

# **Alberta Health**

## **Primary Health Care - Community Profiles**

### Community Profile: Medicine Hat Health Data and Summary

Version 2, March 2015

## Table of Contents

<b>Introduction</b> .....	i
<b>Community Profile Summary</b> .....	iii
<b>Zone Level Information</b> .....	1
<b>Map of Alberta Health Services South Zone</b> .....	2
<b>Population Health Indicators</b> .....	3
Table 1.1 Zone versus Alberta Population Covered as at March 31, 2014 .....	3
Table 1.2 Health Status Indicators for Zone versus Alberta Residents, 2012 and 2013 (BMI, Physical Activity, Smoking, Self-Perceived Mental Health) .....	3
Table 1.3 Zone versus Alberta Infant Mortality Rates (per 1,000 live births), Years 2011 – 2013 .....	4
<b>Local Geographic Area Level Information</b> .....	5
<b>Map of Selected Health Services in Local Geographic Area</b> .....	6
<b>Demographics</b> .....	7
Table 2.1 Distribution of Population Covered by Age and Gender as at March 31, 2014 .....	7
Figure 2.1 Percentage Distribution of Local Geographic Area versus Alberta Population by Age Groups as at March 31, 2014 .....	7
Figure 2.2 Local Geographic Area Population Covered as at end of Fiscal Years 1994 – 2014 .....	8
<b>Socio-Economic Indicators</b> .....	9
Table 3.1 Population Percentage of First Nations with Treaty Status and Inuit as at March 31, 2011 ..	9
Table 3.2 Socio-Economic Indicators for Local Geographic Area versus Alberta Residents, 2011 (Family Composition, Family Income, Housing, Mobility, Language, Immigration, Educational Attainment, Household and Dwelling Characteristics) .....	9
<b>Chronic Disease Prevalence</b> .....	12
Figure 4.1 Local Geographic Area Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2005 – 2012 (Chronic Obstructive Pulmonary Disease, Diabetes, Hypertension, Ischemic Heart Disease) .....	12
Figure 4.2 Local Geographic Area versus Alberta Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2012 (Chronic Obstructive Pulmonary Disease, Diabetes, Hypertension, Ischemic Heart Disease) .....	13
<b>Maternal and Child Health</b> .....	14
Table 5.1 Local Geographic Area Maternal and Child Health Indicators for Three-Year Period (Number of Births, Percent of Low/High Birth Weight, Birth Rate, Fertility Rate, Teen Birth Rate, Percent Maternal Prenatal Smoking) .....	14

Table 5.2	Childhood Immunization Coverage Rates, 2013 .....	15
<b>Communicable Diseases</b> .....		16
Table 6.1	Top 5 Sexually Transmitted Infection (STI) Rates (per 100,000 population) by Three-Year Period .....	16
<b>Mortality</b> .....		17
Figure 7.1	Local Geographic Area Age-Standardized Mortality Rates (per 100,000 population) by Three-Year Period .....	17
Figure 7.2	Local Geographic Area versus Alberta Age-Standardized Mortality Rates (per 100,000 population) for Three-Year Period 2011 – 2013 .....	18
Figure 7.3	Local Geographic Area Distribution of Deaths by Cause of Death Across 10 Years, 2004 – 2013 .....	19
<b>Emergency Service Utilization</b> .....		20
Table 8.1	Emergency Visits for Patients Residing in the Local Geographic Area by Triage Level, Fiscal Years 2011/2012 – 2013/2014 .....	20
Figure 8.1	Emergency Visit Rates (per 1,000 population) for Triage Levels Semi-Urgent (4) and Non-Urgent (5), Fiscal Year 2013/2014 .....	20
Figure 8.2	All Emergency Visits for Patients Residing in the Local Geographic Area for Triage Levels Semi-Urgent (4) and Non-Urgent (5) Combined by Weekday and Time, Fiscal Year 2013/2014 .....	21
Figure 8.3	Local Geographic Area Age-Standardized Emergency Visit Rates (per 100,000 population) for Selected Conditions, 2006 – 2013 (Acute Upper Respiratory Infections, Arthritis, Asthma, Diabetes, Diseases of Middle Ear and Mastoid, Emphysema and Chronic Bronchitis, Influenza, Mental & Behavioural Disorders due to Psychoactive Substance Use, Other Acute Lower Respiratory Infections, Renal Failure, Stroke) .....	23
Figure 8.4	Local Geographic Area versus Alberta Age-Standardized Emergency Visit Rates (per 100,000 population) for Selected Conditions, 2013 (Acute Upper Respiratory Infections, Arthritis, Asthma, Diabetes, Diseases of Middle Ear and Mastoid, Emphysema and Chronic Bronchitis, Influenza, Mental & Behavioural Disorders due to Psychoactive Substance Use, Other Acute Lower Respiratory Infections, Renal Failure, Stroke) .....	24
<b>Inpatient Service Utilization</b> .....		25
Table 9.1	Inpatient Separation Rates (per 1,000 population) for Patients Residing in the Local Geographic Area versus Alberta, Fiscal Years 2011/2012 – 2013/2014 .....	25
Figure 9.1	Local Geographic Area Age-Standardized Inpatient Separation (IP Sep) Rates (per 100,000 population) for Selected Conditions, 2006/2007 – 2013/2014 (Asthma, Diabetes, Influenza, Ischemic Heart Diseases, Mental and Behavioural Disorders due to Psychoactive Substance Use, Pneumonia, Pulmonary Heart and Pulmonary Circulation Diseases) .....	25
Figure 9.2	Local Geographic Area versus Alberta Age-Standardized IP Sep Rates (per 100,000 population), for Selected Conditions, 2013/2014 (Asthma, Diabetes, Influenza, Ischemic Heart Diseases, Mental and Behavioural Disorders due to Psychoactive Substance Use, Pneumonia, Pulmonary Heart and Pulmonary Circulation Diseases) .....	26

<b>Primary Health Care Indicators of Community Primary Care Need</b> .....	27
Table 10.1 Proposed Primary Health Care Indicators of Community Primary Care Need.....	27
1. Travel: Percentage of Total Family Physician Claims Outside the Recipient’s Home Local Geographic Area, 2010/2011	
2. Ambulatory Care Sensitive Conditions - Age-Standardized Hospitalization Rate (per 100,000 population), 2003 to 2011	
3. Continuity of Care, 2010	
4. ED Visits Related to Mood Disorders (Age-Standardized, per 100,000 population), 2003 to 2011	
5. ED Visits Related to Anxiety Disorders (Age-Standardized, per 100,000 population), 2003 to 2011	
6. ED Visits Related to Injuries (Age-Standardized, per 100,000 population), 2003 to 2011	
7. Diabetes Prevalence (per 100 population), 2010	
8. Chronic Obstructive Pulmonary Disease Prevalence Rate (per 100 population), 2010	
9. Age-Standardized Rate of People with Three or more Chronic Diseases (per 100 population), 2010	
10. Influenza Vaccines for Those 65 and Over, 2011/2012	
11. Predicted Primary Health Care Utilization, 2006/2007 to 2008/2009	
12. Primary Health Care Service Gap, 2006/2007 to 2008/2009	
13. Life Expectancy at Birth, 2000 to 2011	
<b>Access to Health Services</b> .....	33
Table 11.1 Ambulatory Care Visits and Inpatient Separations for the Local Geographic Area Residents to Facilities Located In versus Out of the Local Geographic Area, Fiscal Year 2013/2014 .....	33
Table 11.2 Top 3 Non-Local Ambulatory Care Facilities/ Acute Care Hospitals Accessed by Local Residents, Fiscal Year 2013/2014.....	33
<b>Appendix A – Definitions</b> .....	35
<b>Appendix B – Community Services Online Resources</b> .....	43
<b>Appendix C – Health Link Alberta Calls by Zone</b> .....	47
<b>Appendix D – Select Health Services in Local Geographic Area</b> .....	49

**Note:**

*Qualifiers such as ‘higher than’, ‘much lower than’, ‘similar to’ etc. are used throughout the community profile to compare local geographic area (LGA) indicator values to the provincial average. Note that the qualifiers ‘similar’ and ‘comparable’ are chosen to describe situations in which the LGA indicator value is either identical or very close to the provincial average. For further details on these qualifiers please refer to Appendix A.*

**Suggested Citation:**

*Alberta Health Primary Health Care – Community Profiles, Community Profile: [insert LGA name], Health Data and Summary, Version 2, March 2015*

## INTRODUCTION

Primary Health Care provides an entry point into the health care system and links individuals to medical services and social and community supports. The Government of Alberta is currently working to improve primary health care delivery within the province. The Primary Health Care Strategy has three strategic directions: enhancing the delivery of care, cultural change, and building blocks for change. Primary health care services in Alberta are delivered in a variety of settings and by a range of providers. Current primary health care models in Alberta include: primary care networks, stand-alone physician clinics, community health centres, urgent-care centres, community ambulatory care centres, medi-centres, and university health centres.

To assist with primary health care planning, Alberta Health has developed a series of reports to provide a broad range of demographic, socio-economic and population health statistics considered relevant to primary health care for communities across the province. Alberta Health Services divides the province into five large health service Zones, and these Zones are subdivided into smaller geographic areas called local geographic areas (LGAs). The Alberta Health “Community Profile” reports provide information at the Zone and LGA level for each of the 132 LGAs in Alberta.

The Community Profiles (Profiles) are intended to highlight areas of need and provide relevant information to support the consistent and sustainable planning of primary health services. Each Profile offers an overview of the current health status of residents in the LGA, indicators of the area’s current and future health needs, and evidence as to which quality services are needed on a timely basis to address the area’s needs.

Each report includes sections that present Zone and LGA level information. In addition, the Profile includes Appendices containing sources of additional information about the community (e.g. Health Link Alberta and community services).

The Zone level section opens with a Zone map that puts the specific LGA into context and includes health-related statistics at the Zone level (the highest geographic breakdown next to the full provincial view). Some of the Zone level health indicators are unique to this section and are not currently available at the LGA level.

The LGA section of the Profile is divided into a number of sub-sections and is the core component of each report. The population size of LGAs varies substantially from very small in rural areas to large in metropolitan centers. A compendium of health related information on demographics, prevalence rates, emergency visits, maternal and child health and more, is included in this section. In addition, information on indicators of need (relating to utilization, health population needs and social determinants of health) is also provided.

Furthermore, each Community Profile contains information on access statistics, offering some additional insight into existing needs that are not being met, as well as the utilization of non-local facilities by LGA residents. A map of selected health services available in each LGA, together with a listing of these locations, is also included in each report.

While the current Profile contains data at both the Zone and LGA level, information could be updated or added to the profile if it is provided by the community. For more information contact [primaryhealthcare@gov.ab.ca](mailto:primaryhealthcare@gov.ab.ca).

**Note:**

*Various data sources are used to compile the Community Profiles. The Profiles are developed through the collaboration of the Primary Health Care Branch, Health Analytics Branch, Surveillance and Assessment Branch in Alberta Health, along with Statistics Canada and Alberta Health Services.*

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## COMMUNITY PROFILE SUMMARY

### Local Geographic Area: Medicine Hat

The community profile contains a large number of demographic, socio-economic and health related indicators intended to provide a better understanding of the community's current and future health needs. The summary that follows provides a brief overview of some of the key indicators for the local geographic area (LGA), Medicine Hat. For a more in depth look at the data, please refer to the various sections of the report.

#### POPULATION HEALTH INDICATORS

- Health status indicators are available solely at the zone level. The percentage of obese people in the South Zone (which includes Medicine Hat) was much higher than the provincial percentage in 2013 (27.3% South Zone vs. 19.3% AB). (Table 1.2)
- The South Zone reported a higher proportion of inactive people compared to the provincial proportion during the same year (44.5% South Zone vs. 42.6% AB). (Table 1.2)

#### DEMOGRAPHICS

- Medicine Hat's population increased by 43.5% between 1994 and 2014 (compared to a 56% increase for Alberta) and currently stands at 69,098 people. (Figure 2.2)
- The largest age group in the LGA, in 2014, was 35-64 year olds who accounted for 39.5% of the population compared to 40.4% for Alberta. (Figure 2.1)
- Children 17 and under made up 21.0% of the LGA's population compared to 22.2% for Alberta, while individuals 65 and older accounted for 15.6% of the population in the LGA and 11.3% in Alberta. (Figure 2.1)

#### SOCIO - ECONOMIC INDICATORS

- Medicine Hat had a lower proportion of First Nations and Inuit people compared to Alberta (0.8% vs. 3.4% AB). (Table 3.1)
- The percentage of female lone-parent families was higher than the provincial percentage (12.7% vs. 11.1% AB). (Table 3.2)
- A higher proportion of families with an after-tax low-income level were reported in the LGA compared to Alberta (13.1% vs. 10.7% AB). (Table 3.2)
- The most common non-official languages spoken at home in the LGA were: Spanish, Chinese (n.o.s.), German, Tagalog (Pilipino, Filipino), and Arabic. (Table 3.2)

#### CHRONIC DISEASE PREVALENCE

- In 2012, the disease with the highest prevalence rate (per 100 population) in Medicine Hat was hypertension. The rate associated with this disease was similar to the provincial rate (12.8 vs. 12.3 AB). (Figure 4.2)

## MATERNAL HEALTH

- From 2009/2010 to 2011/2012, Medicine Hat's birth rate per 1,000 women was lower than the provincial rate (23.6 vs. 26.8 AB) and the teen birth rate per 1,000 women was similar to Alberta's teen rate (19.7 vs. 17.4 AB). (Table 5.1)

## SEXUALLY TRANSMITTED INFECTIONS

- The highest sexually transmitted infections (STI) rate per 100,000 population in the LGA, in 2011/2012 - 2013/2014, was reported for chlamydia. None of the top 5 STI rates in the LGA were higher than the provincial rates, where comparisons could be made. (Table 6.1)

## MORTALITY

- The mortality rate (per 100,000 population) due to all causes was higher in the LGA, in 2011-2013, compared to the province (517.0 vs. 452.2 AB) and the most frequent cause of death reported between 2004 and 2013 was diseases of the circulatory system. (Figures 7.2 and 7.3)

## EMERGENCY AND INPATIENT SERVICE UTILIZATION

- Semi and non-urgent emergency visits accounted for 53.5% of all emergency visits in 2013/2014. (Table 8.1)
- Acute Upper Respiratory Infections were the most common reason for emergency visits (among select conditions) in 2013, and had a lower rate (per 100,000 population) compared to the provincial rate (2,235.6 vs. 3,748.0 AB). (Figure 8.4)
- Ischemic heart diseases, mental & behavioural disorders due to psychoactive substance use, and diabetes were the top three main reasons for inpatient separations (among selected conditions) in 2014, and inpatient separation rates were higher than the provincial rates for 6 of 7 diagnoses. (Figure 9.2)

## MENTAL AND BEHAVIOURAL DISORDERS

- Mental and behavioural disorders are particularly important from a population health perspective. In 2013, Medicine Hat's emergency department (ED) visit rate for mental and behavioural disorders was similar to the provincial ED visit rate per 100,000 population (762.1 vs. 633.3 AB). (Figure 8.4)
- The inpatient discharge rate associated with mental and behavioural disorders was higher than Alberta's discharge rate per 100,000 population (263.0 vs. 120.0 AB). (Figure 9.2)
- During 2004 to 2013 mental and behavioural disorders accounted for 4.7% of all deaths in the LGA. (Figure 7.3) Note that deaths due to the top 8 disease categories are displayed in Figure 7.3, while the remaining disease categories are grouped into the generic 'Other'.



