

Alberta Seniors and Housing Alberta Health

Seniors' Community Profile: Okotoks-Priddis

1st Edition, March 2021

Seniors' Community Profile: Okotoks-Priddis

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INTRODUCTION

Seniors in Alberta

The number of seniors in Alberta is continually growing, with the seniors' population expected to reach one million by 2035. As the seniors' population increases, so will the role played by the community-based seniors-serving (CBSS) sector in supporting seniors. Seniors-serving organizations across the province provide a variety of non-medical services to improve physical and mental health, social support, personal well-being, social environment and engagement, physical environment, and safety and security of seniors. These organizations comprise the CBSS sector, and their services promote healthy aging by supporting seniors to remain independent and age in their chosen communities.

Seniors' Community Profiles

To assist with local-level planning by the CBSS sector and others, Seniors and Housing has developed a series of Seniors' Community Profiles to report a range of demographic, economic, physical and mental health, and health care utilization indicators to better understand the current state of communities as they relate to Alberta's seniors. The Seniors' Community Profiles also contains a glossary of key terms and organizational and data resources for community organizations. The Seniors' Community Profiles are intended to provide relevant information to communities that can be used in conjunction with local knowledge to highlight the needs of seniors. The profiles are specific to seniors; a senior is defined as a person 65 years and older.

Profile Development

The Seniors' Community Profiles are developed in collaboration with Alberta Health. Unless otherwise stated, all data is current as of March 31, 2019, and the reporting period is the 2018-19 fiscal year. At the time of development, data was not available for the 2019-20 fiscal year.

Alberta Health divides the province into five large health service zones – South, Calgary, Central, Edmonton, and North – for local service planning and decision-making. These Zones are subdivided into smaller geographic areas called Local Geographic Areas (LGAs) for more detailed monitoring and surveillance; there are 132 LGAs in the province. Seniors and Housing selected LGAs as the reporting area to align with other published community profiles produced by the Government of Alberta. The Seniors' Community Profiles provide information at the LGA, Zone, and Alberta levels. Note: Some data was not available at the LGA level for some indicators.

The size of the seniors' population across LGAs varies substantially, from very small in rural areas to large in metropolitan centres. For the purposes of reporting, 19 LGAs were combined with neighbouring LGAs to ensure each LGA had a minimum seniors' population of 1,000; the combined LGAs are listed in Appendix D. As a result, 114 Seniors' Community Profiles are published in this series of reports. For the purposes of this report, the term local geographic area, or LGA, is used to refer to the combined LGAs. The Seniors' Community Profiles do not include information on ethnic and cultural origins and Indigenous groups as the population counts were too small or unavailable at the cross-section of the seniors' population and LGA.

CONTRIBUTORS

Jasvinder Chana - *Engagement and Community Initiatives; Alberta Seniors and Housing*

Sateen Werner - *Engagement and Community Initiatives; Alberta Seniors and Housing*

Stephanie Quigg - *Seniors Strategies and Program Supports; Alberta Seniors and Housing*

Garrett Gilmour - *Program Support Unit; Alberta Seniors and Housing*

David Onyschuk - *Analytics and Performance Reporting; Alberta Health*

Mengzhe Wang - *Analytics and Performance Reporting; Alberta Health*

Lawrence Kiyang - *Analytics and Performance Reporting; Alberta Health*

Gary Gilham - *Analytics and Performance Reporting; Alberta Health*

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DEMOGRAPHIC INDICATORS

The indicators contained in this section provide a demographic overview of seniors living in the Local Geographic Area (LGA), Zone, and Alberta. Demographic indicators provide information on the size and projected growth of the seniors' population within the LGA and in comparison to the Zone and Alberta.

Figure 1.1 displays the percentage of seniors out of the total population at the LGA, Zone, and Alberta levels, as of March 31, 2019. In Okotoks-Priddis, seniors accounted for 14.2% of the total population, whereas seniors accounted for 12.3% and 13.0% of the population in the Calgary Zone and Alberta, respectively.

