Alberta Health
Primary, Community and Indigenous Health

Community Profile: Banff
Health Data and Summary

3rd edition , March 2017

Alberta Government

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Disclaimer:

Qualifiers such as 'higher than', 'much lower than', 'similar to' etc. are used throughout the community profile to compare local geographic area (LGA) indicator values to the provincial average. Note that the qualifiers 'similar' and 'comparable' are chosen to describe situations in which the LGA indicator value is either identical or very close to the provincial average. For some indicators (e.g. sexually transmitted infections) the range of values can differ considerably across LGAs. As such, values that may seem different to the reader could be classified as similar by our methodology. For further details on these qualifiers please refer to Appendix A.

Suggested Citation:

Alberta Health Primary, Community and Indigenous Health –Community Profile: [insert LGA name], Health Data and Summary, 3rd edition, March 2017

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 Primary Health Care Strategy has five strategic directions: bring about cultural change, enhance delivery of care, establish building blocks for change, population needs based design, increase value and return on investment. Primary health care services in Alberta are delivered by a range of providers in many different settings. Current primary health care models in Alberta include: primary care networks, stand-alone physician clinics, community health centres, urgent-care centres, community ambulatory care centres, medi-centres, and university health centres.

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

The Community Profiles are intended to highlight areas of need and provide relevant information to support the consistent and sustainable planning of primary health care services. Each Community Profile offers an overview of the current health status of residents in the LGA, indicators of the area’s current 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 Community 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 geographic 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 Community Profile is divided into a number of sub-sections and is the core component of each report. The population size of LGA varies substantially from very small in rural areas to large in metropolitan centers. A compendium of health related information on demographics, prevalence rates, emergency visits, mental health and addiction, maternal and child health and more, is included in this section. In addition, information on indicators of need (relating to utilization, health population needs and social determinants of health) is also provided.

Furthermore, each Community Profile contains information on access statistics, offering insight into existing needs, as well as the utilization of non-local facilities by LGA residents. A map of selected health care services available in each LGA, together with a listing of these locations, is also included.

While the current Community Profile contains information at both the zone and LGA level, information could be updated or added to the profile if information is provided by the community. For more information contact *primaryhealthcare@gov.ab.ca.*

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

The datasets used in previous editions of the community profiles are publicly available through the Interactive Health Data Application http://www.ahw.gov.ab.ca/IHDA_Retrieval/ or the government Open Data portal https://open.alberta.ca/opendata . The datasets for the 3rd edition of the community profiles will be available through Open Data in May 2017.

Contributors ***(Alphabetic by Family Name, within Branch/Organization):***

Lawrence Kiyang - *Analytics and Performance Reporting; Alberta Health*
Katherine Lyman - *Analytics and Performance Reporting; Alberta Health*
Dan Metes - *Analytics and Performance Reporting; Alberta Health*
Mengzhe Wang - *Analytics and Performance Reporting; Alberta Health*

Ade A Davies - *Primary Care Network (PCN) Operations; Alberta Health*
Candy Gregory - *Primary Care Network (PCN) Operations; Alberta Health*
Rick Leischner - *Primary, Community and Indigenous Health; Alberta Health*

Naomi Gordon - *Strategic Policy; Alberta Health*
Peter G MacLeod - *Strategic Policy; Alberta Health*

Nana Gyennin - *Primary Health Care; Alberta Health Services*
Alka Patel - *Primary Health Care; Alberta Health Services*

Ryan Lacanilao - *Addiction and Mental Health; Alberta Health*

COMMUNITY PROFILE SUMMARY

Local Geographic Area: Banff

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

POPULATION HEALTH INDICATORS

- Health status indicators are available solely at the zone level. The percentage of obese adults in the Calgary Zone (which includes Banff) was lower than the provincial percentage in 2014 (19.8% Calgary Zone vs. 22.8% AB). (Table 1.2)
- The Calgary Zone reported a lower proportion of inactive people compared to the provincial proportion during the same year (39.4% Calgary Zone vs. 43.1% AB). (Table 1.2)

DEMOGRAPHICS

- Banff's population increased by 71.6% between 1996 and 2016 (compared to a 62.2% increase for Alberta) and currently stands at 14,420 people. (Figure 2.2)
- The largest age group in the LGA, in 2016, was 18-34 year olds who accounted for 50.9% of the population compared to 40.4% for Alberta. (Figure 2.1)
- Children 17 and under made up 9.6% of the LGA's population compared to 22.1% for Alberta, while individuals 65 and older accounted for 5.3% of the population in the LGA versus 11.8% in Alberta. (Figure 2.1)

SOCIAL DETERMINANTS OF HEALTH INDICATORS

- Banff had a lower proportion of First Nations and Inuit people compared to Alberta (0.5% vs. 2.8% AB). (Table 3.1)
- The percentage of female lone-parent families was lower than the provincial percentage (6.4% vs. 11.1% AB). (Table 3.2)
- A lower proportion of families with an after-tax low-income level were reported in the LGA compared to Alberta (6.4% vs. 10.7% AB). (Table 3.2)
- The most common non-official languages spoken at home in the LGA were: Japanese, Tagalog (Pilipino, Filipino), Korean, German, and Spanish. (Table 3.2)

CHRONIC DISEASE PREVALENCE

- In 2015, the disease with the highest prevalence rate (per 100 population) in Banff was hypertension. The rate associated with this disease was 0.7 times lower than the provincial rate (14.7 vs. 20.2 AB). (Figure 4.2)

MATERNAL HEALTH

- From 2012/2013 to 2014/2015, Banff's birth rate per 1,000 women was much lower than the provincial rate (12.5 vs. 25.7 AB) and the teen birth rate per 1,000 women was lower than Alberta's teen birth rate (4.3 vs. 14.0 AB). (Table 5.1)

SEXUALLY TRANSMITTED INFECTIONS

- The highest sexually transmitted infections (STI) rate per 100,000 population in the LGA, in 2013/2014 - 2015/2016, was reported for chlamydia. 3 of the top 5 STI rates in the LGA were higher than the provincial rates. (Table 6.1)

MORTALITY

- The mortality rate (per 100,000 population) due to all causes was much lower in the LGA, in 2013-2015, compared to the province (456.7 vs. 634.7 AB) and the most frequent cause of death reported between 2006 and 2015 was neoplasms. (Figures 7.2 and 7.3)

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

- Semi and non-urgent emergency visits accounted for 56.4% of all emergency visits in 2015/2016. (Table 8.1)
- Acute upper respiratory infections were the most common reason for emergency visits (among select conditions) in 2014, and had a lower rate (per 100,000 population) compared to the provincial rate (2,220.5 vs. 3,601.8 AB). (Figure 8.4)

INPATIENT SERVICE UTILIZATION

- Pneumonia, ischemic heart disease, and mental & behavioural disorders due to psychoactive substance use were the top three main reasons for inpatient separations (among selected conditions) in 2016, and inpatient separation rates were higher than the provincial rates for 2 of 7 diagnoses. (Figure 9.2)

MENTAL AND BEHAVIOURAL DISORDERS

- Mental and behavioural disorders are particularly important from a population health perspective. In 2014, Banff's emergency department (ED) visit rate for mental and behavioural disorders was lower than the provincial ED visit rate per 100,000 population (439.4 vs. 676.0 AB). (Figure 8.4)
- The inpatient discharge rate associated with mental and behavioural disorders was comparable to Alberta's discharge rate per 100,000 population (104.4 vs. 136.7 AB). (Figure 9.2)
- Between 2006 and 2014, mental and behavioural disorders accounted for 3.5% of all deaths in the LGA. (Figure 7.3) Note that deaths due to the top eight disease categories are displayed in Figure 7.3, while the remaining disease categories are grouped into the generic 'Other'.

PRIMARY HEALTH CARE INDICATORS OF COMMUNITY PRIMARY CARE NEED

Through a series of consultation meetings and independent team analysis of 34 health indicators, primary health care teams from AHS and Alberta Heath agreed to retain 11 of the most important health indicators relating to primary health care needs for each local geographic area. Some of these indicators relate to primary care utilization and availability of primary care services, while others refer to health conditions or health status such as incidence and prevalence of diseases. One additional indicator included, life expectancy at birth, was seen as a strong determinant of health status. All indicators reporting rates were age-standardized for easy interpretation. The following indicators have been highlighted for this LGA:

- The ambulatory care sensitive conditions (ACSC) separation rate per 100,000 population in Banff was 376.9 compared to the Alberta rate of 359.4. (Table 10.1)

- In Banff, the rate of people with three or more chronic diseases per 100 population was 2.0 compared to the Alberta rate of 3.9. (Table 10.1)

- The percentage of total family physician claims outside the recipient's home local geographic area in Banff was 24.2% compared to the Alberta percentage of 53.1%. (Table 10.1)

- Residents of this local geographic area had a life expectancy at birth of 86.1 years compared to 81.3 years for Alberta. (Table 10.1)

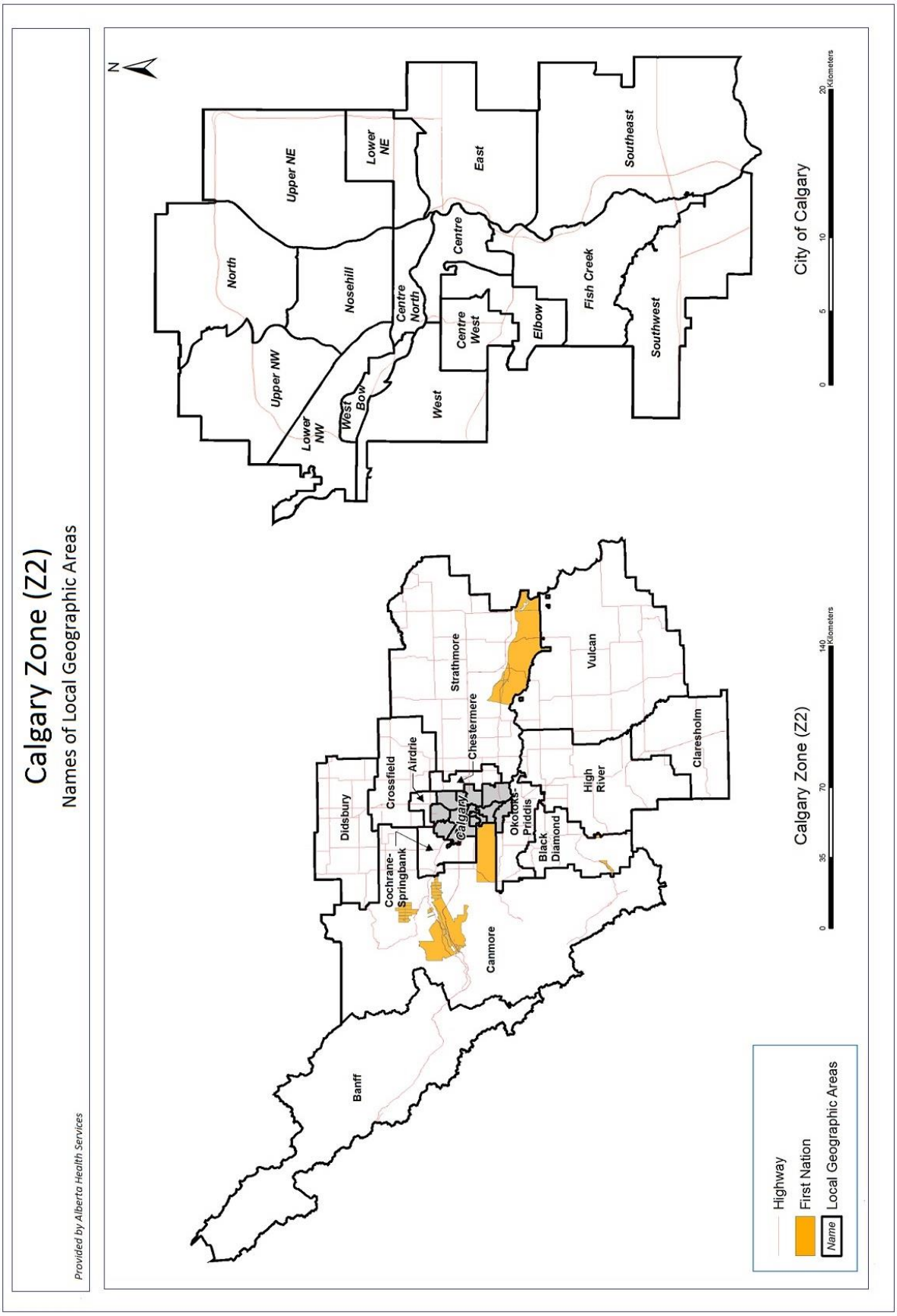
ACCESS TO HEALTH CARE SERVICES

- Banff residents received ambulatory care services at facilities located outside the LGA. In 2015/2016, these visits made up 52.6% (or 8,922 visits) of all ambulatory care visits and most such visits (i.e. 27.4% of all external visits) were to the Canmore General Hospital in Canmore (LGA of Canmore). (Tables 11.1 and 11.2)

- In 2015/2016, inpatient separations outside the LGA made up 64.7% (or 485) of all inpatient separations for Banff residents and most of them (i.e. 36.5% of all external inpatient separations) occurred at the Canmore General Hospital in Canmore (LGA of Canmore). (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.


