

# St. Vital

Community Area Profile, 2015

Winnipeg Regional Health Authority (WRHA)

## OUR HEALTH OUR COMMUNITY



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This is a statistical health needs profile of St. Vital (2014 pop 70,261)--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.Vital North** is rich in mid-income single-family housing and some multi-level dwellings (low to high rise) along the axis formed by east/west Bishop Grandin Blvd and north/south St. Anne's Road. St. Vital North has pockets of poverty. **St.Vital South** on the other hand, has some multiple family dwellings along south St. Anne's Road but primarily is comprised of single-family households with higher than average incomes.

Median household income for St.Vital South (\$82,855) was higher than that for St. Vital North (\$49,436) in 2010. Regardless, a relatively small proportion of residents are low income (13%).

The community feels that sufficient income and a higher level of education are important contributors to health outcomes in St. Vital. However, residents are acutely aware that it still houses many low-income families from diverse cultures with critical needs: access to low-cost ethnic groceries, a tearing down of language barriers for better understanding of the healthcare system, and good employment opportunities. St. Vital agencies work collaboratively to find gaps in health and access to health care and to initiate actions to fill the gaps. Youville Community Health Centre is a non-profit community-based health resource in St. Vital. This is a centre where individuals and families can work on their health concerns with health professionals or with other people who have similar experiences. **Ask a Nurse program** is run from this location and it is well used by St. Vital residents



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

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# About this Community Area Profile

Prior to the development of community profiles, the Local Health Involvement Groups (LHIGs) were contacted for their suggestions to help shape community profiles. LHIGs inputs were very helpful in developing this profile. The **purpose** of this community area (CA) profile is to provide an overview of socio-demographic, health and wellness data. These data for St. Vital 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. Vital 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

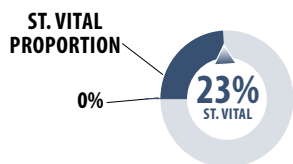
There are a variety of chart styles used in this profile. Dial charts describe ratios of 100%, while bar charts describe values from 0 to the highest CA value in Winnipeg. Spine charts are used to show groups of several indicators as compared to the value for Winnipeg as a whole, as well as indicating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

### Findings

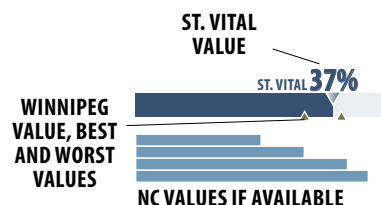
In this profile, for selected indicators, differences in time period given in sources such as Manitoba Centre for Health Policy, 2013, Canadian Community Health Survey, 2013, and Manitoba Health, 2014 are reported briefly (for more details see the WRHA CHA 2014 report at [wrha.mb.ca/research/cha2014](http://wrha.mb.ca/research/cha2014)).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

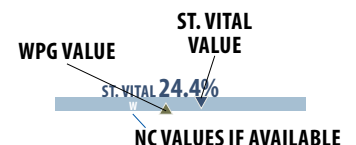
#### DIAL CHART



#### BAR CHART



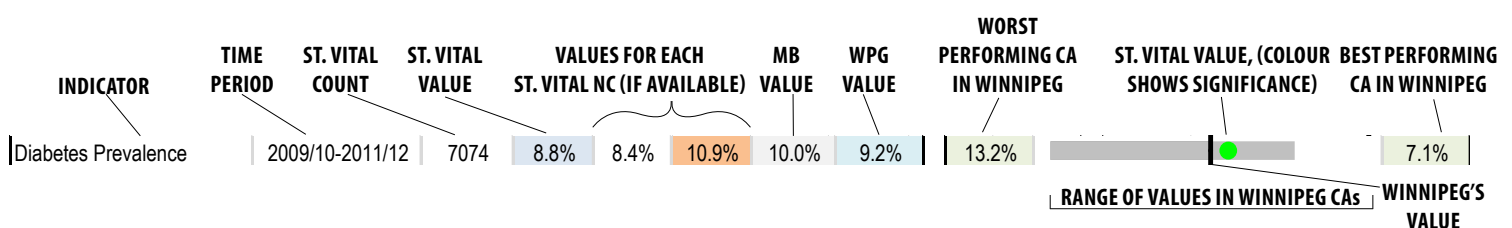
#### SPINE CHART



## 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. Vital (04) Community Profile

OUR HEALTH  
OUR COMMUNITY

The St. Vital community area (CA) is comprised of two neighborhood clusters (NCs): **St. Vital North (04A)** and **St. Vital South (04B)**.

## 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>3,587 (10%)</b>	<b>3,735 (11%)</b>
10-19 years	<b>3,897 (11%)</b>	<b>4,145 (12%)</b>
20-39 years	<b>9,613 (27%)</b>	<b>9,512 (28%)</b>
40-64 years	<b>12,588 (35%)</b>	<b>11,700 (34%)</b>
65-74 years	<b>3,403 (9%)</b>	<b>2,843 (8%)</b>
75+ years	<b>3,177 (9%)</b>	<b>2,061 (6%)</b>

### ETHNICITY

Aboriginal	<b>5,700 (9%)</b>
Recent Immigrants (2006-2011)	<b>3,395 (5%)</b>
Visible Minorities	<b>10,390 (16%)</b>

### EDUCATION

No certificate/diploma/degree (15+ population)	<b>17%</b>
High school diploma or equivalent (15+ population)	<b>29%</b>
Postsecondary certificate, diploma or degree (15+ pop.)	<b>54%</b>

### EMPLOYMENT

Participation rate (in labour force/15+ population)	<b>69.8%</b>
Employment rate (employed/15+ population)	<b>66.1%</b>
Unemployment rate (unemployed, in labour force)	<b>5.3%</b>