Figure 1.1 Percentage of Seniors out of the Total Population for the LGA, Zone, and Alberta, as of March 31, 2019

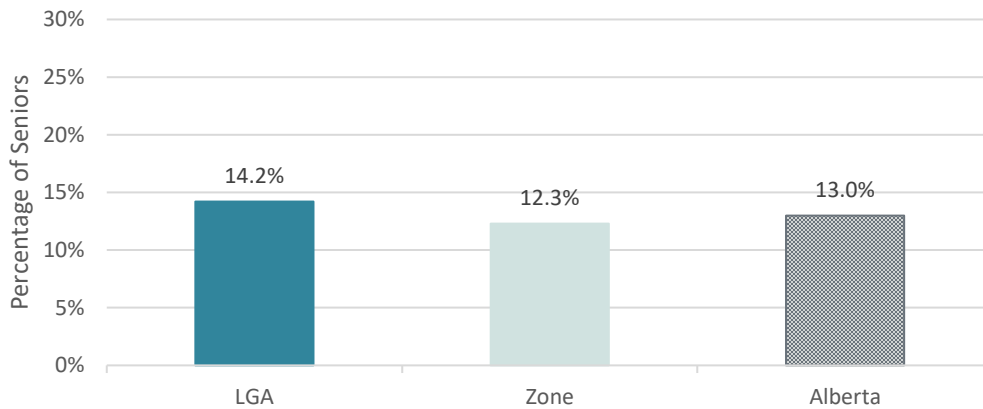


Table 1.1 displays the seniors' population distribution by age group and sex for the Zone and Alberta, as of March 31, 2019. In the Calgary Zone, there were 205,905 seniors, with females comprising 53.6% of the seniors' population, whereas Alberta had 565,184 seniors, with females comprising 53.5% of the seniors' population.

Table 1.1 Seniors' Population Count and Distribution by Age Group and Sex for the Zone and Alberta, as of March 31, 2019

	Calgary Zone			Alberta		
	Female	Male	Total	Female	Male	Total
Seniors Population	110,396	95,510	205,905	302,369	262,815	565,184
Percentage Distribution of the Seniors Population by Age Group						
Age Groups	Female	Male	Total	Female	Male	Total
65-69	17.9%	17.3%	35.2%	17.3%	16.8%	34.1%
70-74	13.4%	12.3%	25.7%	13.1%	12.2%	25.3%
75-79	8.8%	7.6%	16.4%	9.0%	7.9%	16.9%
80-84	6.3%	4.8%	11.1%	6.4%	5.1%	11.5%
85 & Older	7.3%	4.3%	11.6%	7.7%	4.5%	12.2%

Figure 1.2 displays the seniors' population count by age group and sex for the LGA as of March 31, 2019. In Okotoks-Priddis, there were 6,391¹ seniors, 50.7% females and 49.3% males.

Figure 1.2 Seniors' Population Count by Age Group and Sex for the LGA, as of March 31, 2019¹

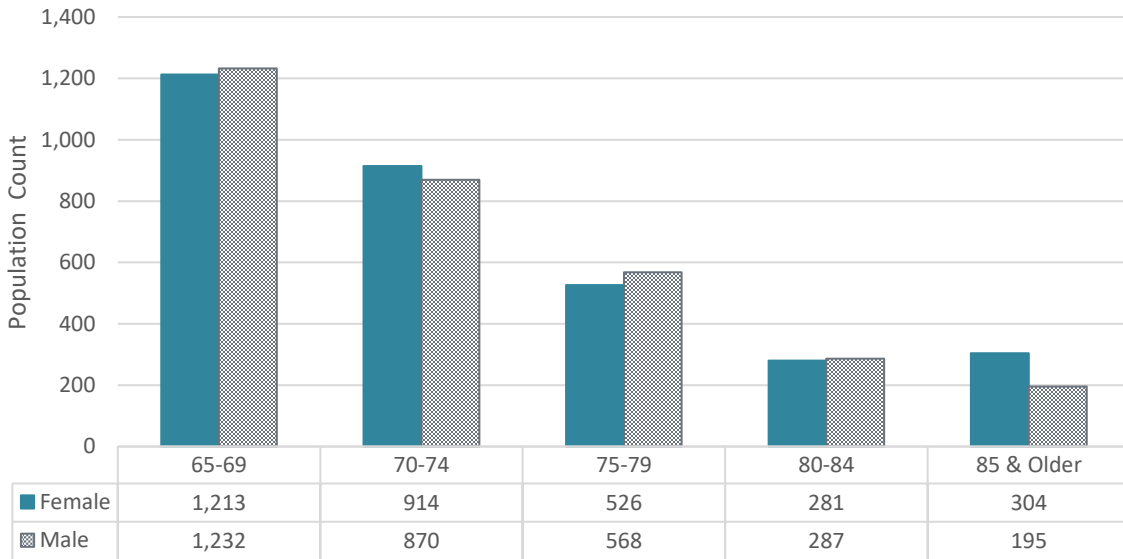
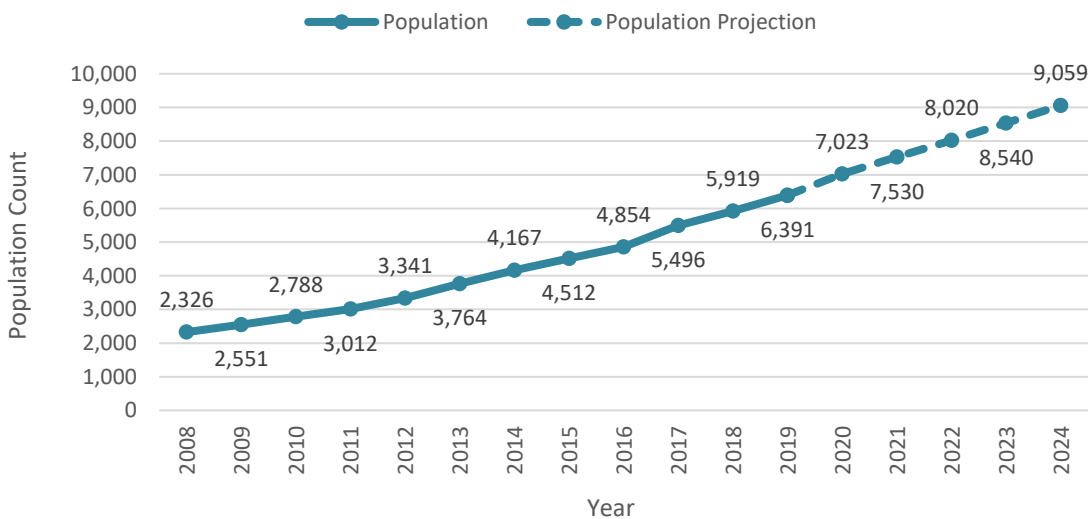