Calgary Zone (Z2)
Names of Local Geographic Areas
Provided by Alberta Health Services
N
Upper NE
Lower NE
East
Southeast
North
Nosehill
Centre North
Centre
Centre West
Elbow
Fish Creek
Southwest
Upper NW
Lower NW
West Bow
West
City of Calgary
0 5 10 20 Kilometers
Strathmore
Vulcan
Chestermere
Airdrie
Crossfield
Didsbury
Calgary
Okotoks-Priddis
Black Diamond
High River
Claresholm
Cochrane-Springbank
Canmore
Banff
Calgary Zone (Z2)
0 35 70 140 Kilometers
Highway
First Nation
Name
Local Geographic Areas

Alberta Calgary Zone

POPULATION HEALTH INDICATORS

Table 1.1 shows the zone-level population distribution compared to the province, by age group and gender, as at Mar 31 of the most recent fiscal year available. Children under the age of one were defined as infants, while the pediatric age group consists of all minors excluding infants. People with no age information available were categorized as unknown.

TABLE 1.1 Zone versus Alberta Population Covered[1], as at March 31, 2016

	Calgary Zone			Alberta[2]		
	Population					
	Female	Male	Total	Female	Male	Total
	841,720	853,754	1,695,474	2,198,984	2,250,120	4,449,104
Percentage Distribution of Population by Age Groups						
Age Group	Female	Male	Total	Female	Male	Total
Infants: Under 1	0.6%	0.6%	1.2%	0.6%	0.6%	1.3%
Pediatric: 1-17	9.9%	10.4%	20.3%	10.1%	10.7%	20.8%
18-34	12.7%	12.8%	25.5%	12.7%	13.0%	25.7%
35-64	20.6%	21.4%	42.0%	19.7%	20.7%	40.4%
65-79	4.3%	4.1%	8.4%	4.5%	4.3%	8.8%
80 & Older	1.6%	1.1%	2.7%	1.8%	1.2%	3.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

As at March 31, 2016, the largest age group was 35-64 year olds, accounting for 42.0% of the overall population in the Calgary Zone and 40.4% of the population in Alberta. Children 17 and under comprised 21.5% of Calgary Zone's overall population, compared to 22.1% for Alberta. In addition, residents 65 and older accounted for 11.1% of Calgary Zone's overall population, 0.7 percentage points lower than the corresponding provincial proportion.

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

TABLE 1.2 Health Status Indicators for Zone versus Alberta Residents, 2013 and 2014

		Calgary Zone			Alberta		
Body Mass Index (BMI)[3]							
Category	Year	Female	Male	Total	Female	Male	Total
Under Weight	2013	4.2%	0.2%	2.1%	3.6%	0.6%	2.0%
	2014	6.5%	1.0%	3.6%	4.6%	0.8%	2.6%
Normal Weight	2013	58.1%	39.1%	48.0%	53.1%	35.5%	43.8%
	2014	49.7%	43.0%	46.2%	50.6%	35.2%	42.6%
Over Weight	2013	22.5%	46.1%	35.1%	25.5%	43.3%	34.9%
	2014	23.1%	36.9%	30.3%	24.5%	39.0%	32.1%
Obese	2013	15.2%	14.6%	14.9%	17.9%	20.6%	19.3%
	2014	20.7%	19.0%	19.8%	20.3%	25.0%	22.8%

TABLE 1.2 Health Status Indicators for Zone versus Alberta Residents, 2013 and 2014 (continued)

		Calgary Zone			Alberta		
Physical Activity[3]							
Category	**Year**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Active or moderately active	2013	55.8%	62.4%	59.1%	56.2%	58.6%	57.4%
	2014	52.7%	68.4%	60.6%	54.2%	59.5%	56.9%
Inactive	2013	44.2%	37.6%	40.9%	43.8%	41.4%	42.6%
	2014	47.3%	31.6%	39.4%	45.8%	40.5%	43.1%
Smoking[3]							
Daily smokers	2013	10.1%	16.2%	13.2%	11.7%	18.6%	15.2%
	2014	9.7%	13.7%	11.7%	12.5%	16.5%	14.5%
Never/former/ occasional smokers	2013	89.9%	83.8%	86.8%	88.3%	81.4%	84.8%
	2014	90.3%	86.3%	88.3%	87.5%	83.5%	85.5%
Self-Perceived Mental Health[3]							
Excellent or Very Good	2013	75.7%	70.6%	73.1%	73.1%	72.8%	72.9%
	2014	70.9%	73.4%	72.1%	70.7%	73.7%	72.2%
Poor Fair or Good	2013	24.3%	29.4%	26.9%	26.9%	27.2%	27.1%
	2014	29.1%	26.6%	27.9%	29.3%	26.3%	27.8%

The percentage of obese adults (age 20-64, not pregnant) in the Calgary Zone in 2014 was lower than the provincial percentage (19.8% vs. 22.8% AB) and there was a lower proportion of inactive people compared to Alberta (39.4% vs. 43.1% AB). In addition, a lower percentage of daily smokers was reported at the zone level compared to the province in 2014 (11.7% vs. 14.5% AB) and a similar proportion considered themselves as having excellent or very good mental health (72.1% vs. 72.2% AB).

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

TABLE 1.3 Zone versus Alberta Infant Mortality Rates (per 1,000 live births)
Years 2013 - 2015

	Calgary Zone	Alberta
Infant Mortality Rate (per 1,000 births)[3]		
2013	4.2	4.5
2014	4.7	4.7
2015	3.7	4.4

The infant mortality rates in the Calgary Zone varied between 3.7 per 1,000 births in 2015 and 4.7 per 1,000 births in 2014. Compared to Alberta, infant mortality rates in the Calgary Zone were higher for 1 of the 3 calendar years.

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

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

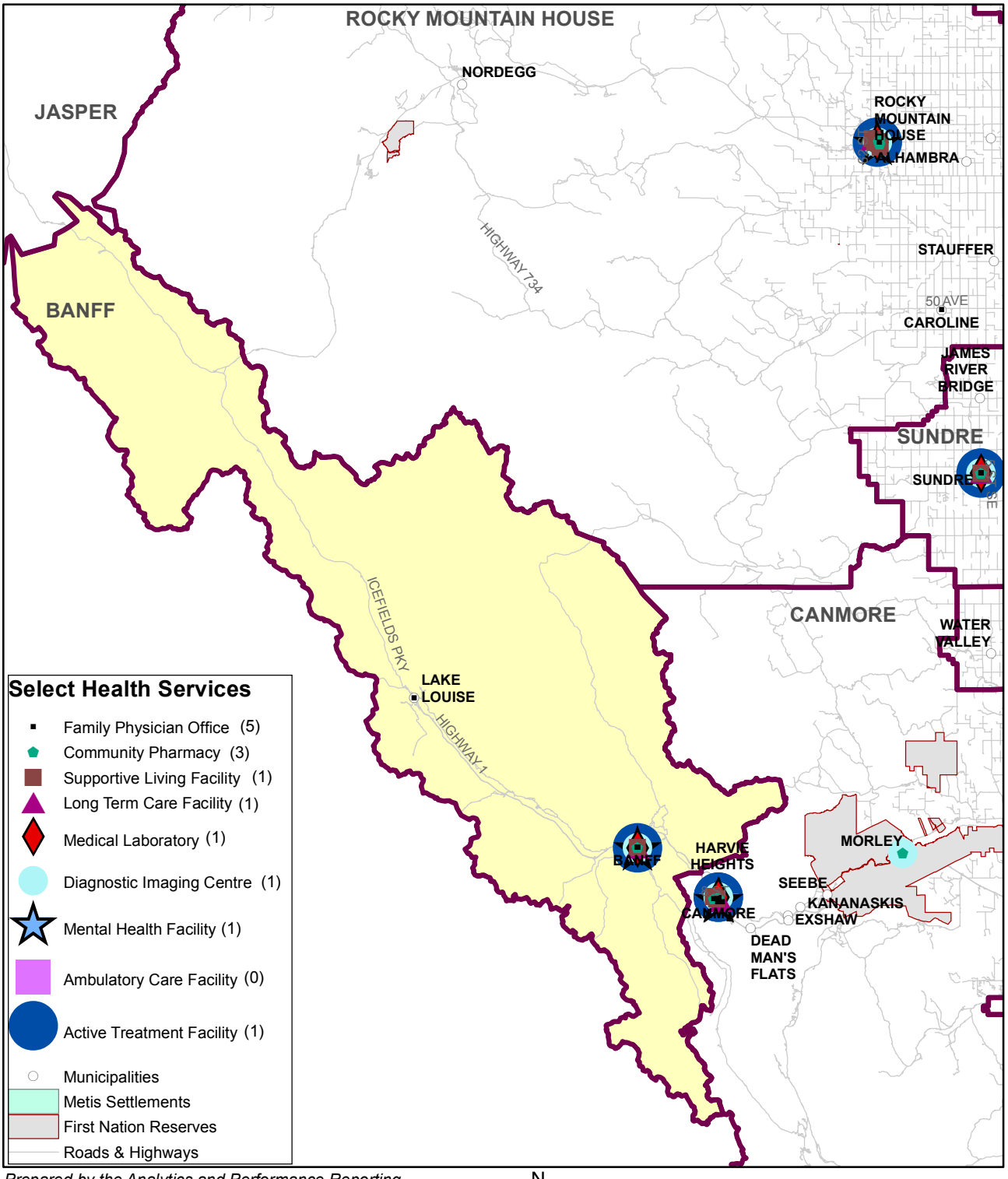
Methodology:
Surveillance and Assessment Unit, Alberta Health (As of Nov 2016) See link: http://www.ahw.gov.ab.ca/IHDA_Retrieval

Local Geographic Area Level Information

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

Map of Selected Health Services in Local Geographic Area of Banff

Population (2016): 14,420



Prepared by the Analytics and Performance Reporting Branch, Alberta Health
Note: For additional details regarding the selected health service facilities in the above map please refer to Appendix D.

