Alberta Health
Primary, Community and Indigenous Health

Community Profile: Medicine Hat
Health Data and Summary

4th Edition, December 2019

Alberta Government

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Alberta Health Primary, Community and Indigenous Health –Community Profile: [insert LGA name], Health Data and Summary, 4rd edition, December 2019

INTRODUCTION

Primary Health Care provides an entry point into the health care system and links individuals to medical services as well as social and community supports. The Government of Alberta continues working to improve primary health care within the province. The Primary Health Care Strategy has five strategic directions: Bring about cultural change, Enhance delivery of care, Establish building blocks for change, Population needs based design, Increase value and return on investment. 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 and efficient 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 LGA 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, mental health and addiction, 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 Community Profile contains information at both the zone and LGA level, information could be updated or added to the profile if information is provided by the community. For more information contact *PCNOps@gov.ab.ca.*

Note:

Various data sources are used to compile the Community Profiles, which were developed through the collaboration of Alberta Health (Primary, Community and Indigenous Health; Analytics and Performance Reporting; Strategic Policy; Addiction and Mental Health) and Alberta Health Services (Primary Health Care).

Disclaimer:

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. For each indicator, the standard deviation (SD) was used as the measuring stick for whether the values are "close" or "far apart". 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 some indicators (e.g. sexually transmitted infections) the range of values can differ considerably across LGAs. As such, values that may seem different to the reader could be classified as similar by our methodology. The complete set of comparison criteria is given below. For further details on these qualifiers please refer to Appendix A.

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

Contributors *(Unit/Branch):*

Katherine Lyman - *Methods & Analysis; Analytics & Performance Reporting*
Mengzhe Wang - *Methods & Analysis; Analytics & Performance Reporting*
Dan Metes - *Methods & Analysis; Analytics & Performance Reporting*
Lawrence Kiyang - *Methods & Analysis; Analytics & Performance Reporting*

Candy Gregory - *Primary Care Network (PCN) Operations; Alberta Health*

Shaun Malo - *Epidemiology & Surveillance; Analytics and Performance Reporting*
Kir Luong - *Epidemiology & Surveillance; Analytics and Performance Reporting*
Xiaoyan Guo - *Epidemiology & Surveillance; Analytics and Performance Reporting*
Allen O'Brien - *Epidemiology & Surveillance; Analytics and Performance Reporting*

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. Below is a brief overview of some of the key indicators for the local geographic area (LGA), Medicine Hat. For an 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 adults in the South Zone (which includes Medicine Hat) was similar to the provincial percentage in 2017 (23.3% South Zone vs. 22.1% AB). (Table 1.2)
- The South Zone reported a much higher proportion of inactive people compared to the provincial proportion during the same year (32.0% South Zone vs. 26.8% AB). (Table 1.2)

DEMOGRAPHICS

- Medicine Hat's population increased by 31.2% between 1998 and 2018 (compared to a 49.1% increase for Alberta) and currently stands at 67,585 people. (Figure 2.2)
- The largest age group in the LGA, in 2018, was 35-64 year olds who accounted for 39.8% of the population compared to 40.2% for Alberta. (Figure 2.1)
- Children 17 and under made up 20.8% of the LGA's population compared to 22.4% for Alberta, while individuals 65 and older accounted for 17.5% of the population in the LGA versus 12.6% in Alberta. (Figure 2.1)

SOCIAL DETERMINANTS OF HEALTH INDICATORS

- Medicine Hat had a similar proportion of First Nations and Inuit people compared to Alberta (0.7% vs. 2.8% AB). (Table 3.1)
- The percentage of female lone-parent families was higher than the provincial percentage (12.9% vs. 11.0% AB). (Table 3.2)
- A higher proportion of families with an after-tax low-income level were reported in the LGA compared to Alberta (22.5% vs. 15.6% AB). (Table 3.1)
- The most common non-official languages spoken at home in the LGA were: Spanish, Tagalog (Pilipino, Filipino), Arabic, Mandarin, Malayalam, and Cantonese. (Table 3.2)

CHRONIC DISEASE PREVALENCE

- In 2018, 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 (21.1 vs. 20.6 AB). (Figure 4.2)

MATERNAL HEALTH

- From 2015/2016 to 2017/2018, Medicine Hat's birth rate per 1,000 women was lower than the provincial rate (21.2 vs. 26.0 AB) and the teen birth rate per 1,000 women was higher than Alberta's teen birth rate (14.9 vs. 10.6 AB). (Table 5.1)

SEXUALLY TRANSMITTED INFECTIONS

- The highest sexually transmitted infections (STI) rate per 100,000 population in the LGA, in 2015/2016 - 2017/2018, was reported for chlamydia. None of the top 5 STI rates in the LGA were higher than the provincial rates. (Table 6.1)

MORTALITY

- The mortality rate (per 100,000 population) due to all causes was higher in the LGA, in 2016-2018, compared to the province (820.6 vs. 699.5 AB) and the most frequent cause of death reported between 2009 and 2018 was diseases of the circulatory system. (Figures 7.2 and 7.3)

EMERGENCY SERVICE UTILIZATION (PART A: ALL CTAS LEVELS & PART B: ALL EMERGENCY VISITS)

- Semi and non-urgent emergency visits accounted for 50.0% of all emergency visits in 2017/2018. (Table 8.1)
- Acute upper respiratory infections were the most common reason for emergency visits (among select conditions) in 2017, and had a lower rate (per 100,000 population) compared to the provincial rate (1,750.4 vs. 2,777.5 AB). (Figure 8.4)

INPATIENT SERVICE UTILIZATION

- Ischemic heart disease, mental & behavioural disorders due to psychoactive substance use, and diabetes were the top three main reasons for inpatient separations (among selected conditions) in 2018, and inpatient separation rates were higher than the provincial rates for 4 of 7 diagnoses. (Figure 9.2)

MENTAL AND BEHAVIOURAL DISORDERS

- Mental and behavioural disorders are particularly important from a population health perspective. In 2017, 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 (954.7 vs. 786.9 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 (308.6 vs. 148.9 AB). (Figure 9.2)
- Between 2009 and 2017, mental and behavioural disorders accounted for 7.1% of all deaths in the LGA. (Figure 7.3) Note that deaths due to the top eight 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

Through a series of consultation meetings and independent team analysis of 34 health indicators, primary health care teams from AHS and Alberta Heath agreed to retain 11 of the most important health indicators relating to primary health care needs 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. All indicators reporting rates were age-standardized for easy interpretation. The following indicators have been highlighted for this LGA:

- The ambulatory care sensitive conditions (ACSC) separation rate per 100,000 population in Medicine Hat was 572.0 compared to the Alberta rate of 360.7. (Table 10.1)

- In Medicine Hat, the rate of people with three or more chronic diseases per 100 population was 5.1 compared to the Alberta rate of 4.2. (Table 10.1)

- The percentage of total family physician claims outside the recipient's home local geographic area in Medicine Hat was 6.4% compared to the Alberta percentage of 50.8%. (Table 10.1)

- Residents of this local geographic area had a life expectancy at birth of 79.7 years compared to 81.2 years for Alberta. (Table 10.1)

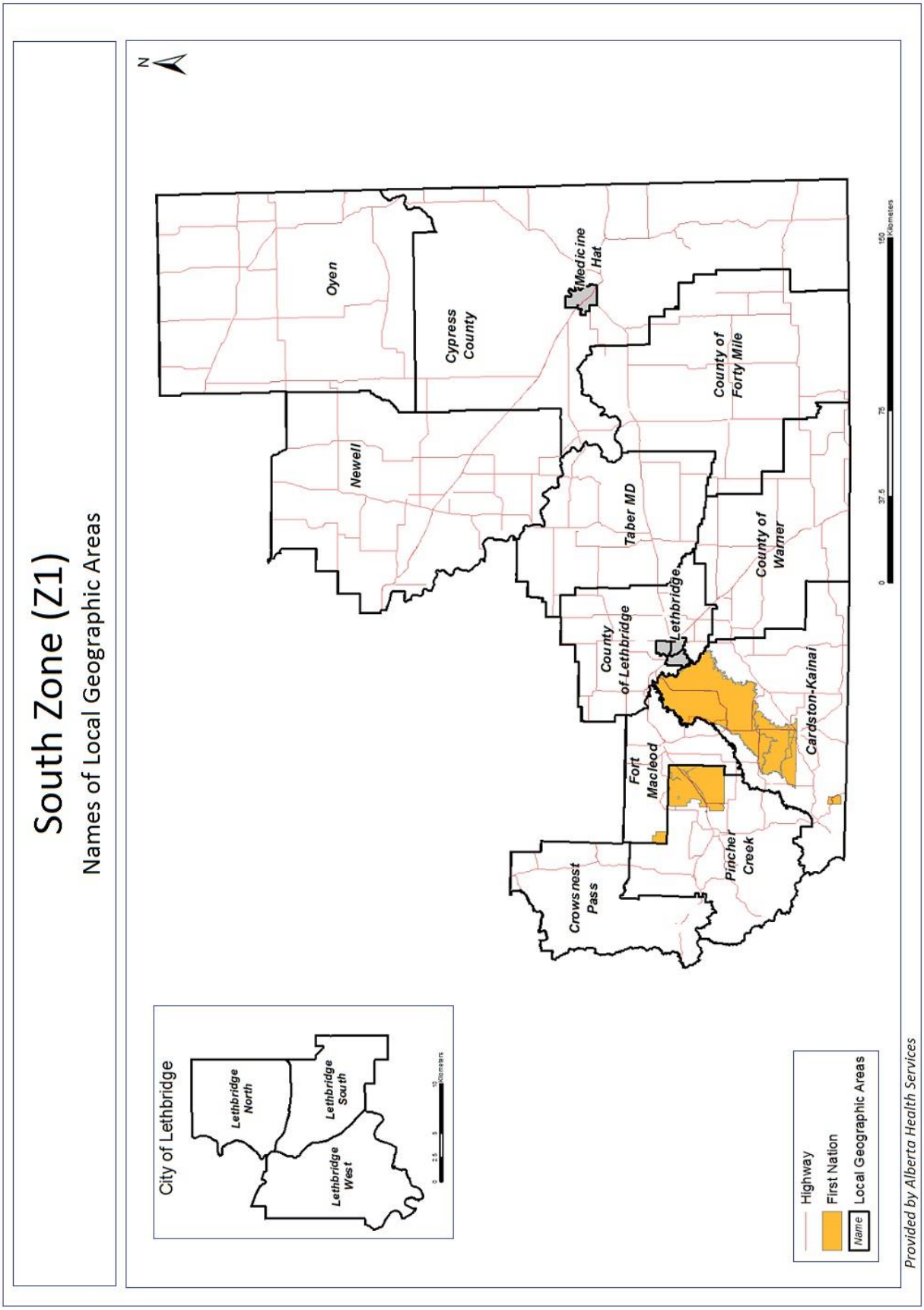
ACCESS TO HEALTH CARE SERVICES

- Medicine Hat residents received ambulatory care services at facilities located outside the LGA. In 2017/2018, these visits made up 17.5% (or 29,528 visits) of all ambulatory care visits and most such visits (i.e. 24.2% of all external visits) were to the Foothills Medical Centre in Calgary (LGA of Calgary - Centre North). (Tables 11.1 and 11.2)

- In 2017/2018, inpatient separations outside the LGA made up 21.0% (or 1,701) of all inpatient separations for Medicine Hat residents and most of them (i.e. 37.4% 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, as at Mar 31 of 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[1], as at March 31, 2018

	South			Alberta[2]		
	Population					
	Female	Male	Total	Female	Male	Total
	152,600	152,857	305,457	2,129,543	2,158,793	4,288,337
Percentage Distribution of Population by Age Groups						
Age Group	Female	Male	Total	Female	Male	Total
Infants: Under 1	0.7%	0.7%	1.4%	0.6%	0.7%	1.3%
Pediatric: 1-17	11.0%	11.4%	22.4%	10.3%	10.8%	21.1%
18-34	11.4%	12.3%	23.7%	12.1%	12.7%	24.8%
35-64	18.5%	18.5%	37.0%	19.9%	20.3%	40.2%
65-79	6.0%	5.5%	11.5%	4.9%	4.6%	9.5%
80 & Older	2.4%	1.6%	4.1%	1.8%	1.2%	3.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

As at March 31, 2018, the largest age group was 35-64 year olds, accounting for 37.0% of the overall population in the South Zone and 40.2% of the population in Alberta. Children 17 and under comprised 23.7% of South Zone's overall population, compared to 22.4% for Alberta. In addition, residents 65 and older accounted for 15.6% of South Zone's overall population, 3.1 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 calendar years available.

