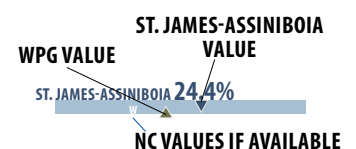
DIAL CHART



BAR CHART



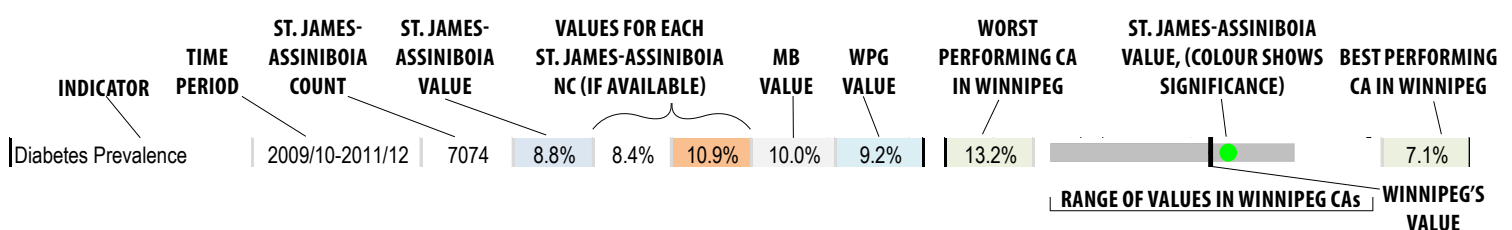
SPINE CHART



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.



St. James-Assiniboia (01) Community Profile

OUR HEALTH
OUR COMMUNITY

The St. James-Assiniboia community area (CA) is comprised of two neighborhood clusters (NCs): **St. James-Assiniboia West (01A)** and **St. James-Assiniboia East (01B)**.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

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

AGE & GENDER

	FEMALES	MALES
0-9 years	2,824 (9%)	2,912 (10%)
10-19 years	2,967 (10%)	3,199 (11%)
20-39 years	8,076 (26%)	7,785 (27%)
40-64 years	10,528 (34%)	10,001 (35%)
65-74 years	3,221 (10%)	2,545 (9%)
75+ years	3,587 (11%)	2,428 (8%)

ETHNICITY

Aboriginal	5,300 (9%)
Recent Immigrants (2006-2011)	1,355 (2%)
Visible Minorities	4,705 (8%)

EDUCATION

No certificate/diploma/degree (15+ population)	18%
High school diploma or equivalent (15+ population)	32%
Postsecondary certificate, diploma or degree (15+ pop.)	50%

EMPLOYMENT

Participation rate (in labour force/15+ population)	66.0%
Employment rate (employed/15+ population)	62.5%
Unemployment rate (unemployed, in labour force)	5.2%

INCOME

Income under \$19,999	14,220 (30%)
\$20,000-\$59,999	24,045 (51%)
\$60,000-\$99,999	7,450 (16%)
\$100,000-\$124,999	770 (2%)
\$125,000+	715 (2%)

LONE-PARENT FAMILIES

Female-led parent	2,440 (80%)
Male-led parent	615 (20%)

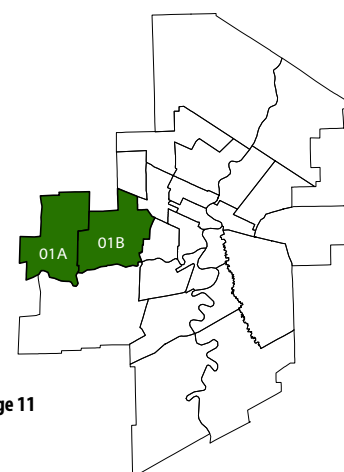
65+

Male, living alone	845 (19%)
Female, living alone	2,605 (43%)

LIVING IN PERSONAL CARE HOME 13%

AREA: 59.2 km²
POPULATION (2014): 60,073
POPULATION (2009): 58,512
01A: St. James-Assiniboia West
01B: St. James-Assiniboia East

Note: Map of St. James-Assiniboia on page 11



HIGHLIGHTS

- The population of this community is steadily increasing from 58,512 in June 2009 to 60,073 in 2014 (3% increase).
- The majority (94%) of residents speak English at home; 4% speak a non-official language at home, and the remaining 2% speak both (English and a non-official language).
- The percentage of residents identifying as Aboriginal was 7.8% in 2006 and has increased by 1.4% in 2011. The percentage of visible minority residents has increased from 6.2% to 8.2%. The reported percentage of new immigrants during the period of 2006-2011 was 2.3%.
- The unemployment rate has increased from 4.4% in 2006 to 5.2% in 2011.
- Attendees at the **community engagement** event identified the following as potentially affecting the health of residents in this CA: low income, neighborhood safety, mental health, social isolation, transportation, affordable housing for seniors, and access to care for seniors.
- Attendees identified the following community strengths as having a positive impact on the health of residents in this CA: the Access center, programs for families, programs for seniors, public green spaces and active transportation, and effective partnerships within the community.
- The percentages of residents who received treatment for total respiratory diseases, ischemic heart disease, dementia, and osteoporosis have significantly decreased over time, whereas the percentage of residents who received treatment for diabetes has significantly increased over time.
- The percentages of residents who received treatment for mood and anxiety disorders and substance abuse have significantly increased over time.
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time.
- 18.1% of St. James Assiniboia residents did not return the National Household Survey (NHS) and this non-response is the second lowest among the Winnipeg community areas; Seven Oaks being the lowest (17.6%).