### INCOME

Income under \$19,999	<b>16,055 (31%)</b>
\$20,000-\$59,999	<b>24,470 (47%)</b>
\$60,000-\$99,999	<b>8,515 (17%)</b>
\$100,000-\$124,999	<b>1,485 (3%)</b>
\$125,000+	<b>1,230 (2%)</b>

### LONE-PARENT FAMILIES

Female-led parent	<b>2,335 (79%)</b>
Male-led parent	<b>605 (21%)</b>

### 65+

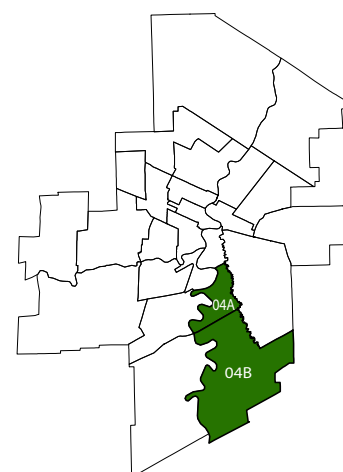
Male, living alone	<b>690 (18%)</b>
Female, living alone	<b>2,250 (44%)</b>

### LIVING IN PERSONAL CARE HOME 11%

AREA: 63.3 KM<sup>2</sup>  
POPULATION (2014): 70,261  
POPULATION (2009): 64,617

04A: St. Vital North  
04B: St. Vital South

Note: Map of St. Vital on page 11



## HIGHLIGHTS

- The population of this community has increased from 64,617 in June 2009 to 70,261 in 2014 (9% increase).
- The majority (86%) of residents speak English at home; 8% speak a non-official language at home, 3% speak both (English and a non-official language) and the remaining 3% speak French.
- The percentage of residents identifying as Aboriginal has increased from 7.7% in 2006 to 8.8% in 2011. The percentage of visible minority residents has increased from 11.2% to 16.0%. The reported percentage of new immigrants during the period of 2006-2011 was 5.2%.
- The unemployment rate has increased from 4.4% in 2006 to 5.3% in 2011.
- Attendees at the **community engagement event** identified the main issues of concern as **income, education, and access to daycares**.
- The percentages of residents who received treatment for ischemic heart disease, and osteoporosis have significantly decreased over time.
- The percentage of residents who received treatment for diabetes has significantly increased over time.
- Child mortality rate has decreased over time.
- Premature mortality rate (PMR) has significantly decreased over time.
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time.
- 18.1% of St. Vital 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: WH, 2014

Source: 2011 Census / National Household Survey

Source: MCHP, 2013

# St. Vital At-a-Glance

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

Rates or Percentages										
Indicator	Time Period	St Vital Count	St Vital	St Vital North	St Vital South	MB	WPG	WPG Worst CA	WPG	WPG Best CA
Self-Perceived Health ~	2007-2012	n/a	64%	57%	67%	57%	58%	42%		69%
General Mental Health ~~	2005-2010	n/a	38%	36%	39%	40%	38%	33%		44%
Male Life Expectancy ^	2007-2011	n/a	79.4	78.9	80.1	77.5	78.3	71.7		81.8
Female Life Expectancy ^	2007-2011	n/a	83.8	86.1	83.3	82.2	82.7	77.4		85.6
Child Mortality ****	2005-2009	n/a	12.2			33.3	21.3	55.5		9.3
Premature Mortality **	2007-2011	n/a	2.4	2.7	2.2	3.1	2.9	5.4		1.9
Potential Yrs of Life Lost **	2007-2011	n/a	30.7	33.1	28.6	51.5	45.8	100.3		29.7
Suicide Death Rate ***	2007-2011	n/a	0.9			1.7	1.5	4.3		0.8
Respiratory Diseases	2011/12	6740	10.1%	11.1%	9.5%	9.5%	9.9%	13.2%		8.8%
Hypertension Incidence *	2011/12	794	2.8	3.1	2.7	3.1	3.0	3.5		2.4
Hypertension Prevalence	2011/12	13208	23.8%	23.8%	23.8%	25.6%	24.6%	28.5%		22.5%
Diabetes Incidence *	2009/10-2011/12	897	0.75	0.82	0.69	0.85	0.80	1.25		0.61
Diabetes Prevalence	2009/10-2011/12	4614	8.4%	9.1%	7.9%	10.0%	9.2%	13.2%		7.1%
Heart Disease Incidence *	2007/08-2011/12	1228	0.64	0.68	0.63	0.67	0.66	0.90		0.50
Heart Disease Prevalence	2007/08-2011/12	4150	7.8%	8.3%	7.6%	7.9%	7.9%	9.6%		6.8%
Stroke Event Rates (40+)**	2007-2011	353	2.2	2.1	2.3	2.7	2.6	4.1		2.1
Dementia Prevalence	2007/08-2011/12	1810	10.5%	9.6%	11.3%	10.6%	10.9%	12.6%		8.7%
Osteoporosis Prevalence	2009/10-2011/12	2449	10.2%	10.8%	9.4%	10.4%	10.3%	12.3%		7.8%
Mood & Anxiety Dis. Prev.	2007/08-2011/12	14229	23.1%	24.1%	22.0%	23.3%	24.4%	27.4%		18.3%
Substance Abuse Prev.	2007/08-2011/12	2357	3.8%	4.6%	2.9%	5.0%	4.9%	9.8%		2.6%
Chlamydia Infections ****	2013	202	295.5			n/a	398.3	971.9		236.8
Gonorrhea Infections ****	2013	32	46.6			n/a	77.4	278.7		23.2
Families - 3+ Risk Factors <sup>1</sup>	2011	n/a	17.5%			23.6%	23.9%	51.8%		11.8%
Teen Pregnancy (15-19)**	2012/13	35	8.0			18.4	15.5	38.9		5.1
Low Birth Weight Infants	2007/08-2011/12	n/a	5.7%	6.1%	5.4%	5.2%	5.8%	7.0%		5.0%
Breastfeeding Initiation	2012/13	609	90.2%			82.9%	86.3%	73.1%		94.1%
Children not school-ready <sup>2</sup>	2010/11	n/a	14.0%			15.0%	14.8%	24.3%		8.7%
Current Smokers	2007-2012	n/a	17%	18%	17%	20%	19%	39%		10%
Binge Drinking <sup>^^</sup>	2007-2012	n/a	25%	31%	23%	24%	23%	38%		22%
Physically Inactive	2007-2012	n/a	42%	47%	39%	45%	43%	59%		36%
Fruit & Veg Consumption <sup>^^</sup>	2007-2012	n/a	53%	68%	47%	63%	62%	77%		53%
Overweight & Obesity	2007-2012	n/a	57%	63%	54%	56%	54%	65%		46%
Childhood Immunization	2007/08	n/a	74.9%			71.5%	72.4%	58.8%		78.9%
Breast Cancer Screening	2010/11-2011/12	5120	56.1%	53.1%	58.1%	53.4%	51.4%	36.6%		57.5%
Cervical Cancer Screening	2009/10-2011/12	16598	57.6%	53.5%	60.6%	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	59%	56%	56%	56%	53%	70%		41%
Use of Physicians	2011/12	56405	84.1%	84.4%	83.8%	79.1%	81.2%	77.8%		84.1%
Hospitalization for ACSC **	2011/12	217	3.0	4.1	2.1	6.3	4.1	7.5		2.3
Inpatient Hospitalizations **	2011/12	4449	62.6	63.7	55.4	87.9	65.4	92.5		59.6
Benzodiazepine Prescribing	2010/11-2011/12	2016	21.6%	20.7%	22.4%	20.5%	19.7%	23.0%		12.6%