TABLE 1.2 Health Status Indicators for Zone versus Alberta Residents, 2016 and 2017

		South			Alberta		
Body Mass Index (BMI)[3]							
Category	Year	Female	Male	Total	Female	Male	Total
Under Weight	2016	2.5%	0.3%	1.4%	2.9%	0.6%	1.7%
	2017	1.5%	0.8%	1.1%	2.8%	0.8%	1.8%
Normal Weight	2016	41.8%	36.6%	39.1%	50.0%	32.8%	40.8%
	2017	53.8%	29.5%	41.1%	50.6%	34.6%	42.1%
Over Weight	2016	30.8%	40.3%	35.8%	27.3%	43.8%	36.1%
	2017	23.4%	44.5%	34.5%	25.7%	41.3%	34.0%
Obese	2016	24.9%	22.7%	23.7%	19.8%	22.8%	21.4%
	2017	21.3%	25.2%	23.3%	20.8%	23.3%	22.1%

TABLE 1.2 Health Status Indicators for Zone versus Alberta Residents, 2016 and 2017 (continued)

		South			Alberta		
Physical Activity[3]							
Category	**Year**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Active or moderately active	2016	67.3%	73.9%	70.6%	70.9%	74.2%	72.6%
	2017	67.3%	68.7%	68.0%	71.5%	74.8%	73.2%
Inactive	2016	32.7%	26.1%	29.4%	29.1%	25.8%	27.4%
	2017	32.7%	31.3%	32.0%	28.5%	25.2%	26.8%
Smoking[3]							
Daily/occasional smokers	2016	18.6%	16.9%	17.7%	15.6%	20.4%	18.0%
	2017	12.5%	21.1%	16.8%	12.7%	20.7%	16.7%
Never/former smokers	2016	81.4%	83.1%	82.3%	84.4%	79.6%	82.0%
	2017	87.5%	78.9%	83.2%	87.3%	79.3%	83.3%
Self-Perceived Mental Health[3]							
Excellent or Very Good	2016	65.7%	71.9%	68.8%	70.1%	75.6%	72.9%
	2017	65.9%	70.0%	68.0%	68.5%	70.7%	69.6%
Poor Fair or Good	2016	34.3%	28.1%	31.2%	29.9%	24.4%	27.1%
	2017	34.1%	30.0%	32.0%	31.5%	29.3%	30.4%

The percentage of obese adults (age 20-64, not pregnant) in the South Zone in 2017 was similar to the provincial percentage (23.3% vs. 22.1% AB) and there was a much higher proportion of inactive people compared to Alberta (32.0% vs. 26.8% AB). In addition, a similar percentage of daily smokers was reported at the zone level compared to the province in 2017 (16.8% vs. 16.7% AB) and a lower proportion considered themselves as having excellent or very good mental health (68.0% vs. 69.6% 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 2015 - 2017

	South	Alberta
Infant Mortality Rate (per 1,000 births)[3]		
2015	1.9	4.3
2016	4.7	3.9
2017	3.8	4.5

The infant mortality rates in the South Zone varied between 1.9 per 1,000 births in 2015 and 4.7 per 1,000 births in 2016. Compared to Alberta, infant mortality rates in the South Zone were higher for 1 of the 3 calendar years.

Sources: *Canadian Community Health Survey Provincial Share Files[3]*
Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry Files, Alberta Health
Postal Code Translator File, Alberta Health
Alberta Vital Statistics Births and Deaths Files

Notes: *[1] Population covered represents number of people covered under the Alberta Health Care Insurance Plan (AHCIP)*
[2] Alberta population figure was calculated based on valid Alberta postal codes.
[3] See Appendix A for definition.

Methodology:
Surveillance and Assessment Unit, Alberta Health (As of Nov 2016) See link: http://www.ahw.gov.ab.ca/IHDA_Retrieval

COMMUNITY MENTAL HEALTH

Table 1.4 shows the zone-level versus Alberta, distribution of individuals accessing community mental health services, by age group and gender, as at Mar 31 of the most recent fiscal year available. Children in the pediatric age group consists of all minors. Note that the Alberta total numbers include individuals who could not be allocated to any zone due to missing residential geographic information.

TABLE 1.4 Zone versus Alberta Community Mental Health Access by Age Group and Gender, 2017/2018

	South			Alberta		
	Distinct Individuals[1]					
	Female	Male	Total	Female	Male	Total
	6,107	5,309	11,430	73,234	66,709	140,438
Percentage Distribution of Distinct Individuals by Age Groups						
Age Group	Female	Male	Total	Female	Male	Total
Pediatric: 1-17	11.9%	12.5%	24.4%	10.0%	10.3%	20.4%
18-34	17.9%	14.3%	32.2%	17.3%	15.3%	32.7%
35-64	19.6%	17.2%	36.8%	20.1%	18.7%	38.9%
65+	4.0%	2.5%	6.5%	4.8%	3.2%	8.0%

As of March 31, 2018, a total of 11,430 patients accessed Community Mental Health services in the South Zone. Of this number, there were 6,107 females and 5,309 males. The majority of those accessing these services in the Zone belonged to the following age groups: 1-17 (24.4%), 18-34 (32.2%), and 35-64 (36.8%), compared to Alberta: 1-17 (20.4%), 18-34 (32.7%), and 35-64 (38.9%).

Table 1.5 shows zone-level community mental health utilization by treatment service type compared to the province for the most recent fiscal year available.

TABLE 1.5 Zone versus Alberta Community Mental Health Access by Service Type, 2017/2018

	South	Alberta
Distinct Individuals within Treatment Service Type		
Addiction Residential[2]	179 (1.5%)	2,373 (1.6%)
Detox[2,3]	225 (1.9%)	5,838 (4.0%)
Opioid Dependency Program[2,4]	18 (0.2%)	2,115 (1.4%)
Outpatient[2,5]	11,327 (96.4%)	136,992 (93.0%)

Outpatient community mental health treatment services had the highest volumes in the South Zone (11,327 (96.4%)),compared to Alberta (136,992 (93.0%)).The percentage of individuals for a given treatment type is a proportion of the total number of Community Mental Health services accessed in the Zone. It is possible for an individual to have accessed multiple treatment types in the Zone within the fiscal year.

Sources: *Alberta Health Services Data Repository (AHSDDRX), Postal Code Translator File*

Addiction System for Information and Service Tracking (ASIST)

Alberta Regional Mental Health Information System (ARMHIS)

Clinical Activity Reporting Application (CARA)

Community Geographic Information System (CGIS)

Calgary Diversion Service Database (Diversion)

Geriatric Mental Health Information System (GMHIS)

Mobile Crisis Information System (MCIS)

Regional Access and Intake System (RAIS)

eClinician, Edmonton Zone

Meditech, South Zone

Notes: *[1] Distinct Individuals: patients who access Community Mental Health services during the fiscal year are counted only once regardless of how many services they accessed during this time.*

[2] See Appendix A for definition.

[3] Detox include individuals receiving withdrawal management services and those who are not assigned beds but only screened and/or referred to the nearest emergency department or treatment other than withdrawal management services.

[4] Opioid Dependency Program numbers do not include one program (Cardston Opioid Dependency Program) in the South Zone due to data availability issues.

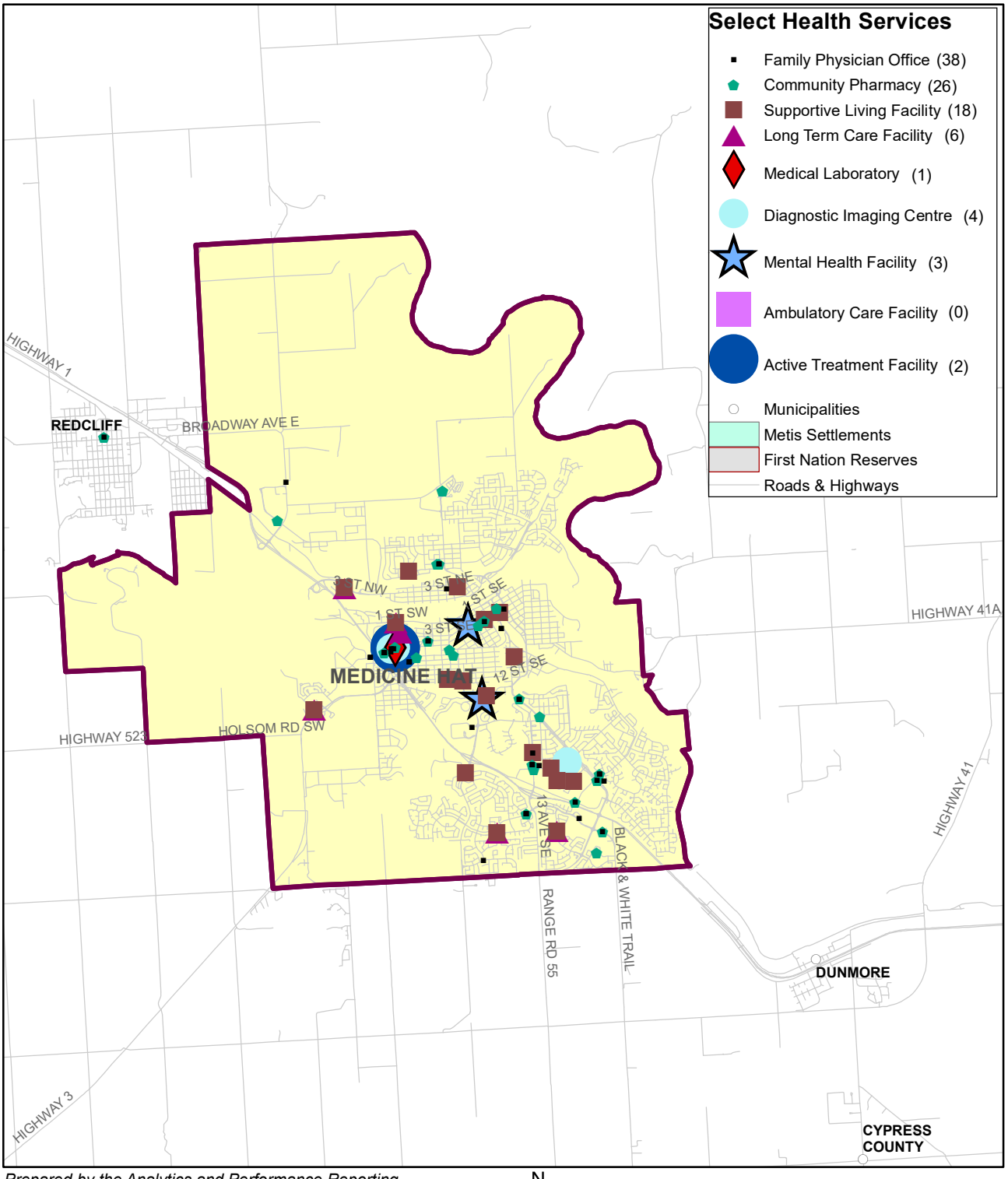
[5] All outpatient treatment service types may not be offered in all zones. Unscheduled outpatient treatment (e.g., crisis intervention and single session/walk-in) may be under-reported due to data limitations.

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 (2016) 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 centres.

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

Population (2018): 67,585



Prepared by the Analytics and Performance Reporting Branch, Alberta Health, Aug 2019.
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

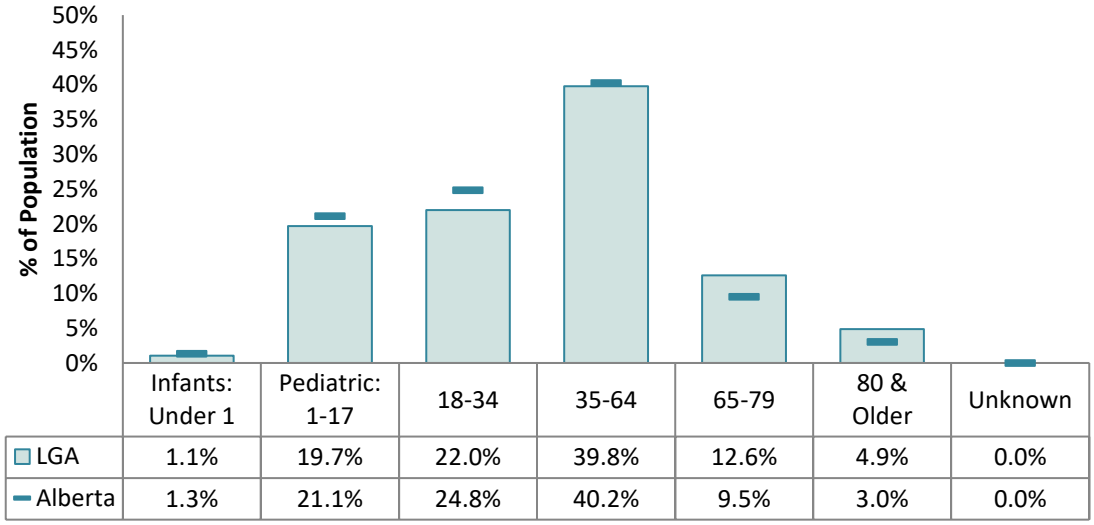
Table 2.1 shows the population distribution of the local geographic area broken down by age group and gender, as at March 31 of the most recent fiscal year available. Specific age groups have been identified. Children under the age of one were defined as infants, while the pediatric age group includes all minors excluding infants. People with no age information available were categorized as unknown.