Source: MH, 2014

Source: 2011 Census / National Household Survey

Source: MCHP, 2013

St. James-Assiniboia At-a-Glance

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

	Indicator	Time Period	St James Assiniboia Count	Rates or Percentages				WPG	WPG Worst CA	WPG Best CA
				St James Assiniboia	St James Assiniboia W	St James Assiniboia E	MB			
HEALTH STATUS	Self-Perceived Health ~	2007-2012	n/a	59%	61%	57%	57%	58%	42%	69%
	General Mental Health ~	2005-2010	n/a	43%	38%	48%	40%	38%	33%	44%
	Male Life Expectancy ^	2007-2011	n/a	78.5	80.0	77.4	77.5	78.3	71.7	81.8
	Female Life Expectancy ^	2007-2011	n/a	82.7	84.3	81.3	82.2	82.7	77.4	85.6
	Child Mortality ****	2005-2009	n/a	16.4			33.3	21.3	55.5	9.3
	Premature Mortality **	2007-2011	n/a	2.8	2.5	3.3	3.1	2.9	5.4	1.9
	Potential Yrs of Life Lost **	2007-2011	n/a	43.5	38.9	50.7	51.5	45.8	100.3	29.7
	Suicide Death Rate ***	2007-2011	n/a	1.1			1.7	1.5	4.3	0.8
	Respiratory Diseases	2011/12	6666	10.9%	10.8%	11.2%	9.5%	9.9%	13.2%	8.8%
	Hypertension Incidence *	2011/12	830	3.1	3.3	2.9	3.1	3.0	3.5	2.4
	Hypertension Prevalence	2011/12	13459	24.4%	24.6%	24.4%	25.6%	24.6%	28.5%	22.5%
	Diabetes Incidence *	2009/10-2011/12	824	0.71	0.73	0.67	0.85	0.80	1.25	0.61
	Diabetes Prevalence	2009/10-2011/12	4575	8.4%	8.6%	8.3%	10.0%	9.2%	13.2%	7.1%
	Heart Disease Incidence *	2007/08-2011/12	1229	0.61	0.63	0.62	0.67	0.66	0.90	0.50
	Heart Disease Prevalence	2007/08-2011/12	4558	7.8%	7.9%	8.0%	7.9%	7.9%	9.6%	6.8%
	Stroke Event Rates (40+)**	2007-2011	515	2.7	2.5	3.2	2.7	2.6	4.1	2.1
	Dementia Prevalence	2007/08-2011/12	2305	11.1%	9.5%	13.1%	10.6%	10.9%	12.6%	8.7%
	Osteoporosis Prevalence	2009/10-2011/12	2798	11.0%	10.5%	11.3%	10.4%	10.3%	12.3%	7.8%
	Mood & Anxiety Dis. Prev.	2007/08-2011/12	15209	26.8%	26.3%	26.9%	23.3%	24.4%	27.4%	18.3%
	Substance Abuse Prev.	2007/08-2011/12	2556	4.6%	3.9%	4.9%	5.0%	4.9%	9.8%	2.6%
	Chlamydia Infections ****	2013	139	246.7			n/a	398.3	971.9	236.8
	Gonorrhea Infections ****	2013	24	43.6			n/a	77.4	278.7	23.2
	Families - 3+ Risk Factors ¹	2011	n/a	18.7%			23.6%	23.9%	51.8%	11.8%
	Teen Pregnancy (15-19)**	2012/13	40	11.1			18.4	15.5	38.9	5.1
	Low Birth Weight Infants	2007/08-2011/12	n/a	5.3%	5.3%	5.3%	5.2%	5.8%	7.0%	5.0%
	Breastfeeding Initiation	2012/13	522	92.1%			82.9%	86.3%	73.1%	94.1%
	Children not school-ready ²	2010/11	n/a	11.0%			15.0%	14.8%	24.3%	8.7%
BEHAVIOURS	Current Smokers	2007-2012	n/a	23%	22%	24%	20%	19%	39%	10%
	Binge Drinking ^{^^}	2007-2012	n/a	24%	24%	23%	24%	23%	38%	22%
	Physically Inactive	2007-2012	n/a	46%	42%	51%	45%	43%	59%	36%
	Fruit & Veg Consumption ^{^^}	2007-2012	n/a	67%	65%	69%	63%	62%	77%	53%
HEALTH CARE ACCESS	Overweight & Obesity	2007-2012	n/a	59%	60%	59%	56%	54%	65%	46%
	Childhood Immunization	2007/08	n/a	77.4%			71.5%	72.4%	58.8%	78.9%
	Breast Cancer Screening	2010/11-2011/12	3912	50.1%	50.0%	50.2%	53.4%	51.4%	36.6%	57.5%
	Cervical Cancer Screening	2009/10-2011/12	13803	52.2%	52.0%	52.4%	n/a	53.4%	46.1%	59.5%
	Inadequate prenatal care	2007/08-2008/09	n/a	4.1%			12.3%	7.7%	19.1%	3.8%
	Looking for a doctor	2007-2012	n/a	51%	68%	[s]	56%	53%	70%	41%
	Use of Physicians	2011/12	50113	83.2%	83.4%	82.7%	79.1%	81.2%	77.8%	84.1%
	Hospitalization for ACSC **	2011/12	245	3.7	3.6	3.8	6.3	4.1	7.5	2.3
	Inpatient Hospitalizations **	2011/12	4549	65.4	58.8	65.2	87.9	65.4	92.5	59.6
	Benzodiazepine Prescribing	2010/11-2011/12	2216	19.8%	20.2%	19.5%	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"

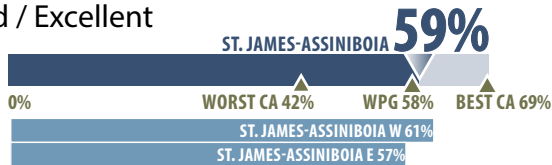
How Healthy is the Community?