Figure 1.3 reports the seniors' population counts for each year from 2008 to 2019, and the projected population counts from 2020 to 2024 for the LGA, as of March 31, 2019. The seniors' population in Okotoks-Priddis was 6,391 and is expected to be 9,059 by 2024. The Alberta seniors' population is expected to grow from 565,184 to 724,261 between 2019 and 2024.

Figure 1.3 Seniors' Population Trend Over Time in the LGA, as of March 31, 2019



Sources:

Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
Interactive Health Data Application (IHDA), Surveillance and Assessment Branch, Alberta Health
Postal Code Translator File, Alberta Health

Notes:

1. Population counts are calculated using a weighting to account for the possibility of a person living in Alberta during a given period of time as migration out of province is difficult to track. As a result, the population counts by age group and sex may be slightly different from the total population count due to the weighting process in the calculation.

LIVING ARRANGEMENT INDICATORS

The indicators contained in this section provide an overview of the living arrangements of seniors residing in the Local Geographic Area (LGA), Zone, and Alberta. In the seniors' population, living arrangements have been found to be a determinant of healthy aging¹ and a predictor of vulnerability.

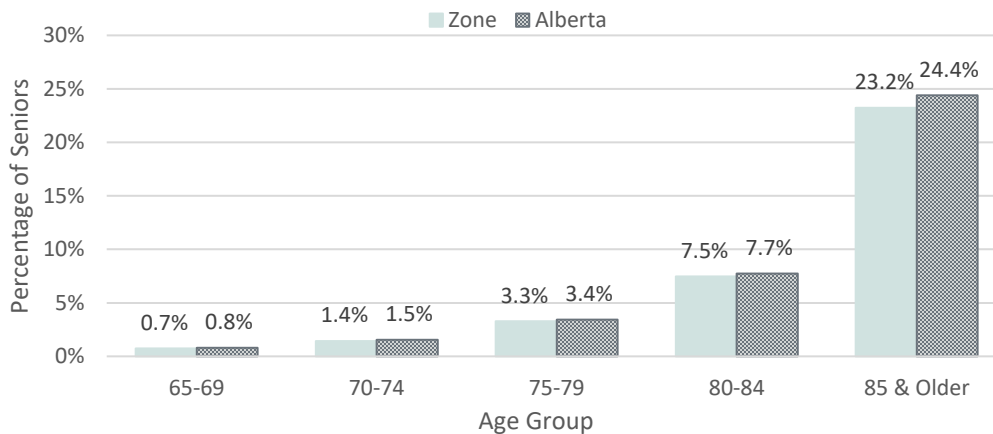
Table 2.1 displays information on the living arrangement status of seniors in the LGA and Alberta, as of March 31, 2019. For every 1,000 seniors in Okotoks-Priddis, 313 lived alone and 340 lived with a partner, compared to 420 and 294 in Alberta, respectively.

