Transcona

Community Area Profile, 2015
Winnipeg Regional Health Authority (WRHA)

OUR HEALTH
OUR COMMUNITY

Health Status

Health Determinants

Community Voices

This is a statistical health needs profile of Transcona (2014 pop 38,924)--the name of a Winnipeg Regional Health Authority community area (CA). Transcona is a suburb of Winnipeg, Manitoba. The boundaries for this CA can be found on the map (page 11). Transcona is comprised of ten neighborhoods: Canterbury Park, Kern Park, Kildare-Redonda, Meadows, Melrose, Mission Gardens, Peguis, Radisson, Transcona South, and Victoria West. Much of the housing in Transcona is several decades old, with recent development occurring in the neighborhoods of Canterbury Park, Lakeside Meadows and Mission Gardens. Transcona is bounded by the Perimeter highway and the floodway to the east, and Gunn Road in the north. Median household income of Transcona is $69,072 in 2010 and 8% of Transcona residents are poor.

Residents of Transcona describe their community as increasingly diverse. There has been a 14% increase in population from 2009 to 2014, and Transcona is home for many newcomers.

Community stakeholders identify unemployment, underemployment, and low wages as contributors to stress, poor diet, and social isolation, which ultimately contribute to negative health outcomes in Transcona. Residents also indicated that a stigma lingers—one which casts Transcona as comparatively lacking in resources, services, and culture.

However, community members report that access to health services is improving, facilities are quickly being renewed, community programs are improving, and that there is a strong sense of belonging in Transcona. It is a community where people "know and care for one another".

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 Transcona 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 Transcona overall. Where data has been suppressed due to small numbers, it is indicated with an [s].

Charts and Graphics

There are a variety of chart styles used is 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.
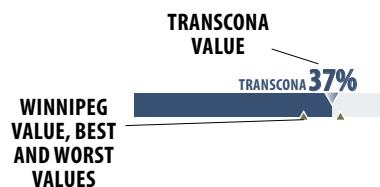
Findings

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.
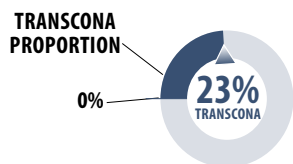
DIAL CHART	BAR CHART	SPINE CHART

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. 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.

INDICATOR	TIME PERIOD	TRANSCONA COUNT	TRANSCONA VALUE	MB VALUE	WPG VALUE	WORST PERFORMING CA IN WINNIPEG	TRANSCONA VALUE, (COLOUR SHOWS SIGNIFICANCE)	BEST PERFORMING CA IN WINNIPEG
Diabetes Prevalence	2009/10-2011/12	7074	8.8%	10.0%	9.2%	13.2%		7.1%

RANGE OF VALUES IN WINNIPEG CAs — WINNIPEG'S VALUE
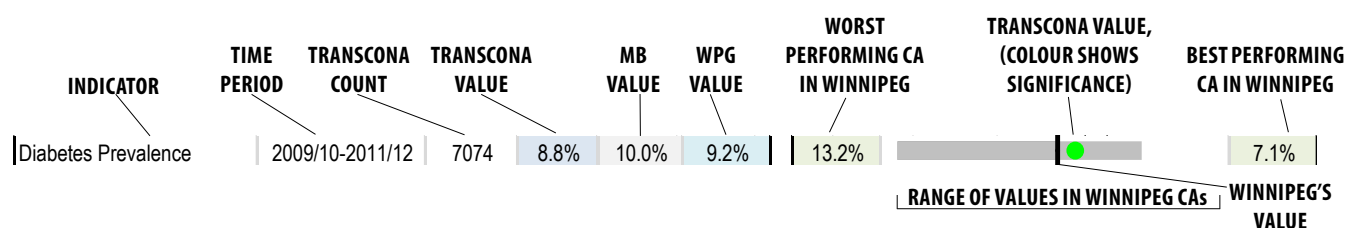
SOCIO-DEMOGRAPHIC CHARACTERISTICS

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	2,411	(12%)	2,514	(13%)
10-19 years	2,448	(12%)	2,492	(13%)
20-39 years	5,581	(28%)	5,562	(29%)
40-64 years	6,585	(33%)	6,542	(34%)
65-74 years	1,387	(7%)	1,248	(6%)
75+ years	1,265	(6%)	889	(5%)

ETHNICITY

Aboriginal	3,415	(10%)
Recent Immigrants (2006-2011)	930	(3%)
Visible Minorities	3,415	(10%)

EDUCATION

No certificate/diploma/degree (15+ population)	22%
High school diploma or equivalent (15+ population)	33%
Postsecondary certificate, diploma or degree (15+ pop.)	45%

EMPLOYMENT

Participation rate (in labour force/15+ population)	71.5%
Employment rate (employed/15+ population)	68.2%
Unemployment rate (unemployed, in labour force)	4.7%

INCOME

Income under $19,999	7,255	(28%)
$20,000-$59,999	14,440	(56%)
$60,000-$99,999	3,725	(14%)
$100,000-$124,999	220	(1%)
$125,000+	220	(1%)

LONE-PARENT FAMILIES

Female-led parent	1,280	(78%)
Male-led parent	365	(22%)

65+

Male, living alone	280	(16%)
Female, living alone	765	(36%)

LIVING IN PERSONAL CARE HOME — 8%

AREA: 29.0 KM²
POPULATION (2014): 38,924
POPULATION (2009): 34,104

Note: Map of Transcona on page 11
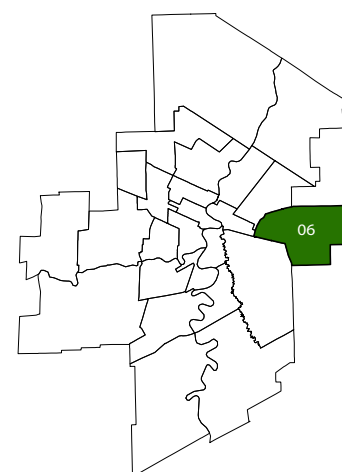
HIGHLIGHTS

- The population of this community is has increased from 34,104 in June 2009 to 38,924 in June 2014 (14% increase).