Self-perceived Health

Self-Perceived Health Very Good / Excellent

2007-2012



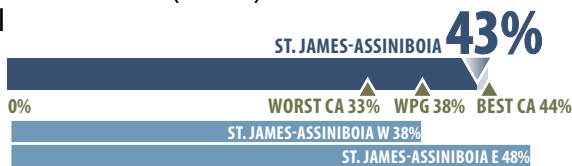
General health is defined as 'not only the absence of disease or injury but also physical, mental, and social wellbeing'. Self-perceived health and general mental health are important factors for the well-being of individuals in the community.

FINDINGS

- Compared to Winnipeg (58%), a similar proportion of St. James Assiniboia residents (59%) reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a higher proportion of St. James Assiniboia residents (43%) reported "high level" of general mental health.
- Compared St. James Assiniboia West (38%), a higher proportion of St. James Assiniboia East residents (48%) reported "high level" of general mental health.

General Mental Health (SF-36) High Level

2005-2010

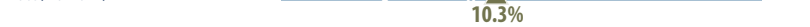


Chronic Disease

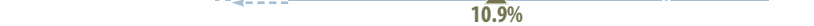
Respiratory Diseases 2011/12



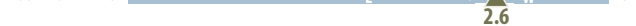
Osteoporosis 2009/10-2011/12



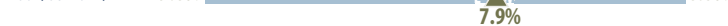
Dementia 2007/08-2011/12



Stroke 2007-2011



Heart Disease 2007/08-2011/12



Hypertension 2011/12



Diabetes 2009/10-2011/12



▼ = St. James-Assiniboia
▲ = Wpg

W = St. James-Assiniboia W
E = St. James-Assiniboia E

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

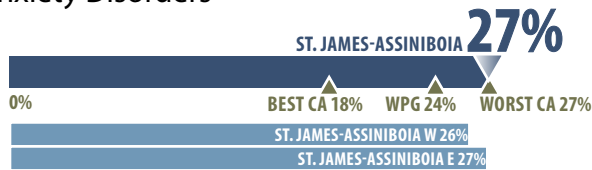
- The percentages of St. James Assiniboia residents who received treatment for **total respiratory diseases, ischemic heart disease, dementia, and osteoporosis** have significantly decreased over time.
- Stroke** event rate has slightly decreased over time (from 2.9 cases per 1,000 residents aged 40+ in 2002-2006 to 2.7 in 2007-2011).
- The percentage of St. James Assiniboia residents who received treatment for **hypertension** has remained somewhat the same over time (24.4% in 2011/12).
- The percentage of St. James Assiniboia residents who received treatment for **diabetes** has significantly increased over time (from 7.8% in 2004/05-2006/07 to 8.4% 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.



Mental Health & Substance Abuse

Mood & Anxiety Disorders

2007/08-2011/12



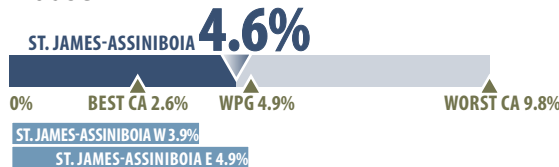
Mental and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary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

FINDINGS

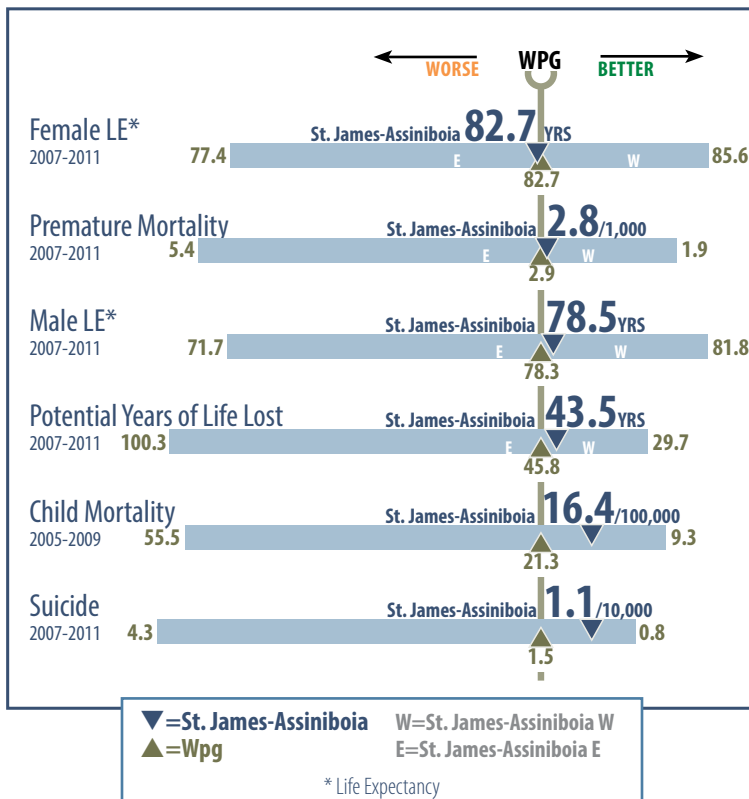
- The percentage of St. James Assiniboia residents who received treatment for mood and anxiety disorders has significantly increased over time (from 24.8% in 2002/03-2006/07 to 26.8% in 2007/08-2011/12).
- The percentage of St. James Assiniboia residents who received treatment for substance abuse has significantly increased over time (from 4.0% in 2002/03-2006/07 to 4.6% in 2007/08-2011/12).

