Alberta Health
Primary Health Care - Community Profiles

Community Profile: Medicine Hat
Health Data and Summary

Primary Health Care Division
February 2013

Alberta Government

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Note:

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

INTRODUCTION

Primary Health Care provides an entry point into the health care system and links individuals to medical services and social and community supports. The Government of Alberta is currently working to improve primary health care within the province. The government's goal is to have a 'health home' for all Albertans, where they can receive coordinated and comprehensive primary health care. 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, family care clinics, 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, maternal and child health and more, is included in this section. In addition, information on indicators of need (relating to utilization, health population needs and social determinants of health) is also provided.

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

While the current Profile contains 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 *primaryhealthcare@gov.ab.ca*

COMMUNITY PROFILE SUMMARY

Local Geographic Area: Medicine Hat

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

POPULATION HEALTH INDICATORS

- Health status indicators are available solely at the zone level. The percentage of obese people in the South Zone (which includes Medicine Hat) was higher than the provincial percentage in 2011 (26.7% South Zone vs. 19.6% AB). (Table 1.2)

- The South Zone reported a higher proportion of inactive people compared to the provincial proportion during the same year (47.5% South Zone vs. 43.8% AB). (Table 1.2)

DEMOGRAPHICS

- Medicine Hat's population increased by 37.9% between 1994 and 2012 (compared to a 44.3% increase for Alberta) and currently stands at 66,387 people. (Figure 2.2)

- The largest age group in the LGA, in 2012, was 35-64 year olds who accounted for 39.4% of the population compared to 40.6% for Alberta. (Figure 2.1)

- Children 17 and under made up 21.7% of the LGA's population compared to 22.5% for Alberta, while individuals 65 and older accounted for 15.1% of the population in the LGA and 11.1% in Alberta. (Figure 2.1)

SOCIO - ECONOMIC INDICATORS

- Medicine Hat had a lower proportion of First Nations people compared to Alberta (0.8% vs. 3.8% AB). (Table 3.1)

- The percentage of female lone-parent families was similar to the provincial percentage (11.6% vs. 11.3% AB). (Table 3.2)

- A similar proportion of families with an income below the low income cut-off point was reported in the LGA compared to Alberta (5.6% vs. 6.4% AB). (Table 3.2)

- The most common non-official languages spoken at home in the LGA were: Spanish, German, Chinese (n.o.s.), Korean, Dutch. (Table 3.2)

CHRONIC DISEASE PREVALENCE

- In 2010, 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 (14.6 vs. 14.2 AB). (Figure 4.2)

MATERNAL HEALTH

- In 2008/2009 to 2010/2011, Medicine Hat's birth rate per 1,000 women was lower than the provincial rate (24.4 vs. 27.4 AB) and the teen birth rate per 1,000 women was similar to Alberta's teen rate (22.4 vs. 18.9 AB). (Table 5.1)

SEXUALLY TRANSMITTED INFECTIONS

- The highest sexually transmitted infections (STI) rate per 100,000 population in the LGA, in 2009 - 2012, was reported for chlamydia. STI rates in the LGA were higher than the provincial rates for none of the top 5 Alberta STIs, where comparisons could be made. (Table 6.1)

MORTALITY

- The mortality rate (per 100,000 population) due to all causes was higher in the LGA compared to the province (559.4 vs. 519.2 AB) and the most frequent cause of death reported between 2001 and 2010 was diseases of the circulatory system. (Figures 7.2 and 7.3)

EMERGENCY AND INPATIENT SERVICE UTILIZATION

- Semi and non-urgent emergency visits accounted for 52.2% of all emergency visits in 2011/2012. (Table 8.1)

- Acute Upper Respiratory Infections were the most common reason for emergency visits (among select conditions) in 2010, and had a similar rate (per 100,000 population) compared to the provincial rate (2,283.2 vs. 3,069.2 AB). (Figure 8.4)

- Ischemic heart diseases, pneumonia, and mental & behavioural disorders due to psychoactive substance use were the top three main reasons for inpatient discharges (among selected conditions) in 2010, and inpatient separation rates were higher than the provincial rates for 7 of 7 diagnoses. (Figure 9.2)

MENTAL AND BEHAVIOURAL DISORDERS

- Mental and behavioural disorders are particularly important from a population health perspective. In 2010, Medicine Hat's ED visit rate for mental and behavioural disorders was similar to the provincial ED visit rate per 100,000 population (500.9 vs. 465.8 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 (153.9 vs. 107.2 AB). (Figure 9.2)
- During 2001 to 2010 mental and behavioural disorders accounted for 3.9% of all deaths in the LGA. (Figure 7.3) Note that deaths due to the top 8 disease categories are displayed in Figure 7.3, while the remaining disease categories are grouped into the generic 'Other'.

PRIMARY HEALTH CARE INDICATORS OF COMMUNITY PRIMARY CARE NEED

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

- Medicine Hat's separation rate for ambulatory care sensitive conditions (per 100,000 population) was 1.1 times higher than the corresponding urban provincial rate (658.1 vs. 610.2 AB urban). (Table 10.1)
- The age-standardized rate for people with three or more chronic diseases per 100 population was higher in Medicine Hat compared to the province (2.7 vs. 2.2 AB). (Table 10.1)

- The dollar gap between actual and predicted community and primary care per capita billings during 2006/2007 and 2008/2009 was $4.35 in Medicine Hat compared to the $-0.50 urban provincial average. (Table 10.1)
- Residents of Medicine Hat had a life expectancy at birth of 79.9 years compared to 80.5 years for Alberta. (Table 10.1)

ACCESS TO HEALTH CARE SERVICES

- Medicine Hat residents received ambulatory care services at facilities located outside the LGA. These visits made up 17.9% (or 26,911 visits) of all ambulatory care visits and most such visits (i.e. 45.0% of all external visits) were to the Foothills Medical Centre in Calgary (LGA of Calgary - Centre North). (Tables 11.1 and 11.2)
- Inpatient separations outside the LGA made up 18.0% (or 1,367) of all inpatient separations for Medicine Hat residents and most of them (i.e. 45.2% 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.

N

Oyen

Cypress
County

Medicine
Hat

County of
Forty Mile

Newell

Taber MD

Lethbridge
North

Lethbridge
South

County of
Warner

County of
Lethbridge

Lethbridge
West

Cardston-Kainai

Fort
Macleod

Pincher
Creek

Crowsnest
Pass

0   40   80   160
                              Kilometers

South Zone (Z1)
Names of Local Geographic Areas
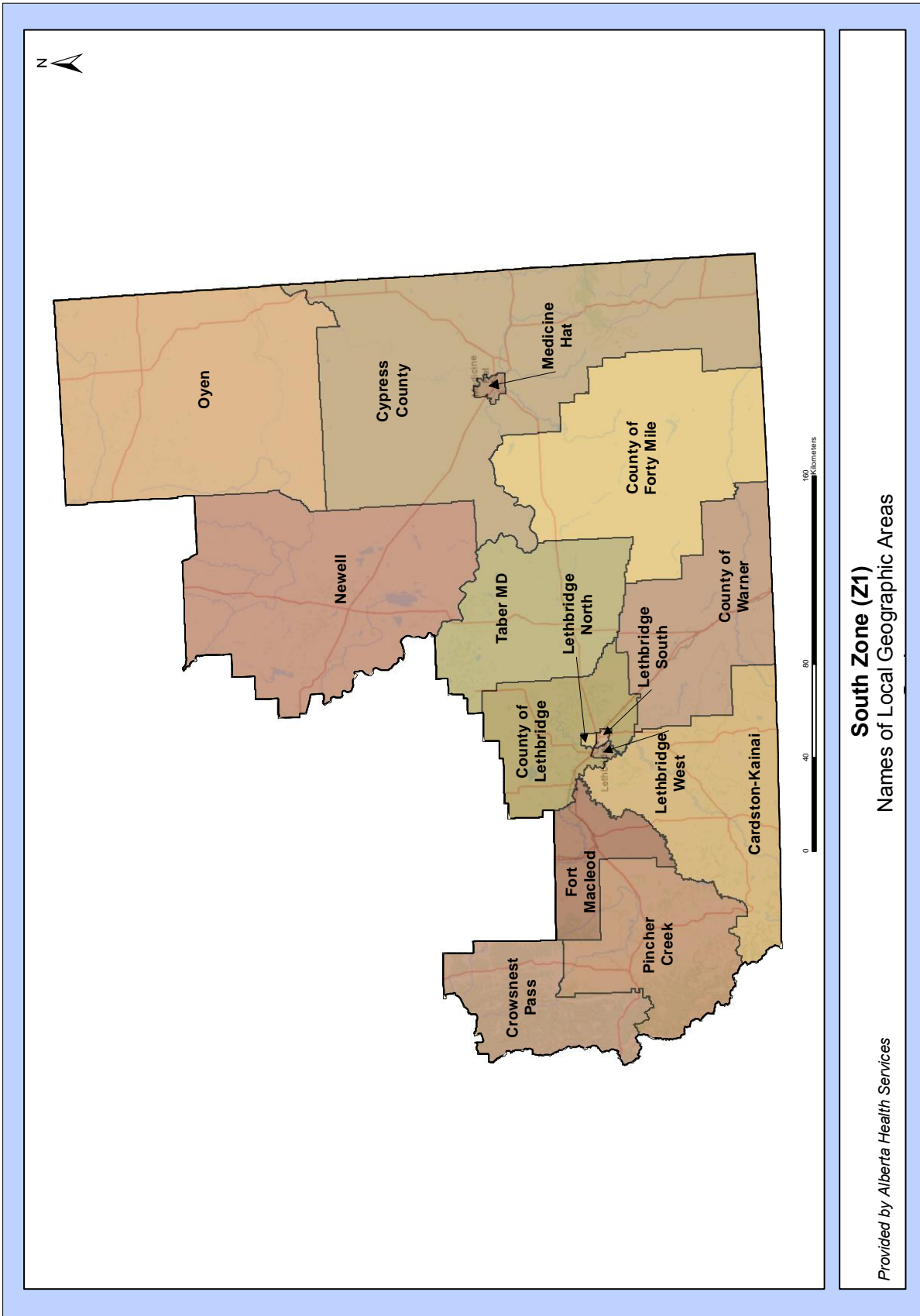
Alberta South Zone

POPULATION HEALTH INDICATORS

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

TABLE 1.1 Zone versus Alberta Population Covered[1], as at March 31, 2012

	South Zone			Alberta[2]		
	Population					
	Female	**Male**	**Total**	**Female**	**Male**	**Total**
	147,427	147,667	295,094	1,944,849	1,964,616	3,909,465
Percentage Distribution of Population by Age Groups						
Age Group	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Infants: Under 1	0.6%	0.7%	1.3%	0.6%	0.7%	1.3%
Pediatric: 1-17	11.1%	11.7%	22.9%	10.3%	10.9%	21.2%
18-34	12.1%	12.5%	24.6%	12.8%	12.9%	25.8%
35-64	18.7%	18.9%	37.6%	20.0%	20.7%	40.6%
65-79	5.0%	4.6%	9.7%	4.2%	3.9%	8.1%
80 & Older	2.4%	1.5%	4.0%	1.8%	1.2%	3.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

In 2012, the largest age group was 35-64 year olds, accounting for 37.6% of the overall population in the South Zone and 40.6% of the population in Alberta. Children 17 and under comprised 24.2% of South Zone's overall population, compared to 22.5% for Alberta. In addition, residents 65 and older accounted for 13.7% of South Zone's overall population, 2.6 percentage points higher than the corresponding provincial proportion.