Local Geographic Area: Banff

DEMOGRAPHICS

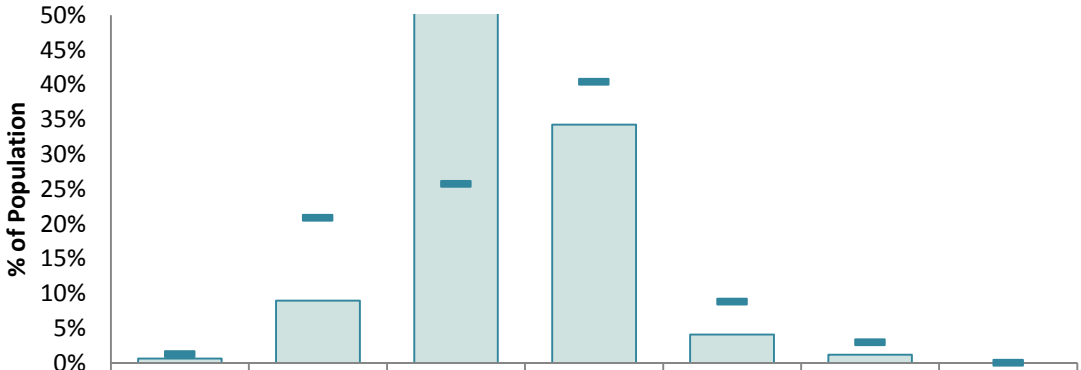
Table 2.1 shows the population distribution of the local geographic area broken down by age group and gender, as at March 31 of the most recent fiscal year available. Specific age groups have been identified. Children under the age of one were defined as infants, while the pediatric age group includes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

TABLE 2.1 Distribution of Population Covered[1] by Age and Gender
As at March 31, 2016

Local Geographic Area Population			
Age Group	**Female**	**Male**	**Total**
Infants: Under 1	41	52	93
Pediatric: 1-17	637	658	1,295
18-34	3,795	3,540	7,335
35-64	2,200	2,738	4,938
65-79	259	331	590
80 & Older	101	68	169
Unknown	0	0	0
Total	**7,033**	**7,387**	**14,420**

Figure 2.1 profiles the population distribution by age group for both the local geographic area and Alberta, as at March 31 of the most recent fiscal year available.

FIGURE 2.1 Percentage Distribution of Local Geographic Area (LGA) versus Alberta Population
By Age Group as at March 31, 2016

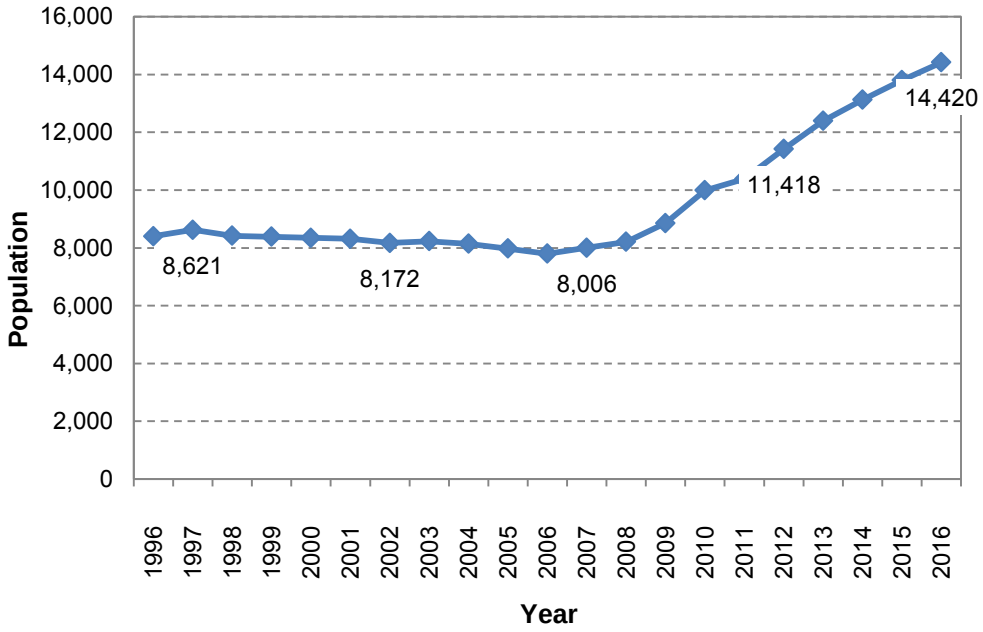


	Infants: Under 1	Pediatric: 1-17	18-34	35-64	65-79	80 & Older	Unknown
LGA	0.6%	9.0%	50.9%	34.2%	4.1%	1.2%	0.0%
Alberta	1.3%	20.8%	25.7%	40.4%	8.8%	3.0%	0.0%

As at March 31, 2016, the largest age group was 18-34 year olds, accounting for 50.9% of the overall population. Children 17 and under comprised 9.6% of Banff's overall population, compared to 22.1% for Alberta. In addition, residents 65 and older accounted for 5.3% of Banff's overall population, 6.5 percentage points lower than the corresponding provincial proportion.

The population counts as at March 31 of each year, between 1996 and the most recent year are provided in Figure 2.2.

FIGURE 2.2 Local Geographic Area Population Covered as at End (i.e. Mar 31) of Fiscal Years 1996 - 2016



The population of Banff increased by 71.6% between 1996 and 2016. A low of 7,800 individuals was reported in 2006 and a peak of 14,420 people was reported in 2016.

Sources:

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

Postal Code Translator File, Alberta Health

Notes:

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

Local Geographic Area: Banff

SOCIAL DETERMINANTS OF HEALTH INDICATORS

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

TABLE 3.1 Population Percentage of First Nations with Treaty Status[1] and Inuit as at March 31, 2016

First Nations with Treaty Status and Inuit Population		
	Banff	**Alberta**
Percent of Population that is First Nations or Inuit	0.5%	2.8%

TABLE 3.2 Social Determinants of Health Indicators[2] for Local Geographic Area versus Alberta Residents 2011

Family Composition		
	Banff	**Alberta**
Percent (Number of) Male Lone-Parent Families	2.2% (35)	3.4% (33,705)
Percent (Number of) Female Lone-Parent Families	6.4% (100)	11.1% (110,800)
Percent (Number of) 65 Years of Age and Older Who Live Alone	33.0% (145)	25.0% (91,355)
Percent (Number of) Persons not in Census Family[1]	33.7% (2,160)	17.3% (616,065)
Percent (Number of) Census Family Persons	66.2% (4,245)	82.7% (2,951,865)
Average Number of Persons per Census Family	2.7	3.0
Family Income		
	Banff	**Alberta**
Percent (Number) of Families with After-Tax Low-Income[1]	6.4% (99)	10.7% (105,875)
Percent (Number) of Private Households with an After-Tax Income ≥ $100,000 in 2010	21.8% (580)	27.8% (386,990)
Average Census Family Income	$90,336	$116,232
Housing		
	Banff	**Alberta**
Percent Living in Owned Dwellings	45.3%	73.6%
Percent Where Greater Than 30% of Income Is Spent on Housing for Homeowners	23.3%	18.4%
Average Value of Dwelling	$605,525	$398,839
Percent of Homeowners Who Have Homes in Need of Major Repairs	5.3%	7.0%
Percent Living in Rented Dwellings	54.7%	25.7%
Percent Where Greater Than 30% of Income Is Spent on Housing for Renters	32.4%	38.6%
Percent Living in Band Housing[1]	0.0%	0.7%

Compared to Alberta, Banff had a lower proportion of First Nations people (0.5% vs. 2.8% AB). The proportion of female lone-parent families was lower than the provincial proportion (6.4% vs. 11.1% AB). In addition, the proportion of male lone-parent families in Banff was lower than the provincial proportion (2.2% vs. 3.4% AB).

Furthermore, a lower percentage of families had an after-tax low-income level compared to the province (6.4% vs. 10.7% AB). Compared to Alberta, the percentage of people who spent 30% or more of their income on housing related expenses for homeowners was 4.9 percentage points higher in Banff. In addition, a much lower proportion of people in Banff lived in dwellings they owned (45.3% vs. 73.6% AB).

TABLE 3.2 Social Determinants of Health Indicators[2] for Local Geographic Area versus Alberta Residents 2011 (Continued)

Mobility		
	Banff	**Alberta**
Percent who lived at the Same Address One Year Ago	80.8%	84.8%
Percent who lived at the Same Address Five Years Ago	41.7%	55.1%
Language		
	Banff	**Alberta**
Percent Who Do Not Speak English or French	0.9%	1.4%
Percent of Households Where a Non-Official Language Is Spoken at Home	12.8%	10.5%
Top Five Non-Official Languages Spoken at Home[3]	Japanese, Tagalog (Pilipino, Filipino), Korean, German, and Spanish	Panjabi (Punjabi), German, Tagalog (Pilipino, Filipino), Chinese (n.o.s.), and Spanish
Immigration		
	Banff	**Alberta**
Total Number of Immigrants	1,710	644,115
Percent of Immigrants Who Arrived in the Last Five Years	12.6%	4.0%
Top Five Places of Birth for Recent Immigrants[4]	Philippines, United Kingdom, Japan, and Oceania and other	Philippines, India, China, United Kingdom, and United States
Educational Attainment		
	Banff	**Alberta**
Percent with No High School Graduation Certificate	4.2%	12.3%
Percent with High School Graduation Certificate	22.7%	23.8%
Percent with Apprenticeship, Trades Certificate or Diploma	12.1%	12.2%
Percent with College, Other Non-University Certificate, or Diploma	22.3%	21.4%
Percent with University Certificate, Diploma or Degree	38.6%	30.3%

TABLE 3.2 Social Determinants of Health Indicators[2] for Local Geographic Area versus Alberta Residents 2011 (Continued)

Household and Dwelling Characteristics		
	Banff	Alberta
Percent Persons in Private Households[1]	73.2%	97.9%
Total Number of Households by Household Type	2,655	1,390,275
Census Family Households	57.3%	69.8%
One-Family-Only Households	49.2%	62.6%
Two-or-More-Family Households	7.9%	7.1%
Non-Family Households	42.6%	30.2%
Total Number of Dwellings by Structural Type	2,650	1,390,275
Single-Detached House	15.5%	63.5%
Moveable Dwelling	0.0%	3.4%
Other Dwelling Including ≥5 Storey Apartment Buildings	84.3%	33.1%

Banff had a lower proportion of non-English and non-French speaking people compared to Alberta (0.9% vs. 1.4% AB). Also, a much higher proportion of immigrants arrived in the last five years in Banff compared to the province (12.6% vs. 4.0% AB). Furthermore, Banff reported a higher proportion of people with university certificates, diplomas or degrees (38.6% vs. 30.3% AB).