~ Excellent / Very Good

^ in years

\* per 100 person yrs.

<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"

~~ High Level

^^ 0-4 times per day

\*\* per 1,000

^^^ once or more per month

\*\*\* per 10,000

\*\*\*\* per 100,000



# How Healthy is the Community?



## Self-perceived Health

### Self-Perceived Health Very Good / Excellent

2007-2012



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

### FINDINGS

- Compared to Winnipeg (58%), a much higher proportion of St. Vital residents (64%) reported "excellent" or "very good" self-perceived health.
- Compared to Winnipeg (38%), a similar proportion of St. Vital residents reported "high level" of general mental health.
- Compared to St. Vital North (57%), a much higher proportion of St. Vital South residents (67%) reported excellent or "very good" self-perceived health.

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

2005-2010



## Chronic Disease

### Respiratory Diseases

2011/12



### Osteoporosis

2009/10-2011/12



### Heart Disease

2007/08-2011/12



### Dementia

2007/08-2011/12



### Hypertension

2011/12



### Diabetes

2009/10-2011/12



### Stroke

2007-2011



▼ = St. Vital  
▲ = Wpg

N = St. Vital N  
S = St. Vital S

**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

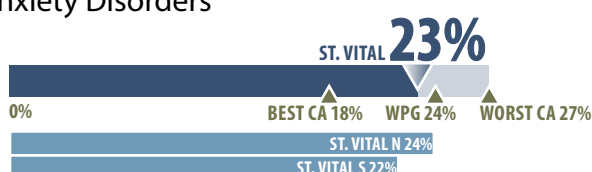
- The percentages of St. Vital residents who received treatment for **total respiratory diseases** and **dementia** have decreased slightly over time.
- The percentages of St. Vital residents who received treatment for **osteoporosis** and **ischemic heart disease** have significantly decreased over time.
- The percentage of St. Vital residents who received treatment for **hypertension** has increased very slightly over time.
- The percentage of St. Vital residents who received treatment for **diabetes** has significantly increased over time. The increase in diabetes prevalence is likely related to earlier detection, treatment, awareness, and self care of residents with diabetes.
- Stroke** event rate remained somewhat the same over time (2.2 cases per 1,000 residents aged 40+ in 2007-2011).



## Mental Health & Substance Abuse

### Mood & Anxiety Disorders

2007/08-2011/12



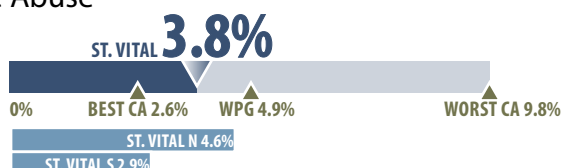
**Mental** and **substance disorders** are significant contributors to disease burden in communities. These are substantial disorders that impact individuals thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the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

### FINDINGS

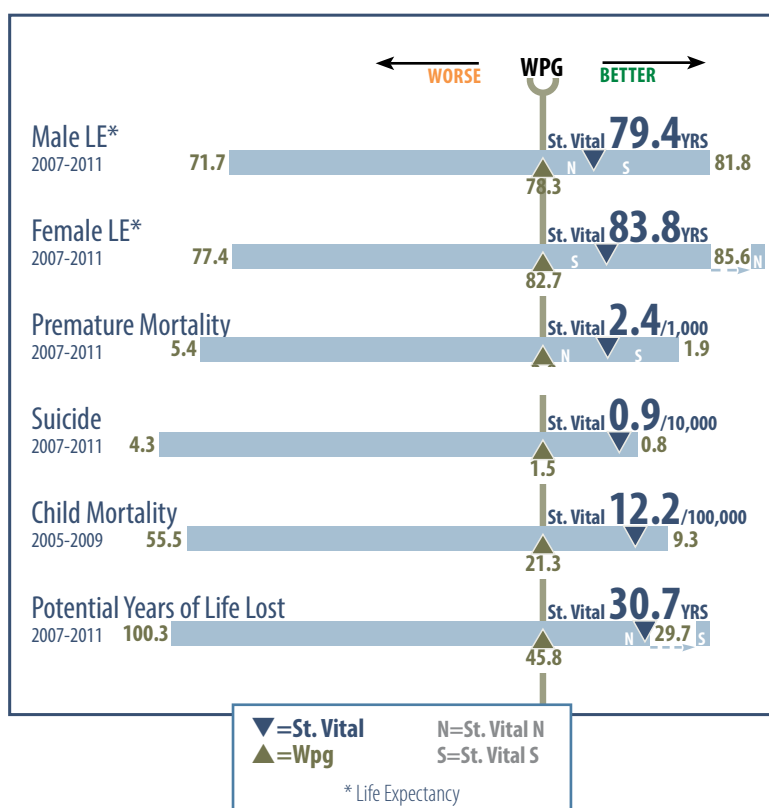
- The percentage of St. Vital residents who received treatment for mood and anxiety disorders has decreased over time (from 23.8% in 2002/03-2006/07 to 23.1% in 2007/08-2011/12).
- The percentage of St. Vital residents who received treatment for substance abuse has increased slightly over time (3.6% in 2002/03-2006/07 to 3.8% in 2007/08-2011/12).