The following table shows zone-level health status indicators compared to the province for the two most recent fiscal years available.

TABLE 1.2 Health Status Indicators for Zone versus Alberta Residents, 2010 and 2011

		South Zone			Alberta		
		Body Mass Index (BMI)[3]					
Category	**Year**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Under Weight	2010	4.6%	0.6%	2.5%	3.9%	0.5%	2.1%
	2011	2.3%	0.0%	1.1%	3.7%	0.8%	2.1%
Normal Weight	2010	47.2%	37.4%	42.0%	54.9%	38.6%	46.2%
	2011	50.5%	26.2%	37.7%	56.1%	35.4%	45.1%
Over Weight	2010	27.7%	38.3%	33.4%	24.5%	39.8%	32.6%
	2011	24.3%	43.6%	34.5%	23.9%	41.4%	33.2%
Obese	2010	20.4%	23.7%	22.2%	16.8%	21.1%	19.1%
	2011	22.9%	30.2%	26.7%	16.3%	22.4%	19.6%

TABLE 1.2 Health Status Indicators for Zone versus Alberta Residents, 2010 and 2011 (continued)

		South Zone			Alberta		
Physical Activity[3]							
Category	**Year**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Active or moderately active	2010	46.2%	48.8%	47.5%	54.3%	57.8%	56.1%
	2011	53.4%	51.7%	52.5%	55.5%	57.0%	56.2%
Inactive	2010	53.8%	51.2%	52.5%	45.7%	42.2%	43.9%
	2011	46.6%	48.3%	47.5%	44.5%	43.0%	43.8%
Smoking[3]							
Daily smokers	2010	14.7%	17.9%	16.3%	13.9%	19.8%	16.9%
	2011	17.2%	22.7%	20.0%	14.6%	18.2%	16.5%
Never/former/ occasional smokers	2010	85.3%	82.1%	83.7%	86.1%	80.2%	83.1%
	2011	82.8%	77.3%	80.0%	85.4%	81.8%	83.5%
Self-Perceived Mental Health[3]							
Excellent or Very Good	2010	76.4%	73.5%	75.0%	73.5%	73.5%	73.5%
	2011	70.4%	71.9%	71.1%	73.8%	75.1%	74.5%
Poor Fair or Good	2010	23.6%	26.5%	25.0%	26.5%	26.5%	26.5%
	2011	29.6%	28.1%	28.9%	26.2%	24.9%	25.5%

The percentage of obese people in the South Zone in 2011 was higher than the provincial percentage (26.7% vs. 19.6% AB) and there was a higher proportion of inactive people compared to Alberta. In addition, a higher percentage of daily smokers was reported at the zone level compared to the province in 2011 (20.0% vs. 16.5% AB) and a lower proportion considered themselves as having excellent or very good mental health (71.1% vs. 74.5% AB).

The table below reports the infant mortality rates per 1,000 live births for the zone and the province, for the most recent fiscal years available.

TABLE 1.3 Zone versus Alberta Infant Mortality Rates (per 1,000 live births)
Fiscal Years 2008/2009 to 2010/2011

	South Zone	Alberta
Infant Mortality Rate (per 1,000 births)[3]		
2008/2009	7.1	6.0
2009/2010	4.3	6.3
2010/2011	6.0	6.2

The infant mortality rates in the South Zone varied between 4.3 per 1,000 births in 2009/2010 and 7.1 per 1,000 births in 2008/2009. Compared to Alberta, infant mortality rates in the South Zone were higher for 1 of the 3 fiscal years.

Sources:

Canadian Community Health Survey Provincial Share Files

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

Postal Code Translation File, Alberta Health

Alberta Vital Statistics Births and Deaths Files

Notes: [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.*

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. Census sub-divisions and dissemination areas were used whenever possible to achieve the closest match to zone boundaries. The population of these areas varied from very small in rural areas to large in metropolitan centers.

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

Population (2012): 66,387

MEDICINE HAT

CYPRESS COUNTY

Select Health Services

- ■ Family Physician Office (27)
- ● Medical Laboratory (2)
- ■ Community Pharmacy (22)
- ● Diagnostic Imaging Centre (2)
- ■ Community Ambulatory Care Centre (0)
- ● Active Treatment Hospital (2)
- Metis Settlement
- Indian Reserve
- Road
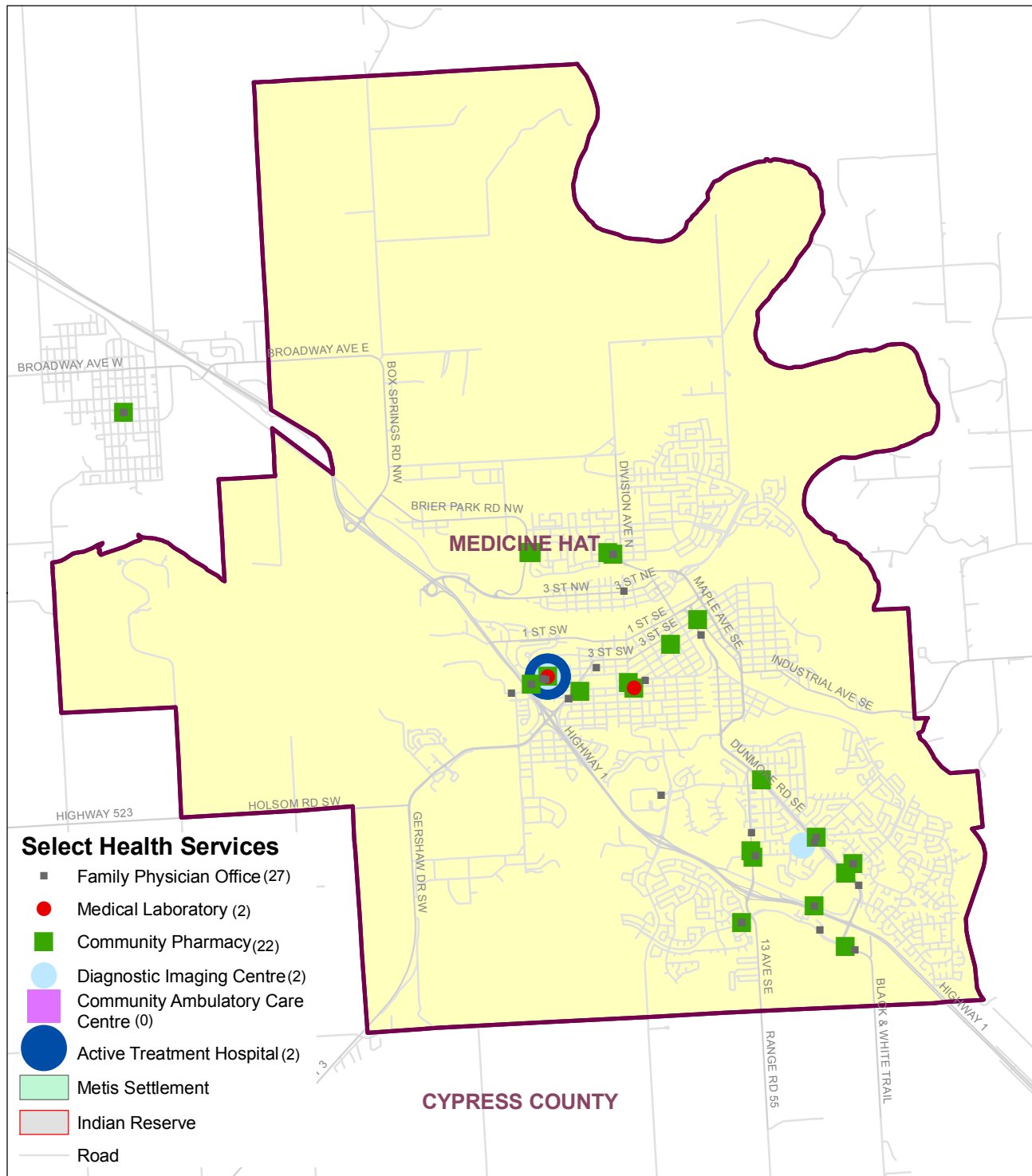
Prepared by Information and Analysis Branch, Alberta Health

Local Geographic Area: Medicine Hat

DEMOGRAPHICS

The table below shows the population distribution of the local geographic area broken down by age group and gender, for the most recent fiscal year available. Specific age groups have been identified. Children under the age of one were defined as infants, while 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, 2012

Local Geographic Area Population			
Age Group	Female	Male	Total
Infants: Under 1	376	401	777
Pediatric: 1-17	6,677	6,924	13,601
18-34	7,899	7,935	15,834
35-64	13,079	13,074	26,153
65-79	3,680	3,157	6,837
80 & Older	2,004	1,179	3,183
Unknown	0	2	2
Total	33,715	32,672	66,387

The following figure profiles the age group distribution of population for both the local geographic area and Alberta, for the most recent fiscal year available.

FIGURE 2.1 Percentage Distribution of Local Geographic Area (LGA) versus Alberta Population
By Age Groups as at March 31, 2012

	Infants: Under 1	Pediatric: 1-17	18-34	35-64	65-79	80 & Older	Unknown
LGA	1.2%	20.5%	23.9%	39.4%	10.3%	4.8%	0.0%
Alberta	1.3%	21.2%	25.8%	40.6%	8.1%	3.0%	0.0%
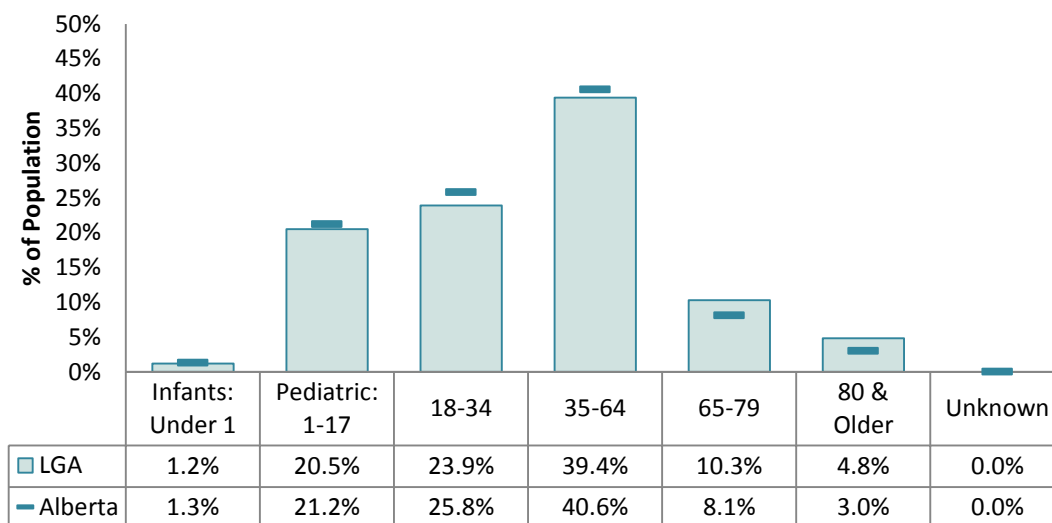
In 2012, the largest age group was 35-64 year olds, accounting for 39.4% of the overall population. Children 17 and under comprised 21.7% of Medicine Hat's overall population, compared to 22.5% for Alberta. In addition, residents 65 and older accounted for 15.1% of Medicine Hat's overall population, 4.0 percentage points higher than the corresponding provincial proportion.