Sources:

Federal Census (2011) by LGA - Custom Extract, Statistics Canada

National Household Survey (2011) by LGA - Custom Extract, Statistics Canada

Postal Code Translator File, Alberta Health

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

Notes:

[1] *See Appendix A for definition.*

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

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

[4] *Less than five places of birth may be listed if no others were reported. Six or more places of birth may be listed in the case of ties. Since only a selected number of countries was included for each continent, categories like "Other places of birth in Continent X" may appear among the top 5 places of birth listed in Table 3.2; to better understand which countries are included in the "Other..." categories please refer to the list of selected counties that appeared distinctly in the data; countries not included in "Other..." but that could appear on their own are listed below:*

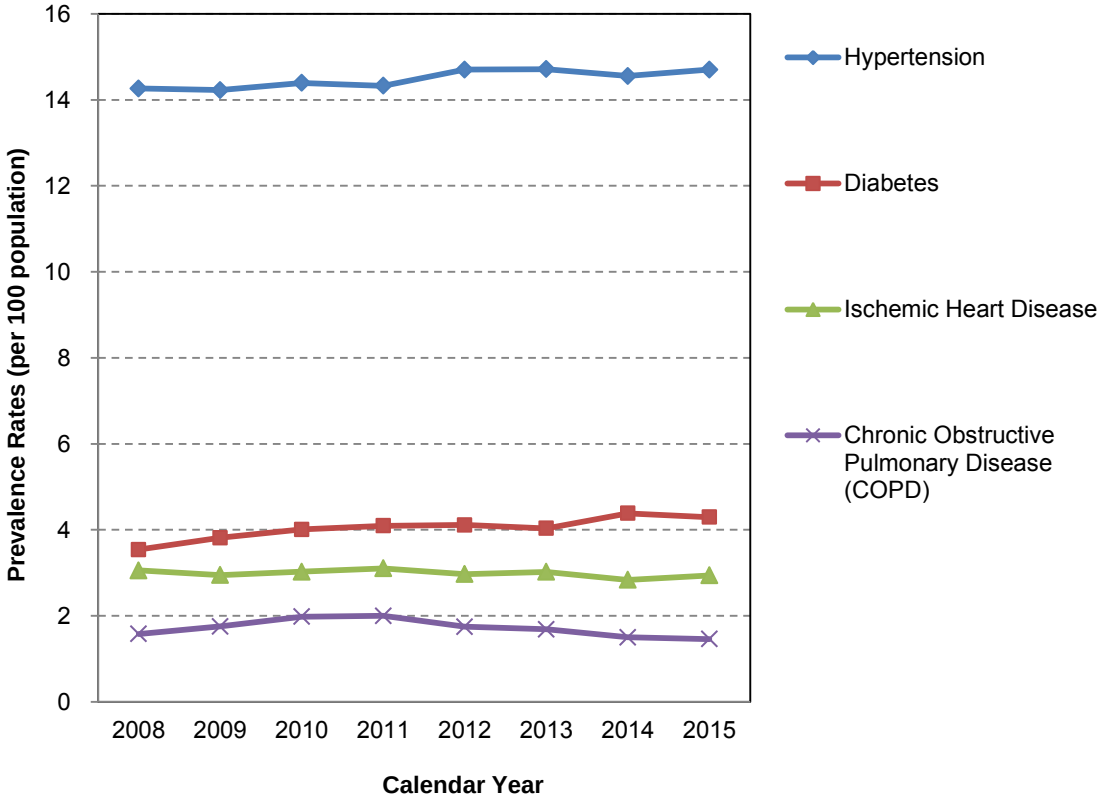
-> Africa: Algeria, Cameroon, Congo, Egypt, Ethiopia, Mauritius, Morocco, Nigeria, Somalia, Tunisia, South Africa
-> Americas (N, S and Central) : Brazil, Colombia, Cuba, Guyana, Haiti, Jamaica, Mexico, Peru, United States, Venezuela
-> Asia (incl. Middle East): Afghanistan, Bangladesh, China, Hong Kong Special Administrative Region, India, Iran, Iraq, Israel, Japan, Lebanon, Nepal, Pakistan, Philippines, Saudi Arabia, South Korea, Sri Lanka, Syria, Taiwan, Turkey, United Arab Emirates, Vietnam
-> Europe: France, Germany, Moldova, Poland, Romania, Russian Federation, Ukraine, United Kingdom

Local Geographic Area: Banff

CHRONIC DISEASE PREVALENCE

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

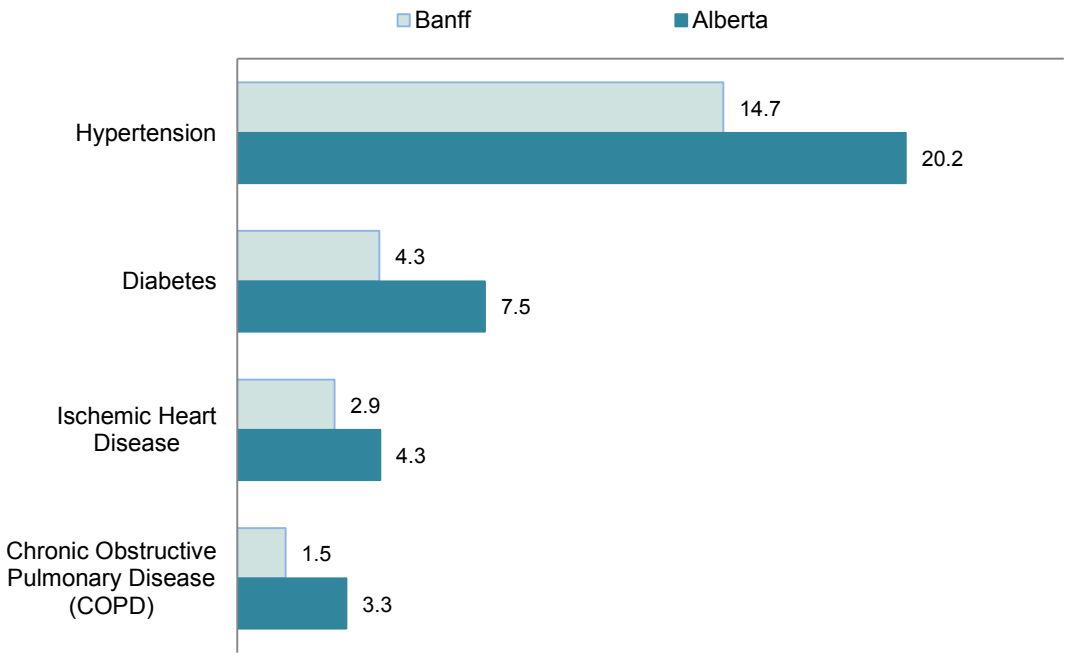
FIGURE 4.1 LGA Age-Standardized Chronic Disease Prevalence Rates[1] (per 100 population) 2008 - 2015



On average, the condition with the highest chronic disease prevalence rate reported for Banff during 2008 to 2015 was hypertension. The largest rate of change during this time period was reported for diabetes (on average, a 0.1 people per 100 population increase per year). In 2015, Banff ranked number 132 in hypertension, number 132 in diabetes, number 132 in ischemic heart disease and number 132 in COPD among prevalence rates reported for the 132 local geographical areas (note: a lower rank is desirable).

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

FIGURE 4.2 LGA versus Alberta Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2015



In 2015, the Banff prevalence rate for hypertension per 100 population was 0.7 times lower than the corresponding rate reported for the province (14.7 vs. 20.2 AB). In addition, Banff showed prevalence rates higher than the provincial rates for none of the 4 chronic diseases included above.

Sources:

Alberta Health Care Insurance Plan (AHCIP) Physician Claims Data, Alberta Health
Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
Alberta Hospital Discharge Abstract Database (DAD), Alberta Health
Postal Code Translator File, Alberta Health
Census 2011 Population Data, Statistics Canada

Notes:

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

Methodology:

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

Local Geographic Area: Banff

MATERNAL AND CHILD HEALTH

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

TABLE 5.1 Local Geographic Area Maternal and Child Health Indicators for the period 2012/2013 - 2014/2015

Maternal and Child Health Indicators	Three-Fiscal-Year Period	Banff	Alberta
Number of Births	2012/2013 - 2014/2015	239	160,857
Percent Low Birth Weights (of Live Births)[1], less than 2500 gm		7.9%	7.1%
Percent High Birth Weights (of Live Births)[1], greater than 4000 gm		4.2%	9.1%
Birth Rate (per 1,000 population)[1]		12.5	25.7
Fertility Rate (per 1,000 Women 15 to 49 Years)[1]		16.7	50.8
Teen Birth Rate (per 1,000 Women 15 to 19 Years)		4.3	14.0
Percent of Deliveries with Maternal Prenatal Smoking		5.1%	13.4%

During 2012/2013 to 2014/2015, Banff's birth rate of 12.5 per 1,000 women was much lower than the provincial rate, and the teen birth rate of 4.3 per 1,000 was lower than Alberta's teen birth rate. In addition, a lower proportion of prenatal smoking cases were reported in Banff compared to the province (5.1% vs. 13.4% AB).

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

TABLE 5.2 Childhood Immunization Coverage Rates, 2015

DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza B) Dose 4 of 4			
Age Group	**Calendar Year**	**Banff**	**Alberta**
By Age Two	2015	72.2%	75.4%
MMR (Measles, Mumps, and Rubella)			
By Age Two	2015	81.1%	87.1%

By the age of two, 72.2% of children in Banff (in 2015) had been vaccinated against DTaP-IPV-Hib (compared to 75.4% for AB), while 81.1% had received MMR vaccines (compared to 87.1% for AB).

Sources:

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

Notes:

[1] *See Appendix A for definition.*

Methodology (Childhood Immunizations):

Surveillance and Assessment Unit, Alberta Health (As of Nov 2014) See link: http://www.ahw.gov.ab.ca/IHDA_Retrieval

Local Geographic Area: Banff

SEXUALLY TRANSMITTED INFECTIONS

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

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

STI (per 100,000 population)			
Three-Fiscal-Year Period	**Disease**	**Banff**	**Alberta**
2012/2013 - 2014/2015	Chlamydia	719.7	379.1
	Non-Gonococcal Urethritis	188.2	37.3
	Mucopurulent Cervicitis	61.0	7.1
	Gonorrhea	12.7	48.4
	Syphilis	10.2	9.4
2013/2014 - 2015/2016	Chlamydia	839.2	382.4
	Non-Gonococcal Urethritis	181.4	37.4
	Mucopurulent Cervicitis	89.5	7.1
	Gonorrhea	33.9	58.7
	Syphilis	9.7	11.1

Banff's highest STI rate per 100,000 population in 2013/2014 - 2015/2016 was reported for chlamydia and this rate was higher than the provincial rate (839.2 vs. 382.4 AB).

3 of the top 5 STI rates in Banff were higher than the provincial rates for STIs in 2013/2014 - 2015/2016.

Sources:

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

Notes:

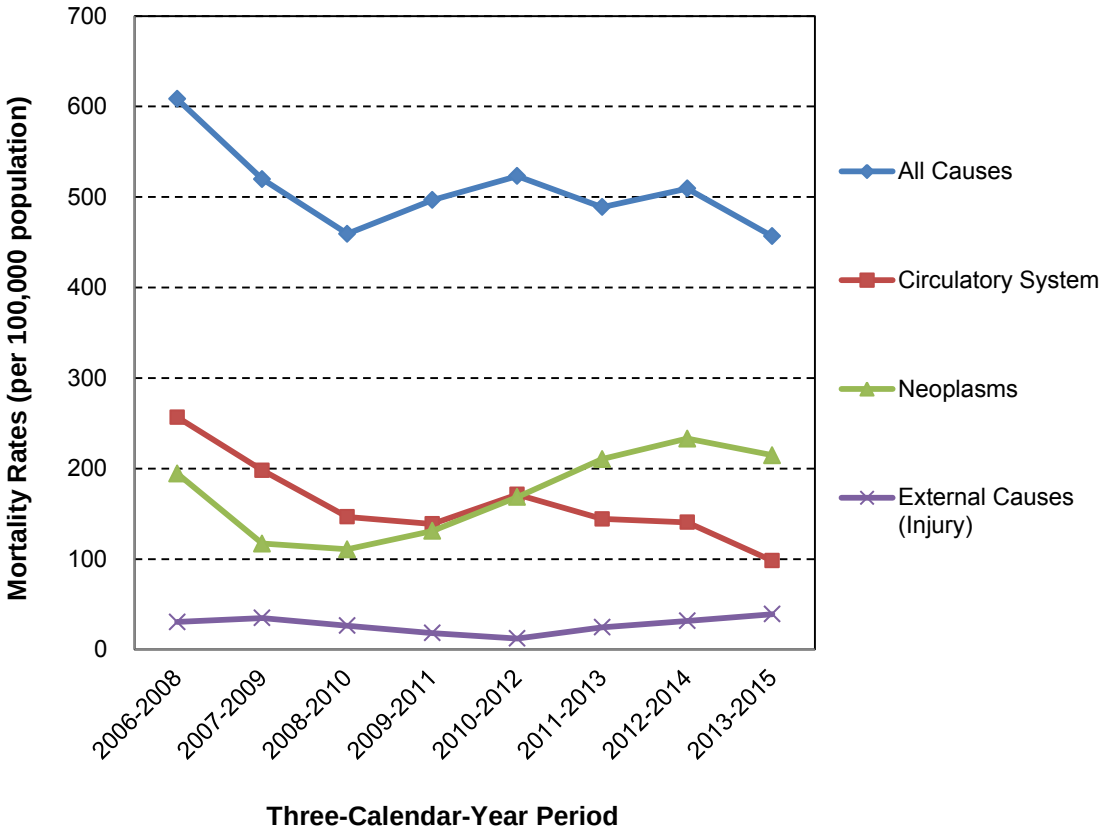
[1] *See Appendix A for definition.*

Local Geographic Area: Banff

MORTALITY

Figure 7.1 displays the age-standardized mortality rates[1], per 100,000 population, for the three selected causes of death and all causes combined. Data is provided for each three-calendar-year period between 2006 and 2015. The age-standardized mortality rate by cause of death is a measure of the frequency (rate) at which deaths occur in a given population due to a certain cause.

