



City of Beaumont

Community Health Needs Assessment Final Report

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Executive Summary

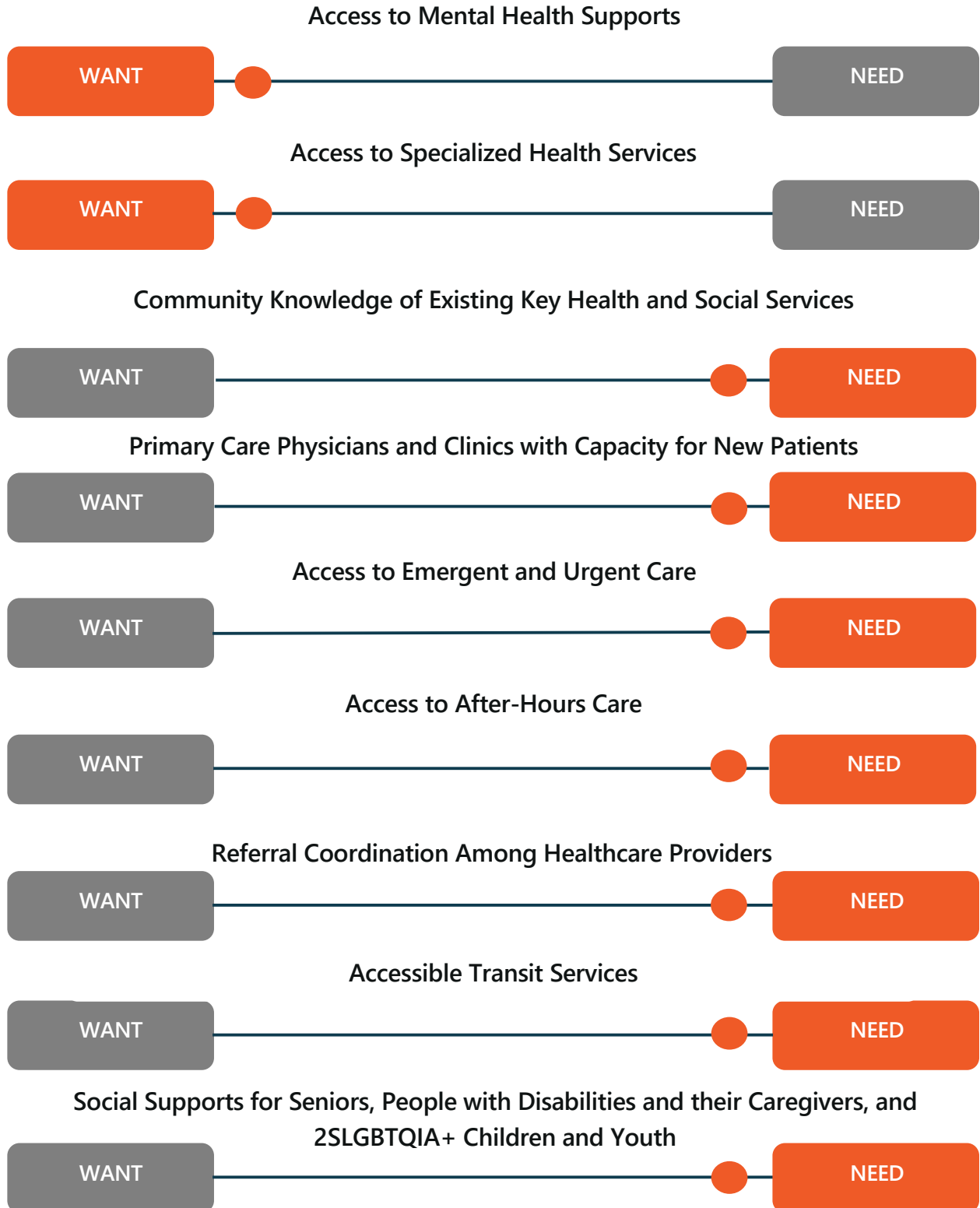
One of the aspirations identified within the City of Beaumont's ("the City" or "Beaumont") 2022-2026 Council Strategic Plan is the ability for residents to access health services that meet the needs of the growing population. The Community Health Needs Assessment (CHNA) is part of achieving that goal. In order to fulfill this aspiration, the City recognizes the importance of being intentional about understanding the health issues that impact residents and working together to create a healthy Beaumont.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. The City of Beaumont and Alberta Health Services partnered with MNP to conduct a CHNA to identify current and future health needs. The results of the assessment provide evidence-based information to guide planning efforts to address community health needs. Special attention has been given to the needs of vulnerable populations, social determinants of health, unmet needs or gaps in services, and input from the community.

A priority in the development of the CHNA included the discernment of community health wants from needs. A community health want may be important to consider for future decision-making. It requires further investigation as data analysis may not reflect it as a priority. A community health want may emerge from community input or anecdotal evidence but requires confirmation using triangulation of other data sources. It might represent a preference or aspiration based on a single source of information. A community health need, on the other hand, has been identified as a gap through the CHNA community engagement and validated by a combination of information such as existing community health data analysis. Together, community engagement and data analysis highlights areas where resources or services are lacking and where intervention is necessary to address health disparities. Data analyzed throughout the course of the CHNA were also used to identify gaps which may not have been identified by residents through the engagement process.

The following community health wants and needs were highlighted as part of the CHNA engagement and validated by existing community health data. This comparison serves as a validation of available services, including if the service is available within a reasonable proximity to the community. The data also verifies when a service is available in a community, which a respondent may not have been aware of.


Assessment of Community Wants vs. Needs



The following **three priorities** for the City of Beaumont were identified as a result of engagement, survey responses, and health data analysis:

- 
1 Health Services
 Advocate for health services to be brought to the City and delivered to residents, to encourage economic development and attract healthcare providers to practice locally.
- 
2 Regional and Intergovernmental Collaborations
 Consult and work with regional and intergovernmental partners to develop a business case to support improved capacity and models of care for Beaumontonians.
- 
3 Accessibility
 Enhance accessibility to health services with appropriate modes of transportation and supports to accommodate people with disabilities.

The following **recommended next steps** within the priority categories have been identified:

Priority	Recommendation
 <p>Access to Health Services</p>	Ongoing monitoring of access and utilization data for public health services, including urgent care and wait times for EMS
	Exploration of opportunities to entice health professionals to provide services during underserved hours through modified models of care (e.g., medi-centre model, walk-in and after-hours care, team-based care, maternity and neonatal care, urgent care, laboratory services, virtual care)
	Linkage of analyzed data to economic development opportunities for medi-centre attraction within Beaumont
	Exploration of opportunities for the addition of nurse practitioners within primary care teams in Beaumont
	Collaboration with regional and intergovernmental partners for the development of a business case to support improved capacity and models of care

Priority	Recommendation
	<p>Work with community members, experts, and Provincial Partners to develop strategies and interventions that address health needs of Beaumont and adjacent communities</p>
<div data-bbox="397 688 496 789" data-label="Image">  </div> <p data-bbox="207 814 691 852">Access to Mental Health Supports</p>	<p>Creation of a more inclusive environment and additional supports for people to participate in current neighbourhood and community events to increase social cohesion and community participation</p> <p>Conduct further assessment and research for deeper insights into the community's awareness of mental health resources, their specific needs, and the capacity required to adequately address these needs</p> <p>Consider incorporation of mental health support services into new public health facilities (e.g., medi-centre, walk-in clinic) and/or enhance referrals between existing public health facilities</p> <p>Explore options with new Mental Health & Addiction agency on improved support and access, including virtual care</p>
<div data-bbox="375 1293 522 1373" data-label="Image">  </div> <p data-bbox="212 1438 691 1612">Community and Provider Knowledge and Awareness of Existing Key Health and Community-Based Social Services</p>	<p>Build on existing health and social service asset map for the creation of a comprehensive map of services (e.g., using Google My Maps)</p> <p>Communication of health and social services assets to health and social services providers and residents of Beaumont</p> <p>Development of a strategy to connect existing services identified through health and social services asset map and identify barriers to team-based care</p> <p>Development and delivery of public education campaign by health partners on improving wellness and avoiding chronic diseases</p> <p>Consider formation of a community-based health network in Beaumont to focus on health and well-being of the community</p> <p>Further investigation is required to determine why family doctors practising in Beaumont experience a higher utilization rate by their patients (i.e., 4 visits per year per patient, compared to 1 visit per year per patient)</p>

Priority	Recommendation
 <p>Accessible Transportation and Enhanced Supports for People with Disabilities</p>	Further explore the issue of access to facilities with business owners to determine scope of accessibility challenges
	Distribute a public accessibility evaluation survey to assess current state
	Investigate potential grants for future infrastructure retrofits

Resulting from this CHNA process and final report are recommended next steps that are intended to inform the City of Beaumont’s subsequent Action Plan.

1 Introduction

The City of Beaumont has undertaken an assessment of its healthcare landscape to identify needs and priorities of its growing population as well as existing gaps between demand and availability. As the city experiences and anticipates rapid population growth, now is the right time to conduct a Community Health Needs Assessment (CHNA). This assessment aims to provide valuable insights into how Beaumontians access health-related services and to guide future decision making in support of community health.

MNP was engaged by the City of Beaumont (“the City” or “Beaumont”) to conduct a CHNA, which focused on assessing the City’s current health-related and social services assets, communicating and engaging with Beaumont residents and stakeholders, reviewing and assessing current health-related services and assets, and researching and comparing similar municipalities nationally.

The objectives of the project include the following:



Stakeholder Engagement

MNP worked with the City of Beaumont to launch an Engagement Strategy to create awareness of the CHNA and engage with residents and stakeholders to gather their insights and perspectives on their current and future anticipated health and wellness needs, preferences, and methods of access.



Current State Assessment

To inform the development of recommendations for next steps and considerations, MNP reviewed relevant policies and bylaws, researched, and compared similar municipalities, and assessed the current state of healthcare services in the City.



Recommendations and Implementation

MNP facilitated a 1-day Health Services Planning Session with the project team to review key engagement findings, determine strategic priorities for health and wellness services, and develop recommendations for each strategic priority.

The CHNA responds to the “*Health care services that meet the needs of our growing population*” aspiration from the Council Strategic Plan 2022-2026. Specifically, the CHNA is meant to contribute to Council’s broader objective, wherein “*Beaumont’s current health care needs are being addressed by senior levels of government, and they are aware of future needs as the community grows*”. By establishing a baseline assessment of current and potential future health needs, the CHNA aligns with Council’s action of collecting “*data and metrics to establish baselines of service and measure benchmarks with comparable communities*”.¹

¹ City of Beaumont. (2022). *Council strategic plan 2022-2026*. <https://www.beaumont.ab.ca/396/Council-Strategic-Plan>

What is a Community Health Needs Assessment?

What it is:



A Current State Assessment

Provides a full view of the current state of community healthcare assets and services.



A Needs and Issues Assessment

Identifies and assesses the community's healthcare needs and issues on a near, medium and longer-term basis.



A Gap Analysis and Roadmap to Future State

Compares the desired future state needs to current state and outlines the gap between the two. This information provides the direction to achieve a future state to meet the community's needs while respecting jurisdictional responsibilities.

What it is not:



A Health Service Delivery Plan

While it provides information for resource allocation, it is not a plan for delivering specific health services or healthcare interventions.



A Substitute for Specific Program Development

While it identifies needs, it does not describe nor prescribe the development of specific health programs.



A Standalone Solution for Community Health Improvement

It is a crucial step, but it alone does not guarantee improved community health. Gaining clarity on a desired future state and the high-level path to get there establishes a foundation for ensuring strategic planning and implementation planning.

Community Health Planning Process

A CHNA is the **first step** to community health planning.



While the delivery of healthcare services does not fall under the purview of the City of Beaumont, the municipality does play a role in supporting resident access to health services through a variety of actions.

Municipal Role in Healthcare

- Primarily concerned with resident access to health services for quality of life in the community.
- Develops policies and by-laws to support community health and well-being.
- Responsible for zoning and supporting healthcare infrastructure development (development and building permitting).
- Develops special initiatives to support community health planning.
- Collaborates with Provincial Partners to plan how and where resources should be allocated.

Project Scope and Approach

This final report represents the completion of Phase 3 of the CHNA and includes a summary of resident and stakeholder engagement, an analysis of existing community health data, and the presentation of relevant recommended next steps for consideration as part of the final reporting to City Council.

The findings from the CHNA are meant to inform City of Beaumont leadership in the development of an Action Plan, which the city plans to conduct in follow-up to this assessment.



Phase 1: Project Initiation and Planning

MNP developed a project and stakeholder engagement plan and reported to City Council on next steps for the CHNA.



Phase 2: Current State Assessment

MNP engaged with residents and stakeholders and developed a "What We Heard" Report. MNP also compared similar municipalities and completed a policy review.



Phase 3: Recommendations and Implementation

Following the "What We Heard" Report, MNP completed an analysis and presentation of relevant focus areas for consideration as part of the final report to City Council.

2 Methodology

The Resident and Stakeholder Engagement Methodology consisted of a needs assessment survey and five community groups, as outlined below.

	Internal Engagement	External Engagement	
	Survey October 24-December 8	Internal Community Groups Week of December 4	External Community Groups November-December
City Residents	✓		
Social Services Providers	✓		
Seniors	✓		✓
Council	✓	✓	
Healthcare Providers	✓		✓
People with Disabilities	✓		✓
Growing Families	✓		✓

Following the completion of resident and stakeholder engagement, MNP completed a “What We Heard” Report to reflect learnings from residents and stakeholders.

The findings included in this final report are the result of a review of community health data, data organization and theming, and a cross-comparison with quantitative and qualitative data accumulated throughout the course of the CHNA resident and stakeholder engagement. Master of Public Health Students from the University of Alberta created an asset map (Appendix 2) of services available in Beaumont which was used to cross reference and analyze utilization data. The mapping of assets within the community did not fall within the scope of this project. The asset map created by Master of Public Health students was used as a resource and point of reference throughout the course of this assessment.



In addition to existing sources of publicly available data through the Health Quality Council of Alberta (HQCA) and the Canadian Institute for Health Information (CIHI), the following sources of data were consulted as part of the analysis:

- Data collected through a formal information request process, which included the collection of the following sources of information:

- Spider Diagrams provided by the Applied Research and Evaluation Services (ARES) team at Alberta Health Services (AHS)
- Inpatient Major Clinical Categories Discharge data provided by the ARES team at AHS
- Utilization Clinic Continuity data provided by the ARES team at AHS
- Clinical Load data provided by the ARES team at AHS
- Virtual Visits data provided by the ARES team at AHS
- Urgent Care and Emergency Department Visits data provided by the ARES team at AHS
- Emergency Medical Services Activity data provided by the City of Beaumont Administration
- List of Existing Agreements and Contracts with Service Providers provided by the City of Beaumont Administration
- Referrals to Allied Health Professionals provided by the Leduc-Beaumont-Devon Primary Care Network (LBD PCN)
- Physician Continuity Data provided by the LBD PCN
- Average Wait Time for Primary Care and Specialists provided by the LBD PCN
- Beaumont Social Master Plan (2019)
- Beaumont Local Geographic Area Comprehensive Cancer Prevention Profile – AHS (2022)
- Beaumont Local Geographic Area Profile – AHS (2020)
- Edmonton Zone Public Health Programs Brochure – AHS (2022)
- Edmonton Zone Public Health Services at a Glance – AHS (2022)

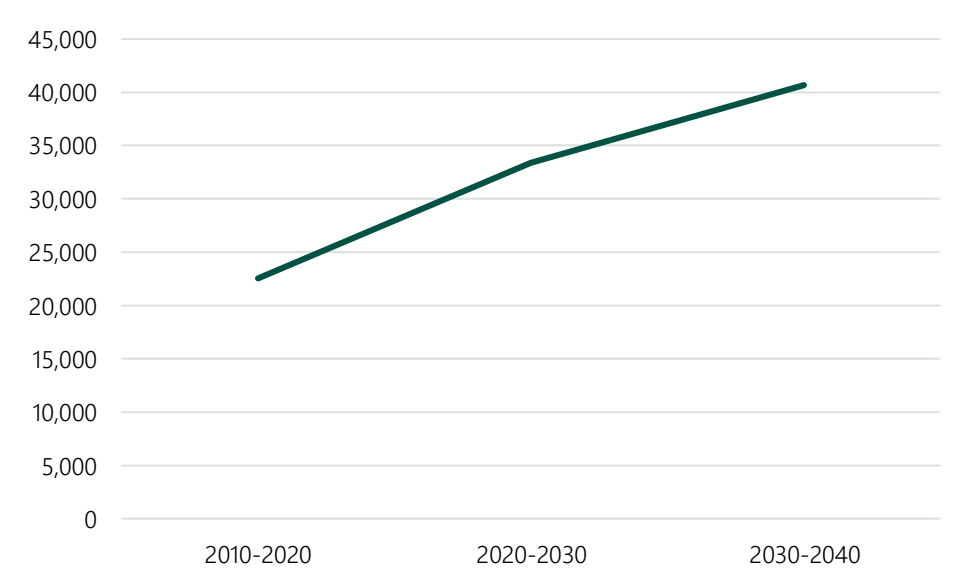
3 Community Health Profile

Understanding the distinctive characteristics of Beaumont is foundational to the development of a CHNA. A comprehensive analysis of Beaumont’s demographics, personal health and wellness indicators, and community health and wellness data allow for the effective identification of Beaumont’s health needs. This section provides an examination of these factors to enable a holistic consideration of the community’s current and future health needs.

Population Demographics

With a population of over 21,000 as of 2022, Beaumont has been the fastest growing municipality in the Edmonton Metropolitan Region. Based on Canadian census data, Beaumont continues to be the third fastest growing municipality in Alberta, with a 19.7% growth in population from 2016 to 2021.² Beaumont’s population is projected to double by 2040 to a population of 42,000.³

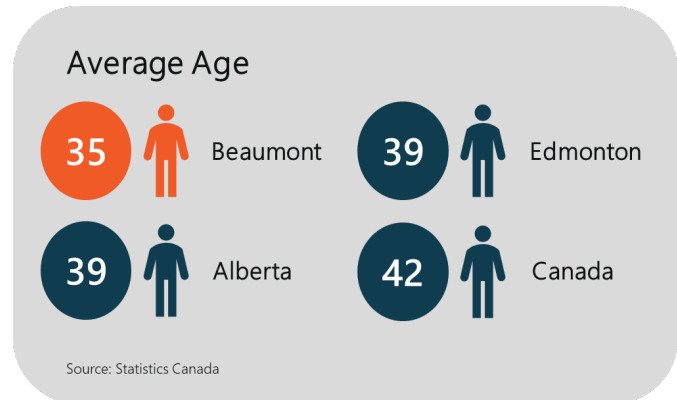
Figure 1. Beaumont’s projected population growth, from 2010 to 2040



² Statistics Canada. (2022). *Canada’s fastest growing and decreasing municipalities from 2016 to 2021*. <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-x/2021001/98-200-x2021001-eng.cfm>

³ Leduc County. (2011). *Town of Beaumont – Leduc County Joint Growth Study*. https://www.leduc-county.com/uploads/11016/Doc_637116739122031846.pdf?ts=637119553950305079

Beaumont is also a young and affluent community characterized by its well-educated residents. 69.6% of the population have some form of post-secondary education, surpassing the provincial average of 64% in Alberta.⁴ Furthermore, over half of Beaumont’s households earn annual incomes exceeding \$130,000, emphasizing the community’s high earning capacity.⁵



Social Determinants of Health

Income, social connectedness, and education fall under the social determinants of health and are intrinsically linked to the health of a community. Beaumont is above average across these metrics, and as a result Beaumontonians are well placed to experience good health outcomes. Poor health outcomes, on the other hand, would contradict the high scoring for social determinants of health, and could indicate anomalous and community-specific problems which may indicate areas for further investigation and intervention.

3.1.1 Personal and Community Health and Wellness

Throughout the CHNA resident and stakeholder engagement, Beaumontonians expressed several factors which contribute to their own personal health and wellness and that of the community. MNP sought to better understand how existing information on these factors compare with findings from CHNA resident and stakeholder engagement.

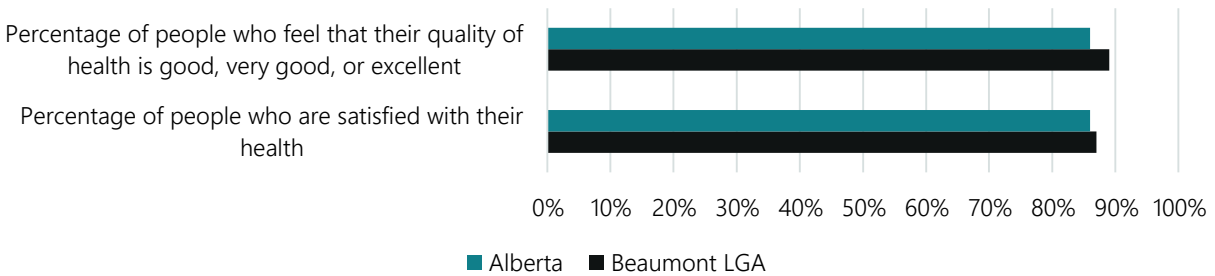
3.1.1.1 Personal Health and Wellness

According to personal health and well-being data collected through an AHS survey in 2022, Beaumont’s overall health status is positive, with 87% of individuals residing in the Beaumont Local Geographic Area (LGA) being satisfied with their health and 89% feeling that their quality of health is good, very good, or excellent.⁴

⁴ Alberta Health Services. (2022). *Comprehensive Cancer Prevention Profile: Beaumont Local Geographic Area (LGA)*. <https://albertahealthycommunities.healthiertogether.ca/take-action/research-local-data/cancer-prevention-community-profiles-tool/?localCode=Z4.7.A.01#>

⁵ City of Beaumont. (n.d.). *Economic Development*. <https://www.beaumont.ab.ca/311/Economic-Development#li-modal>

Figure 2. ACHS Alberta Community Health Survey (2022) personal health indicators of Beaumont LGA residents vs. Alberta



"What We Heard" Report Highlight

The CHNA survey assessed Beaumontonian’s personal health indicators based on the following insights:

- CHNA survey respondents rated their **own physical health 72/100**
- CHNA survey respondents rated their **own mental health 73/100**

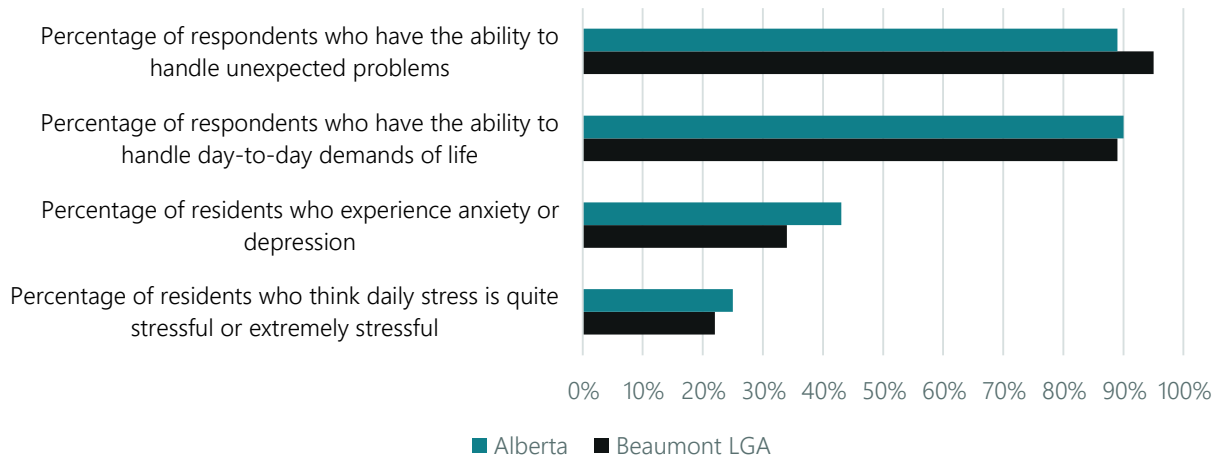
The overall satisfaction with personal health assessed by ACHS (2022) was in the high 80s, with results from the CHNA indicating an assessment in the 70s. a variance in ratings can be observed. However, both ratings indicate a higher-than-average overall satisfaction with personal health.

Additionally, **82%** of CHNA survey respondents **reported having a family doctor**.