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

FIGURE 2.2 Local Geographic Area Population Covered as at End of Fiscal Years 1994 - 2012
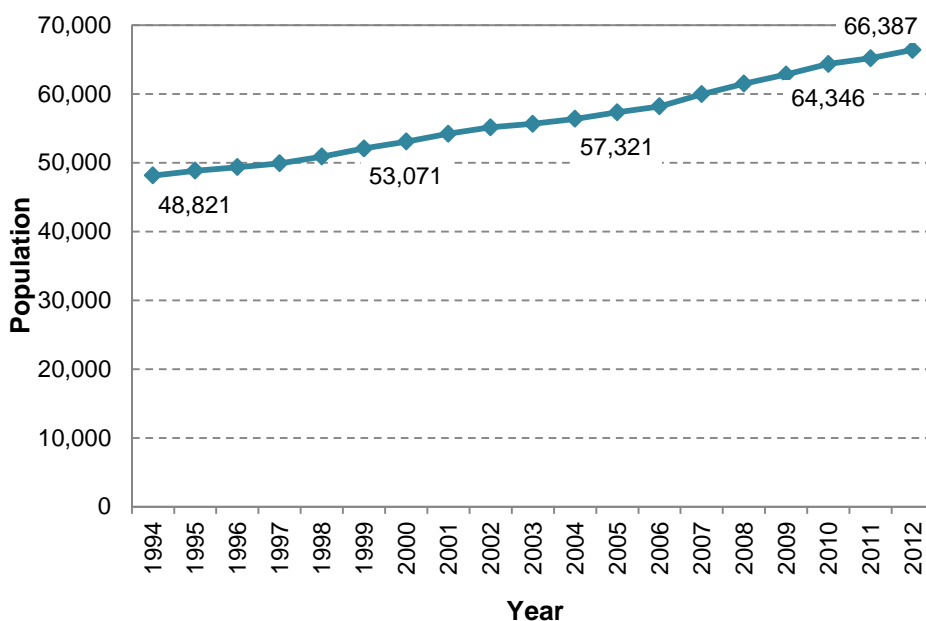
The population of Medicine Hat increased by 37.9% between 1994 and 2012. A low of 48,131 individuals was reported in 1994 and a peak of 66,387 people was reported in 2012.

Sources:

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

Postal Code Translation 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

SOCIO-ECONOMIC INDICATORS

The following two tables 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] as at March 31, 2006

First Nations with Treaty Status Population		
	Medicine Hat	**Alberta**
Percent of Population that is First Nations with Treaty Status	0.8%	3.8%

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

TABLE 3.2 Socio-Economic Indicators[2] for Local Geographic Area versus Alberta Residents, 2006

Family Composition		
	Medicine Hat	**Alberta**
Percent (Number of) Male Lone-Parent Families	2.7% (441)	3.1% (27,710)
Percent (Number of) Female Lone-Parent Families	11.6% (1,874)	11.3% (102,555)
Percent (Number of) 65 Years of Age and Older Who Live Alone	31.0% (2,461)	27.2% (88,410)
Percent (Number of) Persons not in Census Family[1]	16.7% (9,612)	16.2% (531,785)
Percent (Number of) Census Family Persons	79.5% (45,891)	81.9% (2,696,285)
Average Number of Persons per Census Family	2.8	3.0
Family Income		
	Medicine Hat	**Alberta**
Percent (Number of) of Families with Income Below LICO[3]	5.6% (917)	6.4% (56,937)
Percent (Number) of Families with Income Greater Than $100,000/yr	25.3% (4,108)	33.1% (297,680)
Average Census Family Income	$81,894	$98,240
Housing		
	Medicine Hat	**Alberta**
Percent Living in Owned Dwellings	71.8%	73.1%
Percent Where Greater Than 30% of Income Is Spent on Housing for Homeowners	11.8%	16.6%
Average Value of Dwelling	$225,834	$293,811
Percent of Homeowners Who Have Homes in Need of Major Repairs	5.6%	6.7%
Percent Living in Rented Dwellings	28.1%	26.3%
Percent Where Greater Than 30% of Income Is Spent on Housing for Renters	33.0%	37.1%
Percent Living in Band Housing[4]	0.0%	0.6%

Compared to Alberta, Medicine Hat had a lower proportion of First Nations people (0.8% vs. 3.8% AB). The proportion of female lone-parent families was similar to the provincial proportion (11.6% vs. 11.3% AB). In addition, the proportion of male lone-parent families in Medicine Hat was similar to the provincial proportion (2.7% vs. 3.1% AB).

Furthermore, a similar percentage of families had an income below the low income cut-off point (as defined by Statistics Canada) compared to the province (5.6% vs. 6.4% AB). Compared to Alberta, the percentage of people who spent 30% or more of their income on housing related expenses was 4.8 percentage points lower in Medicine Hat. In addition, a similar proportion of people in Medicine Hat lived in dwellings they owned (71.8% vs. 73.1% AB).

TABLE 3.2 Socio-Economic Indicators[2] for LGA versus Alberta Residents, 2006 (continued)

Mobility		
	Medicine Hat	**Alberta**
Percent who lived at the Same Address One Year Ago	79.2%	81.1%
Percent who lived at the Same Address Five Years Ago	50.0%	52.2%
Language		
	Medicine Hat	**Alberta**
Percent Who Do Not Speak English or French	0.2%	1.2%
Percent of Households Where a Non-Official Language Is Spoken at Home	2.3%	9.1%
Top Five Non-Official Languages Spoken at Home[5]	Spanish, German, Chinese (n.o.s.), Korean, Dutch	Chinese (n.o.s.), German, Panjabi (Punjabi), Cantonese, Spanish
Immigration		
	Medicine Hat	**Alberta**
Total Number of Immigrants	4,327	527,030
Percent of Immigrants Who Arrived in the Last Five Years	1.0%	3.2%
Top Five Places of Birth for Recent Immigrants[6]	Northern Europe, Eastern Asia, South America, Southern Europe, Western Europe, Southeast Asia, Southern Asia	Eastern Asia, Southern Asia, Southeast Asia, West Central Asia and the Middle East, Eastern Europe
Educational Attainment		
	Medicine Hat	**Alberta**
Percent with No High School Graduation Certificate	18.8%	15.4%
Percent with High School Graduation Certificate	28.1%	24.1%
Percent with Apprenticeship, Trades Certificate or Diploma	13.8%	12.4%
Percent with College, Other Non-University Certicate, or Diploma	22.8%	21.5%
Percent with University Certificate, Diploma or Degree	16.1%	26.6%

TABLE 3.2 Socio-Economic Indicators[2] for LGA versus Alberta Residents, 2006 (continued)

Household and Dwelling Characteristics		
	Medicine Hat	**Alberta**
Percent Persons in Private Households[1]	97.7%	98.1%
Total Number of Households by Household Type	23,442	1,256,195
Census Family Households	69.1%	72.0%
One-Family-Only Households	66.8%	68.4%
Two-or-More-Family Households	1.1%	1.8%
Other Family Households	31.9%	29.9%
Total Number of Dwellings by Structural Type	23,833	1,256,190
Single-Detached House	64.7%	63.3%
Moveable Dwelling	3.4%	3.0%
Other Dwelling	31.9%	33.7%

Medicine Hat had a lower proportion of non-English and non-French speaking people compared to Alberta (0.2% vs. 1.2% AB). Also, a lower proportion of immigrants arrived in the last five years in Medicine Hat compared to the province (1.0% vs. 3.2% AB). Furthermore, Medicine Hat reported a lower proportion of people with university certificates, diplomas or degrees (16.1% vs. 26.6% AB).

Sources:

Federal Census (2006), Statistics Canada

Postal Code Conversion File, Statistics Canada

Postal Code Translation File, Alberta Health

Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry Files, Alberta Health (2006)

Notes:

[1] *See Appendix A for definition.*

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

[3] *LICO - Low Income Cut Off (as defined by Statistics Canada)* *http://www.statcan.gc.ca*

[4] *See Appendix A for more details.*

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

[6] *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.*

Local Geographic Area: Medicine Hat

CHRONIC DISEASE PREVALENCE

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

FIGURE 4.1 LGA Age-Standardized Chronic Disease Prevalence Rates[1] (per 100 population) 2003 - 2010
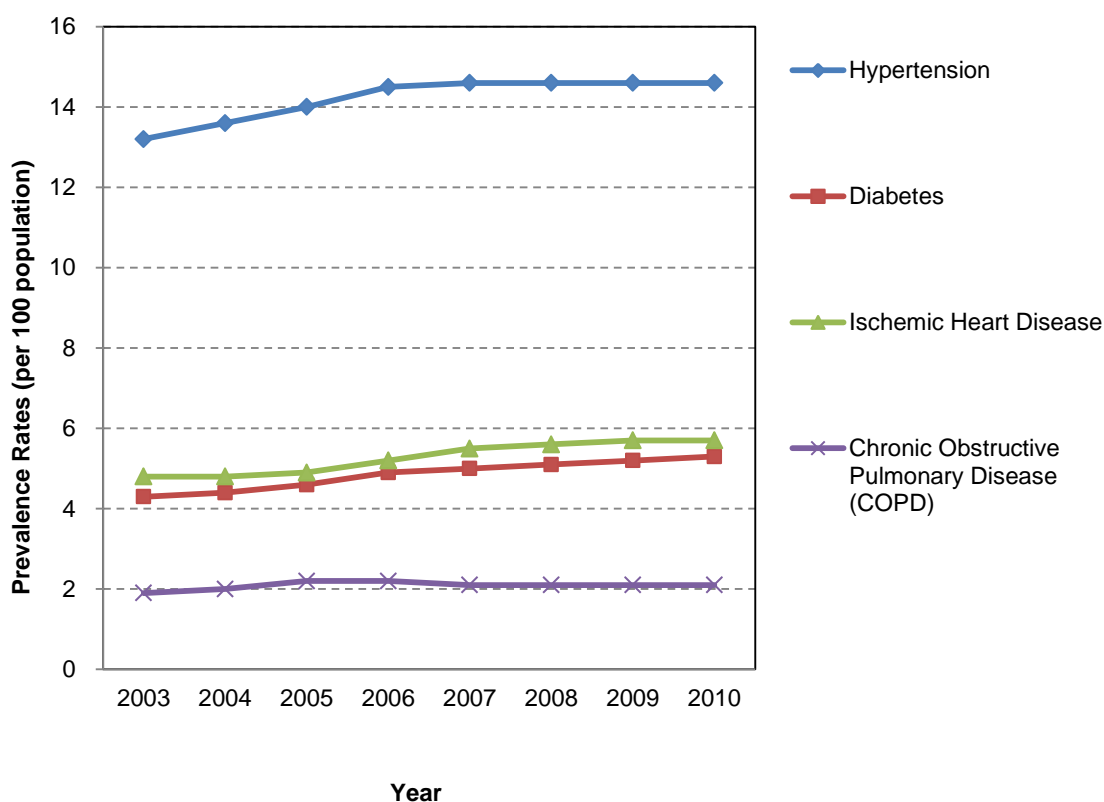
On average, the condition with the highest chronic disease prevalence rate reported for Medicine Hat during 2003 to 2010 was for hypertension. The largest rate of change during this time period was reported for hypertension (a 0.2 per 100 population average rate increase per year - based on regression line fitting). In 2010, Medicine Hat ranked number 68 in hypertension, number 62 in diabetes, number 5 in ischemic heart disease and number 62 in COPD among prevalence rates reported for the 132 local geographical areas.