### Substance Abuse

2007/08-2011/12



## Life Expectancy & Death

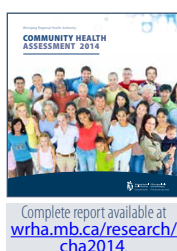


Community health is influenced by **life expectancy and mortality**. Life expectancy is the average number of years that is likely to be lived by a group of individuals exposed to the same mortality conditions until they die. People living longer contribute to the overall health in the community. Nonetheless, 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 significantly decreased over time (from 2.7 per 1,000 residents in 2002-2006 to 2.4 in 2007-2011).
- Suicide** death rate has decreased slightly over time (from 1.0 per 1,000 residents aged 10+ in 2002-2006 to 0.9 in 2007-2011).
- Child mortality** rate has decreased over time (from 20.0 per 100,000 children aged 1-19 in 2000-2004 to 12.2 in 2005-2009).
- Potential years of life lost (PYLL)** in St. Vital has decreased over time (from 41.6 years per 1,000 residents in 2002-2006 to 30.7 years in 2007-2011).

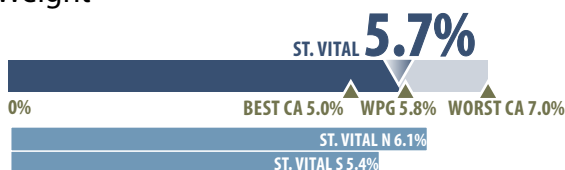




## Reproductive & Developmental Health

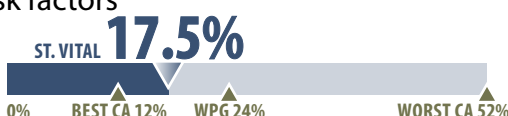
### Low Birth Weight

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 significantly increased over time in St. Vital (4.6 per 100 live infants per year in 2002/03-2006/07 to 5.7% in 2007/08-2011/12).
- The percentage of mothers with newborns who screened positive for 3 or more risk factors for maternal health and child's development has been in the range of 15% to 17% over the years (2003-2011).
- Teen pregnancy rate has decreased slightly over time (from 8.8 per 1,000 females aged 15-19 in 2010/11 to 8.0 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 14%) over the years (2005/06-2010/11) in St. Vital. However, for the Social Competence measure the percentage of children who were "not ready for school" (after combining data from all four years) (10%) has been significantly higher than Manitoba's baseline percentage (9%), whereas the percentage of Language and Thinking Skills measure (10%) has been significantly lower than Manitoba's baseline percentage (12%).



## Sexually Transmitted Infections (STIs)

### Chlamydia

2013



### Gonorrhea

2013



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

### FINDINGS

- Compared to the Winnipeg's rate of 398.3 per 100,000 in 2013, St. Vital's chlamydia infection rate of 295.5 has been somewhat better. Similarly, St. Vital's gonorrhea infection rate of 46.6 per 100,000 in 2013 has also 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. Vital community area.**

The majority of participants' views and discussions were around social determinants of health and health equity--factors that impact the health in the community. Participants' views are strongly supported by the literature.

Several factors influence the health and well-being of a community. Some factors increase the risk of ill health and some decrease its risk. Mostly these factors are interrelated and contribute towards both positive and negative impacts on the community's health. However, some of these factors are modifiable and, therefore, can improve the health and well-being of a community.

Since several factors are interrelated, participants' views often included more than one factor when they were explaining how the community's health and well-being is impacted. Participant voices are presented below.

## Community Voices



### Education, Employment & Income

- Income and level of education are important contributors to health outcomes in St. Vital.
- St. Vital has low-income families from diverse cultures
- There is loss of self-esteem for new comers who can't find same jobs they did before.
- Need low-cost ethnic groceries for new comers.

### Early Childhood Development

- Need adequate and affordable daycares.
- Single parent household affects school attendance.
- Residents have very good breast feeding support.
- Choices of adequate and quality childcare spaces, including French.
- Child and parents centre's offer quality programs, are well utilized and appreciated.

### Social Belonging

- Some residents face language barriers to understand the system.
- Agencies work collaboratively to find gaps and to initiate actions to fill the gaps.
- Parents are stressed with kids and may not have family or friends to help.
- There are a lot of people in St. Vital who want to help.

### 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
- How to address the mental health needs of youth in school

### Access to Care/Programs

- There is a fantastic health center and the care starts at the Ask-a-nurse program. The center helps provide care and also helps find what the residents need.
- Language barriers make it hard to access services.
- Need free language programming success as it is cut for people who are here longer than three years.
- Publicly funded birth center in Manitoba is located in St. Vital.
- Quick Care Clinic coming up soon.



# What Determines Health in the Community?

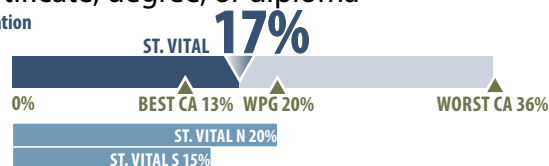
The following sections discuss some of these factors which have been categorized into socio-economic determinants, health behaviors, and health care access.