3.1.1.2 Mental Health

According to data collected by ACHS (2022)⁴ on the mental health status of Beaumont LGA residents, Beaumontians remain well aligned, but slightly above, provincial averages on the mental health indicators outlined in Figure 3. Residents scored slightly higher than the provincial average on their ability to handle unexpected problems and the day-to-day demands of life, lower on their experiences with anxiety or depression, and lower on their level of daily stress.

Figure 3. AHS ACHS (2022) mental health indicators of Beaumont LGA residents vs. Alberta



“What We Heard” Report Highlight

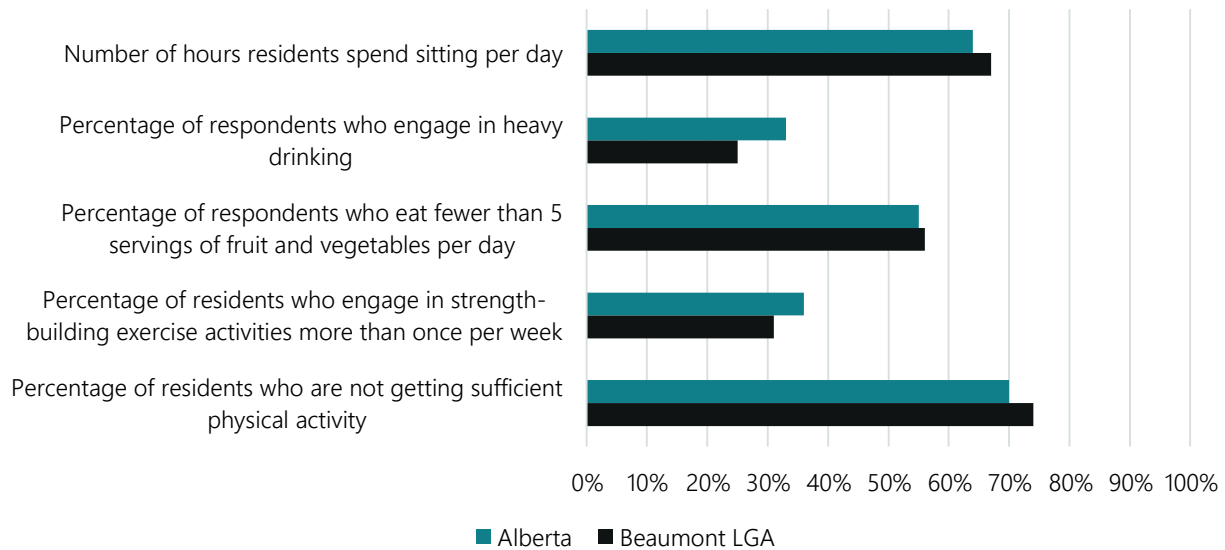
A discrepancy between the positive assessment of overall mental health by AHS and the assessment performed throughout the CHNA survey can be observed. Beaumontians offered the following insights in response to the CHNA survey:

- **Mental health issues** were among the **top three most reported conditions** for which respondents were being treated at the time of engagement.
- Survey respondents identified **mental health issues** as part of the **top five medical issues** they think are most important to community.
- Survey respondents identified **isolation/loneliness** as part of the **top five non-medical social determinants of health** they think most affect Beaumont.
- Survey respondents identified **more mental health support** as part of the **top five healthcare or social services** they believe the community will need in 10 years.

3.1.1.3 Health Behaviours

As per data collected through the ACHS (2022)⁴ on health behaviours of Beaumont LGA residents, Beaumontians tend to engage in slightly healthier behaviours as compared to the provincial average on several factors outlined in Figure 4. Specifically, Beaumontians tend to spend longer hours sitting per day, eat fewer fruit and vegetables per day, engage in strength-building exercise activities less frequently, and get insufficient physical activity.

Figure 4. AHS ACHS (2022) healthy behaviour indicators of Beaumont LGA residents vs. Alberta



Additionally, the Beaumont LGA community health profile created by Alberta Health using the Discharge Abstract Database lists high blood pressure (i.e., hypertension) as the disease with the highest prevalence rate, per 100 population.⁶ High blood pressure is followed by diabetes, ischemic heart disease, and chronic obstructive pulmonary disease (COPD) as the most prevalent diseases in Beaumont.⁶ The prevalence rate of hypertension within the Beaumont LGA, however, remains 0.9 times lower than the provincial rate (19.5 vs. 20.6 AB).⁶ It is also to be noted that the rate of people with three or more chronic diseases per 100 population was lower in the Beaumont LGA compared to the Alberta average (3.5 vs. 4.1 AB).⁶ Therefore, while the prevalence of chronic disease is generally lower among Beaumontians, high blood pressure, ischemic heart disease, and COPD remain leading health issues for residents.

In considering the prevalence of chronic diseases within a relatively young city population, it is important to contextualize the potential implications of this trend over the next decade if left unaddressed. While chronic diseases traditionally associated with aging populations may not be as prevalent in younger demographics,

⁶ Alberta Health. (2022). *Community profile: Beaumont health data and summary*. <https://open.alberta.ca/dataset/a5f7a82e-7d40-4c5a-bbe5-d7f78813b8a6/resource/97fa2f3d-31b2-4a9e-bb03-e7de5177c362/download/hlth-phc-beaumont-2022.pdf>

their emergence at earlier ages may indicate an area for further investigation.



“What We Heard” Report Highlight

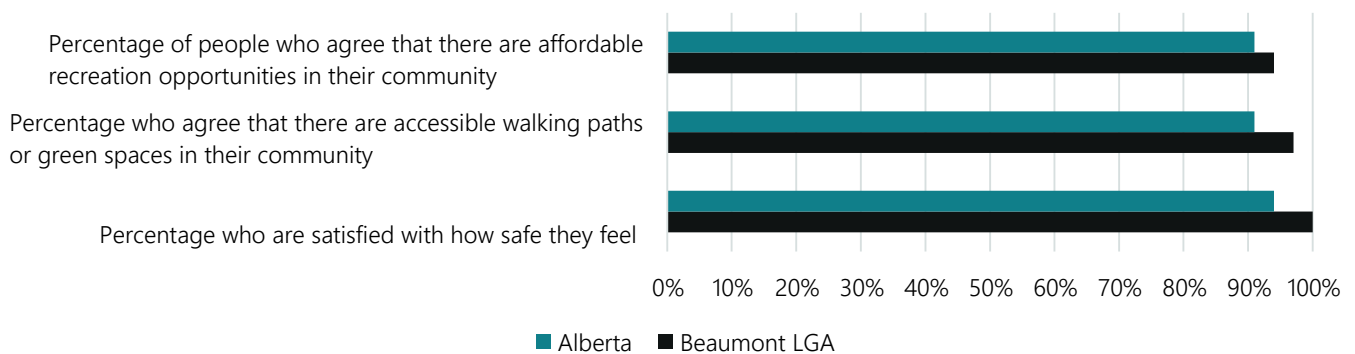
The lower scores for health behaviour indicators assessed through existing community health data presented within Figure 4 align with how Beaumontonians responded to the CHNA survey based on the following insights:

- **58%** of survey respondents indicated they **exercise until they sweat 0-2 days** in a week.
- **High blood pressure and diabetes** were among the **top three most reported conditions** for which respondents were being treated at the time of engagement.

3.1.2 Community Health and Wellness

Based on data collected through the AHS (2022)⁴ on the health and wellness of the Beaumont LGA community, Beaumontonians demonstrate a positive level of community health and wellness. According to Figure 5, there is a widespread consensus among residents regarding the availability of affordable recreational opportunities and accessible walking paths or green spaces within the community. Notably, 100% of residents have expressed feeling safe within the community, highlighting a strong sense of security and well-being among the population.⁴

Figure 5. AHS AHS (2022) community health and wellness indicators for Beaumont LGA residents vs. Alberta





“What We Heard” Report Highlight

The overall satisfaction with community health and wellness assessed through existing community health data presented in Figure 5 aligns with what Beaumontonians shared via CHNA engagement, based on the following insights:

- Survey respondents **rated the overall health of the community 63/100**
- Participants used the following descriptors when asked about their community:
 - “Young”
 - “Vibrant”
 - “Innovative”
 - “Diverse”
 - “Tight knit”
 - “Small, safe, and quiet”

3.1.3 Summary of Personal and Community Health and Wellness Assessment

Existing ACHS (2022)⁴ community health data on the Beaumont LGA is reflective of the strengths and weaknesses in community health and wellness gathered through CHNA resident and stakeholder engagement.

With respect to the strengths in personal and community health and wellness:

- Beaumont is generally a **healthy community**, with several strengths as they relate to population demographics and overall health outcomes. For example, most residents of the Beaumont LGA have indicated very high satisfaction with overall health and quality of life, which reflects the significantly high personal physical and mental health ratings identified through CHNA engagement.
- Beaumont LGA residents also **fare very well on community health and wellness** indicators as compared to the Alberta average, with agreement on community safety, availability of green spaces and accessible walking paths, and availability of affordable recreational opportunities. These findings align with those identified through CHNA resident and stakeholder engagement, with survey respondents rating the overall health of the community very highly.

As for the weaknesses in personal and community health and wellness:

- While Beaumont LGA residents experience a lower prevalence of chronic disease as compared to the Alberta average, **chronic diseases** (e.g., hypertension, diabetes, COPD) are the **leading health issues for Beaumontonians**. This was apparent both through existing community health data, and through findings from the CHNA resident and stakeholder engagement.

- While Beaumontians are **scoring above the Alberta average on mental health indicators**, as reported by the ACHS (2022) community health data, there appears to be a **discrepancy with findings from the CHNA survey**. Participants in the survey expressed rising concerns about the community’s mental health, emphasizing a **call for increased mental health supports and a prioritization of mental health initiatives**. This suggests a need for further exploration and investigation to understand the reasons behind the difference between the CHNA survey data and data routinely collected by ACHS (2022).⁴

The assessment of mental health supports occupies a unique position on the want and need scale due to a nuanced interplay of factors observed during the CHNA process. Data from the ACHS indicates that Beaumontians are scoring above the provincial average on mental health indicators, yet survey participants signaled a desire for increased mental health supports and a heightened focus on mental health initiatives. There are various factors (e.g., stigma, under-reporting of mental health conditions, barriers to accessing services), which may contribute to a gap between existing community health data and barriers to accessing services. Ongoing monitoring will need to be conducted on the capacity for existing mental health services to meet community needs given community feedback.

Assessment of Community Wants vs. Needs

Mental Health Supports



4 Access to Healthcare

According to the CHNA survey results, a prominent concern identified by respondents was the lack of access to health services, chosen by 86% of respondents as one of the top five non-medical social determinants of health affecting Beaumont. To further explore this issue, an examination of the current health and social services landscape was undertaken. This involved an analysis of the inventory compiled through an asset mapping exercise conducted by University of Alberta Master of Public Health students who provided this contribution to the project as part of their course work. Additionally, existing data on access and utilization was analyzed to identify potential service gaps which may render access to adequate healthcare challenging for Beaumontians.

Summary of Health and Social Services Inventory

Table 1 describes a summary of existing health and social services located within a 15-kilometre radius of the Beaumont City Centre, or online resources in the same category. While other factors (e.g., service quality and accessibility) may affect the ability of Beaumontians to use these services, our focus was on assessing the comprehensiveness of services available within the Beaumont LGA. This approach was informed by the service inventory created by students from the University of Alberta Master of Public Health program, which served as the primary data source for this analysis.

It is important to note that the listing of services within Table 1 may contain gaps in information. Further engagement with community members and service providers may identify other services which benefit the community and could support the development of a more fulsome service inventory. Please refer to Appendix B for the complete inventory of services considered as part of this analysis. The breakdown of services includes seven (7) primary care services, 20 “other” medical services, 59 healthy community services and social supports and 22 continuing care services.

4.1.1 Strengths in Access to Health and Social Services

As per Appendix B there exist a **total of 118 local health and social services** identified through the current inventory. During the CHNA resident and stakeholder engagement, participants highlighted Beaumont's close proximity to large urban centres (e.g., Edmonton) as a significant strength in their access to health and social services. The advantageous location of the City enhances the accessibility of health and social services for Beaumontians, ensuring that a plethora of resources located outside of Beaumont remain accessible when vehicle transportation is available. This may represent a gap in accessibility to nearby services for individuals who may not have access to a vehicle for transportation. Accessibility to health and social services via transportation for individuals with mobility limitations is further explored in section 6.1 *Physical Environments* of this report.



“What We Heard” Report Highlight

According to survey results, the **top five** most selected locations for **access to health and social programs** were the **Beaumont Sport and Recreation Centre, Bibliothèque de Beaumont Library, medical clinics, the Beaumont Community Health Centre, and the Beaumont Community Centre.**

Residents and stakeholders engaged through the CHNA process highlighted the following services as particularly **helpful** in supporting the health and wellness of community members:

- Family and Community Support Services (FCSS) for community and social supports for people with disabilities and low-income residents
- Jef's Café for inclusive employment opportunities
- Black Gold School Division's Learning Everyday, Achieving Potential (LEAP) Program for inclusive education
- Beaumont 50+ Club for seniors services
- Level Up Consulting and Level Up Wellness for mental health and wellness
- Chantal-Bérubé Youth Centre for low-cost youth programming
- Frequency Hearing Clinic for hearing services
- Beaumont Physiotherapy and Impact Physio
- Naturopathie Integrative Clinic
- Artists' Association of Beaumont
- Ironhill Athletics

4.1.2 Gaps in Access to Health and Social Services

Participants in the Growing Families community group highlighted that although there exists a plethora of fantastic health and wellness programs, services, and funding in the community, there is a **“lack of connection, communication, and resources to pull the information in.”** They acknowledged the pressure and responsibility on the municipality as the communicator, highlighting the benefits they see in collaboration and connection among community members. Healthcare providers who participated in the CHNA engagement echoed similar sentiments, noting a general lack of understanding among healthcare providers regarding available health and community-based social services offered within Beaumont.

From engagement with the community, the below services were perceived as **lacking** within Beaumont:

- After-hours urgent care
- Specialist services (sleep specialists, speech and language therapists, occupational therapists, and dieticians)
- Ambulance services
- Nursing homes
- Home care
- Mental health supports
- Imaging services
- Family doctors

To discern community wants from needs as they relate to health and social services access, further analysis on the perceived gaps in services noted above is demonstrated in Table 1.

Table 1. Service gaps and availability based on health and social services inventory

Services Highlighted as Unavailable Through the CHNA Engagement	Availability Within 15-Kilometre Radius of Beaumont Based on Service Inventory	Notes
After-hours urgent care	Available	There is after-hours urgent care available within a 15km radius of Beaumont
Specialist services (sleep specialists, speech and language therapists)	Available	There is no sleep specialist and speech and language therapist within Beaumont, but there are two sleep specialists within a 15km radius of Beaumont
Specialist services (occupational therapists and dieticians)	Available	Occupational therapy and dietician services exist within Beaumont
Ambulance services	Available	There is an AHS EMS station within Beaumont

Services Highlighted as Unavailable Through the CHNA Engagement	Availability Within 15-Kilometre Radius of Beaumont Based on Service Inventory	Notes
Nursing homes	Available	Chateau Vitaline, level 4/4D with available nursing support and dementia care located within Beaumont
Home care	Available	There exists a multi-level nursing care agency within Beaumont.
Mental health supports	Available	14 mental health services are included within the service inventory
Imaging clinic	Available	There are four imaging facilities within a 15km radius of Beaumont
Family physicians	Available	Four primary care clinics are located within Beaumont and an additional 11 medical clinic exist within a 15km radius. <i>Capacity and availability of family physicians are analyzed in section 4.2 of this report.</i>

Note: While certain services may be listed as available in Table 1, they may not all be accessible to residents in need based on various factors (e.g., length of time to get an appointment, opening hours, etc.)

The inventory detailed in Appendix B, reveals an array of services available to Beaumontonians. Despite abundant services, there exists a significant gap between what residents perceive to be available and what is available. Based on comments by residents and healthcare providers during the CHNA engagement, information sharing is lacking in this area. In fact, Table 1 outlines a number of contradictions with respect to gaps in services that were highlighted by community members through the CHNA engagement, compared to the services listed in the inventory. For example, while ambulance services, nursing homes, home care, mental health supports, and family physicians were noted as missing by community members, the service inventory confirms the existence and availability of these services within close proximity to the Beaumont City Centre. Addressing the knowledge gap of existing services within the community is vital to ensuring Beaumontonians are well-informed and can readily access healthcare and social services.

Assessment of Community Wants vs. Needs

Access to Specialized Health Services



Community Knowledge of Existing Key Health and Social Services



Primary Care Access and Utilization

Access to primary care is foundational to the health of a population, as it serves as the entry point into the healthcare system and reduces the likelihood for community members to need hospital care in the future.⁷ As such, the report assesses primary care access and utilization within Beaumont and synthesizes existing community health data with the findings from the CHNA resident and stakeholder engagement. This analysis aims to provide a better understanding of the availability of key healthcare services to Beaumontonians, to help discern community health wants from needs.

Beaumontonians have significantly more access to family doctors than the average Albertan, with 90% of residents having a family doctor, compared to 82% of Albertans.⁴ When asked where they go when they get sick, 49% of the CHNA survey respondents indicated they see their family doctor, and 21% responded they go to a walk-in clinic. Greater access to family doctors may mean fewer visits to the emergency department and hospitalizations, according to CIHI.⁸

Despite a higher-than-average access to family doctors in Beaumont, 90% of survey respondents indicated more primary care clinics as one of the top three healthcare or social services they believe the community will need in the next 10 years in light of current and expected residential growth. A deeper dive into primary care access and utilization data within the community was conducted to better understand the perceived lack of primary care services within the community.

⁷ Alberta Health Services. (n.d.). *Primary care information for Albertans*.

<https://www.albertahealthservices.ca/info/Page4058.aspx>

⁸ Canadian Institute for Health Information. (2023). *Taking the pulse: a snapshot of Canadian healthcare, 2023*.

<https://www.cihi.ca/en/taking-the-pulse-a-snapshot-of-canadian-health-care-2023/88-of-canadians-have-a-regular-health>

4.1.3 Local Primary Care Service Availability

Among those with a family doctor who responded to the CHNA survey, the majority (63%) reported their family doctor is located outside of Beaumont. 90% of those who reported not having a family doctor indicated they have looked for a family doctor but cannot find any in Beaumont. From an analysis of existing community health data collected by ACHS (2022), 82% of residents indicated they visited a doctor in the past year, compared to 88% for the province.⁴ This is similar to the Edmonton Zone, wherein 88.9% of residents indicated they visited a family doctor in the past year, compared to the Alberta average of 88.5%. Fewer males report visiting in the past year (85%) compared to females (92%) in the Edmonton Zone.⁹ The average wait time, as measured by the time to the third next available appointment, is 8 days for Beaumont physicians, per administrative data provided by the Leduc-Beaumont-Devon Primary Care Network (“LBD-PCN”) in Appendix E. Therefore, it appears that although Beaumontians are more likely to have a family doctor than the average Albertan, family doctors may not be available to meet their needs based on location, hours of service, and the wait time required to book an appointment.

“There aren’t any doctors in Beaumont that are accepting [new patients], but I am looking in Edmonton.” – Survey Participant

Table 2. Assessment of Access and Utilization of Primary Care Clinics in Beaumont by residents of the Beaumont LGA, between April 1, 2022 and March 31, 2023

Primary Care Clinic	Number of Visits by Beaumont LGA residents	Number of Unique Patients from the Beaumont LGA	Number of Practising Physicians	Hours of Operation	Walk- in Service Options	Number of Practising Physicians Taking New Patients
Beaumont/ Stewart Medical	15,013	3,319	6 (some practicing full-time, others practicing part-time)	Mon: 8AM-4PM Tue: 8AM-4PM Wed: 8AM-4PM Thurs: 8AM-4PM Fri: 8AM-4PM Sat: Closed Sun: Closed	0	0
Beaumont Family Medical	11,455	3,202	5 (1 full-time, 4 part-time)	Mon: 8AM-8PM Tue: 8AM-6PM Wed: 8AM-6PM	0	0

⁹ Government of Alberta. (2024). *Interactive Health Data Application*. http://www.ahw.gov.ab.ca/IHDA_Retrieval/

Primary Care Clinic	Number of Visits by Beaumont LGA residents	Number of Unique Patients from the Beaumont LGA	Number of Practising Physicians	Hours of Operation	Walk- in Service Options	Number of Practising Physicians Taking New Patients
Associates				Thurs: 8AM-8PM Fri: 8AM-5PM Sat: Closed Sun: Closed		
LeafMedX	2,912	946	2 (1 full-time, 1 part-time)	Mon: 9AM-5PM Tue: 12PM-7PM Wed: 9AM-5PM Thurs: 12PM-7PM Fri: 9AM-6PM Sat: Closed Sun: Closed	1	0
Taylor Family Medical	1,720	483	1 (part-time)	Mon: 9AM-3:30PM Tue: 9AM-3:30PM Wed: 9AM-3:30PM Thurs: 9AM-3:30PM Fri: 9AM-3:30PM Sat: Closed Sun: Closed	0	0
N/A*	1,606	173	N/A	N/A	N/A	N/A

* Delivery site postal code was listed in Beaumont LGA, but Clinic ID was not available¹⁰.

Note: The data on the number of practising physicians, the number of physicians taking new patients, and hours of operation included in Table 2, are based on an assessment of publicly available information as well as conversations with the primary care clinics outlined within the table. Data on the number of visits recorded per clinic are rough estimates based on billing data by facility.

¹⁰ AHS administrative data

4.1.4 Local Primary Care Service Capacity

Based on research gathered through the CHNA, it appears only one of the primary care clinics located within Beaumont take walk-in appointments. As indicated in Table 2, using AHS administrative data to calculate the number of visits and the number of unique patients at each clinic provided in Appendix C, while some clinics are open as late as 8pm on some weekdays, none are open on weekends, nor do any provide regular after-hours care to their patients. Additionally, the majority of family doctors in Beaumont seem to practice on a part-time basis. This reflects a potential gap in capacity with respect to family doctors practising in Beaumont.

There appears to be a significant reliance on family doctors within Beaumont, evidenced by an average of 4.04 total visits per patient per year. It is generally expected that the number of patients under a family doctor's roster would reflect a 1:1 ratio with the total number of visits received per year. This high utilization, coupled with a large patient panel, may significantly impact the ability for family doctors to service the patients in their care. Further investigation may be required to determine why family doctors practising in Beaumont experience a higher utilization rate by their patients (e.g., prevalence of chronic disease, lack of referral coordination among providers). Despite the significant utilization of primary care services, the Beaumont LGA reported only 0.6 physicians per 1,000 people as of 2021, which is 0.6 less than the Alberta average of 1.2 per 1,000 people.⁶ In normalizing the total number of family doctors found in Table 2, assuming part-time doctors are practicing at 0.7 FTE, the number of doctors per 1,000 people lowers to 0.5, which is 0.7 less than the Alberta average of 1.2 per 1,000 people. This low ratio also indicates large patient panels for family doctors practising in Beaumont, as highlighted by concerns raised within the Healthcare Providers community group. The College of Family Physicians of Canada suggests that large patient panels could contribute to decreased availability of emergent care, shorter consultation periods, lower physician continuity, and fewer preventative care services, ultimately impacting the quality of disease management and individual health promotion for patients.¹¹ Large patient panels may also lead to a greater demand in other aspects of the healthcare system, including specialty care and emergency services.¹¹

"My doctors are burnt out – they won't say it." – Community Group Participant

It is important to acknowledge that the total number of visits per patient found in Table 2 might include telehealth visits. Per administrative data from virtual care utilization provided by AHS (Appendix C), from April 1, 2022 to March 31, 2023, family doctors recorded 13,804 calls involving 6,765 unique patients who resided in the Beaumont LGA. This indicates that almost one-third of Beaumontians are using virtual care as a means to access primary care services.

It is also important to note that while data has been provided by AHS regarding the number of unique patients residing within the Beaumont LGA, the count of the unique non-resident patients accessing

¹¹ The College of Family Physicians of Canada. (2012). *Best advice panel size*. https://patientsmedicalhome.ca/files/uploads/PMH_Best_Advice_Panel_Size.pdf

healthcare services accessing within Beaumont LGA remains unclear. Based on travel data in Section 4.2.4, Figure 6, an additional 31,941 visits per year are from patients whose residence is outside of the Beaumont LGA. This amounts to about half of the total number of visits per year (i.e., 64,642) to family doctors practicing in Beaumont. Consequently, it is reasonable to assume that a large number of patients visiting physicians in Beaumont reside outside the Beaumont LGA boundaries. As such, the number of unique patients per clinic listed in Table 3 may not accurately represent the total patient load. Further investigation is warranted to determine the actual capacity of family doctors in Beaumont, considering both the total visits from patients residing outside the LGA and the number of unique patients on each clinic's roster.