Substance Abuse

2007/08-2011/12



Life Expectancy & Death

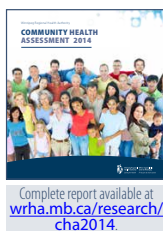


Community health is influenced by **life expectancy and mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless,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

- Male and female life expectancy** at birth has increased slightly over time.
- Premature mortality** rate (PMR) has decreased over time (from 3.1 per 1,000 residents in 2002-2006 to 2.8 in 2007-2011).
- Potential years of life lost (PYLL)** in St. James Assiniboia has increased over time (from 32.7 years per 1,000 residents in 2002-2006 to 43.5 years in 2007-2011).
- Child mortality** rate has increased over time (from 14.3 per 100,000 children aged 1-19 in 2000-2004 to 16.4 in 2005-2009).
- Suicide** death rate has decreased slightly over time (from 1.2 per 1,000 residents aged 10+ in 2002-2006 to 1.1 in 2007-2011).

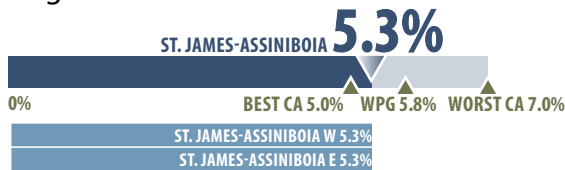




Reproductive & Developmental Health

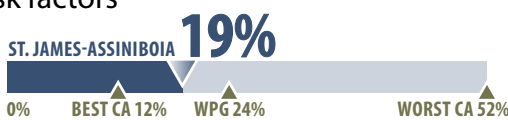
Low Birth Weight

2007/08-2011/12



Families with 3 or more risk factors

2011



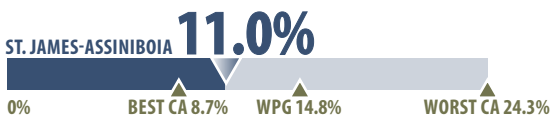
Teen Pregnancy

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 remained somewhat the same over time in St. James Assiniboia (5.3 per 100 live infants per year in 2007/08-2011/12).
- The percentage of mothers with newborns who screened positive for 3 or more risk factors for maternal health and child's development has been in the range of 17% to 19% over the years (2007-2011) in St. James Assiniboia.
- Teen pregnancy rate has increased over time (from 9.2 per 1,000 females aged 15-19 in 2010/11 to 11.1 in 2012/13).

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

FINDINGS

- The percentage of children "not ready for school" in two or more domains of EDI has increased slightly (from 10.0% to 11.0%) over the years (2005/06-2010/11) in St. James Assiniboia. However, after combining data from all four years, the percentage of children "not ready for school" in two or more domains (12%) in St. James Assiniboia has been significantly lower than Manitoba's baseline percentage (14%).



Sexually Transmitted Infections (STIs)

Chlamydia

2013



Gonorrhea

2013



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

FINDINGS

- Compared to Winnipeg's rate of 398.3 per 100,000 in 2013, St. James Assiniboia's chlamydia infection rate of 246.7 has been somewhat better. Similarly, St. James Assiniboia's gonorrhea infection rate of 43.6 per 100,000 in 2013 has been somewhat 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. James-Assiniboia 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

- Varying income levels contribute to health outcomes in St James Assiniboia.
- Food costs are high and seniors living in the area are struggling to make ends meet. Some are living without basics.
- Community members need knowledge of resources, food, and food preparation.

Housing

- The proportion of senior residents is growing in this community.
- Community needs affordable housing for seniors, and more programs to assist with isolated seniors.

Access to Care/Programs

- There is a new access center.

Early Childhood Development

- There is a significant population in St. James-Assiniboia unable to provide nutritious meals to their family including children.
- More and more children are going to school without having had a breakfast. As well, many students take lunches that are unhealthy and lean.
- St. James-A has a number of free programs and resources to support families of young children. They include parent and child drop-in centers, gym programs, nutrition workshops, parenting and literacy.
- Community partnerships help provide these resources.

Mental Health

- It would appear that in the St. James Assiniboia area we have a high % of children between the ages of 6-12 with anxiety-type/behavioural type disorders.
- It seems that the seniors living in the area are struggling to make ends meet and have limited access to mental health services.

Social Belonging

- Need programs for seniors. There is a feeling of hopelessness that contributes negatively to society/family.
- St. James Assiniboia is a changing community culturally and in age groups.
- St James is an active community, with access to green spaces, programs and active transport pathways.
- There is a Men's Shed organization in the Woodhaven Community Club that is run by volunteers with no operating grants.

What Determines Health in the Community?

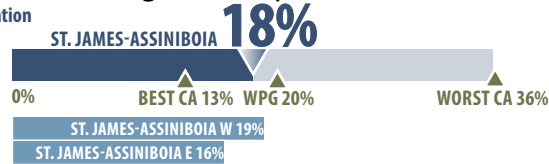
The following sections discuss some of these factors which have been categorized into **socio-economic determinants, health behaviors, and health care access.**



Education & Employment

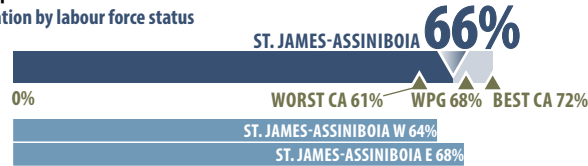
No certificate, degree, or diploma

15+ Population
2011



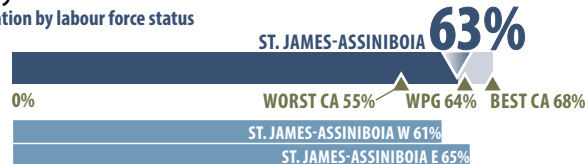
Participation in Labour Force

15+ population by labour force status
2011



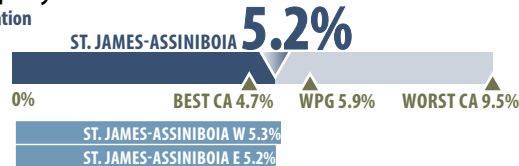
Employment Rate

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. James Assiniboia with no certificate, diploma or degree has decreased from 20.0% in 2006 to 17.8% in 2011.
- The percentage of individuals having a high school certificate or equivalent was 30.2% in 2006 and has increased by 1.6% in 2011.