## PRIMARY HEALTH CARE INDICATORS OF COMMUNITY PRIMARY CARE NEED

During a mapping project conducted by Alberta Health Services in 2012, 13 indicators relating to primary health care needs were developed for each local geographic area. Some of these indicators relate to primary care utilization and availability of primary care services, while others refer to health conditions or health status such as incidence and prevalence of diseases. One additional indicator included, life expectancy at birth, was seen as a strong determinant of health status. Stratification by geographic peer groups (metro, metro moderate, urban, rural, rural remote) was applied to some of these indicators to account for substantially different rates across groups. The following indicators have been highlighted for this LGA:

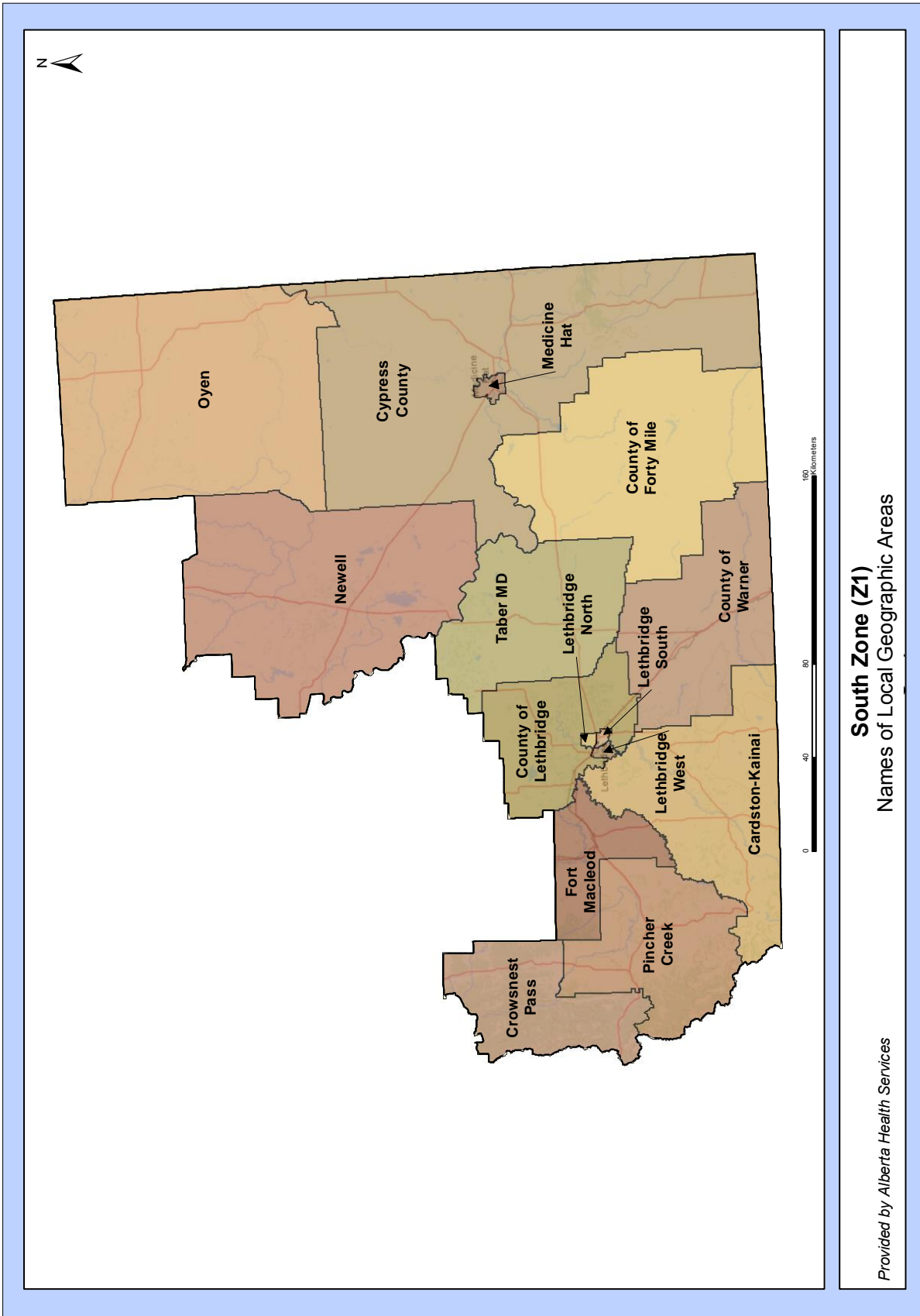
- Medicine Hat's separation rate for ambulatory care sensitive conditions (per 100,000 population) was 1.1 times higher than the corresponding urban provincial rate (658.1 vs. 610.2 AB urban). (Table 10.1)
- The age-standardized rate for people with three or more chronic diseases per 100 population was higher in Medicine Hat compared to the province (2.7 vs. 2.2 AB). (Table 10.1)
- The dollar gap between actual and predicted community and primary care per capita billings during 2006/2007 and 2008/2009 was \$4.35 in Medicine Hat compared to the \$-0.50 urban provincial average. (Table 10.1)
- Residents of Medicine Hat had a life expectancy at birth of 79.9 years compared to 80.5 years for Alberta. (Table 10.1)

## ACCESS TO HEALTH CARE SERVICES

- Medicine Hat residents received ambulatory care services at facilities located outside the LGA. In 2013/2014, these visits made up 19.6% (or 32,352 visits) of all ambulatory care visits and most such visits (i.e. 41.1% of all external visits) were to the Foothills Medical Centre in Calgary (LGA of Calgary - Centre North). (Tables 11.1 and 11.2)
- In 2013/2014, inpatient separations outside the LGA made up 17.1% (or 1,520) of all inpatient separations for Medicine Hat residents and most of them (i.e. 42.5% of all external inpatient separations) occurred at the Foothills Medical Centre in Calgary (LGA of Calgary - Centre North). (Tables 11.1 and 11.2)

## Zone Level Information

*This section contains information presented at the highest geographic breakdown level before rolling up to a full provincial view. The map of Alberta has been partitioned into five geographic zones (Calgary Zone, Central Zone, Edmonton Zone, North Zone, and South Zone), representing the health zones within Alberta Health Services. A variety of health indicators are unique to this section and are only captured at this level of geography due to either sampling and variability errors, or unavailability of data at the level of local geographical areas.*



## Alberta South Zone

### POPULATION HEALTH INDICATORS

Table 1.1 shows the zone-level population distribution compared to the province, by age group and gender, for the most recent fiscal year available. Children under the age of one were defined as infants, while the pediatric age group consists of all minors excluding infants. People with no age information available were categorized as unknown.

**TABLE 1.1** Zone versus Alberta Population Covered<sup>1</sup>, as at March 31, 2014

	South Zone			Alberta <sup>2</sup>		
	Population					
	Female	Male	Total	Female	Male	Total
	153,428	154,685	308,113	2,090,074	2,137,807	4,227,881
Percentage Distribution of Population by Age Groups						
Age Group	Female	Male	Total	Female	Male	Total
Infants: Under 1	0.6%	0.7%	1.3%	0.6%	0.7%	1.3%
Pediatric: 1-17	11.0%	11.6%	22.6%	10.2%	10.7%	20.9%
18-34	12.0%	12.6%	24.6%	12.9%	13.3%	26.1%
35-64	18.5%	18.9%	37.4%	19.7%	20.7%	40.4%
65-79	5.2%	4.8%	10.1%	4.3%	4.1%	8.4%
80 & Older	2.4%	1.6%	4.0%	1.8%	1.2%	2.9%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

In 2014, the largest age group was 35-64 year olds, accounting for 37.4% of the overall population in the South Zone and 40.4% of the population in Alberta. Children 17 and under comprised 23.9% of South Zone's overall population, compared to 22.2% for Alberta. In addition, residents 65 and older accounted for 14.1% of South Zone's overall population, 2.8 percentage points higher than the corresponding provincial proportion.

Table 1.2 shows zone-level health status indicators compared to the province for the two most recent fiscal years available.

**TABLE 1.2** Health Status Indicators for Zone versus Alberta Residents, 2012 and 2013

		South Zone			Alberta		
		Body Mass Index (BMI) <sup>3</sup>					
Category	Year	Female	Male	Total	Female	Male	Total
Under Weight	2012	1.9%	0.2%	1.0%	3.0%	0.7%	1.8%
	2013	1.5%	0.0%	0.7%	3.6%	0.6%	2.0%
Normal Weight	2012	51.1%	29.6%	40.0%	50.6%	39.2%	44.6%
	2013	45.0%	36.8%	40.5%	53.1%	35.5%	43.8%
Over Weight	2012	25.4%	45.8%	36.0%	28.1%	40.8%	34.8%
	2013	28.1%	34.3%	31.4%	25.5%	43.3%	34.9%
Obese	2012	21.5%	24.5%	23.0%	18.3%	19.3%	18.8%
	2013	25.4%	29.0%	27.3%	17.9%	20.6%	19.3%

**TABLE 1.2** Health Status Indicators for Zone versus Alberta Residents, 2012 and 2013 (continued)

		South Zone			Alberta		
Physical Activity <sup>3</sup>							
Category	Year	Female	Male	Total	Female	Male	Total
Active or moderately active	2012	53.2%	58.6%	55.9%	54.4%	55.4%	54.9%
	2013	52.6%	58.5%	55.5%	56.2%	58.6%	57.4%
Inactive	2012	46.8%	41.4%	44.1%	45.6%	44.6%	45.1%
	2013	47.4%	41.5%	44.5%	43.8%	41.4%	42.6%
Smoking <sup>3</sup>							
Daily smokers	2012	16.5%	28.7%	22.6%	12.7%	20.8%	16.8%
	2013	18.7%	19.9%	19.3%	11.7%	18.6%	15.2%
Never/former/ occasional smokers	2012	83.5%	71.3%	77.4%	87.3%	79.2%	83.2%
	2013	81.3%	80.1%	80.7%	88.3%	81.4%	84.8%
Self-Perceived Mental Health <sup>3</sup>							
Excellent or Very Good	2012	72.0%	68.9%	70.5%	69.3%	72.7%	71.0%
	2013	70.1%	68.5%	69.3%	73.1%	72.8%	72.9%
Poor Fair or Good	2012	28.0%	31.1%	29.5%	30.7%	27.3%	29.0%
	2013	29.9%	31.5%	30.7%	26.9%	27.2%	27.1%

The percentage of obese people in the South Zone in 2013 was much higher than the provincial percentage (27.3% vs. 19.3% AB) and there was a higher proportion of inactive people compared to Alberta (44.5% vs. 42.6% AB). In addition, a higher percentage of daily smokers was reported at the zone level compared to the province in 2013 (19.3% vs. 15.2% AB) and a much lower proportion considered themselves as having excellent or very good mental health (69.3% vs. 72.9% AB).

Table 1.3 reports the infant mortality rates per 1,000 live births for the zone and the province, for the most recent calendar years available.

**TABLE 1.3** Zone versus Alberta Infant Mortality Rates (per 1,000 live births)  
Years 2011 - 2013

	South Zone	Alberta
<b>Infant Mortality Rate (per 1,000 births)<sup>3</sup></b>		
2011	5.9	5.1
2012	5.6	4.1
2013	5.8	4.5

The infant mortality rates in the South Zone varied between 5.6 per 1,000 births in 2012 and 5.9 per 1,000 births in 2011. Compared to Alberta, infant mortality rates in the South Zone were higher for 3 of the 3 calendar years.

**Sources:** Canadian Community Health Survey Provincial Share Files

Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry Files, Alberta Health

Postal Code Translation File, Alberta Health

Alberta Vital Statistics Births and Deaths Files

**Notes:** <sup>1</sup> Population covered represents number of people covered under the Alberta Health Care Insurance Plan (AHCIP)

<sup>2</sup> Alberta population figure was calculated based on valid Alberta postal codes.

<sup>3</sup> See Appendix A for definition.

**Methodology:**

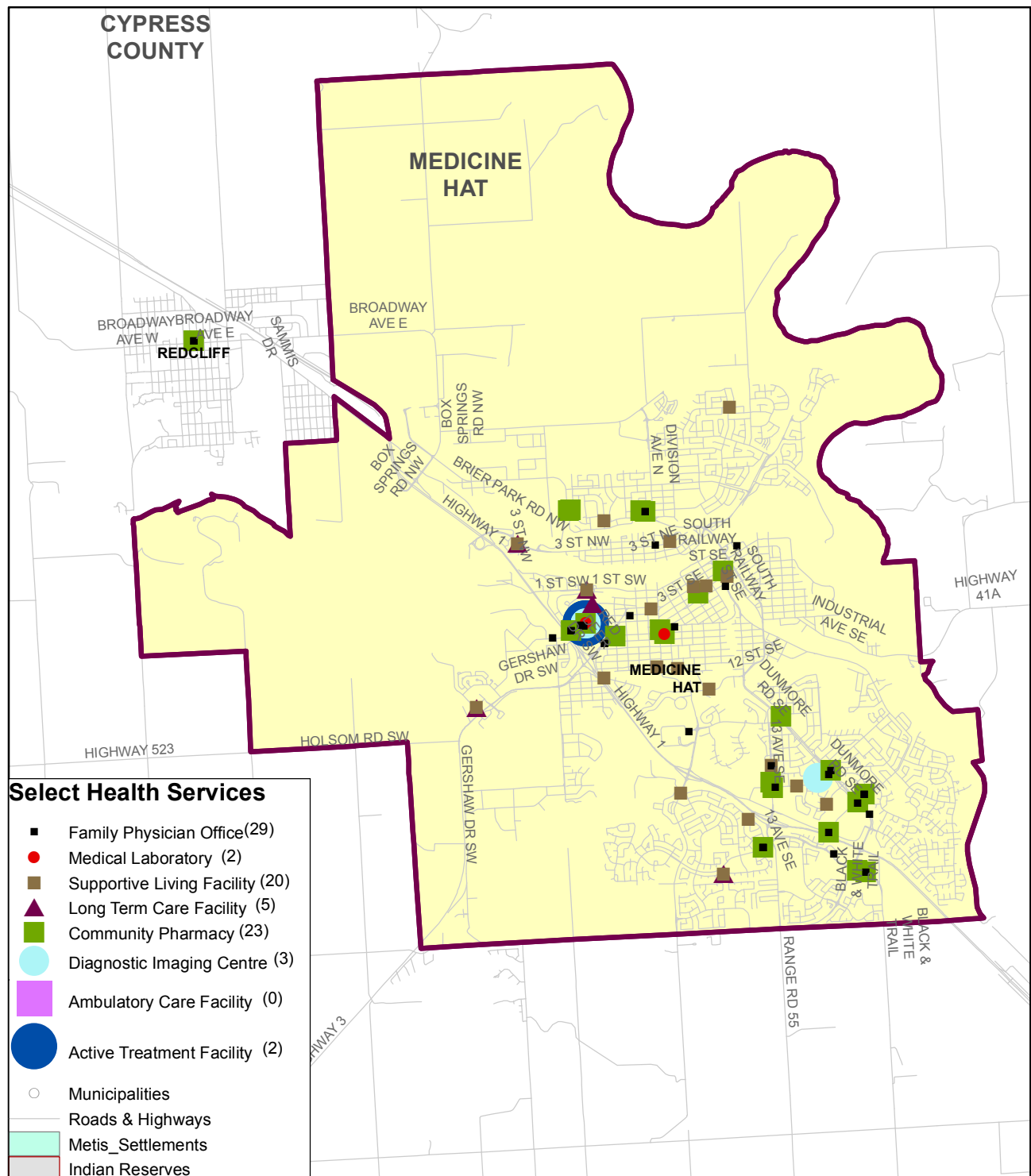
Surveillance and Assessment Branch, Alberta Health (As of Nov 2014) See link: [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval](http://www.ahw.gov.ab.ca/IHDA_Retrieval)

## Local Geographic Area Level Information

*This section contains information presented at the level of the local geographic area and is more granular than the information at the zone level. Local geographic area refers to 132 geographic areas created by Alberta Health (AH) and Alberta Health Services (AHS) based on census boundaries. The Federal Census (2011) and National Household Survey (2011) information is custom extracted by Statistics Canada at the local geographic area level. The population of these areas varies from very small in rural areas to large in metropolitan centers.*

## Map of Selected Health Services in Local Geographic Area of Medicine Hat

Population (2014): 69,098



Prepared by Health Analytics Branch, Alberta Health

Note: For additional details regarding the selected health service facilities in the above map please refer to Appendix D.

## Local Geographic Area: Medicine Hat

### DEMOGRAPHICS

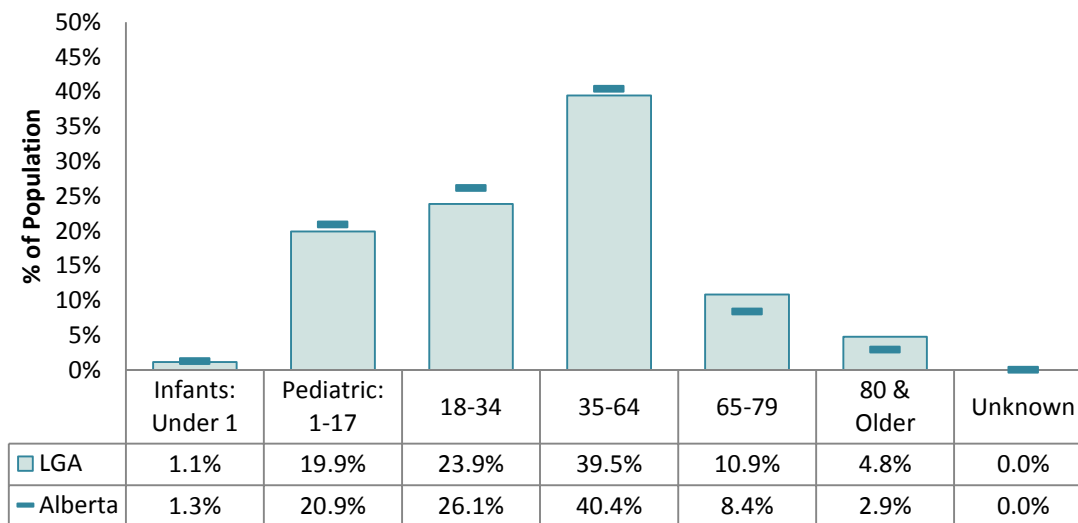
Table 2.1 shows the population distribution of the local geographic area broken down by age group and gender, for the most recent fiscal year available. Specific age groups have been identified. Children under the age of one were defined as infants, while the pediatric age group includes all minors excluding infants. People with no age information available were categorized as unknown.

**TABLE 2.1** Distribution of Population Covered<sup>1</sup> by Age and Gender  
As at March 31, 2014

Local Geographic Area Population			
Age Group	Female	Male	Total
Infants: Under 1	375	407	782
Pediatric: 1-17	6,753	7,003	13,756
18-34	8,151	8,342	16,493
35-64	13,623	13,649	27,272
65-79	4,018	3,482	7,500
80 & Older	2,010	1,285	3,295
Unknown	0	0	0
<b>Total</b>	<b>34,930</b>	<b>34,168</b>	<b>69,098</b>

Figure 2.1 profiles the population distribution by age group for both the local geographic area and Alberta, for the most recent fiscal year available.