- The majority (93%) of residents speak English at home; 4% speak a non-official language at home, 2% speak both (English and a non-official language), and 1% speak French.

- The percentage of residents identifying as Aboriginal has increased from 9.2% in 2006 to 10.2% in 2011. The percentage of visible minority residents has increased from 5.8% in 2006 to 10.2% in 2011. The reported percentage of new immigrants during the period of 2006 -2011 was 2.8%.

- The unemployment rate has decreased from 5.2% in 2006 to 4.7% in 2011.

- Attendees at the **community engagement** event identified the main issues of concern as employment, low income, youth mental health, isolated seniors, lack of doctors, and recreational opportunities for youth and seniors.

- Attendees identified the following community strengths: the Access center, education and literacy programs, improved affordable housing, improved active transportation networks, and excellent public green spaces.

- The percentages of residents who received treatment for total respiratory diseases, ischemic heart disease, and osteoporosis have significantly decreased over time, whereas the percentages of residents who received treatment for hypertension, diabetes, and dementia have remained somewhat the same over time.

- The percentage of residents who received treatment for substance abuse has significantly increased over time.

- The percentage of residents aged 65 and older receiving a flu shot has significantly decreased over time.

- During 2007-2012, 67% of residents reported not having a regular medical doctor and were looking for one.

- 23.5% of Transcona residents did not return the National Household Survey (NHS) when compared to Seven Oaks residents' non-response (17.6%).

Transcona At-a-Glance

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

Indicator	Time Period	Transcona Count	Rates or Percentages			WPG Worst CA	WPG	WPG Best CA
			Transcona	MB	WPG			
HEALTH STATUS								
Self-Perceived Health ~	2007-2012	n/a	57%	57%	58%	42%		69%
General Mental Health ~~	2005-2010	n/a	35%	40%	38%	33%		44%
Male Life Expectancy ^	2007-2011	n/a	79.5	77.5	78.3	71.7		81.8
Female Life Expectancy ^	2007-2011	n/a	83.2	82.2	82.7	77.4		85.6
Child Mortality ****	2005-2009	n/a	18.4	33.3	21.3	55.5		9.3
Premature Mortality **	2007-2011	n/a	2.6	3.1	2.9	5.4		1.9
Potential Yrs of Life Lost **	2007-2011	n/a	36.6	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	9060	10.0%	9.5%	9.9%	13.2%		8.8%
Hypertension Incidence *	2011/12	1177	3.3	3.1	3.0	3.5		2.4
Hypertension Prevalence	2011/12	19812	25.7%	25.6%	24.6%	28.5%		22.5%
Diabetes Incidence *	2009/10-2011/12	1344	0.77	0.85	0.80	1.25		0.61
Diabetes Prevalence	2009/10-2011/12	7074	9.4%	10.0%	9.2%	13.2%		7.1%
Heart Disease Incidence *	2007/08-2011/12	1990	0.72	0.67	0.66	0.90		0.50
Heart Disease Prevalence	2007/08-2011/12	6410	8.2%	7.9%	7.9%	9.6%		6.8%
Stroke Event Rates (40+)**	2007-2011	724	3.0	2.7	2.6	4.1		2.1
Dementia Prevalence	2007/08-2011/12	2752	10.4%	10.6%	10.9%	12.6%		8.7%
Osteoporosis Prevalence	2009/10-2011/12	3453	8.9%	10.4%	10.3%	12.3%		7.8%
Mood & Anxiety Dis. Prev.	2007/08-2011/12	21011	25.6%	23.3%	24.4%	27.4%		18.3%
Substance Abuse Prev.	2007/08-2011/12	4475	4.8%	5.0%	4.9%	9.8%		2.6%
Chlamydia Infections ****	2013	333	275.6	n/a	398.3	971.9		236.8
Gonorrhea Infections ****	2013	33	52.8	n/a	77.4	278.7		23.2
Families - 3+ Risk Factors[1]	2011	n/a	13.7%	23.6%	23.9%	51.8%		11.8%
Teen Pregnancy (15-19)**	2012/13	106	14.0	18.4	15.5	38.9		5.1
Low Birth Weight Infants	2007/08-2011/12	n/a	5.2%	5.2%	5.8%	7.0%		5.0%
Breastfeeding Initiation	2012/13	903	88.1%	82.9%	86.3%	73.1%		94.1%
Children not school-ready[2]	2010/11	n/a	11.9%	15.0%	14.8%	24.3%		8.7%
BEHAVIOURS								
Current Smokers	2007-2012	n/a	22%	20%	19%	39%		10%
Binge Drinking^^^	2007-2012	n/a	28%	24%	23%	38%		22%
Physically Inactive	2007-2012	n/a	40%	45%	43%	59%		36%
Fruit & Veg Consumption^^	2007-2012	n/a	65%	63%	62%	77%		53%
Overweight & Obesity	2007-2012	n/a	54%	56%	54%	65%		46%
HEALTH CARE ACCESS								
Childhood Immunization	2007/08	n/a	78.9%	71.5%	72.4%	58.8%		78.9%
Breast Cancer Screening	2010/11-2011/12	6567	52.0%	53.4%	51.4%	36.6%		57.5%
Cervical Cancer Screening	2009/10-2011/12	21428	58.6%	n/a	53.4%	46.1%		59.5%
Inadequate prenatal care	2007/08-2008/09	n/a	4.2%	12.3%	7.7%	19.1%		3.8%
Looking for a doctor	2007-2012	n/a	67%	56%	53%	70%		41%
Use of Physicians	2011/12	80016	82.2%	79.1%	81.2%	77.8%		84.1%
Hospitalization for ACSC **	2011/12	384	3.9	6.3	4.1	7.5		2.3
Inpatient Hospitalizations **	2011/12	7308	62.6	87.9	65.4	92.5		59.6
Benzodiazepine Prescribing	2010/11-2011/12	2983	17.6%	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 development
[2] 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