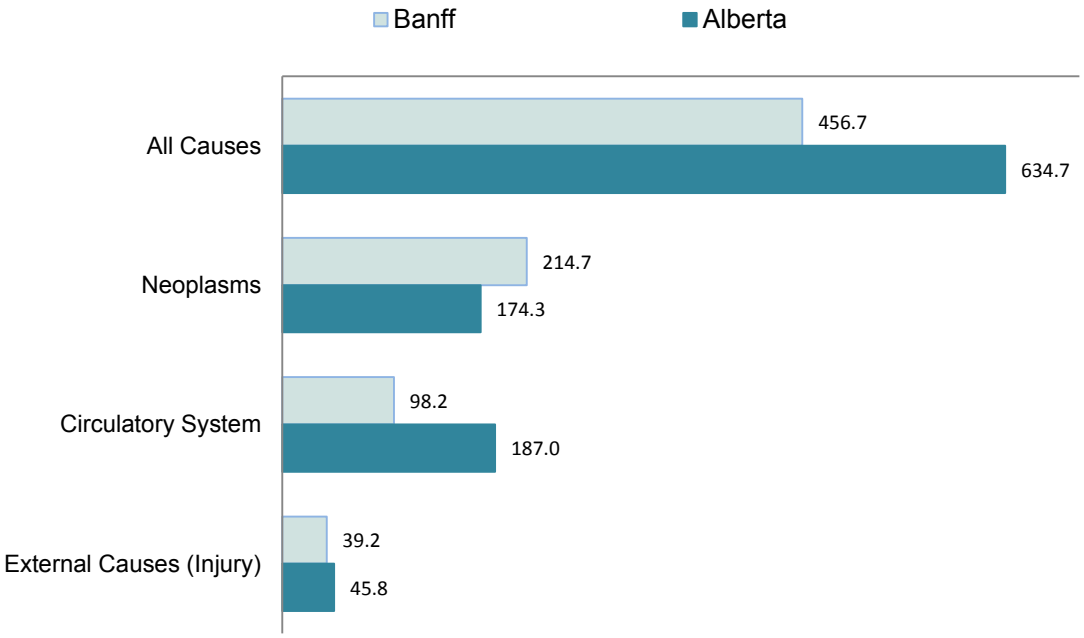
FIGURE 7.1 Local Geographic Area Age-Standardized Mortality Rates[1] (per 100,000 population) By Three-Calendar-Year Period



The three-year mortality rates for Banff ranged between 456.7 and 608.4 per 100,000 population during the study period. The three selected causes of death, namely, neoplasms, diseases of the circulatory system, and external causes accounted for 56.9% to 82.2% of all deaths from 2006 - 2008 to 2013 - 2015.

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

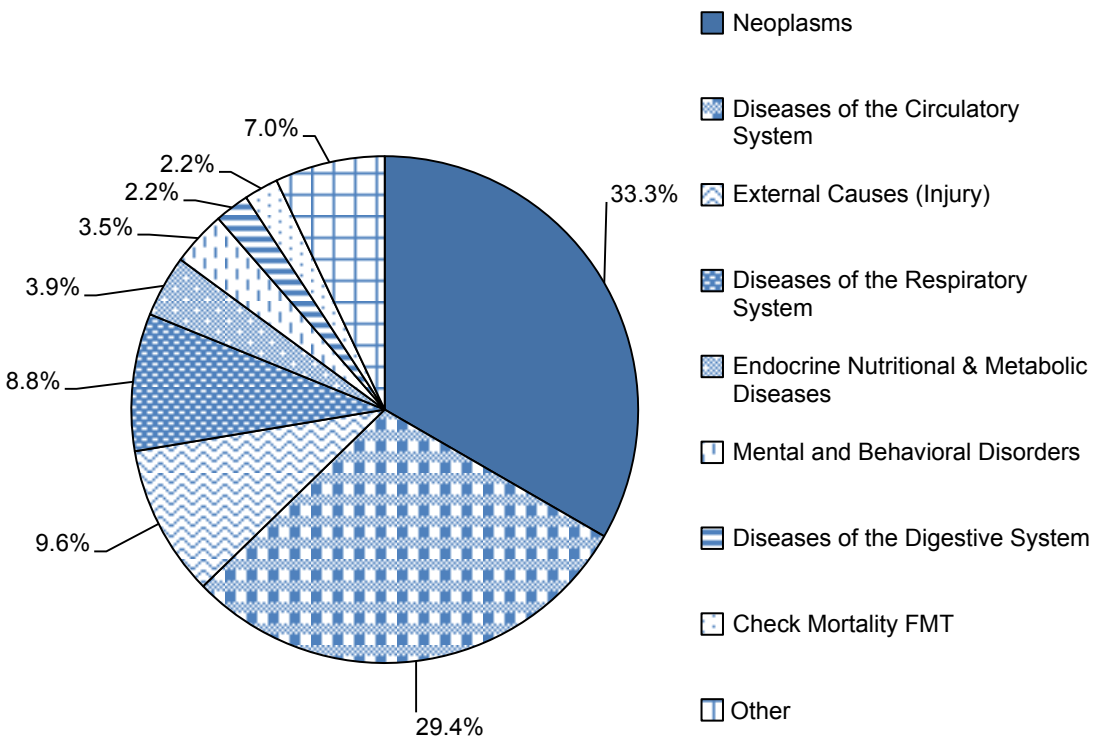
FIGURE 7.2 Local Geographic Area versus Alberta Age-Standardized Mortality Rates (per 100,000 population) for Three-Calendar-Year Period 2013-2015



For all causes, Banff reported a much lower mortality rate compared to the provincial rate (456.7 vs. 634.7 AB). In 2013 - 2015, neoplasms was the main cause of death in Banff, with an associated mortality rate higher than the provincial rate per 100,000 population (214.7 vs. 174.3 AB). In addition, mortality rates were higher than the provincial rates for 1 of the 3 selected causes of death reported in Banff.

Figure 7.3 illustrates the distribution of deaths by cause of death (top 8 causes) for the local geographic area, over the most recent 10-calendar-year period available. All other causes of death are lumped into the "Other" category. As such, this category may include different causes of death from report to report. The legend displays causes of death in descending order of magnitude.

FIGURE 7.3 LGA Distribution of Deaths by Cause of Death Across 10 Calendar Years, 2006-2015



Between 2006 and 2015 neoplasms accounted for 33.3% of all deaths reported in Banff. More than three-quarters of all reported deaths were due to four major causes: neoplasms, diseases of the circulatory system, external causes (injury), and diseases of the respiratory system.

Sources:

Alberta Vital Statistics Death File
Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
Postal Code Translator File, Alberta Health
Census 2011 Population Data, Statistics Canada

Notes:

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

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

Local Geographic Area: Banff

EMERGENCY SERVICE UTILIZATION (PART A: BY CTAS LEVEL)

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

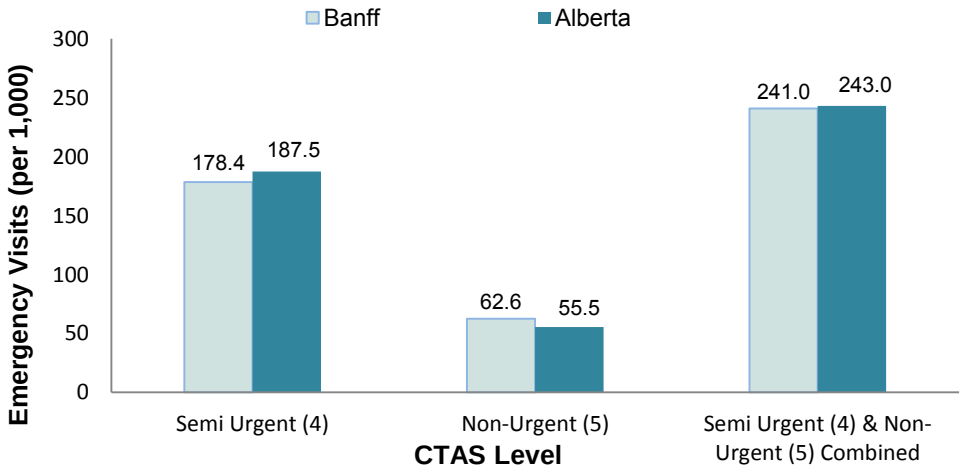
TABLE 8.1 Emergency Visits for Patients Residing in the Local Geographic Area by CTAS Level
Fiscal Years 2013/2014 - 2015/2016

CTAS Level	Emergency Visits		
	2013/2014	2014/2015	2015/2016
Resuscitation (1) and Emergency (2) Combined	367 (6.3%)	508 (7.9%)	492 (8%)
Urgent (3)	1,368 (23.4%)	1,774 (27.7%)	1,979 (32.1%)
Semi Urgent (4)	2,622 (44.9%)	2,723 (42.6%)	2,573 (41.7%)
Non-Urgent (5)	1,236 (21.1%)	1,087 (17%)	902 (14.6%)
Unknown	252 (4.3%)	303 (4.7%)	217 (3.5%)
Total	**5,845 (100%)**	**6,395 (100%)**	**6,163 (100%)**

The volume of emergency visits for patients residing in Banff increased by 5.4% between 2013/2014 and 2015/2016. In addition, semi-urgent and non-urgent visits combined accounted for 56.4% of all emergency visits in 2015/2016, an increase of -9.9% from 2013/2014.

