Alberta Health
Primary, Community and Indigenous Health

Community Profile: Sundre
Health Data and Summary

4th Edition, December 2019

Alberta Government

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

INTRODUCTION

Primary Health Care provides an entry point into the health care system and links individuals to medical services as well as social and community supports. The Government of Alberta continues working to improve primary health care within the province. The Primary Health Care Strategy has five strategic directions: Bring about cultural change, Enhance delivery of care, Establish building blocks for change, Population needs based design, Increase value and return on investment. Primary health care services in Alberta are delivered in a variety of settings and by a range of providers. Current primary health care models in Alberta include: primary care networks, stand-alone physician clinics, community health centres, urgent-care centres, community ambulatory care centres, medi-centres, and university health centres.

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

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

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

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

The LGA section of the Profile is divided into a number of sub-sections and is the core component of each report. The population size of LGA varies substantially from very small in rural areas to large in metropolitan centers. A compendium of health related information on demographics, prevalence rates, emergency visits, mental health and addiction, maternal and child health and more, is included in this section. In addition, information on indicators of need (relating to utilization, health population needs and social determinants of health) is also provided. Furthermore, each Community Profile contains information on access statistics, offering some additional insight into existing needs that are not being met, as well as the utilization of non-local facilities by LGA residents. A map of selected health services available in each LGA, together with a listing of these locations, is also included in each report.

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

Note:

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

Disclaimer:

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

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

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COMMUNITY PROFILE SUMMARY

Local Geographic Area: Sundre

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), Sundre. 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 Central Zone (which includes Sundre) was higher than the provincial percentage in 2017 (28.8% Central Zone vs. 22.1% AB). (Table 1.2)
- The Central Zone reported a similar proportion of inactive people compared to the provincial proportion during the same year (26.8% Central Zone vs. 26.8% AB). (Table 1.2)

DEMOGRAPHICS

- Sundre's population increased by 18.5% between 1998 and 2018 (compared to a 49.1% increase for Alberta) and currently stands at 6,839 people. (Figure 2.2)
- The largest age group in the LGA, in 2018, was 35-64 year olds who accounted for 41.3% of the population compared to 40.2% for Alberta. (Figure 2.1)
- Children 17 and under made up 18.2% of the LGA's population compared to 22.4% for Alberta, while individuals 65 and older accounted for 22.1% of the population in the LGA versus 12.6% in Alberta. (Figure 2.1)

SOCIAL DETERMINANTS OF HEALTH INDICATORS

- Sundre had a similar proportion of First Nations and Inuit people compared to Alberta (0.9% vs. 2.8% AB). (Table 3.1)
- The percentage of female lone-parent families was lower than the provincial percentage (8.0% vs. 11.0% AB). (Table 3.2)
- A higher proportion of families with an after-tax low-income level were reported in the LGA compared to Alberta (22.7% vs. 15.6% AB). (Table 3.1)
- The most common non-official languages spoken at home in the LGA were: German, Tagalog (Pilipino, Filipino), Tigrigna, Cebuano, and Greek. (Table 3.2)

CHRONIC DISEASE PREVALENCE

- In 2018, the disease with the highest prevalence rate (per 100 population) in Sundre was hypertension. The rate associated with this disease was 0.9 times lower than the provincial rate (18.8 vs. 20.6 AB). (Figure 4.2)

MATERNAL HEALTH

- From 2015/2016 to 2017/2018, Sundre's birth rate per 1,000 women was lower than the provincial rate (16.1 vs. 26.0 AB) and the teen birth rate per 1,000 women was higher than Alberta's teen birth rate (15.9 vs. 10.6 AB). (Table 5.1)

SEXUALLY TRANSMITTED INFECTIONS

- The highest sexually transmitted infections (STI) rate per 100,000 population in the LGA, in 2015/2016 - 2017/2018, was reported for chlamydia. 1 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 similar in the LGA, in 2016-2018, compared to the province (734.2 vs. 699.5 AB) and the most frequent cause of death reported between 2009 and 2018 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 55.3% of all emergency visits in 2017/2018. (Table 8.1)
- Acute upper respiratory infections were the most common reason for emergency visits (among select conditions) in 2017, and had a higher rate (per 100,000 population) compared to the provincial rate (5,258.5 vs. 2,777.5 AB). (Figure 8.4)

INPATIENT SERVICE UTILIZATION

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

MENTAL AND BEHAVIOURAL DISORDERS

- Mental and behavioural disorders are particularly important from a population health perspective. In 2017, Sundre's emergency department (ED) visit rate for mental and behavioural disorders was lower than the provincial ED visit rate per 100,000 population (514.6 vs. 786.9 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 (182.3 vs. 148.9 AB). (Figure 9.2)
- Between 2009 and 2017, mental and behavioural disorders accounted for 3.8% 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 Sundre was 300.2 compared to the Alberta rate of 360.7. (Table 10.1)

- In Sundre, the rate of people with three or more chronic diseases per 100 population was 4.0 compared to the Alberta rate of 4.2. (Table 10.1)

- The percentage of total family physician claims outside the recipient's home local geographic area in Sundre was 23.3% compared to the Alberta percentage of 50.8%. (Table 10.1)

- Residents of this local geographic area had a life expectancy at birth of 80.3 years compared to 81.2 years for Alberta. (Table 10.1)

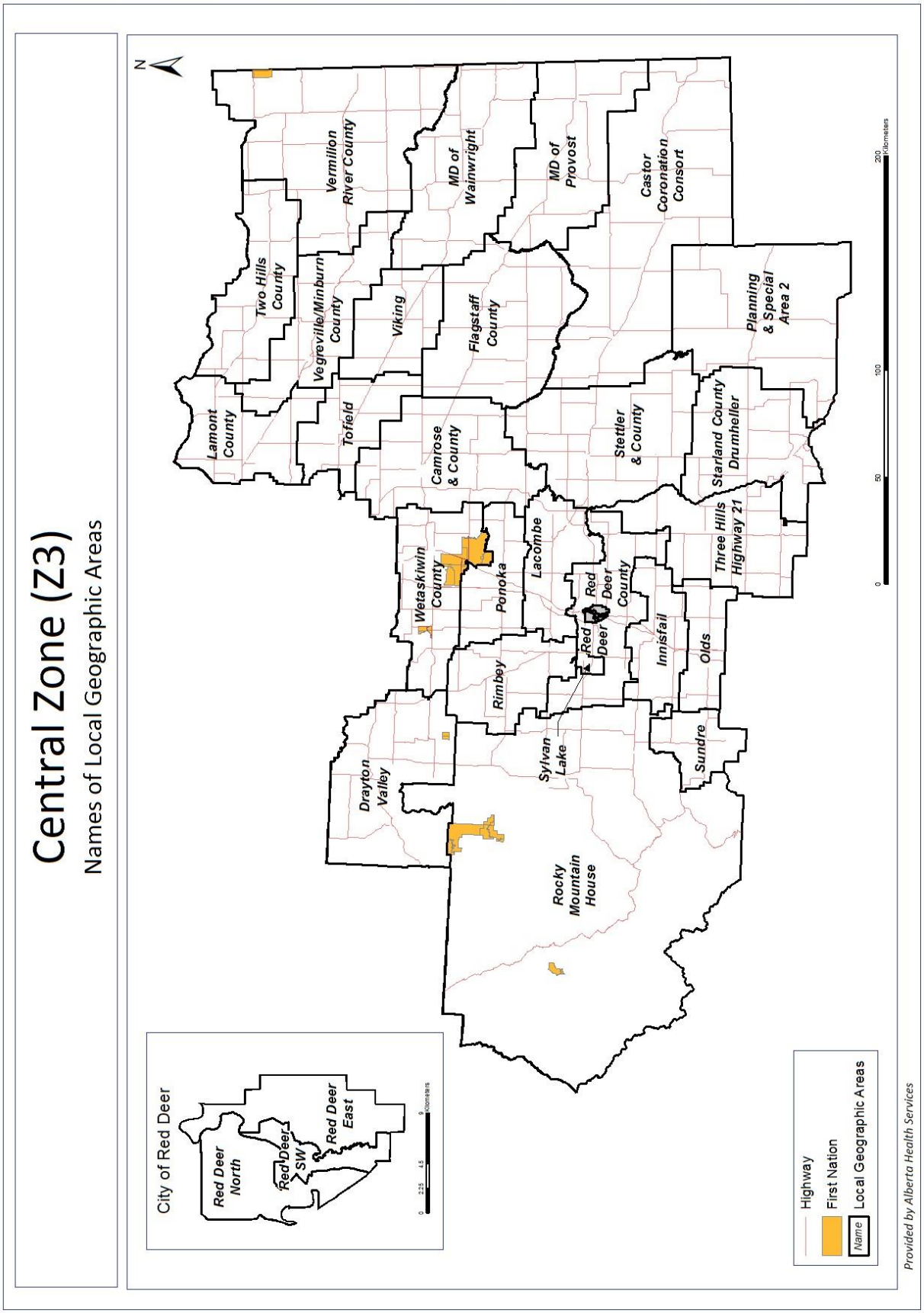
ACCESS TO HEALTH CARE SERVICES

- Sundre residents received ambulatory care services at facilities located outside the LGA. In 2017/2018, these visits made up 57.0% (or 9,567 visits) of all ambulatory care visits and most such visits (i.e. 32.1% of all external visits) were to the Red Deer Regional Hospital Centre in Red Deer (LGA of Red Deer - SW). (Tables 11.1 and 11.2)

- In 2017/2018, inpatient separations outside the LGA made up 66.9% (or 634) of all inpatient separations for Sundre residents and most of them (i.e. 41.8% of all external inpatient separations) occurred at the Red Deer Regional Hospital Centre in Red Deer (LGA of Red Deer - SW). (Tables 11.1 and 11.2)

Zone Level Information

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



Alberta Central Zone

POPULATION HEALTH INDICATORS

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

TABLE 1.1 Zone versus Alberta Population Covered[1], as at March 31, 2018

	Central			Alberta[2]		
	Population					
	Female	Male	Total	Female	Male	Total
	235,502	238,289	473,791	2,129,543	2,158,793	4,288,337
Percentage Distribution of Population by Age Groups						
Age Group	Female	Male	Total	Female	Male	Total
Infants: Under 1	0.6%	0.6%	1.2%	0.6%	0.7%	1.3%
Pediatric: 1-17	10.4%	10.9%	21.4%	10.3%	10.8%	21.1%
18-34	11.0%	11.9%	22.9%	12.1%	12.7%	24.8%
35-64	19.5%	19.6%	39.1%	19.9%	20.3%	40.2%
65-79	5.9%	5.6%	11.4%	4.9%	4.6%	9.5%
80 & Older	2.3%	1.6%	3.9%	1.8%	1.2%	3.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

As at March 31, 2018, the largest age group was 35-64 year olds, accounting for 39.1% of the overall population in the Central Zone and 40.2% of the population in Alberta. Children 17 and under comprised 22.6% of Central Zone's overall population, compared to 22.4% for Alberta. In addition, residents 65 and older accounted for 15.4% of Central Zone's overall population, 2.8 percentage points higher than the corresponding provincial proportion.