TRANSCONA **57%**

0%   WORST CA 42%   WPG 58%   BEST CA 69%

General Mental Health (SF-36) High Level
2005-2010

TRANSCONA **35%**

0%   WORST CA 33%   WPG 38%   BEST CA 44%

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.
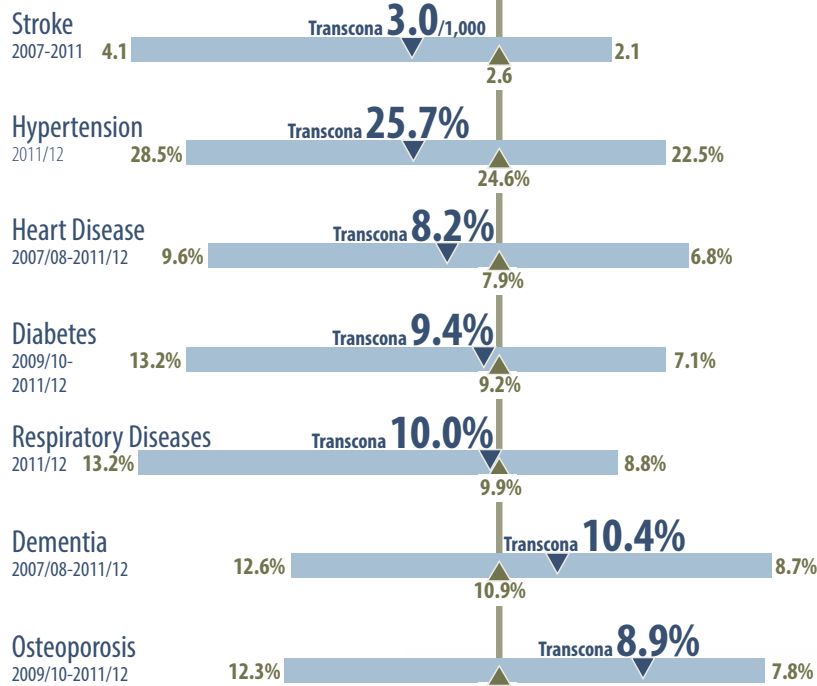
FINDINGS

- Compared to Winnipeg (58%), a similar proportion of Transcona residents (57%) reported "excellent" or "very good" self-perceived health.

- Compared to Winnipeg (38%), a little lower proportion of Transcona residents (35%) reported "high level" of general mental health.

Chronic Disease

← WORSE   WPG   BETTER →

Stroke
2007-2011   4.1   Transcona **3.0**/1,000   2.1
2.6

Hypertension
2011/12   28.5%   Transcona **25.7%**   22.5%
24.6%

Heart Disease
2007/08-2011/12   9.6%   Transcona **8.2%**   6.8%
7.9%

Diabetes
2009/10-2011/12   13.2%   Transcona **9.4%**   7.1%
9.2%

Respiratory Diseases
2011/12   13.2%   Transcona **10.0%**   8.8%
9.9%

Dementia
2007/08-2011/12   12.6%   Transcona **10.4%**   8.7%
10.9%

Osteoporosis
2009/10-2011/12   12.3%   Transcona **8.9%**   7.8%
10.3%

▼=Transcona   ▲=Wpg

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

- **Stroke** event rate in Transcona has decreased slightly over time (3.2 cases per 1,000 residents aged 40+ in 2002-2006 to 3.0 in 2007-2011).

- The percentages of Transcona residents who received treatment for **hypertension**, **diabetes** and **dementia** have remained somewhat the same over time.

- The percentages of Transcona residents who received treatment for **total respiratory diseases**, **ischemic heart disease**, and **osteoporosis** have significantly decreased over time.

Mental Health & Substance Abuse

Mood & Anxiety Disorders
2007/08-2011/12

TRANSCONA **25.6%**

0%   BEST CA 18%   WPG 24%   WORST CA 27%

Substance Abuse
2007/08-2011/12

TRANSCONA **4.8%**

0%   BEST CA 2.6%   WPG 4.9%   WORST CA 9.8%

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.
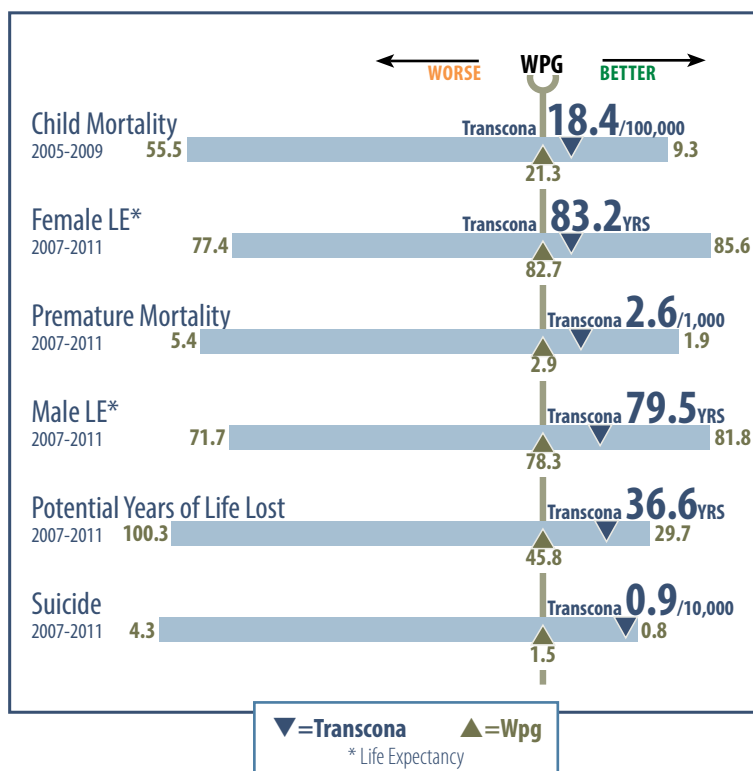
FINDINGS

- The percentage of Transcona residents who received treatment for mood and anxiety disorders has decreased slightly over time (from 26.7% in 2002/03-2006/07 to 25.6% in 2007/08-2011/12).