## Education & Employment

### No certificate, degree, or diploma

15+ Population  
2011



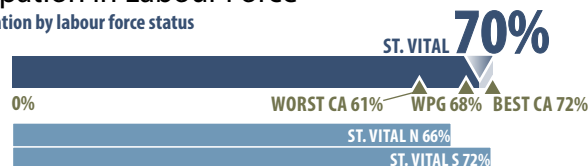
**Education** impacts an individual's job opportunities and income level. It also helps individuals to better understand their health options and make informed choices about health. People with higher education tend to be healthier than those with less formal education. Offering to partner with other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

### FINDINGS

- The percentage of individuals in St. Vital with no certificate, diploma or degree has decreased from 20.1% in 2006 to 16.7% in 2011
- The percentage of individuals having a high school certificate or equivalent was 28.4% in 2006 and has decreased by 0.7% in 2011.

### Participation in Labour Force

15+ population by labour force status  
2011



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

### FINDINGS

- The labor force participation rate in St. Vital was 70.3% and has decreased by 0.5% in 2011.
- The employment rate has decreased from 67.2% in 2006 to 66.1% in 2011.
- The unemployment rate has increased from 4.4% in 2006 to 5.3% in 2011.

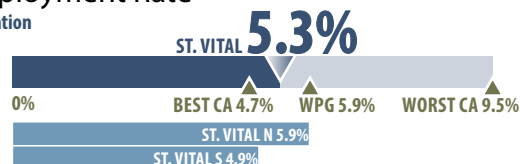
### Employment Rate

15+ population by labour force status  
2011



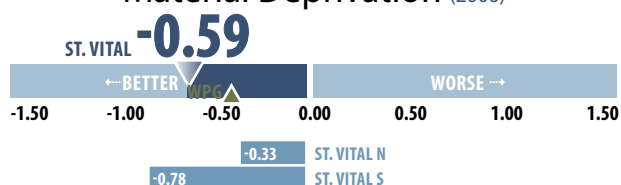
### Unemployment Rate

15+ Population  
2011



## Material and Social Deprivation

### Material Deprivation (2006)



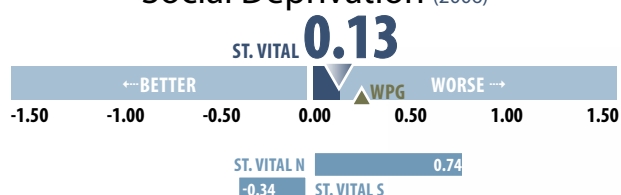
Better health is also influenced by social support and connectedness that an individual has with their family, friends, and community. Community connectedness reflects our commitment to shared resources and systems. Hence having community centers and programs, transportation system, and social safety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

**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.

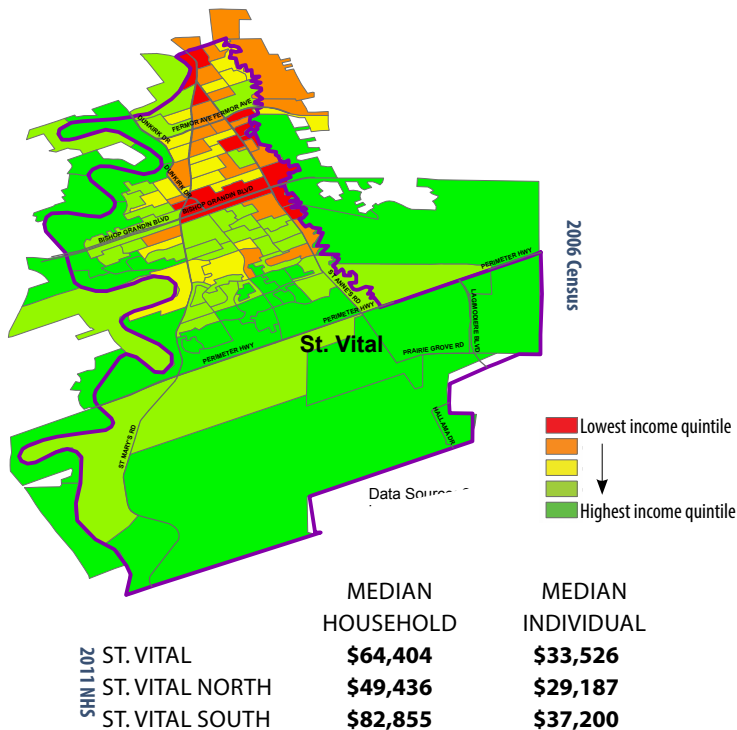
### FINDINGS

- St. Vital has a material deprivation score of -0.59 (lower than zero = better) and social deprivation score of 0.13 (higher than zero = worse). Material deprivation score has been significantly better than Manitoba score (-0.02).

### Social Deprivation (2006)



## Income & Affordable Housing



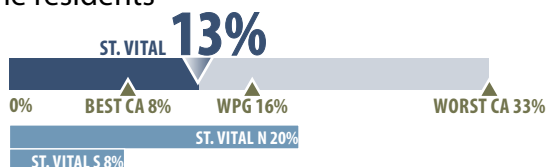
**Income** plays a major role in determining the health of individuals and families in the community. For example, income influences access to affordable housing, healthy choices, and lowered stress levels for individuals and families. Those who are unemployed or have lower income, experience the poorest 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. Vital has increased from \$28,465 in 2005 to \$33,526 in 2010. Similarly, median household income has increased from \$55,363 to \$64,404.
- Average individual income of St. Vital has increased from \$35,575 in 2005 to \$41,146 in 2010. Similarly, average household income has increased from \$68,216 to \$79,364.
- 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.