TABLE 2.1 Distribution of Population Covered[1] by Age and Gender
As at March 31, 2018

Local Geographic Area Population			
Age Group	**Female**	**Male**	**Total**
Infants: Under 1	355	364	719
Pediatric: 1-17	6,562	6,752	13,314
18-34	7,232	7,628	14,860
35-64	13,571	13,322	26,893
65-79	4,516	3,985	8,502
80 & Older	2,023	1,273	3,296
Unknown	0	0	0
Total	**34,259**	**33,325**	**67,585**

Figure 2.1 profiles the population distribution by age group for both the local geographic area and Alberta, as at March 31 of 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, 2018

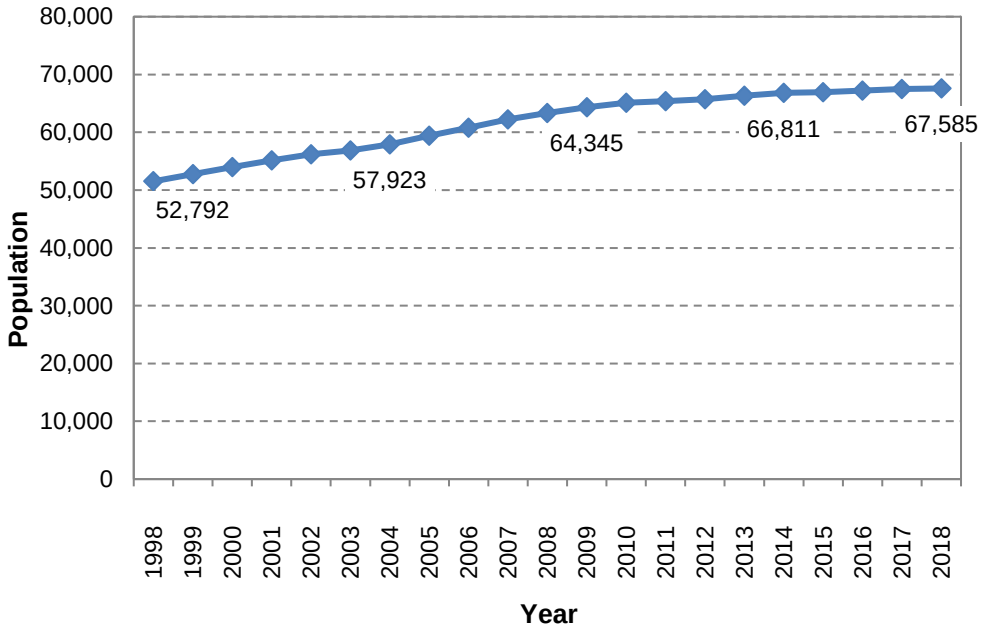


	Infants: Under 1	Pediatric: 1-17	18-34	35-64	65-79	80 & Older	Unknown
LGA	1.1%	19.7%	22.0%	39.8%	12.6%	4.9%	0.0%
Alberta	1.3%	21.1%	24.8%	40.2%	9.5%	3.0%	0.0%

As at March 31, 2018, the largest age group was 35-64 year olds, accounting for 39.8% of the overall population. Children 17 and under comprised 20.8% of Medicine Hat's overall population, compared to 22.4% for Alberta. In addition, residents 65 and older accounted for 17.5% of Medicine Hat's overall population, 4.9 percentage points higher than the corresponding provincial proportion.

The population counts as at March 31 of each year, between 1998 and the most recent 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 1998 - 2018



The population of Medicine Hat increased by 31.2% between 1998 and 2018. A low of 51,521 individuals was reported in 1998 and a peak of 67,585 people was reported in 2018.

Sources:

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

Notes:

[1] *Population covered represents number of people covered under the Alberta Health Care Insurance Plan (AHCIP)*

Local Geographic Area: Medicine Hat

SOCIAL DETERMINANTS OF HEALTH 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[1] and Inuit as at March 31, 2018

First Nations with Treaty Status and Inuit Population		
	Medicine Hat	**Alberta**
Percent of Population that is First Nations or Inuit	0.7%	2.8%

TABLE 3.2 Social Determinants of Health Indicators[2] for Local Geographic Area versus Alberta Residents 2016

Family Composition		
	Medicine Hat	**Alberta**
Percent (Number of) Male Lone-Parent Families	3.5% (630)	3.3% (37,060)
Percent (Number of) Female Lone-Parent Families	12.9% (2,320)	11.0% (123,195)
Percent (Number of) 65 Years of Age and Older Who Live Alone	25.1% (6,680)	18.7% (285,060)
Percent (Number of) Lone-Parent Census Families (≥3 Children)	11.0% (325)	11.5% (18,425)
Percent (Number of) Visible Minority for the Population in Private Households	6.8% (4,220)	23.5% (933,165)
Average Number of Persons per Census Family	2.8	3.0
Family Income		
	Medicine Hat	**Alberta**
Percent (Number) of Families with After-Tax Low-Income[1]	22.5% (5,985)	15.6% (239,080)
Percent (Number) of Private Households with an After-Tax Income ≥ $100,000 in 2015	25.3% (6,735)	37.1% (566,195)
Average Census Family Income	$94,689	$116,343
Housing		
	Medicine Hat	**Alberta**
Percent Living in Owned Dwellings	71.4%	72.4%
Percent Where Greater Than 30% of Income Is Spent on Housing for Homeowners	12.2%	15.1%
Average Value of Dwelling	$307,513	$449,790
Percent of Homeowners Who Have Homes in Need of Major Repairs	5.6%	5.7%
Percent Living in Rented Dwellings	28.6%	27.0%
Percent Where Greater Than 30% of Income Is Spent on Housing for Renters	39.0%	36.0%
Percent Living in Band Housing[1]	0.0%	0.6%

Compared to Alberta, Medicine Hat had a similar proportion of First Nations people (0.7% vs. 2.8% AB). The proportion of female lone-parent families was higher than the provincial proportion (12.9% vs. 11.0% AB). In addition, the proportion of male lone-parent families in Medicine Hat was similar to the provincial proportion (3.5% vs. 3.3% AB).

Furthermore, a higher percentage of families had an after-tax low-income level compared to the province (22.5% vs. 15.6% AB). Compared to Alberta, the percentage of people who spent 30% or more of their income on housing related expenses for homeowners was 2.9 percentage points lower in Medicine Hat. In addition, a similar proportion of people in Medicine Hat lived in dwellings they owned (71.4% vs. 72.4% AB).

TABLE 3.2 Social Determinants of Health Indicators[2] for Local Geographic Area versus Alberta Residents 2016 (Continued)

Mobility		
	Medicine Hat	**Alberta**
Percent who lived at the Same Address One Year Ago	84.2%	84.5%
Percent who lived at the Same Address Five Years Ago	56.4%	55.3%
Language		
	Medicine Hat	**Alberta**
Percent Who Do Not Speak English or French	0.4%	1.4%
Percent of Households Where a Non-Official Language Is Spoken at Home	3.1%	11.7%
Top Five Non-Official Languages Spoken at Home[3]	Spanish, Tagalog (Pilipino, Filipino), Arabic, Mandarin, Malayalam, and Cantonese	Tagalog (Pilipino, Filipino), Punjabi (Panjabi), Cantonese, Mandarin, and Spanish
Immigration		
	Medicine Hat	**Alberta**
Total Number of Immigrants	5,320	845,215
Percent of Immigrants Who Arrived in the Last Five Years	2.0%	5.2%
Top Five Places of Birth for Recent Immigrants[4]	Philippines, India, Syria, United Kingdom, and Other places of birth in Asia	Philippines, India, China, Pakistan, and Other places of birth in Africa
Educational Attainment		
	Medicine Hat	**Alberta**
Percent with No High School Graduation Certificate	13.9%	10.8%
Percent with High School Graduation Certificate	30.2%	25.2%
Percent with Apprenticeship, Trades Certificate or Diploma	11.6%	10.6%
Percent with College, Other Non-University Certificate, or Diploma	26.7%	22.0%
Percent with University Certificate, Diploma or Degree	17.6%	31.4%

TABLE 3.2 Social Determinants of Health Indicators[2] for Local Geographic Area versus Alberta Residents 2016 (Continued)

Household and Dwelling Characteristics		
	Medicine Hat	Alberta
Percent Persons in Private Households[1]	100.0%	100.0%
Total Number of Households by Household Type	26,650	1,527,680
Census Family Households	66.4%	70.6%
One-Family-Only Households	65.2%	68.2%
Two-or-More-Family Households	1.2%	2.3%
Non-Family Households	33.6%	29.4%
Total Number of Dwellings by Structural Type	26,650	1,527,680
Single-Detached House	64.2%	61.9%
Moveable Dwelling	3.2%	3.2%
Other Dwelling Including ≥5 Storey Apartment Buildings	32.7%	34.9%

Medicine Hat had a lower proportion of non-English and non-French speaking people compared to Alberta (0.4% vs. 1.4% AB). Also, a lower proportion of immigrants arrived in the last five years in Medicine Hat compared to the province (2.0% vs. 5.2% AB). Furthermore, Medicine Hat reported a lower proportion of people with university certificates, diplomas or degrees (17.6% vs. 31.4% AB).

Sources:

Federal Census (2016) by LGA - Custom Extract, Statistics Canada

Postal Code Translator File, Alberta Health

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

Notes:

[1] *See Appendix A for definition.*

[2] *N/A indicates that data were not available for a specific metric for this LGA*

[3] *Less than five languages may be listed if no others were reported. Six or more languages may be listed in the case of ties.*

[4] *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 selected 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 selected counties that appeared distinctly in the data; countries not included in "Other..." but that could appear on their own are listed below:*

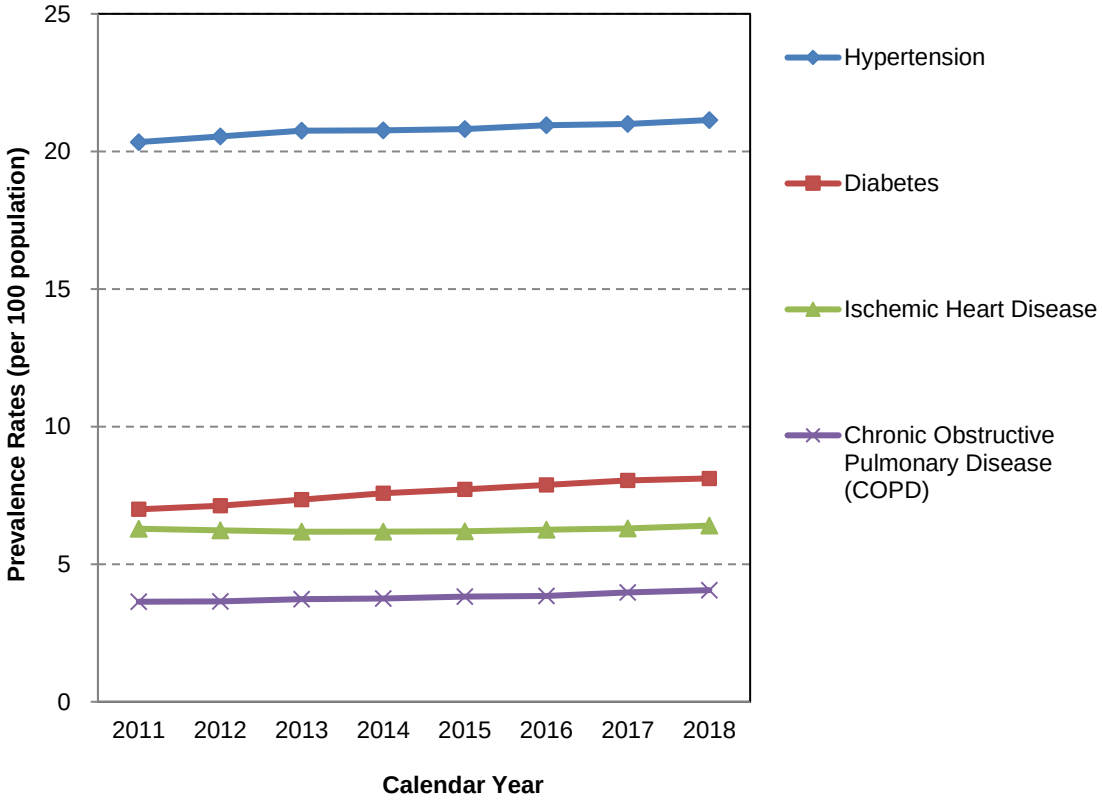
Africa: Algeria, Egypt, Ethiopia, Kenya, Morocco, Nigeria, Somalia, and South Africa
Americas (N, S and Central): Brazil, Colombia, El Salvador, Guyana, Haiti, Jamaica, Mexico, Peru, Trinidad and Tobago, and United States
Asia (incl. Middle East): Afghanistan, Bangladesh, China, Hong Kong, India, Iran, Iraq, Japan, Lebanon, Pakistan, Philippines, South Korea, Sri Lanka, Syria, Taiwan, and Vietnam
Europe: Bosnia and Herzegovina, Croatia, France, Germany, Greece, Hungary, Ireland, Italy, Netherlands, Poland, Portugal, Romania, Russian Federation, Serbia, Ukraine, and 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, by calendar year. The prevalence rates refer to the number of diagnosed individuals at a given time and have been standardized by age.