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

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

		Central			Alberta		
Body Mass Index (BMI)[3]							
Category	Year	Female	Male	Total	Female	Male	Total
Under Weight	2016	2.9%	2.1%	2.5%	2.9%	0.6%	1.7%
	2017	4.1%	0.1%	2.0%	2.8%	0.8%	1.8%
Normal Weight	2016	48.3%	33.1%	40.2%	50.0%	32.8%	40.8%
	2017	38.1%	33.1%	35.5%	50.6%	34.6%	42.1%
Over Weight	2016	26.8%	39.3%	33.5%	27.3%	43.8%	36.1%
	2017	29.2%	37.8%	33.7%	25.7%	41.3%	34.0%
Obese	2016	22.0%	25.5%	23.9%	19.8%	22.8%	21.4%
	2017	28.6%	29.0%	28.8%	20.8%	23.3%	22.1%

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

		Central			Alberta		
Physical Activity[3]							
Category	**Year**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Active or moderately active	2016	66.8%	75.9%	71.4%	70.9%	74.2%	72.6%
	2017	74.3%	72.1%	73.2%	71.5%	74.8%	73.2%
Inactive	2016	33.2%	24.1%	28.6%	29.1%	25.8%	27.4%
	2017	25.7%	27.9%	26.8%	28.5%	25.2%	26.8%
Smoking[3]							
Daily/occasional smokers	2016	19.2%	25.8%	22.6%	15.6%	20.4%	18.0%
	2017	18.3%	26.8%	22.5%	12.7%	20.7%	16.7%
Never/former smokers	2016	80.8%	74.2%	77.4%	84.4%	79.6%	82.0%
	2017	81.7%	73.2%	77.5%	87.3%	79.3%	83.3%
Self-Perceived Mental Health[3]							
Excellent or Very Good	2016	70.3%	68.8%	69.6%	70.1%	75.6%	72.9%
	2017	65.7%	67.6%	66.6%	68.5%	70.7%	69.6%
Poor Fair or Good	2016	29.7%	31.2%	30.4%	29.9%	24.4%	27.1%
	2017	34.3%	32.4%	33.4%	31.5%	29.3%	30.4%

The percentage of obese adults (age 20-64, not pregnant) in the Central Zone in 2017 was higher than the provincial percentage (28.8% vs. 22.1% AB) and there was a similar proportion of inactive people compared to Alberta (26.8% vs. 26.8% AB). In addition, a higher percentage of daily smokers was reported at the zone level compared to the province in 2017 (22.5% vs. 16.7% AB) and a lower proportion considered themselves as having excellent or very good mental health (66.6% vs. 69.6% AB).

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

TABLE 1.3 Zone versus Alberta Infant Mortality Rates (per 1,000 live births)
Years 2015 - 2017

	Central	Alberta
Infant Mortality Rate (per 1,000 births)[3]		
2015	3.2	4.3
2016	3.9	3.9
2017	4.3	4.5

The infant mortality rates in the Central Zone varied between 3.2 per 1,000 births in 2015 and 4.3 per 1,000 births in 2017. Compared to Alberta, infant mortality rates in the Central Zone were higher for none of the 3 calendar years.

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

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

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

COMMUNITY MENTAL HEALTH

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

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

	Central			Alberta		
	Distinct Individuals[1]					
	Female	Male	Total	Female	Male	Total
	10,292	7,431	17,816	73,234	66,709	140,438
Percentage Distribution of Distinct Individuals by Age Groups						
Age Group	Female	Male	Total	Female	Male	Total
Pediatric: 1-17	10.8%	9.2%	20.2%	10.0%	10.3%	20.4%
18-34	18.1%	12.7%	31.0%	17.3%	15.3%	32.7%
35-64	22.2%	15.6%	37.9%	20.1%	18.7%	38.9%
65+	6.6%	4.2%	10.9%	4.8%	3.2%	8.0%

As of March 31, 2018, a total of 17,816 patients accessed Community Mental Health services in the Central Zone. Of this number, there were 10,292 females and 7,431 males. The majority of those accessing these services in the Zone belonged to the following age groups: 1-17 (20.2%), 18-34 (31.0%), and 35-64 (37.9%), compared to Alberta: 1-17 (20.4%), 18-34 (32.7%), and 35-64 (38.9%).

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

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

	Central	Alberta
Distinct Individuals within Treatment Service Type		
Addiction Residential[2]	238 (1.3%)	2,373 (1.6%)
Detox[2,3]	277 (1.5%)	5,838 (4.0%)
Opioid Dependency Program[2,4]	148 (0.8%)	2,115 (1.4%)
Outpatient[2,5]	17,677 (96.4%)	136,992 (93.0%)

Outpatient community mental health treatment services had the highest volumes in the Central Zone (17,677 (96.4%)),compared to Alberta (136,992 (93.0%)).The percentage of individuals for a given treatment type is a proportion of the total number of Community Mental Health services accessed in the Zone. It is possible for an individual to have accessed multiple treatment types in the Zone within the fiscal year.

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

Addiction System for Information and Service Tracking (ASIST)

Alberta Regional Mental Health Information System (ARMHIS)

Clinical Activity Reporting Application (CARA)

Community Geographic Information System (CGIS)

Calgary Diversion Service Database (Diversion)

Geriatric Mental Health Information System (GMHIS)

Mobile Crisis Information System (MCIS)

Regional Access and Intake System (RAIS)

eClinician, Edmonton Zone

Meditech, South Zone

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

[2] See Appendix A for definition.

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

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

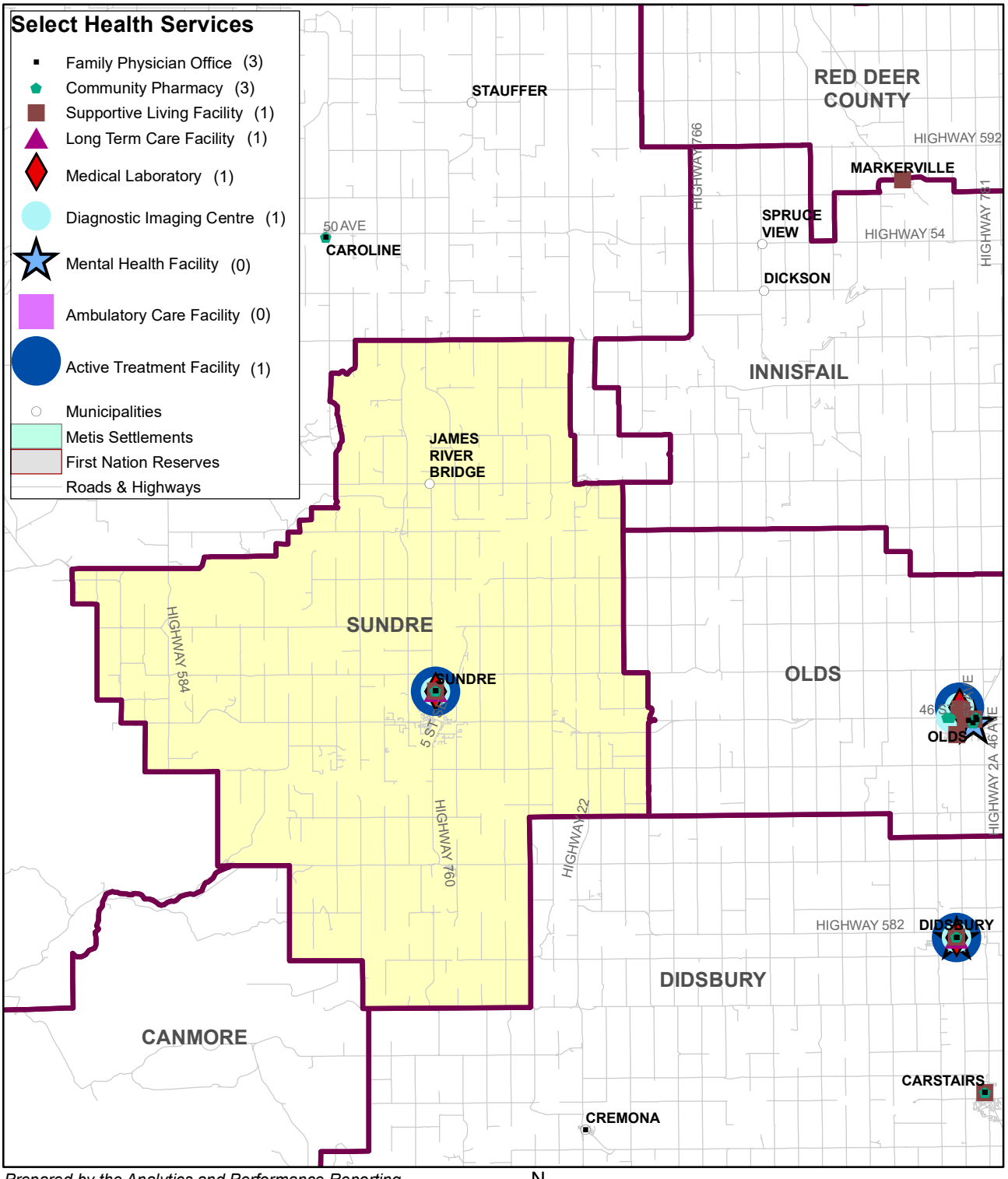
[5] All outpatient treatment service types may not be offered in all zones. Unscheduled outpatient treatment (e.g., crisis intervention and single session/walk-in) may be under-reported due to data limitations.

Local Geographic Area Level Information

This section contains information presented at the level of the local geographic area and is more granular than the information at the zone level. Local geographic area refers to 132 geographic areas created by Alberta Health (AH) and Alberta Health Services (AHS) based on census boundaries. The Federal Census (2016) information is custom extracted by Statistics Canada at the local geographic area level. The population of these areas varies from very small in rural areas to large in metropolitan centres.

Map of Selected Health Services in Local Geographic Area of Sundre

Population (2018): 6,839



Prepared by the Analytics and Performance Reporting Branch, Alberta Health, Aug 2019.
Note: For additional details regarding the selected health service facilities in the above map please refer to Appendix D.