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

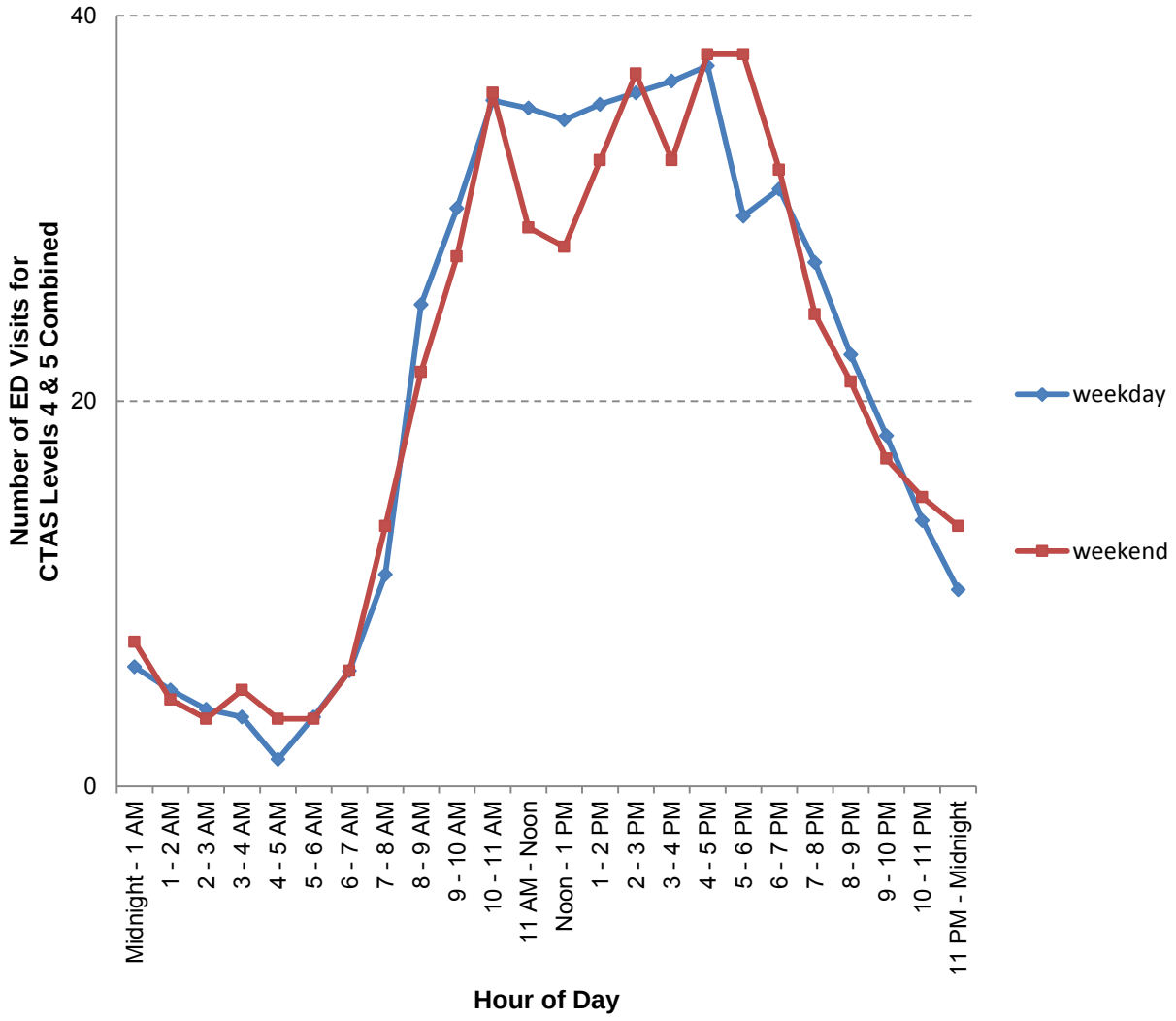
FIGURE 8.1 Emergency Visit Rates[1] (per 1,000 population) for CTAS Levels Semi-Urgent (4) and Non-Urgent (5)[2], Fiscal Year 2015/2016



Banff's combined semi-urgent and non-urgent emergency visit rate per 1,000 population was comparable to the provincial rate in 2015/2016 (241.0 vs. 243.0 AB). Semi-urgent emergency visits occurred at a similar rate in Banff compared to Alberta (178.4 vs. 187.5 AB).

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

FIGURE 8.2 Total Hourly Number of Emergency Visits for Patients Residing in the LGA For CTAS Levels Semi-Urgent(4) and Non-Urgent(5) Combined, by Weekday/Weekend (Fiscal Year 2015/2016).



The peak hourly total number of emergency visits for Banff in 2015/2016 was reported for weekends between 5 - 6 PM (38 emergency visits). That is, there was a total of 38 visits reported between 5 - 6 PM on a regular weekend day, during this year. The hourly total number of emergency visits for both weekdays and weekends was low between midnight and early morning hours, increased gradually afterwards, and declined considerably late at night.

Sources:

Ambulatory Care Data, Alberta Health

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

Postal Code Translator File, Alberta Health

Notes:

[1] *See Appendix A for definition.*

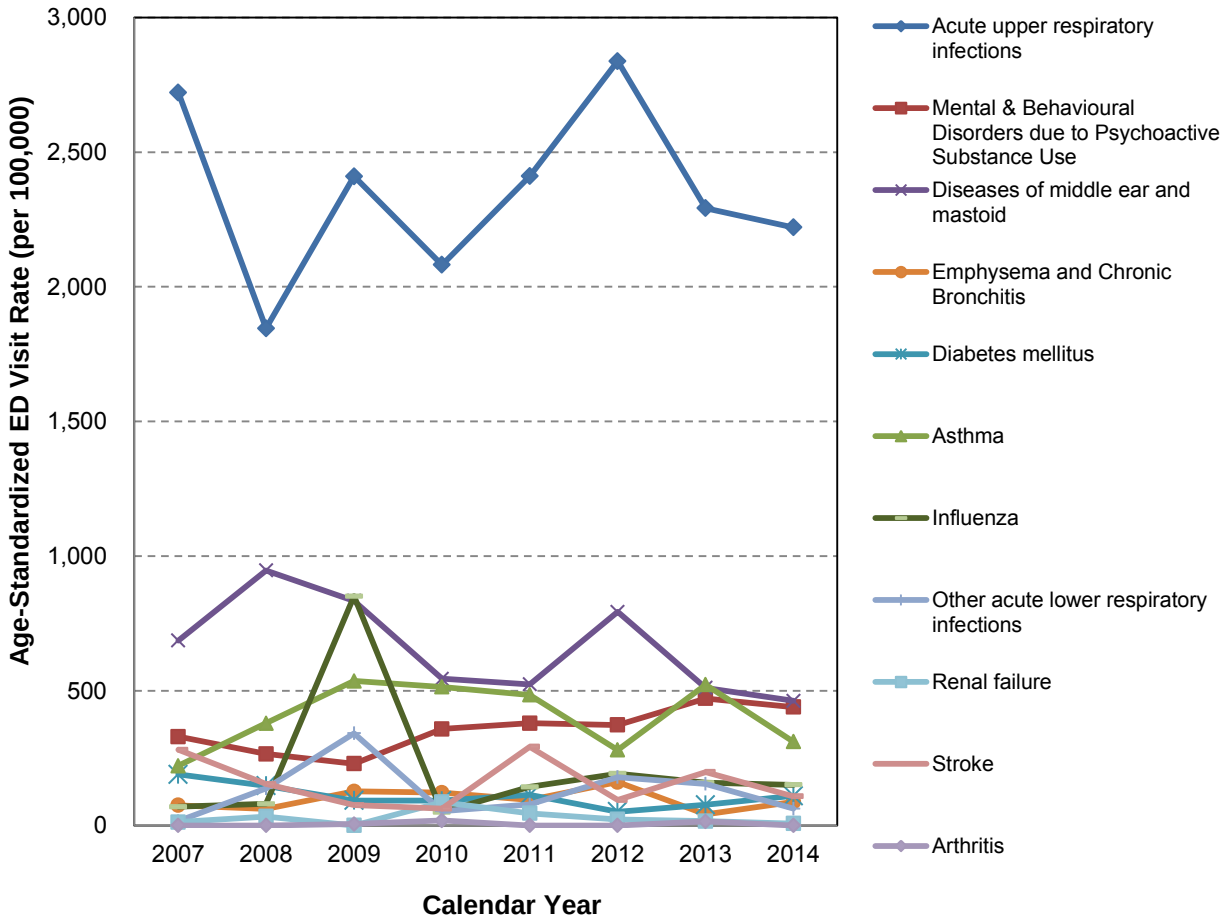
[2] *In order to be consistent with the type of services expected to be provided by primary health care, the analysis above focused only on semi-urgent and non-urgent emergency CTAS levels.*

Local Geographic Area: Banff

EMERGENCY SERVICE UTILIZATION (PART B: ALL EMERGENCY VISITS)

Figure 8.3 provides age-standardized emergency visit rates[1] for selected health conditions per 100,000 population for each calendar year beginning in 2007. Emergency department visit rates are defined as the number of visits to emergency departments due to a certain condition, divided by the total population of the local geographic area.

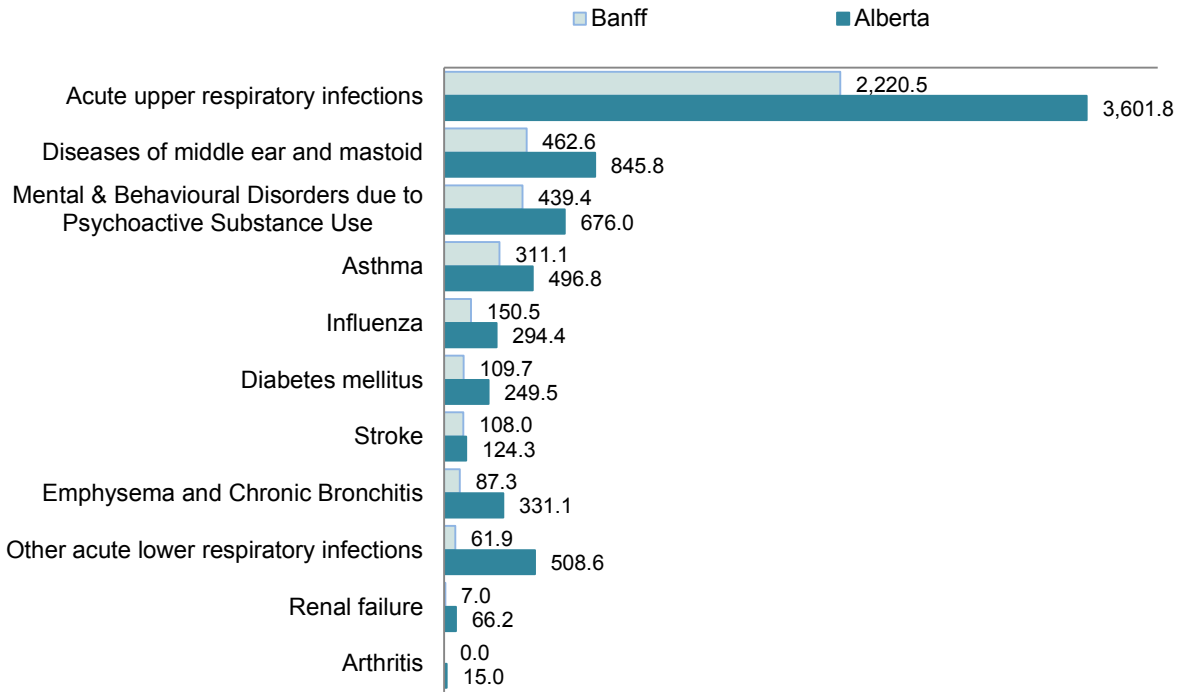
FIGURE 8.3 LGA Age-Standardized[2] Emergency Visit Rates (per 100,000 population) For Selected Conditions, 2007 - 2014



On average, the highest emergency visit rates for selected health conditions reported for Banff during 2007 to 2014 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 (on average, a 46 emergency visits per 100,000 population decrease per year).

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

FIGURE 8.4 LGA versus Alberta Age-Standardized Emergency Visit Rates (per 100,000 population) For Selected Conditions, Calendar Year 2014



In 2014, 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 2014, acute upper respiratory infections, had a lower rate in Banff compared to the provincial rate per 100,000 population (2,220.5 vs. 3,601.8 AB). Furthermore, Banff showed emergency rates higher than the provincial rates for none of the 11 selected conditions.