Table 2.1 Living Arrangement Status of Seniors for the LGA and Alberta, as of March 31, 2019

Indicators	Okotoks-Priddis	Alberta
Live Alone Rate (Age-Standardized per 1,000) ¹	313	420
Live with a Partner Rate (Age-Standardized per 1,000)	340	294

Figure 2.1 displays the percentage of seniors living in continuing care facilities¹ for the Zone and Alberta², as of March 31, 2019. In the Calgary Zone, across the age groups, 4.7% of seniors lived in a continuing care facility, compared to 5.1% in Alberta.

Figure 2.1 Percentage of Seniors Living in a Continuing Care Facility, by Age Group, for the Zone and Alberta, as of March 31, 2019



Sources:

Alberta Health Care Insurance Plan (AHCIP) Physician Claims Data, Alberta Health
 Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
 Postal Code Translator File, Alberta Health

Notes:

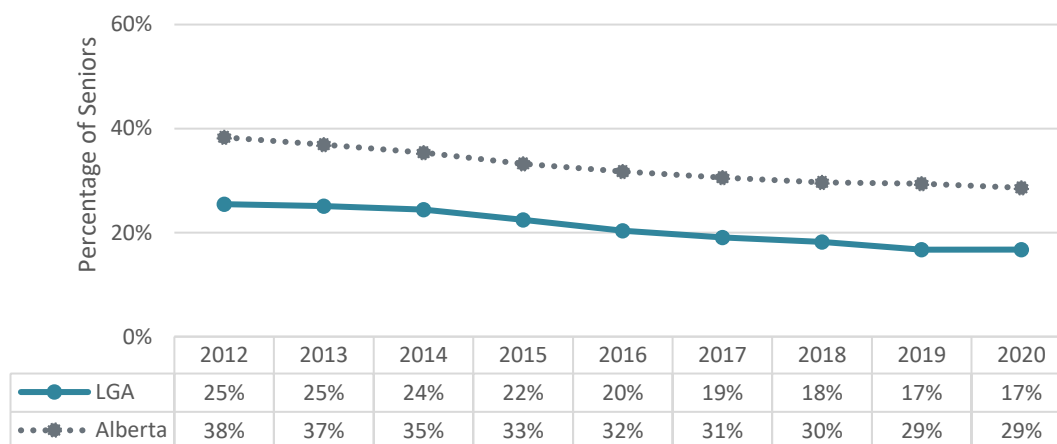
1. See Appendix C - Glossary for definition
2. Data is presented for the Zone and Alberta because the data is not reliably available at the LGA level

ECONOMIC INDICATORS

The indicators contained in this section provide an economic overview of seniors living in the Local Geographic Area (LGA) and Alberta. In the seniors' population, income is a determinant of healthy aging¹ and a predictor of vulnerability. Income plays a role in overall health, housing, food security and other issues facing seniors.

Figure 3.1 displays the percentage of seniors who received the Alberta Seniors Benefit¹ (ASB) for the LGA and Alberta for each year between 2012 and 2020. As of March 31, 2020, 17% of seniors in Okotoks-Priddis received ASB compared to 29% in Alberta².

Figure 3.1 Percentage of Seniors who received ASB, as of March 31, 2012 to March 31, 2020 for the LGA and Alberta



Sources:

Seniors Services Delivery Program Data, Alberta Seniors and Housing
Postal Code Translator File, Alberta Health

Notes:

1. See Appendix C - Glossary for definition
2. ASB percentages reflect the total number of seniors who resided in the LGA in the fiscal year and the total number of seniors who received at least one ASB payment in the fiscal year

PHYSICAL AND MENTAL HEALTH INDICATORS

The indicators in this section provide an overview of the health of seniors for the Local Geographic Area (LGA) and Alberta. In the seniors' population, general health is a determinant of healthy aging¹ and a predictor of vulnerability. Income levels, food security, physical activity, and social connectedness have been linked to health outcomes in seniors through various pathways.

Table 4.1 highlights physical and mental health indicators, presented as age-standardized rates¹ and percentages, of the seniors' population for the LGA and Alberta, as of March 31, 2019. In Okotoks-Priddis, 58% of seniors received the flu shot, compared to 56% in Alberta. For every 1,000 seniors, 156 seniors had three or more chronic conditions¹, and 351 seniors had at least one mental health condition¹ in Okotoks-Priddis. In Alberta, for every 1,000 seniors, 204 seniors had three or more chronic conditions and 362 seniors had at least one mental health condition.