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

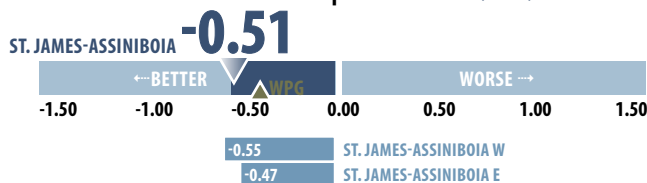
FINDINGS

- The labor force participation rate in St. James Assiniboia has increased from 65.2% in 2006 to 66.0% in 2011.
- The employment rate was 62.4% in 2006 and has increased by 0.1% in 2011.
- The unemployment rate has increased from 4.4% in 2006 to 5.2% in 2011.

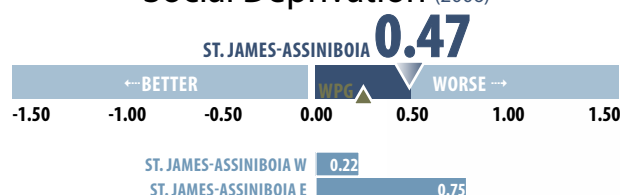


Material and Social Deprivation

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.

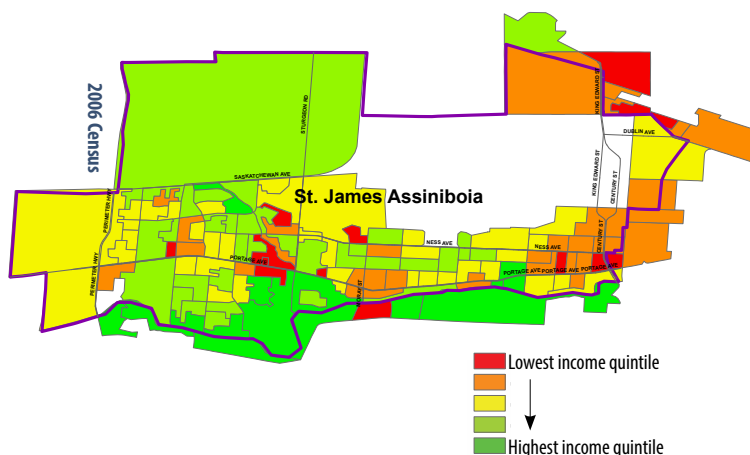
Material deprivation higher than zero means that the community has a higher proportion of lower average household income, higher unemployment rate, and a higher proportion of individuals without high school graduation. **Social deprivation higher than zero** means that the community has a higher proportion 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. James Assiniboia has a material deprivation score of -0.51 (lower than zero = better) and social deprivation score of 0.47 (higher than zero = worse). Material deprivation score has been significantly better than Manitoba score (-0.02), whereas social deprivation score has been significantly worse than Manitoba score (0.02).



Income & Affordable Housing



	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
2011 NHS ST. JAMES-ASSINIBOIA	\$59,581	\$33,547
ST. JAMES-ASSINIBOIA WEST	\$62,184	\$33,371
ST. JAMES-ASSINIBOIA EAST	\$57,016	\$33,648

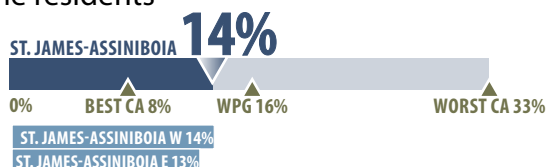
Income plays a major role in determining the health of individuals and families in the community. For example, income influences access to affordable housing, healthy choices, and lowered stress levels for individuals and families. Those who are unemployed or have lower income experience the poorest 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. James Assiniboia has increased from \$28,938 in 2005 to \$33,547 in 2010. Similarly, median household income has increased from \$52,153 to \$59,581.
- Average individual income of St. James Assiniboia has increased from \$34,161 in 2005 to \$38,837 in 2010. Similarly, average household income has increased from \$62,168 to \$70,312.
- 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



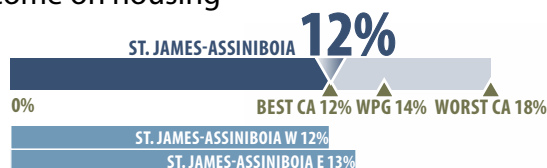
Affordable housing is yet another important factor that influences health. People in households that spend 30% or more of total household income on shelter expenses are considered to be having 'housing affordability' problems. Thus, these people are constrained from making healthier choices and could 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. James Assiniboia has increased from 34.9% in 2006 to 38.0% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has also increased from 9.9% in 2006 to 12.4% in 2011.