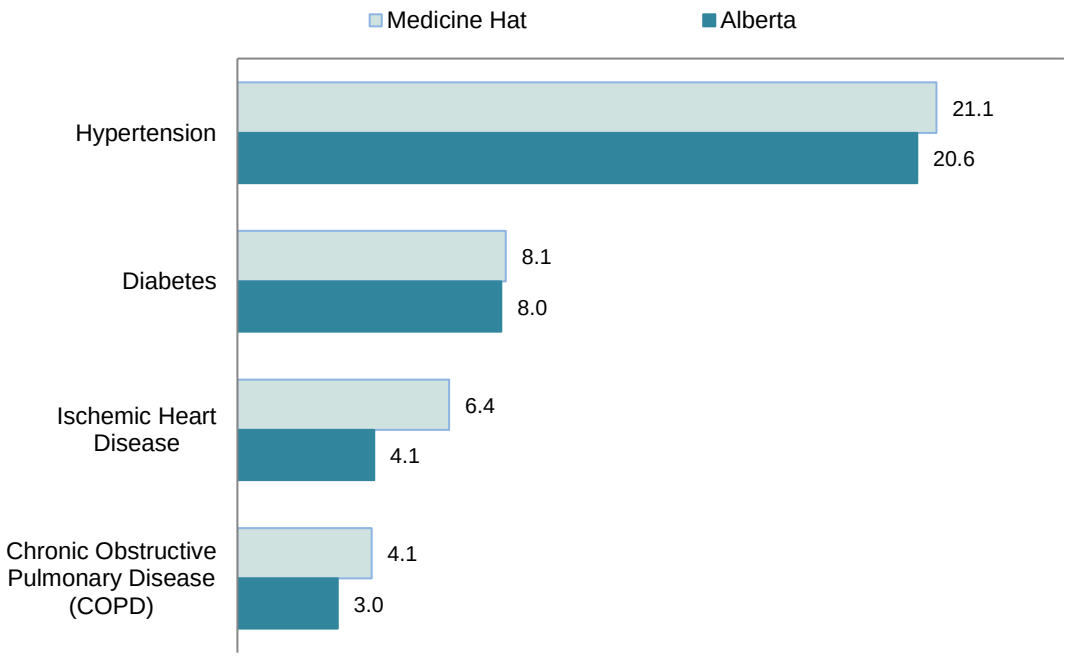
FIGURE 4.1 LGA Age-Standardized Chronic Disease Prevalence Rates[1] (per 100 population) 2011 - 2018



On average, the condition with the highest chronic disease prevalence rate reported for Medicine Hat during 2011 to 2018 was hypertension. The largest rate of change during this time period was reported for diabetes (on average, a 0.17 people per 100 population increase per year). In 2018, Medicine Hat ranked number 68 in hypertension, number 61 in diabetes, number 6 in ischemic heart disease and number 43 in COPD among prevalence rates reported for the 132 local geographical areas (note: a lower rank is desirable).

Figure 4.2 depicts the age-standardized prevalence rate of major chronic diseases, per 100 population, for the local geographic area compared to Alberta (most recent calendar year).

FIGURE 4.2 LGA versus Alberta Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2018



In 2018, the Medicine Hat prevalence rate for hypertension per 100 population was similar to the corresponding rate reported for the province (21.1 vs. 20.6 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 Translator File, Alberta Health

Notes:

[1]Age-standardized prevalence rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 2011 census population.

Methodology:

Surveillance and Assessment Branch, Alberta Health (As of Nov 2016) See link: 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 the period 2015/2016 - 2017/2018

Maternal and Child Health Indicators	Three-Fiscal-Year Period	Medicine Hat	Alberta
Number of Births	2015/2016 - 2017/2018	2,169	163,895
Percent Low Birth Weights (of Live Births)[1], less than 2500 gm		7.0%	7.1%
Percent High Birth Weights (of Live Births)[1], greater than 4000 gm		11.1%	8.4%
Birth Rate (per 1,000 population)[1]		21.2	26.0
Fertility Rate (per 1,000 Women 15 to 49 Years)[1]		48.6	52.7
Teen Birth Rate (per 1,000 Women 15 to 19 Years)		14.9	10.6
Percent of Deliveries with Maternal Prenatal Smoking		19.6%	11.0%

During 2015/2016 to 2017/2018, Medicine Hat's birth rate of 21.2 per 1,000 women was lower than the provincial rate, and the teen birth rate of 14.9 per 1,000 was higher than Alberta’s teen birth rate. In addition, a higher proportion of prenatal smoking cases were reported in Medicine Hat compared to the province (19.6% vs. 11.0% 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, 2017

DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza B) Dose 4 of 4			
Age Group	**Calendar Year**	**Medicine Hat**	**Alberta**
By Age Two	2017	73.7%	76.7%
MMR (Measles, Mumps, and Rubella)			
By Age Two	2017	86.1%	87.4%

By the age of two, 73.7% of children in Medicine Hat (in 2017) had been vaccinated against DTaP-IPV-Hib (compared to 76.7% for AB), while 86.1% had received MMR vaccines (compared to 87.4% 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 Translator File, Alberta Health

Notes:

[1] *See Appendix A for definition.*

Methodology (Childhood Immunizations):

Surveillance and Assessment Unit, Alberta Health (As of Nov 2018) See link: http://www.ahw.gov.ab.ca/IHDA_Retrieval

Local Geographic Area: Medicine Hat

SEXUALLY TRANSMITTED INFECTIONS

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

TABLE 6.1 Top 5 Sexually Transmitted Infection (STI)[1] Rates (per 100,000 population) By Three-Fiscal-Year Period

STI (per 100,000 population)			
Three-Fiscal-Year Period	**Disease**	**Medicine Hat**	**Alberta**
2014/2015 - 2016/2017	Chlamydia	349.6	398.5
	Gonorrhea	19.3	75.4
	Non-Gonococcal Urethritis	15.4	38.0
	Mucopurulent Cervicitis	3.0	7.3
	Infectious Syphilis	2.5	8.1
2015/2016 - 2017/2018	Chlamydia	339.6	391.4
	Gonorrhea	26.7	96.9
	Non-Gonococcal Urethritis	17.8	38.4
	Mucopurulent Cervicitis	2.5	6.9
	Infectious Syphilis	2.0	11.8

Medicine Hat's highest STI rate per 100,000 population in 2015/2016 - 2017/2018 was reported for chlamydia and this rate was similar to the provincial rate (339.6 vs. 391.4 AB).

None of the top 5 STI rates in Medicine Hat were higher than the provincial rates for STIs in 2015/2016 - 2017/2018.

Sources:

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

Notes:

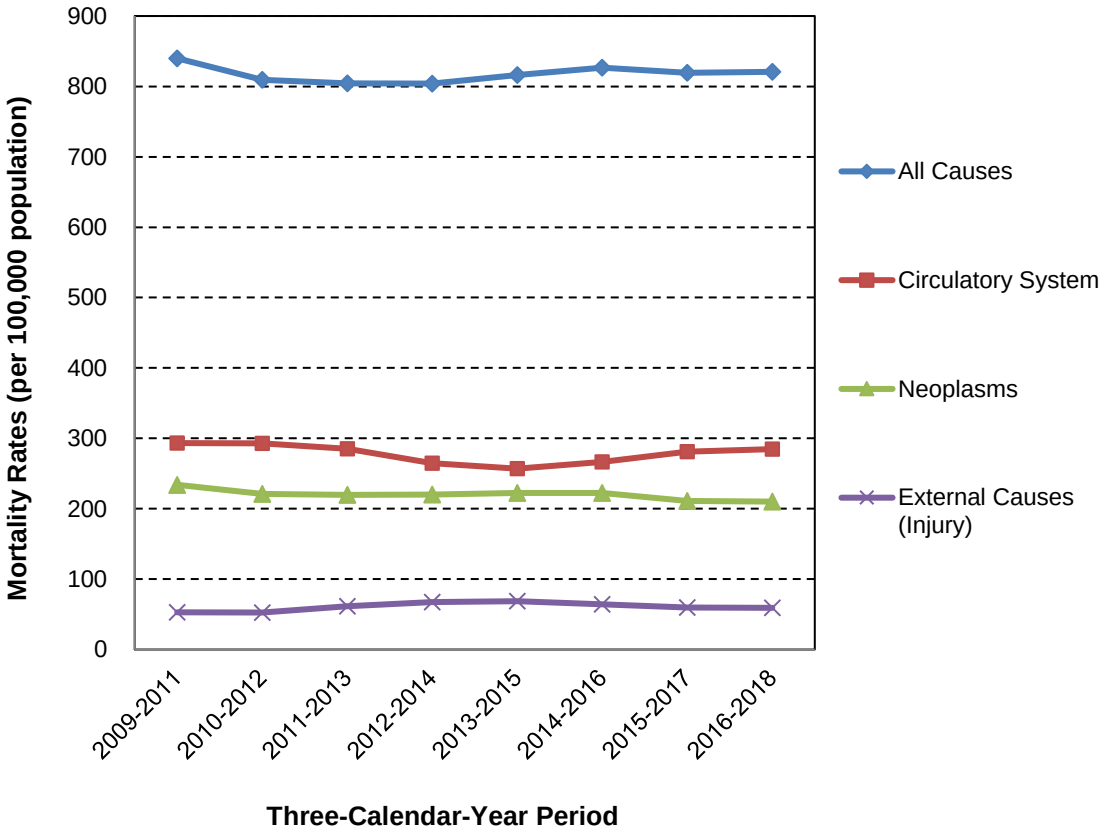
[1] *See Appendix A for definition.*

Local Geographic Area: Medicine Hat

MORTALITY

Figure 7.1 displays the age-standardized mortality rates[1], per 100,000 population, for the three selected causes of death and all causes combined. Data is provided for each three-calendar-year period between 2009 and 2018. 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.

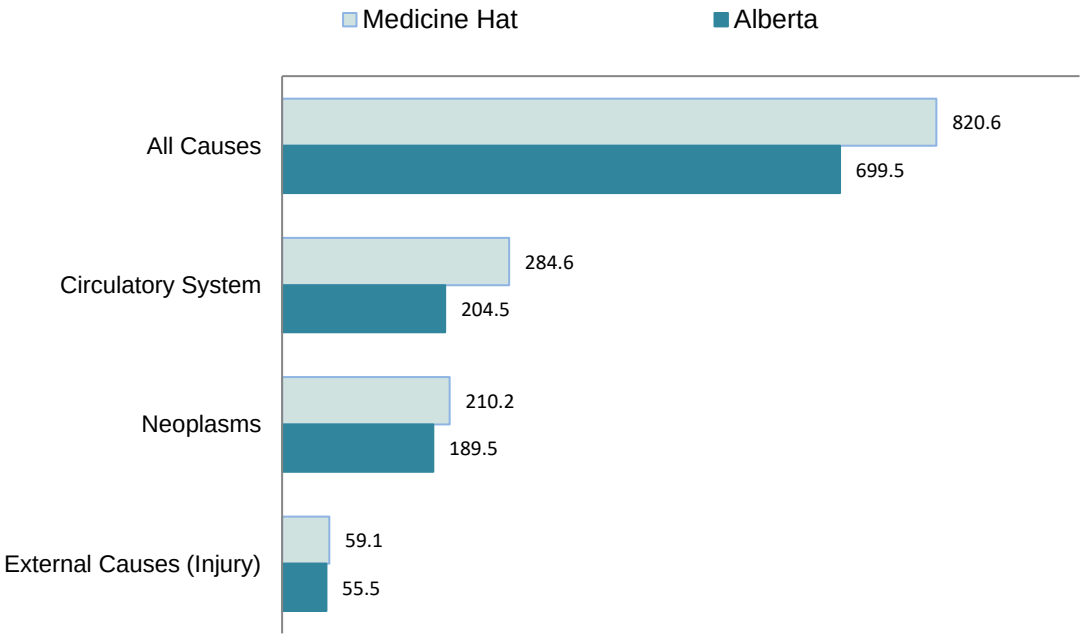
FIGURE 7.1 Local Geographic Area Age-Standardized Mortality Rates[1] (per 100,000 population) By Three-Calendar-Year Period



The three-year mortality rates for Medicine Hat ranged between 804.1 and 839.8 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 66.3% to 69.8% of all deaths from 2009 - 2011 to 2016 - 2018.

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

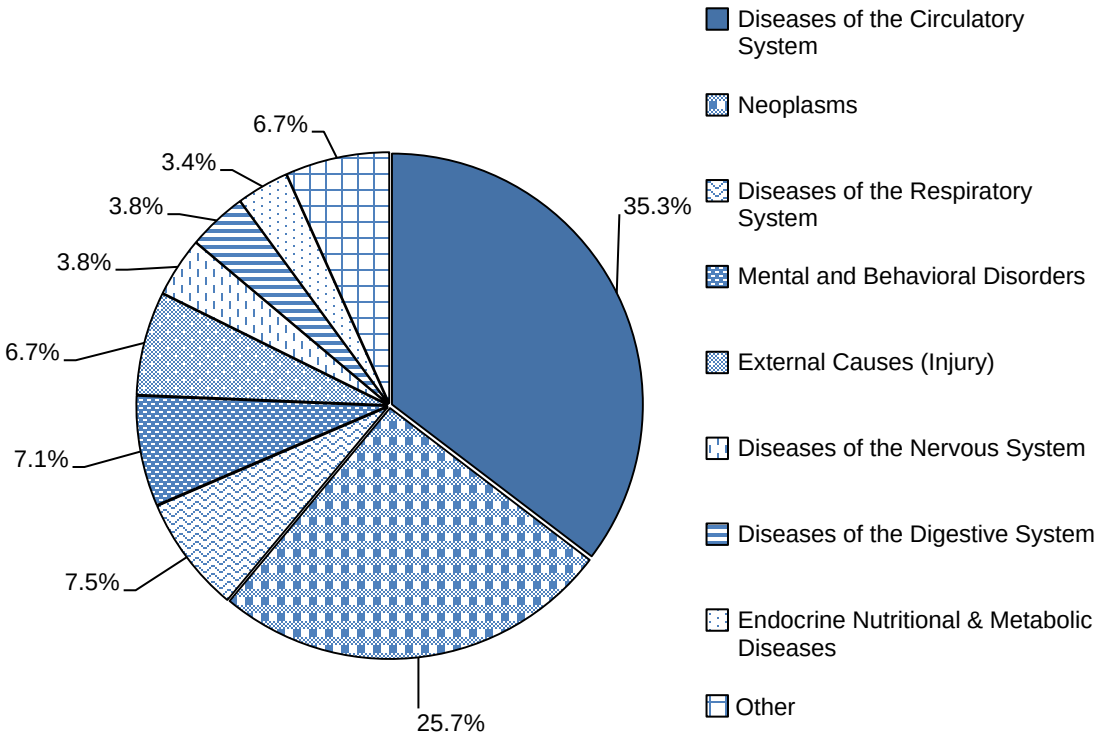
FIGURE 7.2 Local Geographic Area versus Alberta Age-Standardized Mortality Rates (per 100,000 population) for Three-Calendar-Year Period 2016-2018



For all causes, Medicine Hat reported a higher mortality rate compared to the provincial rate (820.6 vs. 699.5 AB). In 2016 - 2018, diseases of the circulatory system was the main cause of death in Medicine Hat, with an associated mortality rate higher than the provincial rate per 100,000 population (284.6 vs. 204.5 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 (top 8 causes) for the local geographic area, over the most recent 10-calendar-year period available. All other causes of death are lumped into the "Other" category. As such, this category may include different causes of death from report to report. The legend displays causes of death in descending order of magnitude.