The following figure depicts the age-standardized prevalence rates of major chronic diseases, per 100 population, for 2010, comparing the local geographic area to Alberta.

FIGURE 4.2 LGA versus Alberta Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2010
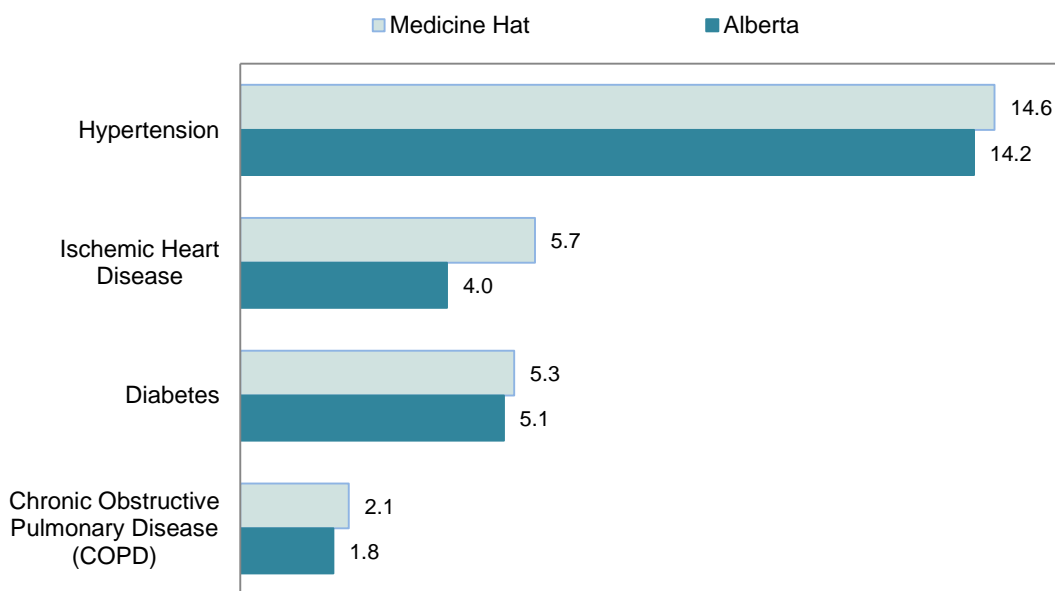
Age-Standardized Prevalence Rates (per 100 population)

In 2010, the Medicine Hat prevalence rate for hypertension per 100 population was similar to the corresponding rate reported for the province (14.6 vs. 14.2 AB). In addition, Medicine Hat showed prevalence rates higher than the provincial rates for 4 of the 4 chronic diseases included above.

Sources:

Alberta Health Care Insurance Plan (AHCIP) Physician Claims Data, Alberta Health

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

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health

Postal Code Translation File, Alberta Health

Census 1991 Population Data, Statistics Canada

Notes:

[1] *Age-standardized prevalence rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 1991 census population.*

Methodology:

See link: http://www.ahw.gov.ab.ca/IHDA_Retrieval

Local Geographic Area: Medicine Hat

MATERNAL AND CHILD HEALTH

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

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

Maternal and Child Health Indicators	Period	Medicine Hat	Alberta
Number of Births	2008/2009 - 2010/2011	2,389	151,603
Percent Low Birth Weights (of Live Births)[1], less than 2500 gm	2008/2009 - 2010/2011	5.9%	6.8%
Percent High Birth Weights (of Live Births)[1], greater than 4000 gm	2008/2009 - 2010/2011	12.7%	10.3%
Birth Rate (per 1,000 population)[1]	2008/2009 - 2010/2011	24.4	27.4
Fertility Rate (per 1,000 Women 15 to 49 Years)[1]	2008/2009 - 2010/2011	52.1	53.1
Teen Birth Rate (per 1,000 Women 15 to 19 Years)	2008/2009 - 2010/2011	22.4	18.9
Percent Maternal Prenatal Smoking (of Deliveries)	2007/2008 - 2009/2010	28.8%	18.0%

During 2008/2009 to 2010/2011, Medicine Hat's birth rate of 24.4 per 1,000 women was lower than the provincial rate, and the teen birth rate of 22.4 per 1,000 was similar to Alberta's teen birth rate. In addition, a higher proportion of prenatal smoking cases were reported in Medicine Hat compared to the province (28.8% vs. 18.0% AB).

The following table 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, 2010

DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza B) Dose 4 of 4			
Age Group	**Period**	**Medicine Hat**	**Alberta**
By Age Two	2010	70.5%	73.1%
MMR (Measles, Mumps, and Rubella)			
By Age Two	2010	87.6%	85.7%

By the age of two, 70.5% of children in Medicine Hat (in 2010) had been vaccinated against DTaP-IPV-Hib (compared to 73.1% for AB), while 87.6% had received MMR vaccines (compared to 85.7% for AB).

Sources:

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health

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

Alberta Vital Statistics Births File

Regional Immunization Applications

Immunization and Adverse Reaction to Immunization (Imm/ARI)

Postal Code Translation File, Alberta Health

Notes:

[1] *See Appendix A for definition.*

Local Geographic Area: Medicine Hat

COMMUNICABLE DISEASES

The following table lists the rates of Sexually Transmitted Infections (STI)[1] for the most recent three-year periods from 2008 to 2012, for the local geographic area and Alberta.

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

STI (per 100,000 population)			
Period	**Disease**	**Medicine Hat**	**Alberta**
2008-2011	Chlamydia	252.7	352.0
	Non-Gonococcal Urethritis	15.6	34.5
	Gonorrhea	8.3	41.0
	Mucopurulent Cervicitis	3.1	9.0
	Syphilis	2.1	6.0
2009-2012	Chlamydia	256.8	359.9
	Non-Gonococcal Urethritis	14.3	35.8
	Gonorrhea	11.7	36.8
	Mucopurulent Cervicitis	3.6	8.1
	Syphilis	3.1	4.8

Medicine Hat's highest STI rate per 100,000 population in 2009 - 2012 was reported for chlamydia and this rate was lower than the provincial rate (256.8 vs. 359.9 AB).

STI rates in Medicine Hat were higher than the provincial rates for none of the top 5 Alberta STIs in 2009 - 2012 (where comparisons could be made).

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

Notes:
[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 most frequent causes of death and all causes combined. Data is provided for each three-year period between 2001 and 2010. The cause-specific mortality rate is defined as the proportion of deaths among people with a common health condition for each time period.

FIGURE 7.1 Local Geographic Area Age-Standardized Mortality Rates (per 100,000 population) By Three-Year Period
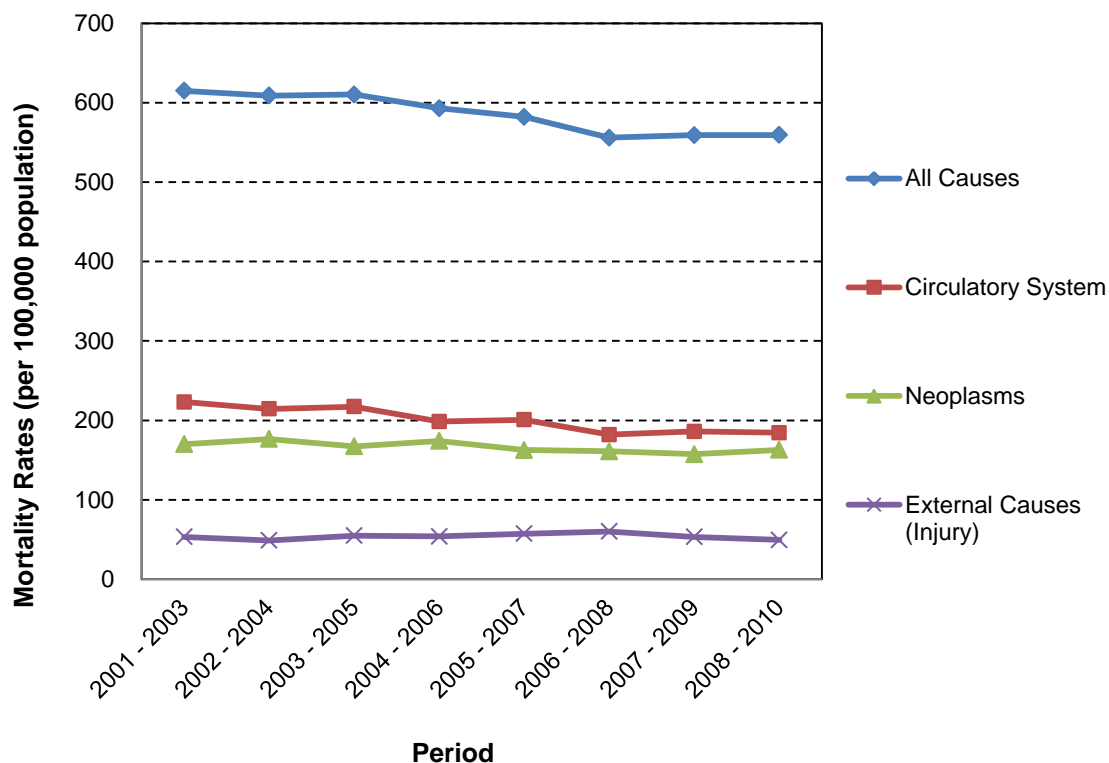
The three-year mortality rates for Medicine Hat ranged between 555.9 and 614.9 per 100,000 population during the study period. The three most frequent causes of death, namely, diseases of the circulatory system, neoplasms, and external causes accounted for 70.9% to 72.6% of all deaths from 2001 - 2003 to 2008 - 2010.

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

FIGURE 7.2 Local Geographic Area versus Alberta Age-Standardized Mortality Rates (per 100,000 population) for Three-Year Period 2008 - 2010

Age-Standardized Mortality Rates (per 100,000 population)
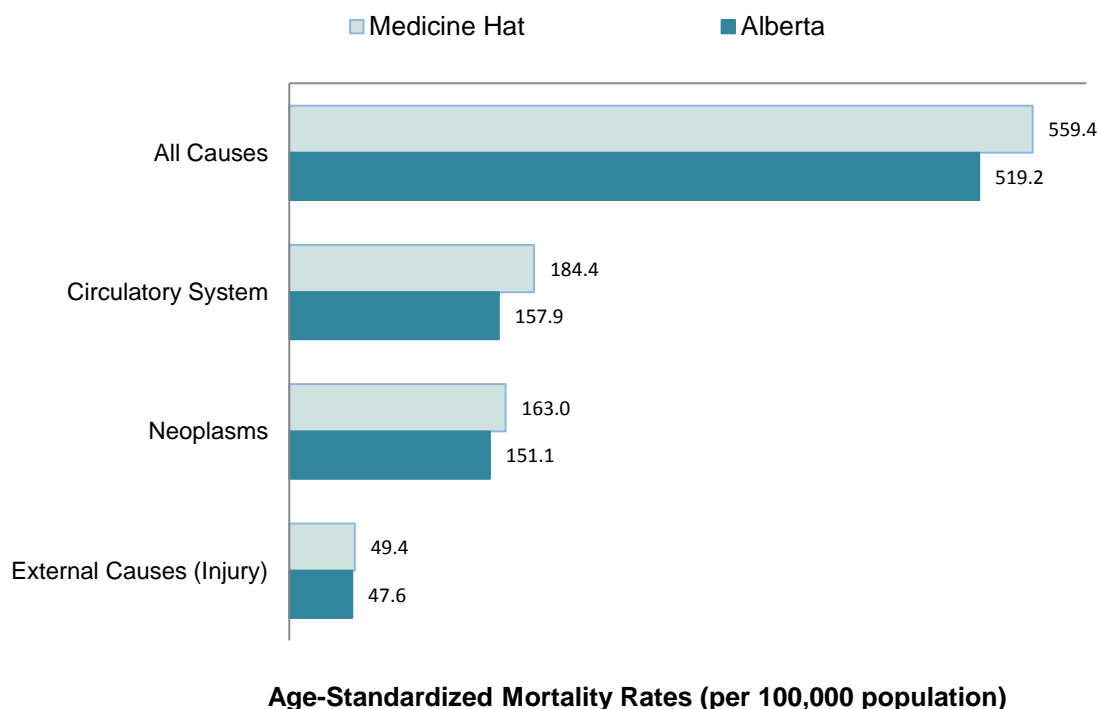
Compared to the provincial mortality rate for all causes, Medicine Hat reported a higher rate (559.4 vs. 519.2 AB). In 2008 - 2010, diseases of the circulatory system was the main cause of death for Medicine Hat, with an associated mortality rate higher than the provincial rate per 100,000 population (184.4 vs. 157.9 AB). In addition, mortality rates were higher than the provincial rates for 3 of the 3 most common causes of death reported in Medicine Hat.