Local Geographic Area: Sundre

DEMOGRAPHICS

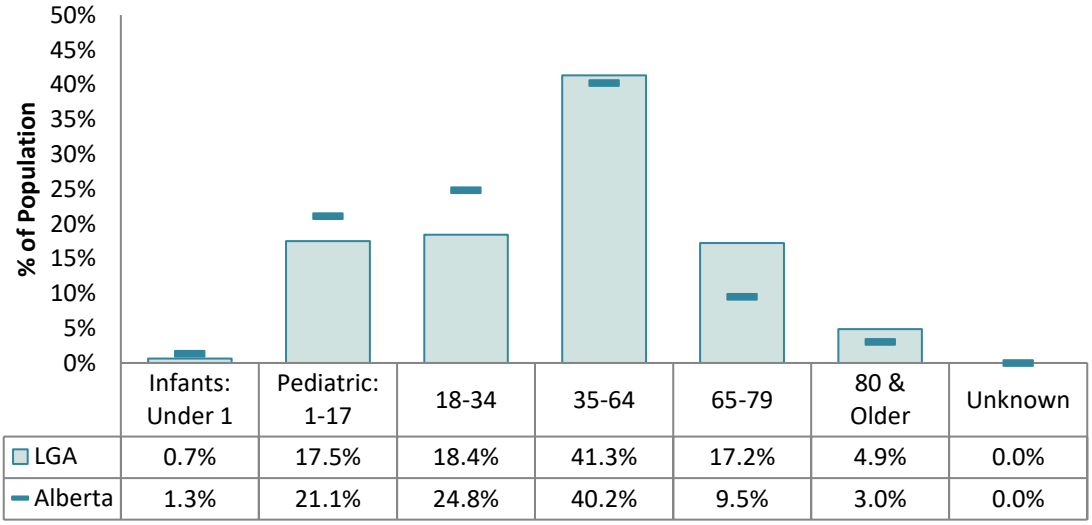
Table 2.1 shows the population distribution of the local geographic area broken down by age group and gender, as at March 31 of the most recent fiscal year available. Specific age groups have been identified. Children under the age of one were defined as infants, while the pediatric age group includes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

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

Local Geographic Area Population			
Age Group	**Female**	**Male**	**Total**
Infants: Under 1	18	26	45
Pediatric: 1-17	571	627	1,198
18-34	613	646	1,259
35-64	1,388	1,439	2,827
65-79	594	584	1,178
80 & Older	178	154	333
Unknown	0	0	0
Total	**3,362**	**3,477**	**6,839**

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

FIGURE 2.1 Percentage Distribution of Local Geographic Area (LGA) versus Alberta Population
By Age Group as at March 31, 2018

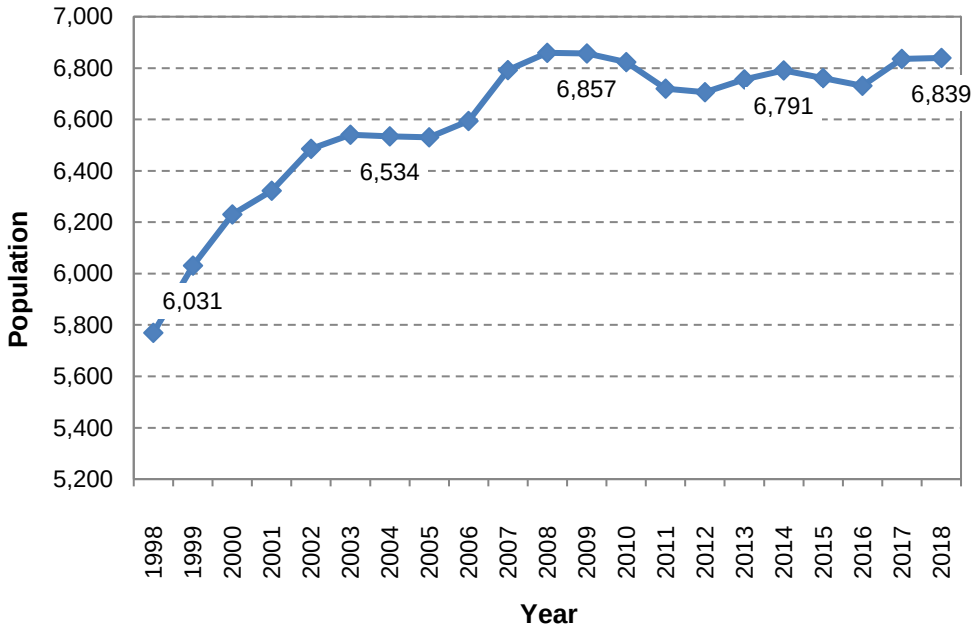


	Infants: Under 1	Pediatric: 1-17	18-34	35-64	65-79	80 & Older	Unknown
LGA	0.7%	17.5%	18.4%	41.3%	17.2%	4.9%	0.0%
Alberta	1.3%	21.1%	24.8%	40.2%	9.5%	3.0%	0.0%

As at March 31, 2018, the largest age group was 35-64 year olds, accounting for 41.3% of the overall population. Children 17 and under comprised 18.2% of Sundre's overall population, compared to 22.4% for Alberta. In addition, residents 65 and older accounted for 22.1% of Sundre's overall population, 9.5 percentage points higher than the corresponding provincial proportion.

The population counts as at March 31 of each year, between 1998 and the most recent year are provided in Figure 2.2.

FIGURE 2.2 Local Geographic Area Population Covered as at End (i.e. Mar 31) of Fiscal Years 1998 - 2018



The population of Sundre increased by 18.5% between 1998 and 2018. A low of 5,770 individuals was reported in 1998 and a peak of 6,859 people was reported in 2008.

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: Sundre

SOCIAL DETERMINANTS OF HEALTH INDICATORS

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

TABLE 3.1 Population Percentage of First Nations with Treaty Status[1] and Inuit as at March 31, 2018

First Nations with Treaty Status and Inuit Population		
	Sundre	**Alberta**
Percent of Population that is First Nations or Inuit	0.9%	2.8%

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

Family Composition		
	Sundre	**Alberta**
Percent (Number of) Male Lone-Parent Families	2.8% (60)	3.3% (37,060)
Percent (Number of) Female Lone-Parent Families	8.0% (170)	11.0% (123,195)
Percent (Number of) 65 Years of Age and Older Who Live Alone	30.5% (890)	18.7% (285,060)
Percent (Number of) Lone-Parent Census Families (≥3 Children)	10.9% (25)	11.5% (18,425)
Percent (Number of) Visible Minority for the Population in Private Households	2.7% (180)	23.5% (933,165)
Average Number of Persons per Census Family	2.7	3.0
Family Income		
	Sundre	**Alberta**
Percent (Number) of Families with After-Tax Low-Income[1]	22.7% (665)	15.6% (239,080)
Percent (Number) of Private Households with an After-Tax Income ≥ $100,000 in 2015	26.8% (785)	37.1% (566,195)
Average Census Family Income	$95,045	$116,343
Housing		
	Sundre	**Alberta**
Percent Living in Owned Dwellings	81.7%	72.4%
Percent Where Greater Than 30% of Income Is Spent on Housing for Homeowners	17.9%	15.1%
Average Value of Dwelling	$409,348	$449,790
Percent of Homeowners Who Have Homes in Need of Major Repairs	6.0%	5.7%
Percent Living in Rented Dwellings	18.2%	27.0%
Percent Where Greater Than 30% of Income Is Spent on Housing for Renters	28.6%	36.0%
Percent Living in Band Housing[1]	0.0%	0.6%

Compared to Alberta, Sundre had a similar proportion of First Nations people (0.9% vs. 2.8% AB). The proportion of female lone-parent families was lower than the provincial proportion (8.0% vs. 11.0% AB). In addition, the proportion of male lone-parent families in Sundre was lower than the provincial proportion (2.8% vs. 3.3% AB).

Furthermore, a higher percentage of families had an after-tax low-income level compared to the province (22.7% vs. 15.6% AB). Compared to Alberta, the percentage of people who spent 30% or more of their income on housing related expenses for homeowners was 2.8 percentage points higher in Sundre. In addition, a higher proportion of people in Sundre lived in dwellings they owned (81.7% vs. 72.4% AB).

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

Mobility		
	Sundre	**Alberta**
Percent who lived at the Same Address One Year Ago	86.4%	84.5%
Percent who lived at the Same Address Five Years Ago	66.0%	55.3%
Language		
	Sundre	**Alberta**
Percent Who Do Not Speak English or French	0.0%	1.4%
Percent of Households Where a Non-Official Language Is Spoken at Home	1.9%	11.7%
Top Five Non-Official Languages Spoken at Home[3]	German, Tagalog (Pilipino, Filipino), Tigrigna, Cebuano, and Greek	Tagalog (Pilipino, Filipino), Punjabi (Panjabi), Cantonese, Mandarin, and Spanish
Immigration		
	Sundre	**Alberta**
Total Number of Immigrants	530	845,215
Percent of Immigrants Who Arrived in the Last Five Years	1.1%	5.2%
Top Five Places of Birth for Recent Immigrants[4]	Philippines, United Kingdom, and Other places of birth in Africa	Philippines, India, China, Pakistan, and Other places of birth in Africa
Educational Attainment		
	Sundre	**Alberta**
Percent with No High School Graduation Certificate	15.1%	10.8%
Percent with High School Graduation Certificate	31.1%	25.2%
Percent with Apprenticeship, Trades Certificate or Diploma	16.0%	10.6%
Percent with College, Other Non-University Certificate, or Diploma	24.3%	22.0%
Percent with University Certificate, Diploma or Degree	13.6%	31.4%

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

Household and Dwelling Characteristics		
	Sundre	Alberta
Percent Persons in Private Households[1]	100.0%	100.0%
Total Number of Households by Household Type	2,920	1,527,680
Census Family Households	71.9%	70.6%
One-Family-Only Households	71.1%	68.2%
Two-or-More-Family Households	0.9%	2.3%
Non-Family Households	28.3%	29.4%
Total Number of Dwellings by Structural Type	2,920	1,527,680
Single-Detached House	73.8%	61.9%
Moveable Dwelling	17.0%	3.2%
Other Dwelling Including ≥5 Storey Apartment Buildings	9.2%	34.9%

Sundre had a lower proportion of non-English and non-French speaking people compared to Alberta (0.0% vs. 1.4% AB). Also, a lower proportion of immigrants arrived in the last five years in Sundre compared to the province (1.1% vs. 5.2% AB). Furthermore, Sundre reported a lower proportion of people with university certificates, diplomas or degrees (13.6% vs. 31.4% AB).