FIGURE 7.3 LGA Distribution of Deaths by Cause of Death Across 10 Calendar Years, 2009-2018



Between 2009 and 2018 diseases of the circulatory system accounted for 35.3% 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 mental and behavioral disorders.

Sources:

Alberta Vital Statistics Death File

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

Postal Code Translator File, Alberta Health

Notes:

[1]*Age-standardized mortality rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 2011 census population.*

[2] *Cause of death is derived from International Classification of Diseases 10 (ICD10) coding system.*

Local Geographic Area: Medicine Hat

EMERGENCY SERVICE UTILIZATION (PART A: BY CTAS LEVEL)

Table 8.1 describes emergency visits by Canadian Triage and Acuity Scale (CTAS) level[1], for patients residing in the local geographic area, for the three most recent fiscal years.

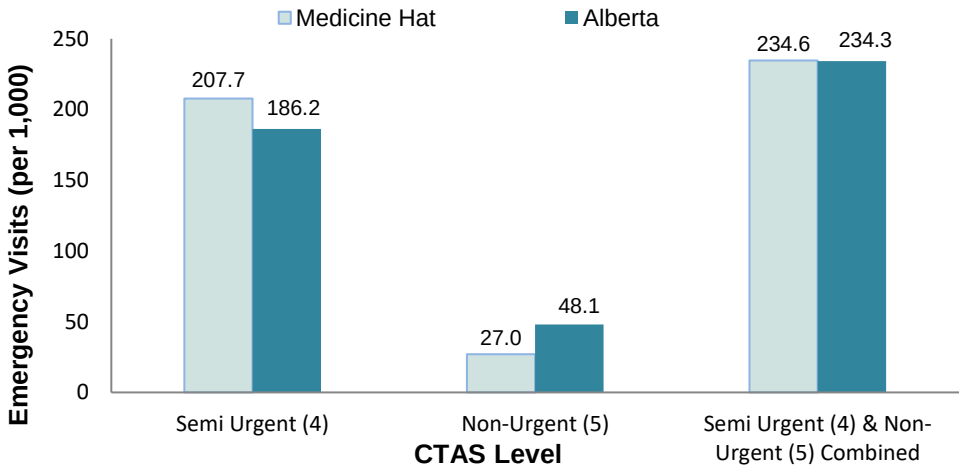
TABLE 8.1 Emergency Visits for Patients Residing in the Local Geographic Area by CTAS Level
Fiscal Years 2015/2016 - 2017/2018

CTAS Level	Emergency Visits		
	2015/2016	2016/2017	2017/2018
Resuscitation (1) and Emergency (2) Combined	3,678 (11.7%)	3,381 (11%)	3,447 (10.9%)
Urgent (3)	13,715 (43.8%)	12,857 (41.9%)	12,242 (38.6%)
Semi Urgent (4)	12,304 (39.3%)	12,902 (42.1%)	14,034 (44.2%)
Non-Urgent (5)	1,462 (4.7%)	1,370 (4.5%)	1,823 (5.7%)
Unknown	168 (0.5%)	162 (0.5%)	175 (0.6%)
Total	**31,327 (100%)**	**30,672 (100%)**	**31,721 (100%)**

The volume of emergency visits for patients residing in Medicine Hat increased by 1.3% between 2015/2016 and 2017/2018. In addition, semi-urgent and non-urgent visits combined accounted for 50.0% of all emergency visits in 2017/2018, an increase of 15.2% from 2015/2016.

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

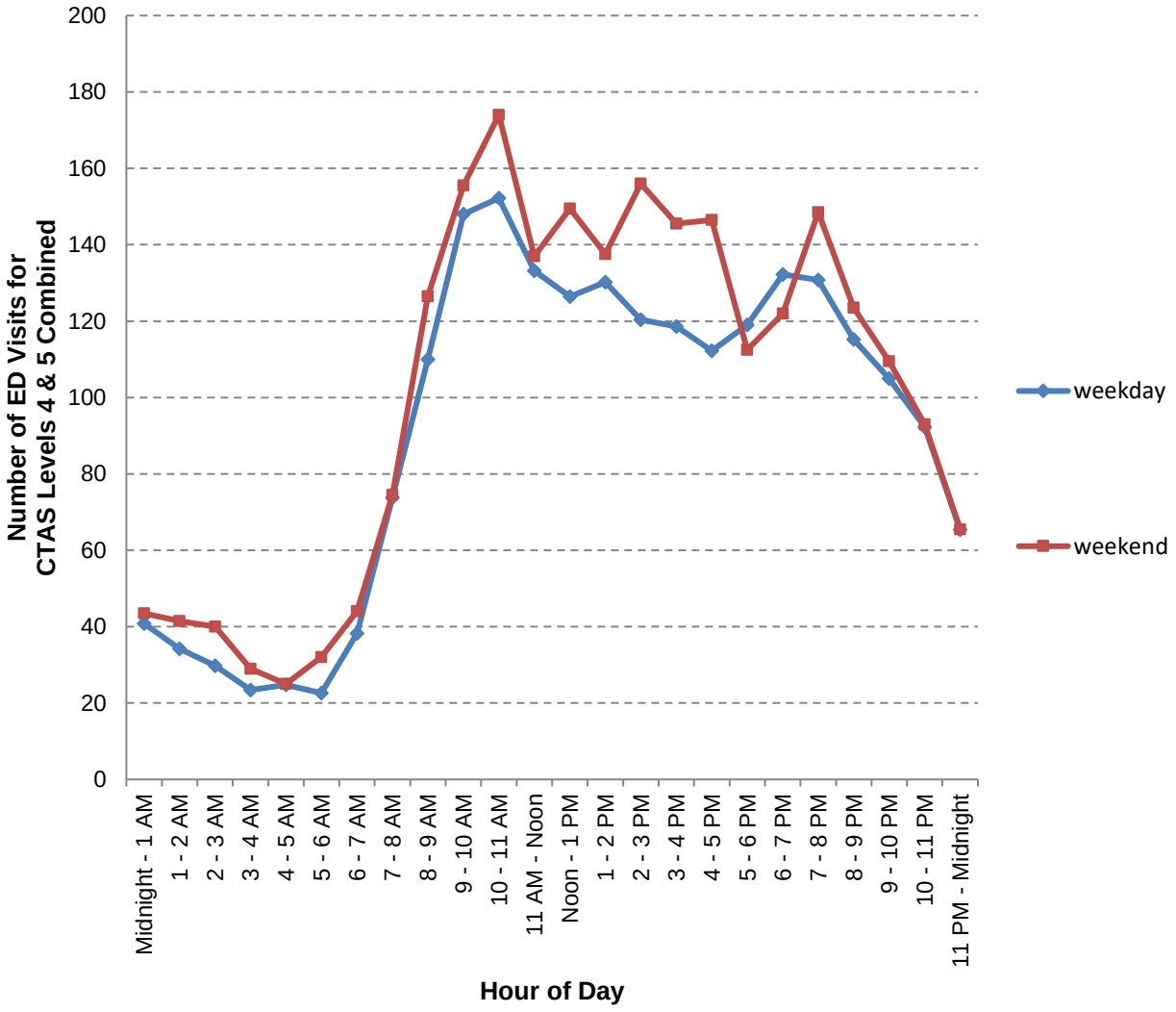
FIGURE 8.1 Emergency Visit Rates[1] (per 1,000 population) for CTAS Levels Semi-Urgent (4) and Non-Urgent (5)[2], Fiscal Year 2017/2018



Medicine Hat's combined semi-urgent and non-urgent emergency visit rate per 1,000 population was comparable to the provincial rate in 2017/2018 (234.6 vs. 234.3 AB). Semi-urgent emergency visits occurred at a 1.1 times higher rate in Medicine Hat compared to Alberta (207.7 vs. 186.2 AB).

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

FIGURE 8.2 Total Hourly Number of Emergency Visits for Patients Residing in the LGA For CTAS Levels Semi-Urgent(4) and Non-Urgent(5) Combined, by Weekday/Weekend (Fiscal Year 2017/2018).



The peak hourly total number of emergency visits for Medicine Hat in 2017/2018 was reported for weekends between 10 - 11 AM (174 emergency visits). That is, there was a total of 174 visits reported between 10 - 11 AM on a regular weekend day, during this year. The hourly total number of emergency visits for both weekdays and weekends was low between midnight and early morning hours, increased gradually afterwards, and declined considerably late at night.

Sources:

Ambulatory Care Data, Alberta Health

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

Postal Code Translator File, Alberta Health

Notes:

[1] *See Appendix A for definition.*

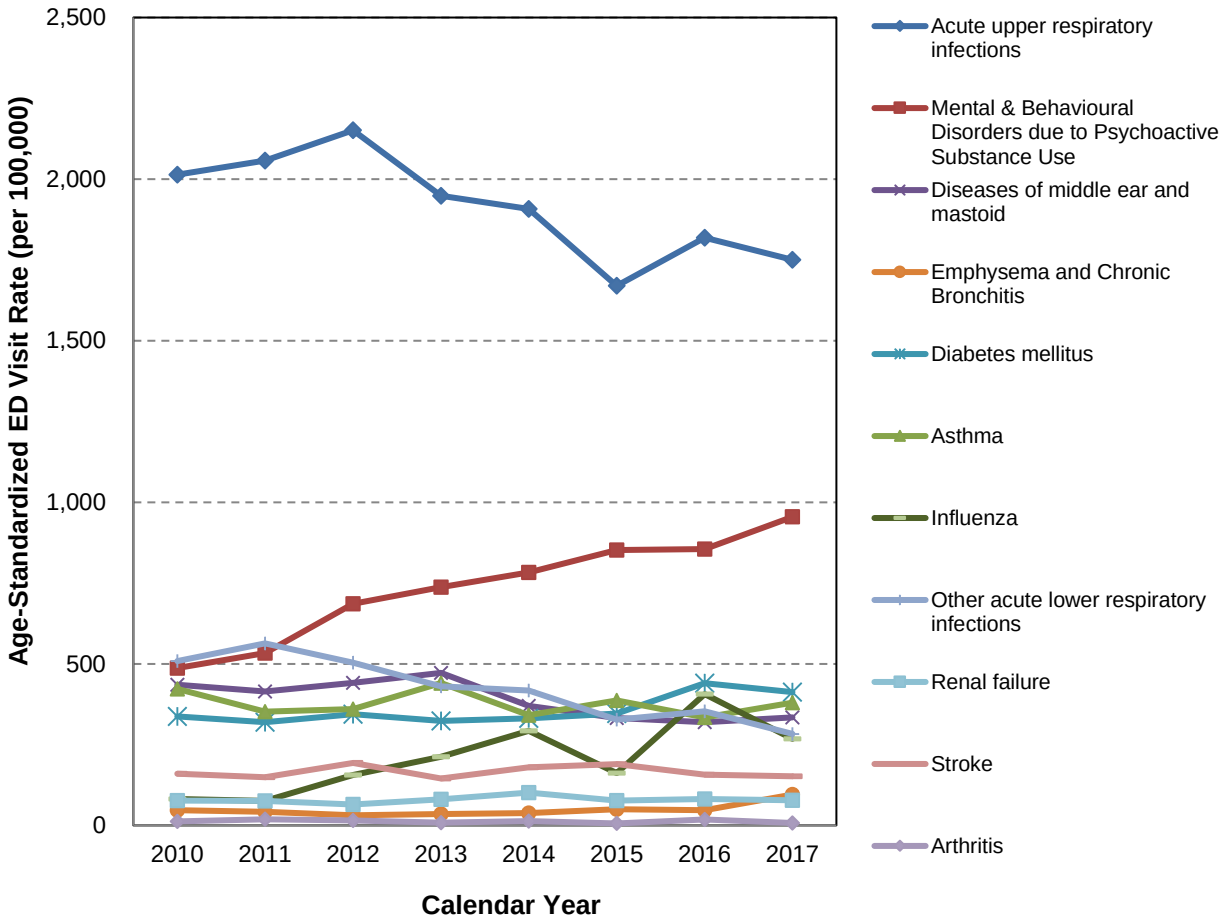
[2] *In order to be consistent with the type of services expected to be provided by primary health care, the analysis above focused only on semi-urgent and non-urgent emergency CTAS levels.*

Local Geographic Area: Medicine Hat

EMERGENCY SERVICE UTILIZATION (PART B: ALL EMERGENCY VISITS)

Figure 8.3 provides age-standardized emergency visit rates[1] for selected health conditions per 100,000 population for each calendar year beginning in 2010. 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.