Owned, spending more than 30% of income on housing

2011



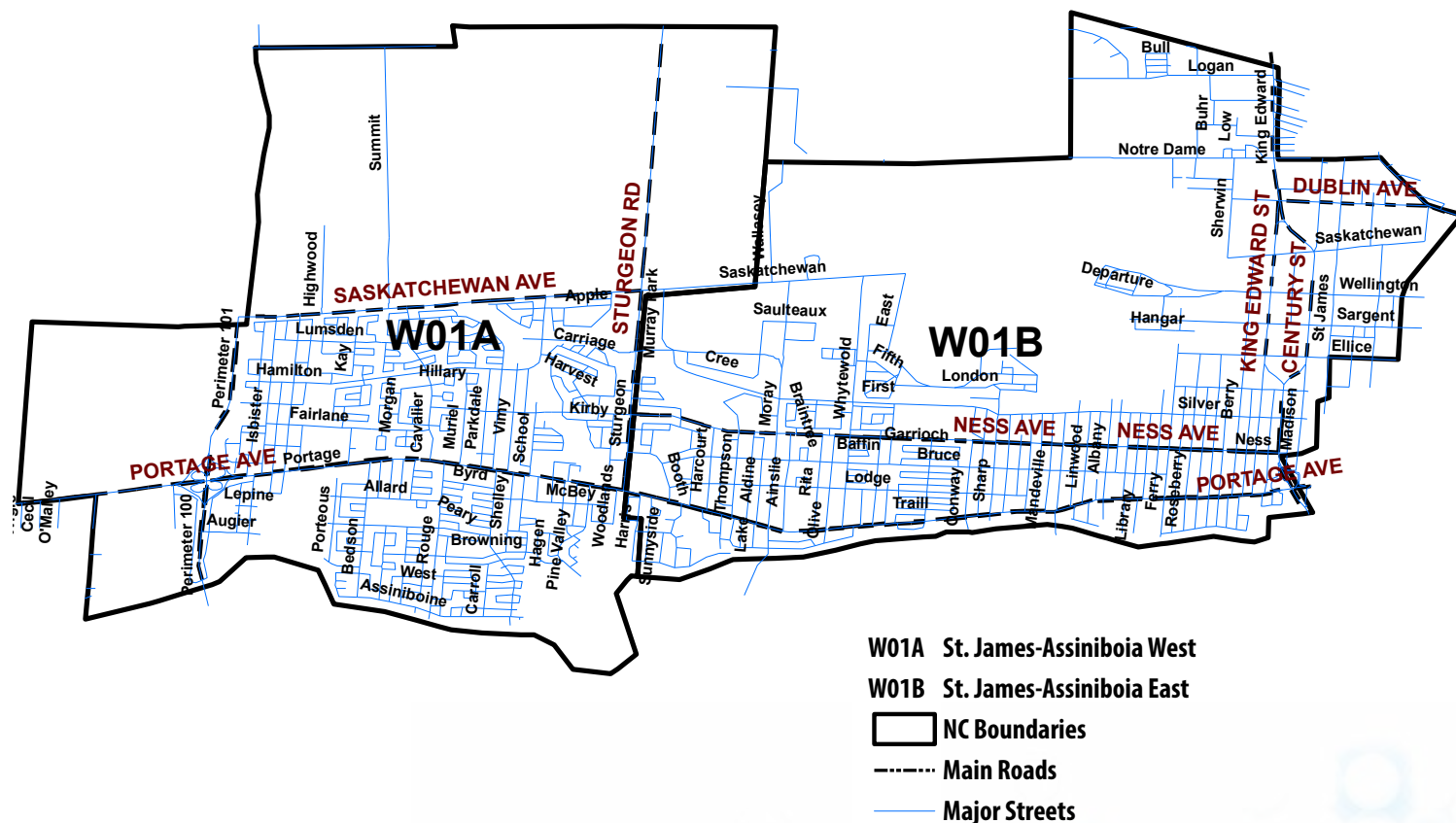
At-a-Glance

Selected indicators from 2011 Census & NHS

ST. JAMES-ASSINIBOIA

	Indicator	St James	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	17.8%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	31.8%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	50.4%	47.2%	51.7%	35.6%		61.2%
	Labour participation rate	66.0%	67.3%	68.3%	61.2%		72.0%
	Employment rate	62.5%	63.1%	64.3%	55.4%		68.2%
EMPLOYMENT	Unemployment rate	5.2%	6.2%	5.9%	9.5%		4.7%
	Renting, shelter costs are 30% or more of household income	38.0%	35.4%	37.5%	45.0%		31.2%
HOUSING	Owner, shelter costs are 30% or more of household income	12.4%	13.0%	14.0%	17.7%		11.6%
	Low income in 2010 based on after-tax low-income measure %	13.5%	16.4%	16.4%	33.3%		8.0%
INCOME	Median individual income	\$33,547	\$29,029	\$30,455	\$21,801		\$38,440
	Median household income	\$59,581	\$57,299	\$58,503	\$36,298		\$81,462

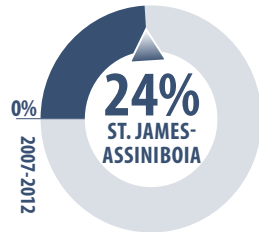
St. James-Assiniboia CA Map





Health Behaviours

Binge Drinking



ST. JAMES-ASSINIBOIA W 24%
ST. JAMES-ASSINIBOIA E 23%

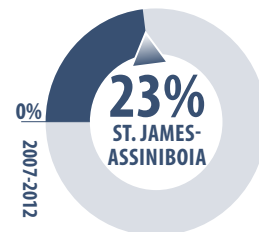
WINNIPEG 23%
WORST CA 38%
BEST CA 22%

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 slightly from 23% in 2001-2005 to 24% in 2007-2012. In 2007-2012, 48% of residents reported that they never drank; 28% identified as having 5 or more drinks on one occasion less than once per month.
- The percentage of current smokers (daily or occasionally) has decreased from 27% in 2001-2005 to 23% in 2007-2012. In 2007-2012, 38% of residents identified as being former smokers; 39% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 22% in 2003-2005 to 12% in 2007-2012. In 2007-2012, 88% of residents identified as not being exposed to second hand smoke.
- The percentage of residents consuming fruits and vegetables less than 5 times a day has increased slightly from 66% in 2001-2005 to 67% in 2007-2012. In 2007-2012, 33% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has increased from 57% in 2001-2005 to 59% in 2007-2012. In 2007-2012, 41% of residents identified as being either underweight or normal.
- During the period 2007-2012, 46% of residents reported being physically inactive. The remaining 54% residents identified as being physically active.