Sources:

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

Postal Code Translator File, Alberta Health

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

Notes:

[1] *See Appendix A for definition.*

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

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

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

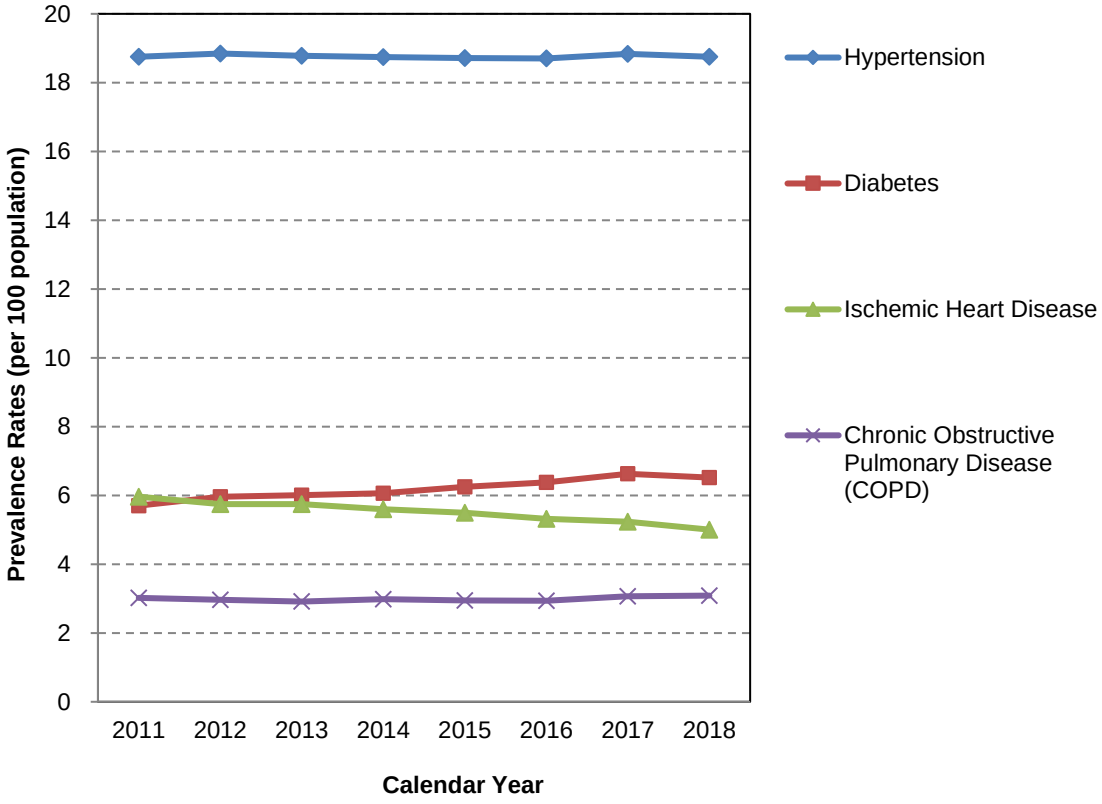
Africa: Algeria, Egypt, Ethiopia, Kenya, Morocco, Nigeria, Somalia, and South Africa
Americas (N, S and Central): Brazil, Colombia, El Salvador, Guyana, Haiti, Jamaica, Mexico, Peru, Trinidad and Tobago, and United States
Asia (incl. Middle East): Afghanistan, Bangladesh, China, Hong Kong, India, Iran, Iraq, Japan, Lebanon, Pakistan, Philippines, South Korea, Sri Lanka, Syria, Taiwan, and Vietnam
Europe: Bosnia and Herzegovina, Croatia, France, Germany, Greece, Hungary, Ireland, Italy, Netherlands, Poland, Portugal, Romania, Russian Federation, Serbia, Ukraine, and United Kingdom

Local Geographic Area: Sundre

CHRONIC DISEASE PREVALENCE

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

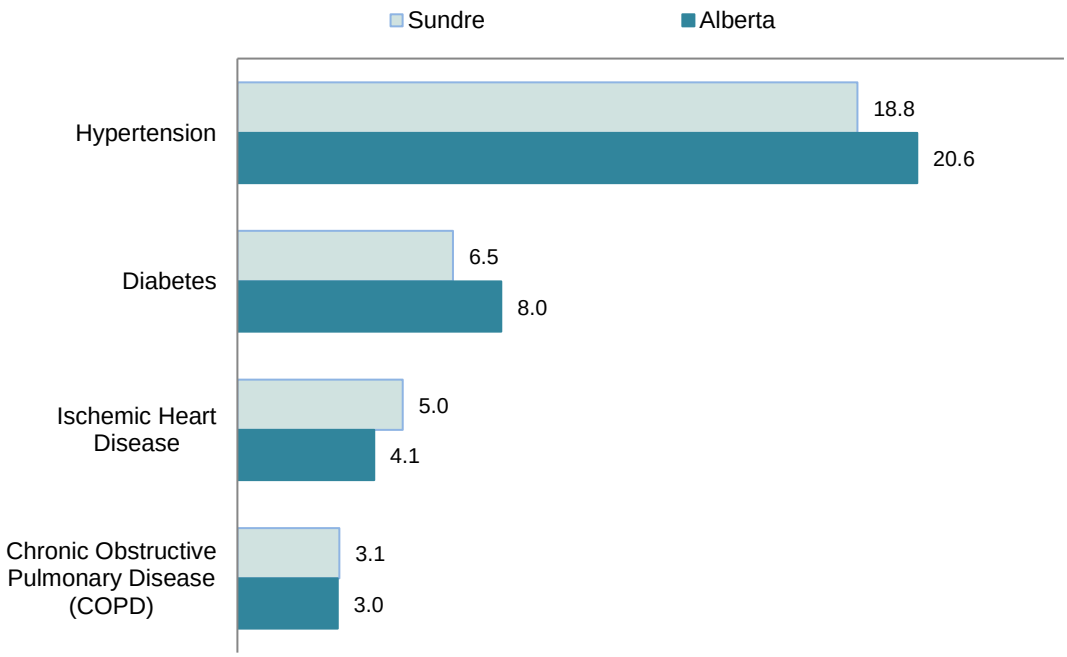
FIGURE 4.1 LGA Age-Standardized Chronic Disease Prevalence Rates[1] (per 100 population) 2011 - 2018



On average, the condition with the highest chronic disease prevalence rate reported for Sundre during 2011 to 2018 was hypertension. The largest rate of change during this time period was reported for ischemic heart disease (on average, a 0.13 people per 100 population decrease per year). In 2018, Sundre ranked number 111 in hypertension, number 118 in diabetes, number 37 in ischemic heart disease and number 81 in COPD among prevalence rates reported for the 132 local geographical areas (note: a lower rank is desirable).

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

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



In 2018, the Sundre prevalence rate for hypertension per 100 population was 0.9 times lower than the corresponding rate reported for the province (18.8 vs. 20.6 AB). In addition, Sundre showed prevalence rates higher than the provincial rates for 2 of the 4 chronic diseases included above.

Sources:

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

Notes:

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

Methodology:

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

Local Geographic Area: Sundre

MATERNAL AND CHILD HEALTH

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

TABLE 5.1 Local Geographic Area Maternal and Child Health Indicators for the period 2015/2016 - 2017/2018

Maternal and Child Health Indicators	Three-Fiscal-Year Period	Sundre	Alberta
Number of Births	2015/2016 - 2017/2018	161	163,895
Percent Low Birth Weights (of Live Births)[1], less than 2500 gm		6.2%	7.1%
Percent High Birth Weights (of Live Births)[1], greater than 4000 gm		6.2%	8.4%
Birth Rate (per 1,000 population)[1]		16.1	26.0
Fertility Rate (per 1,000 Women 15 to 49 Years)[1]		41.3	52.7
Teen Birth Rate (per 1,000 Women 15 to 19 Years)		15.9	10.6
Percent of Deliveries with Maternal Prenatal Smoking		17.0%	11.0%

During 2015/2016 to 2017/2018, Sundre's birth rate of 16.1 per 1,000 women was lower than the provincial rate, and the teen birth rate of 15.9 per 1,000 was higher than Alberta’s teen birth rate. In addition, a higher proportion of prenatal smoking cases were reported in Sundre compared to the province (17.0% vs. 11.0% AB).

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

TABLE 5.2 Childhood Immunization Coverage Rates, 2017

Age Group	Calendar Year	Sundre	Alberta
DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza B) Dose 4 of 4			
By Age Two	2017	69.6%	76.7%
MMR (Measles, Mumps, and Rubella)			
By Age Two	2017	84.0%	87.4%

By the age of two, 69.6% of children in Sundre (in 2017) had been vaccinated against DTaP-IPV-Hib (compared to 76.7% for AB), while 84.0% had received MMR vaccines (compared to 87.4% for AB).

Sources:

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

Notes:

[1] *See Appendix A for definition.*

Methodology (Childhood Immunizations):

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

Local Geographic Area: Sundre

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**	**Sundre**	**Alberta**
2014/2015 - 2016/2017	Chlamydia	398.5	398.5
	Gonorrhea	39.4	75.4
	Mucopurulent Cervicitis	34.4	7.3
	Non-Gonococcal Urethritis	9.8	38.0
	Infectious Syphilis	0.0	8.1
2015/2016 - 2017/2018	Chlamydia	333.3	391.4
	Gonorrhea	44.1	96.9
	Mucopurulent Cervicitis	24.5	6.9
	Non-Gonococcal Urethritis	24.5	38.4
	Infectious Syphilis	0.0	11.8

Sundre's highest STI rate per 100,000 population in 2015/2016 - 2017/2018 was reported for chlamydia and this rate was similar to the provincial rate (333.3 vs. 391.4 AB).

1 of the top 5 STI rates in Sundre were higher than the provincial rates for STIs in 2015/2016 - 2017/2018.

Sources:

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

Notes:

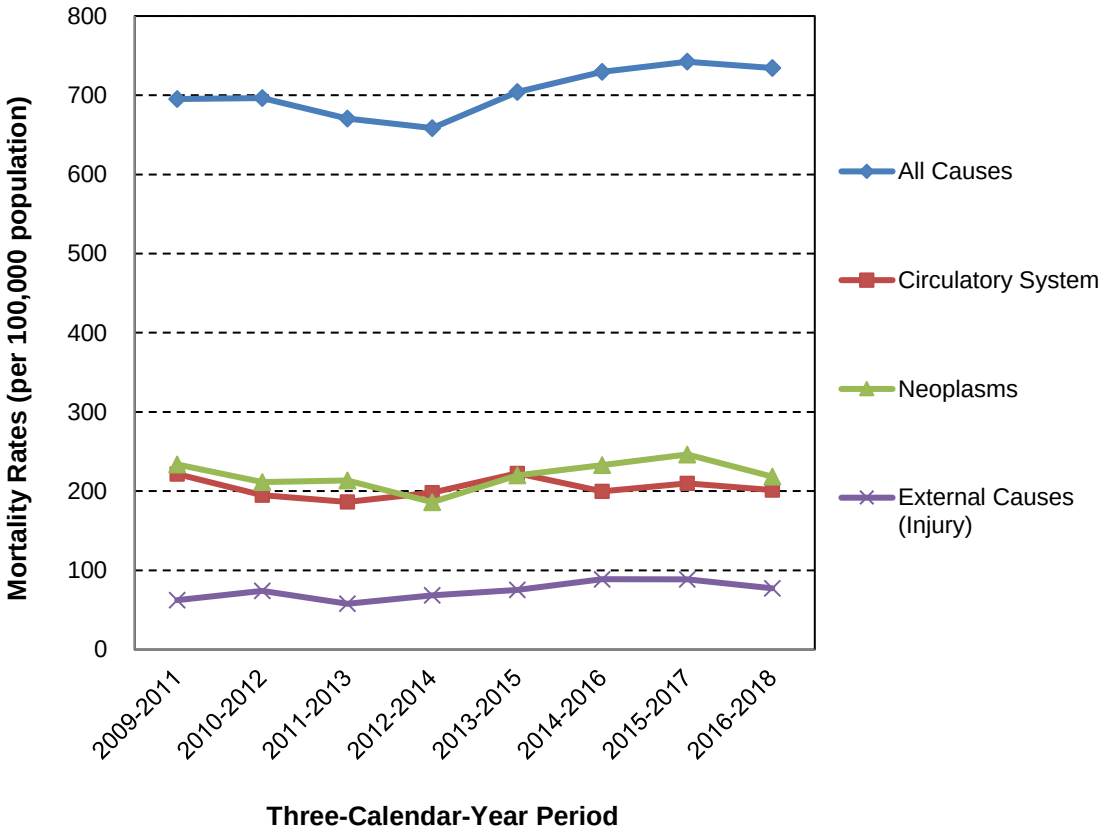
[1] *See Appendix A for definition.*

Local Geographic Area: Sundre

MORTALITY

Figure 7.1 displays the age-standardized mortality rates[1], per 100,000 population, for the three selected causes of death and all causes combined. Data is provided for each three-calendar-year period between 2009 and 2018. The age-standardized mortality rate by cause of death is a measure of the frequency (rate) at which deaths occur in a given population due to a certain cause.