Sources: *Ambulatory Care Data, Alberta Health*
Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
Postal Code Translator File, Alberta Health
Census 2011 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 2011 census population.*

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

Local Geographic Area: Banff

INPATIENT SERVICE UTILIZATION

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

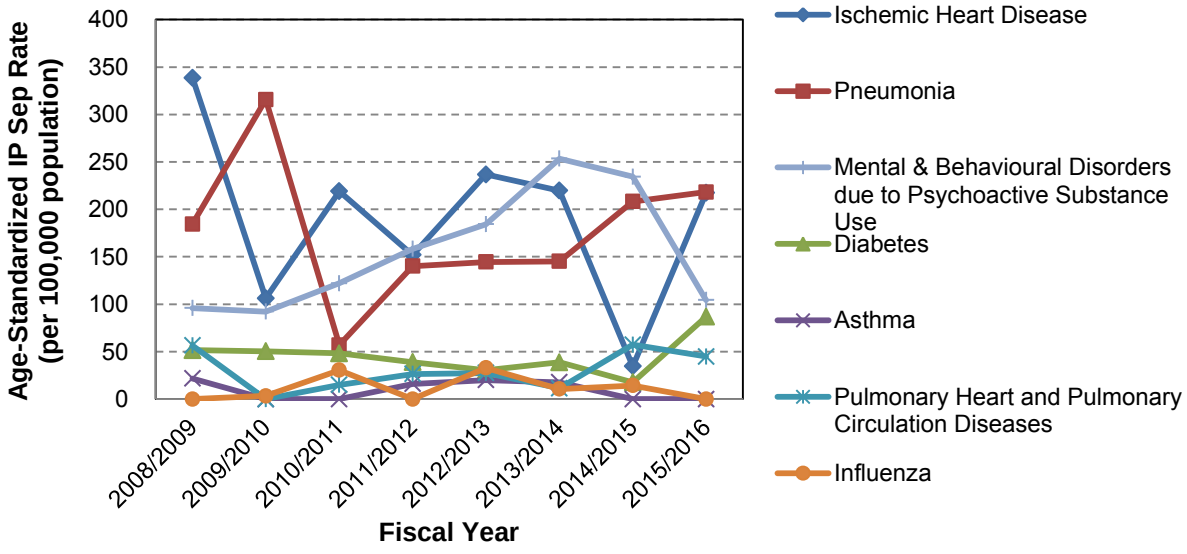
TABLE 9.1 Inpatient Separation Rates (per 100,000 population) for Patients Residing in the LGA versus Alberta, Fiscal Years 2013/2014 - 2015/2016

Inpatient Separation Rates (per 100,000 population)		
Fiscal Years	**Banff**	**Alberta**
2013/2014	5,157.3	8,611.6
2014/2015	4,644.9	8,496.5
2015/2016	4,937.6	8,413.3

Banff's inpatient separation rate for patients residing in the local geographic area varied between 4640.0 in 2014/2015 and 5160.0 in 2013/2014. In addition, in 2015/2016, the inpatient separation rate for patients residing in Banff was 0.6 times lower than the provincial rate (4937.6 vs. 8413.3 AB).

Figure 9.1 presents IP Sep rates for selected health conditions (per 100,000 population), for patients residing in the local geographic area, for the fiscal years 2008/2009 through 2015/2016. The rates have been standardized by age.

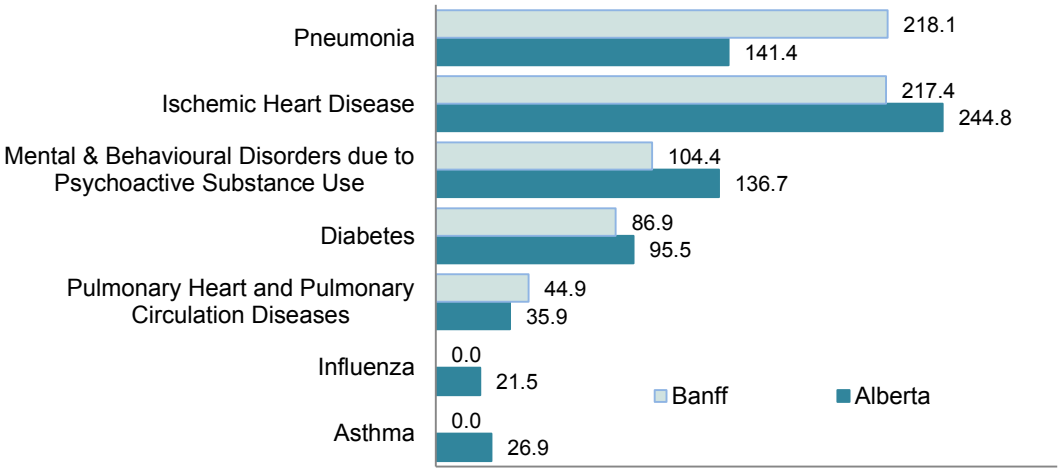
FIGURE 9.1 LGA Age-Standardized[2] Inpatient Separation Rates (per 100,000 population) For Selected Conditions, 2008/2009 - 2015/2016



On average, the highest inpatient separation rates, among selected health conditions, reported in Banff during 2008/2009 to 2015/2016 were due to ischemic heart diseases. These rates reached a high of 338.6 per 100,000 population in 2008/2009 and a low of 34.6 per 100,000 population in 2014/2015. Also, among selected conditions, the largest inpatient separation rate of change during this time period was reported for mental & behavioural disorders due to psychoactive substance use (on average, a 14 inpatient separation per 100,000 population increase per year).

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

FIGURE 9.2 LGA versus Alberta Age-Standardized Inpatient Separation Rates (per 100,000 population) For Selected Conditions, 2015/2016



In 2015/2016, the three highest inpatient separation rates were reported for pneumonia, ischemic heart disease, and mental & behavioural disorders due to psychoactive substance use.The most common reason for inpatient separations in Banff was pneumonia, which had a higher rate compared to the provincial rate per 100,000 population (218.1 vs. 141.4 AB). Additionally, Banff's inpatient separation rates were higher than the provincial rates for 2 of the 7 diagnoses.

Sources:

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health

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

Postal Code Translator File, Alberta Health

Census 2011 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 2011 census population.*

Methodology:

Surveillance and Assessment Unit, Alberta Health (As of Dec 2014) See link: http://www.ahw.gov.ab.ca/IHDA_Retrieval

Local Geographic Area: Banff

PRIMARY HEALTH CARE INDICATORS OF COMMUNITY PRIMARY CARE NEED

As a result of consultations and analysis during the fall of 2016, 12 indicators were identified to help determine the need for new or additional primary health care services across all local geographic areas throughout Alberta. These indicators were related to health service utilization and the health needs of the population. The indicators are standardized by age, where appropriate, to allow comparison of information across local geographic areas and the province. The bullets below present the underlying issues that these indicators will address.

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

Table 10.1 profiles recent data for these indicators for both the local geographic area (LGA) and Alberta. The LGA indicator value is compared to the Alberta average.

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

	Utilization Indicators	Banff	Alberta
1	Travel: Percentage of LGA's Recipients' Family Physician Claims Reported Outside of the LGA, 2015/2016	24.2%	53.1%
2	Volume of Family Physicians (per 1,000 Population), 2015/2016	2.1	1.0
3	Ambulatory Care Sensitive Conditions - Age-Standardized Separation Rate (per 100,000 population), 2015/2016	376.9	359.4
4	General Practice Care Sensitive Conditions - Age-Standardized Rate (per 100,000 population), 2015/2016	11,486.9	12,112.5
5	ED Visits Related to Mood and Anxiety Disorders - Age-Standardized Rate (per 100,000 population), 2015/2016	602.5	1,167.8
6	ED Visits Related to Substance Abuse - Age-Standardized Rate (per 100,000 population), 2015/2016	554.9	1,073.0
7	ED Readmissions within 30 Days of Discharge from Hospital - Age-Standardized Rate (per 100,000 population), 2015/2016	1,271.2	1,444.2

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

	Health Status Indicators[1]	Banff	Alberta
8	Age-Standardized Rate of People with Three or more Chronic Diseases (per 100 population), 2015/2016	2.0	3.9
9	Percentage of Influenza Vaccines for Those 65 and Over, 2015/2016	54.4%	53.3%
	Social Determinant of Health	**Banff**	**Alberta**
10	Average Canadian Deprivation Index (per 100 population), 2015/2016	6.7	7.3
11	SES: Percentage of People Receiving Support, in the Population, 2015/2016	7.2%	21.3%
12	Life Expectancy at Birth, 2006 to 2015	86.1	81.3

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

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

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

Indicator 2: Volume of Family Physicians

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

Indicator 3: Ambulatory Care Sensitive Conditions

The Canadian Institute of Health Information (CIHI) has recognized ambulatory care sensitive conditions (ACSC) separation rates as a valid proxy indicator for the robustness of a primary care system. The ACSC indicator measures the aggregate acute care separation rate, per 100,000 population, over one year for the following seven conditions. Of these, the following six conditions have been included in the current indicator: Angina, Asthma, Congestive Heart Failure, Chronic Obstructive Pulmonary Disorder, Diabetes and Hypertension. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care. Note that in rural areas, a limitation of this indicator is that it reflects differences in access to physicians.

Indicator 4: General Practice Care Sensitive Conditions

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

Indicator 5: ED Visits Related to Mood and Anxiety Disorders

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

Indicator 6: ED Visits Related to Substance Abuse

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

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

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

Indicator 8: People with Three or More Chronic Diseases

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

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

The percentage of influenza vaccines administered annually to 65 year olds and over is an important primary health care indicator of preventive services delivered through primary health care. The data for this indicator includes immunizations delivered by community pharmacists and physicians to 65 year olds and older, in 2015/2016.

Indicator 10: Average Canadian Deprivation Index (CDI)

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

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

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

Indicator 12: Life Expectancy at Birth

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

Sources:

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

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

Local Geographic Area: Banff

ACCESS TO HEALTH SERVICES

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

TABLE 11.1 Ambulatory Care Visits and Inpatient Separations for the Local Geographic Area Residents To Facilities Located In versus Out of the Local Geographic Area, Fiscal Year 2015/2016

Ambulatory Care Visits				
Visits Within Local Area of Residence (IN)	Visits Outside Local Area of Residence (OUT)	Total Visits	Percent IN	Percent OUT
8,032	8,922	16,954	47.4%	52.6%
Inpatient Separations (IP Sep)				
Seps Within Local Area of Residence	Seps Outside Local Area of Residence	Total IP Sep	Percent IN	Percent OUT
265	485	750	35.3%	64.7%

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

TABLE 11.2 Top 3 Non-Local Ambulatory Care Facilities Accessed by Local Residents Fiscal Year 2015/2016

Local Residents Accessing Non-Local Ambulatory Care Facilities				
Ambulatory Care Facility Name	Facility Municipality	Facility LGA	Number of OUT Visits	% of Total OUT Visits
Canmore General Hospital	Canmore	Canmore	2,443	27.4%
Foothills Medical Centre	Calgary	Calgary - Centre North	2,130	23.9%
Calgary Health Region Non-Hospital Regional Service Delivery Organization	Calgary - Fish Creek	Calgary - Fish Creek	1,467	16.4%

TABLE 11.2 Top 3 Non-Local Acute Care Hospitals Accessed by Local Residents
Fiscal Year 2015/2016 (continued)

Local Residents Accessing Non-Local Acute Care Hospitals				
Hospital Name	**Hospital Municipality**	**Hospital LGA**	**Number of OUT IP Sep**	**% of Total OUT IP Sep**
Canmore General Hospital	Canmore	Canmore	177	36.5%
Foothills Medical Centre	Calgary	Calgary - Centre North	138	28.5%
Rockyview General Hospital	Calgary	Calgary - Elbow	56	11.5%

Sources:

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

Definitions Appendix A

After-Tax Low Income Measure

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

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

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

Age Standardization

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

Band Housing

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

Birth Rate

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

Body Mass Index (BMI)

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

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

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

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

Canadian Community Health Survey (CCHS)

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

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

Canadian Triage and Acuity Scale (CTAS)

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

Triage Level 1 – Resuscitation

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

Triage Level 2 – Emergent

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

Triage Level 3 – Urgent

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

Triage Level 4 – Less Urgent (Semi urgent)

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

Triage Level 5 – Non Urgent

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

Triage Level 9 – Unknown

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

Census

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

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

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

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

Census Family

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

A couple may be of opposite sex or same sex. A couple family with children may be further classified as either an intact family in which all children are the biological and/or adopted children of

both married spouses or of both common-law partners, or a stepfamily with at least one biological or adopted child of only one married spouse or common-law partner and whose birth or adoption preceded the current relationship.