Table 4.1 Physical and Mental Health Indicators for the LGA and Alberta, as of March 31, 2019

Indicators	Okotoks-Priddis	Alberta
Percentage of Seniors Who Received the Flu Shot	58%	56%
Three or More Chronic Diseases (Age-Standardized, per 1,000)	156	204
Mental Health Conditions (Age-Standardized, per 1,000)	351	362

Table 4.2 reports the average¹ number of dispensed prescription medications¹ to seniors, by age group, for the LGA and Alberta, as of March 31, 2019.

Table 4.2 Average Number of Dispensed Prescription Medications by Age Group for the LGA and Alberta, as of March 31, 2019

Age Group	Okotoks-Priddis	Alberta
65-69	6.5	7.5
70-74	7.2	7.9
75-79	7.5	8.5
80-84	9.4	9.1
85 & Older	10.5	9.9

Sources:

Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
 Pharmaceutical Information Network (PIN), Alberta Health
 Postal Code Translator File, Alberta Health

Notes:

1. See Appendix C - Glossary for definition

HEALTH CARE UTILIZATION INDICATORS

The indicators in this section provide information on the use of health care services by the seniors' population for the Local Geographic Area (LGA) and Alberta. Access to appropriate and timely health services is a determinant of healthy aging¹. The inclusion of health care utilization indicators helps to better understand how seniors access the available health care services.

Figure 5.1 displays the average¹ dollars billed by family and specialist physicians in their practice, per senior annually, by age group for the LGA and Alberta, as of March 31, 2019. Across the age groups, physicians billed an average of \$1,802 per senior in Okotoks-Priddis, while an average of \$1,784 was billed across Alberta.

Figure 5.1 Average Dollars Billed by Family and Specialist Physicians in their Practice per Senior by Age Group, for the LGA and Alberta, as of March 31, 2019

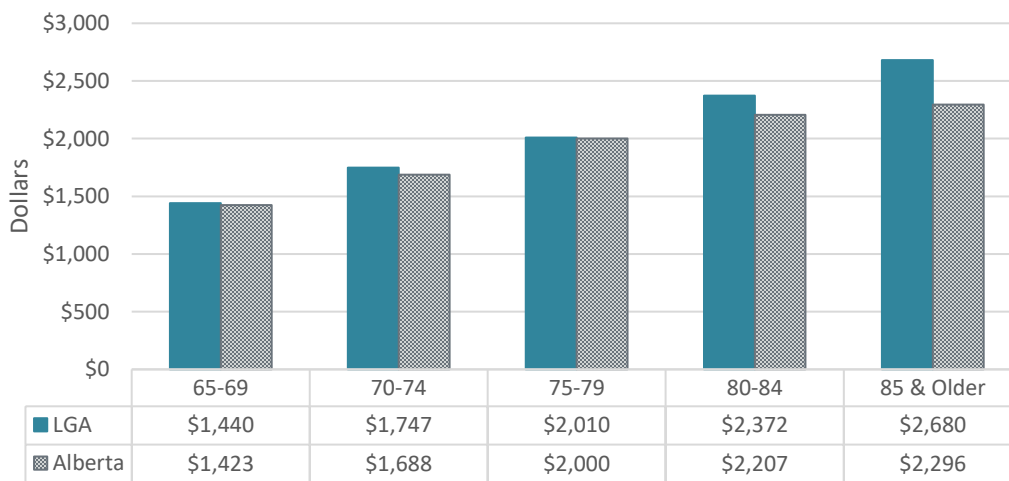


Table 5.1 displays the average length of stay (LOS), in days, in a hospital by age group for the LGA and Alberta, as of March 31, 2019. Across the age groups, in Okotoks-Priddis, seniors had an average LOS of 10.8 days in hospital, compared to 13.8 days across Alberta.

Table 5.1 Average LOS, in Days, in Hospital by Age Group for the LGA and Alberta, as of March 31, 2019

Age Group	Okotoks-Priddis	Alberta
65-69	8.1	10.4
70-74	7.8	11.8
75-79	9.2	13.0
80-84	11.7	15.2
85 & Older	17.4	17.6

Table 5.2 highlights health care utilization indicators, presented as age-standardized rates¹, for the seniors' population in the LGA and Alberta, as of March 31, 2019. For every 1,000 seniors in Okotoks-Priddis, there were 857 visits to an Emergency Room/Urgent Care Centre (ER/UCC), 134 visits to an ER/UCC for a condition that could have been seen in a family physician's office, and 213 inpatient¹ admissions. Additionally, for every 1,000 seniors in Okotoks-Priddis, there were 121 visits to an ER/UCC due to an injury¹ and 86 visits to an ER/UCC due to a fall-related injury.