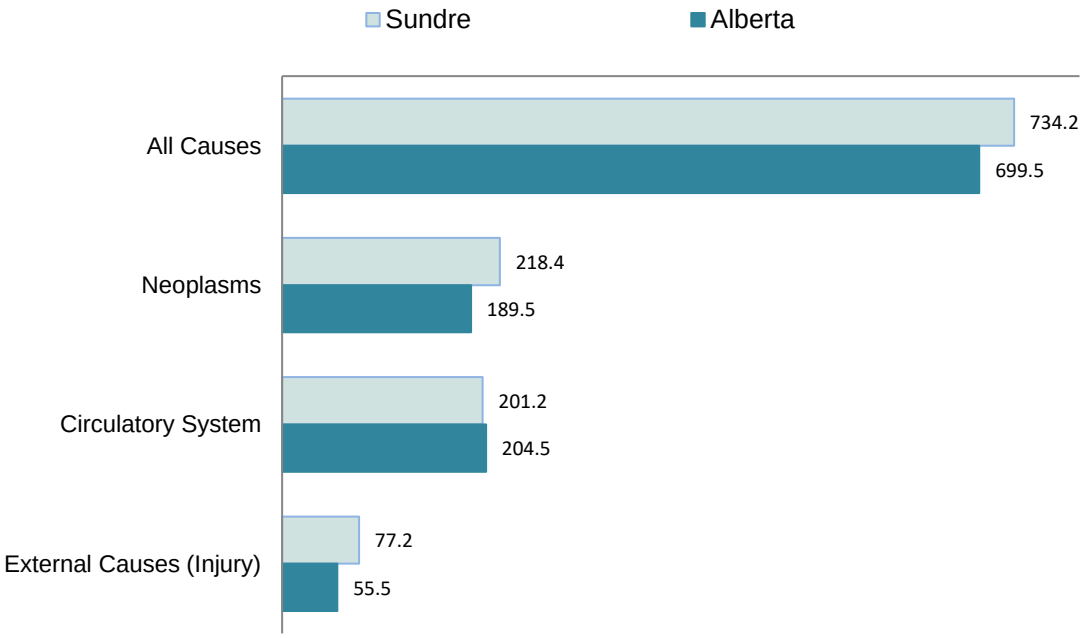
FIGURE 7.1 Local Geographic Area Age-Standardized Mortality Rates[1] (per 100,000 population) By Three-Calendar-Year Period



The three-year mortality rates for Sundre ranged between 658.5 and 742.3 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 67.8% to 76.1% of all deaths from 2009 - 2011 to 2016 - 2018.

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

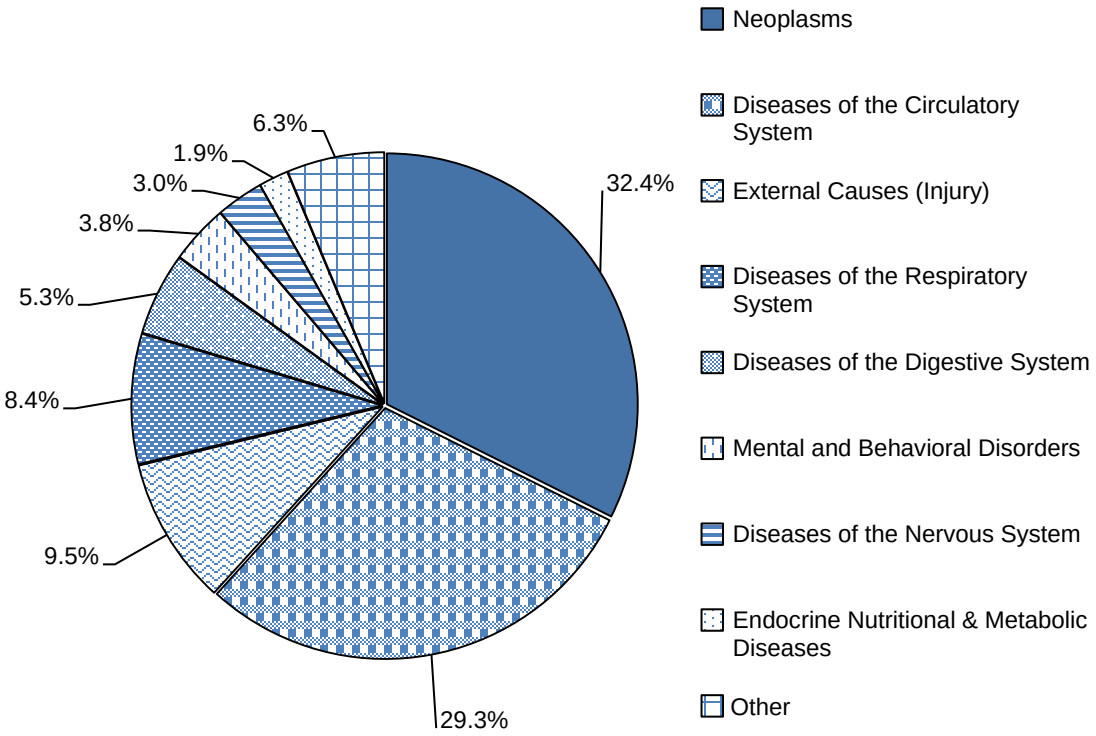
FIGURE 7.2 Local Geographic Area versus Alberta Age-Standardized Mortality Rates (per 100,000 population) for Three-Calendar-Year Period 2016-2018



For all causes, Sundre reported a similar mortality rate compared to the provincial rate (734.2 vs. 699.5 AB). In 2016 - 2018, neoplasms was the main cause of death in Sundre, with an associated mortality rate higher than the provincial rate per 100,000 population (218.4 vs. 189.5 AB). In addition, mortality rates were higher than the provincial rates for 2 of the 3 selected causes of death reported in Sundre.

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

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



Between 2009 and 2018 neoplasms accounted for 32.4% of all deaths reported in Sundre. 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

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: Sundre

EMERGENCY SERVICE UTILIZATION (PART A: BY CTAS LEVEL)

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

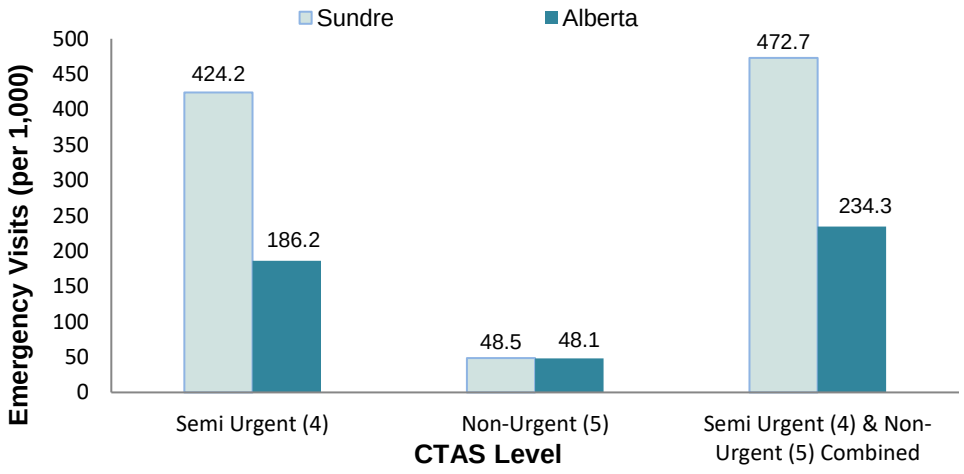
TABLE 8.1 Emergency Visits for Patients Residing in the Local Geographic Area by CTAS Level
Fiscal Years 2015/2016 - 2017/2018

CTAS Level	Emergency Visits		
	2015/2016	2016/2017	2017/2018
Resuscitation (1) and Emergency (2) Combined	392 (6.2%)	436 (7.4%)	461 (7.9%)
Urgent (3)	1,606 (25.5%)	1,732 (29.2%)	1,740 (29.8%)
Semi Urgent (4)	3,386 (53.8%)	2,950 (49.8%)	2,901 (49.6%)
Non-Urgent (5)	482 (7.7%)	289 (4.9%)	332 (5.7%)
Unknown	426 (6.8%)	520 (8.8%)	409 (7%)
Total	**6,292 (100%)**	**5,927 (100%)**	**5,843 (100%)**

The volume of emergency visits for patients residing in Sundre decreased by 7.1% between 2015/2016 and 2017/2018. In addition, semi-urgent and non-urgent visits combined accounted for 55.3% of all emergency visits in 2017/2018, an increase of -16.4% from 2015/2016.