4.1.5 Local Physician Continuity of Care

Continuity of care plays a significant role in the quality of primary care services provided to Beaumontians. Data on longitudinal physician continuity of care establishes the percentage of primary care visits that were made by Beaumontians to the same primary care physician within a given year. Per data provided by the LBD-PCN in Appendix E, from April 2022 to March 2023, the average usual physician continuity ("UPC") for primary care providers within the LBD-PCN was 72.2%. This represents moderate physician continuity per CIHI guidelines. Guidelines define moderate utilization between 40% and 80% and high utilization as over 80% on the Usual Provider Continuity index, a commonly accepted measure.¹²

On the other hand, data on longitudinal clinic continuity of care establishes the percentage of primary care visits that were made by Beaumontians to the same primary care clinic within a given year. The usual clinic continuity ("UCC") for Beaumont residents seeking primary care providers practising within the Beaumont LGA was significantly lower than the UPC, at 33.6%, representing low continuity per CIHI guidelines. The discrepancy between the UPC and UCC for care provided within the city warrants further examination. With team-based care, it would be expected that the UCC would be greater than the UPC. This is because primary care teams composed of a broad range of health professionals, such as those found within the LBD-PCN, often provide better continuity of care for their patients.¹³ In turn, health professionals on the team can excel within their own scope of practice and collaborate more efficiently with other allied health professionals to meet their patients' needs. With team-based care, it would be expected that patients would be visiting the same primary care clinic more frequently, rather than their family doctor more frequently; as such, with a team-based care approach, it would be expected that the UCC would be greater than the UPC. An examination of access to team-based care provided to Beaumontians, as well as referral processes within the LBD-PCN, are among various assessments which may provide further clarity on the reason for this discrepancy.

¹² Canadian Institute for Health Information. (n.d.). *Physician continuity and why it matters*.

https://secure.cihi.ca/free_products/UPC_ReportFINAL_EN.pdf

¹³ Canadian Medical Association. (n.d.). *Why Canada's health system needs (a lot more) team-based care*.

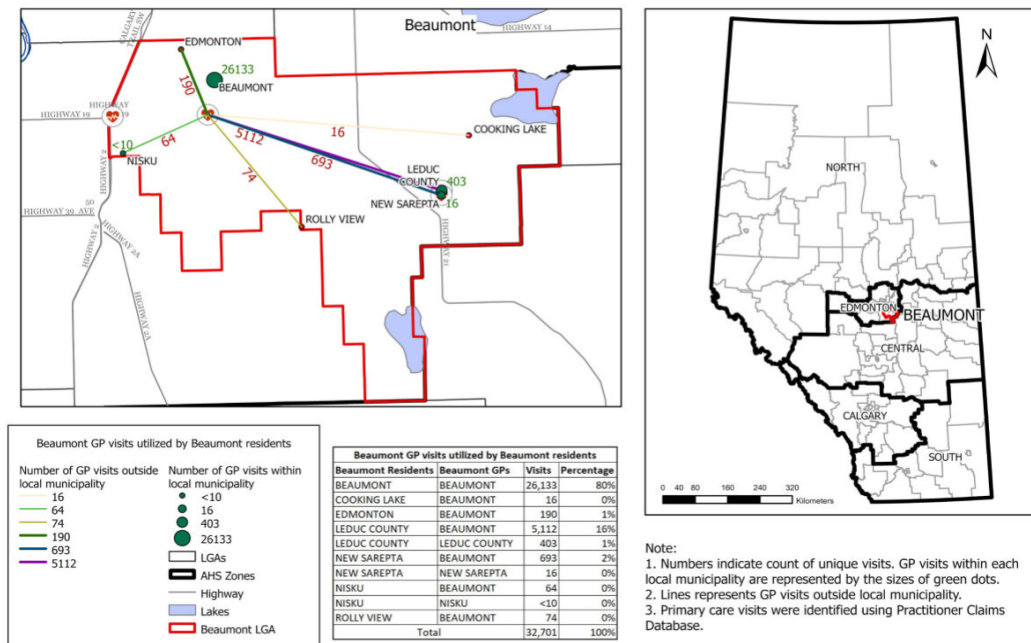
<https://www.cma.ca/our-focus/workforce-planning/why-canadas-health-system-needs-lot-more-team-based-care#:~:text=The%20benefits%20of%20primary%20care%20teams&text=Because%20patients%20in%20primary%20care,continuity%20of%20care%20as%20well.>

4.1.6 Travel for Access to Primary Care

Beaumont’s close proximity to various urban centres means residents travel to various locations to access health services; this was confirmed through the CHNA resident and stakeholder engagement. The information was compared against travel data for access to primary care services. Figures 6, 7, and 8 originate from administrative data provided by AHS.

As indicated in Figure 6, of the 32,701 total visits to family doctors practising in Beaumont by residents living in the Beaumont LGA, the majority of visits (80%) originated from the City of Beaumont, while only 16% originated from Leduc County. Therefore, the lack of availability and capacity of family doctors is unlikely to be significantly impacted by visiting patients from other areas of the Beaumont LGA.

Figure 6. Total visits to family doctors practising in Beaumont, by Beaumont residents, from April 1, 2022 to March 31, 2023

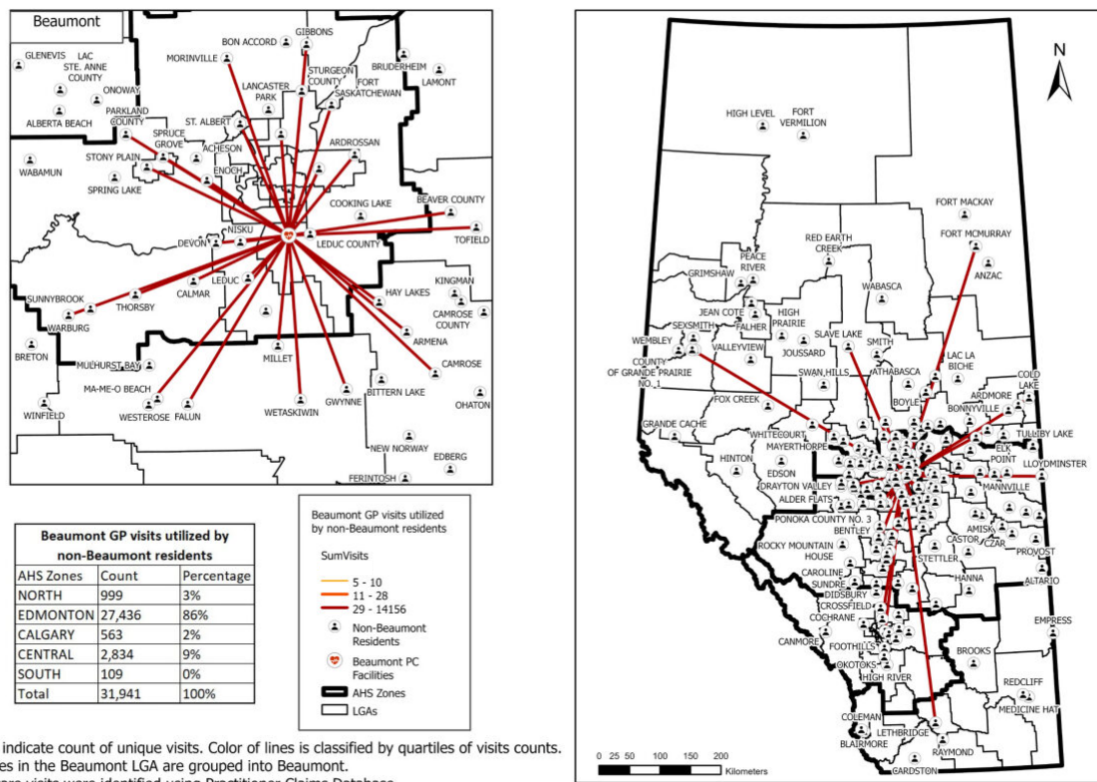


Note:
 1. Numbers indicate count of unique visits. GP visits within each local municipality are represented by the sizes of green dots.
 2. Lines represents GP visits outside local municipality.
 3. Primary care visits were identified using Practitioner Claims Database.

Figure 7 illustrates that majority of non-Beaumont LGA residents accessing family doctors in Beaumont come from the Edmonton Zone. In fact, of the 31,941 total visits to family doctors practising in Beaumont by non-Beaumont residents, 86% originated from the Edmonton Zone. As such, the total number of visits annually to family doctors practising in Beaumont amounts to 64,642. Given the large volume of non-Beaumont patient visits originating from the Edmonton Zone, this may be a contributing factor to the lack of availability and capacity of family doctors practising in Beaumont.

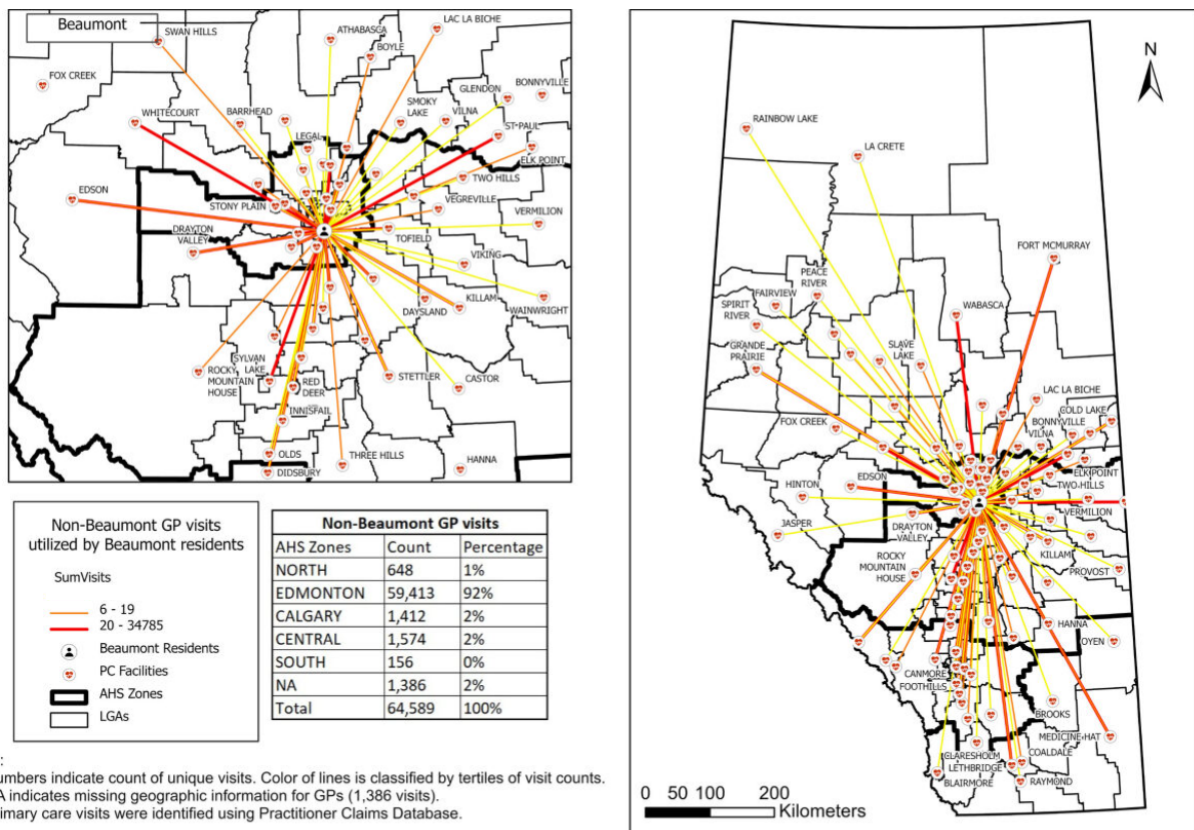
The reason for travel to Beaumont by non-Beaumont residents for access to primary care services may warrant further investigation. For example, throughout the course of the CHNA engagement, there has been mention from residents that family doctors may have relocated from a nearby city to Beaumont and carried their previous patient panel with them, suggesting a need for those patients to now travel to Beaumont for access to care.

Figure 7. Total visits to family doctors practising in Beaumont, by non-Beaumont residents, from April 1, 2022 to March 31, 2023



With respect to visits from Beaumont residents to family doctors located outside of the Beaumont LGA, the vast majority travel within the AHS Edmonton Zone. In fact, per Figure 8, 92% of family doctor visits by Beaumonters were accessed in the Edmonton Zone. This travel pattern aligns with results from the CHNA resident and stakeholder engagement, in which 81% of respondents indicated the need to travel to the city of Edmonton to address their healthcare needs.

Figure 8. Total visits to family doctors practicing outside of Beaumont, by Beaumont residents, from April 1, 2022 to March 31, 2023



“What We Heard” Report Highlight

The travel pattern identified in Figure 8 aligns with insights from the CHNA resident and stakeholder engagement, in which:

- **81%** of survey respondents indicated a **need to travel to Edmonton to get their health needs met**, irrespective of whether they had a primary care physician.
- One of the **top 3** health and social **services most commonly accessed outside of Beaumont** included **primary care services**.

The large volume of visits occurring from non-Beaumont residents may contribute to less availability and capacity of family doctors practising in Beaumont. Moreover, a significant volume of Beaumont residents seems to seek primary care services in the Edmonton Zone, meaning that travel to Edmonton is necessary to meet a large portion of Beaumontians' healthcare needs.

Typical urban planning suggests that most daily necessities and services, such as education, healthcare, and employment, should be available within a 15-minute radius from your home. Using this methodology, the asset map completed by the University of Alberta Masters' students assumes a 15-kilometre radius for travel. A resident in Edmonton is likely to travel 15 kilometres to access care within Edmonton as well.

4.1.7 Referrals to Allied Health Professionals

The LBD-PCN provides team-based care, in which a multi-disciplinary team of allied health professionals deliver programs and services to meet the needs of the population in their care. These multi-disciplinary teams are made up of:

- Registered nurses
- Registered dietitians
- Exercise specialists
- Behavioural health consultants
- Mental health therapists

According to data provided by the LBD-PCN for the purpose of the CHNA (Appendix E): Family doctors practicing in Beaumont clinics which are members of the LBD-PCN made approximately 234 referrals to Registered Dietitians, Exercise Specialists, and Mental Health Therapists at the PCN central office during the fiscal period 2022-2023. There were also approximately 380 appointments made with Behavioural Health Consultants and 234 with Registered Nurses. It should be noted that member clinics of the LBD-PCN in Beaumont include Beaumont Medical, LeafMedX, and Taylor Family Medical; as such, the above-noted referrals could come from any of these member clinics.

Since the number of visits from non-Beaumont residents to member clinics of the LBD-PCN in Beaumont remains unknown, it is unclear whether the total number of referrals (848) outlined here demonstrates an adequate use of team-based care within the LBD-PCN.

Participants in the Healthcare Providers community group mentioned system-level, clinic-level, and PCN-level issues which may be causing low referral rates among primary care teams in Beaumont. They also mentioned a general lack of understanding among providers of available health and community-based social services offered within the city. Participants in the Growing Families community group echoed this sentiment, noting the general lack of knowledge they perceived regarding the existence and availability of key resources in the community.

What we heard from Beaumont residents and healthcare providers undercores the importance of addressing potential barriers to team-based care and enhancing provider awareness of available resources. These findings highlight a potential need for targeted interventions to improve healthcare access and coordination

within Beaumont. The insights from both healthcare providers and community members emphasize a potential need for improved communication and collaboration among primary care teams and community resources in Beaumont. Moving forward, addressing these concerns could support a more integrated and responsive healthcare system that meets the diverse needs of residents.



“What We Heard” Report Highlight

While the volume of referrals made within the LBD-PCN between 2022 and 2023 is indicative of the LBD-PCN’s success in providing more comprehensive care to Beaumontians, it must be noted that:

- Only **25% of CHNA survey respondents** indicated that they **access the LBD-PCN**
- **53%** reported **not knowing how to access services offered by the LBD-PCN**

Additionally, the Healthcare Provider community group participants highlighted a significant gap in referral coordination between family physicians and allied health professionals, mentioning the following potential reasons:

- Inadequate and outdated paper-based information sharing processes
- Lack of follow-through on referrals
- Lack of understanding among providers on available health and community-based social services

As demonstrated by a potential shortfall in primary care service capacity, travel data for appointments to family doctors, and findings from the CHNA survey, there is a demand for more access to primary health care team services and a call for expanded capacity of services within the City. The ratio of family doctors per 1,000 population in Beaumont is lower than the Alberta average. Additionally, Beaumontians demonstrate a high utilization of primary care services compared to the expected 1:1 ratio of the total number of patients under a family doctor’s roster with the total number of visits they receive per year. Notably, according to the Primary Care Networks Alberta Find a Doctor website, there are currently no family doctors within city limits accepting new patients, and the same holds true for all family doctors within the LBD-PCN.¹⁴ This underscores a potential need for additional primary care physicians and clinics equipped to accommodate new patients in Beaumont.

¹⁴ Primary Care Networks. (2024). *Alberta Find a Doctor*. <https://albertafindadoctor.ca/find-a-doc/map>

Assessment of Community Wants vs. Needs

More Primary Care Physicians and Clinics with Capacity for New Patients



Referral Coordination Among Healthcare Providers



Emergent, Urgent, and Acute Care Access and Utilization

Access to urgent and emergency care is an important part of the maintenance of population health and wellbeing. While multiple factors, such as chronic conditions, the aging population, and behavioural changes may lead to an increased utilization in emergent and urgent care, these types of care are also necessary for those seeking support for acute care injuries and illnesses. Given there are no emergent or urgent care facilities within the City, an assessment of access and utilization data was incorporated as part of the CHNA to better understand where Beaumontians travel to for access to urgent care, and capacity data for facilities most frequently accessed by Beaumontians.

Emergent, urgent, and acute care are defined as the following:

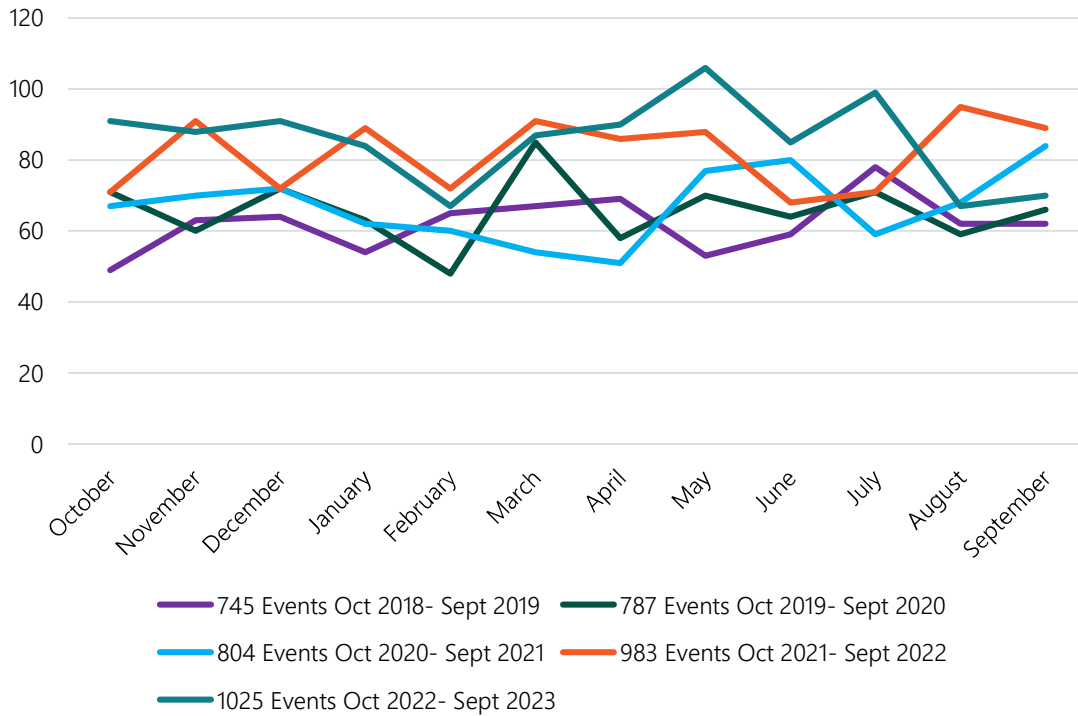
- **Emergent care:** Provides care for patients faced with life threatening to minor conditions within an Emergency Department (ER)
- **Urgent care:** Provides care within an urgent care centre that is accessible during extended hours for conditions which require same day or evening treatment but are not life threatening
- **Acute care:** Provides short-term treatment within a hospital or acute care facility setting for a severe health injury or an episode of an illness, an urgent medical condition, or during recovery from surgery

4.1.8 Emergency Medical Services Activity

An analysis of emergency medical services (EMS) activity was undertaken to understand important trends in EMS utilization within the City. Based on Figure 9, EMS services have been used a total of 1,025 times in Beaumont, from October 1, 2022 to September 30, 2023. This represents an increase of 42 events since the previous reporting period, and a total increase of 280 events since reporting period 2018-2019, as displayed in Figure 9. Should EMS utilization continue to trend upwards as the population grows, there may be an indication of additional strain being put on emergent care resources located outside the community.

Based on AHS EMS data (Figure 9), compared to 2022, there are similar levels in EMS activity throughout the winter, slightly higher levels during May to July, and lower levels in August to September.

Figure 9. Annual Number of EMS Events in Beaumont from October 2018 - September 2023 by Month



Note: EMS activity numbers include 9-1-1 calls, inter-facility transportation, and other sources of events¹⁵.

It must be noted, however, that total medical calls from the Beaumont fire department in 2022 was 310, compared to 283 responses in 2023. This demonstrates that Beaumont fire department was first-on-scene to approximately 32% of EMS calls in 2022 and approximately 28% in 2023. As the community continues to grow, further investigation may be warranted to establish whether Beaumont is adequately resourced to respond to emergency medical needs within the community, given the current trends of EMS capacity in this area. Please refer to Appendix D for secondary data gathered from AHS on EMS activity in Beaumont, and Appendix F for secondary data gathered from the City of Beaumont on medical response calls for the municipal fire department.

¹⁵ AHS EMA Activity in Beaumont, IRIS Reporting System (2021, 2023)

4.1.9 Emergent and Urgent Care Access and Utilization

4.1.9.1 Travel for Access to Emergent and Urgent Care

As indicated by administrative data provided by AHS in Appendix C, between April 1, 2022 and March 31, 2023, there were 12,444 total visits to emergency and urgent care facilities by Beaumontians, with 7,284 unique patients seeking these services. Given there are no urgent care clinics or hospital facilities within the City of Beaumont, Beaumontians access these services at the Leduc Community Hospital, the Grey Nuns Community Hospital, and the Stollery Children’s Hospital.⁶ These three facilities were confirmed as the top 3 most accessed emergency departments (ERs) by CHNA survey respondents.



“What We Heard” Report Highlight

The majority of survey respondents indicated they access the emergency department when they get injured. Among the emergency rooms frequented by Beaumontians, the **Grey Nuns Community Hospital, Leduc Community Hospital, and Stollery Children’s Hospital** were commonly selected.

In 2020 to 2021, the peak hourly total number of emergency visits for Beaumontians was reported for weekdays between 11:00AM to Noon.⁶ The hourly total drops considerably for weekdays and weekends between midnight and early morning hours.⁶ This indicates that Beaumontians most frequently access emergency care mid-day.

Additionally, semi- and non-urgent emergency visits accounted for 28.9% of all emergency visits for Beaumontians, indicating that over ¼ of all emergency visits could have been addressed through a visit to the family doctor or an urgent care clinic.⁶ This is indicative of a lack of availability and capacity of family doctors practising within the Beaumont LGA to address non-urgent concerns in a timely manner, and will only be exacerbated as the community continues to grow.