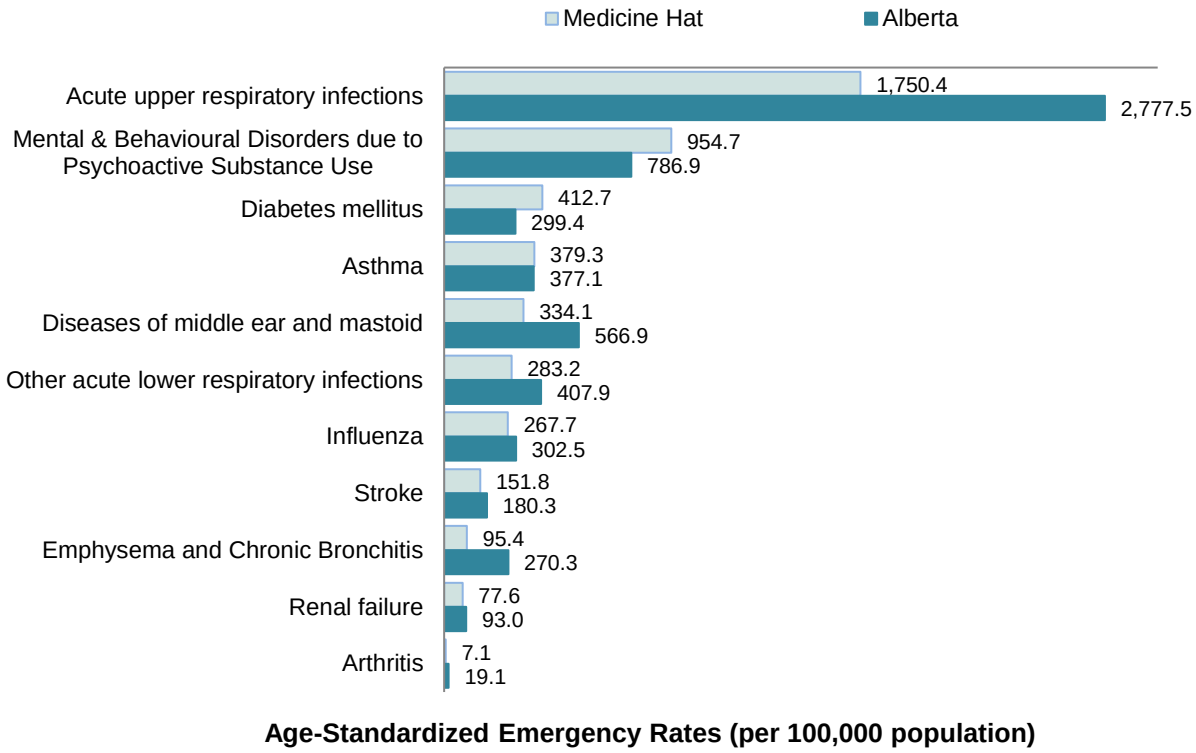
FIGURE 8.3 LGA Age-Standardized[2] Emergency Visit Rates (per 100,000 population) For Selected Conditions, 2010 - 2017



On average, the highest emergency visit rates for selected health conditions reported for Medicine Hat during 2010 to 2017 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 mental & behavioural disorders due to psychoactive substance use (on average, a 65 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 calendar 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, Calendar Year 2017



In 2017, 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 diabetes mellitus. Among selected health conditions, the most common reason for emergency visits in 2017, acute upper respiratory infections, had a lower rate in Medicine Hat compared to the provincial rate per 100,000 population (1,750.4 vs. 2,777.5 AB). Furthermore, Medicine Hat showed emergency rates higher than the provincial rates for 3 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 Translator File, Alberta Health

Notes: *[1] See Appendix A for definition.*
[2] Age-standardized rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 2011 census population.

Methodology:
Surveillance and Assessment Unit, Alberta Health (As of Nov 2018) *See link: http://www.ahw.gov.ab.ca/IHDA_Retrieval*

Local Geographic Area: Medicine Hat

INPATIENT SERVICE UTILIZATION

Table 9.1 describes yearly inpatient separation[1] (IP Sep) rates per 100,000 population for patients residing in the LGA as well as Alberta. The rate of inpatient separations is the ratio between the total number of separations and the total local population.

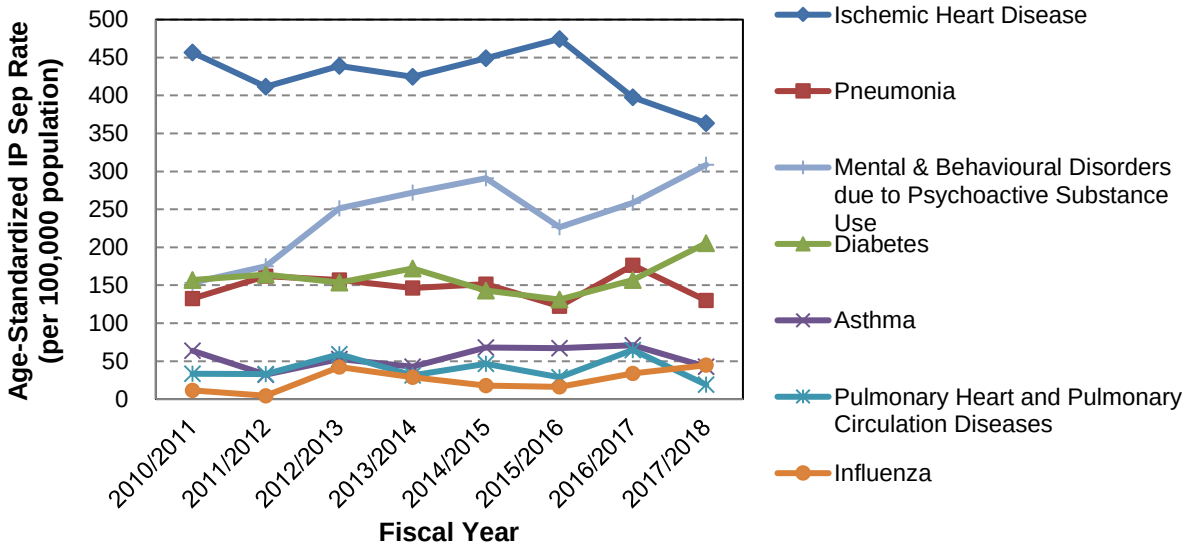
TABLE 9.1 Inpatient Separation Rates (per 100,000 population) for Patients Residing in the LGA versus Alberta, Fiscal Years 2015/2016 - 2017/2018

Inpatient Separation Rates (per 100,000 population)		
Fiscal Years	**Medicine Hat**	**Alberta**
2015/2016	11,390.9	8,941.1
2016/2017	11,460.7	8,850.3
2017/2018	11,116.4	8,643.7

Medicine Hat's inpatient separation rate for patients residing in the local geographic area varied between 11,116.4 in 2017/2018 and 11,460.7 in 2016/2017. In addition, in 2017/2018, the inpatient separation rate for patients residing in Medicine Hat was 1.3 times higher than the provincial rate (11,116.4 vs. 8,643.7 AB).

Figure 9.1 presents IP Sep rates for selected health conditions (per 100,000 population), for patients residing in the local geographic area, for the fiscal years 2010/2011 through 2017/2018. The rates have been standardized by age.

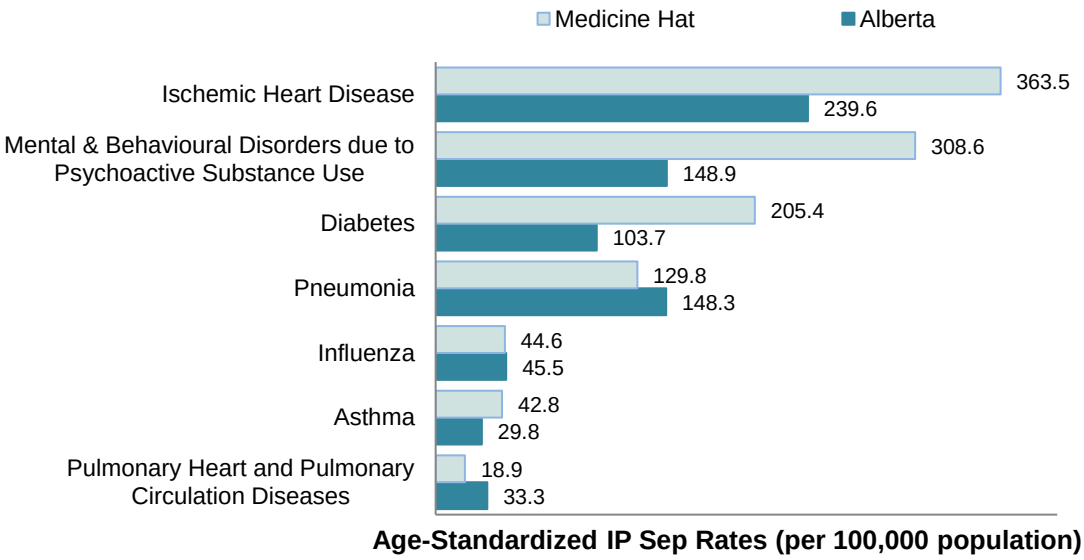
FIGURE 9.1 LGA Age-Standardized[2] Inpatient Separation Rates (per 100,000 population) For Selected Conditions, 2010/2011 - 2017/2018



On average, the highest inpatient separation rates, among selected health conditions, reported in Medicine Hat during 2010/2011 to 2017/2018 were due to ischemic heart diseases. These rates reached a high of 474.6 per 100,000 population in 2015/2016 and a low of 363.5 per 100,000 population in 2017/2018. Also, among selected conditions, the largest inpatient separation rate of change during this time period was reported for mental & behavioural disorders due to psychoactive substance use (on average, a 17 inpatient separation per 100,000 population increase 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 Inpatient Separation Rates (per 100,000 population) For Selected Conditions, 2017/2018



In 2017/2018, the three highest inpatient separation rates were reported for ischemic heart disease, mental & behavioural disorders due to psychoactive substance use, and diabetes.The most common reason for inpatient separations in Medicine Hat was ischemic heart disease, which had a much higher rate compared to the provincial rate per 100,000 population (363.5 vs. 239.6 AB). Additionally, Medicine Hat's inpatient separation rates were higher than the provincial rates for 4 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 Translator File, Alberta Health

Notes: *[1] See Appendix A for definition.*

[2]Age-standardized rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 2011 census population.

Methodology:

Surveillance and Assessment Unit, Alberta Health (As of Dec 2018) See link: 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 fall of 2016, 12 indicators were identified to help determine the need for new or additional primary health care services across all local geographic areas throughout Alberta. These indicators were related to health service utilization and the health needs of the population. 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.
- 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. The LGA indicator value is compared to the Alberta average.

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

	Utilization Indicators	Medicine Hat	Alberta
1	Travel: Percentage of LGA's Recipients' Family Physician Claims Reported Outside of the LGA, 2017/2018	6.4%	50.8%
2	Volume of Family Physicians (per 1,000 Population), 2017/2018	1.2	1.2
3	Ambulatory Care Sensitive Conditions - Age-Standardized Separation Rate (per 100,000 population), 2017/2018	572.0	360.7
4	General Practice Care Sensitive Conditions - Age-Standardized Rate (per 100,000 population), 2017/2018	5,728.3	11,633.1
5	ED Visits Related to Mood and Anxiety Disorders - Age-Standardized Rate (per 100,000 population), 2017/2018	1,850.1	1,328.2
6	ED Visits Related to Substance Abuse - Age-Standardized Rate (per 100,000 population), 2017/2018	1,437.2	1,300.3
7	ED Readmissions within 30 Days of Discharge from Hospital - Age-Standardized Rate (per 100,000 population), 2017/2018	1,730.9	1,436.1

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

	Health Status Indicators[1]	Medicine Hat	Alberta
8	Age-Standardized Rate of People with Three or more Chronic Diseases (per 100 population), 2017/2018	5.1	4.2
9	Percentage of Influenza Vaccines for Those 65 and Over, 2017/2018	62.5%	51.2%
	Social Determinant of Health	**Medicine Hat**	**Alberta**
10	Average Canadian Deprivation Index (per 100 population), 2013	9.7	7.3
11	SES: Percentage of People Receiving Support, in the Population, 2017/2018	29.7%	23.5%
12	Life Expectancy at Birth, 2008 to 2017	79.7	81.2

Each of the 12 indicators displayed for Medicine Hat is described below. Higher values are desirable for indicators 2, 9 and 12. The reverse holds for the nine remaining indicators.

Indicator 1: Percentage of LGA's Recipients' Family Physician Claims Outside of the LGA

The percentage of total Family Physician claims outside the recipient's home local geographic area is a proxy for access to primary care services. While the indicator provides values for all LGAs, the values are more informative for rural or remote areas (as travel inside urban areas has different meaning and impact).

Indicator 2: Volume of Family Physicians

This indicator measures the number of active Family Physicians per 1,000 population in the LGA. This indicator can be linked to continuity of care, access to care, wait times and general patient satisfaction. Physicians directly influence how most health care resources are utilized. Information on physician supply and distribution will help support health decision-makers and planners to prepare for future needs.

Indicator 3: Ambulatory Care Sensitive Conditions

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. Of these, the following six conditions have been included in the current indicator: Angina, Asthma, Congestive Heart Failure, Chronic Obstructive Pulmonary Disorder, Diabetes and Hypertension. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care. Note that in rural areas, a limitation of this indicator is that it reflects differences in access to physicians.

Indicator 4: General Practice Care Sensitive Conditions

The General Practice Care Sensitive Conditions indicator measures the aggregate emergency department (ED) or urgent care centre visits rate for health conditions that may be appropriately managed at a family physician's office. Treatment of such conditions at family physician offices allows for proper follow up and better patient outcomes. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.