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

FIGURE 7.3 LGA Distribution of Deaths by Cause of Death Across 10 Years, 2001 to 2010

Legend:
- Diseases of the Circulatory System
- Neoplasms
- Diseases of the Respiratory System
- External Causes (Injury)
- Diseases of the Nervous System
- Mental and Behavioral Disorders
- Endocrine Nutritional & Metabolic Diseases
- Diseases of the Digestive System
- Other

Pie chart values: 37.7%, 26.3%, 7.2%, 6.6%, 4.0%, 3.9%, 3.8%, 3.8%, 6.6%
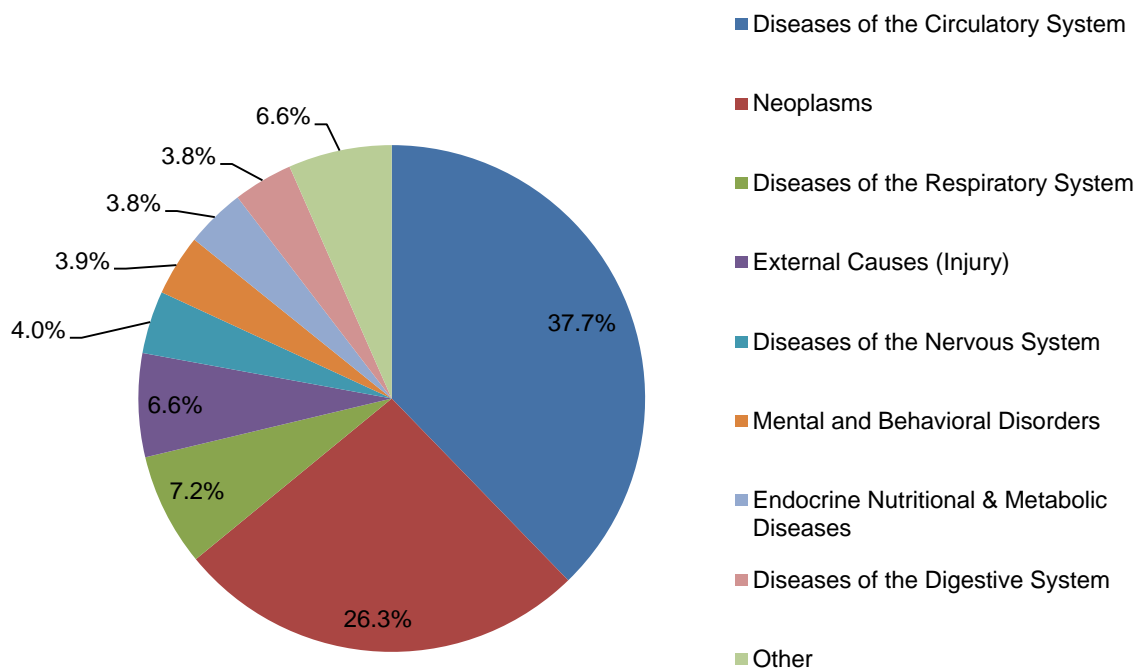
Between 2001 and 2010 diseases of the circulatory system accounted for 37.7% of all deaths reported in Medicine Hat. More than three-quarters of all reported deaths were due to four major causes: diseases of the circulatory system, neoplasms, diseases of the respiratory system, and external causes (injury).

Local Geographic Area: Medicine Hat

EMERGENCY SERVICE UTILIZATION

The table below describes emergency visits by triage 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 Triage Level
Fiscal Years 2009/2010 to 2011/2012

Triage Level	Emergency Visits		
	2009/2010	2010/2011	2011/2012
Resuscitation (1) and Emergency (2) Combined	1,567	2,258	2,656
Urgent (3)	9,093	10,570	12,073
Semi Urgent (4)	16,536	14,070	13,724
Non-Urgent (5)	3,163	2,606	2,630
Unknown	387	388	254
Total	**30,746**	**29,892**	**31,337**

The volume of emergency visits for patients residing in Medicine Hat increased by 1.9% between 2009/2010 and 2011/2012. In addition, semi-urgent and non-urgent visits combined accounted for 52.2% of all emergency visits in 2011/2012.

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

FIGURE 8.1 Emergency Visit Rates[1] (per 1,000 population) for Triage Levels Semi-Urgent (4) and Non-Urgent (5)[2], Fiscal Year 2011/2012
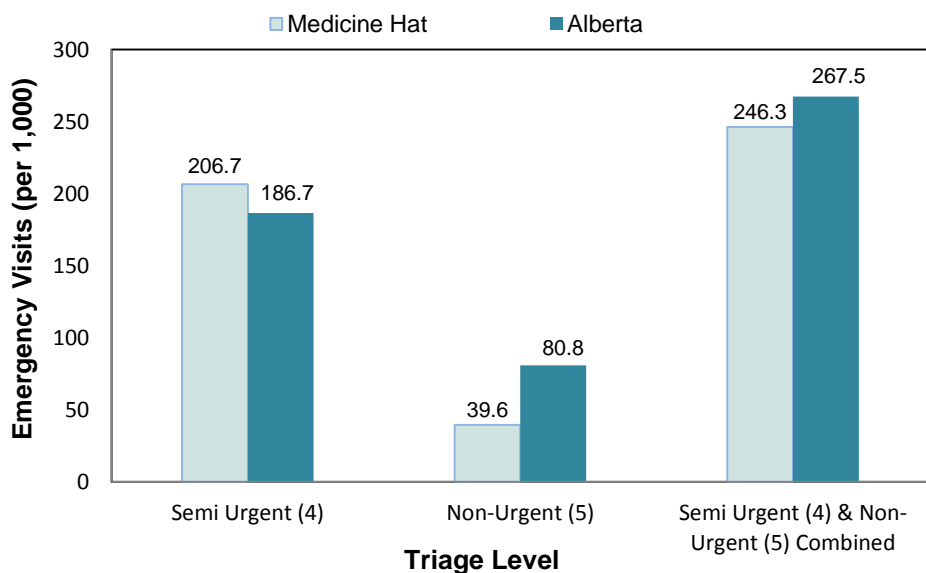
Medicine Hat's combined semi-urgent and non-urgent emergency visit rate per 1,000 population was comparable to the provincial rate in 2011/2012 (246.3 vs. 267.5 AB). Semi-urgent emergency visits occurred at a 1.1 times higher rate in Medicine Hat compared to Alberta (206.7 vs. 186.7 AB).

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

FIGURE 8.2 All Emergency Visits for Patients Residing in the Local Geographic Area
For Triage Levels Semi-Urgent(4) and Non-Urgent(5) Combined by Weekday and Time
Fiscal Year 2011/2012
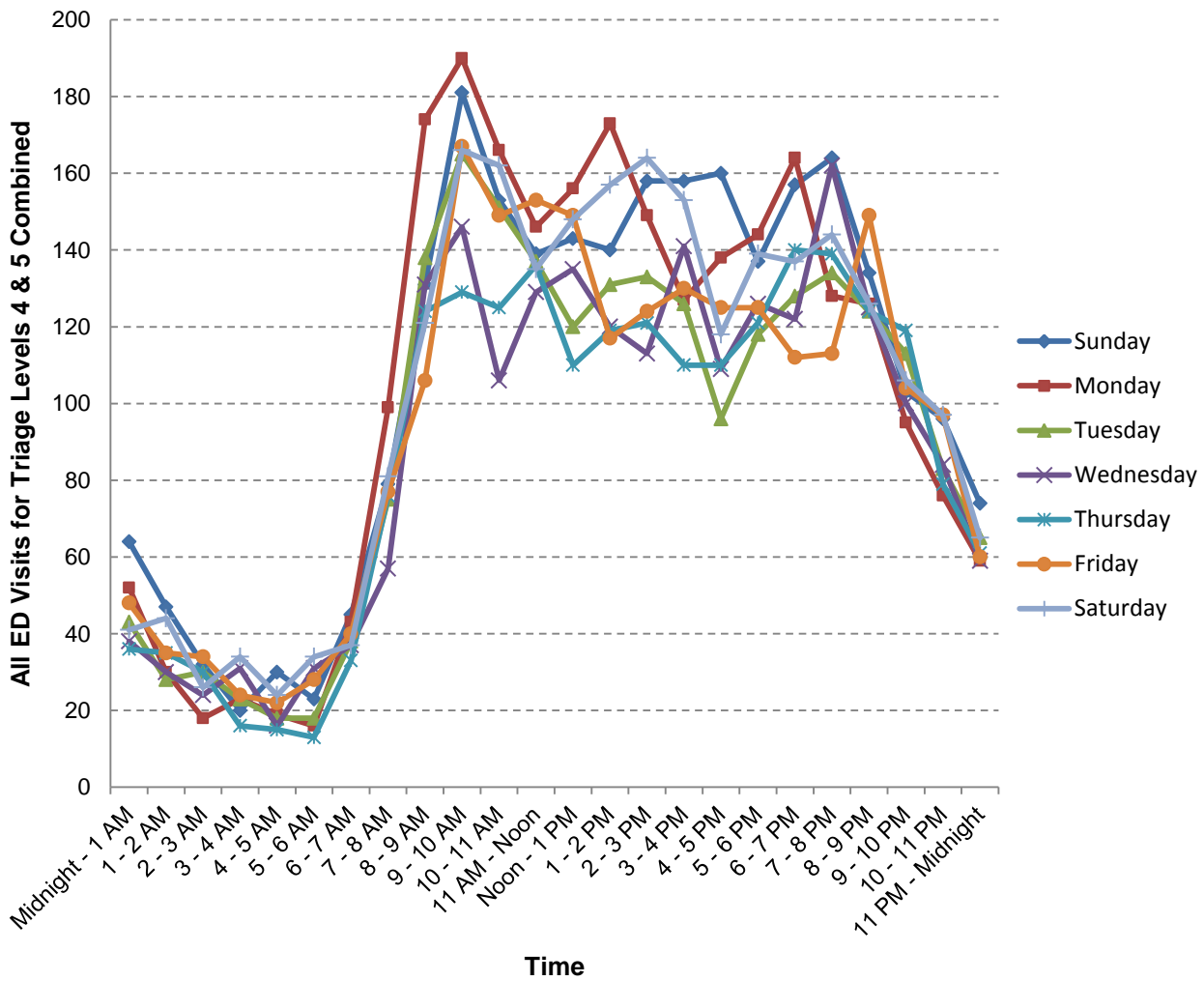
The peak total number of emergency visits for Medicine Hat in 2011/2012 was reported for Mondays between 9 - 10 AM (190 emergency visits). The volume of emergency visits was low during the early morning hours and declined gradually throughout the day after peaking somewhere between late morning and early afternoon.