4.1.10 Hospital Capacity

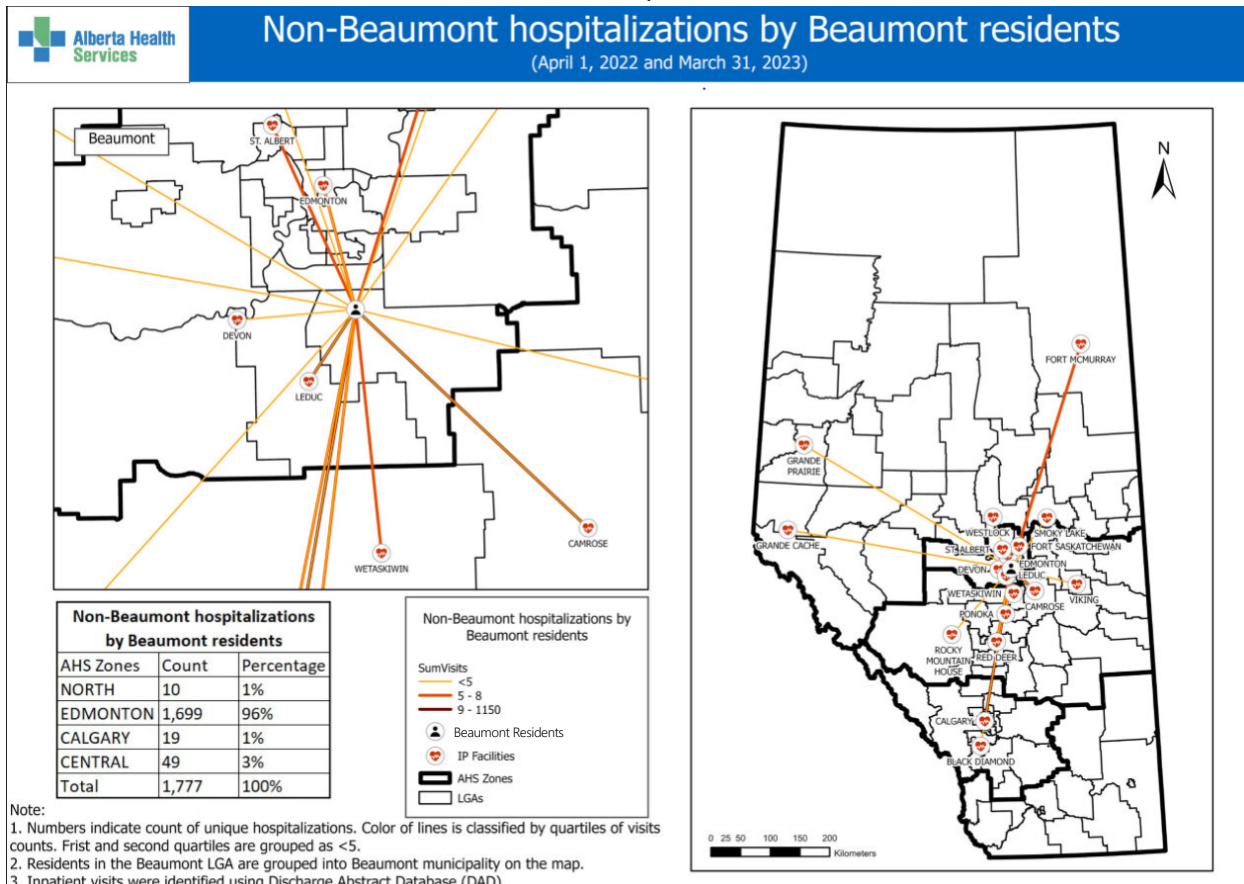
Given that 100% of emergency and urgent care access for Beaumont residents lies outside of the Beaumont LGA, an analysis of hospital capacity data of the top three most accessed emergency departments by Beaumontians is included in this section.

The ability to access the care needed at the right time, without financial, organizational, or geographical barriers, is critical for Beaumontians. Per the CHNA survey results, 52% of respondents noted more emergency care capacity as part of the top three healthcare or social services they believe the community will need within the next 10 years.

4.1.10.1 Utilization of Acute Care Services

Details on hospitalizations outside of the Beaumont LGA can be found in Figure 10, in which 96% of hospitalizations for Beaumont residents occurred in hospitals in the Edmonton Zone, between April 1, 2022 to March 31, 2023.

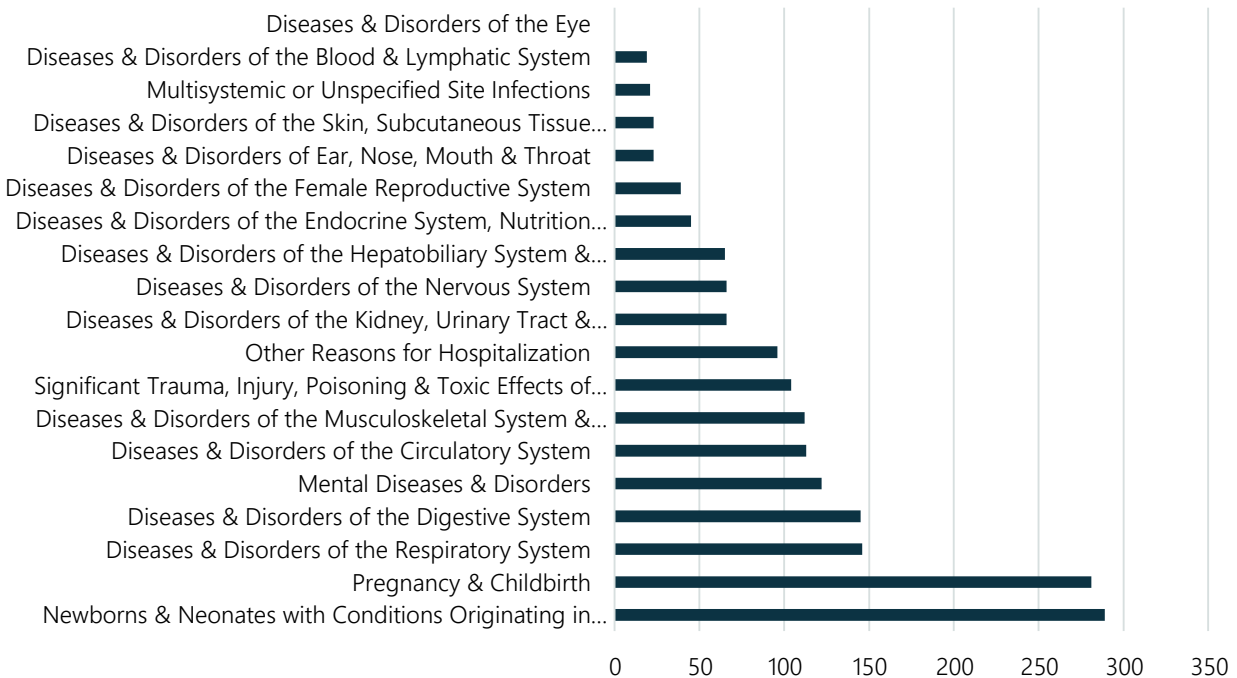
Figure 10. Number of non-Beaumont hospitalizations by Beaumont residents, from April 1, 2022 to March 31, 2023.



As indicated in Figure 11 (2023) and in the AHS administrative data (Appendix C), the top five major clinic categories for which Beaumont residents were seeking acute care, from April 1, 2022 to March 31, 2023 were:

- Newborns & neonates with conditions originating in prenatal period
- Pregnancy & childbirth
- Diseases & disorders of the respiratory system
- Diseases & disorders of the digestive system
- Mental diseases & disorders

Figure 11. Utilization of acute care services by Beaumont residents



Highlight

With newborn conditions, pregnancy and mental illness and disorders being among the top five major clinic categories for which Beaumontonians seek care, and a complete reliance on emergent and urgent care services located outside the City, this may be reflective of a growing need for more community care, local healthcare, social services, and mental health supports.

4.1.10.2 Hospital Capacity and Occupancy

As demonstrated through CIHI (2023) data in Table 3, all three hospitals are at average performance as it relates to ER wait times, when compared to the provincial and national average. The Leduc Community Hospital, however, stands at below average for the total time patients spend in the emergency department after having been admitted. As noted by the HQCA, this would mean that although patients are considered admitted, they would need to wait in the ER for a hospital bed to become available.

Table 3. Capacity of top three hospitals used by Beaumontians, based on hospital stays, beds, length of stay, and number of visits.¹⁶

Capacity of Hospitals used by Beaumontians		Hospitals		
		Leduc Community Hospital	Grey Nuns Community Hospital	Stollery Children’s Hospital
Indicator	Acute Care Hospital Stays (2022-2023)	1,793	24,101	9,280
	Acute Care Beds (2021-2022)	74	285	N/A
	Average Length of a Hospital Stay (Days) (2022-2023)	15.2	5.9	5.9
	ER Visits (2022-2023)	29,398	68,923	54,648
	ER Wait Time for Initial Physician Assessment (Hours)	4.4 (Same as provincial and national average performance)	5.5 (Same as provincial and national average performance)	5.7 (Same as provincial and national average performance)
	ER Wait Time for Admitted Patients (Hours)	46 (Below provincial and national average performance)	49.8 (Same as provincial and national average performance)	21.3 (Above provincial and national average performance)

Note: CIHI identifies a result as “same as average,” “higher than average,” or “lower than average,” based on whether a result was significantly different from the Canadian or peer group average. Confidence intervals are used in CIHI’s assessments, where possible, to establish whether the indicator result is statistically above, below, or same as average.

As per Figure 12, hospital occupancy rates for both the Grey Nuns Community Hospital and the Stollery Children’s Hospital have increased in recent years. Most

“They’re over capacity at Grey Nuns.” – Community Group Participant

recently, the HQCA data demonstrated that the Grey Nuns has reached a peak hospital occupancy rate of 102%, which is the highest it has been since the beginning of the pandemic.¹⁷ Occupancy rates include all patients that are admitted to the hospital, including those requiring alternate levels of care, regardless of where they are located (e.g., post-surgical recovery room, emergency department). While there is no consensus on the optimal occupancy rate of a hospital, an 85% occupancy rate is considered by the

¹⁶ Canadian Institute for Health Information. (2023). *Your health system*.

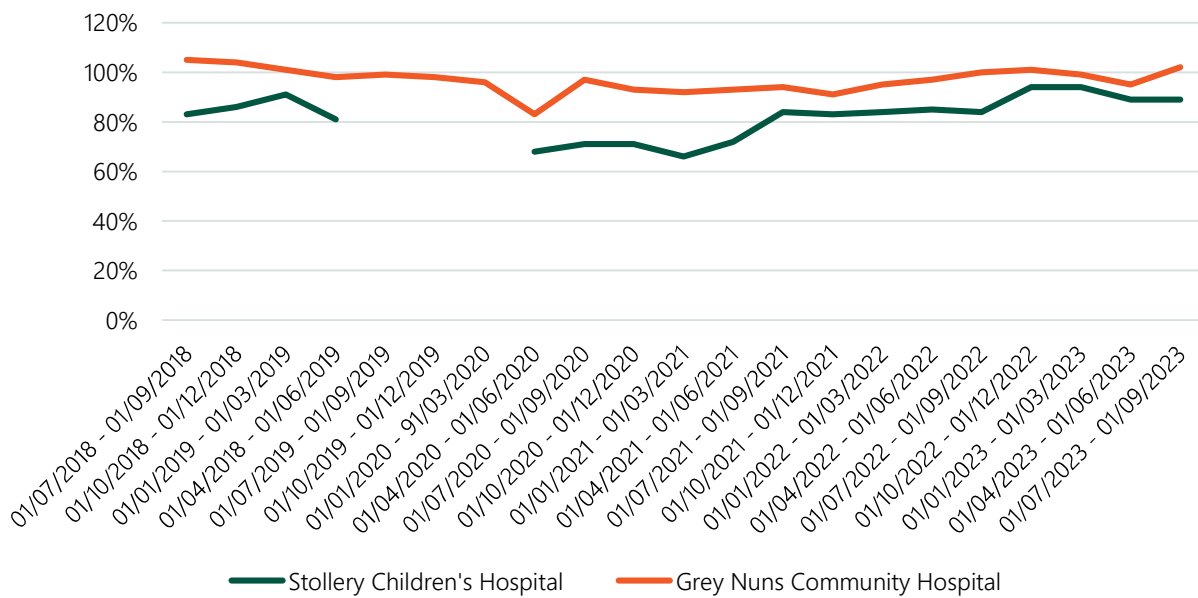
<https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/>

¹⁷ Health Quality Council of Alberta. (2023). *Emergency department*. [https://focus.hqca.ca/charts/hospital-occupancy/#:~:text=Understanding%20E2%80%9Chospital%20occupancy%E2%80%9D&text=All%20patients%20that%20are%20admitted,recovery%20room%2C%20emergency%20department\).](https://focus.hqca.ca/charts/hospital-occupancy/#:~:text=Understanding%20E2%80%9Chospital%20occupancy%E2%80%9D&text=All%20patients%20that%20are%20admitted,recovery%20room%2C%20emergency%20department).)

Organization for Economic Co-operation and Development (OECD) to be the maximum to limit the risk of bed shortages.¹⁸ A hospital occupancy rate exceeding 100 percent is an indication the hospital may use other spaces to provide care to admitted patients (i.e., alternate level of care) or add staff to deliver care in additional beds. Grey Nuns’ significantly high occupancy rate aligns with recent reports from emergency physicians concerned with overcrowding, capping of new admissions, and long emergency department wait times at the Grey Nuns.¹⁹

Similarly, the Stollery Children’s Hospital occupancy rate has climbed in recent years, most recently sitting at an average of 92% between October 2022 and September 2023. While the HQCA does not provide hospital occupancy rates for the Leduc Community Hospital, the Hospital’s longer ER wait times for a hospital bed may be linked to a higher occupancy rate. For example, should a patient be unable to move to a hospital bed due to a high percentage of them being occupied, this limits space in the emergency department for newly arriving patients.

Figure 12. Hospital occupancy rate for the Grey Nuns Community Hospital and the Stollery Children’s Hospital, from July 2018 to September 2023.



Source: <https://focus.hqca.ca/charts/hospital-occupancy/>

Note: Broken lines within the hospital occupancy data for the Stollery Children’s Hospital are a result of missing data collected by the HQCA.

¹⁸ OECD Library. (2021). *Hospital beds and occupancy*. <https://www.oecd-ilibrary.org/sites/e5a80353-en/index.html?itemId=/content/component/e5a80353-en#:~:text=Some%20spare%20bed%20capacity%20is,NICE%2C%202018%5B16%5D>

¹⁹ Global News. (2023). *Doctors say 2 Edmonton hospitals at 150% capacity, experiencing very long ER waits*. <https://globalnews.ca/news/10077029/alberta-health-waits-edmonton-hospitals-overcrowded/>

As evidenced by the increase in healthcare utilization data and population growth rates, the City of Beaumont is a growing community with growing needs for healthcare and social services. The need for emergent and urgent care in particular, as evidenced by utilization data and EMS utilization, both of which are increasing. Additionally, the population in Edmonton and Leduc are projected to grow significantly, and these populations are reliant on the same resources used by Beaumontians. With the top three most utilized ERs by Beaumontians exceeding the OECD’s 85% threshold for occupancy to limit the risk of bed shortages, along with the percentage of the population (i.e., seniors) with increasing needs, a lack of access to emergent and urgent care services has the potential to significantly worsen as the population doubles by 2040.

In summary, Beaumontians commonly seek emergency care during regular daytime hours. However, the absence of after-hours care within city limits has been recognized as a gap in health service accessibility during CHNA engagement. Given that limited access to emergent and urgent care services could potentially worsen over time, long-term community health needs must be considered in discussions with providers. Furthermore, after-hours care has emerged as a potential solution to address the frequent utilization of emergency care services for non-urgent conditions. Therefore, additional research is required concerning regional after-hours availability and capacity. A multi-pronged approach is going to be required that encompasses after-hours, emergent, and urgent care capacity and availability in the long-term strategy to meet community health needs.

Assessment of Community Wants vs. Needs

Access to Emergent and Urgent Care



Access to After-Hours Care



5 Municipal Comparison

The municipal comparison included as part of this report is intended to highlight issues which are unique to Beaumont by comparing other similar municipalities. By determining whether issues are unique to Beaumont, decision-makers are better able to isolate areas of focus and determine which level of government may be best suited to address them. Additionally, a municipal comparison provides context for which innovative health practices may flourish. The comparators selected through the stakeholder mapping and design principles meetings with the City of Beaumont and AHS were Airdrie, Cochrane and Leduc.

Table 4 summarizes initial comparison criteria and similarities between the municipalities.

Table 4. Comparison of Beaumont to Airdrie, Cochrane, and Leduc based on demographics and disease prevalence.

Indicators	Municipalities											
	Beaumont			Airdrie			Cochrane			Leduc		
Top 5 Fastest Growing Municipalities in Alberta	Yes			Yes			Yes			No		
Population (2021)	21,000			74,100			32,199			33,032		
Municipality has a hospital	No			No			No			Yes		
Municipality has urgent care	No			Yes			Yes			No		
Nearest urban centre	Edmonton			Calgary			Calgary			Edmonton		
Most Prevalent Disease	Hypertension (19.5%)			Hypertension (20.8%)			Hypertension (16.4%)			Hypertension (21.5%)		
Demographic Age Breakdown	65+	35-64	Under 17	65+	35-64	Under 17	65+	35-64	Under 17	65+	35-64	Under 17
	11%	41%	27%	10%	42%	27%	16%	42%	22%	14%	40%	24%

Airdrie

The City of Airdrie was selected as a comparator for Beaumont due to its proximity to a large Alberta city centre, Calgary. Its population size is 74,100 and has experienced a 20.3% growth since 2016. It is the municipality with the second highest rate of population growth in Alberta after Cochrane.

Both Cochrane and Airdrie fall under the Rocky View County FCSS area, which conducted its own Social Needs Assessment in 2022². The results of the assessment identified the key strengths in the County were:

1. A strong sense of community across the County.
2. The strong perception that the County is a good place to raise a family.
3. The strong perception that quality of life in the County is good.

While priority social needs were:

1. Mental Health Supports
2. Seniors Supports
3. Children and Youth Supports
4. Community Connections
5. Collaborative Partnerships

The report did not include any service mapping or utilization data and recommended the assessment be used to align FCSS funding with these perceived areas of need. These results indicate that Airdrie and Cochrane, like Beaumont, have prioritized mental health as well as the role of the community connector and interagency role as a mechanism to improve and increase access to existing services.²⁰

The City of Airdrie continues to advocate for increased health care resources on the basis:

- There is one space per 6,717 residents when other urban centres have one space per 2,000 residents
- An average of 20 patients per day sign into the Health Centre and subsequently leave due to wait times
- There are no dedicated walk-in clinics in Airdrie; and
- Staffing challenges have led to a reduction in services in the urgent care centre in the past, leaving residents vulnerable.

Innovative Initiative: The Blue Zones Project

In 2019, Abrio Health launched the *Blue Zones Project: Airdrie* in collaboration with Alberta Blue Cross, AHS, and the City of Airdrie. The Project goal was to take an evidence-based, community-wide approach to improve the health and wellbeing of the community by implementing the “Power 9” principals derived from researching the longest living populations in the world. The approach is promising as it takes a wholistic view

²⁰ Rocky View County. (2022). *Social needs assessment*. <https://www.rockyview.ca/Portals/0/Files/FCSS/Social-Needs-Assessment-Report.pdf>

and implements health programming in multiple sectors concurrently (workplace, schools, food sources, built environment, etc.). The program was terminated due to the outbreak of the COVID-19 pandemic. Airdrie would have been the first Canadian city to participate in the Blue Zones Project.

The project came out of Airdrie's needs assessment, by Abrio Health where the Blue Zones Project by Sharecare (an American digital health company) was a result of international best practices research.

Cochrane

Cochrane was selected as a comparator for Beaumont due to its proximity to a large Alberta city centre, Calgary. Its population was 32,199 in 2021 with 24.5% growth since 2016.

In 2017, Cochrane published Cochrane Cares: A Regional Well-Being Review which mapped community assets including health services and collected responses from surveys and interviews. Key issues identified were 24-hour urgent care, emergency shelter and senior care (i.e., home care and end-of-life spectrum). Over 84 interview responses included the need for more doctors, more walk-in clinics, and more specialists, citing that the urgent care centre is too slow, and quality of care is inconsistent. While 30 interviewees were satisfied with the way that health care operated in Cochrane, the conclusion for healthcare options was that Cochrane residents would prefer to have their health needs met locally.

Proposed strategies to do so published in the Cochrane Cares: A Regional Well-Being Review include:

- Create an app/website that lists local health care providers residents can access in their search for specific health service types.
- Improve youth access to the Cochrane Teen and Young Adult Health Clinic.
- Conduct a comprehensive review of Cochrane's urgent care needs and need for a 24/7 health centre.
- Increase resources for urgent mental health care within Cochrane.
- Include mobile diagnostic imaging services, such as ultrasound and mammography.
- Establish hospice beds for Cochrane and area residents within their own community.
- Establish a flexible clinic in the Cochrane Health Centre that alternates topics to provide specialized health services a few days per month such as: Asthma, Paediatric, Women's Health, etc.

Like Beaumont, Cochrane is eligible for the Provincial Rural Remote Northern Program (RRNP), which took effect in September 2007 as part of the Clinical Stabilization Initiative. The program compensates physicians who practice in under-served areas in Alberta. The primary objective of the program is to ensure equitable health services for all Albertans by recruiting and retaining physicians in under-served Alberta communities. Under this program physicians are eligible to a flat fee of \$4,293.34 (2022) in these municipalities, which increases in more remote locations.

At the municipal level, Cochrane has been exploring other options including providing health care workers with incentives to come to Cochrane as well as recruiting doctors through increased advertising to new medical graduates.

Leduc

Leduc has a population of 33,032 with an annual growth of 2.3%. While Leduc does not rank in the top 5 municipalities experiencing the high rate of population growth, other factors make it comparable to Beaumont. It is a close neighbour to Beaumont, near to Edmonton, and many health resources in Leduc are used by Beaumontians. Leduc has 3 walk-in clinics, two diagnostic imaging centres, and two lab services. As the only municipality with a hospital in the LDB-PCN Leduc's health resources are critical to the health of the LDB-PCN. While Beaumont is closer to Edmonton, Leduc is geographically situated in a place where it can be a hub for the surrounding areas.

Innovative Initiative: University of Alberta collaborations with Seniors living at Telford Mews

Telford Mews at Leduc Village is a seniors housing apartment building built in August 2023 based on the University of Alberta's Housing for Health, guidelines, established with funding from the Public Health Agency of Canada. The building focuses on encouraging physical activity, healthy eating, and social connections through thoughtful building and neighbourhood environment. These areas come from multi-sectoral, preventative medicine research. It is one of three facilities built in Alberta as part of a pilot project incorporating healthy living principles into seniors housing.

5.1.1 Other Innovative Practices

Beyond the municipal comparators, other innovative initiatives and practices that exist in Alberta for consideration by decision-makers at the City of Beaumont are included below.

5.1.1.1 AHS: Communities of Practice

In 2020, Auer et al published a qualitative case study examining Communities of Practice (COPs) across AHS. The article defines COPs as a group that meets regularly to learn from one another and to find ways to improve service quality. Through semi-structured interviews representing 28 distinct COPs, the study found that COPs across AHS were as diverse in practice domains, focus, membership boundaries, attendance, and spheres of influence. However, the study suggests that COPs have the potential to influence and advance widespread systems change in Canadian healthcare. This is achieved through providing members with opportunities for meaningful interactions, the capacity to build information pathways, and enhanced abilities to address needs at the point-of-care and service delivery. Overall, COPs delivered a sophisticated array of engagement and knowledge-sharing activities perceived as supportive of organisational change, systems thinking, and the team learning practice critical to a learning organisation. Participants were not disclosed in the article and thus it is unclear whether any AHS staff working in Beaumont were consulted for this study.

During MNP's community group interviews with Health Care Practitioners in Beaumont, a group member mentioned that in the past there was regular meetings between office manager groups. They expressed that *"it was a great way of sharing ideas between different clinics and information would get shared even between physicians... Now everyone is so busy, overworked and burnt out that these meetings, or others like them aren't happening."* The participant saw the need for the establishment of a town hall to increase connection.

The information included on COPs and the value they provide to widespread systems change could be synthesized with the key knowledge and learnings occurring through the Beaumont Interagency Group. It is this suggestion from the community groups, in addition to the information from the article that makes this practice potentially relevant for consideration by the City of Beaumont.