Indicator 5: ED Visits Related to Mood and Anxiety Disorders

This indicator measures the number of ED visits related to mood and anxiety disorders, per 100,000 population. A higher rate of ED visits related to mood and anxiety disorders may be an indication of inadequate community resources or difficulties accessing care in the community. Most ED visits related to mood and anxiety disorders can be avoided if individuals with these condition have access to comprehensive outpatient and community based recovery-focused services.

Indicator 6: ED Visits Related to Substance Abuse

This indicator measures the number of ED visits related to substance abuse disorders, per 100,000 population. A higher rate of ED visits related to substance abuse may be an indication of inadequate community resources or difficulties accessing care in the community. These ED visits can be avoided by improving access to primary care and specialized community services and supports. Individuals with these conditions who are treated in primary care are less likely to show up in the ED. More substance abuse related ED visits happening outside office hours may indicate the need for after-hour primary care services, which would be a better source of care than having patients with these conditions utilize the ED.

Indicator 7: ED Readmissions within 30 Days of Discharge from Hospital

As described by CIHI, this is the risk-adjusted rate of unplanned readmission for non-elective return to an acute care hospital for any cause that occurs within 30 days of discharge from the primary hospitalization. Urgent, unplanned readmissions to acute care facilities are increasingly being used to measure quality of care and care coordination. While not all unplanned readmissions are avoidable, interventions during and after a hospitalization can be effective in reducing readmission rates.

Indicator 8: People with Three or More Chronic Diseases

Interdisciplinary care and coordination of services is required for patients with multiple chronic conditions. This indicator tracks the proportion of patients with three or more chronic conditions which may include: asthma, congestive heart failure, COPD, dementia, diabetes, hypertension, and/or ischemic heart disease.

Indicator 9: Percentage of Influenza Vaccines for Those 65 and Over

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 to 65 year olds and older.

Indicator 10: Average Canadian Deprivation Index (CDI)

Estimates for the CDI are derived from the Canadian Community Health Survey (CCHS). The CDI is an individual level measure of material deprivation, based on home ownership, education, and food security in the CCHS. Values range from 1 (most well off) to 5 (most deprived). The indicator reports the percentage of the CCHS sample within the LGA, for material deprivation levels 4 & 5 of the CDI.

Indicator 11: SES Percentage of People Receiving Support, in the Population

This indicator measures the percentage of low-income earners who benefit from the prescription drug subsidy under the "Low-Income Health Benefits Program", which is a Government-sponsored supplementary health benefit programs.

Indicator 12: Life Expectancy at Birth

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.

Sources:

Interactive Health Data Application (IHDA), Surveillance and Assessment Branch, 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
Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
Postal Code Translator File, Alberta Health
Alberta Blue Cross Claims Data, Alberta Health
Immunization and Adverse Reaction to Immunization (Imm/ARI) System, Alberta Health
Pharmaceutical Information Network (PIN), Alberta Health
Alberta Blue Cross, Publically-Funded Pharmacy Influenza Immunization Program

Notes: *[1] See Appendix A for definition.*

Local Geographic Area: Medicine Hat

ACCESS TO HEALTH 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 the area. 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 2017/2018

Ambulatory Care Visits				
Visits Within Local Area of Residence (IN)	Visits Outside Local Area of Residence (OUT)	Total Visits	Percent IN	Percent OUT
139,647	29,528	169,175	82.5%	17.5%
Inpatient Separations (IP Sep)				
Seps Within Local Area of Residence	Seps Outside Local Area of Residence	Total IP Sep	Percent IN	Percent OUT
6,415	1,701	8,116	79.0%	21.0%

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 2017/2018

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	7,137	24.2%
Alberta Children's Hospital	Calgary	Calgary - Lower NW	4,502	15.2%
South Health Campus	Calgary	Calgary - SE	3,685	12.5%

TABLE 11.2 Top 3 Non-Local Acute Care Hospitals Accessed by Local Residents
Fiscal Year 2017/2018 (continued)

Local Residents Accessing Non-Local Acute Care Hospitals				
Hospital Name	**Hospital Municipality**	**Hospital LGA**	**Number of OUT IP Sep**	**% of Total OUT IP Sep**
Foothills Medical Centre	Calgary	Calgary - Centre North	636	37.4%
Peter Lougheed Centre	Calgary	Calgary - Upper NE	244	14.3%
Rockyview General Hospital	Calgary	Calgary - Elbow	146	8.6%

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 Translator File, Alberta Health

Definitions

Appendix A

Addiction Residential

This refers to community based addiction treatment delivered in a residential setting through structured programs with fixed length (e.g., 20 day residential treatment program at Northern Addictions Centre) including intensive individual and group counselling, information sessions, skill based workshops, recreation and leisure activities and participation in self-help groups.

After-Tax Low Income Measure

In simple terms, the Low-income measure after tax (LIM-AT) is a fixed percentage (50%) of median adjusted after-tax income of households observed at the person level, where 'adjusted' indicates that a household's needs are taken into account. Adjustment for household sizes reflects the fact that a household's needs increase as the number of members increase, although not necessarily by the same proportion per additional member.

The LIMs derivation begins by calculating the 'adjusted household income' for each household by dividing household income by the square root of the number of persons in the household, otherwise known as the 'equivalence scale.' This adjusted household income is assigned to each individual in the private household, and the median of the adjusted household income (where half of all individuals will be above it and half below) is determined over the population. The LIM for a household of one person is 50% of this median, and the LIMs for other sizes of households are equal to this value multiplied by their equivalence scale.

Unlike other low income lines, LIMs do not vary by size of area of residence. (Statistics Canada) Thresholds for specific household sizes can be found at the following location: https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/table-tableau/t-3-2-eng.cfm

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). Direct standardization was used for all analyses in this Community Profile, where standardization applies.

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 Community Health Survey (CCHS)

CCHS is a national cross-sectional survey carried out by Statistics Canada to provide estimates of health status, health care utilization, and determinants of health at the provincial health region level. Statistics Canada provides a Provincial Share file to each Ministry of Health. This file contains detailed survey responses for those participants agreeing to disclosure to the Ministry. In Alberta, the share file represents between 92% and 95% of participants in each cycle of the master file.

For more information go to the following link:
http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226

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.

Census

The census is a survey that collects data from all the members of a population, whether it is 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.

Detox

This refers to community based services with in-house medical supports and designated beds that provides assistance to clients with the detoxification (withdrawal) from their use of alcohol and other drugs in a safe and controlled setting. These services typically include health stabilization, assessment, referral, information sessions, introductions to self-help groups, and treatment planning. Detox is often followed by further residential or non-residential treatment.

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”. First Nations refers to individuals and to communities (or reserves) and their governments (or band councils). The term arose in the 1980s and is politically significant because it implies possession of rights arising from historical occupation and use of territory. Though no Canadian legal definition of this term exists (the Constitution refers to Indians), the United Nations considers First Nations to be synonymous with indigenous peoples.

Status Indian: A First Nations person who is registered according to the Indian Act's requirements and therefore qualifies for treaty rights and benefits. Non-Status Indian: A First Nations person who is not registered under the Indian Act, for whatever reason, according to the act's requirements and therefor does not qualify for the rights and benefits given to people registered as status Indians.

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 2013; Government of Alberta, Indigenous Relations, 2013)

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 (IP 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 (NHS)

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 (Statistics Canada).

Opioid Dependency Program

This service provides methadone or Suboxone® maintenance treatment in a non-residential setting with psychosocial support. It is part of the opioid agonist treatment (OAT) available in Alberta and providers including physicians independent of AHS also offer OAT.

Outpatient

This refers to non-residential treatment delivered in community clinics and hospital outpatient setting to help Albertans with substance use and mental health problems. Services include assessment, therapeutic interventions such as counselling and medication, outreach and day programs, and after care support. These services do not include overnight stays and can be provided by a multi-disciplinary team of therapists, psychiatrists, nurses and social workers. Examples of treatment types include brief intervention, urgent and crisis intervention, general (basic, short term) treatment, specialized treatment and rehabilitation.

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.
(https://www.pcnpmo.ca/alberta-pcns/Pages/Primary-Care.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 care 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)

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)

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)

Social Determinants of Health

The social determinants of health influence the health of populations. They can include: income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, gender and culture. (Statistics 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 (Online Resources) Appendix B

1. Indigenous Relations

- Indigenous Services
  http://indigenous.alberta.ca/Services.cfm
  This link provides a directory of services and information for First Nations, Metis and Inuit peoples in Alberta.

- Health Services and Social Programs for Indigenous Peoples
  http://www.aadnc-aandc.gc.ca/eng/1461942831385/1461942892707
  This link provides information on physical and mental health services, child and family services, non-insured benefits, and health and wellbeing.

- First Nation Community Profiles:
  http://fnp-ppn.aandc-aadnc.gc.ca/fnp/Main/index.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: http://cippn-fnpim.aadnc-aandc.gc.ca/index-eng.html

- Delegated First Nation Agencies:
  http://humanservices.alberta.ca/family-community/15540.html
  This link provides contact information and a map of delegated First Nation agencies and societies in Alberta.

- Alberta Metis Organizations
  http://indigenous.alberta.ca/Metis-Relations.cfm
  This link provides information on Metis communities and organizations in Alberta.

2. Education

- Alberta Education and Training:
  http://www.learnalberta.ca/content/mychildslearning/index.html
  This link provides resources on the variety of educational choices, curriculum and related information available for children from Kindergarten to Grade 12.

- Future Ready
  https://www.alberta.ca/release.cfm?xID=43642DBA5E0B2-F157-A213-757AD483EB7276F0
  This link provides resources on Alberta's integrated approach to education, skills and training.

- Local Resources: Find a directory of your local schools and school boards: https://education.alberta.ca/alberta-education/school-authority-index/?searchMode=3

  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

- Career Planning and Support Programs
  https://www.alberta.ca/career-planning.aspx
  This link provides information on guidance and resources for career planning and advancement.

- Career Planning, Education, Jobs:
  http://alis.alberta.ca/index.html
  This link provides resources for finding a job, including career planning, training and development, job search and career information. It also provides links to educational resources.

- 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

- Financial, family and social supports
  https://www.alberta.ca/financial-family-social-supports.aspx
  This link provides information on financial assistance and support programs for individuals and families.

- 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 Parents:
  http://www.humanservices.alberta.ca/family-community/child-care-resources-for-parents.html
  This link provides resources for parents on childcare programs.

- Programs and Services for Youth:

http://www.humanservices.alberta.ca/abuse-bullying.html
This link provides resources on family and community safety including information on bullying, internet safety, and healthy relationships.

5. Housing

- Housing and Property:
  https://www.alberta.ca/housing-property.aspx

  This link provides information on housing and property in Alberta, including information for tenants and landlords.

- Housing and Rent Assistance:
  https://www.alberta.ca/housing-rent-assistance.aspx
  https://www.alberta.ca/income-housing-job-loss-supports.aspx

  This link provides information on assistance for low-income Albertans to find safe and affordable places to live.

- Local Resources:
  Find your local housing programs and services:
  https://www.alberta.ca/affordable-housing-programs.aspx

  Information for tenants and landlords – Find information about living in or operating a residential rental property
  https://www.alberta.ca/information-tenants-landlords.aspx

  Find Landlords and tenants and rent and rental properties
  http://www.servicealberta.gov.ab.ca/Landlords-and-tenants-tipsheets.cfm

  This link provides information on condominiums, landlords and tenants, and rent and rental properties.

  Find your local homeless support resources:
  https://www.alberta.ca/homelessness.aspx
  This link provides information on initiatives in Alberta that focus on the prevention and reduction of adult and youth homelessness in the province. It also provides information on shelters and personal identification cards for those experiencing homelessness.

  http://www.humanservices.alberta.ca/homelessness.html
  https://www.7cities.ca/

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 supporting seniors in Alberta.

- Seniors Financial Assistance Programs
  https://www.alberta.ca/seniors-financial-assistance.aspx
  This link provides information on a variety of seniors programs including financial assistance, dental and optical assistance, hope adaptation and repair, property tax deferral and special needs assistance.

7. Social Services

- Alberta Supports
  https://www.alberta.ca/alberta-supports.aspx
  This link helps individuals find and apply for family and social supports.

- Alberta Community and Social 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. Human Services has developed a resource list:
  http://www.humanservices.alberta.ca/disability-services/14855.html

- Service Delivery Offices
  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://foodbanksalberta.ca/food-banks/
  This link provides contact information for Food Banks across Alberta.

- Programs and Services for Low-Income Earners:
  https://www.alberta.ca/income-support.aspx
  This link contains information about Alberta Works and other social assistance programs for low-income earners.