- The percentage of Transcona residents who received treatment for substance abuse has significantly increased over time (from 4.0% in 2002/03-2006/07 to 4.8% in 2007/08-2011/12).

Life Expectancy & Death

← WORSE   WPG   BETTER →

Child Mortality
2005-2009   55.5   Transcona **18.4**/100,000   9.3
21.3

Female LE*
2007-2011   77.4   Transcona **83.2**YRS   85.6
82.7

Premature Mortality
2007-2011   5.4   Transcona **2.6**/1,000   1.9
2.9

Male LE*
2007-2011   71.7   Transcona **79.5**YRS   81.8
78.3

Potential Years of Life Lost
2007-2011   100.3   Transcona **36.6**YRS   29.7
45.8

Suicide
2007-2011   4.3   Transcona **0.9**/10,000   0.8
1.5

▼=Transcona   ▲=Wpg
* Life Expectancy

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

- **Child mortality** rate has decreased overtime (from 22.7 deaths per 100,000 children aged 1-19 in 2000-2004 to 18.4 in 2005-2009).

- **Male and female life expectancy** at birth has significantly increased over time.

- **Premature mortality** rate (PMR) has decreased over time (from 2.9 per 1,000 residents in 2002-2006 to 2.6 in 2007-2011).

- **Potential years of life lost** (PYLL) in Transcona has decreased over time (from 41.6 years per 1,000 residents in 2002-2006 to 36.6 years in 2007-2011).

- **Suicide** death rate has slightly decreased over time (from 1.1 per 10,000 residents aged 10+ in 2002-2006 to 0.9 in 2007-2011).

Reproductive & Developmental Health

Low Birth Weight
2007/08-2011/12

TRANSCONA **5.2%**

0%   BEST CA 5.0%   WPG 5.8%   WORST CA 7.0%

Families with 3 or more risk factors
2011

TRANSCONA **14%**

0%   BEST CA 12%   WPG 24%   WORST CA 52%

Teen Pregnancy
2012/13

TRANSCONA **14.0**/1,000

0   BEST CA 5.1   WPG 15.5   WORST CA 38.9
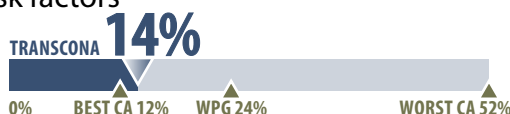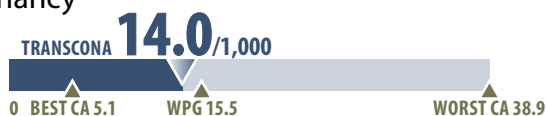
Children Not Ready for School
2010/11

TRANSCONA **11.9%**

0%   BEST CA 8.7%   WPG 14.8%   WORST CA 24.3%
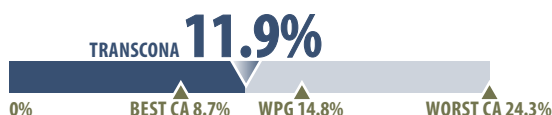
Reproductive and developmental health indicators have an impact on safe motherhood, child survival, and reduction of maternal and child morbidity and/or mortality. Socio-economic factors influence reproductive health, teen pregnancies, and teen births.

FINDINGS

- The percentage of low birth-weight infants has decreased over time in Transcona (from 6.0 per 100 live infants per year in 2002/03-2006/07 to 5.2% in 2007/08-2011/12).

- The percentage of mothers with newborns who screened positive for 3 or more risk factors for maternal health and child's development has been somewhat unstable over time in Tanscona (maximum reported as 20.3% in 2006 and 2009 and minimum reported as 13.7% in 2011).

- Teen pregnancy rate has increased over time (from 8.6 per 1,000 females aged 15-19 in 2011/12 to 14.0 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.
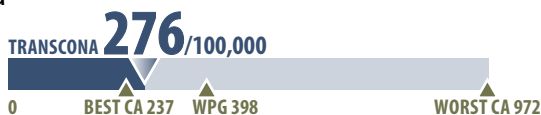
FINDINGS

- The percentage of children "not ready for school" in two or more domains of the EDI has shown slight increase (from 10% to 12%) over the years (2005/06-2010/11) in Transcona. However, after combining data from all four years, the percentage of children "not ready for school" in two or more domains (11%) in Transcona has been significantly lower than Manitoba's baseline percentage (14%).

Sexually Transmitted Infections (STIs)

Chlamydia
2013

TRANSCONA **276**/100,000

0   BEST CA 237   WPG 398   WORST CA 972

Gonorrhea
2013

TRANSCONA **53**/100,000

BEST CA 23   WPG 77   WORST CA 279

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, Transcona's chlamydia infection rate of 276 per 100,000 has been better, whereas Transcona's gonorrhea infection rate of 53 per 100,000 in 2013 has been somewhat similar to Winnipeg's at 77.

What Determines Health in the Community?

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

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

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

- Several residents are either unemployed or under employed and this negatively impacts health (poor diet) and well-being (increased stress) in the community.

- Few Transcona grads are pursuing post-secondary education due to "stay here" mentality/negative peer pressure among youth.

Mental Health

- Although there is a strong relationship between people in Transcona, need to build in more resources and opportunities for mental illness/ emotional support, community health, small business/restaurants/ shop opportunities, wellness centres.

Access to Care/Programs

- There is a need for doctors in this community.

- There are excessive wait times for emergency treatment and specialized medical care.

- Despite lingering stigma's (e.g., Transcona has limited offerings in terms of access to housing, education, food, healthcare and culture), Transcona's population is increasingly diverse and there are many programs helping to positively impact the health of residents.

Social Belonging

- There is a challenge to create a community that welcomes newcomers to Canada and newcomers to a community.

- Need leadership and help to take advantage of this opportunity and to have a positive health impact on all.