5.1.1.2 Olds, Alberta: Committee Focused on Attraction, Retention of Health-Care Providers

The Town of Olds, population 9,567, established a committee whose purpose is to generate solutions to the shortage of health care providers by finding strategies aimed at both attraction and retention. This initiative came together in 2022 when the Community Lifestyles Committee and consultant from the Rural Health Professions Action Plan (RhPAP) approached the Town for support. In November 2022, the three entities held a Community Conversation on Health Care event to which community members were invited, including local business owners, residents, a range of health-care providers, and representatives from AHS and the municipalities of Olds and Mountain View County. The three key outcomes of the meeting were:

1. Increased awareness is necessary to increase access to existing health assets.
2. Community Priorities are family physicians and hospital privileging, mental health for all ages, access to care in general, timeliness and availability of all health-care providers, aging-in-place, and transportation.
3. Potential Solutions: education and awareness, exploring strategies specifically related to attraction and retention, creating a plan of action or task force, supporting advocacy efforts, and additional community consultation.

After the initial meeting, a volunteer committee was established that will meet regularly to support health-care providers in Olds.

5.1.1.3 Province of Alberta: Health Workforce Strategy and Budget

In February 2023, the Province announced \$158 million as part of the Health Workforce Strategy and Budget aimed at supporting programs to recruit and retain rural physicians to serve rural and remote communities. The plan outlines the following goals:

- Goal 1: Decrease emergency room wait times
- Goal 2: Improve emergency medical services response times
- Goal 3: Reduce wait times for surgeries
- Goal 4: Empower frontline workers to deliver health care

On January 26, 2023, the Minister of Health also announced the government will provide \$1 million to four post-secondary institutions to look for ways to train doctors in Grande Prairie and Lethbridge. Part of the larger strategic initiative, this action will take 6 to 8 years before the results are shown and is based on research that shows students who study in a rural setting are more likely to practice in a rural setting.

5.1.1.4 Taber, Alberta: Taber & District Health Foundation

In Taber Alberta, the Taber & District Health Foundation is a charitable organization which solicits and distributes donations to benefit the residents of Taber, Barnwell, Grassy Lake, Enchant, Hays, Municipal District of Taber and Vauxhall. Their mission is “to give the community an opportunity to participate in raising funds to provide financial support to purchase essential equipment for the Taber Health Centre” and assures donors that “all funds received are managed prudently and that all funds are dispersed in keeping with the wishes of the donor.” The foundation also administers the Stewart Genes Scholarship, founded in 1970, which contributes to locals who pursue post-secondary healthcare-related studies.

The foundation provides support to three main organizations in the Taber area.

1. AHS – The Taber Health Centre – surgical equipment so residents can undergo surgery locally in some cases rather than go to larger centers, ER equipment such as monitors and stretchers, Recreation Therapy Equipment for Long-term Care and Acute-care residents, Equipment for Physiotherapy, Occupational Therapy, Speech Therapy as well as various other services.
2. The Good Samaritan Society, where donation help supports enhanced outdoor spaces, sensory equipment, Geri-chairs, etc., in Taber and Linden View
3. Taber & District Housing Foundation where donation support enhanced outdoor spaces at several facilities, Home Theatre system at Clearview Lodge, and Tub-to-Shower renovations in various facilities to organizations in Taber, Grassy Lake, Barnwell and Vauxhall.

The organization was founded by local citizens in 1992 and continues to support the community today. Donations from the Foundation do not impact budgets of sites where the donation is made. Donation support funds items, programs, and research that allow AHS to enrich their programming and facilities. This is an example of community-based innovation. These donations have supported local organizations to meet the needs of local residents.

5.1.1.5 Province of Alberta Incentives for Rural health care practitioners

Across the province there are various targeted incentives to support healthcare. Northern Incentives provided by AHS includes allowances to retain northern and remote healthcare workers, which include travel based and salary-based funding.

Additionally, the Province of Alberta has committed increased funding through the Alberta Health Care Insurance Amendment Act of 2022. The announcement of the amendments included increased funding commitments to support healthcare. The initiative included lump sum payments for Primary Care Networks of \$20 million in each of 2023-24 and 2024-25 to provide additional support for primary care as well as incentives for rural, remote and underserved areas. While press releases in comparator municipalities have announced plans to launch incentives, no formal policies have been released.

Summary of Municipal Comparison

This municipal comparison included insights which the City of Beaumont can leverage to enhance healthcare services. Similar to its comparators, Beaumont has identified mental health supports, seniors support, and child and youth support as important areas for exploration. Airdrie, facing challenges similar to Beaumont regarding growing needs for more mental health supports, highlighted the importance of a community connector and interagency liaison to improve and increase access to mental health services. Cochrane’s innovative strategies, such as developing an app for residents to use in their search for specific health services in the community, conducting a comprehensive review of urgent care needs in the community, and increasing resources for urgent mental health care, provide areas for consideration by Beaumont. Leduc’s collaboration with the University of Alberta for seniors housing (Telford Mews) showcases a unique approach to enhancing community health and wellness through a community-based foundation, in which collective funding can be used to support the provision of necessary health equipment to providers practising within the community.

The City of Beaumont stands out as the first of its comparators to conduct a health-focused needs assessment, which showcases its commitment to improving healthcare services. Drawing from the innovative practices described above, Beaumont can develop strategies to address healthcare capacity challenges, enhance healthcare access, and prioritize mental health and wellbeing.

Table 5. Innovative initiatives from comparator municipalities and other municipalities in Alberta for consideration by the City of Beaumont

Community Feedback	Innovative Initiatives for Consideration
Primary Care Physicians and Clinics With Capacity for New Patients	Grande Prairie and Lethbridge: Train doctors within the local community to entice students who study in a rural setting to practice in a rural setting.
Access to After-Hours Care	Cochrane: Conduct a comprehensive review of the community’s urgent care needs and a need for a 24/7 health centre.
Access to Specialized Health Services	<p>Blue Zones Project in Airdrie: Evidence-based, community-wide approach which involves a holistic view and implements health programming in multiple sectors concurrently (workplace, schools, food sources, built environment, etc.).</p> <p>Telford Mews at Leduc Village: Establishment of seniors housing apartment with a multi-sectoral, preventative medicine approach to incorporate healthy living principles into seniors housing.</p> <p>Taber & District Health Foundation: Establishment of a charitable organization that solicits and distributes donations to benefit residents of rural communities to support access to medical equipment and enhance outdoor spaces.</p>
Community Knowledge and Awareness of Key Health and	Cochrane: Creation of an app/website that lists local health care providers residents can access in their search for specific health services (

Community Feedback	Innovative Initiatives for Consideration
Community-Based Social Services	
Social Supports for Seniors, People with Disabilities and their Caregivers, and 2SLGBTQIA+ Children and Youth	Blue Zones Project in Airdrie: Evidence-based, community-wide approach which involves a holistic view and implements health programming in multiple sectors concurrently (workplace, schools, food sources, built environment, etc.).

6 Social Determinants of Health

Health and wellbeing go beyond caring for physical needs. During resident and stakeholder engagement, participants had many suggestions for the ranges of social supports and services they want within the City to support quality-of-life and wellbeing. While the CHNA centers on needs as they relate to healthcare services and supports, the importance of a well-rounded approach rooted in the social determinants of health is recognized in this assessment.

While Beaumont has been historically characterized as a healthy community with well-rounded social supports, residents mentioned that Beaumont is a growing community with growing needs for more health and wellness services and supports. According to publicly available data from AHS, 9% of residents have reported being sometimes or often worried about running out of food before they can afford to buy more.²¹ While this is a lower percentage than Alberta’s 13% average, residents remarked that there seem to be more and more people accessing the local food bank. Early childhood educators have noted a doubling in need for mental health supports from just last year, highlighting the importance for the City to remain adaptable to changing needs as the community grows.

Additionally, community feedback through CHNA engagement highlighted gaps in support for seniors, people with disabilities, and young families navigating parenting challenges. Concerns were raised regarding the isolation of people with disabilities due to inadequate support systems, while young parents expressed a need for guidance and resources. Additionally, there is a notable absence of services dedicated to supporting 2SLGBTQIA+ children and youth within Beaumont, indicating a gap in programming for this group.

These are some of the examples which were brought forward by community group participants, which support a potential gap for further exploration in the social determinants of health within Beaumont. The social determinants of health identified within this section are all causal factors for mental health, chronic diseases, and other health conditions. As such, in assessing areas for future improvement as it relates to access to health and social services, a social determinants of health lens to the resulting action plan will support a well-rounded approach to decision-making.



“What We Heard” Report Highlight

Survey respondents identified that **lack of access to health services, unavailability of social supports and coping skills, limited employment/working conditions, isolation/loneliness, and unhealthy behaviours** are some of the **non-medical social determinants of health** they think most affect Beaumont.

²¹ [https://albertahealthycommunities.healthiestogether.ca/take-action/research-local-data/cancer-prevention-community-profiles-tool/?localCode=Z4.7.A.01#living-conditions](https://albertahealthycommunities.healthiertogether.ca/take-action/research-local-data/cancer-prevention-community-profiles-tool/?localCode=Z4.7.A.01#living-conditions)

Physical Environments

Based on data gathered through resident and stakeholder engagement for the CHNA, there are physical barriers which make it challenging for seniors and people with disabilities to access the care they need, including:

- Inaccessible transit
- Sidewalk curbs that are insurmountable
- Lack of wheelchair-accessible infrastructure
- Snow piled in accessible parking stalls at local businesses

“One of the biggest hurdles I see is transportation. Our transit system is a park and ride. It really doesn’t serve the people that need it.” – Community Group Participant

Seniors and people with disabilities dove further into the gap in accessible transit and noted that city transit services are a considerable barrier to accessing the services they need to stay healthy and well. The current park-and-ride bus system was noted to operate at hours which are not conducive to seniors and people with disabilities who require access to Edmonton for appointments to specialists. This concern aligns with a key theme from the online survey documented in the Social Master Plan (2019): A lack of transportation for seniors resulted in their relocation to Edmonton for access to services.²²

From an analysis of Table 6, there exists a transit service gap between the hours of 8AM and 4PM, as well as an evening gap after 6PM for Route 540 servicing residents travelling to and from the Mill Woods Transit Centre.

Table 6. Service schedule for City of Beaumont public transit

Beaumont to Mill Woods Transit Centre			Mill Woods Transit Centre to Beaumont		
Ken Nichol Centre	Bus Stop #9467 (50 th Street and Ellerslie)	Mill Woods Transit Centre	Mill Woods Transit Centre	Bus Stop #9466 (50 th Street and Ellerslie)	Ken Nichol Centre
6:00	6:08	6:17	6:20	6:29	6:37
6:40	6:48	6:57	7:00	7:09	7:17
7:20	7:28	7:37	7:40	7:49	7:57
8:00	8:08	8:17			
16:20	16:28	16:37	16:00	16:09	16:17

²² City of Beaumont. (2019). *Beaumont social master plan*.

<https://www.beaumont.ab.ca/DocumentCenter/View/3828/Beaumont-Social-Master-Plan--Full-Report>

Beaumont to Mill Woods Transit Centre			Mill Woods Transit Centre to Beaumont		
17:00	17:08	17:17	16:40	16:49	16:57
17:40	17:48	17:57	17:20	17:29	17:37
18:20	18:8	18:37	18:00	18:09	18:17

Seniors and people with disabilities mentioned that the lack of a bus to fill the afternoon scheduling gap in transportation services and a disability-accessible bus to circle the ring road or main arteries of the City limits their ability to get around and maintain their independence. They also mentioned the need for accessibility to be front and center as it relates to all the City's infrastructure-related decisions. This would require prioritizing retrofitting old infrastructure to suit the needs of people with mobility limitations and ensuring new infrastructure is made accessible.

Assessment of Community Wants vs. Needs

Accessible Transit Services



Social Supports and Coping Skills

An important theme which surfaced from engagement with seniors and people with disabilities was that of independence. They defined it for themselves as doing for oneself what one can, while getting help when and where needed. While several community connectors (e.g., the Family and Community Support Services [FCSS], Jef's Café, and the Black Gold School Division) were mentioned as key to the ability for seniors and people with disabilities to maintain their health and wellness, community members raised concerns around the lack of support for people with disabilities and their caregivers. This lack of support has led to increased isolation among the community and a reliance on fellow people with disabilities for support.

"There's no way for me to get support, unless I reach out to the fellow disabled person community in Beaumont and say 'hey, I need this.'" – Community Group Participant

FCSS was mentioned as an organization which has historically lacked capacity to provide services required by Beaumontians, specifically referring to understaffing and underfunding as potential causes of this issue. A joint report by the Rural Municipalities of Alberta and the University of Alberta's Alberta Centre or

Sustainable Rural Communities²³ mentions that FCSS staff in rural communities are increasingly seeing individuals in need of income support, mental health, food, or shelter. This has led to an unprecedented expectation for FCSS to act as a catch-all office, receiving multiple individuals with complex needs and challenges and filling needs which often fall outside of their mandate. The report also echoes the concerns highlighted by Beaumontians surrounding insufficient funding for staff and the lack of sustainable funding for FCSS in rural communities.

Participants from the Growing Families community group also highlighted similar issues with respect to FCSS and spoke to a lack of knowledge they perceived regarding the existence and availability of key health and social resources within the community: a role meant to be filled by FCSS.

“But a lot of what [local and small groups] are doing doesn’t connect into the City. It’s all disconnected. Efforts here and there, but they’re all disconnected.”– Community Group Participant

As it relates to social supports and coping skills, Growing Families suggested an important gap would be supports for young parents, new parents, and older parents in navigating their *“struggles with how to ask questions, where to go.”* In fact, one participant noted they hosted an information session which attracted a significant number of interested community members.

Another theme surfacing from Growing Families included the lack of support for 2SLGBTQIA+ children and youth in the community. In fact, based on inventory data gathered for the purpose of the CHNA, there are no services dedicated to fulfilling the distinct health and wellness needs of 2SLGBTQIA+ children and youth within a 15-kilometre radius of the City, indicating a lack of availability of dedicated programming for this group.

Assessment of Community Wants vs. Needs

Social Supports for Seniors, People with Disabilities and their Caregivers, and 2SLGBTQIA+ Children and Youth



Access to Health Services

During resident and stakeholder engagement, people with disabilities highlighted the feeling of being unheard and excluded from decisions made at the municipal level that affect their ability to maintain their health, wellness, and independence. This has translated into a lack of support for people with disabilities and

²³ Banack. C. & Chapman. L. (2023). *Understanding and responding to the challenges faced by FCSS programs in rural Alberta.* <https://www.ualberta.ca/alberta-centre-sustainable-rural-communities/media-library/projects/research/rma-report-on-family-and-community-support-services-final.pdf>

their caregivers within the community. In fact, based on the inventory data gathered for the purpose of the CHNA, only four programs are dedicated to fulfilling the distinct health and wellness needs of people with disabilities via home care and specialist supports, indicating a lack in availability of dedicated programming for people with disabilities and their caregivers.

7 Summary of Findings

Amid a period of significant growth for the City of Beaumont, the CHNA sheds light on several challenges and opportunities found within the community's health landscape. Through resident and stakeholder engagement, as well as a comprehensive analysis of existing community health data, the CHNA goes beyond conventional health services and incorporates a social determinants of health lens on overall health and wellbeing.

CHNA Main Findings

Community Health Profile

- Beaumont has a young population with a positive health status and positive personal and community health outcomes
- Mental health is a main concern within the community, though existing health profile data does not reflect this concern
- Unhealthy behaviours have surfaced as a main non-medical social determinant of health of concern within the community, and have been linked to a higher prevalence of hypertension and low physical activity rates

Access to Healthcare

- Community members are primarily concerned with a lack of access to healthcare services within the community
- Gaps in communication and connection between community members and healthcare providers have been raised as a significant barrier to the understanding and awareness of existing community health assets
- Beaumont has higher-than-average access to family doctors; however, providers struggle with limited capacity linked to staffing challenges and high utilization of primary care services within the community
- Combined with a steady population growth, the reliance on over-capacity emergent and urgent care services located outside of Beaumont pose a growing hurdle to meeting community health needs

CHNA Main Findings (Cont'd)

Municipal Comparison

- Insights from Airdrie, Cochrane, and Leduc demonstrate shared priorities for enhanced child and youth, and seniors supports.
- These municipalities as well as other Alberta jurisdictions all face similar difficulties attracting and retaining family physicians.
- Beaumont is not unique in having high patient to doctor ratios, with this being an issue across the province.
- There may be an opportunity to collaborate and connect with other municipalities to understand good practices and experiences to guide the City of Beaumont's next steps following the CHNA
- The City of Beaumont is a trailblazer in the development of a needs assessment that is specific to health, setting the stage for evidence-based decision-making and targeted interventions

Social Determinants of Health

- Population growth in the City reveals evolving community health needs, and the need for the City to remain adaptable to changing needs
- Social supports (e.g., isolation, income and employment supports) surfaced as a significant component that affects Beaumont residents
- Challenges with transit accessibility and wheelchair-accessible infrastructure render critical healthcare services inaccessible to seniors and people with disabilities

Priorities

Based on the CHNA findings, the **three priorities** outlined below for the City of Beaumont, originally identified through resident and stakeholder engagement in the CHNA process, remain unchanged in addressing both current and future community health needs. Please note, the priorities below are not presented in ranked order.

City of Beaumont CHNA Priorities

1

Health Services

Advocate for health services to be brought to the City and delivered to residents, to encourage economic development and attract healthcare providers to practice locally.

2

Regional and Intergovernmental Collaboration

Consult and work with regional and intergovernmental partners to develop a business case to support improved capacity and models of care for Beaumontians. Consult and work with regional and intergovernmental partners to develop a business case to support

3

Accessibility

Enhance accessibility to health services with appropriate modes of transportation and supports to accommodate people with disabilities.

8 Recommended Next Steps

The recommended next steps of the CHNA prioritize the discernment between community needs and wants. Throughout the course of this engagement, many ideas and suggestions for improvement as they relate to community health and wellness were shared by participants. The extensive engagement conducted through the CHNA process, coupled with analysis of community health data presented in this final report, form the basis for potential areas for exploration moving forward. These areas for exploration address community health needs which have been supported by evidence.

The Health Services Planning Session included a thorough examination of gaps identified in the “What We Heard” report. These gaps were prioritized and categorized based on the four priority categories identified through the resident and stakeholder engagement process (Health Services, Regional and Intergovernmental Collaborations, Accessibility, and Infrastructure Development), resulting in a list of community needs to consider in health services planning moving forward.

Table 7 outlines the list of needs which have been prioritized throughout the Health Services Planning Session and triangulation of available data under each of the identified priorities from the CHNA.

Table 7. CHNA priorities

Priority Category	Priority
Health Services	Access to Health Services (i.e., Emergent, Urgent, and After-Hours Care, and Laboratory Services)
	Access to Mental Health Supports
Regional and Intergovernmental Collaboration	Community Knowledge and Awareness of Existing Key Health and Community-Based Social Services
Accessibility	Accessible Transportation
	Enhanced Supports for People with Disabilities

Table 8. Recommended next steps to address prioritized needs

Priority	Recommendation	Stakeholders	Timeline <i>Immediate: 0-6 months</i> <i>Short term: 6 months – 2 years</i> <i>Mid-term: 3-5 years</i> <i>Long-term: 6-10 years</i>
Access to Health Services	Ongoing monitoring of access and utilization data for public health services, including urgent care and wait times for EMS	City of Beaumont AHS	Immediate
	Exploration of opportunities to entice health professionals to provide services during underserved hours through modified models of care (e.g., medi-centre model, walk-in and after-hours care, team-based care, maternity and neonatal care, urgent care, laboratory services, virtual care)	City of Beaumont Government of Alberta, Ministry of Health	Short-Term
	Linkage of analyzed data to economic development opportunities for medi-centre attraction within Beaumont	City of Beaumont	Mid-Term
	Exploration of opportunities for the addition of nurse practitioners within primary care teams in Beaumont	AHS City of Beaumont	Mid-Term
	Collaboration with regional and intergovernmental partners for the development of a business case to support improved capacity and models of care	City of Beaumont Alberta Health Services Ministry of Health, Government of Alberta	Mid- to Long- Term

Priority	Recommendation	Stakeholders	Timeline <i>Immediate: 0-6 months Short term: 6 months – 2 years Mid-term: 3-5 years Long-term: 6-10 years</i>
		Health and Social Services Providers	
	Work with community members, experts, and Provincial Partners to develop strategies and interventions that address health needs of Beaumont and adjacent communities	City of Beaumont Ministry of Health, Government of Alberta	Long-Term
Access to Mental Health Supports	Creation of a more inclusive environment and additional supports for people to participate in current neighbourhood and community events to increase social cohesion and participation	City of Beaumont	Short-Term
	Conduct further assessment and research for deeper insights into the community's awareness of mental health resources, their specific needs, and the capacity required to adequately address these needs	City of Beaumont Residents Mental Health and Social Services Providers	Short- to Mid-Term
	Consider incorporation of mental health support services into new public health facilities (e.g., medi-centre, walk-in clinic) and/or enhance referrals between existing public health facilities	City of Beaumont Alberta Health Services	Long-Term

Priority	Recommendation	Stakeholders	Timeline <i>Immediate: 0-6 months Short term: 6 months – 2 years Mid-term: 3-5 years Long-term: 6-10 years</i>
	Explore options with new Mental Health & Addiction Agency on improved support and access, including virtual care	City of Beaumont Agency	Long-Term
Community and Provider Knowledge and Awareness of Existing Key Health and Community-Based Social Services	Build on existing health and social service asset map for the creation of a comprehensive map of services (e.g., using Google My Maps)	City of Beaumont Health and Social Services Providers	Immediate
	Communication of health and social services assets to health and social services providers and residents of Beaumont	City of Beaumont	Short-Term
	Development of a strategy to connect existing services identified through health and social services asset map and identify barriers to team-based care	City of Beaumont Health and Social Services Providers	Short- to Mid-Term
	Development and delivery of public education campaign by health partners on improving wellness and avoiding chronic diseases	City of Beaumont Alberta Health Services	Long-Term
	Consider formation of a community-based health network in Beaumont to focus on health and well-being of the community	City of Beaumont Health and Social Services Providers	Long-Term

Priority	Recommendation	Stakeholders	Timeline <i>Immediate: 0-6 months Short term: 6 months – 2 years Mid-term: 3-5 years Long-term: 6-10 years</i>
	Further investigation is required to determine why family doctors practising in Beaumont experience a higher utilization rate by their patients (i.e., 4 visits per year per patient, compared to 1 visit per year per patient))	City of Beaumont	Long-Term
Accessible Transportation and Enhanced Supports for People with Disabilities	Further explore the issue of access to facilities with business owners to determine scope of accessibility challenges	City of Beaumont Beaumont Chamber of Commerce	Mid-Term
	Distribute a public accessibility evaluation survey to assess current state	City of Beaumont Beaumont residents	Mid-Term
	Investigate potential grants for future infrastructure retrofits	City of Beaumont	Long-Term

Recommendations which have been highlighted within Table 8 are anticipated to require additional feasibility analysis, costing analysis, policy or bylaw development, and/or public consultation. Further investigation is required by the City of Beaumont regarding potential implications for additional required initiatives.

9 Provincial Restructure of Healthcare Delivery

In November 2023, the Government of Alberta announced its intent to restructure the province's delivery of healthcare services. The restructure will divide AHS into the following four new organizations:

1. Primary care
2. Acute care
3. Continuing care
4. Mental health and addiction care

While the province is still early in its stages of the rollout of this restructure, consideration for the potential impacts that this may have on recommendations to support the current state assessment included within this CHNA is important. The provincial restructure has the potential to support Beaumont's community health needs and the associated recommendations within this CHNA, through the following:

1. The Primary Care Organization will focus on supporting teams of allied health professionals, tying directly into the need identified for regional and intergovernmental collaboration.

The restructuring is intended to support integrated teams of healthcare professionals to provide comprehensive care to their patients; this may, in turn, improve team-based care models and support Beaumont's efforts to improve collaboration between healthcare providers and allied health professionals. Combined with efforts from the Modernizing Alberta's Primary Health Care System (MAPS) initiative, there is an opportunity for new physician and nurse practitioner compensation models to enhance the delivery of team-based care by refocusing efforts on the provision of long-term, comprehensive care.

The Primary Care Organization will be established in the Fall 2024, and recommendations have been contextualized to fit within this timeline in *Section 8: Recommended Next Steps* of this report.

2. The Acute Care Organization is focused on enhancing acute care access in rural areas, tying directly into the potential for growing needs for acute care given the chronic diseases being treated in Beaumont's young population.