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

These families contain children from:

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

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

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

Chronic Obstructive Pulmonary Disease (COPD)

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

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

Emergency Department (ED) Visit Rate

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

Family Care Clinic (FCC)

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

Fertility Rate

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

First Nations with Treaty Status

First Nation is a term that came into common usage in the 1970s to replace the word “Indian”. First Nations refers to individuals and to communities (or reserves) and their governments (or band councils). The term arose in the 1980s and is politically significant because it implies possession of rights arising from historical occupation and use of territory. Though no Canadian legal definition of this term exists (the Constitution refers to Indians), the United Nations considers First Nations to be synonymous with indigenous peoples.

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

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

(Aboriginal Affairs and Northern Development Canada 2013; Government of Alberta, Indigenous Relations, 2013)

Health Status

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

High Birth Weight

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

Hospitalization Rate

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

Infant Mortality Rate

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

Inpatient

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

Inpatient Separations (IP Seps)

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

Inuit

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

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

Local Geographic Areas (LGAs)

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

LGA is defined based on the multiple characteristics listed below.

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

Low Birth Weight

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

Mortality Rate by Cause of Death

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

Neoplasms

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

National Household Survey (NHS)

Between May and August 2011, Statistics Canada conducted the National Household Survey (NHS) for the first time. This voluntary, self-administered survey was introduced as a replacement for the long census questionnaire, more widely known as Census Form 2B.
The NHS is designed to collect social and economic data about the Canadian population. The objective of the NHS is to provide data for small geographic areas and small population groups. For further details around sampling design, topics covered etc. please visit the link below: http://www12.statcan.gc.ca/nhs-enm/2011/ref/nhs-enm_guide/guide_2-eng.cfm (Statistics Canada).

Physical Activity

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

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

Prevalence Rate

Prevalence is a measure of disease that allows us to determine a person's likelihood of having a disease. Therefore, the number of prevalent cases is the total number of cases of disease existing

in a population. A prevalence rate is the total number of cases of a disease existing in a population divided by the total population. (http://www.health.ny.gov/diseases/chronic/basicstat.htm)

Primary Care

Primary care is the first point of contact that people have with the health care system for medical needs requiring treatment and referral to other services as needed and is usually provided by a family physician or other health care professional.
(https://www.pcnpmo.ca/alberta-pcns/Pages/Primary-Care.aspx)

Primary Care Networks

Primary Care Networks are groups of family doctors that work with Alberta Health Services and other health professionals to coordinate the delivery of primary health care for their patients.
(http://www.pcnpmo.ca/AboutPCNs/PCNsInAlberta/Pages/default.aspx)

Private Household

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

Qualifier (comparisons between indicator values)

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

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

Separation Rate

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

Self-Perceived Mental Health

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

Sexually Transmitted Infection (STI)

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

Smoker

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

Social Determinants of Health

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

Teen Birth Rate

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

Community Services (Online Resources) Appendix B

1. Indigenous Relations

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

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

- First Nation Community Profiles:
  http://fnp-ppn.aandc-aadnc.gc.ca/fnp/Main/index.aspx?lang=eng
  This link provides a collection of information that describes individual First Nation communities across Canada. It also allows you to quickly locate First Nation communities by consulting the interactive map: http://cippn-fnpim.aadnc-aandc.gc.ca/index-eng.html

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

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

2. Education

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

- Future Ready:
  https://www.alberta.ca/future-ready.aspx
  This link provides resources on Alberta's integrated approach to education, skills and training.

- Local Resources:
  - Find a directory of your local schools and school boards:
    https://education.alberta.ca/alberta-education/school-authority-index/?searchMode=3
    This link provides a list of school authorities and associated public, private, francophone and early childhood services – school authorities are listed in alphabetical order.

3. Employment

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

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

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

4. Family and Children

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

- Children and Family Services:
  http://humanservices.alberta.ca/family-community.html
  This link provides links to programs and services that support families and communities; it provides information on child care, parenting, women's issues, youth programs, safer communities, and family community support services.

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

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

5. Housing

- Housing and Property:
  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.

- Housing and Rent Assistance:
  https://www.alberta.ca/housing-rent-assistance.aspx
  This link provides information on assistance for low-income Albertans to find safe and affordable places to live.

- Local Resources:
  - Find your local housing programs and services:
    http://www.programs.alberta.ca/Living/13810.aspx?Ns=13705+13711+13738&N=770 This link provides information on condominiums, landlords and tenants, and rent and rental properties.

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

    http://humanservices.alberta.ca/homelessness/16050.html
    This link provides information on funding provided to the Outreach Support Services Initiative and the Addiction and Mental Health Strategy in the communities of Calgary, Edmonton, Grande Prairie, Fort McMurray, Red Deer, Lethbridge and Medicine Hat.

6. Seniors

- Alberta Seniors:
  http://www.seniors.alberta.ca/
  This link provides information and links to the different programs and services supporting seniors in Alberta.

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

7. Social Services

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

- Alberta Community and Social Services:
  http://humanservices.alberta.ca/programs-and-services.html
  This link provides a portal to the variety of programs and services provided by Alberta Human Services. Human Services has developed a resource list:
  http://www.humanservices.alberta.ca/documents/fscd-resource-list.pdf

- Service Delivery Offices:
  http://humanservices.alberta.ca/services.html
  This link provides a link to help you locate, among others, your local Service delivery offices, Alberta Works Centres, Child and Family Services Authorities and Employment Services.

- Alberta Food Bank Network Association:
  http://foodbanksalberta.ca/food-banks/
  This link provides contact information for Food Banks across Alberta.

- Programs and Services for Low-Income Earners:
  http://www.humanservices.alberta.ca/financial-support/3171.html
  This link contains information about Alberta Works and other social assistance programs for low-income earners.

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

  - Find local services through this province-wide service directory of community, health, social and government services:
    http://www.informalberta.ca/public/common/index_ClearSearch.do

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

Health Link Alberta Calls for Calgary Zone

Appendix C

The following listing shows the town/city, number of calls and percentage where the zone was coded as Calgary (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 2015/2016

Town/City	# of Calls	%
Airdrie	8,120	2.9%
Aldersyde	23	0.0%
Arrowwood	55	0.0%
Balzac	21	0.0%
Banff	484	0.2%
Beiseker	153	0.1%
Black Diamond	287	0.1%
Blackie	120	0.0%
Bragg Creek	285	0.1%
Brant	21	0.0%
Calgary	247,671	88.6%
Canmore	1,148	0.4%
Carmangay	27	0.0%
Carseland	160	0.1%
Carstairs	599	0.2%
Cayley	91	0.0%
Champion	55	0.0%
Chestermere	2,368	0.8%
Claresholm	414	0.1%
Cluny	141	0.1%
Cochrane	3,895	1.4%
Cremona	170	0.1%
Crossfield	575	0.2%
Dalemead	2	0.0%
De Winton	543	0.2%
Dead Man's Flats	4	0.0%
Delacour	24	0.0%
Didsbury	786	0.3%
Eden Valley	23	0.0%
Exshaw	34	0.0%
Gleichen	85	0.0%
Harvie Heights	5	0.0%
High River	1,609	0.6%
Hussar	57	0.0%
Irricana	246	0.1%

Town/City	# of Calls	%
Kananaskis	30	0.0%
Kathyrn	17	0.0%
Keoma	30	0.0%
Lac des Arcs	6	0.0%
Lake Louise	91	0.0%
Langdon	689	0.2%
Lomond	56	0.0%
Longview	46	0.0%
Lyalta	57	0.0%
Madden	38	0.0%
Millarville	126	0.0%
Milo	36	0.0%
Morley	371	0.1%
Mossleigh	20	0.0%
Nanton	319	0.1%
Okotoks	3,372	1.2%
Parkland	11	0.0%
Priddis	197	0.1%
Redwood Meadows	106	0.0%
Rocky View County	273	0.1%
Rockyford	102	0.0%
Rosebud	35	0.0%
Seebe	1	0.0%
Siksika	463	0.2%
Standard	70	0.0%
Stavely	94	0.0%
Strathmore	1,865	0.7%
Tsuu T'ina	3	0.0%
Turner Valley	297	0.1%
Vulcan	223	0.1%
Water Valley	119	0.0%
Total	**279,464**	**100.0%**

Source: *Health Link Alberta, Alberta Health Services*

Select Health Services in Local Geographic Area Appendix D

Banff

Active Treatment Hospitals

Designated Service Type	Name	Address
Community Hospital, Moderate To Basic Services	Mineral Springs Hospital	305 Lynx Street, Banff, T1L1H7

Source:
Alberta Health, January 2017

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

Community Ambulatory Care Centres

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

Source:
Alberta Health, January 2017

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

Mental Health Facilities

Facility Type	Name	Address
Community Mental Health Clinic	Banff Mental Health Clinic	Banff Health Unit, 303 Lynx Street, Banff, T1L1B3

Source:
Alberta Health, January 2017

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

Diagnostic Imaging Centres

Name	Address
Mineral Springs Hospital	305 Lynx St, Banff, T1L1H7

Source:
Alberta Health, January 2017

Community Pharmacies

Name	Address
Gourlay's Pharmacy	104-220 Bear St, Banff, T1L1B1
IGA Pharmacy #8805	318 Marten St, Banff, T1L1B4
Rexall #7225	317 Banff Ave, Banff, T1L1C3

Source:
Alberta Health, January 2017

Medical Laboratories

Name	Address
Banff Mineral Springs Hospital	305 Lynx St, Banff, T1L1H7

Source:
Alberta Health, January 2017

Long Term Care Accommodation

Name	Address
St. Martha's Place/Banff Mineral Springs Hospital	305 Lynx Street, Banff, T1L1H7

Source:
Alberta Health, January 2017

Supportive Living Accommodation

Accommodation Type	Name	Address
Assisted Living Accommodation	Bow Valley Regional Housing/Cascade House	227 Beaver Street, Banff, T1L1A9

Source:
Alberta Health, January 2017

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

Family Physician Offices

Name	Address
Alpine Medical Clinic	211 Bear St Suite 201a, Banff, T1L1J8
Banff Sport Medicine	Suite 207, 303 Lynx Street, Banff, T1L1B3
Bear Street Family Physicians	220 Bear St Unit 302, Banff, T1L1H6
Lake Louise Medical Clinic	200 Hector Road, Lake Louise, T0L1E0
Soriano Jeannette Dr	201 Bear St 3rd Floor, Banff, T1L1C4

Sources:

Delivery Site Registry, Alberta Health, January 2017
Physican Claims, Alberta Health, 2015/2016 and Q1-Q3 2016/2017

Note:

The family physician office information is based on available Delivery Site Registry data (as of the extract date), which in turn, is based on information provided by the College of Physicians and Surgeons of Alberta. Only physician offices with at least one claim reported during 2015/2016 or 2016/2017 (Q1-Q3) are included. For the most up to date information go to www.albertanetcare.ca/learningcentre/Delivery-Site-Registry.htm