**FIGURE 2.1** Percentage Distribution of Local Geographic Area (LGA) versus Alberta Population  
By Age Group as at March 31, 2014

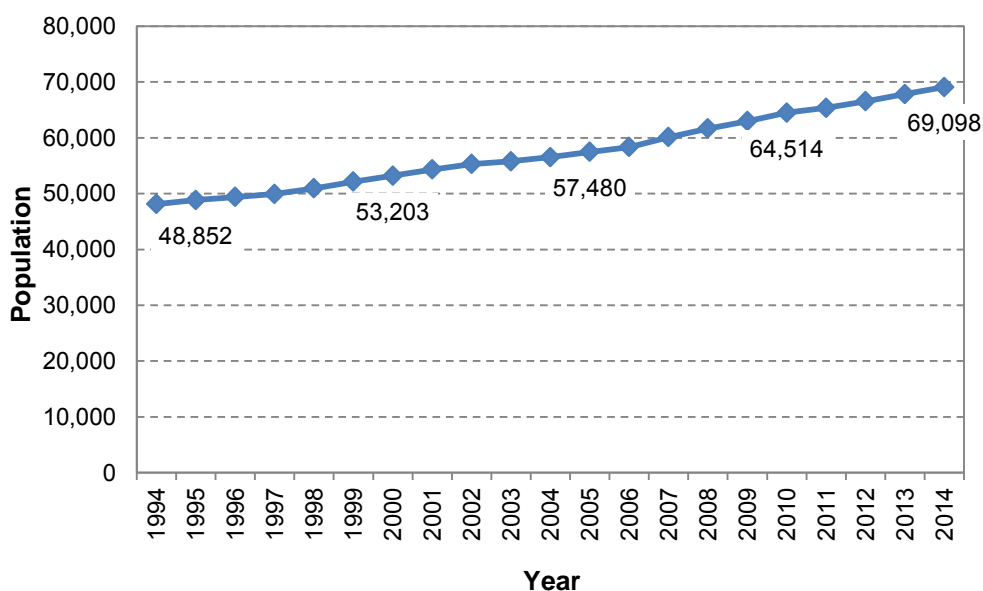




In 2014, the largest age group was 35-64 year olds, accounting for 39.5% of the overall population. Children 17 and under comprised 21.0% of Medicine Hat's overall population, compared to 22.2% for Alberta. In addition, residents 65 and older accounted for 15.6% of Medicine Hat's overall population, 4.3 percentage points higher than the corresponding provincial proportion.

The population counts for each year between 1994 and the most recent fiscal year are provided in Figure 2.2.

**FIGURE 2.2** Local Geographic Area Population Covered as at End (i.e. Mar 31) of Fiscal Years 1994 - 2014



The population of Medicine Hat increased by 43.5% between 1994 and 2014. A low of 48,138 individuals was reported in 1994 and a peak of 69,098 people was reported in 2014.

**Sources:**

Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry File, Alberta Health  
Postal Code Translation File, Alberta Health

**Notes:**

<sup>1</sup> Population covered represents number of people covered under the Alberta Health Care Insurance Plan (AHCIP)

## Local Geographic Area: Medicine Hat

### SOCIO-ECONOMIC INDICATORS

Tables 3.1 and 3.2 highlight a number of indicators relating to social determinants of health such as family income, housing and educational attainment. Values for the local geographic area and Alberta are listed as proportions, raw numbers, or dollar amounts, depending on the indicator.

**TABLE 3.1** Population Percentage of First Nations with Treaty Status<sup>1</sup> and Inuit as at March 31, 2011

First Nations with Treaty Status and Inuit Population		
	Medicine Hat	Alberta
Percent of Population that is First Nations or Inuit	0.8%	3.4%

**TABLE 3.2** Socio-Economic Indicators<sup>2</sup> for Local Geographic Area versus Alberta Residents, 2011

Family Composition		
	Medicine Hat	Alberta
Percent (Number of) Male Lone-Parent Families	3.2% (550)	3.4% (33,705)
Percent (Number of) Female Lone-Parent Families	12.7% (2,185)	11.1% (110,800)
Percent (Number of) 65 Years of Age and Older Who Live Alone	30.2% (2,615)	25.0% (91,355)
Percent (Number of) Persons not in Census Family <sup>1</sup>	18.6% (10,895)	17.3% (616,065)
Percent (Number of) Census Family Persons	81.4% (47,745)	82.7% (2,951,865)
Average Number of Persons per Census Family	2.8	3.0
Family Income		
	Medicine Hat	Alberta
Percent (Number of) of Families with After-Tax Low-Income <sup>1</sup>	13.1% (2,249)	10.7% (105,875)
Percent (Number) of Private Households with an After-Tax Income ≥ \$100,000 in 2010	17.6% (4,475)	27.8% (386,990)
Average Census Family Income	\$91,418	\$116,232
Housing		
	Medicine Hat	Alberta
Percent Living in Owned Dwellings	74.4%	73.6%
Percent Where Greater Than 30% of Income Is Spent on Housing for Homeowners	17.0%	18.4%
Average Value of Dwelling	\$276,731	\$398,839
Percent of Homeowners Who Have Homes in Need of Major Repairs	5.8%	7.0%
Percent Living in Rented Dwellings	25.6%	25.7%
Percent Where Greater Than 30% of Income Is Spent on Housing for Renters	39.5%	38.6%
Percent Living in Band Housing <sup>1</sup>	0.0%	0.7%

Compared to Alberta, Medicine Hat had a lower proportion of First Nations people (0.8% vs. 3.4% AB). The proportion of female lone-parent families was higher than the provincial proportion (12.7% vs. 11.1% AB). In addition, the proportion of male lone-parent families in Medicine Hat was similar to the provincial proportion (3.2% vs. 3.4% AB).

Furthermore, a higher percentage of families had an after-tax low-income level compared to the province (13.1% vs. 10.7% AB). Compared to Alberta, the percentage of people who spent 30% or more of their income on housing related expenses was 1.4 percentage points lower in Medicine Hat. In addition, a similar proportion of people in Medicine Hat lived in dwellings they owned (74.4% vs. 73.6% AB).

**TABLE 3.2** Socio-Economic Indicators<sup>2</sup> for LGA versus Alberta Residents, 2011 (continued)

Mobility		
	Medicine Hat	Alberta
Percent who lived at the Same Address One Year Ago	85.0%	84.8%
Percent who lived at the Same Address Five Years Ago	55.1%	55.1%
Language		
	Medicine Hat	Alberta
Percent Who Do Not Speak English or French	0.3%	1.4%
Percent of Households Where a Non-Official Language Is Spoken at Home	2.3%	10.5%
Top Five Non-Official Languages Spoken at Home <sup>3</sup>	Spanish, Chinese (n.o.s.), German, Tagalog (Pilipino, Filipino), and Arabic	Panjabi (Punjabi), German, Tagalog (Pilipino, Filipino), Chinese (n.o.s.), and Spanish
Immigration		
	Medicine Hat	Alberta
Total Number of Immigrants	4,330	644,115
Percent of Immigrants Who Arrived in the Last Five Years	1.5%	4.0%
Top Five Places of Birth for Recent Immigrants <sup>4</sup>	Other places of birth in Africa, United Kingdom, United States, Philippines, and Iraq	Philippines, India, China, United Kingdom, and United States
Educational Attainment		
	Medicine Hat	Alberta
Percent with No High School Graduation Certificate	15.3%	12.3%
Percent with High School Graduation Certificate	27.5%	23.8%
Percent with Apprenticeship, Trades Certificate or Diploma	15.1%	12.2%
Percent with College, Other Non-University Certificate, or Diploma	23.3%	21.4%
Percent with University Certificate, Diploma or Degree	18.8%	30.3%

**TABLE 3.2** Socio-Economic Indicators<sup>2</sup> for LGA versus Alberta Residents, 2011 (continued)

Household and Dwelling Characteristics		
	Medicine Hat	Alberta
Percent Persons in Private Households <sup>1</sup>	97.7%	97.9%
Total Number of Households by Household Type	25,445	1,390,275
Census Family Households	66.6%	69.8%
One-Family-Only Households	62.4%	62.6%
Two-or-More-Family Households	4.1%	7.1%
Non-Family Households	33.4%	30.2%
Total Number of Dwellings by Structural Type	25,445	1,390,275
Single-Detached House	64.1%	63.5%
Moveable Dwelling	3.0%	3.4%
Other Dwelling Including ≥5 Storey Apartment Buildings	32.9%	33.1%

Medicine Hat had a lower proportion of non-English and non-French speaking people compared to Alberta (0.3% vs. 1.4% AB). Also, a lower proportion of immigrants arrived in the last five years in Medicine Hat compared to the province (1.5% vs. 4.0% AB). Furthermore, Medicine Hat reported a lower proportion of people with university certificates, diplomas or degrees (18.8% vs. 30.3% AB).

**Sources:**

*Federal Census (2011) by LGA - Custom Extract, Statistics Canada*  
*National Household Survey (2011) by LGA - Custom Extract, Statistics Canada*  
*Postal Code Translation File, Alberta Health*  
*Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry Files, Alberta Health (2011)*

**Notes:**

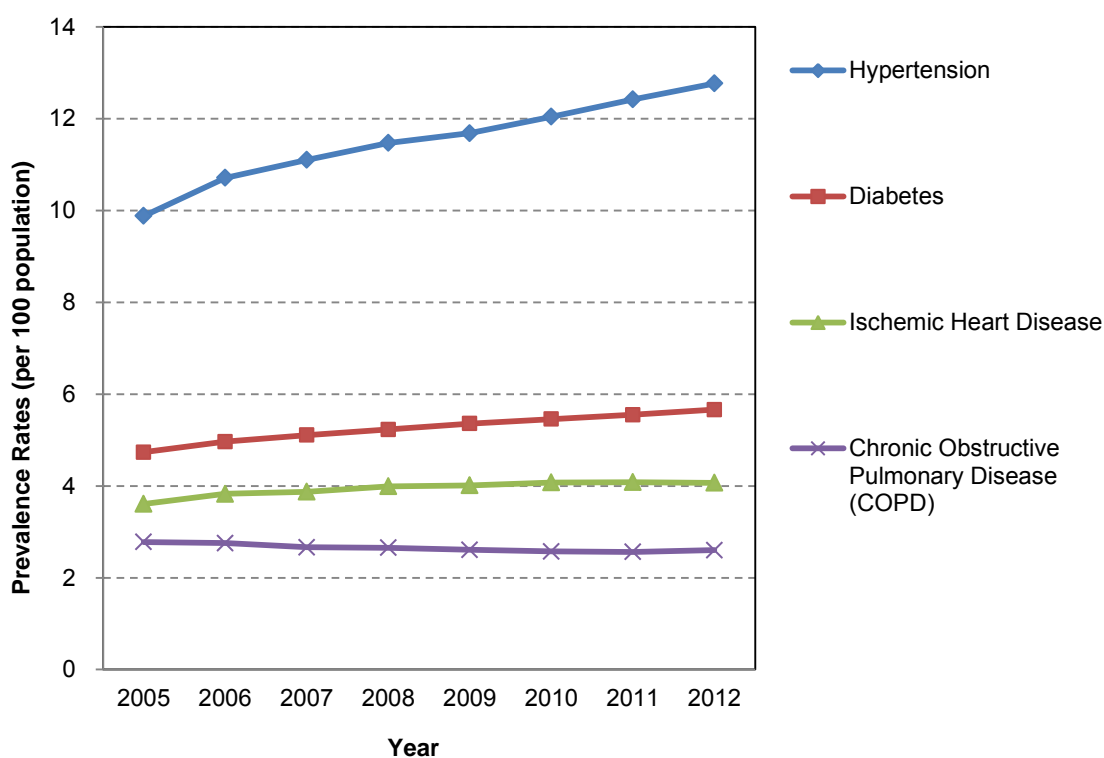
- <sup>1</sup> See Appendix A for definition.
- <sup>2</sup> N/A indicates that data were not available for a specific metric for this LGA
- <sup>3</sup> Less than five languages may be listed if no others were reported. Six or more languages may be listed in the case of ties.
- <sup>4</sup> Less than five places of birth may be listed if no others were reported. Six or more places of birth may be listed in the case of ties. Since only a select number of countries was included for each continent, categories like "Other places of birth in Continent X" may appear among the top 5 places of birth listed in Table 3.2; to better understand which countries are included in the "Other..." categories please refer to the list of select counties that appeared distinctly in the data; countries not included in "Other..." but that could appear on their own are listed below:
  - > Africa: Algeria, Cameroon, Congo, Egypt, Ethiopia, Mauritius, Morocco, Nigeria, Somalia, Tunisia, South Africa
  - > Americas (N, S and Central) : Brazil, Colombia, Cuba, Guyana, Haiti, Jamaica, Mexico, Peru, United States, Venezuela
  - > Asia (incl. Middle East): Afghanistan, Bangladesh, China, Hong Kong Special Administrative Region, India, Iran, Iraq, Israel, Japan, Lebanon, Nepal, Pakistan, Philippines, Saudi Arabia, South Korea, Sri Lanka, Syria, Taiwan, Turkey, United Arab Emirates, Vietnam
  - > Europe: France, Germany, Moldova, Poland, Romania, Russian Federation, Ukraine, United Kingdom

## Local Geographic Area: Medicine Hat

### CHRONIC DISEASE PREVALENCE

Figure 4.1 displays the rates per 100 population of the selected chronic diseases in the local geographic area. The prevalence rates refer to the number of diagnosed individuals at a given time and have been standardized by age.

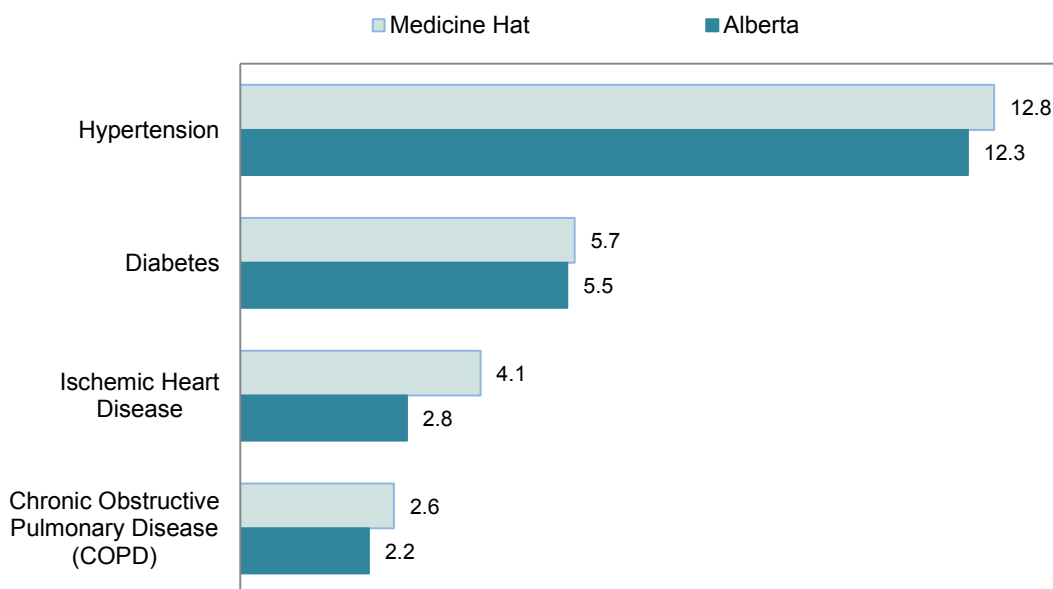
**FIGURE 4.1** LGA Age-Standardized Chronic Disease Prevalence Rates<sup>1</sup> (per 100 population) 2005 - 2012



On average, the condition with the highest chronic disease prevalence rate reported for Medicine Hat during 2005 to 2012 was hypertension. The largest rate of change during this time period was reported for hypertension (on average 0.38 people per 100 population average increase per year). In 2012, Medicine Hat ranked number 68 in hypertension, number 67 in diabetes, number 10 in ischemic heart disease and number 54 in COPD among prevalence rates reported for the 132 local geographical areas.

Figure 4.2 depicts the age-standardized prevalence rate for 2012 of major chronic diseases, per 100 population, for the local geographic area compared to Alberta.

**FIGURE 4.2** LGA versus Alberta Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2012



**Age-Standardized Prevalence Rates (per 100 population)**

In 2012, the Medicine Hat prevalence rate for hypertension per 100 population was similar to the corresponding rate reported for the province (12.8 vs. 12.3 AB). In addition, Medicine Hat showed prevalence rates higher than the provincial rates for 4 of the 4 chronic diseases included above.

**Sources:**

Alberta Health Care Insurance Plan (AHCIP) Physician Claims Data, Alberta Health  
 Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health  
 Alberta Hospital Discharge Abstract Database (DAD), Alberta Health  
 Postal Code Translation File, Alberta Health  
 Census 1991 Population Data, Statistics Canada

**Notes:**

<sup>1</sup> Age-standardized prevalence rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 1991 census population.

**Methodology:**

Surveillance and Assessment Branch, Alberta Health (As of Nov 2014) See link: [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval](http://www.ahw.gov.ab.ca/IHDA_Retrieval)

## Local Geographic Area: Medicine Hat

### MATERNAL AND CHILD HEALTH

Table 5.1 highlights maternal and child health indicators such as birth weight, fertility rate, teen birth rate and prenatal smoking for the local geographic area and Alberta. The indicator information is presented as rates, percentages, or raw numbers, depending on the indicator.

**TABLE 5.1** Local Geographic Area Maternal and Child Health Indicators for Three-Year Period

Maternal and Child Health Indicators	Period	Medicine Hat	Alberta
Number of Births	2009/2010 - 2011/2012	2,349	151,845
Percent Low Birth Weights (of Live Births) <sup>1</sup> , less than 2500 gm		6.2%	6.7%
Percent High Birth Weights (of Live Births) <sup>1</sup> , greater than 4000 gm		12.0%	10.1%
Birth Rate (per 1,000 population) <sup>1</sup>		23.6	26.8
Fertility Rate (per 1,000 Women 15 to 49 Years) <sup>1</sup>		50.8	52.1
Teen Birth Rate (per 1,000 Women 15 to 19 Years)		19.7	17.4
Percent of Deliveries with Maternal Prenatal Smoking		27.3%	16.2%

During 2009/2010 to 2011/2012, Medicine Hat's birth rate of 23.6 per 1,000 women was lower than the provincial rate, and the teen birth rate of 19.7 per 1,000 was similar to Alberta's teen birth rate. In addition, a higher proportion of prenatal smoking cases were reported in Medicine Hat compared to the province (27.3% vs. 16.2% AB).