The restructuring is intended to ensure higher quality care across the province, with enhanced access to care in rural areas. The unique needs of rural communities will remain a focus in this restructure, and further development through this organization may support the development of the recommendation for Beaumont to develop a plan to promote and discuss options with funders to meet the needs of Beaumont and adjacent communities.

The Acute Care Organization will be established in the Fall 2024, and recommendations have been

contextualized to fit within this timeline in *Section 8: Recommended Next Steps* of this report.

3. The Continuing Care Organization is focused on increasing the number of beds in continuing care, tying directly into the potential increasing need for enhanced emergency and acute care services as Beaumont's population doubles by 2040.

This focus is in line with the capacity gap identified in emergency and acute care services surrounding Beaumont, given that alternate level of care patients are potential contributors to decreased emergency and acute capacity and increased wait times. An increase in continuing care beds presents a potential opportunity to alleviate the strain on hospitals currently exceeding capacity near Beaumont. This increase in beds may provide Beaumont with support in the recommendation to develop a business case for improved capacity and a plan to discuss options with funders to optimize the delivery of health services in community.

The Continuing Care Organization will be established in Spring 2024, and recommendations have been contextualized to fit within this timeline in *Section 8: Recommended Next Steps* of this report.

4. The Mental Health and Addictions Organization is focused on enhancing supports delivered to Albertans as it relates to mental health and addictions, tying directly into the potential growing need for mental health supports within Beaumont.

With the establishment of a separate organization that is committed to increasing access to recovery services and the continuum of mental health supports to Albertans, Beaumont may be able to leverage actions taken in this regard to support its efforts to meet potential growing needs in the community. One of the recommendations included within this CHNA is the incorporation of mental health supports into public health facilities in Beaumont. Along with a shift in focus to the continuum of supports, this action taken by this new organization may support Beaumont in achieving better integration of mental health supports in its continuum of public health services.

Additionally, the provision of online mental health services is included as an effort that the MAPS initiative will undertake in its rollout. This will allow doctors to bill for virtual mental health supports. This may present an additional opportunity to support Beaumont in its advocacy efforts for the integration of mental health supports in the public health services offered within the city.

The Mental Health and Addictions Organization will be established in Spring 2024, and recommendations have been contextualized to fit within this timeline in *Section 8: Recommended Next Steps* of this report.

As the Government of Alberta proceeds with its healthcare restructuring plan, the resulting action plan from this CHNA may need to accommodate shifting priorities and timelines. The reorganization, set to establish four new healthcare organizations, presents opportunities for aligning community health needs with provincial initiatives. As these changes unfold, Beaumont can adapt its action plan to ensure continued progress in meeting the evolving needs of its residents and the broader community.

10. Appendices

Appendix A. "What We Heard" Report



Community Health Needs Assessment

"What We Heard" Report

January 15, 2024



Wherever business takes you

[MNP.ca](https://www.mnp.ca)

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This report is an interim step in the City of Beaumont’s Community Health Needs Assessment process. It serves as an integration of insights gathered during the engagement process and does not provide conclusive directives or actions.

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Introduction to the Community Health Needs Assessment

Project Overview

The City of Beaumont has undertaken an assessment of its healthcare landscape, to identify needs and priorities of its growing population as well as existing gaps between demand and availability. As the city experiences and anticipates rapid population growth, now is a good time to conduct a needs assessment. This evaluation aims to provide valuable insights into how Beaumontians access health-related services, in order to guide future decision making in support of community health.

MNP was engaged by the City of Beaumont to conduct a comprehensive Community Health Needs Assessment (CHNA), which focused on assessing the City's current health-related and social services assets, communicating and engaging with Beaumont residents and stakeholders, reviewing and assessing current health-related services and assets, and researching and comparing similar municipalities nationally.

The objectives of the project include the following:



Stakeholder Engagement

MNP worked with the City of Beaumont to launch an Engagement Strategy to create awareness of the CHNA and engage with residents and stakeholders to gather their insights and perspectives on their current and future anticipated health and wellness needs and preferences, and methods of access.



Current State Assessment

To inform the development of recommendations for next steps and considerations, MNP reviewed relevant policies and bylaws, researched and compared similar municipalities, and conducted an assessment of the current state of healthcare services in the City.

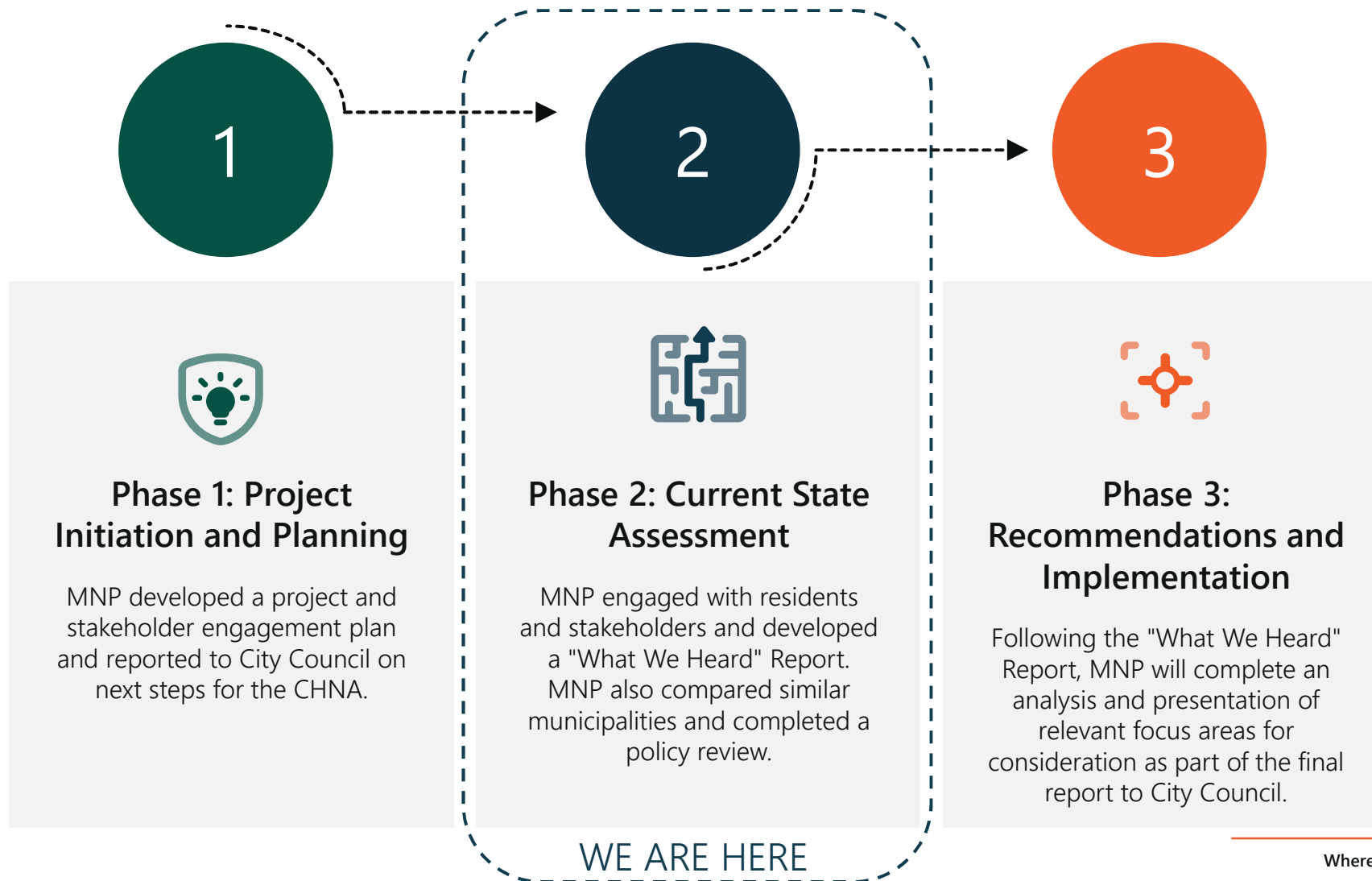


Recommendations and Implementation

MNP facilitated a 1-day Health Services Planning Session with the project team to review key findings from the assessment, determine strategic priorities for health and wellness services, and develop recommendations for each strategic priority.

Project Scope and Approach

This "What We Heard" Report represents the completion of Phase 2 of the CHNA and is a summary of resident and stakeholder engagement conducted by MNP between October 24, 2023 – December 8, 2023.



Resident and Stakeholder Engagement Methodology

The Resident and Stakeholder Engagement Methodology consisted of one survey and five community groups, as outlined below.

	Survey October 24-December 8	Internal Community Groups Week of December 4	External Community Groups November-December
City Residents	✓		
Social Services Providers	✓		
Seniors	✓		✓
Council	✓	✓	
Healthcare Providers	✓		✓
People with Disabilities	✓		✓
Growing Families	✓		✓

Internal Engagement

External Engagement

Resident and Stakeholder Engagement Methodology

This “What We Heard” report is an interim step in the City of Beaumont’s Community Health Needs Assessment process. It does not provide conclusive directives on what actions need to be taken. Instead, it serves as an integration of insights gathered during the engagement process.

The next phase involves a review of community health data, data organization and theming, in-depth analysis, and a presentation of the findings in a formal report. Potential recommendations and actionable insights will be outlined in the final report, following further analysis and thoughtful consideration of the information gathered.



The final report will include:

- ✓ Summary of stakeholder engagement
- ✓ Analysis of existing community health data
- ✓ Suggested areas for further exploration and engagement

The final report will not include:

- ✗ A description or prescription of specific health programs
- ✗ Recommended health interventions
- ✗ A Health Service Delivery Plan

Overview of Engagement Process

Engagement Process

Between October 24, 2023 – December 8, 2023, MNP received **940 survey responses** and engaged with **over 40 people** who participated in 90-minute demographic specific sessions for seniors, people with disabilities, growing families, and healthcare providers. MNP also completed a 90-minute community group discussion with City Council, in which each member of Council was present.

Engagement Method	Engagement Group	Number of Individuals Engaged
Community Groups	Seniors	25
	Growing Families	9
	People with Disabilities	3
	Healthcare Providers	4
	City Council	7
Survey	City Residents	940
	Healthcare Providers	
	Social Service Providers	

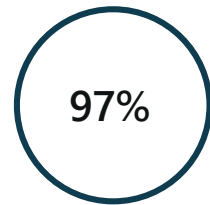
Note: All community group participants completed the survey. Growing Families refers to participants who were pregnant or had children or grandchildren under the age of 18 at the time of engagement.

Participant Demographics

Participant Demographics

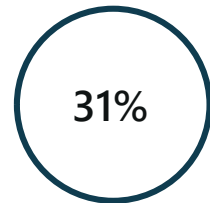
Who We Heard From

We heard from many people, most of which were residents of the City of Beaumont.



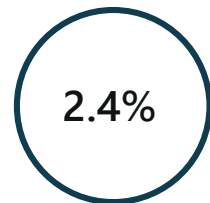
Respondents who live in Beaumont

The vast majority of survey respondents were residents of Beaumont.



Respondents who work in Beaumont

Of the respondents who reported to live in Beaumont, 31% also work in Beaumont.



Respondents who are healthcare providers practising in Beaumont

A total of 19 respondents identified as healthcare providers who practice in Beaumont.

*Note: Some participants chose not to provide demographic information, but answered other CHNA survey questions and we are grateful for their contributions.
Note: To remain succinct, superfluous examples and instructions included in the original survey have been shortened or deleted from the graphs in this presentation.*

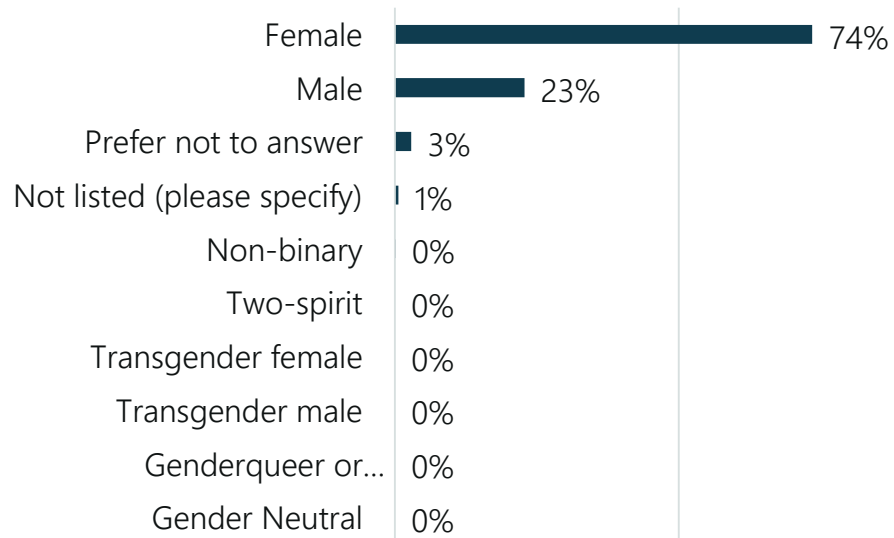
Participant Demographics

Gender and Age Demographics

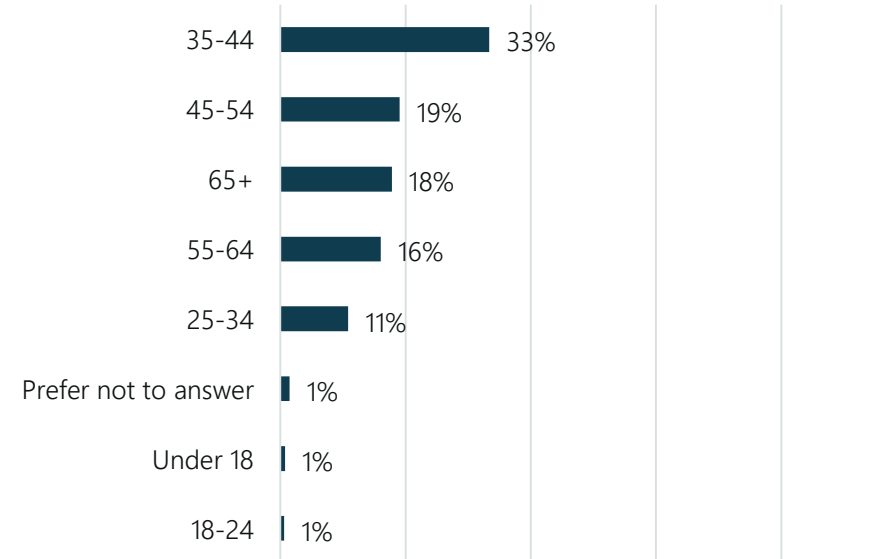


We engaged with a higher number of women than men, between the ages of 16-65+.

Which gender designation most closely describes you?



What is your age?



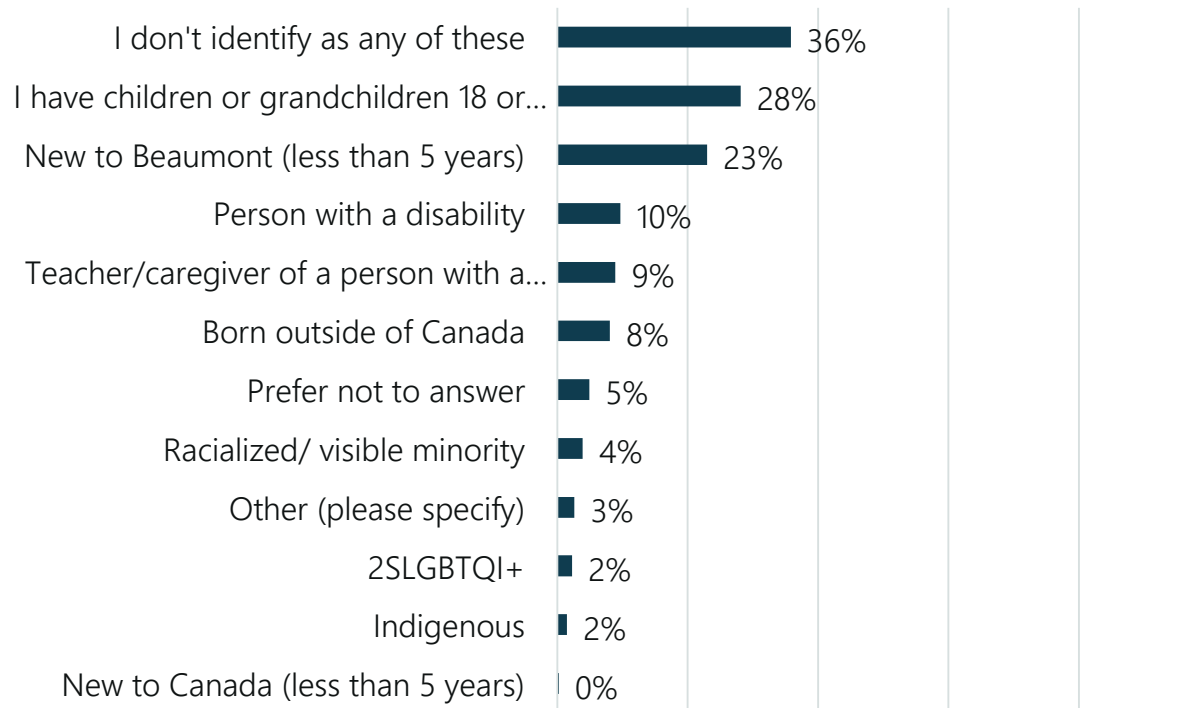
Note: Although only 1% of respondents identified with the under 18 age category, insights into youth perspectives were gathered through surveys completed by parents, guardians, and caregivers on behalf of their dependent.

Participant Demographics

Personal Characteristics

We planned on engagement approaches that include the voices of diverse identities, experiences, ideas, and priorities. These are reflected in the ways participants described themselves below.

Do you Identify as any of the following?



What else did participants want us to know about them?

- "Canadian veteran"
- "Senior citizen. Retired"
- "Canadian born and raised"
- "Healthcare worker within AHS"
- "I am a senior trying to age in place"

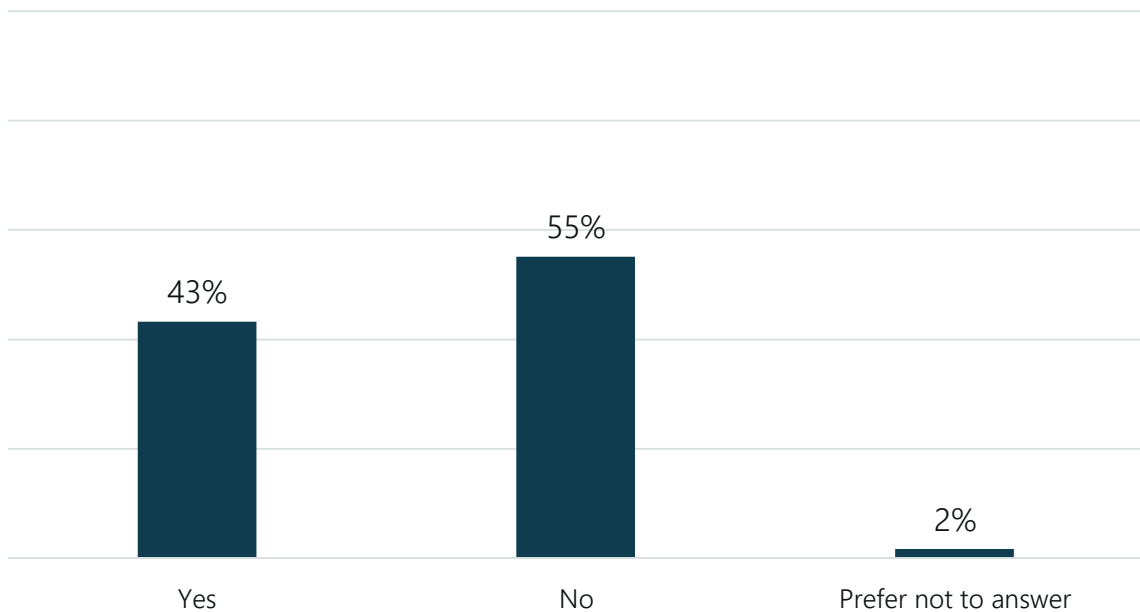
Participant Demographics

Personal Identity

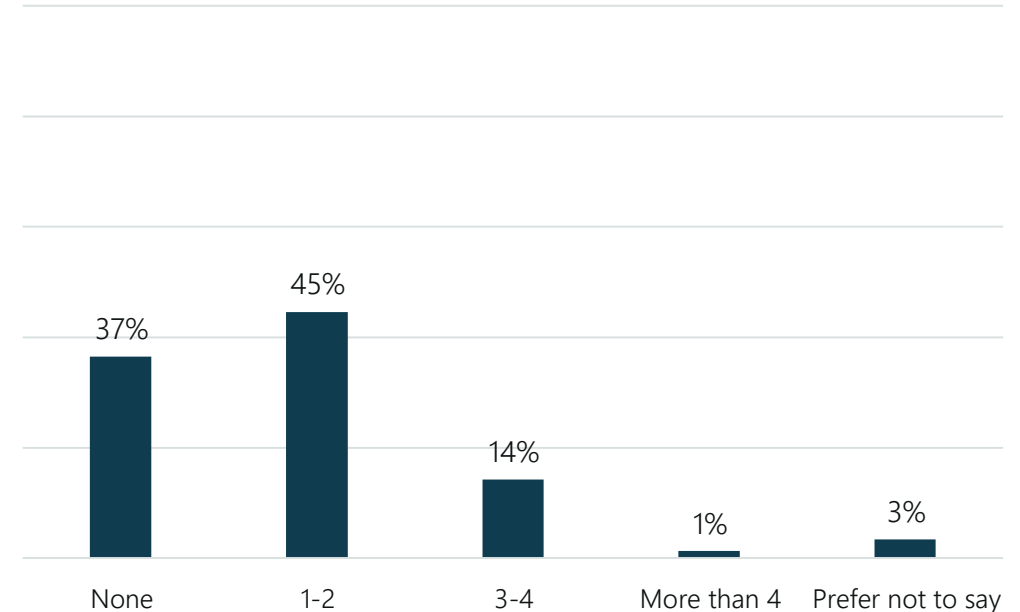
We planned on engagement approaches that include the voices of growing families, including people who are pregnant or parents/caregivers of children who are 18 or below.

 **43% of respondents identified with the growing families category, and 64% of respondents indicated they had dependents.**

Are you pregnant or a parent/caregiver of a child that is 18 or below?



How many dependents do you have?



What We Heard From Survey Participants

The following section provides a summary of survey data stratified by seniors, people with disabilities, growing families, and healthcare providers where appropriate.

Personal and Community Health and Wellness

This section presents survey findings on respondents' evaluations of the state of their own personal health, the community's overall health, and their perceptions of significant health and social issues within the community.

Personal Health and Wellness

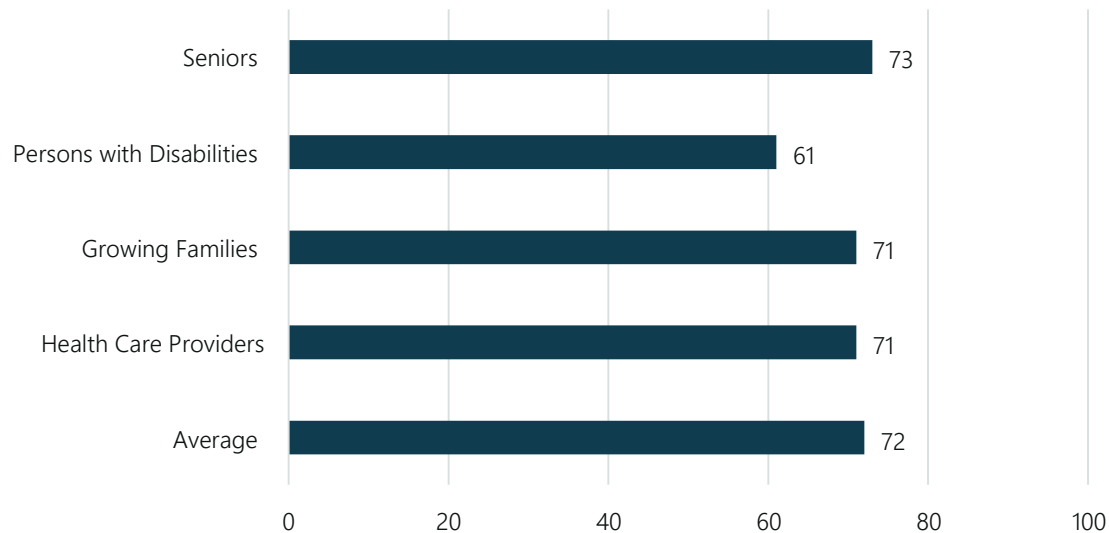
Personal Health Rating

When asked about their own personal health, Beaumontonians responded in various ways.