Table 5.2 Health Care Utilization Indicators for Seniors in the LGA and Alberta, as of March 31, 2019

Indicators	Okotoks-Priddis	Alberta
ER/UCC Visits Related to All Causes Rate (Age-Standardized, per 1,000)	857	745
Family Practice Sensitive Conditions Rate (Age-Standardized, per 1,000) ¹	134	121
Inpatient Admission Rate (Age-Standardized, per 1,000)	213	238
ER/UCC Visits Due to All Injuries (Age-Standardized, per 1,000)	121	97
ER/UCC Visits Due to Falls (Age-Standardized, per 1,000)	86	66

Sources:

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health
 Ambulatory Care Data, Alberta Health
 Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
 Postal Code Translator File, Alberta Health
 Stakeholder Registry File, Alberta Health

Notes:

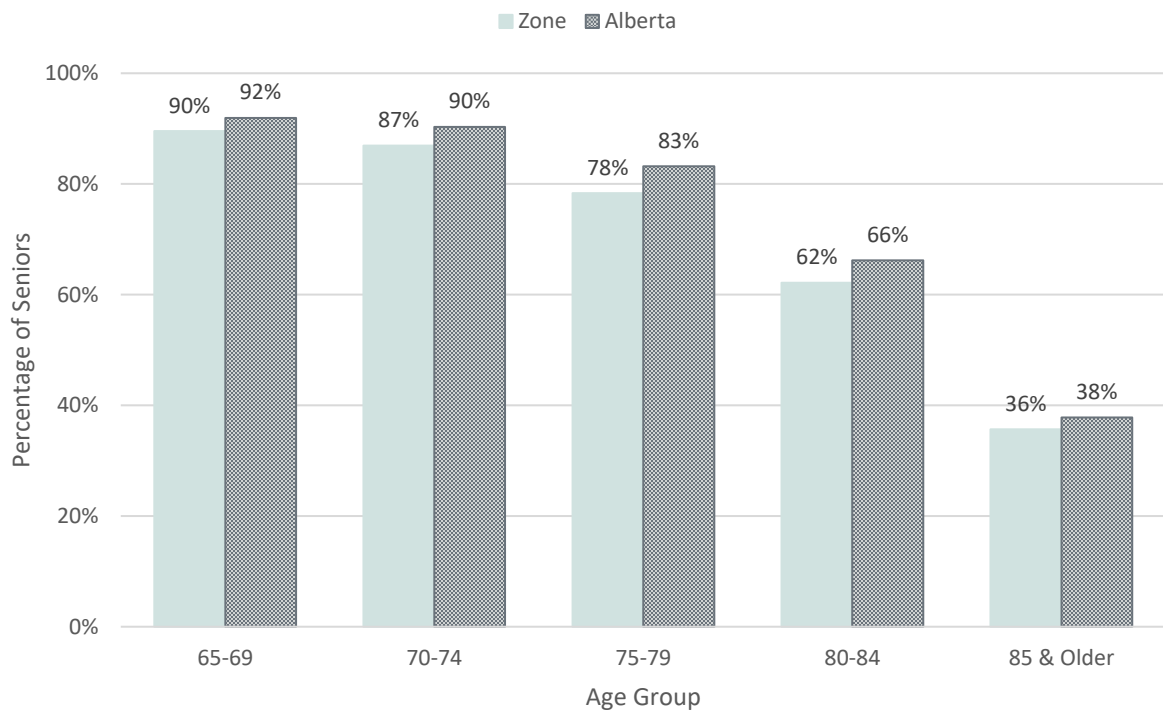
1. See Appendix C - Glossary for definition

DRIVING INDICATORS

The indicators contained in this section provide information on the driving status of seniors for the Zone and Alberta. Access to reliable transportation is an important factor in supporting healthy aging. The inclusion of driving indicators helps to better understand the ability of the seniors' population to access independent transportation options.

Figure 6.1 displays the percentage of seniors, by age group, who have a driver's licence, both for the Zone and Alberta¹, as of March 31, 2019. Across the age groups, 77.7% of seniors have a driver's licence in the Calgary Zone, compared to 80.5% in Alberta.

Figure 6.1 Percentage of Seniors who had a Driver's Licence by Age Group for the Zone and Alberta, as of March 31, 2019



Sources:

Motor Vehicle System (MOVES) Operator Statistical Data, Alberta Transportation
Postal Code Translator File, Alberta Health

Notes:

1. Data is presented for the Zone and Alberta because the data is not reliably available at the LGA level

APPENDIX A - ADDITIONAL SOURCES OF COMMUNITY-LEVEL DATA

This section provides a list of resources that contain additional data at the community-level.