Table 5.2 presents the rates for childhood immunization coverage by the age of two for the local geographic area and Alberta. The data is provided for the most recent calendar year available.

**TABLE 5.2** Childhood Immunization Coverage Rates, 2013

DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza B) Dose 4 of 4			
Age Group	Period	Medicine Hat	Alberta
By Age Two	2013	72.1%	74.3%
MMR (Measles, Mumps, and Rubella)			
By Age Two	2013	87.4%	85.7%

By the age of two, 72.1% of children in Medicine Hat (in 2013) had been vaccinated against DTaP-IPV-Hib (compared to 74.3% for AB), while 87.4% had received MMR vaccines (compared to 85.7% for AB).

**Sources:**

*Alberta Hospital Discharge Abstract Database (DAD), Alberta Health*  
*Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry File, Alberta Health*  
*Alberta Vital Statistics Births File*  
*Regional Immunization Applications*  
*Immunization and Adverse Reaction to Immunization (Imm/ARI)*  
*Postal Code Translation File, Alberta Health*

**Notes:**

<sup>1</sup> See Appendix A for definition.

**Methodology (Childhood Immunizations):**

Surveillance and Assessment Branch, Alberta Health (As of Nov 2014) See link: [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval](http://www.ahw.gov.ab.ca/IHDA_Retrieval)



## Local Geographic Area: Medicine Hat

### COMMUNICABLE DISEASES

Table 6.1 lists the rates of Sexually Transmitted Infections (STI) for the most recent three-year periods available, for the local geographic area and Alberta.

**TABLE 6.1** Top 5 Sexually Transmitted Infection (STI)<sup>1</sup> Rates (per 100,000 population)  
By Three-Year Period

STI (per 100,000 population)			
Period	Disease	Medicine Hat	Alberta
2010/2011 - 2012/2013	Chlamydia	295.9	365.6
	Non-Gonococcal Urethritis	17.0	35.9
	Gonorrhea	13.5	41.9
	Mucopurulent Cervicitis	3.0	7.7
	Syphilis	2.5	8.8
2011/2012 - 2013/2014	Chlamydia	337.1	377.0
	Non-Gonococcal Urethritis	16.2	36.3
	Gonorrhea	11.3	46.8
	Syphilis	2.9	8.3
	Mucopurulent Cervicitis	2.0	7.4

Medicine Hat's highest STI rate per 100,000 population in 2011/2012 - 2013/2014 was reported for chlamydia and this rate was similar to the provincial rate (337.1 vs. 377.0 AB).

None of the top 5 STI rates in Medicine Hat were higher than the provincial rates for STIs in 2011/2012 - 2013/2014 (where comparisons could be made).

**Sources:**

Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry Files, Alberta Health  
Communicable Disease Reporting System (CDRS)  
Postal Code Translation File, Alberta Health

**Notes:**

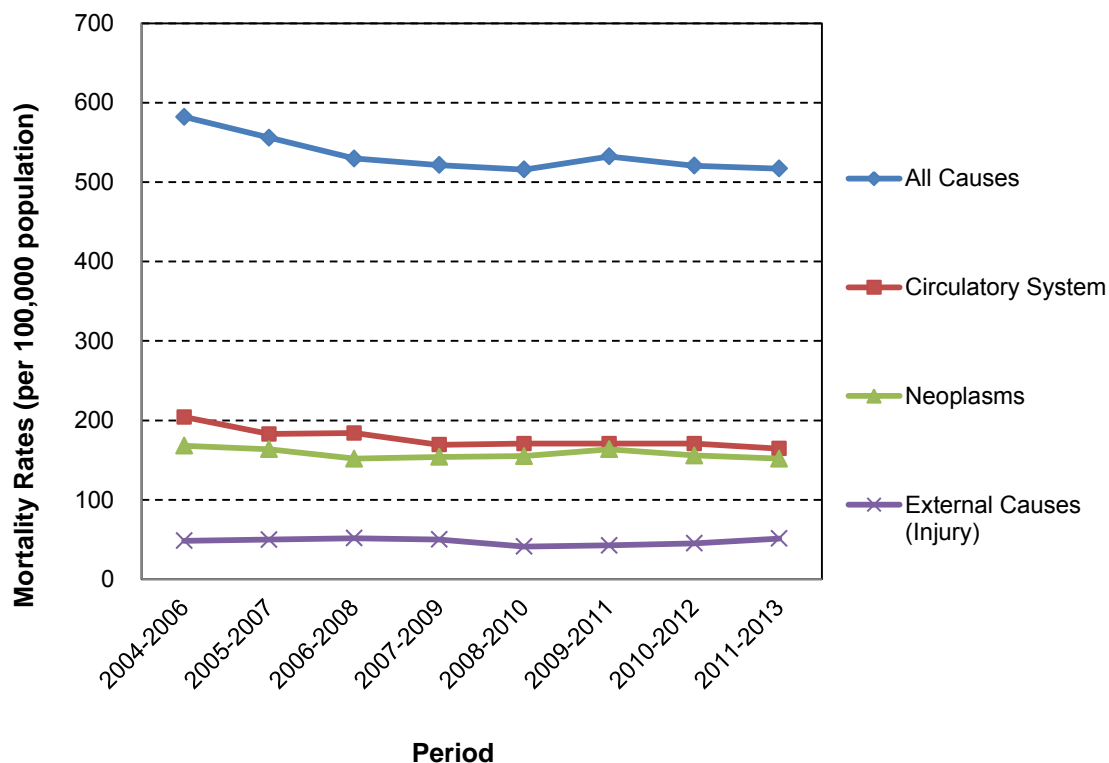
<sup>1</sup> See Appendix A for definition.

## Local Geographic Area: Medicine Hat

### MORTALITY

Figure 7.1 displays the age-standardized mortality rates<sup>1</sup>, per 100,000 population, for the three selected causes of death and all causes combined. Data is provided for each three-year period between 2004 and 2013. The age-standardized mortality rate by cause of death is a measure of the frequency (rate) at which deaths occur in a given population due to a certain cause.

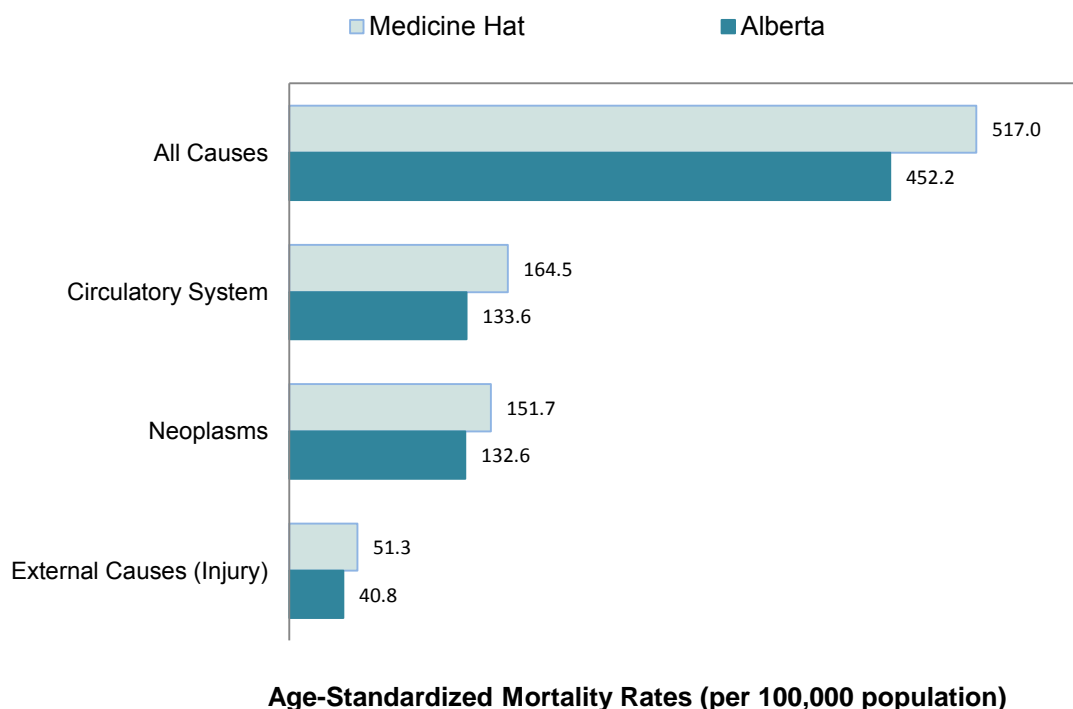
**FIGURE 7.1** Local Geographic Area Age-Standardized Mortality Rates<sup>1</sup> (per 100,000 population) By Three-Year Period



The three-year mortality rates for Medicine Hat ranged between 515.7 and 582.0 per 100,000 population during the study period. The three selected causes of death, namely, diseases of the circulatory system, neoplasms, and external causes accounted for 69.0% to 71.3% of all deaths from 2004 - 2006 to 2011 - 2013.

The mortality rates per 100,000 population for the three selected causes of death<sup>2</sup> and all causes combined are displayed in Figure 7.2 for both the local geographic area and Alberta, for the most recent three-year period available. The mortality rates have been standardized by age.

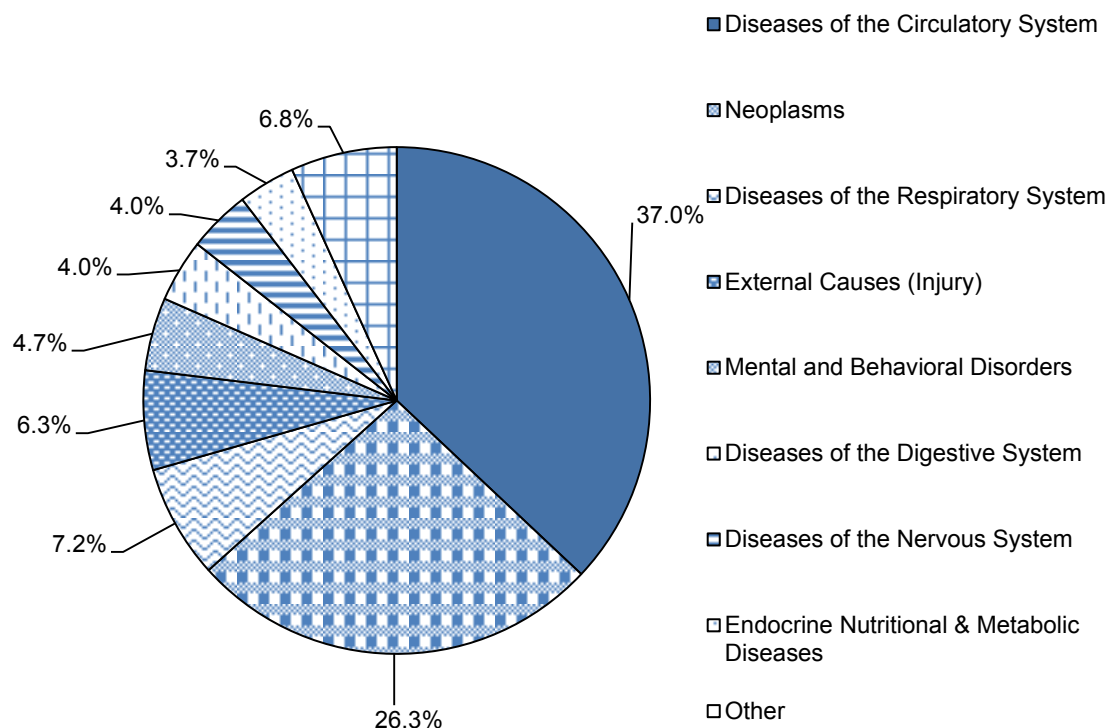
**FIGURE 7.2** Local Geographic Area versus Alberta Age-Standardized Mortality Rates (per 100,000 population) for Three-Year Period 2011-2013



For all causes, Medicine Hat reported a higher mortality rate compared to the provincial rate (517.0 vs. 452.2 AB). In 2011 - 2013, diseases of the circulatory system was the main cause of death for Medicine Hat, with an associated mortality rate higher than the provincial rate per 100,000 population (164.5 vs. 133.6 AB). In addition, mortality rates were higher than the provincial rates for 3 of the 3 selected causes of death reported in Medicine Hat.

Figure 7.3 illustrates the distribution of deaths by cause of death for the local geographic area, over the most recent 10-year period available. The legend presents causes of death in descending order of magnitude.

**FIGURE 7.3** LGA Distribution of Deaths by Cause of Death Across 10 Years 2004-2013



Between 2004 and 2013 diseases of the circulatory system accounted for 37.0% of all deaths reported in Medicine Hat. More than three-quarters of all reported deaths were due to four major causes: diseases of the circulatory system, neoplasms, diseases of the respiratory system, and external causes (injury).

**Sources:**

Alberta Vital Statistics Death File  
 Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health  
 Postal Code Translation File, Alberta Health  
 Census 1991 Population Data, Statistics Canada

**Notes:**

<sup>1</sup> Age-standardized mortality rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 1991 census population.

<sup>2</sup> Cause of death is derived from International Classification of Diseases 10 (ICD10) coding system.

## Local Geographic Area: Medicine Hat

### EMERGENCY SERVICE UTILIZATION

Table 8.1 describes emergency visits by triage level<sup>1</sup> for patients residing in the local geographic area, for the three most recent fiscal years.

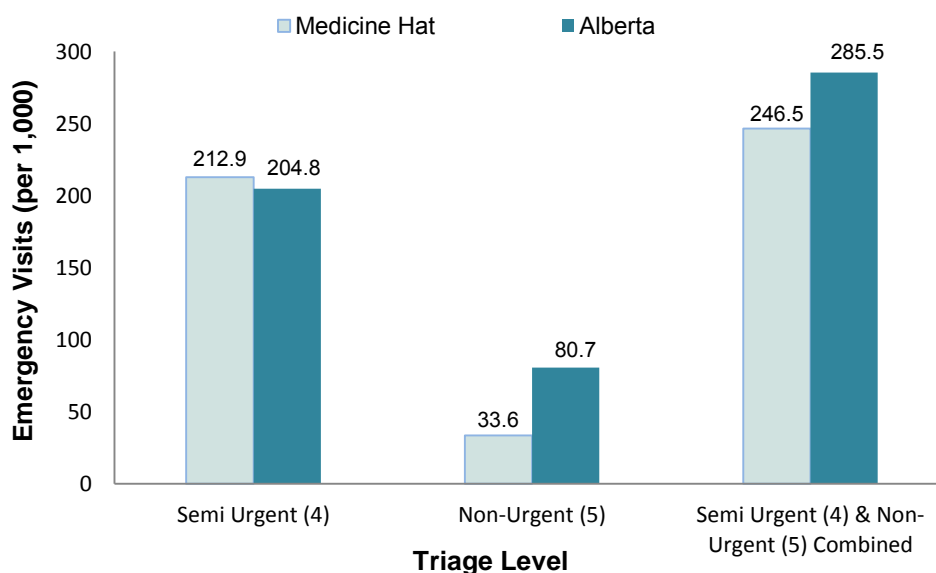
**TABLE 8.1** Emergency Visits for Patients Residing in the Local Geographic Area by Triage Level  
Fiscal Years 2011/2012 - 2013/2014

Triage Level	Emergency Visits		
	2011/2012	2012/2013	2013/2014
Resuscitation (1) and Emergency (2) Combined	2,679	2,566	2,668
Urgent (3)	12,160	12,107	11,935
Semi Urgent (4)	13,916	14,773	14,712
Non-Urgent (5)	2,655	2,522	2,324
Unknown	270	259	224
<b>Total</b>	<b>31,680</b>	<b>32,227</b>	<b>31,863</b>

The volume of emergency visits for patients residing in Medicine Hat increased by 0.6% between 2011/2012 and 2013/2014. In addition, semi-urgent and non-urgent visits combined accounted for 53.5% of all emergency visits in 2013/2014.

Figure 8.1 shows emergency visit rates by semi-urgent and non-urgent triage levels for patients residing in the local geographic area and Alberta, for the most recent fiscal year available.