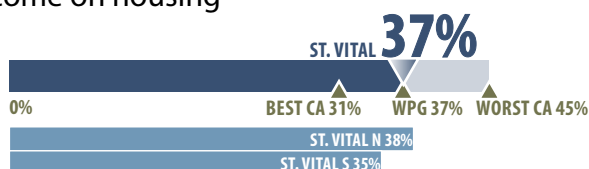
### Low income residents

2011



### Renting, spending more than 30% of income on housing

2011



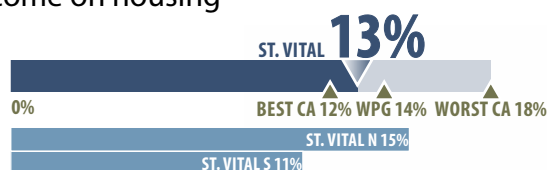
**Affordable housing** is yet another important factor that influences health. People in households that spend 30% or more of total household income on shelter expenses are considered to be having 'housing affordability' problems. Thus, these people are constrained from making healthier choices and could 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. Vital has decreased from 39.1% in 2006 to 37.3% in 2011.
- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 10.8% in 2006 to 12.7% in 2011.

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

2011



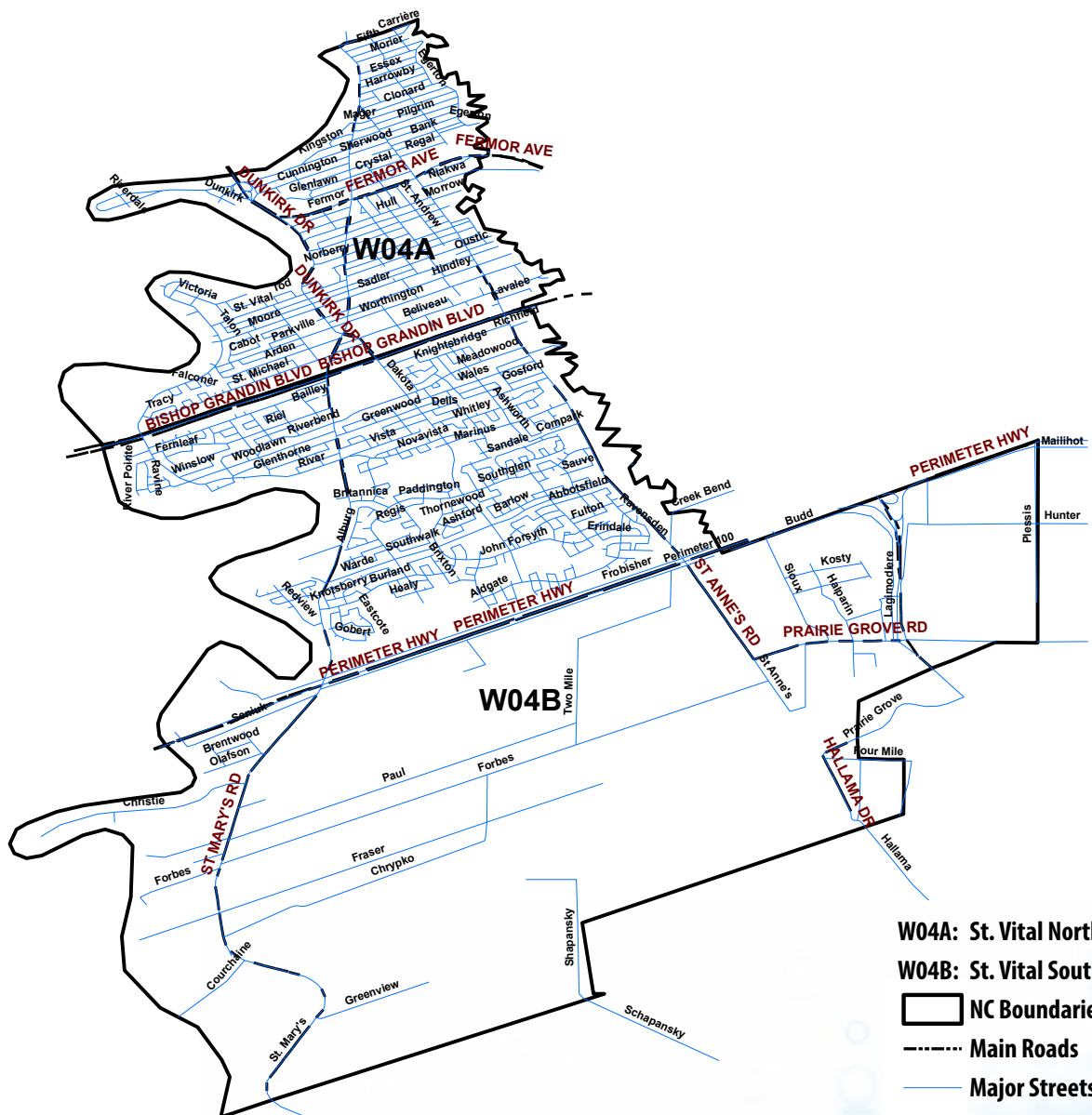
# At-a-Glance

Selected indicators from 2011 Census & NHS

ST. VITAL

	Indicator	St Vital	MB	WPG	WPG Worst CA	WPG	WPG Best CA
EDUCATION	No certificate, diploma or degree	16.7%	25.1%	19.7%	35.9%		12.7%
	High school diploma or equivalent	29.1%	27.7%	28.6%	25.0%		33.1%
	Postsecondary certificate, diploma or degree	54.2%	47.2%	51.7%	35.6%		61.2%
	Labour participation rate	69.8%	67.3%	68.3%	61.2%		72.0%
	Employment rate	66.1%	63.1%	64.3%	55.4%		68.2%
EMPLOYMENT	Unemployment rate	5.3%	6.2%	5.9%	9.5%		4.7%
	Renting, shelter costs are 30% or more of household income	37.3%	35.4%	37.5%	45.0%		31.2%
HOUSING	Owner, shelter costs are 30% or more of household income	12.7%	13.0%	14.0%	17.7%		11.6%
	Low income in 2010 based on after-tax low-income measure %	13.1%	16.4%	16.4%	33.3%		8.0%
INCOME	Median individual income	\$33,526	\$29,029	\$30,455	\$21,801		\$38,440
	Median household income	\$64,404	\$57,299	\$58,503	\$36,298		\$81,462