- Local Services:

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

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

24 hour information and referral service:
http://ab.211.ca/homepage
Telephone: 211
Toll-free: Edmonton – Alberta North: 1888-482-4696 and Calgary – Central Alberta and Alberta South: 1-855-266-1605

Health Link Alberta Calls for South Zone

Appendix C

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 2017/2018

Town/City	# of Calls	%
Acadia Valley	27	0.1%
Aetna	14	0.0%
Barnwell	108	0.4%
Barons	51	0.2%
Bassano	185	0.6%
Bellevue	54	0.2%
Bindloss	1	0.0%
Blairmore	147	0.5%
Bow Island	152	0.5%
Brocket	202	0.7%
Brooks	1,116	3.7%
Buffalo	2	0.0%
Burdett	39	0.1%
Cardston	560	1.9%
Cereal	21	0.1%
Cessford	7	0.0%
Chinook	4	0.0%
Coaldale	995	3.3%
Coalhurst	475	1.6%
Coleman	131	0.4%
Coutts	20	0.1%
Cowley	32	0.1%
Cranford	17	0.1%
Cypress County	47	0.2%
Del Bonita	3	0.0%
Desert Blume	74	0.2%
Diamond City	50	0.2%
Dorothy	1	0.0%
Duchess	172	0.6%
Dunmore	65	0.2%
Elkwater	8	0.0%
Empress	11	0.0%
Enchant	54	0.2%
Esther	1	0.0%
Etzikom	13	0.0%
Finnegan	2	0.0%

Town/City	# of Calls	%
Foremost	97	0.3%
Fort MacLeod	452	1.5%
Gem	24	0.1%
Glenwood	60	0.2%
Granum	49	0.2%
Grassy Lake	47	0.2%
Hays	41	0.1%
Hilda	18	0.1%
Hill Spring	30	0.1%
Hillcrest Mines	40	0.1%
Iddesleigh	6	0.0%
Iron Springs	37	0.1%
Irvine	61	0.2%
Jenner	38	0.1%
Lake Newell Resort	13	0.0%
Lethbridge	12,034	40.3%
Lethbridge County	43	0.1%
Lundbreck	118	0.4%
Magrath	218	0.7%
Manyberries	17	0.1%
Medicine Hat	7,273	24.4%
Milk River	85	0.3%
Millicent	1	0.0%
Monarch	63	0.2%
Mountain View	18	0.1%
New Brigden	6	0.0%
New Dayton	15	0.1%
Nobleford	187	0.6%
Orion	3	0.0%
Oyen	51	0.2%
Patricia	15	0.1%
Picture Butte	273	0.9%
Pincher Creek	462	1.5%
Pollockville	3	0.0%
Purple Springs	20	0.1%
Rainier	11	0.0%

Health Link Alberta Calls for South Zone *(Continued)*

Town/City	# of Calls	%
Ralston	54	0.2%
Raymond	279	0.9%
Redcliff	555	1.9%
Rolling Hills	76	0.3%
Rosemary	58	0.2%
Scandia	25	0.1%
Schuler	7	0.0%
Sedalia	10	0.0%
Seven Persons	71	0.2%
Shaughnessy	41	0.1%
Sibbald	9	0.0%
Skiff	4	0.0%
Spring Coulee	15	0.1%
Stand Off	331	1.1%

Town/City	# of Calls	%
Stirling	150	0.5%
Taber	916	3.1%
Tilley	63	0.2%
Turin	25	0.1%
Twin Butte	2	0.0%
Vauxhall	171	0.6%
Veinerville	3	0.0%
Walsh	14	0.0%
Wardlow	2	0.0%
Warner	94	0.3%
Waterton Park	25	0.1%
Welling	26	0.1%
Wrentham	11	0.0%
Youngstown	34	0.1%
Total	**29,861**	**100.0%**

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
Specialty Care, Cancer Treatment Hospital	Margery E. Yuill Cancer Centre	666 5th Street South West, Medicine Hat, T1A4H6
Regional Referral, Secondary Level Care Hospital	Medicine Hat Regional Hospital	666 5 Street South West, Medicine Hat, T1A4H6

Source:
Alberta Health, January 2019

Note:
Active Treatment Hospitals refers to: Tertiary, Referral Care Hospitals; Specialty Care Pediatric Hospitals; Specialty Care Rehabilitation Hospitals; Specialty Care Cancer Hospitals; Regional Referral, Secondary Level Care Hospitals; Community Hospital, Full Service Hospitals; Community Hospital, Moderate to Basic Services 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 2019

Note:
Community Ambulatory Care Centres refers to: Urgent Care Centres; and, Basic Community Ambulatory Care Clinics.

Mental Health Facilities

Facility Type	Name	Address
Addiction Community Centre	Medicine Hat Area Office	346 3 Street South East/Sud-Est, Medicine Hat, T1A0G7
Community Mental Health Clinic	Medicine Hat Mental Health Clinic	2, Provincial Building, 346 3 St Se, Medicine Hat, T1A0G7
Addiction Residential and/or Detoxification Centre	Medicine Hat Recovery Centre	370 Kipling Street South East/Sud-Est, Medicine Hat, T1A1Y6

Source:
Alberta Health, January 2019

Note:
Mental Health Facilities refers to: Addiction Community Centres; Addiction Residential and/or Detox Centres; Community Mental Health Clinics; and, Mental Health (Psychiatric) Facilities.

Diagnostic Imaging Centres

Name	Address
BGSA Radiology Inc.	1854 Southview Drive South East/Sud-Est, Medicine Hat, T1A8L9
Medicine Hat Regional Hospital	666 5 St Sw, Medicine Hat, T1A4H6
North West Cardio-Diagnostics Ltd. - Medicine Hat	Room 104, Main Level, 666 - 5th Street Sw,, Medicine Hat, T1A4H6
Rainbow Medical Centre	821b - 5 Street Sw, Medicine Hat, T1A4H7

Source:
Alberta Health, January 2019

Community Pharmacies

Name	Address
Costco Pharmacy #593	2350 Box Springs Boulevard North West, Medicine Hat, T1C0C8
Crestwood Pharmacy Ltd.	1827 Dunmore Road South East/Sud-Est, Medicine Hat, T1A1Z8
Greg's Remedy's Rx	200-770 6 St Sw, Medicine Hat, T1A8M7
Hill Pharmacy	107, 266 4 Street South West, Medicine Hat, T1A4E5
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
Maple Pharmacy	402 Maple Ave, Medicine Hat, T1A0K5
Margery E Yuill Cancer Center Outpatient Dept	Level 2-Rm 2627-666 5 St Sw, Medicine Hat, T1A4H6
Medicine Hat Regional Hospital Outpatient Pharmacy	666 5 Street South West, Medicine Hat, T1A4H6
Nat's Remedy's Rx	525 4 Street South East/Sud-Est, Medicine Hat, T1A0K7
Pharmacare Pharmacy #5	139, 116 Carry Drive South East/Sud-Est, Medicine Hat, T1B3Z8
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 #8801	139, 3292 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2R4
Safeway Pharmacy #8915	615 Division Avenue South/Sud, Medicine Hat, T1A2J9
Sandstone Pharmacies Crescent Heights	25 8 Street North West, Medicine Hat, T1A6N9

Community Pharmacies

Name	Address
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
South Country Co-Op Limited at 13th Ave Pharmacy	109, 3030 13 Avenue South East/Sud-Est, Medicine Hat, T1B1E3
South Country Co-Op Ltd. at Northlands Pharmacy	Northlands Marketplace, 10 Northlands Way Ne, Medicine Hat, T1C1Z2
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
Wal-Mart Pharmacy #3150	2051 Strachan Road South East/Sud-Est, Medicine Hat, T1B0G4

Source:
Alberta Health, January 2019

Medical Laboratories

Name	Address
Medicine Hat Regional Hospital	666 5th St Sw, Medicine Hat, T1A4H6

Source:
Alberta Health, January 2019

Long Term Care Accommodation

Name	Address
Good Samaritan Society South Ridge Village (The)	550 Spruce Way Se, Medicine Hat, T1B4P1
Masterpiece Southland Meadows Ltd.	4401 Southlands Drive Se, Medicine Hat, T1B0S1
River Ridge Seniors Village	4 River Ridge Drive Nw, Medicine Hat, T1A8V1
Riverview Care Centre - AXR Operating (National) GP Inc.	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, January 2019

Supportive Living Accommodation

Accommodation Type	Name	Address
Group Home	Alternative Group Home	714 8 Street Se, Medicine Hat, T1A1M5
Group Home	CORE Association - 13th Street SE	122 13 Street Se, Medicine Hat, T1A1W5
Group Home	CORE Association - Southridge	64 Southridge Drive, Medicine Hat, T1B2N6
Group Home	Champion Centre	435 North Railway Street Se, Medicine Hat, T1A2Z3
Assisted Living Accommodation	Chinook Village	2801 13 Avenue Se, Medicine Hat, T1A3R1
Lodge	Cypress View Foundation	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 Southland Meadows Ltd.	4401 Southlands Drive Se, Medicine Hat, T1B0S1
Assisted Living Accommodation	Meadow Ridge Seniors Village	259 Park Meadows Drive, Medicine Hat, T1B4E3
Assisted Living Accommodation	Medicine Hat Retirement Villa	530 4 Street Se, Medicine Hat, T1A0K8
Group Home	REDI Enterprises Society	33 12 Street Sw, Medicine Hat, T1A4T4
Assisted Living Accommodation	River Ridge Seniors Village	4 River Ridge Drive Nw, Medicine Hat, T1A8V1
Assisted Living Accommodation	St. Joseph's Home	156 3 Street Ne, Medicine Hat, T1A5M1
Assisted Living Accommodation	The Meadowlands Retirement Residence	223 Park Meadows Drive Se, Medicine Hat, T1B4K7
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, January 2019

Note:
Supportive Living Accommodation refers to: Assisted Living Accommodation; Group Homes; and, Lodges.

Family Physician Offices

Name	Address
13th Ave Clinic	Suite 117, 3030 13 Avenue South East/Sud-Est, Medicine Hat, T1B1E3
ACT Medical Centre	402 Maple Avenue South East/Sud-Est, Medicine Hat, T1A0L3
Amelia T Correia Professional Corporation	Suite 4, 809 Bullivant Crescent South West, Medicine Hat, T1A5G6
Bering Michael P Dr	Suite 6, 1036 7 Street South West, Medicine Hat, T1A8V7
Cameron Medical Clinic	Suite 105, 3030 13 Avenue South East/Sud-Est, Medicine Hat, T1B1E3
Canadian Cannabis Clinics	Suite 1, 564 South Railway Street South East/Sud-Est, Medicine Hat, T1A2V6
Canalta Centre	2802 Box Springs Way North West, Medicine Hat, T1C0H3
Carry Drive Walk-In Clinic	Suite 137, 116 Carry Drive South East/Sud-Est, Medicine Hat, T1B3Z8
Crescent Heights Medical Centre	49 8 Street North West, Medicine Hat, T1A6N9
Dr Daramola Medical Clinic	Suite 2, 564 South Railway Street South East/Sud-Est, Medicine Hat, T1A2V6
Harrison S W Dr	502 7 Avenue South West, Medicine Hat, T1A5B9
Health Matters Medical Clinic	Suite 102, 3215 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2H2
Healthworx Medical Clinic	Unit 3, 2020 Strachan Road South East/Sud-Est, Medicine Hat, T1B0M9
Hoffman Kristin Dr	Suite 8, 3307 Dunmore Road South East/Sud-Est, Medicine Hat, T1B3R2
Hrdlicka Family Medicine	Suite 6, 1224 Strachan Road South East/Sud-Est, Medicine Hat, T1B4R2
Jacaranda Medical Clinic	Suite 142, 3292 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2R4
Keshvara Dr	2, 1364 Southview Drive South East/Sud-Est, Medicine Hat, T1B4E7
Kriel Professional Corporation	Suite 5, 1224 Strachan Road South East/Sud-Est, Medicine Hat, T1B4R2
Living Hope Centre	Suite 8, 1224 Strachan Road South East/Sud-Est, Medicine Hat, T1B4R2
Mastel D G Dr	47 8 Street North West, Medicine Hat, T1A6N9
Medical Arts Centre	Suite 100, 770 6 Street South West, Medicine Hat, T1A4J6
Medicine Hat Addictions Clinic	525 4 Street South East/Sud-Est, Medicine Hat, T1A0K7
Medicine Hat College - Medical Clinic	299 College Drive South East/Sud-Est, Medicine Hat, T1A3Y6
Mohanraj Thomas Dr	Unit 1, 1036 7 Street South West, Medicine Hat, T1A8V7

Family Physician Offices

Name	Address
Mohawk Medical Arts Walk In Clinic	Suite 213, 770 6 Street South West, Medicine Hat, T1A4J6
Primacy Medical Clinic	1792 Trans Canada Way South East/Sud-Est, Medicine Hat, T1B4C6
Prince G D Professional Corporation	Suite 3, 809 Bullivant Crescent South West, Medicine Hat, T1A5G6
Rinaldi Fredrykka D Dr	Suite 102, 266 4 Street South West, Medicine Hat, T1A4E5
Riverside Medical Clinic	28 3 Street North East/Nord-Est, Medicine Hat, T1A5L8
Ruzycki William A Dr	Unit 110, 116 Carry Drive South East/Sud-Est, Medicine Hat, T1B3Z8
Saujani V Dr	Unit 4, 3151 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2H2
Southlands Medical Clinic	Unit 110, 7 Strachan Bay South East/Sud-Est, Medicine Hat, T1B4Y2
Taylor William P P.C.	728 6 Street South West, Medicine Hat, T1A4J5
The Avenues Clinic	2801 C 13 Avenue South East/Sud-Est, Medicine Hat, T1A3R1
Viljoen Family Medical Clinic	Suite 335, 770 6 Street South West, Medicine Hat, T1A4J6
VistaPark Medical Clinic	Suite 101, 450 Vista Drive South East/Sud-Est, Medicine Hat, T1B0S3
Weigel Michael Dr	Suite 104, 266 4 Street South West, Medicine Hat, T1A4E5
Wong Martin SC Dr	821 B 5 Street South West, Medicine Hat, T1A4H7

Sources:

Delivery Site Registry, Alberta Health, January 2019
Physician Claims, Alberta Health, 2017/2018 and Q1-Q3 2018/2019

Note:

The family physician office information is based on available Delivery Site Registry data (as of the extract date), which in turn, is based on information provided by the College of Physicians and Surgeons of Alberta. Only physician offices with at least one claim reported during 2017/2018 or 2018/2019 (Q1-Q3) are included. For the most up to date information go to www.albertanetcare.ca/learningcentre/Delivery-Site-Registry.htm