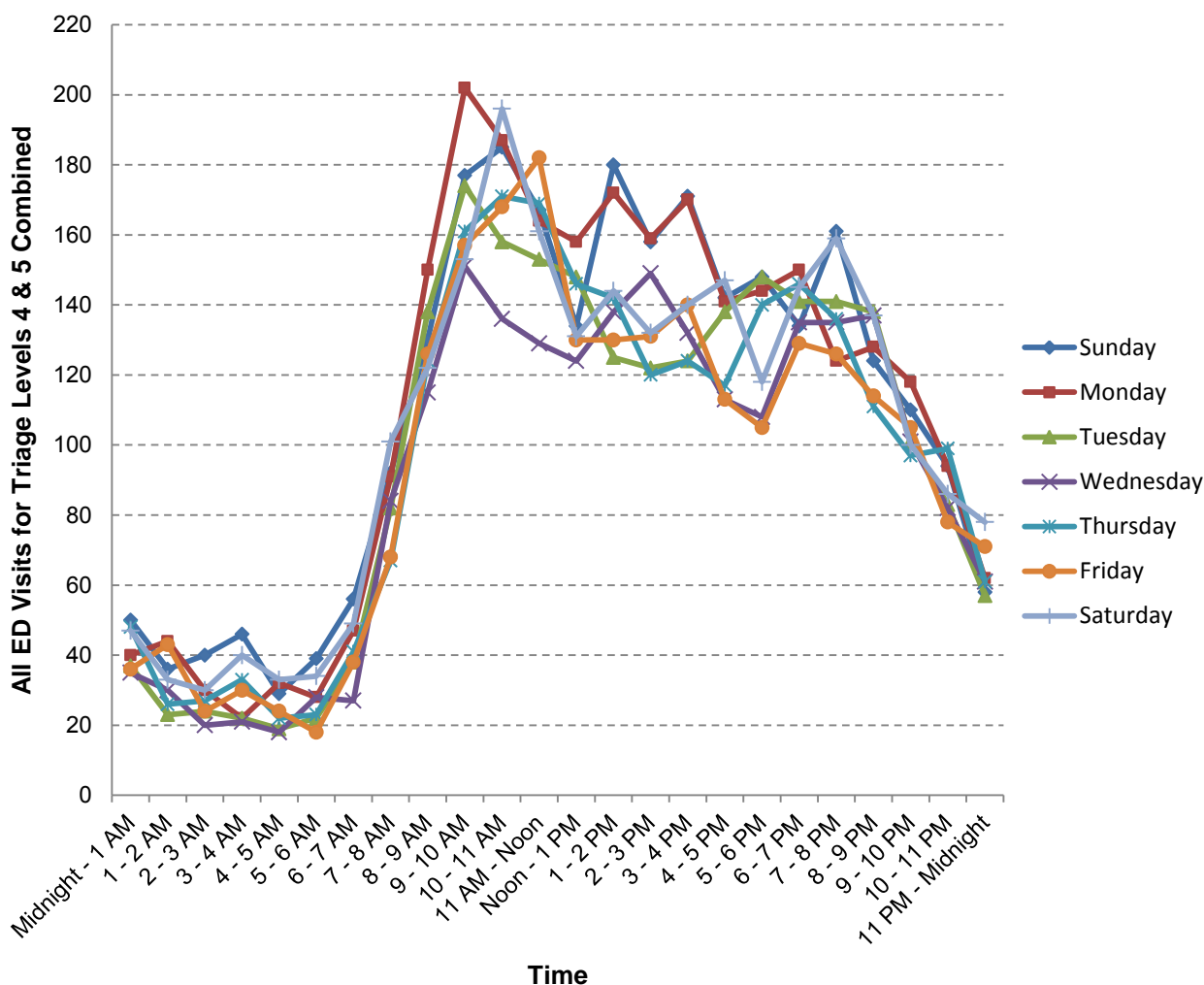
**FIGURE 8.1** Emergency Visit Rates<sup>1</sup> (per 1,000 population) for Triage Levels Semi-Urgent (4) and Non-Urgent (5)<sup>2</sup>, Fiscal Year 2013/2014



Medicine Hat's combined semi-urgent and non-urgent emergency visit rate per 1,000 population was comparable to the provincial rate in 2013/2014 (246.5 vs. 285.5 AB). Semi-urgent emergency visits occurred at a similar rate in Medicine Hat compared to Alberta (212.9 vs. 204.8 AB).

A time profile of the number of emergency visits by day of the week is shown in Figure 8.2. Data covers both semi-urgent and non-urgent emergency visit triage levels during the most recent fiscal year available, for patients residing in the local geographic area.

**FIGURE 8.2** All Emergency Visits for Patients Residing in the Local Geographic Area  
For Triage Levels Semi-Urgent(4) and Non-Urgent(5) Combined by Weekday and Time  
For Fiscal Year 2013/2014



The peak total number of emergency visits for Medicine Hat in 2013/2014 was reported for Mondays between 9 - 10 AM (202 emergency visits). The volume of emergency visits was low during the early morning hours and declined gradually throughout the day after peaking somewhere between late morning and early afternoon.

**Sources:**

*Ambulatory Care Data, Alberta Health*

*Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry File, Alberta Health*

*Postal Code Translation File, Alberta Health*

**Notes:**

<sup>1</sup> See Appendix A for definition.

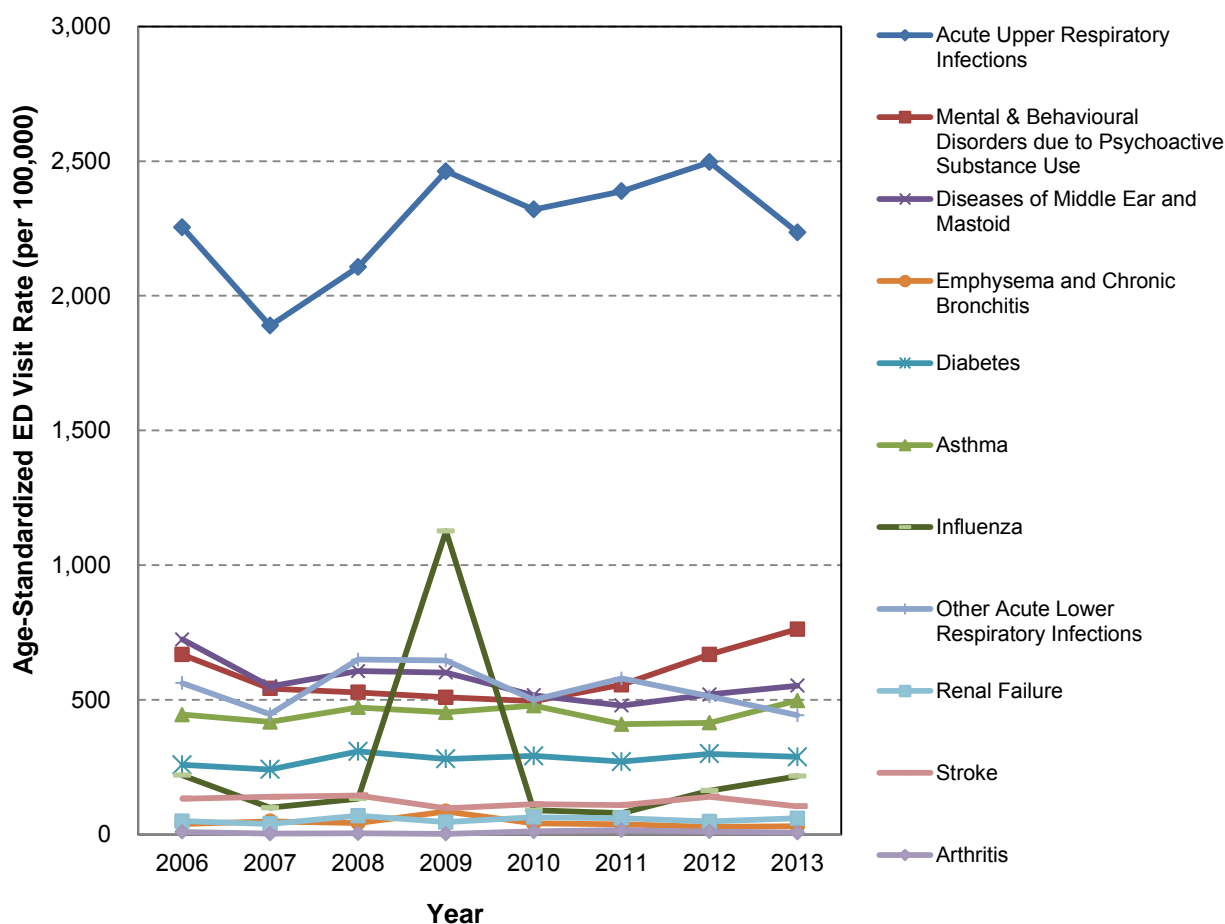
<sup>2</sup> In order to be consistent with the type of services expected to be provided by primary health care, the analysis above focused only on semi-urgent and non-urgent emergency triage levels.

## Local Geographic Area: Medicine Hat

### EMERGENCY SERVICE UTILIZATION

Figure 8.3 provides age-standardized emergency visit rates<sup>1</sup> for selected health conditions per 100,000 population for each year beginning in 2006. Emergency department visit rates are defined as the number of visits to emergency departments due to a certain condition, divided by the total population of the local geographic area.

**FIGURE 8.3** LGA Age-Standardized<sup>2</sup> Emergency Visit Rates (per 100,000 population)  
For Selected Conditions, 2006 - 2013

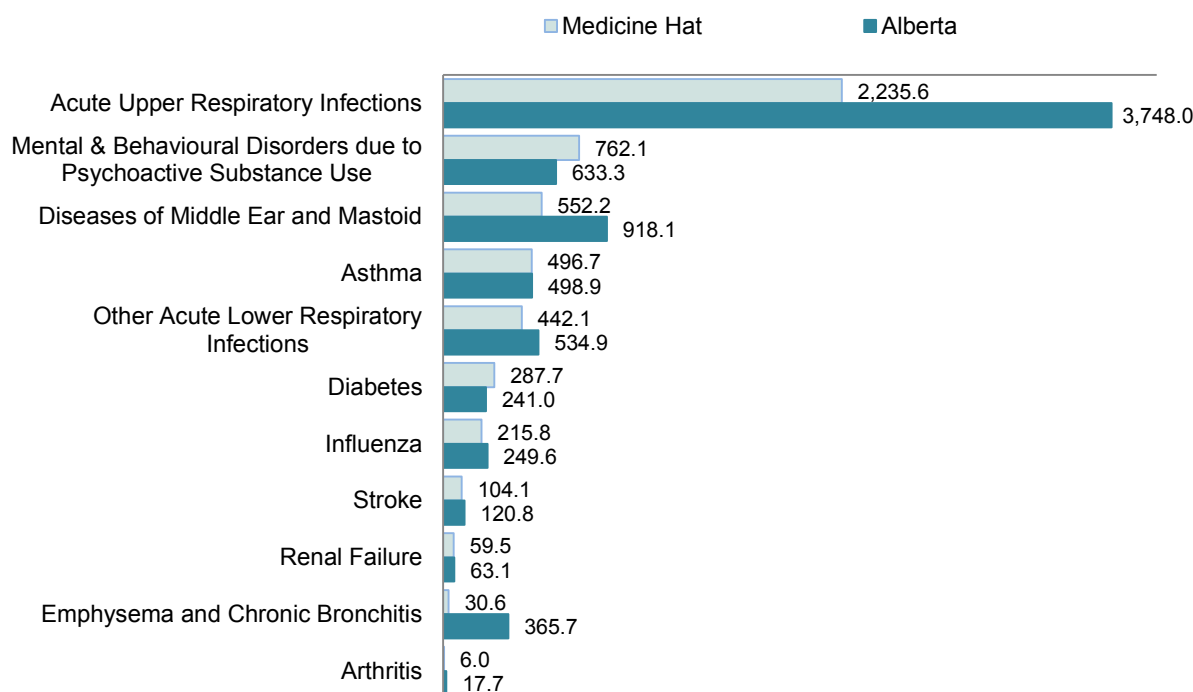


On average, the highest emergency visit rates, for selected health conditions, reported for Medicine Hat during 2006 to 2013 were due to acute upper respiratory infections. In addition, among selected health conditions, the largest rate of change among emergency visits during this time period was reported for acute upper respiratory infections (on average, 43 emergency visits per 100,000 population increase per year).



Age-standardized emergency visit rates per 100,000 population, by selected health conditions, for the most current year available, are shown in Figure 8.4 for both the local geographic area and Alberta.

**FIGURE 8.4** LGA versus Alberta Age-Standardized Emergency Visit Rates (per 100,000 population) For Selected Conditions, 2013



**Age-Standardized Emergency Rates (per 100,000 population)**

In 2013, the three most common reasons for emergency visits, among selected health conditions, were: acute upper respiratory infections, mental & behavioural disorders due to psychoactive substance use, and diseases of middle ear and mastoid. Among selected health conditions, the most common reason for emergency visits in 2013, acute upper respiratory infections, had a lower rate in Medicine Hat compared to the provincial rate per 100,000 population (2,235.6 vs. 3,748.0 AB). Furthermore, Medicine Hat showed emergency rates higher than the provincial rates for 2 of the 11 selected conditions.

**Sources:** Ambulatory Care Data, Alberta Health  
Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health  
Postal Code Translation File, Alberta Health  
Census 1991 Population Data, Statistics Canada

**Notes:** <sup>1</sup> See Appendix A for definition.  
<sup>2</sup> Age-standardized rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 1991 census population.

**Methodology:**  
Surveillance and Assessment Branch, Alberta Health (As of Dec 2014)  
See link: [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval](http://www.ahw.gov.ab.ca/IHDA_Retrieval)

## Local Geographic Area: Medicine Hat

### INPATIENT SERVICE UTILIZATION

Table 9.1 describes inpatient separation<sup>1</sup> rates per 1,000 population for patients residing in the LGA and Alberta accessing health facilities across all of Alberta. The rate of inpatient separations is the ratio between the total number of separations and the total local population, for each year.

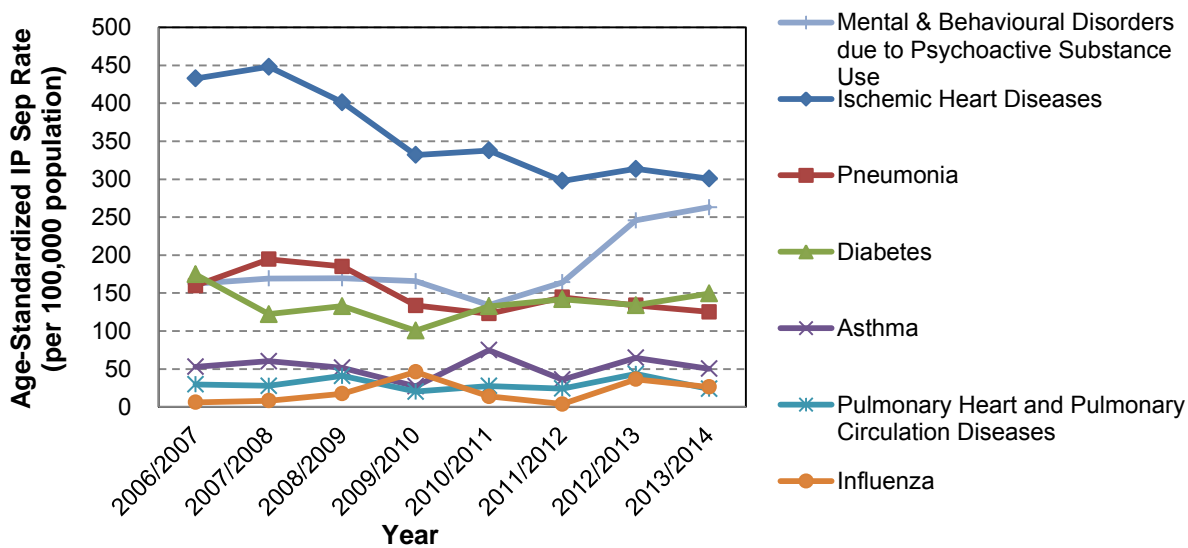
**TABLE 9.1** Inpatient Separation Rates (per 1,000 population) for Patients Residing in the LGA versus Alberta, Fiscal Years 2011/2012 - 2013/2014

Inpatient Separation Rates (per 1,000 population)		
Fiscal Years	Medicine Hat	Alberta
2011/2012	114.1	88.7
2012/2013	117.5	87.5
2013/2014	115.2	86.1

Medicine Hat's inpatient separation rate for patients residing in the local geographic area varied between 114.1 in 2011/2012 and 117.5 in 2012/2013. In addition, in 2013/2014, the inpatient separation rate for patients residing in Medicine Hat was 1.3 times higher than the provincial rate (115.2 vs. 86.1 AB).

Figure 9.1 presents inpatient separation rates for selected health conditions (per 100,000 population), for patients residing in the local geographic area, for the fiscal years 2006/2007 through 2013/2014. The rates have been standardized by age.

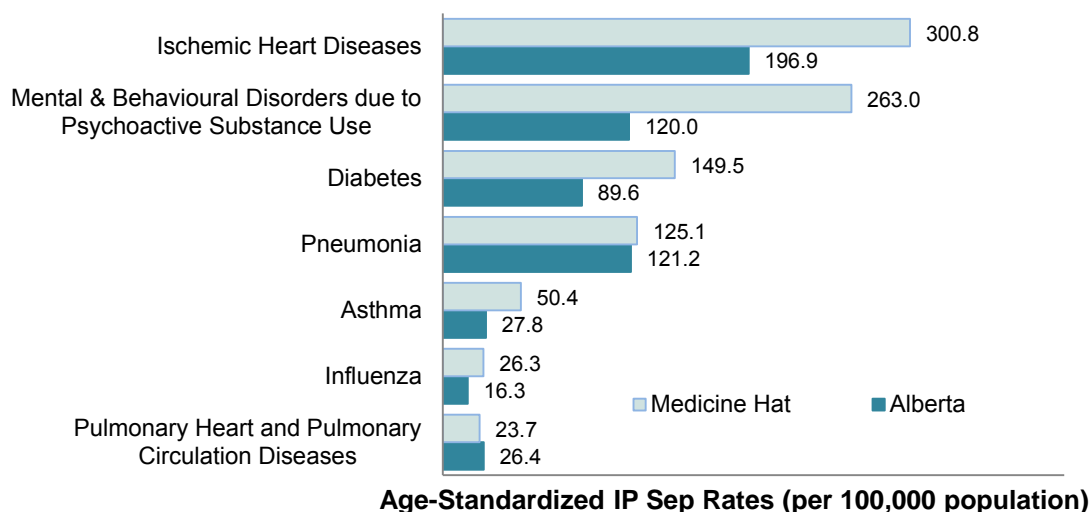
**FIGURE 9.1** LGA Age-Standardized<sup>2</sup> Inpatient Separation (IP Sep) Rates (per 100,000 population) For Selected Conditions, 2006/2007 - 2013/2014



On average, the highest inpatient separation rates, among selected health conditions, reported in Medicine Hat during 2006/2007 to 2013/2014 were due to ischemic heart diseases. These rates reached a high of 448.2 per 100,000 population in 2007/2008 and a low of 297.8 per 100,000 population in 2011/2012. In addition, among selected conditions, the largest inpatient separation rate of change during this time period was reported for ischemic heart diseases (on average 23 inpatient separations per 100,000 population decrease per year).