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

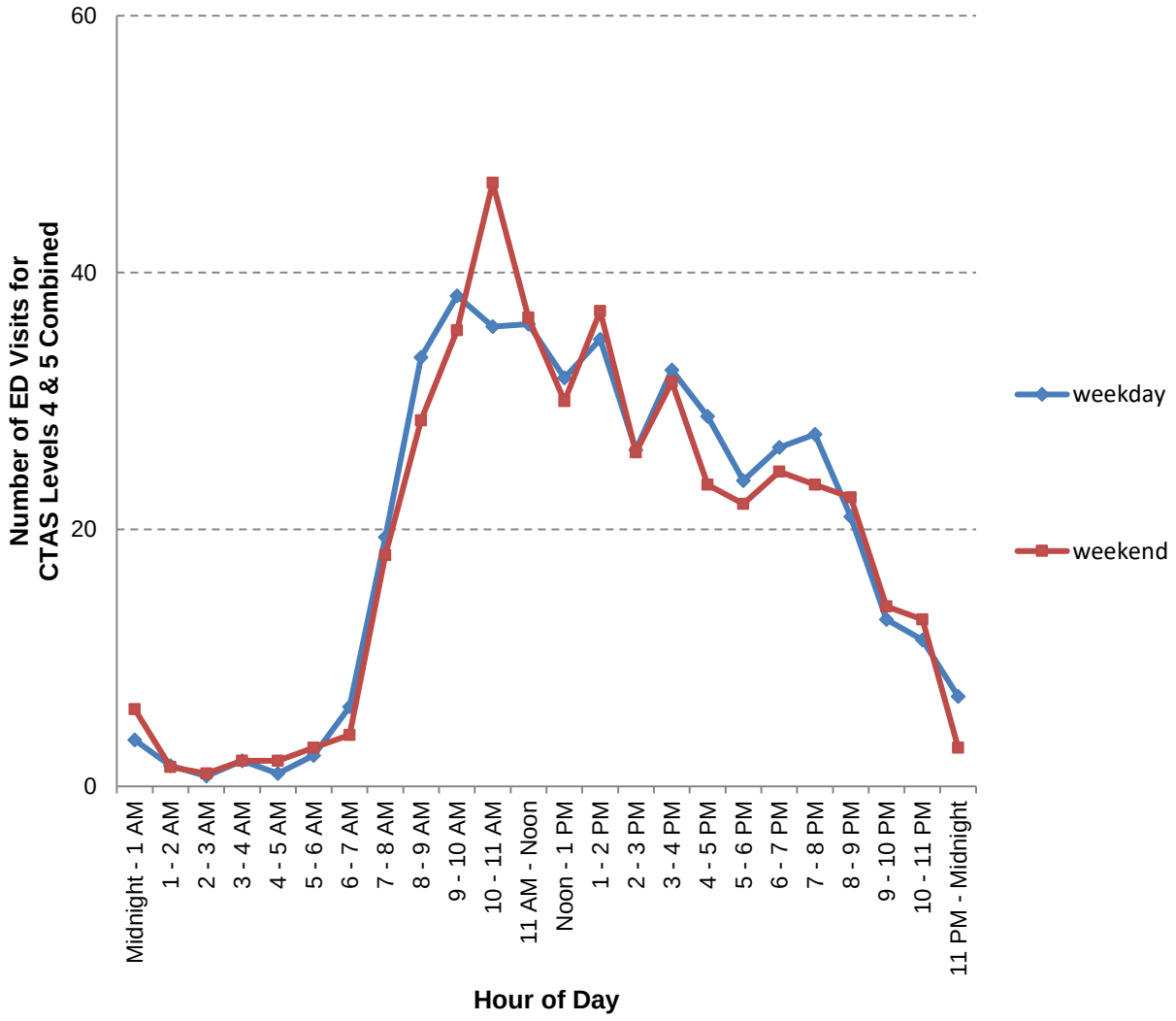
FIGURE 8.1 Emergency Visit Rates[1] (per 1,000 population) for CTAS Levels Semi-Urgent (4) and Non-Urgent (5)[2], Fiscal Year 2017/2018



Sundre's combined semi-urgent and non-urgent emergency visit rate per 1,000 population was higher than the provincial rate in 2017/2018 (472.7 vs. 234.3 AB). Semi-urgent emergency visits occurred at a 2.3 times higher rate in Sundre compared to Alberta (424.2 vs. 186.2 AB).

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

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



The peak hourly total number of emergency visits for Sundre in 2017/2018 was reported for weekends between 10 - 11 AM (47 emergency visits). That is, there was a total of 47 visits reported between 10 - 11 AM on a regular weekend day, during this year. The hourly total number of emergency visits for both weekdays and weekends was low between midnight and early morning hours, increased gradually afterwards, and declined considerably late at night.

Sources:

Ambulatory Care Data, Alberta Health

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

Postal Code Translator File, Alberta Health

Notes:

[1] *See Appendix A for definition.*

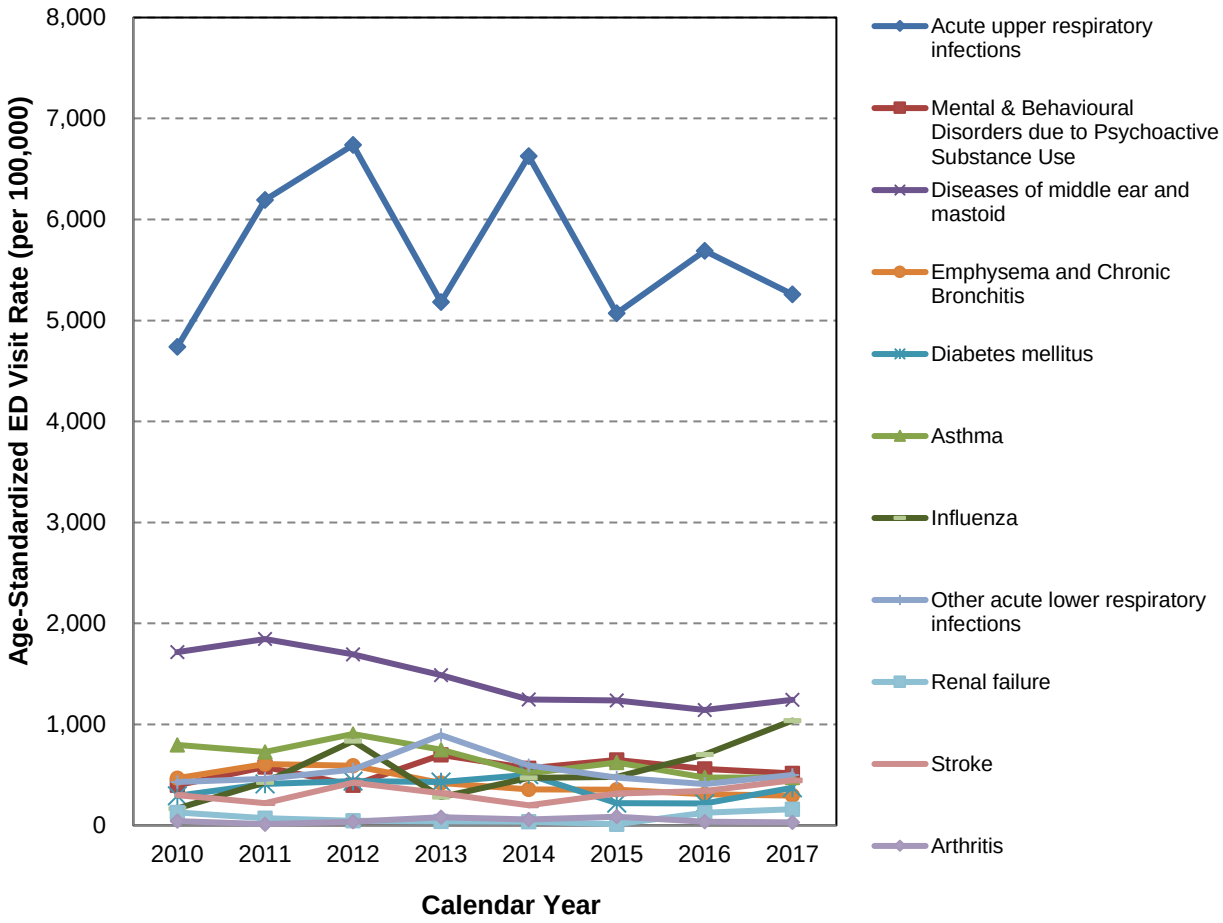
[2] *In order to be consistent with the type of services expected to be provided by primary health care, the analysis above focused only on semi-urgent and non-urgent emergency CTAS levels.*

Local Geographic Area: Sundre

EMERGENCY SERVICE UTILIZATION (PART B: ALL EMERGENCY VISITS)

Figure 8.3 provides age-standardized emergency visit rates[1] for selected health conditions per 100,000 population for each calendar year beginning in 2010. Emergency department visit rates are defined as the number of visits to emergency departments due to a certain condition, divided by the total population of the local geographic area.

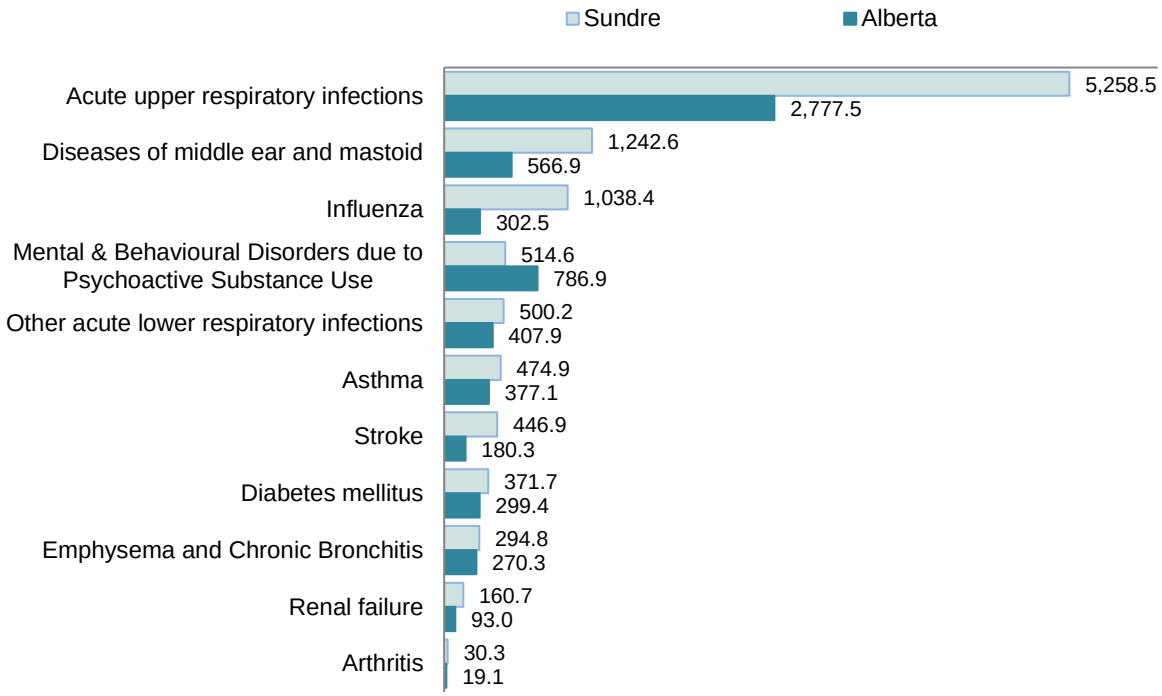
FIGURE 8.3 LGA Age-Standardized[2] Emergency Visit Rates (per 100,000 population) For Selected Conditions, 2010 - 2017



On average, the highest emergency visit rates for selected health conditions reported for Sundre during 2010 to 2017 were due to acute upper respiratory infections. In addition, among selected health conditions, the largest rate of change among emergency visits during this time period was reported for diseases of middle ear and mastoid (on average, a 100 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 2017



In 2017, the three most common reasons for emergency visits, among selected health conditions, were: acute upper respiratory infections, diseases of middle ear and mastoid, and influenza. Among selected health conditions, the most common reason for emergency visits in 2017, acute upper respiratory infections, had a higher rate in Sundre compared to the provincial rate per 100,000 population (5,258.5 vs. 2,777.5 AB). Furthermore, Sundre showed emergency rates higher than the provincial rates for 10 of the 11 selected conditions.