Sources:

Ambulatory Care Data, Alberta Health

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

Postal Code Translation File, Alberta Health

Notes:

[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 triage levels.*

Local Geographic Area: Medicine Hat

EMERGENCY SERVICE UTILIZATION

The following figure provides age-standardized emergency visit rates for selected health conditions per 100,000 population for each year beginning in 2003. 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 Emergency Visit Rates (per 100,000 population) For Selected Conditions, 2003 - 2010
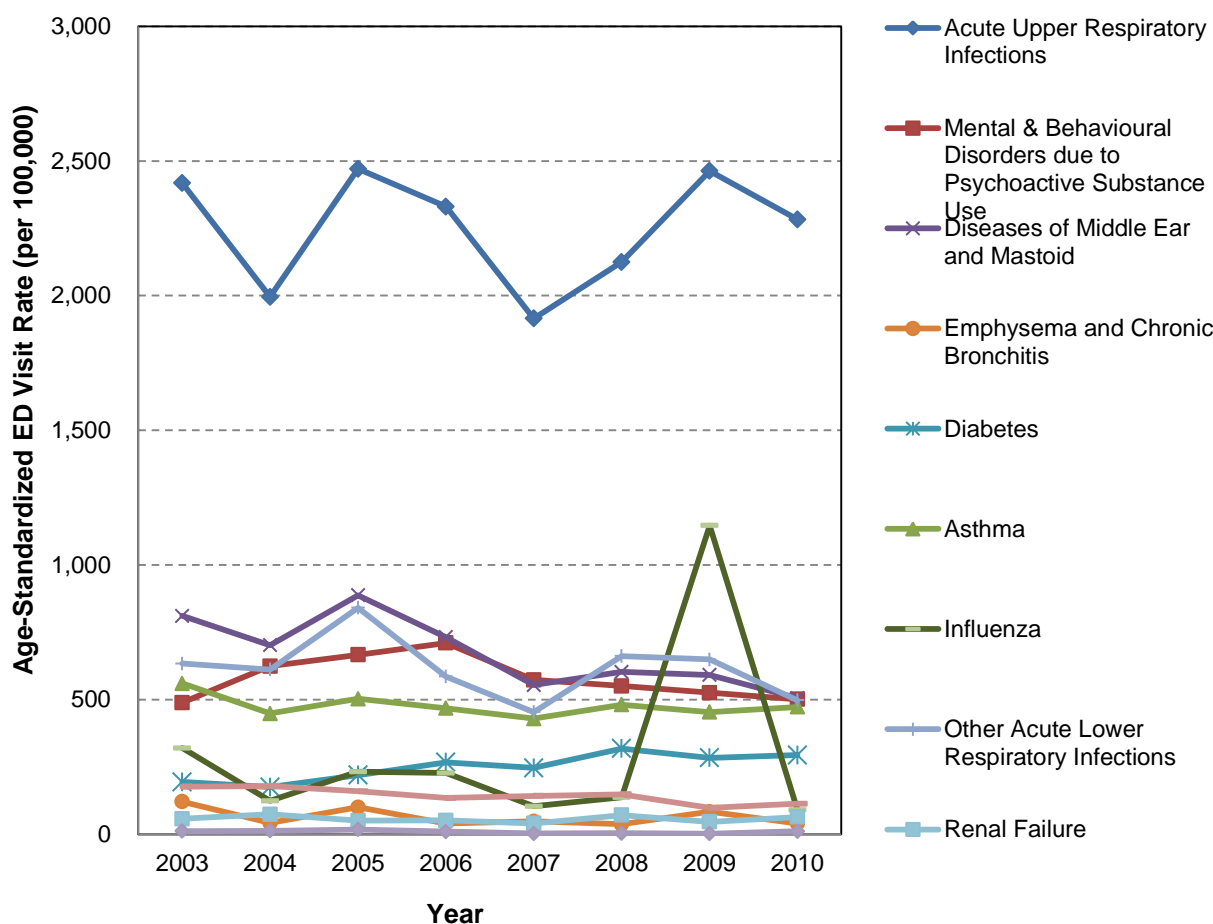
On average, the highest emergency visit rates, for selected health conditions, reported for Medicine Hat during 2003 to 2010 were due to acute upper respiratory infections. In addition, among selected health conditions, the largest rate of change among emergency visits during this time period was reported for diseases of middle ear and mastoid (a 44.3 per 100,000 population average rate decrease per year - based on regression line fitting).

Age-standardized emergency visit rates per 100,000 population, by selected health conditions, for the most current year available, are shown below 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, 2010

☐ Medicine Hat　　■ Alberta

Condition	Medicine Hat	Alberta
Acute Upper Respiratory Infections	2,283.2	3,069.2
Diseases of Middle Ear and Mastoid	505.4	861.0
Mental & Behavioural Disorders due to Psychoactive Substance Use	500.9	465.8
Other Acute Lower Respiratory Infections	497.9	491.9
Asthma	472.5	510.4
Diabetes	293.8	226.6
Stroke	113.0	121.0
Influenza	90.8	94.9
Renal Failure	64.2	53.2
Emphysema and Chronic Bronchitis	40.2	305.4
Arthritis	11.2	16.0
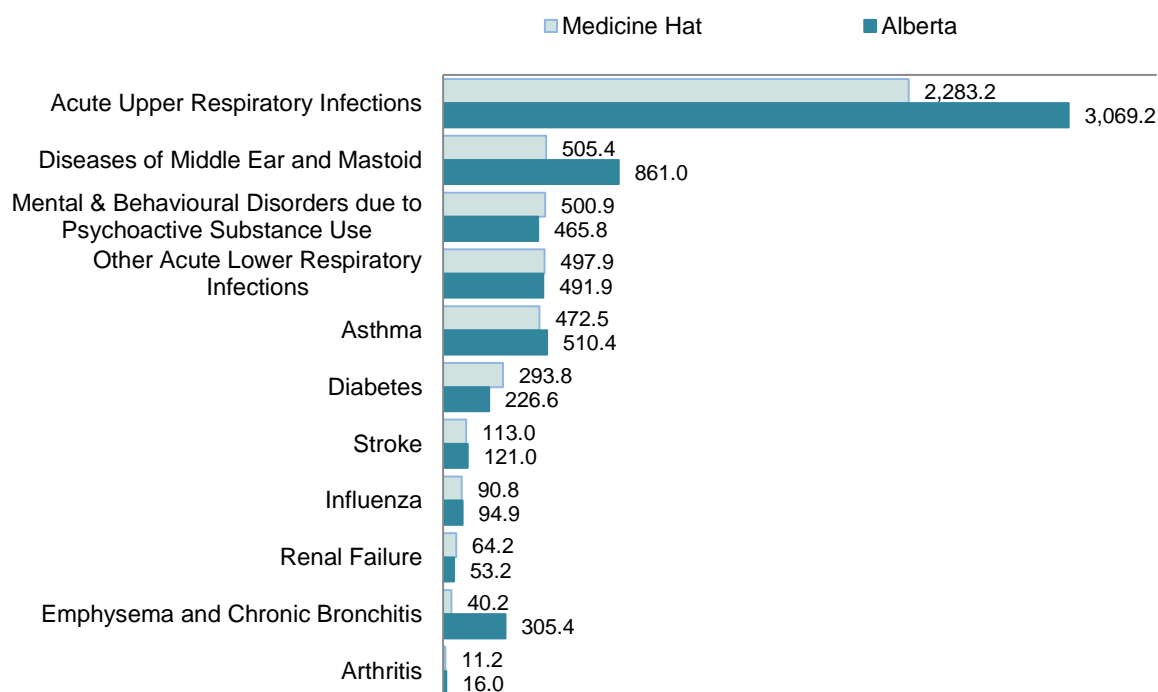
Age-Standardized Emergency Rates (per 100,000 population)

In 2010, the three most common reasons for emergency visits, among selected health conditions, were: acute upper respiratory infections, diseases of middle ear and mastoid, and mental & behavioural disorders due to psychoactive substance use. Among selected health conditions, the most common reason for emergency visits in 2010, acute upper respiratory infections, had a similar rate in Medicine Hat compared to the provincial rate per 100,000 population (2,283.2 vs. 3,069.2 AB). Furthermore, Medicine Hat showed emergency rates higher than the provincial rates for 4 of the 11 selected conditions.

Sources:

Ambulatory Care Data, Alberta Health

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

Postal Code Translation File, Alberta Health

Census 1991 Population Data, Statistics Canada

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

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

Methodology:

See link: http://www.ahw.gov.ab.ca/IHDA_Retrieval

Local Geographic Area: Medicine Hat

INPATIENT SERVICE UTILIZATION

The following table describes inpatient separation[1] rates per 1,000 population for patients residing in the LGA and Alberta accessing health facilities across all of Alberta.

TABLE 9.1 Inpatient Separation Rates (per 1,000 population) for Patients Residing in the LGA versus AB Fiscal Years 2009/2010 to 2011/2012

Inpatient Separation Rates (per 1,000 population)		
Fiscal Years	Medicine Hat	Alberta
2009/2010	113.7	89.7
2010/2011	111.9	88.0
2011/2012	114.2	88.3

Medicine Hat's inpatient separation rate for patients residing in the local geographic area varied between 111.9 in 2010/2011 and 114.2 in 2011/2012. In addition, in 2011/2012, the inpatient separation rate for patients residing in Medicine Hat was 1.3 times higher than the provincial rate (114.2 vs. 88.3 AB).

The figure below presents inpatient separation rates for selected health conditions (per 100,000 population), for patients residing in the local geographic area, for the calendar years 2003 through 2010. The rate of inpatient separations is the ratio between the total number of separations and the total local population, for each year. The rates have been standardized by age.

FIGURE 9.1 LGA Age-Standardized[2] Inpatient Separation (IP Sep) Rates (per 100,000 population) For Selected Conditions, 2003 - 2010
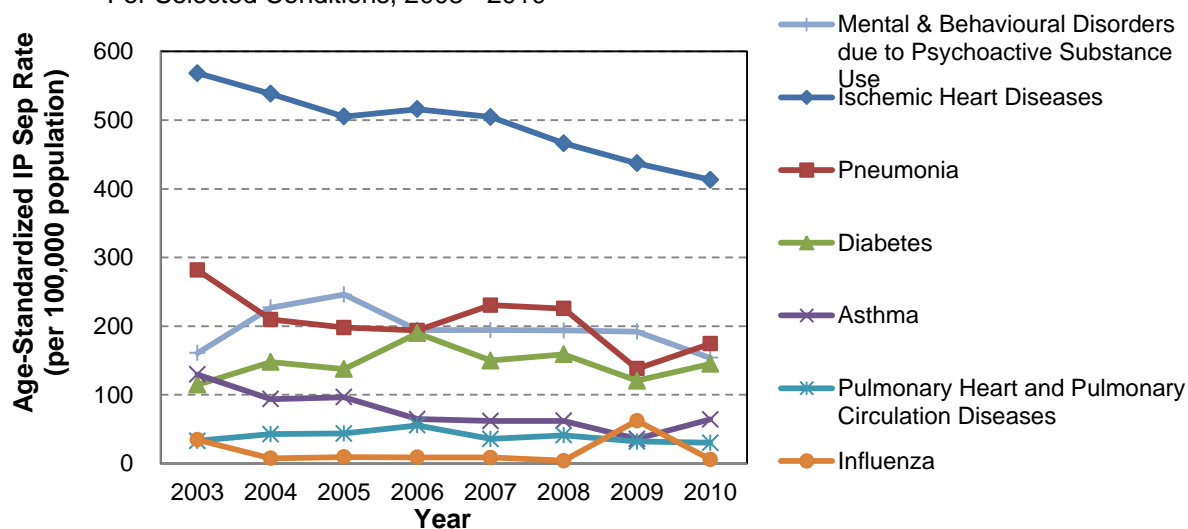
On average, the highest inpatient separation rates, among selected health conditions, reported in Medicine Hat during 2003 to 2010 were due to ischemic heart diseases. These rates reached a high of 568.3 per 100,000 population in 2003 and a low of 413.2 per 100,000 population in 2010. In addition, among selected conditions, the largest inpatient separation rate of change during this time period was reported for ischemic heart diseases (a 20.5 per 100,000 population average rate decrease per year - based on regression line fitting).