Figure 9.2 presents inpatient separation rates per 100,000 population for patients residing in the local geographic area, compared to provincial rates, for the most recent fiscal year and selected health conditions.

**FIGURE 9.2** LGA versus Alberta Age-Standardized IP Sep Rates (per 100,000 population)  
For Selected Conditions, 2013/2014



In 2013/2014, the three highest inpatient separation rates were reported for ischemic heart diseases, mental & behavioural disorders due to psychoactive substance use, and diabetes. The most common reason for inpatient separations in Medicine Hat was ischemic heart diseases, which had a much higher rate compared to the provincial rate per 100,000 population (300.8 vs. 196.9 AB). Additionally, Medicine Hat's inpatient separation rates were higher than the provincial rates for 6 of the 7 diagnoses.

**Sources:**

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health  
 Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health  
 Postal Code Translation File, Alberta Health  
 Census 1991 Population Data, Statistics Canada

**Notes:** <sup>1</sup> See Appendix A for definition.

<sup>2</sup> Age-standardized rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 1991 census population.

**Methodology:**

Surveillance and Assessment Branch, Alberta Health (As of Dec 2014) See link: [http://www.ahw.gov.ab.ca/IHDA\\_Retrieval](http://www.ahw.gov.ab.ca/IHDA_Retrieval)

## Local Geographic Area: Medicine Hat

### PRIMARY HEALTH CARE INDICATORS OF COMMUNITY PRIMARY CARE NEED

As a result of consultations and analysis during the summer of 2012, 13 indicators were identified to help determine the need for new or additional primary health care services across all local geographic areas throughout Alberta. Six of these indicators were related to utilization, another six were associated with health population needs and a final indicator, life expectancy at birth, is seen as a reflection of health status.<sup>1</sup> The indicators are standardized by age, where appropriate, to allow comparison of information across local geographic areas and the province. The bullets below present the underlying issues that these indicators will address.

- Health status indicators help show the burden of disease in the population that could be monitored and/or improved by primary health care services (e.g. the proportion of the population with diabetes);
- Utilization indicators determine if there is a gap between population health needs and available health care services and suggests where this gap exists (e.g. use of emergency departments for non-urgent health care).

Table 10.1 profiles recent data for these indicators for both the local geographic area (LGA) and Alberta. Due to considerable differences in population densities and travel times to a variety of health services, the various LGAs have been categorized into five geographic peer groups: rural, rural remote, urban, metro, and metro moderate. This grouping (stratification) was applied to 7 of the 13 indicators below. For these indicators, the LGA indicator value is compared to the corresponding geographic peer group average (rather than the Alberta average) to allow for a more reasonable comparison between LGAs with similar characteristics.

**TABLE 10.1.** Proposed Primary Health Care Indicators of Community Primary Care Need

Utilization Indicators		Medicine Hat	Alberta / Geographic Peer Group Average
1*	Travel: Percentage of Total Family Physician Claims Outside the Recipient's Home Local Geographic Area, 2010/2011	5.6%	35.4%
2*	Ambulatory Care Sensitive Conditions - Age-Standardized Separation Rate (per 100,000 population), 2003 to 2011	658.1	610.2
3	Continuity of Care, 2010	11.7%	14.0%
4*	ED Visits Related to Mood Disorders (Age-Standardized, per 100,000 population), 2003 to 2011	557.0	424.8
5*	ED Visits Related to Anxiety Disorders (Age-Standardized, per 100,000 population), 2003 to 2011	624.6	640.6
6*	ED Visits Related to Injuries (Age-Standardized, per 100,000 population), 2003 to 2011	14,508.9	14,632.0

**TABLE 10.1.** Proposed Primary Health Care Indicators of Community Primary Care Need (continued)

Health Status Indicators		Medicine Hat	Alberta / Geographic Peer Group Average
7	Diabetes Prevalence (per 100 population), 2010	5.3	5.1
8	Chronic Obstructive Pulmonary Disease Prevalence Rate (per 100 population), 2010	2.1	1.8
9	Age-Standardized Rate of People with Three or more Chronic Diseases (per 100 population), 2010	2.7	2.2
10	Influenza Vaccines for Those 65 and Over, 2011/2012	58.9%	40.6%
11*	Predicted Primary Health Care Utilization, 2006/2007 to 2008/2009	\$135.25	\$129.01
12*	Primary Health Care Service Gap, 2006/2007 to 2008/2009	\$4.35	-\$0.50
Social Determinant of Health		Medicine Hat	Alberta / Geographic Peer Group Average
13	Life Expectancy at Birth, 2000 to 2011	79.9	80.5

*\* Note: For these indicators, the Medicine Hat indicator value is compared to the Alberta urban average to allow for a more reasonable comparison between LGAs with similar characteristics.*

Each of the 13 indicators displayed for Medicine Hat is described below.

**Indicator 1:**

The percentage of total Family Physician claims outside the recipient's home local geographic area is a proxy for access to primary care facilities. This indicator is stratified by geographic peer groups (metro, metro moderate, urban, rural, rural remote) due to substantially different rates across groups. While the indicator provides values for all LGAs, the values are more informative for rural and rural remote areas (as travel inside urban areas has different meaning and impact).

For patients residing in Medicine Hat a lower percentage of Family Physician services was provided outside the recipient's home local geographic area compared to the urban provincial average (5.6% vs. 35.4% AB urban).

**Indicator 2:**

The Canadian Institute of Health Information (CIHI) has recognized ambulatory care sensitive conditions (ACSC) separation rates as a valid proxy indicator for the robustness of a primary care system. The ACSC indicator measures the aggregate acute care separation rate, per 100,000 population, over one year for the following seven conditions: Angina, Asthma, Congestive Heart Failure, Chronic Obstructive Pulmonary Disorder, Diabetes, Epileptic Convulsion or Seizure, and Hypertension. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.

This indicator is stratified by geographic peer groups (metro, metro moderate, urban, rural, rural remote) due to substantially different rates across groups.

Medicine Hat's separation rate for ambulatory care sensitive conditions (per 100,000 population) was 1.1 times higher than the corresponding urban provincial rate (658.1 vs. 610.2 AB urban).

### **Indicator 3:**

Continuity of care describes the percentage of patients with minor or severe chronic illnesses that have access to their family physician less than 50% of the time. Higher values indicate areas with higher proportions of "unhealthy" or "sick" patients who are weakly attached to their Family Physician. Lower values are preferable.

Medicine Hat's percentage of patients with minor or severe chronic illnesses with a low degree of continuity of care was lower than the percentage reported in Alberta (11.7% vs. 14.0% AB).

### **Indicator 4:**

The age-standardized emergency visit rates for mood disorder (per 100,000 population) are stratified by geographic peer groups (metro, metro moderate, urban, rural, rural remote) due to substantially different rates across groups.

Medicine Hat's rate of emergency department visits related to mood disorders (per 100,000 population) was 1.3 times higher than the provincial urban average rate (557.0 vs. 424.8 AB urban).

### **Indicator 5:**

The age-standardized emergency visit rates for anxiety disorder (per 100,000 population) are stratified by geographic peer groups (metro, metro moderate, urban, rural, rural remote) due to substantially different rates across groups.

Medicine Hat's rate of emergency department visits related to anxiety disorders (per 100,000 population) was similar to the provincial urban average rate (624.6 vs. 640.6 AB urban).

### **Indicator 6:**

The age-standardized emergency visit rates due to injuries, per 100,000 population, (excluding adverse effects due to drugs/medical procedures) are stratified by geographic peer groups (metro, metro moderate, urban, rural, rural remote) due to substantial differences across groups.

Emergency visits related to injuries occurred at a similar rate in Medicine Hat, compared to the provincial urban average rate per 100,000 population (14,508.9 vs. 14,632.0 AB urban).

**Indicator 7:**

Chronic diseases such as diabetes are a heavy burden for the health care system in terms of both associated costs and the impact they have on an individual's quality of life. This indicator presents the age-standardized diabetes prevalence rate per 100 population.

The prevalence rate for diabetes in Medicine Hat was similar to the provincial rate (5.3 vs. 5.1 AB).

**Indicator 8:**

Chronic diseases such as Chronic Obstructive Pulmonary Disease (COPD) are a heavy burden for the health care system in terms of both associated costs and the impact they have on an individual's quality of life. This indicator presents the age-standardized COPD prevalence rate per 100 population (due to small numbers).

For COPD, the prevalence rate in Medicine Hat was 1.1 times higher than the provincial rate (2.1 vs. 1.8 AB).

**Indicator 9:**

Interdisciplinary care and coordination of services is required for patients with multiple chronic conditions. The age-standardized rate, per 100 population, of people with three or more chronic diseases tracks the proportion of patients with three or more conditions which may include: COPD, diabetes, ischemic heart disease, asthma, and/or kidney disease.

The age-standardized rate for people with three or more chronic diseases per 100 population was higher in Medicine Hat compared to the province (2.7 vs. 2.2 AB).

**Indicator 10:**

The percentage of influenza vaccines administered annually to 65 year olds and over is an important primary health care indicator of preventive services delivered through primary health care. The data for this indicator includes immunizations delivered by community pharmacists and physicians between September 1, 2011 and March 31, 2012.

Medicine Hat's percentage of the population 65 and over who had been administered influenza vaccines was much higher than the provincial percentage (58.9% vs. 40.6% AB).

### **Indicator 11:**

The Health Human Resource Forecasting and Simulation Model (HHRFSM) predicts future need/use of primary health care services by residents, based on the characteristics of the individuals and their community.

HHRFSM predicts future primary health care utilization in terms of costs, specifically the expected per capita billings for general practitioner visits. The indicator constitutes a composite measure of relative health need based on personal characteristics (e.g. age, gender), health status (e.g. chronic diseases, inpatient status) and various socio-economic factors (e.g. educational level, income level).

The dollar value for community and primary care billings per capita during 2006/2007 to 2008/2009 was \$135.25 in Medicine Hat, 4.8% higher than the \$129.01 urban provincial average.

### **Indicator 12:**

The primary health care service gap is measured as the difference between actual and predicted per capita billings for community and primary care services from HHRFSM (see indicator 11). A positive value indicates the average resident is receiving more primary health care services than expected; negative values indicate fewer services received than expected. Stratification by the geographic peer group (metro, metro moderate, urban, rural, rural remote) was applied to this indicator due to substantially different rates across groups.

The dollar gap between actual and predicted community and primary care per capita billings during 2006/2007 and 2008/2009 was \$4.35 in Medicine Hat compared to the \$-0.50 urban provincial average.

### **Indicator 13:**

The life expectancy at birth correlates highly with determinants of health and is a good predictor of future health related costs. This measure is considered a significant indicator of overall population health.

Medicine Hat had a lower life expectancy at birth in comparison to the provincial life expectancy (79.9 years vs. 80.5 years AB).

#### **Sources:**

*Health Human Resource Forecasting and Simulation Model, Alberta Health*  
*Interactive Health Data Application (IHDA), Surveillance and Assessment Branch, Alberta Health*  
*Clinical Risk Grouper (CRG) Application, Alberta Health*  
*Alberta Provider Directory, Alberta Health*  
*Alberta Health Care Insurance Plan (AHCIP) Physician Claims Data, Alberta Health*  
*Stakeholder Registry File, Alberta Health*  
*Alberta Hospital Discharge Abstract Database (DAD), Alberta Health*  
*Ambulatory Care Data, Alberta Health*  
*Wait List Registry, Alberta Health*  
*Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health*  
*Case Costing Files, Alberta Health*



*Postal Code Translation File, Alberta Health*  
*Alberta Blue Cross Claims Data, Alberta Health*  
*Census 2006 Population Data, Statistics Canada*  
*Canadian Community Health Survey (CCHS), Statistics Canada*  
*Long Term Care Funding File, Alberta Health*  
*Continuing Care Bed Survey, Alberta Health*

**Notes:** <sup>1</sup> For more details see Local Area Family Care Clinic Prioritization Framework Report:  
<http://www.health.alberta.ca/documents/PHC-FCC-Framework-TELUS-2012.pdf>

## Local Geographic Area: Medicine Hat

### ACCESS TO HEALTH CARE SERVICES

Table 11.1 provides the number of ambulatory care visits or inpatient separations made by local area residents to facilities within the local geographic area as well as facilities outside of it. The data is provided for the most recent fiscal year available.

**TABLE 11.1** Ambulatory Care Visits and Inpatient Separations for the Local Geographic Area Residents To Facilities Located In versus Out of the Local Geographic Area, Fiscal Year 2013/2014

Ambulatory Care Visits				
Visits Within Local Area of Residence (IN)	Visits Outside Local Area of Residence (OUT)	Total Visits	Percent IN	Percent OUT
132,405	32,352	164,757	80.4%	19.6%
Inpatient Separations (Seps)				
Seps Within Local Area of Residence	Seps Outside Local Area of Residence	Total Seps	Percent IN	Percent OUT
7,365	1,520	8,885	82.9%	17.1%

Table 11.2 focuses on ambulatory care visits or inpatient separations made by local area residents to the top three accessed non-local facilities. Of particular interest is the percentage of non-local visits to, or separations from, each of the three facilities out of all non-local visits or separations. These percentages appear in the last column of the table below. The data is provided for the most recent fiscal year available.

**TABLE 11.2** Top 3 Non-Local Ambulatory Care Facilities Accessed by Local Residents Fiscal Year 2013/2014

Local Residents Accessing Non-Local Ambulatory Care Facilities				
Ambulatory Care Facility Name	Facility Municipality	Facility LGA	Number of OUT Visits	% of Total OUT Visits
Foothills Medical Centre	Calgary	Calgary - Centre North	13,311	41.1%
Alberta Children's Hospital	Calgary	Calgary - Lower NW	3,706	11.5%
South Health Campus	Calgary	Calgary - SE	2,273	7.0%

**TABLE 11.2** Top 3 Non-Local Acute Care Hospitals Accessed by Local Residents  
Fiscal Year 2013/2014 (continued)

Local Residents Accessing Non-Local Acute Care Hospitals				
Hospital Name	Hospital Municipality	Hospital LGA	Number of OUT Seps	% of Total OUT Seps
Foothills Medical Centre	Calgary	Calgary - Centre North	646	42.5%
Peter Lougheed Centre	Calgary	Calgary - Upper NE	191	12.6%
Rockyview General Hospital	Calgary	Calgary - Elbow	139	9.1%

**Sources:**

*Ambulatory Care Data, Alberta Health*

*Alberta Hospital Discharge Abstract Database (DAD), Alberta Health*

*Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry File, Alberta Health*

*Postal Code Translation File, Alberta Health*

## Definitions

## Appendix A

### After-Tax Low Income Measure

Income status can be measured in several different ways in household surveys. For the standard products of the National Household Survey, the line chosen is a relative measure: the after-tax low-income measure (LIM-AT). For this measure, the income used is after-tax income of households. There are no regional variations to account for prices or cost of living differences: all applicable households in Canada face the same line adjusted for household size. This line is set at half the median of adjusted household after-tax income. To account for potential economies of scale, the income of households with more than one member is divided by the square root of the size of the household. All household members are considered to share the household income and are attributed the same income status.

Note: Low-income estimates in the 2011 National Household Survey. For the 2011 National Household Survey (NHS), 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 prevalence rates are conceptually not comparable. Because of the sensitivity of certain income indicators to differences in methodology and response patterns, direct comparisons to establish trends with low-income estimates from other household surveys, administrative programs or the 2006 Census are discouraged. The prevalence rates observed in the NHS at the national level are generally 1 to 2 percentage points higher than seen for similar concepts in other programs. However, analysis of the NHS data suggests that it is valid to compare low-income data for different sub-populations within the NHS (i.e., for different geographic areas or demographic groups). For more information, refer to the Income Reference Guide, National Household Survey, Catalogue no. 99-014-X2011006. Age - Refers to the age at last birthday before the reference date, that is, before May 10, 2011. (Statistics Canada)

### Age Standardization

Age standardization is a technique applied to make rates comparable across groups with different age distributions. A simple rate is defined as the number of people with a particular condition divided by the whole population. An age-standardized rate is defined as the number of people with a condition divided by the population within each age group. Standardizing (adjusting) the rate across age groups allows a more accurate comparison between populations that have different age structures. Age standardization is typically done when comparing rates across time periods, different geographic areas, and or population sub-groups (e.g. ethnic group).

### Band Housing

For historical and statutory reasons, shelter occupancy on reserves does not lend itself to the usual classification by standard tenure categories. Therefore, a special category, band housing, has been created for 1991 Census products. Band housing also appears in the 1996, 2001, and 2006 Census products. In 2011, band housing appeared in the NHS Survey instead of the Census (Statistics Canada)

### Birth Rate

The birth rate is the number of live births, of a given geographic area in a given year, per 1,000 population of the same geographic area in the same year. (Statistics Canada)

## Body Mass Index (BMI)

The BMI is a method of classifying body weights by health risk level, which is adopted by the World Health Organization (WHO). Guidelines were put in place by Health Canada to clearly define this index.