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

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

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

Local Geographic Area: Sundre

INPATIENT SERVICE UTILIZATION

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

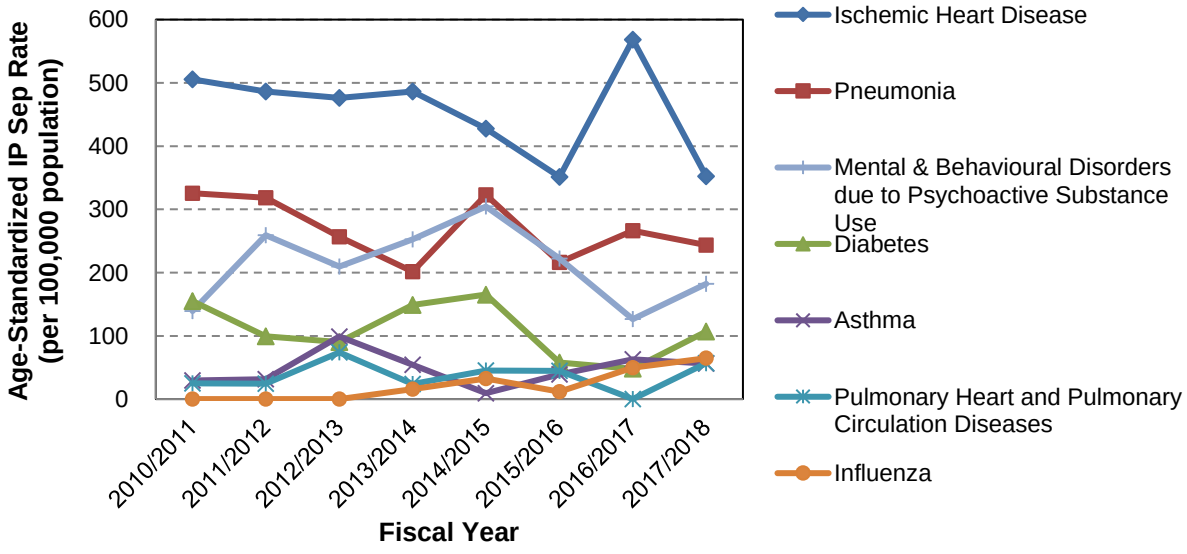
TABLE 9.1 Inpatient Separation Rates (per 100,000 population) for Patients Residing in the LGA versus Alberta, Fiscal Years 2015/2016 - 2017/2018

Inpatient Separation Rates (per 100,000 population)		
Fiscal Years	**Sundre**	**Alberta**
2015/2016	11,098.6	8,941.1
2016/2017	11,732.9	8,850.3
2017/2018	12,765.4	8,643.7

Sundre's inpatient separation rate for patients residing in the local geographic area varied between 12,765.4 in 2017/2018 and 11,732.9 in 2016/2017. In addition, in 2017/2018, the inpatient separation rate for patients residing in Sundre was 1.5 times higher than the provincial rate (12,765.4 vs. 8,643.7 AB).

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

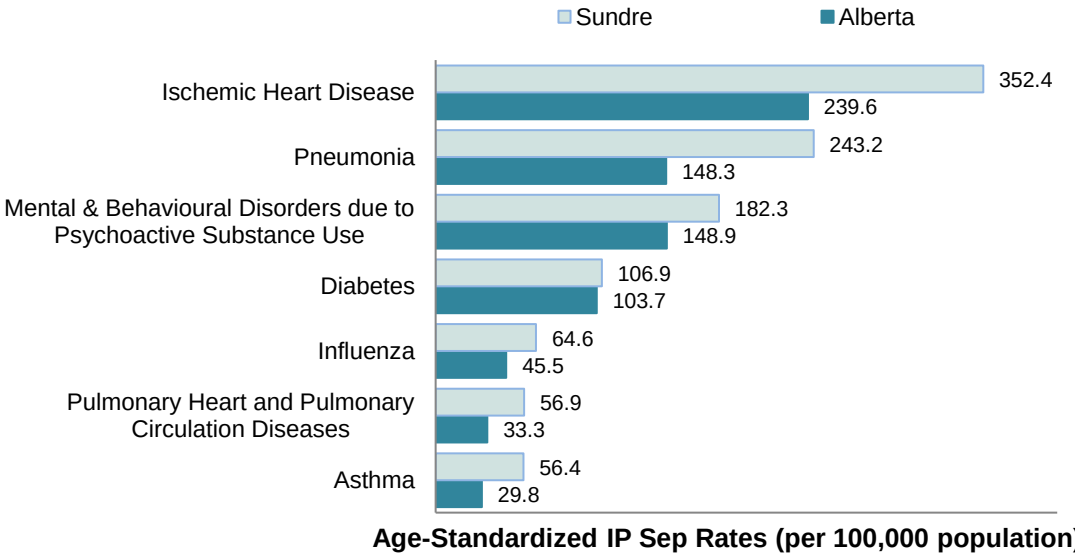
FIGURE 9.1 LGA Age-Standardized[2] Inpatient Separation Rates (per 100,000 population) For Selected Conditions, 2010/2011 - 2017/2018



On average, the highest inpatient separation rates, among selected health conditions, reported in Sundre during 2010/2011 to 2017/2018 were due to ischemic heart diseases. These rates reached a high of 568.4 per 100,000 population in 2016/2017 and a low of 351.3 per 100,000 population in 2015/2016. Also, among selected conditions, the largest inpatient separation rate of change during this time period was reported for ischemic heart diseases (on average, a 13 inpatient separation per 100,000 population decrease per year).

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

FIGURE 9.2 LGA versus Alberta Age-Standardized Inpatient Separation Rates (per 100,000 population) For Selected Conditions, 2017/2018



In 2017/2018, the three highest inpatient separation rates were reported for ischemic heart disease, pneumonia, and mental & behavioural disorders due to psychoactive substance use.The most common reason for inpatient separations in Sundre was ischemic heart disease, which had a higher rate compared to the provincial rate per 100,000 population (352.4 vs. 239.6 AB). Additionally, Sundre's inpatient separation rates were higher than the provincial rates for 7 of the 7 diagnoses.

Sources:

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health

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

Postal Code Translator File, Alberta Health

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

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

Methodology:

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

Local Geographic Area: Sundre

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	Sundre	Alberta
1	Travel: Percentage of LGA's Recipients' Family Physician Claims Reported Outside of the LGA, 2017/2018	23.3%	50.8%
2	Volume of Family Physicians (per 1,000 Population), 2017/2018	2.5	1.2
3	Ambulatory Care Sensitive Conditions - Age-Standardized Separation Rate (per 100,000 population), 2017/2018	300.2	360.7
4	General Practice Care Sensitive Conditions - Age-Standardized Rate (per 100,000 population), 2017/2018	27,042.6	11,633.1
5	ED Visits Related to Mood and Anxiety Disorders - Age-Standardized Rate (per 100,000 population), 2017/2018	2,137.1	1,328.2
6	ED Visits Related to Substance Abuse - Age-Standardized Rate (per 100,000 population), 2017/2018	1,095.8	1,300.3
7	ED Readmissions within 30 Days of Discharge from Hospital - Age-Standardized Rate (per 100,000 population), 2017/2018	2,515.5	1,436.1

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

	Health Status Indicators[1]	Sundre	Alberta
8	Age-Standardized Rate of People with Three or more Chronic Diseases (per 100 population), 2017/2018	4.0	4.2
9	Percentage of Influenza Vaccines for Those 65 and Over, 2017/2018	53.1%	51.2%
	Social Determinant of Health	**Sundre**	**Alberta**
10	Average Canadian Deprivation Index (per 100 population), 2013	8.2	7.3
11	SES: Percentage of People Receiving Support, in the Population, 2017/2018	30.1%	23.5%
12	Life Expectancy at Birth, 2008 to 2017	80.3	81.2

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

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

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

Indicator 2: Volume of Family Physicians

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

Indicator 3: Ambulatory Care Sensitive Conditions

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

Indicator 4: General Practice Care Sensitive Conditions

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

Indicator 5: ED Visits Related to Mood and Anxiety Disorders

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

Indicator 6: ED Visits Related to Substance Abuse

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

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

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

Indicator 8: People with Three or More Chronic Diseases

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

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

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

Indicator 10: Average Canadian Deprivation Index (CDI)

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

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

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

Indicator 12: Life Expectancy at Birth

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

Sources:

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

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

Local Geographic Area: Sundre

ACCESS TO HEALTH SERVICES

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

TABLE 11.1 Ambulatory Care Visits and Inpatient Separations for the Local Geographic Area Residents To Facilities Located In versus Out of the Local Geographic Area, Fiscal Year 2017/2018

Ambulatory Care Visits				
Visits Within Local Area of Residence (IN)	Visits Outside Local Area of Residence (OUT)	Total Visits	Percent IN	Percent OUT
7,229	9,567	16,796	43.0%	57.0%
Inpatient Separations (IP Sep)				
Seps Within Local Area of Residence	Seps Outside Local Area of Residence	Total IP Sep	Percent IN	Percent OUT
314	634	948	33.1%	66.9%

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

TABLE 11.2 Top 3 Non-Local Ambulatory Care Facilities Accessed by Local Residents Fiscal Year 2017/2018

Local Residents Accessing Non-Local Ambulatory Care Facilities				
Ambulatory Care Facility Name	Facility Municipality	Facility LGA	Number of OUT Visits	% of Total OUT Visits
Red Deer Regional Hospital Centre	Red Deer	Red Deer - SW	3,075	32.1%
Foothills Medical Centre	Calgary	Calgary - Centre North	1,259	13.2%
Olds Hospital and Care Centre	Olds	Olds	741	7.7%

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

Local Residents Accessing Non-Local Acute Care Hospitals				
Hospital Name	**Hospital Municipality**	**Hospital LGA**	**Number of OUT IP Sep**	**% of Total OUT IP Sep**
Red Deer Regional Hospital Centre	Red Deer	Red Deer - SW	265	41.8%
Foothills Medical Centre	Calgary	Calgary - Centre North	113	17.8%
Olds Hospital and Care Centre	Olds	Olds	61	9.6%

Sources:

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

Definitions

Appendix A

Addiction Residential

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

After-Tax Low Income Measure

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

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

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

Age Standardization

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

Band Housing

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

Birth Rate

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

Body Mass Index (BMI)

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

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

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

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

Canadian Community Health Survey (CCHS)

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

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

Canadian Triage and Acuity Scale (CTAS)

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

Triage Level 1 – Resuscitation

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

Triage Level 2 – Emergent

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

Triage Level 3 – Urgent

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

Triage Level 4 – Less Urgent (Semi urgent)

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

Triage Level 5 – Non Urgent

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

Triage Level 9 – Unknown

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

Census

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

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

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

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

Census Family

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

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

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

These families contain children from:

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

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

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

Chronic Obstructive Pulmonary Disease (COPD)

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

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

Detox

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

Emergency Department (ED) Visit Rate

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

Family Care Clinic (FCC)

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

Fertility Rate

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

First Nations with Treaty Status

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

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

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

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

Health Status

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

High Birth Weight

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

Hospitalization Rate

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

Infant Mortality Rate

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

Inpatient

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

Inpatient Separations (IP Seps)

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

Inuit

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

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

Local Geographic Areas (LGAs)

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

LGA is defined based on the multiple characteristics listed below.