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

FIGURE 9.2 LGA versus Alberta Age-Standardized Inpatient Separation Rates (per 100,000 population) For Selected Conditions, 2010

Age-Standardized IP Sep Rates (per 100,000 population)
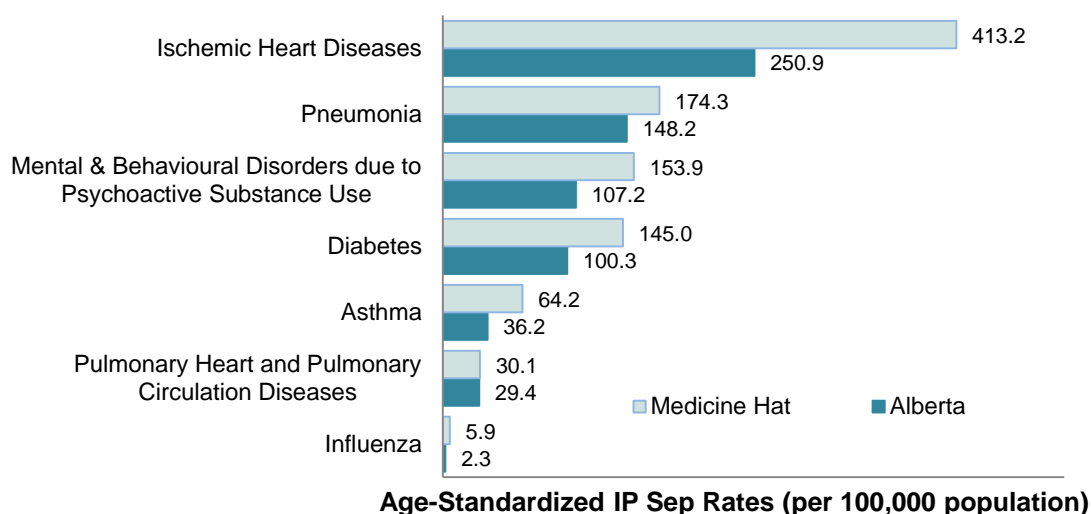
In 2010, the three highest inpatient separation rates were reported for ischemic heart diseases, pneumonia, and mental & behavioural disorders due to psychoactive substance use.The most common reason for inpatient separations in Medicine Hat was ischemic heart diseases, which had a much higher rate compared to the provincial rate per 100,000 population (413.2 vs. 250.9 AB). Additionally, Medicine Hat's inpatient separation rates were higher than the provincial rates for 7 of the 7 diagnoses.

Sources:

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health

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

Postal Code Translation File, Alberta Health

Census 1991 Population Data, Statistics Canada

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

[2] *Age-standardized rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 1991 census population.*

Methodology:

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 summer of 2012, 13 indicators were identified to help identify the need for new or additional primary health care services across all local geographic areas throughout Alberta. Six of these indicators were related to utilization, another six were associated with health population needs and a final indicator, life expectancy at birth, is seen as a reflection of health status.[1] The indicators are standardized by age, where appropriate, to allow comparison of information across local geographic areas and the province. Examples of some of these indicators are given below.

   • the burden of disease in the population that could be monitored and/or ameliorated by primary health care services (e.g. the proportion of the population with diabetes);

   • a gap between population health needs and available health care services (e.g. use of emergency departments for non-urgent health care).

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

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

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

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

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

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

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

Indicator 1:

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

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

Indicator 2:

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

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

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

Indicator 3:
Continuity of care describes the percentage of patients with minor or severe chronic illnesses that have access to their family physician less than 50% of the time. Higher values indicate areas with higher proportions of "unhealthy" or "sick" patients who are weakly attached to their Family Physician. Lower values are preferable.

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

Indicator 4:
The age-standardized emergency visit rates for mood disorder (per 100,000 population) are stratified by geographic peer groups (metro, metro moderate, urban, rural, rural remote) due to substantially different rates across groups.

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

Indicator 5:
The age-standardized emergency visit rates for anxiety disorder (per 100,000 population) are stratified by geographic peer groups (metro, metro moderate, urban, rural, rural remote) due to substantially different rates across groups.

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

Indicator 6:
The age-standardized emergency visit rates due to injuries, per 100,000 population, (excluding adverse effects due to drugs/medical procedures) are stratified by geographic peer groups (metro, metro moderate, urban, rural, rural remote) due to substantial differences across groups.

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

Indicator 7:

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

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

Indicator 8:

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

For COPD, the prevalence rate in Medicine Hat was 1.2 times higher than the provincial rate (2.1 vs. 1.8 AB).

Indicator 9:

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

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

Indicator 10:

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

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

Indicator 11:

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

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

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

Indicator 12:

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

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

Indicator 13:

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

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

Sources:

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

Postal Code Translation File, Alberta Health

Alberta Blue Cross Claims Data, Alberta Health

Census 2006 Population Data, Statistics Canada

Canadian Community Health Survey (CCHS), Statistics Canada

Long Term Care Funding File, Alberta Health

Continuing Care Bed Survey, Alberta Health

Notes: *[1] For more details see Local Area Family Care Clinic Prioritization Framework Report:*

http://www.health.alberta.ca/documents/PHC-FCC-Framework-TELUS-2012.pdf

Local Geographic Area: Medicine Hat

ACCESS TO HEALTH CARE SERVICES

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

TABLE 11.1 Ambulatory Care Visits and Inpatient Separations for the Local Geographic Area Residents[1] To Facilities Located In versus Out of the Local Geographic Area, Fiscal Year 2011/2012

Ambulatory Care Visits				
Visits Within Local Area of Residence (IN)	Visits Outside Local Area of Residence (OUT)	Total Visits	Percent IN	Percent OUT
123,580	26,911	150,491	82.1%	17.9%
Inpatient Separations (Seps)				
Seps Within Local Area of Residence	Seps Outside Local Area of Residence	Total Seps	Percent IN	Percent OUT
6,211	1,367	7,578	82.0%	18.0%

The following table 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 2011/2012

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	12,122	45.0%
Alberta Children's Hospital	Calgary	Calgary - Lower NW	3,024	11.2%
Peter Lougheed Centre	Calgary	Calgary - Upper NE	1,997	7.4%

TABLE 11.2 Top 3 Non-Local Acute Care Hospitals Accessed by Local Residents
Fiscal Year 2011/2012 (continued)

Local Residents Accessing Non-Local Acute Care Hospitals				
Hospital Name	Hospital Municipality	Hospital LGA	Number of OUT Seps	% of Total OUT Seps
Foothills Medical Centre	Calgary	Calgary - Centre North	618	45.2%
Peter Lougheed Centre	Calgary	Calgary - Upper NE	187	13.7%
Rockyview General Hospital	Calgary	Calgary - Elbow	121	8.9%

Sources:

Ambulatory Care Data, Alberta Health

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health

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

Postal Code Translation File, Alberta Health

Definitions
Appendix A

Age Standardization

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

Band Housing

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

Birth Rate

The number of live births, of a given geographic area in a given fiscal 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, adopted by the World Health Organization (WHO). Guidelines were put in place by Health Canada to clearly define this index.

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

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

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

Canadian Triage and Acuity Scale (CTAS)

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

Canadian Triage and Acuity Scale (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

Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.

Triage Level 2 – Emergent

Conditions that are a potential threat to life, limb or function, requiring rapid medical intervention or delegated acts.

Triage Level 3 – Urgent

Conditions that could potentially progress to a serious problem requiring emergency intervention. 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)

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

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

Triage Level 9 – Unknown

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

For further details please refer to the link below:
http://www.calgaryhealthregion.ca/policy/docs/1451/Admission_over-capacity_AppendixA.pdf

Census

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

Census Family

A family as defined by the Census includes one of the following: a married couple and the children, if any, of either or both spouses; a couple living common law and the children, if any, of either or both partners; or, a lone parent of any marital status with at least one child living in the same

dwelling. In addition, the following criteria must apply: all members of a particular census family live in the same dwelling; a couple may be of opposite or same sex; children may be children by birth, marriage or adoption regardless of their age or marital status as long as they live in the dwelling and do not have their own spouse or child living in the dwelling. Grandchildren living with their grandparent(s) but with no parents present also constitute a census family. (Statistics Canada)

Chinese, n.o.s.

The 2006 census category 'Chinese, n.o.s.' (not otherwise specified) 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)

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

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

Emergency Department (ED) Visit Rate

The 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 will emphasize health promotion, disease and injury prevention, and self-management and care of chronic disease. FCCs will offer extended hours of service and same day access.

Fertility Rate

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

First Nations with Treaty Status

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

Starting in 1701, the British Crown entered into solemn treaties to encourage peaceful relationships between First Nations and non-Aboriginal people. Over the next several centuries, treaties were signed to define, among other things, the respective rights of Aboriginal people and governments to use and enjoy lands that Aboriginal people traditionally occupied. The Government of Canada and the courts understand treaties between the Crown and Aboriginal people to be solemn agreements

that set out promises, obligations and benefits for both parties (Aboriginal Affairs and Northern Development Canada).

Health Status

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

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

Infant Mortality Rate

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

Inpatient Separations (Seps)

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

Low-income Cutoffs (LICOs)

Represent an income threshold where a family is likely to spend 20% more of its income on food, shelter and clothing than the average family, leaving less income available for other expenses such as health, education, transportation and recreation. The LICOs are calculated for families and communities of different sizes. (Statistics Canada)

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

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/understandingcancer/cancer/AllPages)

Physical Activity

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 3 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

The first point of contact that people have with the health care system for medical needs requiring treatment and referral to other services as needed and is usually provided by a family physician or other health care professional. (http://www.albertapci.ca/aboutpcns/primarycare/pages/default.aspx)

Primary Care Networks

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

Private Household

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 2 SDs above the AB value, then the LGA value is said to be 'much higher' than the provincial value. The complete set of comparison criteria is given below.