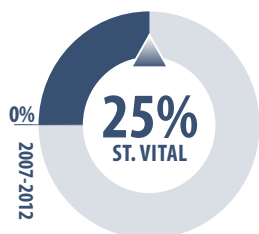
## St. Vital CA Map





## Health Behaviours

### Binge Drinking



ST. VITAL N 31%  
ST. VITAL S 23%

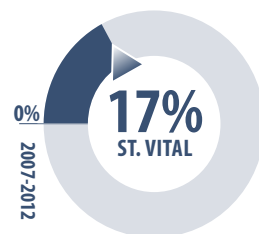
WINNIPEG 23%  
WORST CA 38%  
BEST CA 22%

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 from 17% in 2001-2005 to 25% in 2007-2012. In 2007-2012, 53% of residents reported that they never drank; 22% 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 19% in 2001-2005 to 17% in 2007-2012. In 2007-2012, 47% of residents identified as being former smokers; 36% identified as non-smokers.
- The percentage of residents exposed to second hand smoke at home has decreased from 12% 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 66% in 2001-2005 to 53% in 2007-2012. In 2007-2012, 47% of residents identified as having fruits and vegetables more than 5 times a day.
- The percentage of overweight/obese adults has decreased from 61% in 2001-2005 to 57% in 2007-2012. In 2007-2012, 43% of residents identified as being either underweight or normal.
- During the period 2007-2012, 42% of residents reported being physically inactive. The remaining 58% residents identified as being physically active.

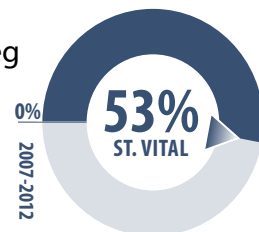
### Tobacco Use



ST. VITAL N 18%  
ST. VITAL S 17%

WINNIPEG 19%  
WORST CA 39%  
BEST CA 10%

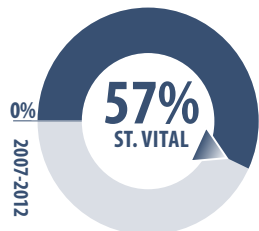
### Less Than 5 Daily Servings of Fruit & Veg



ST. VITAL N 68%  
ST. VITAL S 47%

WINNIPEG 62%  
WORST CA 77%  
BEST CA 53%

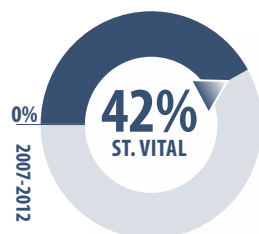
### Overweight & Obesity



ST. VITAL N 63%  
ST. VITAL S 54%

WINNIPEG 54%  
WORST CA 65%  
BEST CA 46%

### Physically Inactive



ST. VITAL N 47%  
ST. VITAL S 39%

WINNIPEG 43%  
WORST CA 59%  
BEST CA 36%





## Health Care Access, Immunization & Screening

### Childhood Immunization

Aged 2 years

2007/08



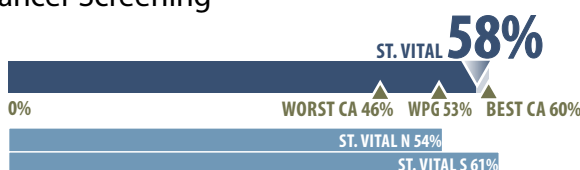
### Breast Cancer Screening

2010/11-2011/12



### Cervical Cancer Screening

2009/10-2011/12



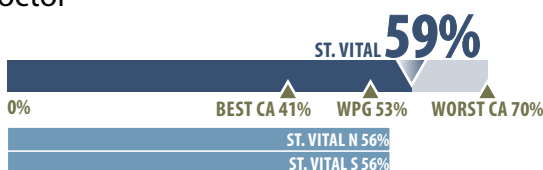
### Inadequate Prenatal Care

2007/08-2008/09



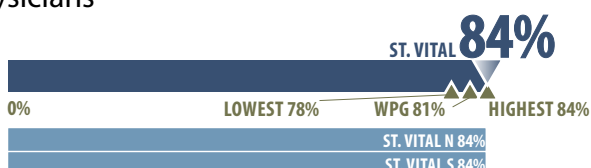
### Looking for a regular medical doctor

2007-2012



### 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. Vital has decreased over time (from 78.3% in 2002/03 to 74.9% in 2007/08).
- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time (from 67% in 2006/07 to 61% in 2011/12).
- During 2010/11-2011/12, 56% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 58% 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. Vital 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, 59% of St. Vital 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 slightly over time (from 84.7% in 2006/07 to 84.1% in 2011/12).
- Inpatient hospitalization has decreased over time (from 69.7 per 1,000 residents in 2006/07 to 62.6 in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has increased slightly over time (from 10.1% in 2005/06-2006/07 to 10.6% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has increased slightly over time (from 21.0% in 2005/06-2006/07 to 21.6% in 2010/11-2011/12).