211 Alberta Data Dashboards

The 211 Alberta dashboards display information about the overall contacts 211 Alberta has received via phone, text, or chat, including demographics and needs.

For more information, click [here](#)

Alberta Community Health Dashboard

The Alberta Community Health Dashboard is a tool published by Alberta Health Services to provide communities with relevant data to inform the development and evaluation of local prevention and screening strategies for chronic diseases.

For more information, click [here](#)

Alberta Provincial Electoral District (PED) Profiles, Office of Statistics and Information

The PED Profiles present a statistical profile for each PED across the province.

For more information, click [here](#)

Alberta Regional Dashboard, Economic Development, Trade, and Tourism

The Alberta Regional Dashboard helps to answer questions about living, working, investing, and doing business in Alberta.

For more information, click [here](#)

Community Profiles, Alberta Health

The Community Profiles are intended to highlight areas of need and provide relevant information to support the consistent and sustainable planning of primary health care services. The profiles provide a broad range of demographic, socio-economic, and population health statistics considered relevant to primary health care for communities across the province. The profiles provide information on the available health care services, such as active treatment centres, family physician offices or long-term care facilities, in the region.

For more information, click [here](#)

Interactive Health Data Application, Alberta Health

The Interactive Health Data Application contains many health statistics (indicators) on a variety of health-related topics, such as demographics, mortality, chronic and infectious disease, and children's health.

For more information, click [here](#)

Métis Settlements and First Nations in Alberta: Community Profiles

The Métis Settlements and First Nations in Alberta: Community Profiles provide a general overview of the eight Métis Settlements and 48 First Nations in Alberta. Included is information on population, land base, location and community contacts, as well as Quick Facts on Métis Settlements and First Nations.

For more information, click [here](#)

Primary Care Network (PCN) Profiles, Alberta Health

The profiles are intended to highlight areas of need and provide relevant information to support the consistent and sustainable planning of primary health care services. Each profile offers an overview of the current health status of paneled patients in the PCN, indicators of the PCN's current and future health needs, and evidence as to which quality services are needed on a timely and efficient basis to address the PCN's needs.

For more information, click [here](#)

APPENDIX B - RESOURCES FOR SENIORS-SERVING ORGANIZATIONS

This section provides a list of province-wide organizations that can provide support to seniors-serving organizations.

211 Alberta

211 Alberta is a 24-hour essential service that helps Albertans find the resources and services they need. Telephone: 211

For more information, click [here](#)

Age-Friendly Communities

Age-Friendly Communities provides information and resources on how to make your city or community more accessible and inclusive for seniors.

For more information, click [here](#)

Alberta Association of Seniors Centres (AASC)

The AASC is a dynamic network of seniors centres focused on growth, excellence, and strategic partnerships, which enhance quality of life for older adults.

For more information, click [here](#)

Alberta Supports

Alberta Supports helps Albertans find and apply for family and social supports.

For more information, click [here](#)

Family and Community Support Services Association of Alberta (FCSSAA)

The FCSSAA is a provincial network of Family and Community Support Services (FCSS) with the mission to unite and strengthen the FCSS community through advocacy, tool and resource development, information-sharing, and professional development.

For more information, click [here](#)

Healthy Aging Collaborative Online Resources & Education (CORE) Alberta

Healthy Aging CORE Alberta is a platform to connect community-based seniors-serving organizations and allied agencies and individuals in Alberta to help build capacity, strengthen the network, and develop a collective and cohesive voice among volunteers, staff, and others who support healthy aging initiatives.

For more information, click [here](#)

Medically At-Risk Driver Centre (MARD)

MARD works toward enhancing the safety and mobility of individuals who no longer drive because of illness or disability, or who choose not to drive because of age-related changes. MARD offers integrated, evidence-based solutions to identify and assess medically at-risk and medically impaired drivers, and to provide advancements in safety, mobility, and support for those who are no longer able to drive safely.

For more information, click [here](#)

Primary Care Networks (PCNs)

PCNs bring local physicians and other health care professionals together to provide comprehensive patient care to Albertans.

For more information, click [here](#)

APPENDIX C - GLOSSARY

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 total 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 for a more accurate comparison between populations with different age structures. Age-standardization is typically done when comparing rates across time periods, different geographic areas, and/or population sub-groups.

Alberta Seniors Benefit

Alberta Seniors Benefit provides a monthly benefit to eligible seniors with low income to assist with living expenses.

Average

An average is the mean of a dataset. The mean is calculated by summing each value in the data set and dividing it by the total number of values in the data set.

Continuing Care Facility

For the purposes of this report, a continuing care facility is defined as a publicly funded, designated supportive living or long-term care facility.