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

Low Birth Weight

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

Mortality Rate by Cause of Death

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

Neoplasms

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

National Household Survey (NHS)

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

Opioid Dependency Program

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

Outpatient

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

Physical Activity

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

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

Prevalence Rate

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

Primary Care

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

Primary Care Networks

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

Private Household

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

Qualifier (comparisons between indicator values)

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

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

Separation Rate

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

Self-Perceived Mental Health

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

Sexually Transmitted Infection (STI)

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

Smoker

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

Social Determinants of Health

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

Teen Birth Rate

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

Community Services (Online Resources) Appendix B

1. Indigenous Relations

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

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

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

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

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

2. Education

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

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

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

  This link provides a list of school authorities and associated public, private, francophone and early childhood services – school authorities are listed in alphabetical order.

3. Employment

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

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

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

4. Family and Children

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

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

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

- Programs and Services for Youth:

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

5. Housing

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

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

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

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

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

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

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

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

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

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

This link provides information on funding provided to the Outreach Support Services Initiative and the Addiction and Mental Health Strategy in the communities of Calgary, Edmonton, Grande Prairie, Fort McMurray, Red Deer, Lethbridge and Medicine Hat.

6. Seniors

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

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

7. Social Services

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

- Alberta Community and Social Services:
  http://humanservices.alberta.ca/programs-and-services.html
  This link provides a portal to the variety of programs and services provided by Alberta Human Services. Human Services has developed a resource list:
  http://www.humanservices.alberta.ca/disability-services/14855.html

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

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

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

- Local Services:

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

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

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

Health Link Alberta Calls for Central Zone

Appendix C

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

Calls by Town/City for the Fiscal Year 2017/2018

Town/City	# of Calls	%
Acme	130	0.3%
Alder Flats	75	0.2%
Alhambra	49	0.1%
Alix	120	0.3%
Alliance	22	0.0%
Alsike	19	0.0%
Altario	7	0.0%
Amisk	23	0.1%
Andrew	91	0.2%
Armena	15	0.0%
Bashaw	230	0.5%
Bawlf	69	0.2%
Beauvallon	11	0.0%
Beaver County	325	0.7%
Benalto	53	0.1%
Bentley	243	0.5%
Big Valley	66	0.1%
Bittern Lake	48	0.1%
Blackfalds	1,520	3.3%
Blackfoot	62	0.1%
Bluffton	120	0.3%
Bodo	5	0.0%
Botha	51	0.1%
Bowden	19	0.0%
Brazeau County	7	0.0%
Breton	139	0.3%
Brosseau	4	0.0%
Brownfield	17	0.0%
Bruce	14	0.0%
Bruderheim	166	0.4%
Buck Creek	31	0.1%
Buck Lake	69	0.2%
Byemoor	19	0.0%
Cadogan	20	0.0%
Camrose	2,209	4.8%
Camrose County	71	0.2%
Carbon	59	0.1%
Carnwood	14	0.0%
Caroline	201	0.4%
Castor	101	0.2%
Chauvin	59	0.1%
Chipman	48	0.1%
Clandonald	29	0.1%
Clive	193	0.4%
Condor	81	0.2%
Consort	90	0.2%
Coronation	99	0.2%
Craigmyle	13	0.0%
Cynthia	1	0.0%
Czar	25	0.1%
Daysland	99	0.2%
Delburne	14	0.0%
Delia	52	0.1%
Denwood	66	0.1%
Derwent	33	0.1%
Dewberry	58	0.1%
Dickson	5	0.0%
Donalda	68	0.1%
Drayton Valley	1,128	2.5%
Drumheller	660	1.4%
East Coulee	20	0.0%
Eckville	401	0.9%
Edberg	55	0.1%
Edgerton	75	0.2%
Elnora	9	0.0%
Endiang	15	0.0%
Erskine	72	0.2%
Falun	40	0.1%
Fenn	9	0.0%
Ferintosh	82	0.2%
Forestburg	78	0.2%
Gadsby	15	0.0%

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

Town/City	# of Calls	%
Galahad	12	0.0%
Gwynne	49	0.1%
Hairy Hill	37	0.1%
Halfmoon Bay	1	0.0%
Halkirk	20	0.0%
Hanna	247	0.5%
Hardisty	47	0.1%
Hay Lakes	94	0.2%
Hayter	8	0.0%
Heisler	24	0.1%
Hilliard	10	0.0%
Holden	62	0.1%
Hughenden	51	0.1%
Huxley	43	0.1%
Innisfail	725	1.6%
Innisfree	82	0.2%
Irma	86	0.2%
Islay	16	0.0%
James River Bridge	18	0.0%
Kelsey	16	0.0%
Killam	121	0.3%
Kingman	31	0.1%
Kinsella	7	0.0%
Kirriemuir	13	0.0%
Kitscoty	147	0.3%
Lacombe	1,810	3.9%
Lacombe County	12	0.0%
Lamont	245	0.5%
Lavoy	29	0.1%
Leslieville	136	0.3%
Lindale	22	0.0%
Linden	186	0.4%
Lloydminster	1,276	2.8%
Lodgepole	17	0.0%
Lougheed	34	0.1%
Lousana	29	0.1%
Ma-Me-O Beach	117	0.3%
Mannville	125	0.3%
Markerville	3	0.0%
Marwayne	101	0.2%
Maskwacis	1,125	2.5%
McLaughlin	10	0.0%
Meeting Creek	26	0.1%
Metiskow	15	0.0%
Millet	488	1.1%
Minburn	16	0.0%
Mirror	61	0.1%
Monitor	1	0.0%
Morrin	24	0.1%
Mulhurst Bay	32	0.1%
Mundare	175	0.4%
Munson	30	0.1%
Musidora	6	0.0%
Myrnam	46	0.1%
Nevis	4	0.0%
New Norway	79	0.2%
Nordegg	29	0.1%
Norglenwold	12	0.0%
Ohaton	51	0.1%
Olds	1,128	2.5%
Paradise Valley	69	0.2%
Penhold	52	0.1%
Pine Lake	4	0.0%
Ponoka	1,216	2.7%
Provost	146	0.3%
Ranfurly	13	0.0%
Red Deer	11,339	24.7%
Red Deer County	1,940	4.2%
Red Willow	1	0.0%
Rimbey	531	1.2%
Rivercourse	8	0.0%
Rocky Mountain	1,531	3.3%
Rocky Rapids	41	0.1%
Rosalind	33	0.1%
Rosedale Station	45	0.1%
Rosedale Valley	6	0.0%
Round Hill	12	0.0%
Rowley	3	0.0%
Rumsey	20	0.0%
Ryley	111	0.2%
Sedgewick	105	0.2%
Springbrook	212	0.5%
Spruce View	28	0.1%
St Michael	30	0.1%

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

Town/City	# of Calls	%
Star	13	0.0%
Stauffer	15	0.0%
Stettler	827	1.8%
Streamstown	10	0.0%
Strome	32	0.1%
Sundre	599	1.3%
Sunnynook	6	0.0%
Swalwell	24	0.1%
Sylvan Lake	1,944	4.2%
Tees	39	0.1%
Three Hills	424	0.9%
Tofield	356	0.8%
Torrington	32	0.1%
Trochu	154	0.3%
Tulliby Lake	5	0.0%
Two Hills	139	0.3%
Vegreville	649	1.4%
Vermilion	409	0.9%
Veteran	31	0.1%
Viking	128	0.3%
Wainwright	728	1.6%
Westerose	166	0.4%
Wetaskiwin	1,742	3.8%
Willingdon	62	0.1%
Wimborne	18	0.0%
Winfield	107	0.2%
Wostok	3	0.0%
Total	**45,831**	**100.0%**

Source:

Health Link Alberta, Alberta Health Services

Select Health Services in Local Geographic Area Appendix D

Sundre

Active Treatment Hospitals

Designated Service Type	Name	Address
Community Hospital, Moderate To Basic Services	Sundre Hospital and Care Centre	709 1 St Ne, Sundre, T0M1X0

Source:
Alberta Health, January 2019

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

Community Ambulatory Care Centres

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

Source:
Alberta Health, January 2019

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

Mental Health Facilities

There are no Mental Health Facilities in this Local Geographic Area

Source:
Alberta Health, January 2019

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

Diagnostic Imaging Centres

Name	Address
Sundre Hospital & Care Centre	709 1st St Ne, Sundre, T0M1X0

Source:
Alberta Health, January 2019

Community Pharmacies

Name	Address
Pharmasave #337	557 Main Ave W, Sundre, T0M1X0
Sundre Community Drug Mart	403 Main Ave West, Sundre, T0M1X0
Sundre Family Pharmacy	12-200 Main Ave West, Sundre, T0M1X0

Source:
Alberta Health, January 2019

Medical Laboratories

Name	Address
Sundre Hospital & Care Centre	709 1st St Ne, Sundre, T0M1X0

Source:
Alberta Health, January 2019

Long Term Care Accommodation

Name	Address
Sundre Hospital and Care Centre	709 1 Street Ne, Sundre, T0M1X0

Source:
Alberta Health, January 2019

Supportive Living Accommodation

Accommodation Type	Name	Address
Lodge	Sundre Seniors Supportive Living Facility	749 6 Street Sw, Sundre, T0M1X0

Source:
Alberta Health, January 2019

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

Family Physician Offices

Name	Address
Greenwood Family Phys Clinic	709 1 Street Ne, Sundre, T0M1X0
Greenwood Family Walk-in Clinic	557 Main Ave W Bay 7, Sundre, T0M1X0
Moose & Squirrel Medical Clinic	200 Main Avenue West, Sundre, T0M1X0

Sources:

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

Note:

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