The BMI is computed as an individual's weight (in kilograms) divided by the square of their height (in meters). The standard BMI categories used are: underweight, normal, overweight and obese (classes I-III). For the purposes of this report, the following categories were used:

BMI Categories	BMI
under weight	less than 18.50
normal weight	18.50 to 24.99
overweight	25.00 to 29.99
obese	30.00 or greater

Obesity has been linked with many chronic diseases, including hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer. (Statistics Canada, Canadian Community Health Survey)

## Canadian Triage and Acuity Scale (CTAS)

The CTAS is a scale to categorize patients according to the type and severity of their initial presenting signs and symptoms at the Emergency Department that helps to determine priorities for treatment. The CTAS is used to determine the triage level. There are 5 levels, with level 1 being the most urgent and level 5 the least urgent.

### Triage Level 1 – Resuscitation

Patients are categorized as having conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.

### Triage Level 2 – Emergent

Patients are categorized as having conditions that are a potential threat to life, limb or function, requiring rapid medical intervention or delegated acts.

### Triage Level 3 – Urgent

Patients are categorized as having conditions that could potentially progress to a serious problem requiring emergency intervention. These conditions may be associated with significant discomfort or affecting ability to function at work or activities of daily living.

### Triage Level 4 – Less Urgent (Semi urgent)

Patients are categorized as having conditions that are related to patient age, distress, or potential for deterioration or complications and would benefit from intervention or reassurance within 1-2 hours.

### Triage Level 5 – Non Urgent

Patients are categorized as having conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system.

### Triage Level 9 – Unknown

The information regarding this particular level is included in the National Ambulatory Care Reporting System Manual available through CIHI.

For further details please refer to the link below:

[http://www.calgaryhealthregion.ca/policy/docs/1451/Admission\\_over-capacity\\_AppendixA.pdf](http://www.calgaryhealthregion.ca/policy/docs/1451/Admission_over-capacity_AppendixA.pdf)

## **Census**

The census is a survey that collects data from all the members of a population, whether it's people or businesses. The most common use of the term "Census" is the population Census of Canada which is taken at 5-year intervals which counts persons and households and a wide variety of characteristics. In fact, some of the Census questions are asked on a sample basis i.e. in the past every fifth household receives a long-form questionnaire asking additional questions.

For 2011, Statistics Canada did not use a mandatory long-form questionnaire as part of the census. Information previously collected by the mandatory long-form census questionnaire was collected as part of the new voluntary National Household Survey (NHS).

Collection of the NHS began within four weeks of the May 2011 Census. Approximately 4.5 million households received the NHS questionnaire.

The 2011 Census questionnaire consisted of the same eight questions that appeared on the 2006 Census short-form questionnaire, with the addition of two questions on language. (Statistics Canada)

## **Census Family**

A family as defined by the Census includes one of the following: a married couple (with or without children of either and/or both spouses), a common-law couple (with or without children of either and/or both partners) or a lone parent of any marital status, with at least one child.

A couple may be of opposite sex or same sex. A couple family with children may be further classified as either an intact family in which all children are the biological and/or adopted children of both married spouses or of both common-law partners, or a stepfamily with at least one biological or adopted child of only one married spouse or common-law partner and whose birth or adoption preceded the current relationship.

Stepfamilies, in turn may be classified as simple or complex. A simple stepfamily is a couple family in which all children are biological or adopted children of one, and only one, married spouse or common-law partner whose birth or adoption preceded the current relationship. A complex stepfamily is a couple family which contains at least one biological or adopted child whose birth or adoption preceded the current relationship.

These families contain children from:

- each married spouse or common-law partner and no other children
- one married spouse or common-law partner and at least one other biological or adopted child of the couple
- each married spouse or common-law partner and at least one other biological or adopted child of the couple. (Statistics Canada)

### **Chinese, n.o.s. (not otherwise specified)**

The 2011 census category 'Chinese, n.o.s.' includes responses of 'Chinese' as well as all Chinese languages other than Cantonese, Mandarin, Taiwanese, Chaochow (Teochow), Fukien, Hakka and Shanghainese. (Statistics Canada)

### **Chronic Obstructive Pulmonary Disease (COPD)**

The population aged 35 and over who reported being diagnosed by a health professional with chronic bronchitis, emphysema or COPD. (Statistics Canada, Canadian Community Health Survey)

COPD is a progressive disease that makes it hard to breathe. It can cause coughing that produces large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms. Cigarette smoking is the leading cause of COPD. Most people who have COPD smoke or used to smoke. Long-term exposure to other lung irritants (such as air pollution, chemical fumes, or dust) also may contribute to COPD.

### **Emergency Department (ED) Visit Rate**

The ED visit rate is the number of visits to the emergency department divided by the total population of the local geographic area.

### **Family Care Clinic (FCC)**

Family Care Clinics provide primary health care services, such as diagnosis and treatment of illness, immunizations, screening and links to other health services and community agencies. The clinics emphasize health promotion, disease and injury prevention, and self-management and care of chronic disease. FCCs offer extended hours of service and same day access.

### **Fertility Rate**

The fertility rate is the number of live births per 1,000 women of reproductive age (15 - 49 years) in a population per year. This is a more standardized way to measure fertility in a population than birth rate because it accounts for the percentage of women of reproductive age. (Statistics Canada)

### **First Nations with Treaty Status**

First Nation is a term that came into common usage in the 1970s to replace the word "Indian". Although the term First Nation is widely used, no legal definition of it exists. Among its uses, the term "First Nations people" refers to the Indian people in Canada, both Status and non-Status.

Starting in 1701, the British Crown entered into solemn treaties to encourage peaceful relationships between First Nations and non-Aboriginal people. Over the next several centuries, treaties were signed to define, among other things, the respective rights of Aboriginal people and governments to

use and enjoy lands that Aboriginal people traditionally occupied. The Government of Canada and the courts understand treaties between the Crown and Aboriginal people to be solemn agreements that set out promises, obligations and benefits for both parties. (Aboriginal Affairs and Northern Development Canada)

### **Health Status**

Health status is the level of health of the individual, group or population as subjectively assessed by the individual or by more objective measures. (Statistics Canada)

### **High Birth Weight**

Birth weight is the body weight of a baby at its birth. High birth weight is defined as live births with a weight of 4,500 grams or more, expressed as a percentage of all live births with known weight (Statistics Canada, Vital Statistics, Birth Database)

### **Hospitalization Rate**

The hospitalization rate is the age-standardized rate of acute care hospitalization, per 100,000 population. (Canadian Institute for Health Information)

### **Infant Mortality Rate**

The infant mortality rate is infants who die in the first year of life, expressed as a count and a rate per 1,000 live births. (Statistics Canada, Vital Statistics, Birth and Death Databases)

### **Inpatient**

An inpatient is an individual who has been officially admitted to a hospital for the purpose of receiving one or more health services. (Canadian Institute for Health Information: MIS Standards 2011)

### **Inpatient Separations (Seps)**

A separation from a health care facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice, or transfer. The number of separations is the most commonly used measure of the utilization of hospital services. Separations, rather than admissions, are used because hospital abstracts for inpatient care are based on information gathered at the time of discharge.

### **Inuit**

Inuit are the Aboriginal people of Arctic Canada. As of Sept 2010, it is estimated that about 45,000 Inuit live in 53 communities in: Nunatsiavut (Labrador); Nunavik (Quebec); Nunavut; and the Inuvialuit Settlement Region of the Northwest Territories. Each of these four Inuit groups have settled land claims. These Inuit regions cover one-third of Canada's land mass. Please note that small numbers of Inuit people can be found in various other regions of Canada other than the four regions listed above.

The word "Inuit" means "the people" in the Inuit language called, Inuktitut and is the term by which Inuit refer to themselves. (Aboriginal Affairs and Northern Development Canada)



## Local Geographic Areas (LGAs)

To assist with primary health care planning, Alberta Health has developed a series of reports to provide a broad range of demographic, socio-economic, and population health statistics considered relevant to primary health care for communities across the province. Alberta Health Services divides the province into five large health service Zones, and these Zones are subdivided into smaller geographic areas called Local Geographic Areas (LGAs). These 132 LGAs reflect areas where given populations live, work and receive most day-to-day services including commercial services and health care.

LGA is defined based on the multiple characteristics listed below.

- population density
- distance from urban centres or major rural centres that provide a variety of services (health and non-health)
- local knowledge about the population, industry type, municipalities, resources, infrastructure, schools, etc.
- travel patterns of populations seeking services (health and non-health)
- place of work and commuting behaviours

## Low Birth Weight

Birth weight is the body weight of a baby at its birth. Live births less than 5.5 pounds or 2500 grams at birth are considered as babies with low birth weight. Low birth weight is a key determinant of infant survival, health, and development. (Statistics Canada, Vital Statistics, Birth Database)

## Mortality Rate by Cause of Death

The age-standardized mortality rate by cause of death is a measure of the frequency (rate) at which deaths occur in a given population due to a certain cause. The potential confounding effect of different age structures (i.e. across geographic boundaries or years) is reduced when comparing rates that have been age-adjusted. (Interactive Health Data Application, Alberta Health)

## Neoplasms

A neoplasm is an unusual new growth of tissue resulted by uncontrolled production of cells. These cells do not coordinate with normal cells and may appear abnormal compared to the normal cells. The term "tumor" is used to name a neoplasm that has formed a lump. Some neoplasms do not form lumps. The neoplasms that spread to the other parts of the body are commonly known as 'Cancers'. (<http://www.cancer.gov/cancertopics>)

## National Household Survey

Between May and August 2011, Statistics Canada conducted the National Household Survey (NHS) for the first time. This voluntary, self-administered survey was introduced as a replacement for the long census questionnaire, more widely known as Census Form 2B.

The NHS is designed to collect social and economic data about the Canadian population. The objective of the NHS is to provide data for small geographic areas and small population groups.

For further details around sampling design, topics covered etc. please visit the link below: [http://www12.statcan.gc.ca/nhs-enm/2011/ref/nhs-enm\\_guide/guide\\_2-eng.cfm](http://www12.statcan.gc.ca/nhs-enm/2011/ref/nhs-enm_guide/guide_2-eng.cfm) (Statistics Canada).

## Physical Activity

Physical activity is measured as the population aged 12 and over who reported a level of physical activity, based on their responses to questions about the frequency, nature and duration of their participation in leisure time physical activity. Respondents are classified as active, moderately active or inactive based on an index of average daily physical activity over the past three months.

For each leisure time physical activity engaged in by the respondent, an average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 to 2.9 kcal/kg/day = moderately active; less than 1.5 kcal per day = inactive. (Statistics Canada, Canadian Community Health Survey)

## Prevalence Rate

Prevalence is a measure of disease that allows us to determine a person's likelihood of having a disease. Therefore, the number of prevalent cases is the total number of cases of disease existing in a population. A prevalence rate is the total number of cases of a disease existing in a population divided by the total population. (<http://www.health.ny.gov/diseases/chronic/basicstat.htm>)

## Primary Care

Primary care is the first point of contact that people have with the health care system for medical needs requiring treatment and referral to other services as needed and is usually provided by a family physician or other health care professional.

(<http://www.albertapci.ca/aboutpcns/primarycare/pages/default.aspx>)

## Primary Care Networks

Primary Care Networks are groups of family doctors that work with Alberta Health Services and other health professionals to coordinate the delivery of primary health services for their patients.

(<http://www.pcnpmo.ca/AboutPCNs/PCNsInAlberta/Pages/default.aspx>)

## Private Household

A private household is a person or a group of people occupying the same dwelling and who do not have a usual place of residence elsewhere in Canada or abroad. The household universe is divided into two sub-universes on the basis of whether the household is occupying a collective dwelling or a private dwelling. The latter is a private household. (Statistics Canada)

## Qualifier (comparisons between indicator values)

In comparing indicators across local geographic areas (LGAs) and the Province, this report uses qualifiers such as 'higher than', 'lower than', 'similar to', etc. These statements are based on a simple statistical comparison that determines how far apart the indicator values are on the full scale of values for the indicator. For each indicator, the standard deviation (SD) was used as the measuring stick for whether the values are "close" or "far apart". For each indicator, the distance between the LGA value and the provincial (AB) value was measured as number of SDs, and the direction of the difference (plus or minus). For example, if the LGA value is two SDs above the AB value, then the LGA value is said to be 'much higher' than the provincial value. The complete set of comparison criteria is given below.

Qualifier	Distance between values
Much Lower	below $-1.5$ SD
Lower	$-1.5$ SD to $-0.25$ SD
Similar/Comparable	$-0.25$ SD to $+0.25$ SD
Higher	$+0.25$ SD to $+1.5$ SD
Much Higher	$+1.5$ SD and higher

### Separation Rate

A separation from a health care facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice or transfer. The separation rate is the total number of inpatient separations divided by the total population.

### Self-Perceived Mental Health

Perceived mental health is a general indication of the number of people in the population suffering from some form of mental disorder, mental or emotional problems or distress, not necessarily reflected in self-perceived health. This data is usually collected through surveys where respondents are asked to rate their mental health as poor, fair, good, very good or excellent. (Statistics Canada, Canadian Community Health Survey)

### Smoker

As defined by Statistics Canada, 'smokers' are members of the population aged 12 and older who report being a current smoker. A "daily smoker" is someone who reports smoking cigarettes every day (although it does not take into account the number of cigarettes smoked). 'Occasional smokers' refers to those who reported smoking cigarettes occasionally; this includes former daily smokers who now smoke occasionally. (Statistics Canada, Canadian Community Health Survey)

### Sexually Transmitted Infection (STI)

A sexually transmitted infection is an infection that can be transferred from one person to another through sexual contact. (Public Health Agency of Canada)

### Teen Birth Rate

The teenage live birth rate is the number of live births per 1,000 women aged 15 to 19. (E-STAT, Statistics Canada)

## Community Services

## Appendix B

### ONLINE RESOURCES

#### 1. Aboriginal Affairs

- Alberta First Nation Community Profiles:  
<http://pse5-esd5.ainc-inac.gc.ca/fnp/Main/Search/FNListGrid.aspx?lang=eng>  
This link provides a collection of information that describes individual First Nation communities across Canada. It also allows you to quickly locate First Nation communities by consulting [the interactive map](#).
- Delegated First Nation Agencies:  
<http://humanservices.alberta.ca/family-community/15540.html>  
This link provides a list, a map and contact details of delegated First Nation agencies and societies in Alberta.
- Programs and Services for Aboriginal People:  
<http://www.programs.alberta.ca/Living/648.aspx?N=770+173>  
This link provides an online resource to programs and services, such as Online Services, Financial Resources, Licensing and Registration, and Publications relevant to Aboriginal people in Alberta.

#### 2. Education

- Alberta Education and Training:  
<http://alberta.ca/educationtraining.cfm>  
This link provides resources for schooling in Alberta through primary years to post-secondary and life-long learning.
- Local Resources:
  - Find a directory of your local schools and school boards:  
<http://www.education.alberta.ca/apps/schoolsdir/>  
This link provides a list of school authorities and associated public, private, francophone and early childhood services – school authorities are listed in alphabetical order.

#### 3. Employment

- Employment resources: <http://www.programs.alberta.ca/Living/5960.aspx?Ns=5246&N=770>  
This link provides resources for finding a job, including career planning, training and development, job search and job postings. It also provides general career and employment resources for self-employed, youth, persons with disabilities, immigrants and aboriginal people.

- Local resources:
  - Find your local employment resources:  
<http://humanservices.alberta.ca/services-near-you/11959.html>  
This link provides employment, training and career services by region. Each region links to a comprehensive list of office locations, job fairs and service directories.

#### 4. Family and Children

- Children and Family Services:  
<http://humanservices.alberta.ca/family-community.html>  
This link provides links to programs and services that support families and communities; it provides information on child care, parenting, women's issues, youth programs, safer communities, and family community support services.
- Programs and Services for Children:  
<http://www.programs.alberta.ca/Living/650.aspx?N=770+759>  
This link provides links to featured programs and services such as *Kids Help Phone Online* and *Traffic Safety Just for Kids*. It also contains activity resources for children such as colouring books and cook books.
- Programs and Services for Parents:  
<http://www.programs.alberta.ca/Living/9281.aspx?N=770+9252>  
This link provides resources for parents on childcare, finances and post adoption registration.
- Programs and Services for Youth:  
<http://www.programs.alberta.ca/Living/678.aspx?N=770+177>  
This link provides resources on youth programs and services (such as *4-H Clubs of Alberta*, *B-Free-Stand Up and Stop Bullying*, *Get Web Wise* and *Young Workers*), Online Services (high school transcripts), Financial Resources (scholarship, bursary and grant programs), Licensing and Registration (social insurance number, learner's permit, driver's licence).

#### 5. Housing

- Housing and Property:  
<http://www.programs.alberta.ca/Living/6345.aspx?N=770+599>  
This link provides information on housing and property in Alberta, including information for tenants and landlords.
- Local Resources:
  - Find your local housing programs and services:  
<http://www.programs.alberta.ca/Living/13810.aspx?Ns=13705+13711+13738&N=770>  
This link provides information and links to different local and regional Housing Management Bodies in Alberta. It also provides a link to housing information specific to seniors, persons with disabilities and homeless persons. Also includes information and tips for landlords and tenants.

- Find your local homeless support resources:  
<http://humanservices.alberta.ca/homelessness/14633.html>  
This link provides information on support services provided in Edmonton, Fort McMurray, Grand Prairie, Lloydminster, Red Deer, Calgary, Medicine Hat and Lethbridge.
- <http://humanservices.alberta.ca/homelessness/16050.html>  
This link provides information on funding provided to the Outreach Support Services Initiative and the Addiction and Mental Health Strategy in the communities of Calgary, Edmonton, Grande Prairie, Fort McMurray, Red Deer, Lethbridge and Medicine Hat.