A designated supportive living facility is a home-like setting where people can maintain control over their lives while also receiving the support they need. The buildings are specifically designed with common areas and features, including private space, and a safe, secure and barrier-free environment.

Long-term care facilities are designed specifically for individuals with complex, unpredictable medical needs who require 24-hour onsite Registered Nurse assessment and/or treatment. Long-term care facilities provide a continuum of medical and social services designed to support the needs of people living with chronic health problems that require the oversight of a Registered Nurse, 24 hours a day.

For more information on continuing care, please visit Alberta Health Services' Continuing Care website.

<https://www.albertahealthservices.ca/cc/page15328.aspx>

Determinants of Health Aging

Healthy aging is a lifelong process of optimizing opportunities for improving and preserving health, wellness, independence, quality of life, and enhancing successful life course transitions. Healthy aging considers all aspects of a person's life. Determinants of healthy aging include, but are not limited to: Physical and Mental Health; Social Environment and Engagement; Social Support; Personal Wellbeing; Physical Environment; and Safety and Security. For more information on the determinants of healthy aging, contact the Alberta Association of Seniors Centres.

Dispensed Prescription Medication

Dispensed prescription medication refers to a prescription medication given to a person that was filled in a pharmacy.

Family Practice Sensitive Conditions

The Family Practice Sensitive Conditions indicator measures the aggregate emergency department or urgent care centre visits rate for health conditions that may be appropriately managed at a family physician's office. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.

Injury

Injuries are classified into two broad types: intentional and unintentional. Intentional injuries are purposefully inflicted to oneself or to another. Examples include assault, violence, and suicide. Unintentional injuries are not purposefully inflicted, and examples include motor vehicle collisions and falls.

Inpatient

An inpatient is an individual who has been officially admitted to a hospital for the purpose of receiving one or more health services.

Mental Health Conditions

Mental health conditions are medical conditions that affect a person's thinking, feeling, mood, ability to relate to others, and/or daily functioning. There are a wide range of mental conditions; examples include depression, anxiety disorders, schizophrenia, and eating disorders.

Prevalence Rate

The prevalence rate refers to the number of diagnosed individuals at a given time, which has been standardized by age.

Three or More Chronic Conditions

The Three or More Chronic Conditions indicator tracks the proportion of individuals with three or more chronic conditions, which may include: asthma, congestive heart failure, chronic obstructive pulmonary disease, dementia, diabetes, hypertension, and/or ischemic heart disease.

APPENDIX D - COMBINED LOCAL GEOGRAPHICAL AREAS

The following Local Geographical Areas (LGA) were combined:

The LGAs of Canmore and Banff were combined to create the Canmore & Banff LGA.

The LGAs of Castor Coronation Consort and Planning & Special Area 2 were combined to create the Castor Coronation Consort & Planning & Special Area 2 LGA.

The LGAs of Cold Lake and Frog Lake were combined to create the Cold Lake & Frog Lake LGA.

The LGAs of County of Warner and County of Forty Mile were combined to create the County of Warner & County of Forty Mile LGA.

The LGAs of Cypress County and Oyen were combined to create the Cypress County & Oyen LGA.

The LGAs of Fairview and Manning were combined to create the Fairview & Manning LGA.

The LGAs of Fort McMurray and Wood Buffalo were combined to create the Fort McMurray & Wood Buffalo LGA.

The LGAs of Grande Prairie County and Grande Cache were combined to create the Grande Prairie County & Grande Cache LGA.

The LGAs of Hinton and Jasper were combined to create the Hinton & Jasper LGA.

The LGAs of Lamont County and Two Hills County were combined to create the Lamont County & Two Hills County LGA.

The LGAs of MD of Wainwright and MD of Provost were combined to create the MD of Wainwright & MD of Provost LGA.

The LGAs of Slave Lake and Wabasca were combined to create the Slave Lake & Wabasca LGA.

The LGAs of Smoky Lake and Boyle were combined to create the Smoky Lake & Boyle LGA.

The LGAs of Spirit River and Falher were combined to create the Spirit River & Falher LGA.

The LGAs of Sturgeon County West and Sturgeon County East were combined to create the Sturgeon County West & Sturgeon County East LGA.

The LGAs of Tofield and Viking were combined to create the Tofield & Viking LGA.

The LGAs of Valleyview and Fox Creek were combined to create the Valleyview & Fox Creek LGA.

The LGAs of Whitecourt and Swan Hills were combined to create the Whitecourt & Swan Hills LGA.

For more information and a map of your LGA, please refer to the corresponding Community Profile for primary care published by Alberta Health. Refer to Appendix A for more details.