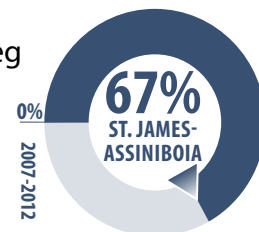
Tobacco Use



ST. JAMES-ASSINIBOIA W 22
ST. JAMES-ASSINIBOIA E 24%

WINNIPEG 19%
WORST CA 39%
BEST CA 10%

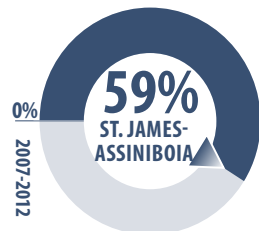
Less Than 5 Daily Servings of Fruit & Veg



ST. JAMES-ASSINIBOIA W 65%
ST. JAMES-ASSINIBOIA E 69%

WINNIPEG 62%
WORST CA 77%
BEST CA 53%

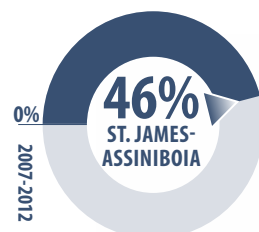
Overweight & Obesity



ST. JAMES-ASSINIBOIA W 60%
ST. JAMES-ASSINIBOIA E 59%

WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive



ST. JAMES-ASSINIBOIA W 42%
ST. JAMES-ASSINIBOIA E 51%

WINNIPEG 43%
WORST CA 59%
BEST CA 36%



Health Care Access, Immunization & Screening

Childhood Immunization Aged 2 years 2007/08



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

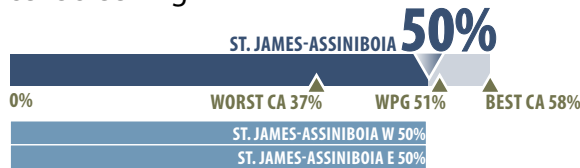
- Immunization rate for children aged 2 years in St. James Assiniboia has increased over time (from 75.6% in 2002/03 to 77.4% in 2007/08).
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time (from 70% in 2006/07 to 62% in 2011/12).
- During 2010/11-2011/12, 50% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 52% of women aged 15 and older had a cervical screening (Pap test) for cancer.
- In 2007/08-2008/09, the proportion of women with inadequate prenatal care (PNC) (4.1%) in St. James Assiniboia has been lower than Winnipeg's at 7.7%.

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

FINDINGS

- During 2007-2012, 51% of St. James Assiniboia 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 84.2% in 2006/07 to 83.2% in 2011/12).
- Inpatient hospitalization has decreased over time (from 70.1 per 1,000 residents in 2006/07 to 65.4 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 17.4% in 2005/06-2006/07 to 13.2% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has increased slightly over time (from 19.3% in 2005/06-2006/07 to 19.8% in 2010/11-2011/12).

Breast Cancer Screening 2010/11-2011/12



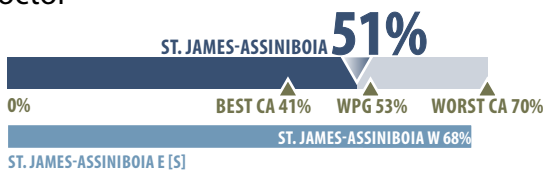
Cervical Cancer Screening 2009/10-2011/12



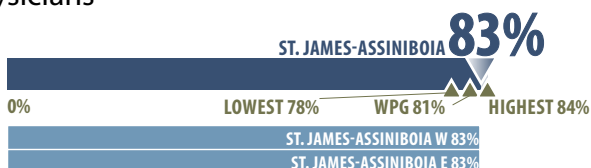
Inadequate Prenatal Care 2007/08-2008/09