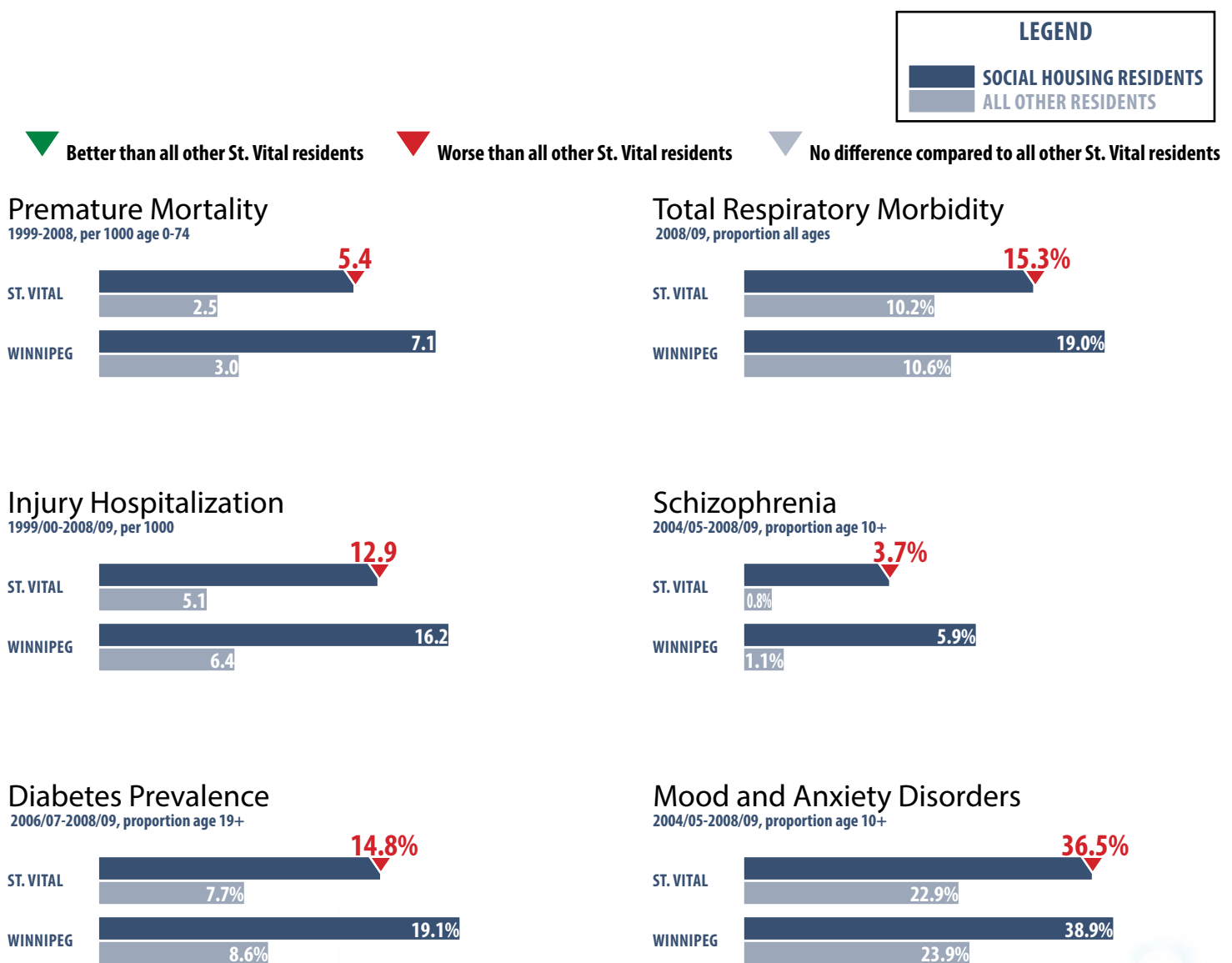
# How Healthy Are Residents in Social Housing?

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

## Morbidity and Mortality





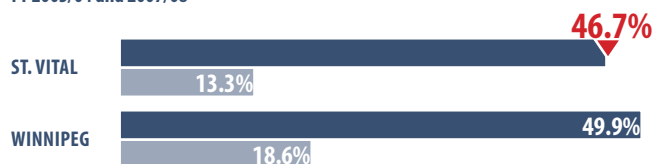
## Children & Adolescents



**Better than all other St. Vital residents**
**Worse than all other St. Vital residents**
**No difference compared to all other St. Vital residents**

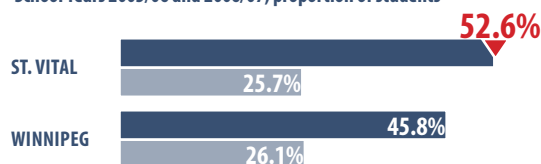
### Mothers with 3+ Risk Factors

FY 2003/04 and 2007/08



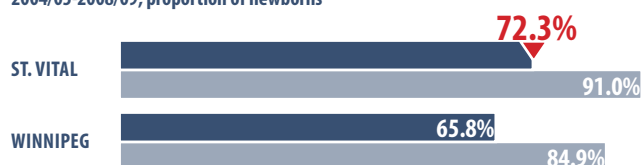
### Children Not Ready for School in 1+ Domain

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



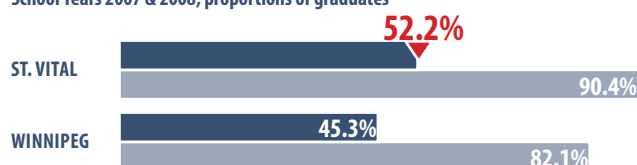
### Breastfeeding Initiation

2004/05-2008/09, proportion of newborns



### High School Completion

School Years 2007 & 2008, proportions of graduates



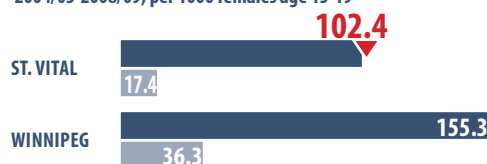
### Complete Immunization by Age 2

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



### Teen Pregnancy

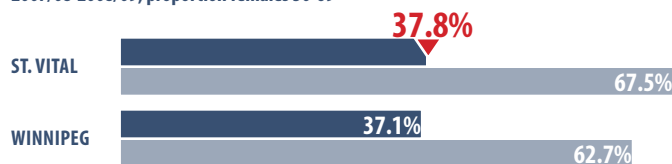
2004/05-2008/09, per 1000 females age 15-19



## 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