- This is a community where people know and care for one another – people are willing to help one another, e.g., snow shoveling; good participation in exercise programs; good access to supports/resources; some renovations of facilities are starting to present new recreation opportunities .

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

TRANSCONA **22%**

0% BEST CA 13% WPG 20% WORST CA 36%

Participation in Labour Force
15+ population by labour force status
2011

TRANSCONA **72%**

0% WORST CA 61% WPG 68% BEST CA 72%

Employment Rate
15+ population by labour force status
2011

TRANSCONA **68%**

0% WORST CA 55% WPG 64% BEST CA 68%

Unemployment Rate
15+ Population
2011

TRANSCONA **4.7%**

0% BEST CA 4.7% WPG 5.9% WORST CA 9.5%

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 Transcona with no certificate, diploma or degree has decreased from 26.5% in 2006 to 21.7% in 2011.

- The percentage of individuals having a high school certificate or equivalent was 32.5% in 2006 and has increased slightly by 0.6% in 2011.
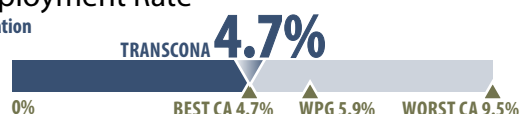
Employment provides income to individuals. It not only helps improve individuals' lives but also helps build stronger communities. The participation rate refers to the number of people who are either employed or actively looking for work.

FINDINGS

- The labour force participation and employment rates in Transcona have remained somewhat the same overtime.

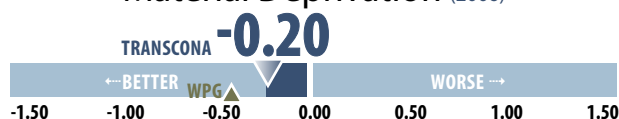- The unemployment rate has decreased from 5.2% in 2006 to 4.7% in 2011.

Material and Social Deprivation

Material Deprivation (2006)

TRANSCONA **-0.20**

←BETTER WPG WORSE →

-1.50 -1.00 -0.50 0.00 0.50 1.00 1.50

Social Deprivation (2006)

TRANSCONA **-0.24**

←BETTER WPG WORSE →

-1.50 -1.00 -0.50 0.00 0.50 1.00 1.50

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.
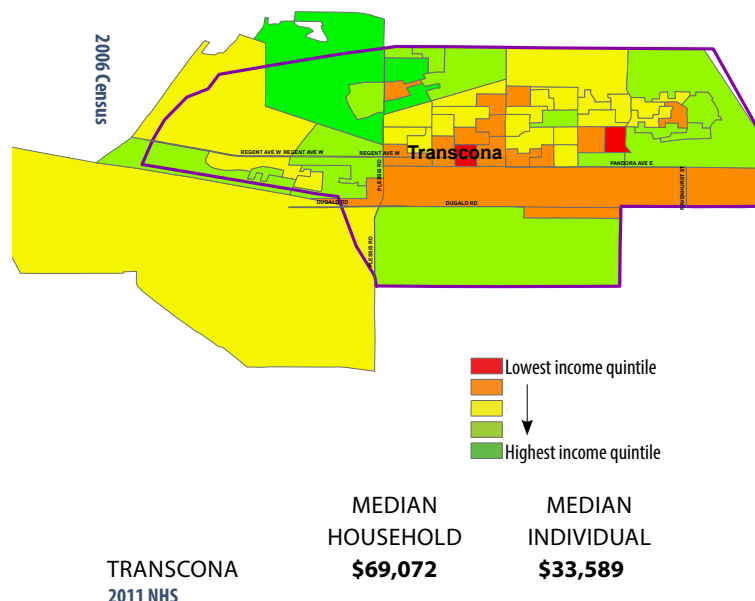
FINDINGS

- Transcona has a material deprivation score of -0.20 (lower than zero = better) and social deprivation score of -0.24 (lower than zero = better). Material deprivation score has been significantly better than Manitoba score (-0.02).

Income & Affordable Housing

2006 Census

REGENT AVE W REGENT AVE W REGENT AVE W Transcona PANDORA AVE E

DUGALD RD DUGALD RD

Lowest income quintile

Highest income quintile

	MEDIAN HOUSEHOLD	MEDIAN INDIVIDUAL
TRANSCONA	**$69,072**	**$33,589**

2011 NHS

Low income residents
2011

TRANSCONA **8%**

0% BEST CA 8% WPG 16% WORST CA 33%

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

TRANSCONA **31%**

0% BEST CA 31% WPG 37% WORST CA 45%

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

TRANSCONA **13%**

0% BEST CA 12% WPG 14% WORST CA 18%

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 Transcona has increased from $28,806 in 2005 to $33,589 in 2010. Similarly, median household income has increased from $59,199 to $69,072.

- Average individual income of Transcona has increased from $32,112 in 2005 to $36,658 in 2010. Similarly, average household income has increased from $64,865 to $74,693.

- 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.

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 Transcona has decreased from 36.9% in 2006 to 31.2% in 2011.

- The percentage of owner households spending 30% or more of household total income on shelter costs has increased from 10.6% in 2006 to 13.1% in 2011.

At-a-Glance
Selected indicators from 2011 Census & NHS

● **TRANSCONA**

Indicator	Transcona	MB	WPG	WPG Worst CA	WPG	WPG Best CA
No certificate, diploma or degree	21.7%	25.1%	19.7%	35.9%		12.7%
High school diploma or equivalent	33.1%	27.7%	28.6%	25.0%		33.1%
Postsecondary certificate, diploma or degree	45.1%	47.2%	51.7%	35.6%		61.2%
Labour participation rate	71.5%	67.3%	68.3%	61.2%		72.0%
Employment rate	68.2%	63.1%	64.3%	55.4%		68.2%
Unemployment rate	4.7%	6.2%	5.9%	9.5%		4.7%
Renting, shelter costs are 30% or more of household income	31.2%	35.4%	37.5%	45.0%		31.2%
Owner, shelter costs are 30% or more of household income	13.1%	13.0%	14.0%	17.7%		11.6%
Low income in 2010 based on after-tax low-income measure %	8.0%	16.4%	16.4%	33.3%		8.0%
Median individual income	$33,589	$29,029	$30,455	$21,801		$38,440
Median household income	$69,072	$57,299	$58,503	$36,298		$81,462