Looking for a regular medical doctor 2007-2012



Use of physicians 2011/12



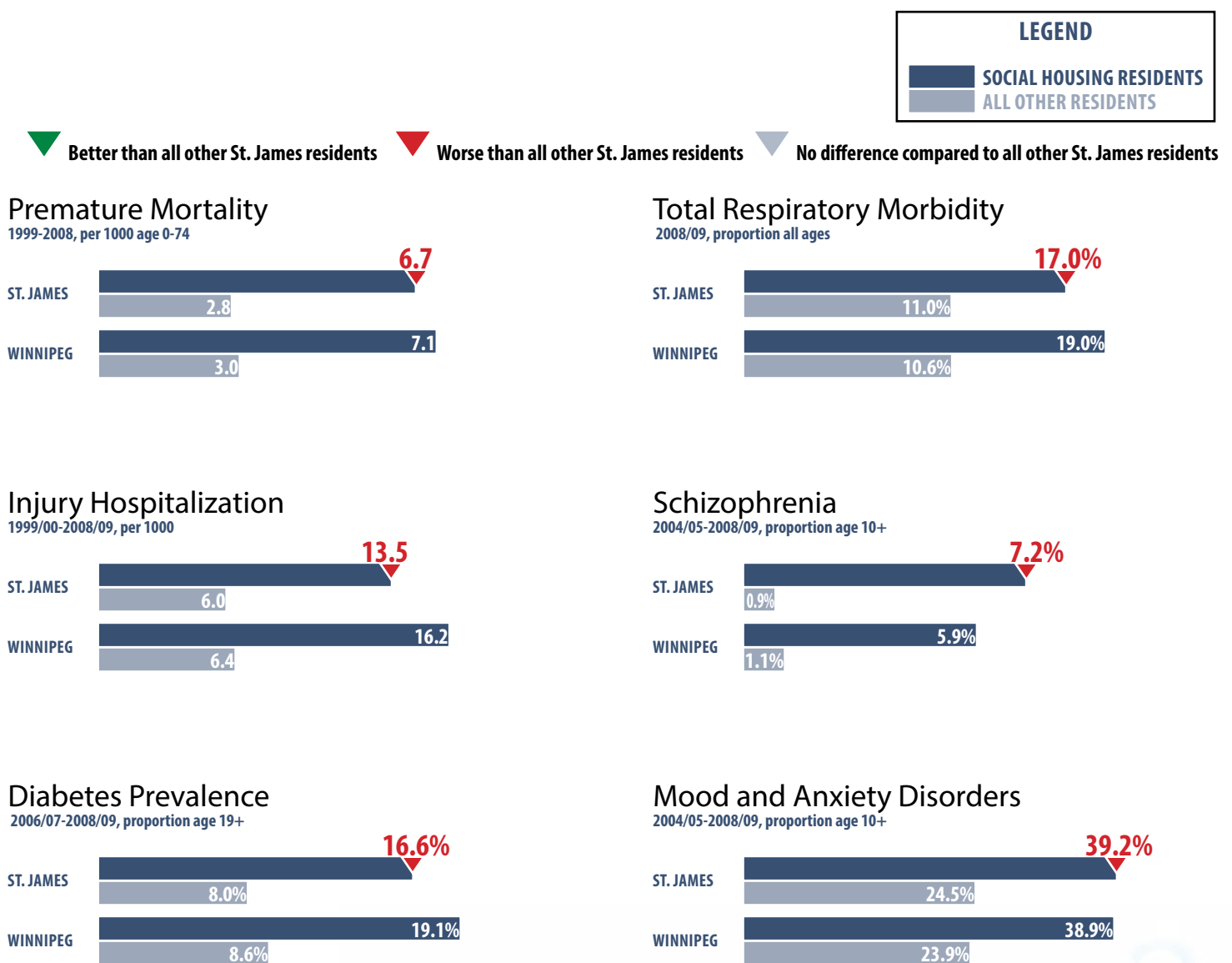
How Healthy Are Residents in Social Housing?

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

Morbidity and Mortality





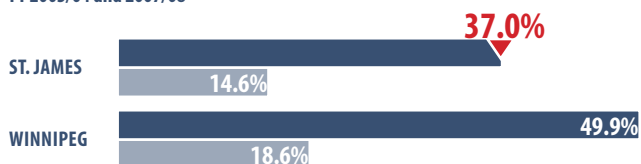
Children & Adolescents



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

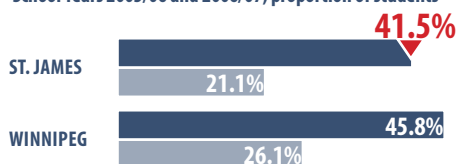
Mothers with 3+ Risk Factors

FY 2003/04 and 2007/08



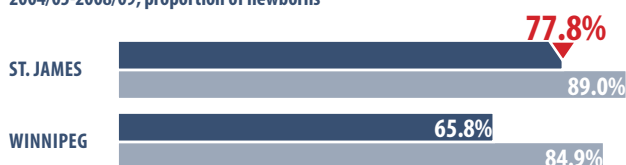
Children Not Ready for School in 1+ Domain

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



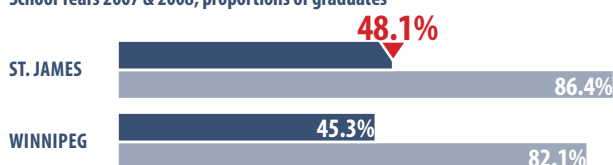
Breastfeeding Initiation

2004/05-2008/09, proportion of newborns



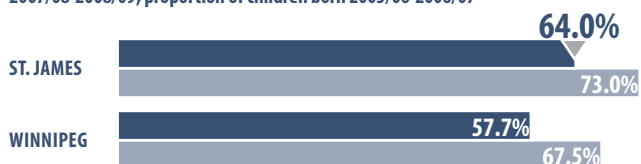
High School Completion

School Years 2007 & 2008, proportions of graduates



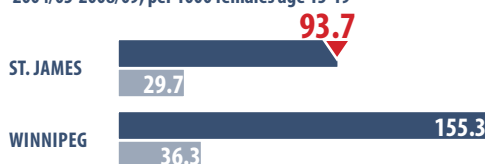
Complete Immunization by Age 2

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



Teen Pregnancy

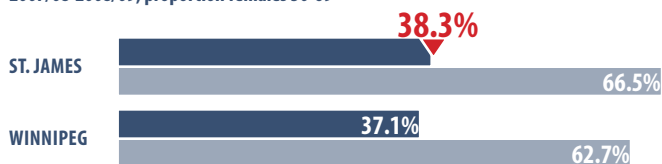
2004/05-2008/09, per 1000 females age 15-19



Screening & Healthcare Utilization

Breast Cancer Screening

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



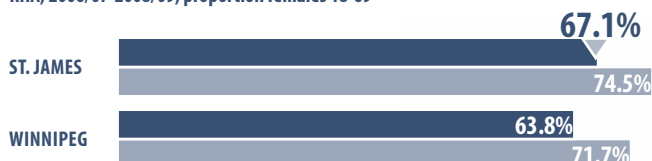
Complete Physicals

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