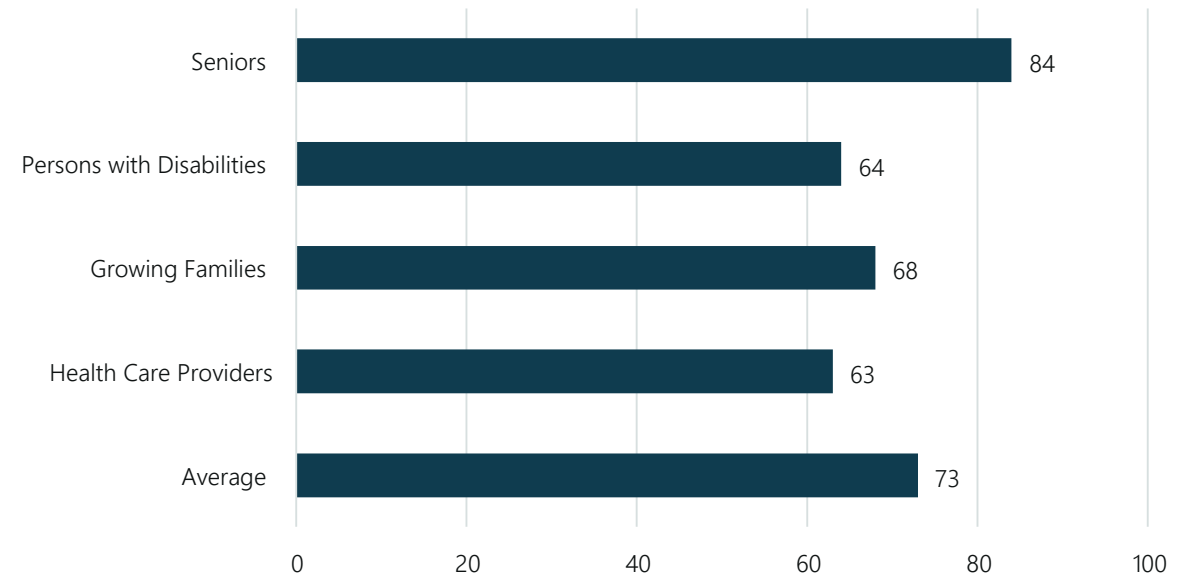


Seniors rated their physical and mental health more positively than other groups, while persons with disabilities rated both aspects notably lower than the average respondent. Healthcare providers rated their mental health the lowest among the surveyed demographic groups.

On a scale of 0 to 100, with 0 being poor health and 100 being excellent health, how would you rate your own physical health?



On a scale of 0 to 100, with 0 being poor health and 100 being excellent health, how would you rate your own mental health?



Personal Health and Wellness

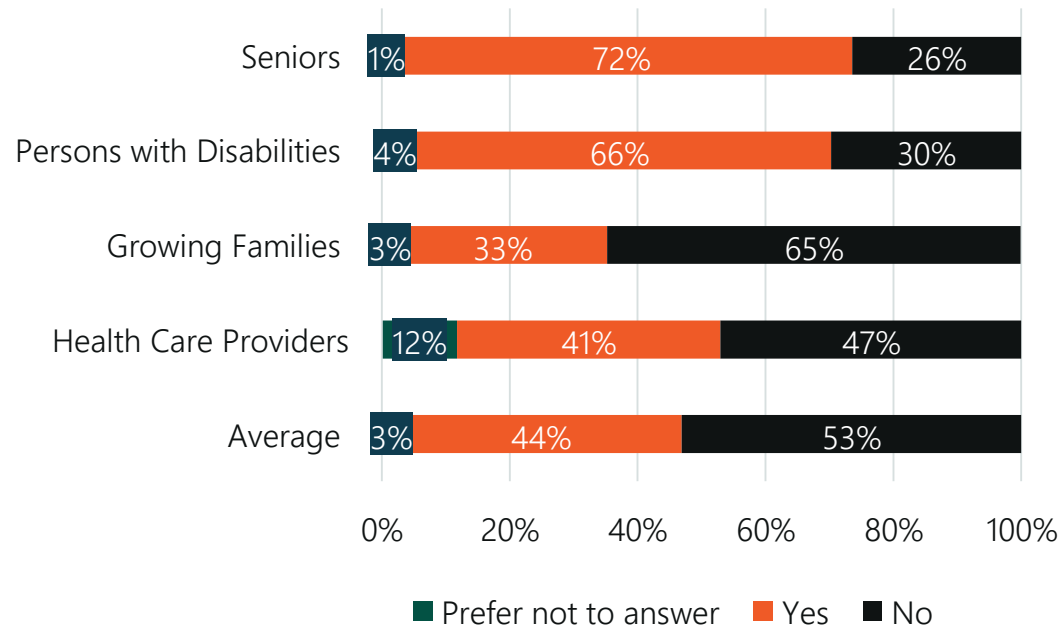
Personal Health Conditions and Behaviours

When asked about their own personal health conditions and behaviours, Beaumontonians responded in various ways.

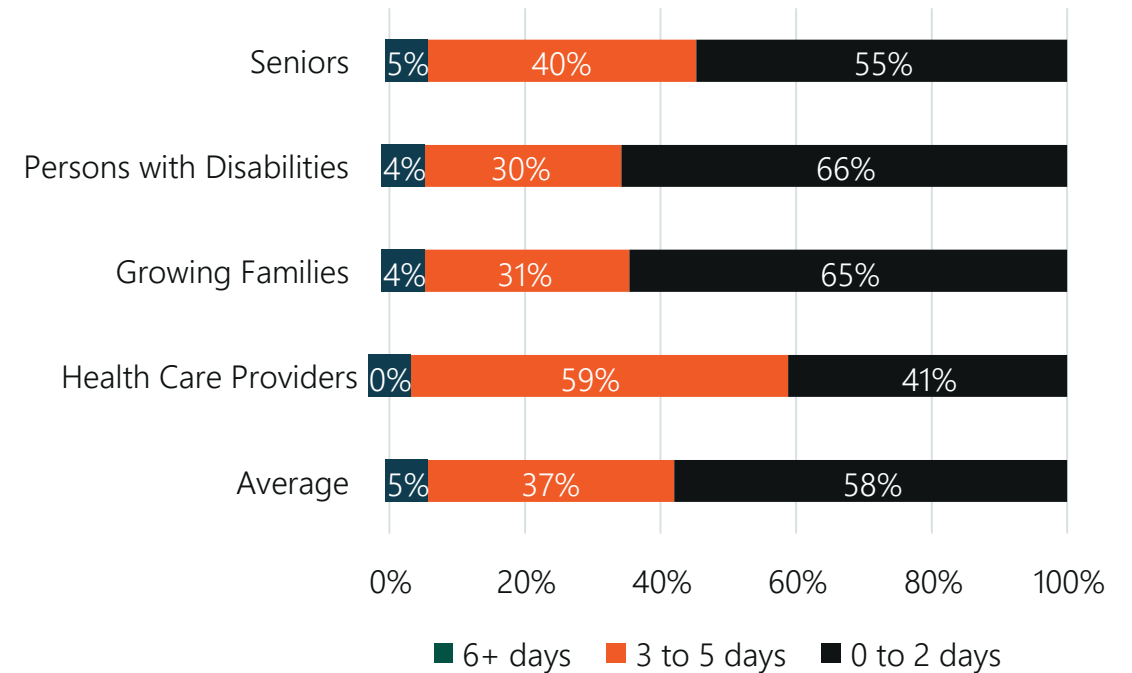


At the time of engagement, 44% of respondents reported being treated for a health condition.
42% of respondents indicated they exercise until they sweat at least 3 days a week.

Are you currently being treated for a health condition?



How many days in a week do you exercise until you sweat?

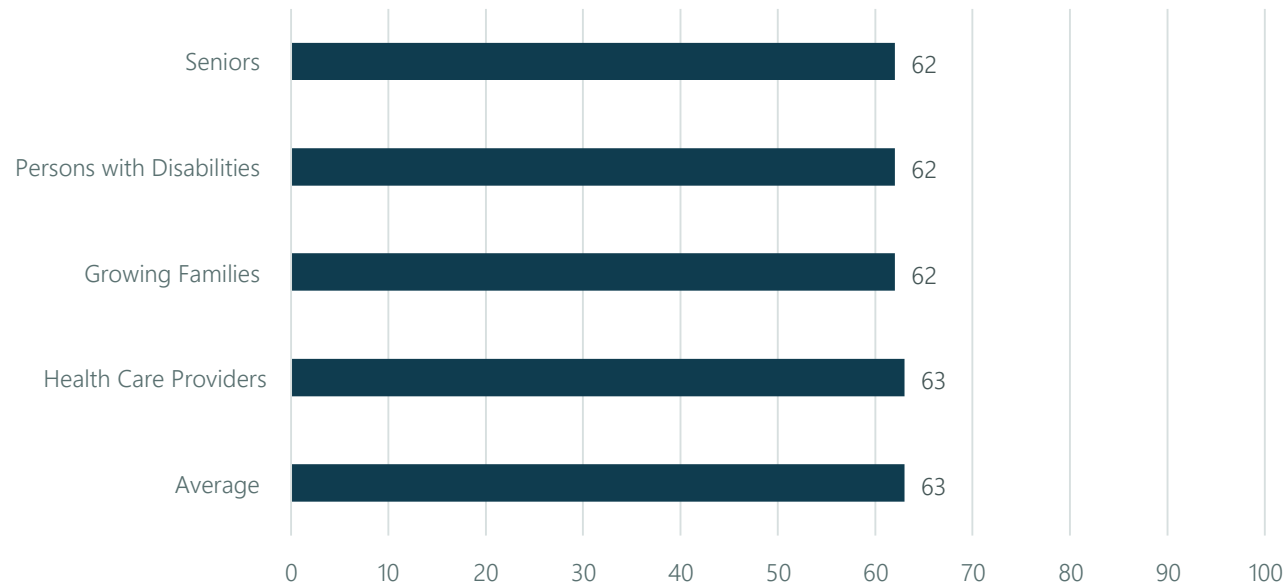


Community Health and Wellness

Community Health Rating

When asked about community health and wellness, demographic groups responded similarly to one another.

On a scale of 0 to 100, with 0 being poor health and 100 being excellent health, how would you rate the overall health of Beaumont



On average, participants rated the overall health of their community 63/100.




Resident perceptions of the overall health of the community were consistent across demographic groups, varying by only 1 point.

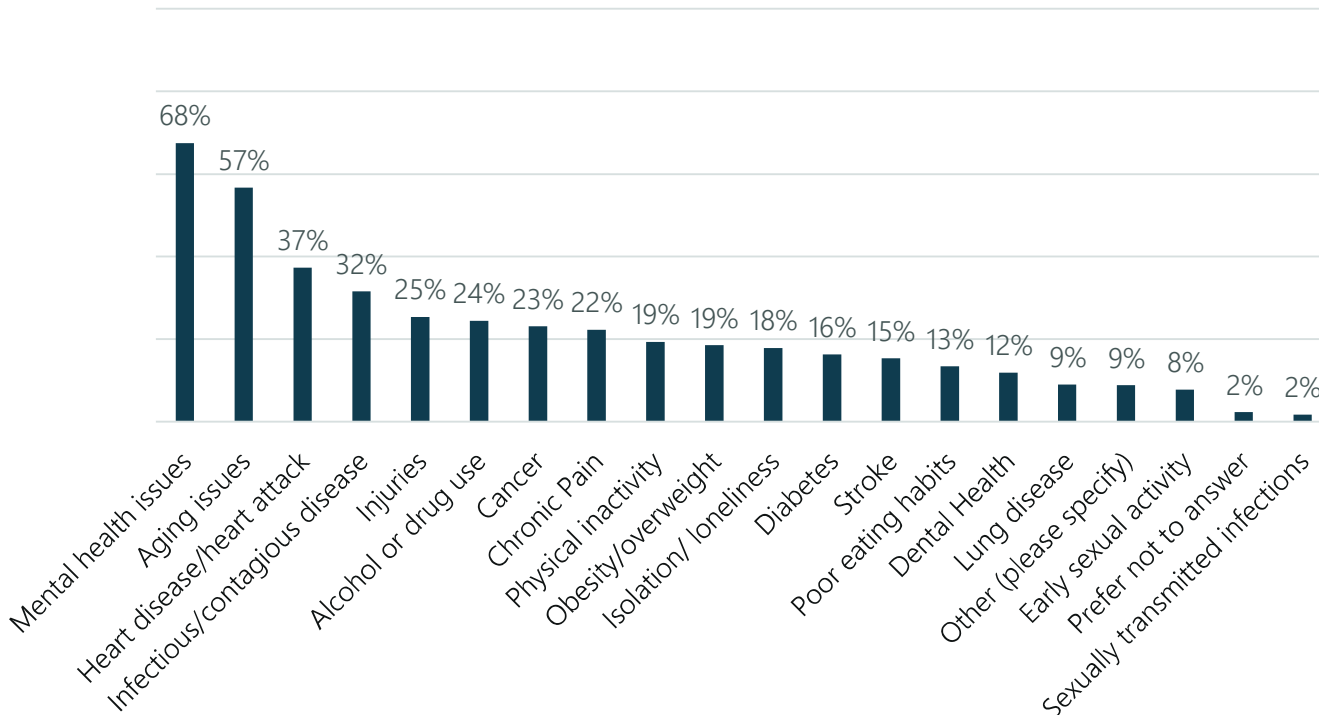
Community Health and Wellness

Assessment of Medical Issues

Below is a graphical representation of what Beaumontians selected as the medical issues they think are most important in Beaumont.

 Respondents identified mental health issues, aging issues, heart disease/heart attack, infectious/contagious disease, and injuries as some of the medical issues that are most important to them.

Please select up to 5 medical issues you think are most important in Beaumont.



Demographic Highlight

During survey engagement, various demographic groups expressed distinct priorities regarding medical issues they see as most important in comparison to the average respondent. The following presents a breakdown of each group's top five selected medical issues, listed in descending order of perceived importance.

Seniors

- Aging Issues
- Heart disease/heart attack
- Mental Health Issues
- Diabetes
- Cancer

Growing Families

- Mental Health Issues
- Aging Issues
- Infectious/contagious disease
- Injuries
- Heart disease/heart attack

Health Care Providers

- Mental Health Issues
- Aging Issues
- Alcohol Use
- Physical Inactivity
- Heart disease/heart attack

People with Disabilities

- Mental Health Issues
- Aging Issues
- Chronic Pain
- Infectious/contagious diseases
- Alcohol or drug use

Community Health and Wellness

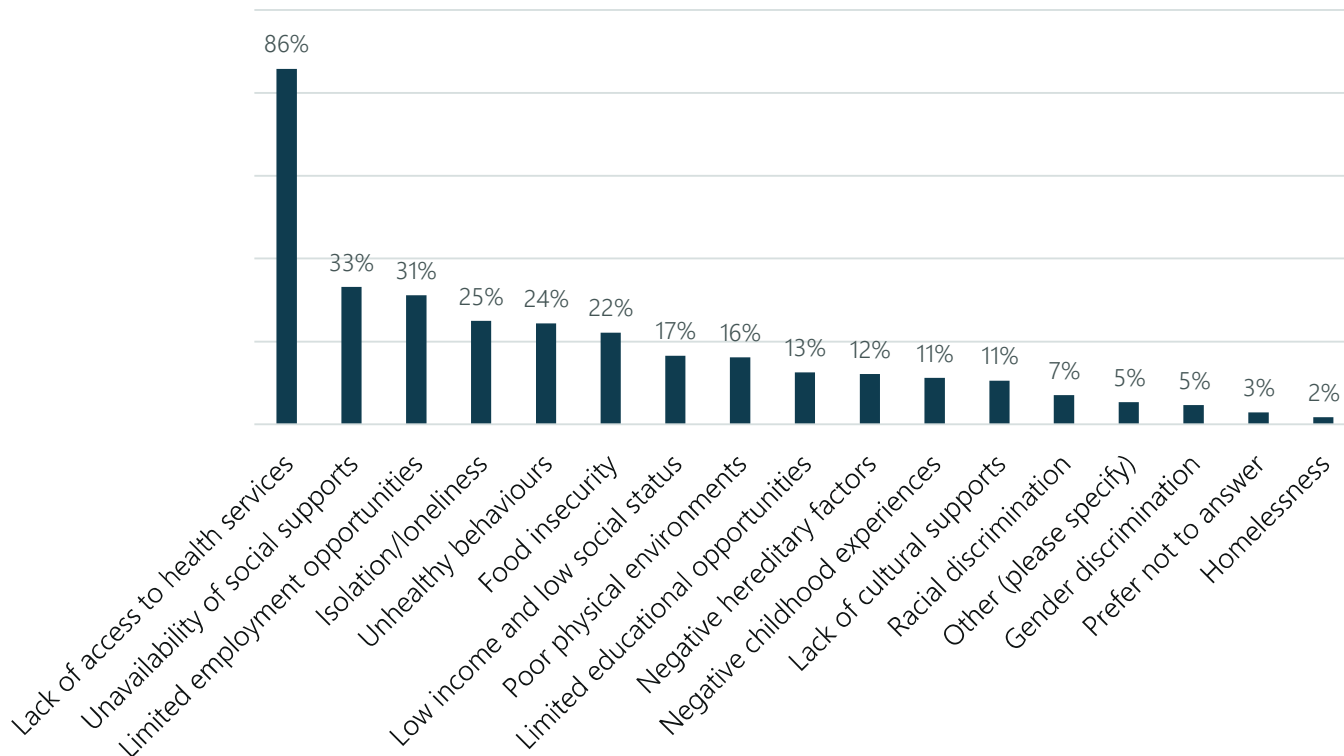
Assessment of Non-Medical Social Determinants of Health

Below is a graphical representation of what Beaumontians selected as the non-medical social determinants of health they think most affect Beaumont.



Respondents identified that lack of access to health services, unavailability of social supports and coping skills, limited employment/working conditions, isolation/loneliness, and unhealthy behaviours are some of the non-medical social determinants of health they think most affect Beaumont.

Please select up to 5 of the following non-medical social determinants of health you think most affect Beaumont.



Demographic Highlight

During survey engagement, various demographic groups expressed distinct priorities regarding social determinants of health they see as most important in comparison to the average respondent. The following presents a breakdown of each group's top five selected social determinants of health, listed in descending order of perceived importance.

Seniors

- Lack of access to health services
- Unavailability of social supports and coping skills
- Isolation/loneliness
- Limited employment opportunities and poor working conditions
- Unhealthy behaviours

Growing Families

- Lack of access to health services
- Unavailability of social supports and coping skills
- Limited employment opportunities and poor working conditions
- Unhealthy behaviours
- Isolation/loneliness

Health Care Providers

- Lack of access to health services
- Unavailability of social supports and coping skills
- Isolation/loneliness
- Poor physical environments
- Limited employment opportunities and poor working conditions

People with Disabilities

- Lack of access to health services
- Unavailability of social supports and coping skills
- Limited employment opportunities and poor working conditions
- Isolation/loneliness
- Food Insecurity

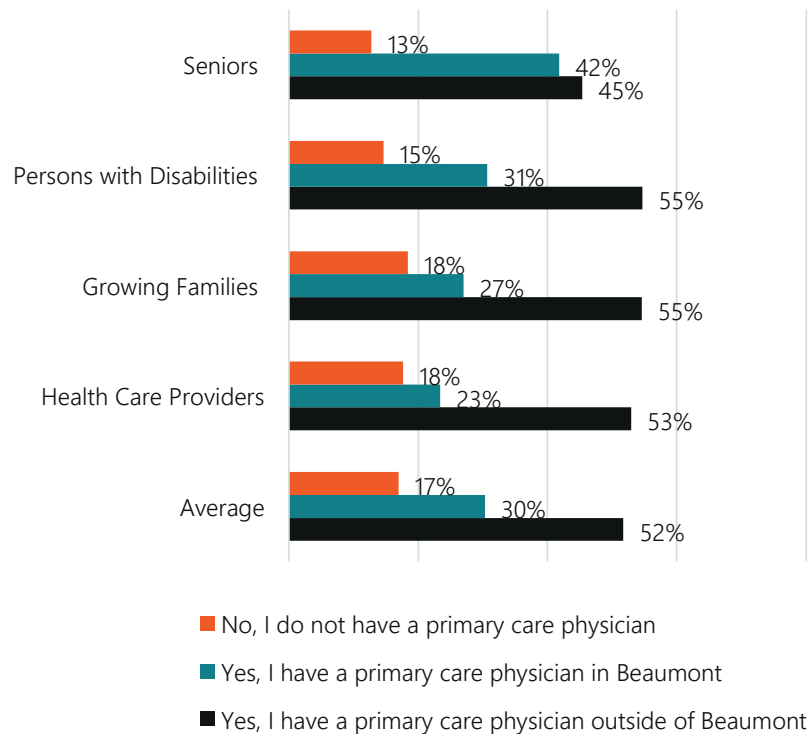
Healthcare Access and Utilization

Healthcare Access

Access to Primary Care

To assess overall access to primary care services, we asked Beaumontonians about their access to a primary care physician.

Do you have a primary care physician?




- 82% of respondents reported having a primary care physician
- 90% of respondents who reported not having a consistent provider who oversees their health indicated they have looked for a primary care physician but cannot find any in Beaumont.

"I've been in the 'Alberta find a doctor' waiting list for over 2 years. My two young children as well." – Community Group Participant

"I had a primary Dr. in Beaumont. That Dr. is retiring, and I cannot find another Dr. in Beaumont" – Survey Participant

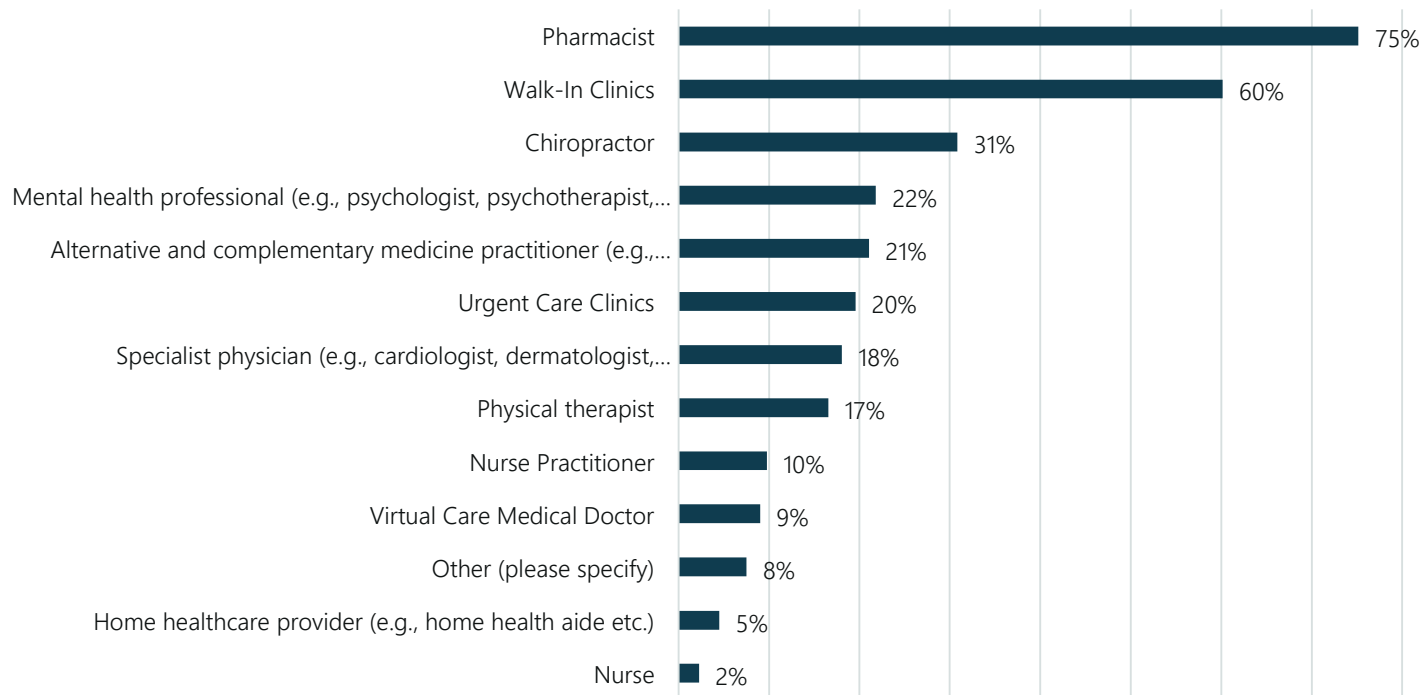
"There aren't any doctors in Beaumont that are accepting [new patients], but I am looking in Edmonton." – Survey Participant

Healthcare Access

Access to Healthcare Providers

To assess general access to healthcare for those who do not have primary care physicians, we asked Beaumontonians about the types of healthcare providers they regularly access.