## 6. Seniors

- Alberta Seniors:  
<http://www.seniors.alberta.ca/>  
This link provides information and links to the different programs and services to support seniors in Alberta.
- <http://www.programs.alberta.ca/Living/13772.aspx?Ns=13705+13715&N=770>  
This link provides information on financial help, health benefits, housing and rent, fraud prevention and personal safety for senior Albertans. It also provides resources for professionals to help their senior clients.
- Local Resources:
  - Find your local seniors' resources:  
<http://www.health.alberta.ca/seniors/contact-seniors.html>  
This link provides contact information for Seniors' Programs and Services; and Seniors' Information Services Offices in various regions throughout Alberta.

## 7. Social Services

- Alberta Human Services:  
<http://humanservices.alberta.ca/programs-and-services.html>  
This link provides a portal to the variety of programs and services provided by Alberta Human Services.
- Services near you:  
<http://humanservices.alberta.ca/services.html>  
This link provides a link to help you locate, among others, your local Service delivery offices, Alberta Works Centres, Child and Family Services Authorities and Employment Services.
- Alberta Food Bank Network Association:  
<http://www.albertafoodbanks.org/find-food-bank/>  
This links to the Alberta Food Banks website and a list of associated community kitchens in different areas and regions of Alberta.
- Programs and Services for Low-Income Earners:  
<http://www.programs.alberta.ca/Living/9498.aspx?N=770+11437>  
This link contains information about Alberta Works and other social assistance programs for low-income earners.

- Local Services:
  - Find your local community non-profit and voluntary organizations:  
<http://www.programs.alberta.ca/Living/9293.aspx?N=770+9301>  
This link provides information on initiatives which support non-profit and voluntary organizations, grant programs and information on how to register a non-profit or charity organization.

\*\*\* To find other local community and social services in your area:

1. Find Services in Your Area:  
<http://www.programs.alberta.ca/Search/Results.aspx?q=lethbridge>  
This link allows you to select your city or enter your postal code to find different types of services in and around your area. Click on the link above and select the “Results Near You” button next to the “Search” button.
2. Find local services through this province-wide service directory of community, health, social and government services:  
[http://www.informalberta.ca/public/common/index\\_ClearSearch.do](http://www.informalberta.ca/public/common/index_ClearSearch.do)

## Appendix C

### Health Link Alberta Calls for South Zone

The following listing shows the town/city, number of calls and percentage where the zone was coded as South (including calls from the Mental Health Helpline). Records where the town/city is unknown or where the caller chose not to give demographic information are excluded. The listing is sorted alphabetically by Town/City in ascending order.

**Calls by Town/City for the Fiscal Year 2013/2014**

Town/City	# of Calls	%	Town/City	# of Calls	%
Acadia Valley	12	0.0%	Finnegan	2	0.0%
Aden	2	0.0%	Fitzgerald	1	0.0%
Aetna	13	0.0%	Foremost	51	0.2%
Barnwell	89	0.3%	Fort Macleod	402	1.5%
Barons	43	0.2%	Frank	2	0.0%
Bassano	160	0.6%	Gem	31	0.1%
Bellevue	106	0.4%	Glenwood	53	0.2%
Bindloss	8	0.0%	Granum	45	0.2%
Blairmore	148	0.6%	Grassy Lake	31	0.1%
Bow Island	123	0.5%	Hays	37	0.1%
Brocket	160	0.6%	Hilda	11	0.0%
Brooks	1,088	4.2%	Hill Spring	30	0.1%
Buffalo	1	0.0%	Hillcrest Mines	34	0.1%
Burdett	21	0.1%	Iddesleigh	4	0.0%
Cardston	450	1.7%	Iron Springs	37	0.1%
Cereal	19	0.1%	Irvine	43	0.2%
Cessford	8	0.0%	Jenner	36	0.1%
Chinook	2	0.0%	Leavitt	2	0.0%
Coaldale	873	3.4%	Lethbridge	10,744	41.3%
Coalhurst	343	1.3%	Lundbreck	84	0.3%
Coleman	57	0.2%	Magrath	184	0.7%
Coutts	21	0.1%	Maleb	4	0.0%
Cowley	15	0.1%	Manyberries	14	0.1%
Cranford	5	0.0%	Medicine Hat	6,202	23.8%
Crowsnest Pass	1	0.0%	Milk River	65	0.2%
Cypress County	62	0.2%	Millicent	3	0.0%
Del Bonita	10	0.0%	Monarch	75	0.3%
Desert Blume	36	0.1%	Mountain View	14	0.1%
Diamond City	48	0.2%	New Brigden	6	0.0%
Duchess	145	0.6%	New Dayton	13	0.0%
Dunmore	67	0.3%	Nobleford	160	0.6%
Elkwater	6	0.0%	Orion	1	0.0%
Empress	13	0.0%	Oyen	72	0.3%
Enchant	62	0.2%	Patricia	15	0.1%
Esther	1	0.0%	Picture Butte	232	0.9%
Etzikom	16	0.1%	Pincher Creek	325	1.2%



Health Link Alberta Calls for South Zone (Continued)

Town/City	# of Calls	%
Pollockville	2	0.0%
Purple Springs	12	0.0%
Rainier	16	0.1%
Ralston	27	0.1%
Raymond	286	1.1%
Redcliff	515	2.0%
Rolling Hills	53	0.2%
Rosemary	60	0.2%
Scandia	26	0.1%
Schuler	18	0.1%
Sedalia	5	0.0%
Seven Persons	67	0.3%
Shaughnessy	56	0.2%
Sibbald	7	0.0%
Skiff	6	0.0%
Spring Coulee	18	0.1%

Town/City	# of Calls	%
Stand Off	282	1.1%
Stewart	1	0.0%
Stirling	84	0.3%
Suffield	2	0.0%
Taber	749	2.9%
Tilley	75	0.3%
Turin	24	0.1%
Twin Butte	8	0.0%
Vauxhall	153	0.6%
Walsh	20	0.1%
Wardlow	9	0.0%
Warner	70	0.3%
Waterton Park	15	0.1%
Welling	33	0.1%
Wrentham	16	0.1%
Youngstown	29	0.1%
<b>Total</b>	<b>26,043</b>	<b>100.0%</b>

**Source:**

*Health Link Alberta, Alberta Health Services*

## Select Health Services in Local Geographic Area

### Appendix D

#### Medicine Hat

##### Active Treatment Hospitals

Designated Service Type	Name	Address
Cancer Treatment Hospital	Margery E. Yuill Cancer Centre	666 5th Street South West, Medicine Hat, T1A4H6
Regional & Urban Secondary Level Care Hospital	Medicine Hat Regional Hospital	666 5 Street South West, Medicine Hat, T1A4H6

**Source:**

*Alberta Health, January 2015*

**Note:**

*Active Treatment Hospitals refer to Referral Tertiary Care Hospitals, Tertiary Pediatric Hospitals, Cancer Treatment Hospitals, Pediatric Hospitals, Psychiatric Facilities, Rehabilitation Hospitals, Regional & Urban Secondary Level Care Hospitals, Rural Community Hospitals, Small Rural Community Hospitals and Designated Ambulatory Care Hospitals*

##### Community Ambulatory Care Centres

There are no Community Ambulatory Care Centres in this Local Geographic Area

**Source:**

*Alberta Health, January 2015*

**Note:**

*Community Ambulatory Care Centres refer to Advanced Ambulatory Care Clinics, Urgent Care Centres, Basic Community Ambulatory Care Clinics and Family Care Clinics*

##### Diagnostic Imaging Centres

Name	Address
Blair, Gripp Stubbs & Associates Radiology Inc.	1854 Southview Drive South East/Sud-Est, Medicine Hat, T1A8L9
Medicine Hat Regional Hospital	666 5 St Sw, Imaging Department, Medicine Hat, T1A4H6
North West Cardio-Diagnostics Ltd. - Medicine Hat	Room 104, Main Level, 666 - 5th Street Sw., Medicine Hat Regional Hospital, Medicine Hat, T1A4H6

**Source:**

*Alberta Health, January 2015*

## Community Pharmacies

Name	Address
Costco Pharmacy #593	2350 Box Springs Boulevard North West, Medicine Hat, T1C0C8
Crescent Heights IDA Pharmacy	25 8 Street North West, Medicine Hat, T1A6N9
Crestwood Pharmacy Ltd.	1827 Dunmore Road South East/Sud-Est, Medicine Hat, T1A1Z8
Fourth Street Pharmacy	423 Fourth St Se, Medicine Hat, T1A0K5
Greg's Remedy's Rx	200-770 6 St Sw, Medicine Hat, T1A4J6
Loblaw Pharmacy #1550	1792 Trans Canada Way South East/Sud-Est, Medicine Hat, T1B4C6
London Drugs #60	104, 3201 13 Avenue South East/Sud-Est, Medicine Hat, T1B1E2
MacKenzie Drugs	301 North Railway Street South East/Sud-Est, Medicine Hat, T1A2Z1
Medicine Hat Co-Op Ltd.	Northlands Marketplace, 10 Northlands Way Ne, Medicine Hat, T1C1Z2
Medicine Hat Co-Op Pharmacy	109, 3030 13 Avenue South East/Sud-Est, Medicine Hat, T1B1E3
Medicine Hat Regional Hospital Outpatient Pharmacy	666 5 Street South West, Medicine Hat, T1A4H6
Pharmasave #302	58 8 Street North West, Medicine Hat, T1A6P1
Rexall #7273	105, 73 7 Street South East/Sud-Est, Medicine Hat, T1A1J2
Rexall #7274	101, 3215 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2H2
Safeway Pharmacy #200	139, 3292 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2R4
Safeway Pharmacy #2220	615 Division Avenue South/Sud, Medicine Hat, T1A2J9
Shoppers Drug Mart #2304	2440 Division Ave Nw, Medicine Hat, T1C1Z2
Shoppers Drug Mart #322	140, 3292 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2R4
Solutions Clinical Pharmacy Inc	Bay 1-2020 Strachan Rd Se, Medicine Hat, T1B0M9
The Boylan Pharmasave #315	1, 1224 Strachan Road South East/Sud-Est, Medicine Hat, T1B4R2
The Boylan Pharmasave 303	407 7 Street South West, Medicine Hat, T1A4K4
The Medicine Shoppe #128	139, 116 Carry Drive South East/Sud-Est, Medicine Hat, T1B3Z8
Wal-Mart Pharmacy #3150	2051 Strachan Road South East/Sud-Est, Medicine Hat, T1B0G4

**Source:**

*Alberta Health, January 2015*

### Medical Laboratories

Name	Address
Medicine Hat Diagnostic Laboratory	202, 73-7 St Se, Medicine Hat, T1A1J2
Medicine Hat Regional Hospital	Laboratory, 666 5th St Sw, Medicine Hat, T1A4H6

**Source:**

*Alberta Health, January 2015*

### Long Term Care Accommodation

Name	Address
Good Samaritan Society South Ridge Village (The)	550 Spruce Way, Se, Medicine Hat, T1B4P1
Masterpiece River Ridge	4 River Ridge Drive Nw, Medicine Hat, T1A8V1
Riverview Care Centre/Central Park Lodge	603 Prospect Drive, Sw, Medicine Hat, T1A4C2
Sunnyside Care Centre (South Country Village)	1720 Bell Street, Sw, Medicine Hat, T1A5G1
The Valleyview Supportive Living	65 Valleyview Drive Sw, Medicine Hat, T1A7K5

**Source:**

*Alberta Health, December 2014*

### Supportive Living Accommodation

Accommodation Type	Name	Address
Group Home	CORE Association - Turner	94 Turner Crescent Se, Medicine Hat, T1A0H1
Group Home	CORE Association - 13th Street SE	122 13 Street Se, Medicine Hat, T1A1W5
Group Home	CORE Association - Connaught	6 Connaught Drive, Se, Medicine Hat, T1A5H4
Assisted Living Accommodation	CORE Association - Hunt	201 Hunt Crescent Ne, Medicine Hat, T1C1Y8
Group Home	CORE Association - Shannon	158 Shannon Drive Se, Medicine Hat, T1B4C2
Group Home	CORE Association - Southridge	64 Southridge Drive, Medicine Hat, T1B2N6
Group Home	CORE Association - Woodman	202 Woodman Avenue Se, Medicine Hat, T1A4C4
Group Home	Champion's Centre (The), Medicine Hat	435 North Railway Street Se, Medicine Hat, T1A2Z3

### Supportive Living Accommodation

Accommodation Type	Name	Address
Assisted Living Accommodation	Chinook Village	2801 13 Avenue, Se, Medicine Hat, T1A3R1
Lodge	Cypress View	722 Bassett Crescent Nw, Medicine Hat, T1A7W8
Assisted Living Accommodation	Good Samaritan Society South Ridge Village (The)	550 Spruce Way, Se, Medicine Hat, T1B4P1
Assisted Living Accommodation	Haven of Rest of Medicine Hat	1720 Bell Street Sw, Medicine Hat, T1A5G1
Assisted Living Accommodation	Leisure Way Community Group Home & Consulting Services Inc.	Po Box 1267, Medicine Hat, T1A7M9
Assisted Living Accommodation	Masterpiece River Ridge	4 River Ridge Drive Nw, Medicine Hat, T1A8V1
Assisted Living Accommodation	Meadowlands Retirement Residence	223 Park Meadows Drive, Se, Medicine Hat, T1B4K7
Assisted Living Accommodation	Medicine Hat Retirement Villa	530 4th Street Se, Medicine Hat, T1A0K8
Group Home	REDI Enterprises Society	33 12 Street Sw, Medicine Hat, T1A4T4
Assisted Living Accommodation	St. Joseph's Home	156 3 Street Ne, Medicine Hat, T1A5M1
Assisted Living Accommodation	The Valleyview Supportive Living	65 Valleyview Drive Sw, Medicine Hat, T1A7K5
Assisted Living Accommodation	Wellington Retirement Residence (The)	1595 Southview Drive Se, Medicine Hat, T1B0A1

**Source:**

*Alberta Health, December 2014*

**Note:**

*Supportive Living Accommodation refer to Assisted Living Accommodation, Group Home and Lodge*

### Family Physician Offices

Name	Address
Amelia T Correia P.C.	809 Bullivant Crescent Unit 4, Medicine Hat, T1A5G6
Cottonwood Medical Clinic	175 6 St Se, Medicine Hat, T1A1G7
Crescent Heights Medical Ctr	49 8 St Nw, Medicine Hat, T1A6N9
Harrison S W Dr	502 7 Ave Sw, Medicine Hat, T1A5B9
Health Matters Medical Clinic	3215 Dunmore Rd Se Unit 102, Medicine Hat, T1B2H2
Healthworx Medical Clinic	2020 Strachan Rd Se Bay 3, Medicine Hat, T1B0M9
Hrdlicka Family Medicine	1224 Strachan Rd Unit 6, Medicine Hat, T1B4R2
Jacaranda Medical Clinic	3292 Dunmore Rd Se Unit 142, Medicine Hat, T1B2R4

## Family Physician Offices

Name	Address
Keshvara Dr	1364 Southview Dr Se Unit 2, Medicine Hat, T1B4E7
Kriel P.C.	Bay 5 1224 Strachan Rd Se, Medicine Hat, T1B4R2
Living Hope Centre	Bag 8 1224 Strachan Rd Se, Medicine Hat, T1B4R2
Mastel D G Dr	47 8 St Nw, Medicine Hat, T1A6N9
Medical Arts Centre	770 6 St Sw Unit 100, Medicine Hat, T1A8M7
Medical Arts Centre (Carry Dr)	116 Carry Drive Se, Medicine Hat, T1B3Z8
Medicine Hat College - Med Cln	299 College Dr Se, Medicine Hat, T1A3Y6
Mohanraj Thomas Dr	1036 7 St Sw Suite 1, Medicine Hat, T1A8V7
Primacy Medical Clinic	1792 Trans Canada Way Se, Medicine Hat, T1B4C6
Prince G D P.C.	809 Bullivant Cr Sw Unit 3, Medicine Hat, T1A5G6
Rinaldi Fredrykka D Dr	266 4 St Sw Unit 102, Medicine Hat, T1A4E5
Riverside Medical Clinic	28 3 Street Ne, Medicine Hat, T1A5L8
Ruzycki Dr	155 Ash Ave Se, Medicine Hat, T1A3B1
Ruzycki William A Dr	116 Carry Dr Se Unit 110, Medicine Hat, T1B3Z8
Sage Family Clinic	3295 Dunmore Rd Se Unit 3, Medicine Hat, T1B3R2
Saujani V Dr	3151 Dunmore Rd Se Unit 4, Medicine Hat, T1B2X2
Southlands Medical Clinic	7 Strachan Bay Se Unit 110, Medicine Hat, T1B4Y2
The Avenues Clinic	2801c 13 Ave Se, Medicine Hat, T1A3R1
Viljoen & Durand Family Med Cl	770 - 6 St Sw Unit 333, Medicine Hat, T1A4J6
Wong Martin SC Dr	821b 5 St Sw, Medicine Hat, T1A4H7
Woolf Robert John Dr	564 South Railway St Se Unit 2, Medicine Hat, T1A2V6

**Sources:**

*Alberta Health Care Insurance Plan (AHCIP) Data, Alberta Health, December 2014*  
*College of Physicians and Surgeons of Alberta, January 2015*

**Note:**

*The Family Physician Office information is based on available Alberta Health data and College of Physicians and Surgeons of Alberta (CPSA) information. The most current contact information for physicians can be found on the CPSA website at [www.cpsa.ab.ca](http://www.cpsa.ab.ca)*