(Left margin category labels: EDUCATION, EMPLOYMENT, HOUSING, INCOME)

Transcona CA Map

Legend:
- –·–·– **Main Roads**
- —— **Major Streets**
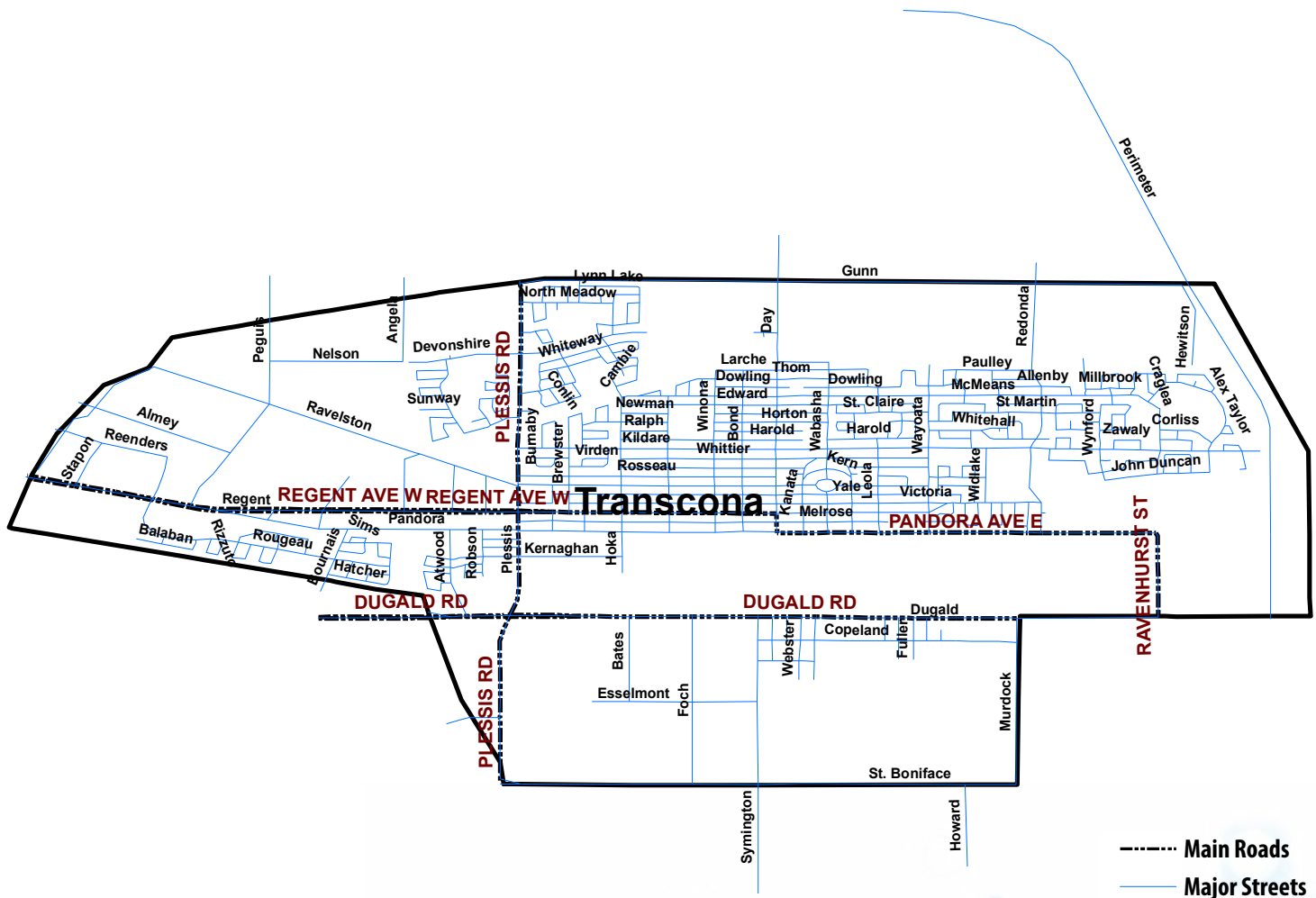
Health Behaviours

Binge Drinking

0%
2007-2012
28%
TRANSCONA
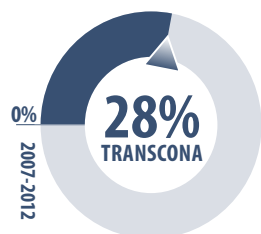
WINNIPEG 23%
WORST CA 38%
BEST CA 22%

Tobacco Use

0%
2007-2012
22%
TRANSCONA
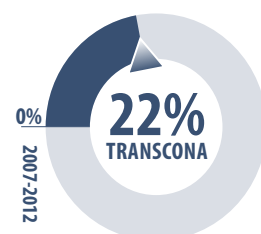
WINNIPEG 19%
WORST CA 39%
BEST CA 10%

Less Than 5 Daily Servings of Fruit & Veg

0%
2007-2012
65%
TRANSCONA
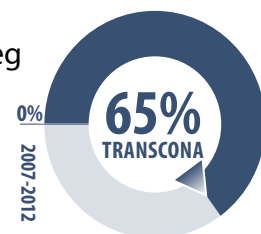
WINNIPEG 62%
WORST CA 77%
BEST CA 53%

Overweight & Obesity

0%
2007-2012
54%
TRANSCONA
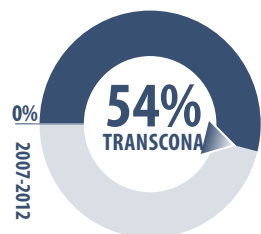
WINNIPEG 54%
WORST CA 65%
BEST CA 46%

Physically Inactive

0%
2007-2012
40%
TRANSCONA
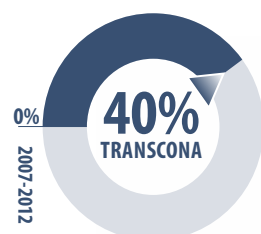
WINNIPEG 43%
WORST CA 59%
BEST CA 36%

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 25% in 2001-2005 to 28% in 2007-2012. In 2007-2012, 48% of residents reported that they never drank; 20% 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 22% in 2007-2012. In 2007-2012, 42% of residents identified as being former smokers; 37% identified as non-smokers.