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

Separation Rate

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

Self-Perceived Mental Health

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

Smoker

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

Sexually Transmitted Infection (STI)

An infection that can be transferred from one person to another through sexual contact. (Public Health Agency of Canada)

Teen Birth Rate

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

Community Services   Appendix B

ONLINE RESOURCES

1. Aboriginal Affairs

- Alberta First Nation Community Profiles:
  http://pse5-esd5.ainc-inac.gc.ca/fnp/Main/Search/FNListGrid.aspx?lang=eng
  This link provides a collection of information that describes individual First Nation communities across Canada. It also allows you to quickly locate First Nation communities by consulting the interactive map

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

- Programs and Services for Aboriginal People:
  http://www.programs.alberta.ca/Living/648.aspx?N=770+173
  This link provides an online resource to programs and services, such as Online Services, Financial Resources, Licensing and Registration, and Publications relevant to Aboriginal people in Alberta.

- Local Resources**:**
  - Find a list and map of your local delegated First Nation Agencies
    http://humanservices.alberta.ca/family-community/15540.html

2. Education

- Alberta Education and Training:
  http://alberta.ca/educationtraining.cfm
  This link provides resources for schooling in Alberta through primary years to post-secondary and life-long learning.

- Local Resources:
  - Find a directory of your local schools and school boards:
    http://www.education.alberta.ca/apps/schoolsdir/
    This link provides a list of school authorities and associated public, private, francophone and early childhood services – schools are listed in alphabetical order. It also provides contact information and links to school authority websites.

3. Employment

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

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

4. Family and Children

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

5. Housing

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

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

6. Seniors

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

7. Social Services

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

- Local Services:
  - Find your local food bank:
    http://www.afbna.ca/foodbanks/
    This link provides a list and contact details of food banks that are members of the Alberta Food Banks Network Association and partner organizations.
  - Find your local community non-profit and voluntary organizations:
    http://www.programs.alberta.ca/Living/9293.aspx?N=770+9301
    This link provides information on initiatives which support non-profit and voluntary organizations, grant programs and information on how to register a non-profit or charity organization.

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

1. Find Services in Your Area:
   http://www.programs.alberta.ca/Maps/
   This link allows you to select your city or enter your postal code to find different types of services in and around your area.
2. Find local services through this province-wide service directory of community, health, social and government services:
   http://www.informalberta.ca/public/common/index_ClearSearch.do

Health Link Alberta Calls for South Zone

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

Calls by Town/City for the Fiscal Year 2011/2012

Town/City	# of Calls	%	Town/City	# of Calls	%
Acadia Valley	18	0.1%	Etzikom	11	0.1%
Aden	1	0.0%	Finnegan	1	0.0%
Aetna	8	0.0%	Foremost	39	0.2%
Barnwell	54	0.3%	Fort Macleod	254	1.2%
Barons	56	0.3%	Gem	28	0.1%
Bassano	131	0.6%	Glenwood	50	0.2%
Bellevue	75	0.4%	Granum	53	0.3%
Big Stone	1	0.0%	Grassy Lake	37	0.2%
Bindloss	4	0.0%	Hays	14	0.1%
Blairmore	97	0.5%	Hilda	26	0.1%
Bow Island	132	0.6%	Hill Spring	43	0.2%
Brocket	148	0.7%	Hillcrest	1	0.0%
Brooks	1,062	5.1%	Hillcrest Mines	24	0.1%
Buffalo	7	0.0%	Iddesleigh	6	0.0%
Burdett	17	0.1%	Iron Springs	17	0.1%
Cardston	363	1.7%	Irvine	54	0.3%
Cereal	10	0.0%	Jenner	14	0.1%
Cessford	6	0.0%	Lethbridge	7,682	36.6%
Chinook	3	0.0%	Lundbreck	66	0.3%
Coaldale	666	3.2%	Magrath	160	0.8%
Coalhurst	249	1.2%	Maleb	2	0.0%
Coleman	71	0.3%	Manyberries	11	0.1%
Coutts	17	0.1%	Medicine Hat	5,768	27.5%
Cowley	16	0.1%	Milk River	49	0.2%
Cranford	11	0.1%	Millicent	4	0.0%
Crowsnest Pass	1	0.0%	Monarch	50	0.2%
Cypress County	35	0.2%	Mountain View	18	0.1%
Del Bonita	12	0.1%	New Brigden	3	0.0%
Desert Blume	16	0.1%	New Dayton	12	0.1%
Diamond City	26	0.1%	Nobleford	128	0.6%
Duchess	152	0.7%	Orion	5	0.0%
Dunmore	69	0.3%	Oyen	78	0.4%
Elkwater	11	0.1%	Patricia	18	0.1%
Empress	14	0.1%	Picture Butte	153	0.7%
Enchant	34	0.2%	Pincher Creek	321	1.5%
Esther	1	0.0%	Pollockville	2	0.0%

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

Town/City	# of Calls	%	Town/City	# of Calls	%
Purple Springs	14	0.1%	Stand Off	238	1.1%
Rainier	11	0.1%	Stirling	78	0.4%
Ralston	18	0.1%	Taber	579	2.8%
Raymond	193	0.9%	Tilley	57	0.3%
Redcliff	498	2.4%	Turin	18	0.1%
Rolling Hills	39	0.2%	Twin Butte	7	0.0%
Rosemary	74	0.4%	Vauxhall	98	0.5%
Scandia	22	0.1%	Walsh	11	0.1%
Schuler	11	0.1%	Wardlow	5	0.0%
Seven Persons	54	0.3%	Warner	48	0.2%
Shaughnessy	37	0.2%	Waterton Park	7	0.0%
Sibbald	5	0.0%	Welling	17	0.1%
Skiff	7	0.0%	Wrentham	21	0.1%
Spring Coulee	5	0.0%	Youngstown	33	0.2%
			Total	**21,001**	**100.0%**

Source:

Health Link Alberta

Select Health Services   Appendix D

Local Geographic Area: Medicine Hat

Active Treatment Hospitals

Designated Service Type	Name	Address
Cancer Treatment Hospital	Medicine Hat Cancer Centre (MHCC)	666 5 Street SW, Medicine Hat, T1A4H6
Regional & Urban Secondary Level Care Hospital	Medicine Hat Regional Hospital	666 5 St SW, Medicine Hat, T1A4H6

Source:
   Alberta Health, November 2012

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

Community Ambulatory Care Centres

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

Source:
   Alberta Health, November 2012

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

Diagnostic Imaging Centres

Name	Address
Blair Stubbs and Associates Radiology Inc.	1854 Southview Drive South East/Sud-Est, Medicine Hat, T1A8L9
Medicine Hat Regional Hospital	666 5 St SW Imaging Department, Medicine Hat, T1A4H6

Source:
   Alberta Health, November 2012

Community Pharmacies

Name	Address
Costco Pharmacy #593	2350 Box Springs Boulevard North West, Medicine Hat, T1C0C8
Crescent Heights IDA Pharmacy	25 8 Street North West, Medicine Hat, T1A6N9
Crestwood Pharmacy Ltd.	1827 Dunmore Road South East/Sud-Est, Medicine Hat, T1A1Z8
Fourth Street Pharmacy	423 Fourth St SE, Medicine Hat, T1A0K5
Loblaw Pharmacy #1550	1792 Trans Canada Way South East/Sud-Est, Medicine Hat, T1B4C6
London Drugs #60	104, 3201 13 Avenue South East/Sud-Est, Medicine Hat, T1B1E2
MacKenzie Drugs	301 North Railway Street South East/Sud-Est, Medicine Hat, T1A2Z1
Medicine Hat Co-op Ltd.	Northlands Marketplace 10 Northlands Way NE, Medicine Hat, T1C1Z2
Medicine Hat Co-op Pharmacy	100, 3030 13 Avenue South East/Sud-Est, Medicine Hat, T1B1E3
Medicine Hat Regional Hospital Outpatient Pharmacy	666 5 Street South West, Medicine Hat, T1A4H6
Pharmasave #302	58 8 Street North West, Medicine Hat, T1A6P1
Rexall #7273	105, 73 7 Street South East/Sud-Est, Medicine Hat, T1A1J2
Rexall #7274	101, 3215 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2H2
Safeway Pharmacy #200	139, 3292 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2R4
Safeway Pharmacy #2220	615 Division Ave SE, Medicine Hat, T1A2J9
Shoppers Drug Mart #2304	2440 Division Ave NW, Medicine Hat, T1C1Z2
Shoppers Drug Mart #322	140, 3292 Dunmore Road South East/Sud-Est, Medicine Hat, T1B2R4
The Boylan Pharmasave #315	1, 1224 Strachan Road South East/Sud-Est, Medicine Hat, T1B4R2
The Boylan Pharmasave 303	407 7 Street South West, Medicine Hat, T1A4K4
The Boylan Pharmasave 306	770 6 Street South West, Medicine Hat, T1A4J6
The Medicine Shoppe #128	139, 116 Carry Drive South East/Sud-Est, Medicine Hat, T1B3Z8
Wal-Mart Pharmacy #3150	2051 Strachan Road South East/Sud-Est, Medicine Hat, T1B0G4

Source:
  Alberta Health, November 2012

Medical Laboratories

Name	Address
Medicine Hat Diagnostic Laboratory	Suite 202, 73 7 Street South East/Sud-Est, Medicine Hat, T1A1J2
Medicine Hat Regional Hospital	Laboratory 666 5th St SW, Medicine Hat, T1A4H6

Source:
  Alberta Health, November 2012

Family Physician Offices

Name	Address
Amelia T Correia P.C.	Medicine Hat
Cottonwood Medical Clinic	175 6 St SE, Medicine Hat, T1A1G7
Crescent Heights Medical Ctr	49 8 St NW, Medicine Hat, T1A6N9
Harrison S W Dr	Medicine Hat
Health Matters Medical Clinic	3215 Dunmore Rd SE Unit 102, Medicine Hat, T1B2H2
Healthworx Medical Clinic	2020 Strachan Rd SE Bay 3, Medicine Hat, T1B0M9
Jonker & Glas Drs	1224 Strachan Rd Unit 6, Medicine Hat, T1B4R2
Keshvara Dr	Medicine Hat
Kriel P.C.	Medicine Hat
Living Hope Centre	Bag 8 1224 Strachan Rd SE, Medicine Hat, T1B4R2
Mastel D G Dr	Medicine Hat
Medical Arts Centre	770 6 St SW Unit 100, Medicine Hat, T1A8M7
Medical Arts Centre (Carry Dr)	116 Carry Drive SE, Medicine Hat, T1B3Z8
Medicine Hat College - Med Cln	299 College Dr SE, Medicine Hat, T1A3Y6
Mohanraj Thomas Dr	Medicine Hat
Primacy Medical Clinic	1792 Trans Canada Way SE, Medicine Hat, T1B4C6
Prince G D P.C.	Medicine Hat
Rinaldi Fredrykka D Dr	Medicine Hat
Riverside Medical Clinic	28 3 Street NE, Medicine Hat, T1A5L8
Ruzycki William A Dr	Medicine Hat
Sage Family Clinic	3295 Dunmore Rd SE Unit 3, Medicine Hat, T1B3R2
Saujani V Dr	Medicine Hat
Southlands Medical Clinic	7 Strachan Bay SE Unit 110, Medicine Hat, T1B4Y2
The Avenues Clinic	2801C 13 Ave SE, Medicine Hat, T1A3R1
Viljoen & Durand Family Med Cl	770 - 6 St SW Unit 333, Medicine Hat, T1A4J6

Family Physician Offices

Name	Address
Wong Martin SC Dr	Medicine Hat
Woolf Robert John Dr	Medicine Hat

Sources:
Alberta Health Care Insurance Plan (AHCIP) Data, Alberta Health, November 2012
College of Physicians and Surgeons of Alberta, April 2013

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