- The percentage of residents exposed to second hand smoke at home has decreased from 18% in 2003-2005 to 13% in 2007-2012. In 2007-2012, 87% 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 67% in 2001-2005 to 65% in 2007-2012. In 2007-2012, 35% of residents identified as having fruits and vegetables more than 5 times a day.

- The percentage of overweight/obese adults has increased from 49% in 2001-2005 to 54% in 2007-2012. In 2007-2012, 46% of residents identified as being either underweight or normal.

- During the period 2007-2012, 40% of residents reported being physically inactive. The remaining 60% residents identified as being physically active.

Health Care Access, Immunization & Screening

Childhood Immunization Aged 2 years
2007/08

TRANSCONA **79%**

0 — WORST CA 59% — WPG 72% — BEST CA 79%

Breast Cancer Screening
2010/11-2011/12

TRANSCONA **52%**

0% — WORST CA 37% — WPG 51% — BEST CA 58%

Cervical Cancer Screening
2009/10-2011/12

TRANSCONA **59%**

0% — WORST CA 46% — WPG 53% — BEST CA 60%

Inadequate Prenatal Care
2007/08-2008/09

TRANSCONA **4.2%**

0% — BEST 3.8% — WPG 7.7% — WORST 19.1

Looking for a regular medical doctor
2007-2012

TRANSCONA **67%**

0% — BEST CA 41% — WPG 53% — WORST CA 70%

Use of physicians
2011/12

TRANSCONA **82%**

0% — LOWEST 78% — WPG 81% — HIGHEST 84%

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 Transcona has been somewhat the same over time (79% 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 58% in 2011/12).
- During 2010/11-2011/12, 52% of women aged 50-69 years had a screening mammography for breast cancer.
- During 2009/10-2011/12, 59% 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) (4.2%) in Transcona 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, 67% of Transcona 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% in 2006/07 to 82% in 2011/12)
- Inpatient hospitalization has decreased over time (from 72.7 per 1,000 residents in 2006/07 to 66.5 per 1,000 residents in 2011/12).
- The percentage of residents aged 75 years and older and living in a personal care home has decreased over time (from 9.6% in 2005/06-2006/07 to 7.6% in 2010/11-2011/12).
- The percentage of community-dwelling seniors (aged 75 years and older) using benzodiazepines has remained somewhat the same over time (17.6% in 2010/11-2011/12).
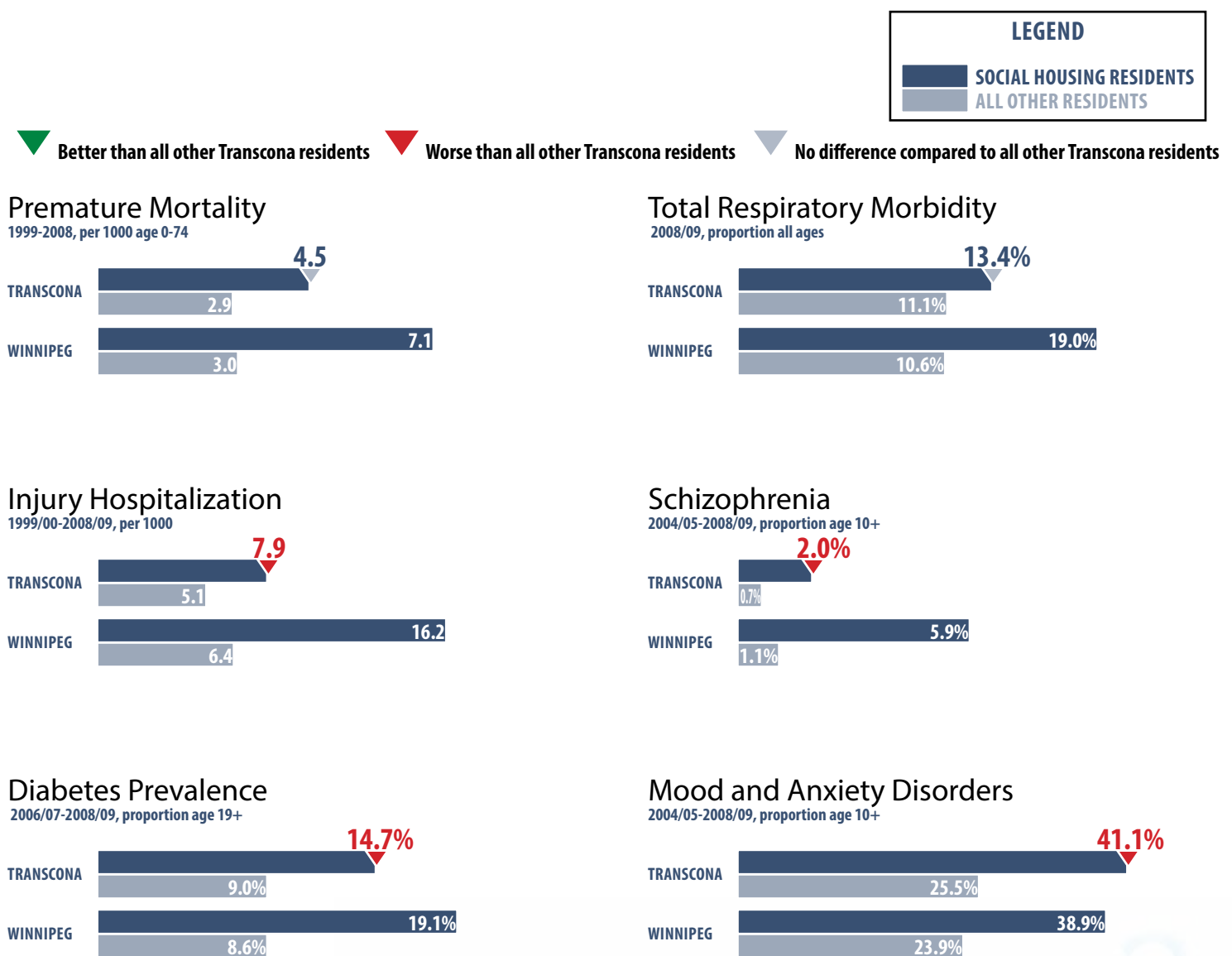
How Healthy Are Residents in Social Housing?

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

Morbidity and Mortality

LEGEND	
▬	**SOCIAL HOUSING RESIDENTS**
▬	ALL OTHER RESIDENTS

▼ Better than all other Transcona residents   ▼ Worse than all other Transcona residents   ▼ No difference compared to all other Transcona residents

Premature Mortality
1999-2008, per 1000 age 0-74

- TRANSCONA: **4.5** ▼ / 2.9
- WINNIPEG: 7.1 / 3.0

Total Respiratory Morbidity
2008/09, proportion all ages

- TRANSCONA: **13.4%** ▼ / 11.1%
- WINNIPEG: 19.0% / 10.6%

Injury Hospitalization
1999/00-2008/09, per 1000

- TRANSCONA: **7.9** ▼ / 5.1
- WINNIPEG: 16.2 / 6.4

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

- TRANSCONA: **2.0%** ▼ / 0.7%
- WINNIPEG: 5.9% / 1.1%

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

- TRANSCONA: **14.7%** ▼ / 9.0%
- WINNIPEG: 19.1% / 8.6%

Mood and Anxiety Disorders
2004/05-2008/09, proportion age 10+

- TRANSCONA: **41.1%** ▼ / 25.5%
- WINNIPEG: 38.9% / 23.9%

Children & Adolescents

▼ Better than all other Transcona residents ▼ Worse than all other Transcona residents ▼ No difference compared to all other Transcona residents
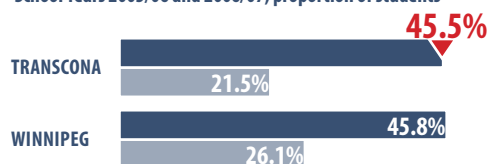
Mothers with 3+ Risk Factors
FY 2003/04 and 2007/08

TRANSCONA
- **51.5%**
- 15.0%

WINNIPEG
- 49.9%
- 18.6%
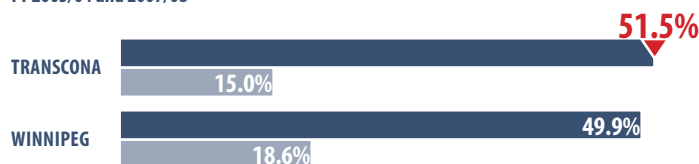
Children Not Ready for School in 1+ Domain
School Years 2005/06 and 2006/07, proportion of students

TRANSCONA
- **45.5%**
- 21.5%

WINNIPEG
- 45.8%
- 26.1%

Breastfeeding Initiation
2004/05-2008/09, proportion of newborns

TRANSCONA
- **71.6%**
- 85.6%

WINNIPEG
- 65.8%
- 84.9%

High School Completion
School Years 2007 & 2008, proportions of graduates

TRANSCONA
- **45.9%**
- 80.6%

WINNIPEG
- 45.3%
- 82.1%
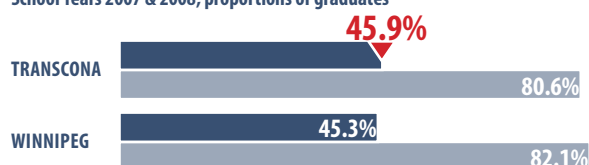
Complete Immunization by Age 2
2007/08-2008/09, proportion of children born 2005/06-2006/07

TRANSCONA
- **55.6%**
- 71.0%

WINNIPEG
- 57.7%
- 67.5%
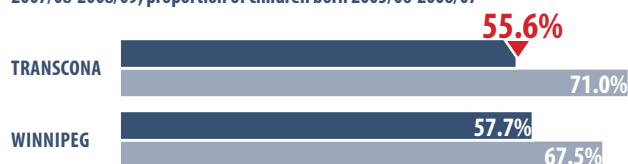
Teen Pregnancy
2004/05-2008/09, per 1000 females age 15-19

TRANSCONA
- **85.8**
- 23.3

WINNIPEG
- 155.3
- 36.3
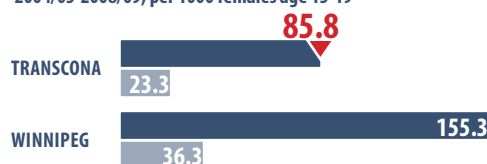
Screening & Healthcare Utilization

Breast Cancer Screening
2007/08-2008/09, proportion females 50-69

TRANSCONA
- **[S]**
- 64.3%

WINNIPEG
- 37.1%
- 62.7%
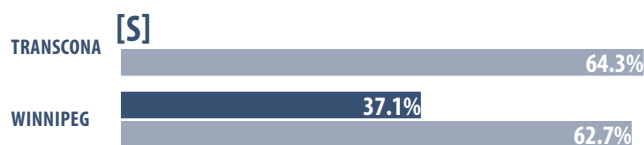
Complete Physicals
2008/09, proportion all ages

TRANSCONA
- **46.8%**
- 47.7%

WINNIPEG
- 44.7%
- 47.4%

Cervical Cancer Screening
RHA, 2006/07-2008/09, proportion females 18-69

TRANSCONA
- **65.3%**
- 75.3%

WINNIPEG
- 63.8%
- 71.7%

Majority of Care from a Single Physician
2008/09, proportion, all ages

TRANSCONA
- **71.5%**
- 82.7%

WINNIPEG
- 65.2%
- 75.6%

User Notes