Please select all types of healthcare providers you regularly access.
Check all that apply.



Respondents without a primary care physician have reported most regularly accessing pharmacists, walk-in clinics, chiropractors, mental health professionals, and alternative and complementary medicine practitioners to support their health and wellbeing.

Healthcare Utilization

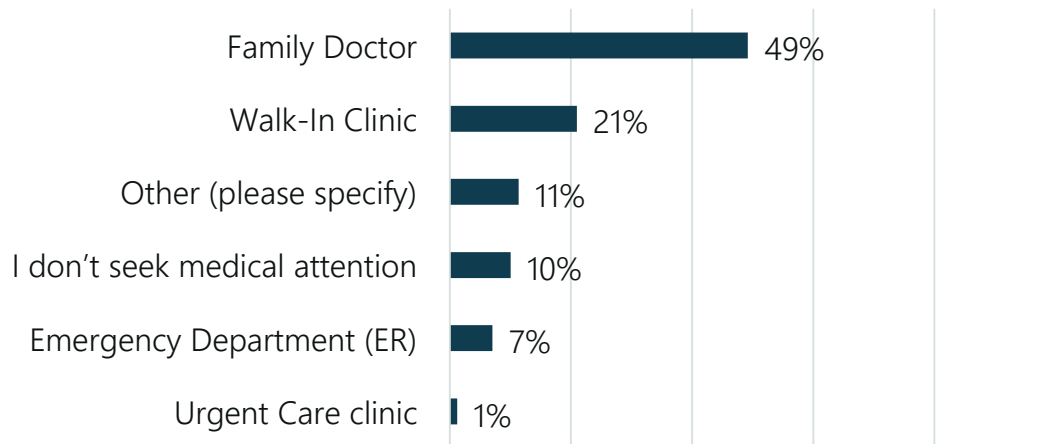
Utilization of Healthcare Services

Where do Beaumontians go to access healthcare when they're **sick**? We sought to better understand how residents navigate the healthcare landscape in times of need.



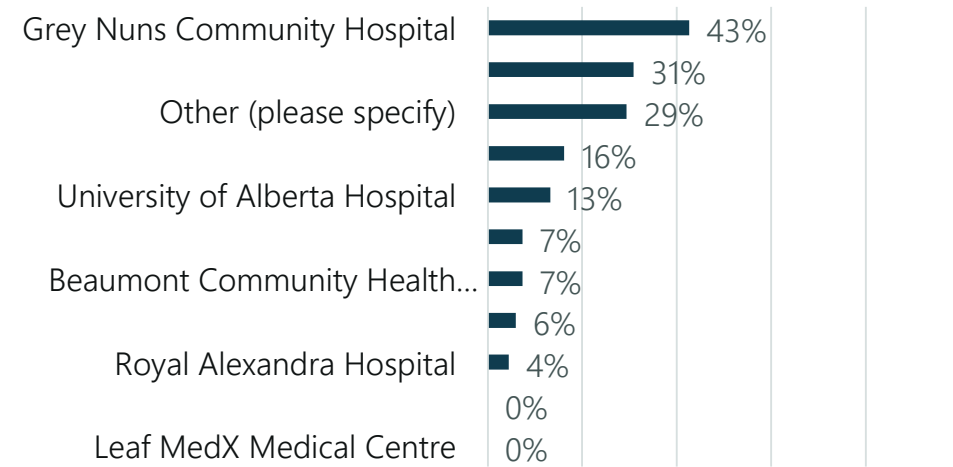
The majority of respondents indicated they access their family doctor or walk-in clinics when they get sick. Among the Emergency Rooms and clinics frequented by Beaumontians, the Grey Nuns Community Hospital, Stollery Children's Hospital, and Leduc-Beaumont-Devon Primary Care Network were commonly selected.

When someone in your household gets sick where do you go?



Note: In the selection of "Other" to this question, respondents mentioned that their choice to seek medical assistance depends on the specific situation, considering factors such as the severity of illness and the availability of family physicians.

Which ER or clinic do you visit?



Note: In the selection of "Other" to this question, respondents mentioned the Leduc Hospital and Wetaskiwin as places they visit when they get sick.

Healthcare Utilization

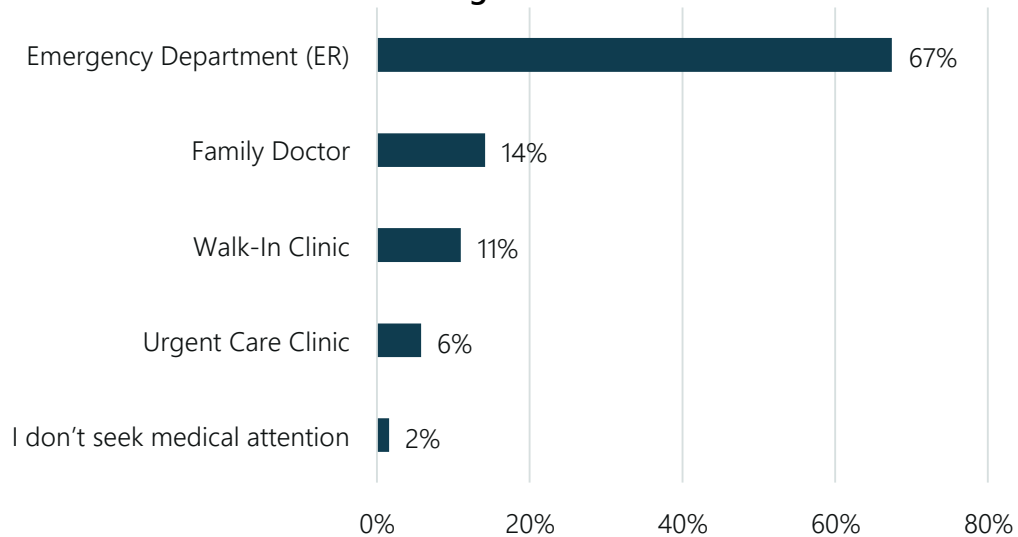
Utilization of Healthcare Services

Where do Beaumontians go to access healthcare when they're **injured**? We sought to better understand how residents navigate the healthcare landscape in times of need.

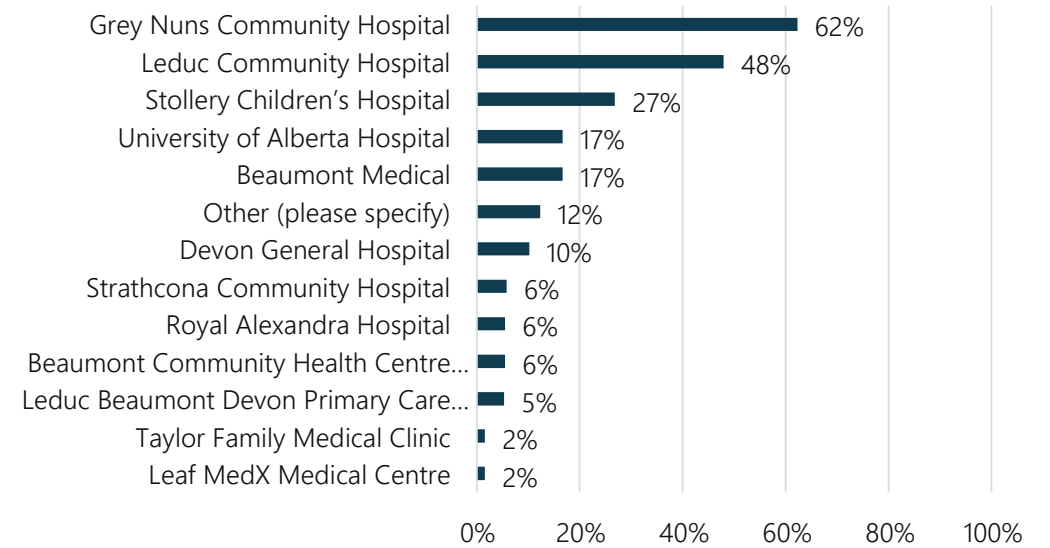


The majority of respondents indicated they access the emergency department when they get injured. Among the emergency rooms frequented by Beaumontians, the Grey Nuns Community Hospital, Leduc Community Hospital and Stollery Children's Hospital were commonly selected.

When someone in your household gets injured, where do you go?



Which ER or clinic do you visit?



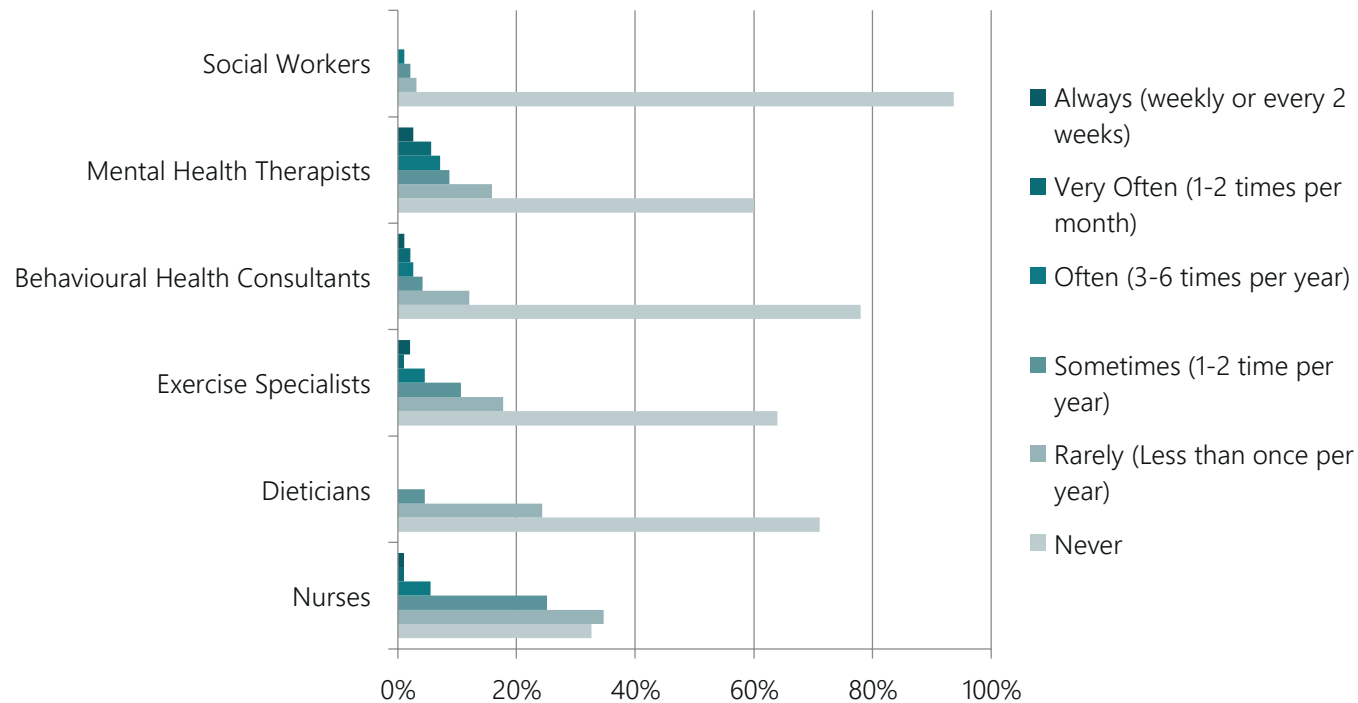
Note: In the selection of "Other" to this question, respondents mentioned Wetaskiwin, their own family doctor, Sturgeon Hospital, and various walk-in clinics located in Edmonton. Respondents also mentioned that their choice to seek medical attention is dependent on the specific situation, considering factors such as ER wait times and the severity of the injury.

Healthcare Utilization

Utilization of the Leduc-Beaumont-Devon Primary Care Network

As the Leduc-Beaumont-Devon Primary Care Network (LBD PCN) plays a crucial role in providing primary care services to Beaumontonians, we asked community members about their awareness of and access to it.

How frequently do you access the following services?



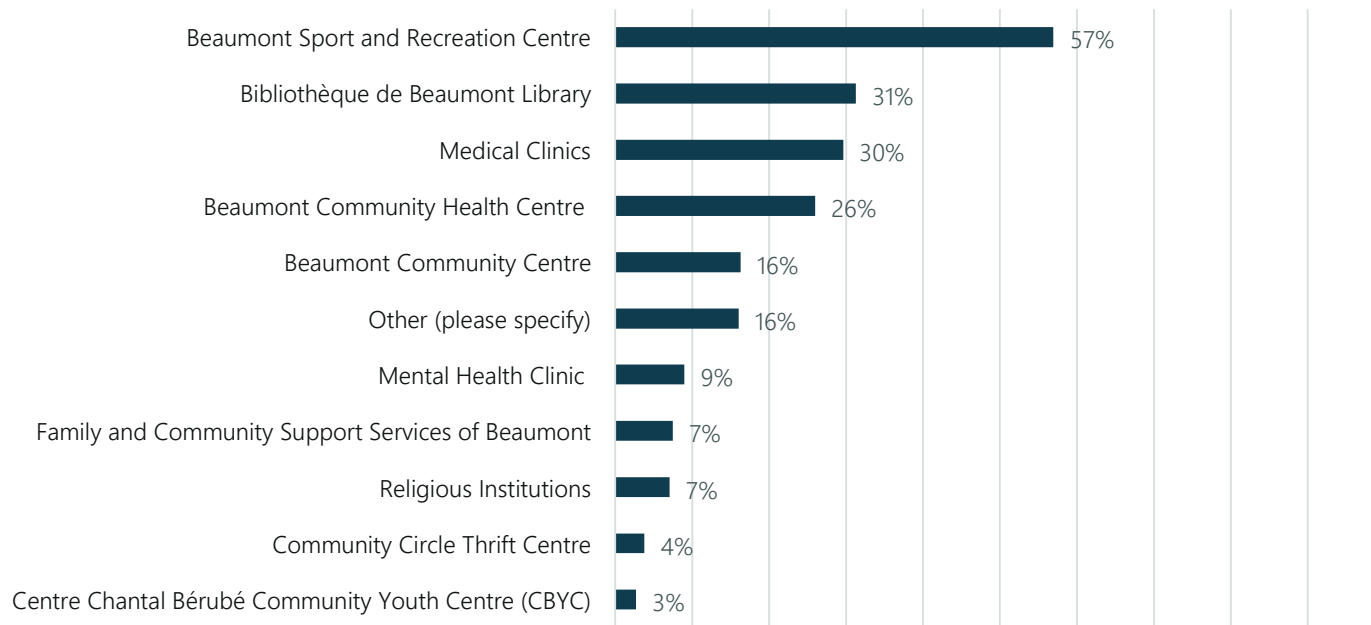
- 25% of respondents reported they access the LDB PCN.
- 53% of respondents reported not knowing how to access services offered by the LDB PCN.

Healthcare Utilization

Utilization of Health and Social Programs

Considering a broader definition of health, we asked Beaumontonians where they go to access health and social programs within the City.

What are the places you or the members of your household go to access health and social programs within the City of Beaumont?



Among the top 5 most selected locations for access to health and social programs were the Beaumont Sport and Recreation Centre, Bibliothèque Beaumont Library, medical clinics, the Beaumont Community Health Centre, and the Beaumont Community Centre.

Note: Responses to "Other" included the Beaumont 50+ Club, Outdoor Pathways, Frequency Hearing Clinic, Beaumont Physiotherapy, the drug store, Naturopathie Integrative Clinic, Artists Association of Beaumont, Ironhill Athletics, and Impact Physio. Some respondents also responded that they access none of these services, or that they were not aware of such services within the community.

Healthcare Utilization

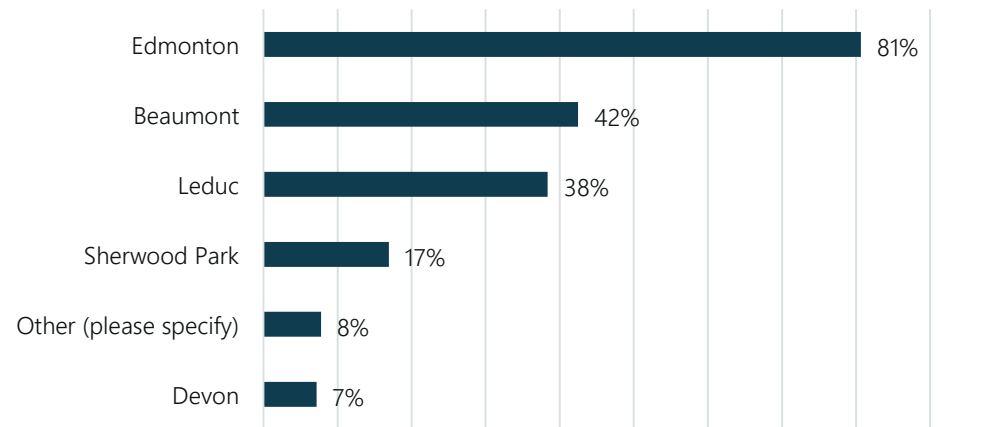
Utilization of Health and Social Services

To assess travel involved for Beaumontonians seeking health and social services, we asked participants where they go to have their health needs met, and what health and social services they access outside the City.



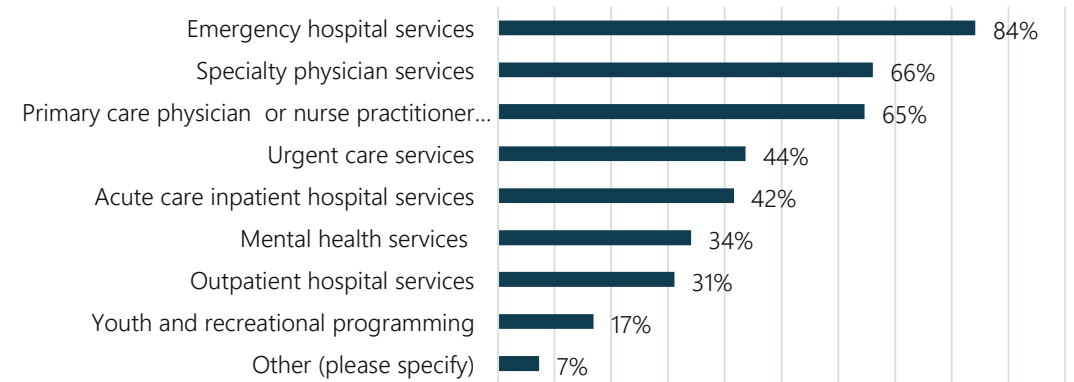
The majority of respondents expressed a need for seeking health and social services in Edmonton, irrespective of whether they had a primary care physician. The health and social services most commonly accessed outside of Beaumont included emergency hospital services, specialty physicians, and primary care. Individuals without a primary care provider were more inclined to travel to Leduc to get their health needs met compared to those who reported having one.

Where do you go to have your health needs met?



Note: Responses to "Other" included virtual platforms (e.g., Skype), Stony Plain, Tofield, St. Albert, Walker Lake, Wetaskiwin, Spruce Grove, Hardisty, Red Deer, and Camrose.

What health and social services do you access outside of the City of Beaumont?



Note: Responses to "Other" included dental, vision, pharmacy, physiotherapy, diagnostic, athletic therapy, and hearing services.

Future Health Needs

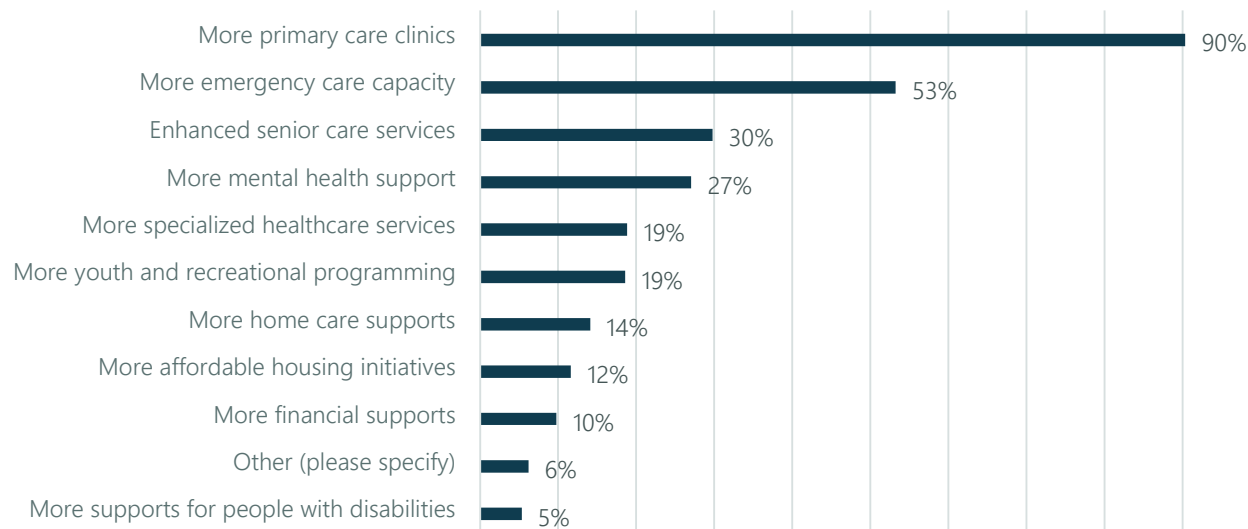
Future Health Needs

Assessment of Future Health Needs

To better understand future health needs, we asked Beaumontonians what healthcare or social services should be prioritized in the next 10 years.

 **Among the top 3 selected healthcare or social services Beaumontonians believe the community will need are more primary care clinics, more emergency care capacity, and enhanced senior care services.**

Looking ahead to the next 10 years, select up to 3 healthcare or social services you believe the community will need.



Note: Responses to "Other" included more pediatricians, diagnostic imaging services, safe public transport, and lab services.

Demographic Highlight

During survey engagement, various demographic groups expressed distinct priorities regarding social determinants of health they see as most important in comparison to the average respondent. The following presents a breakdown of each group's top three selected future health needs, listed in descending order of perceived importance.

Seniors

- More primary care clinics
- Enhanced senior care services
- More emergency care capacity

Growing Families

- More primary care clinics
- More emergency care capacity
- More youth and recreational programming

Health Care Providers

- More primary care clinics
- More emergency care capacity
- More mental health support

People with Disabilities

- More primary care clinics
- More emergency care capacity
- More mental health support

Community Groups: Themes, Gaps, and Proposed Recommendations

The following section provides a summary of thematic data gathered through conversations with seniors, people with disabilities, growing families, healthcare providers, and City Council. In addition to themes, gaps and proposed recommendations from participants, which surfaced during our conversations, are also included.

What We Heard From Seniors and People with Disabilities

Themes

The following themes surfaced during community group sessions with seniors and people with disabilities.



Accessible transportation and infrastructure are vital to healthcare access

Seniors and people with disabilities mentioned, that in recent years, Beaumont has taken strides in building new accessible infrastructure. They highlighted certain aspects of local health services which are key contributors to their ability to access the services they need to stay healthy and well (e.g., the recreation center spray park, massage therapist, doctor and physiotherapy office, and the automatic doors at the grocery store and local Shoppers Drug Mart). It was also clear from conversations with seniors and people with disabilities that remaining physical barriers make it challenging for them to access the care they need (e.g. lack of automatic doors at many doctor’s offices, snow being piled in accessible parking stalls at local businesses, sidewalk curbs that are insurmountable, inaccessible transit).

“One of the biggest hurdles I see is transportation. Our transit system is a park and ride. It really doesn’t serve the people that need it.” – Community Group Participant



Independent, together

Seniors and people with disabilities had a lot to say about the meaning of independence, defining it for themselves as doing for oneself what one can, while getting help when and where needed. Participants mentioned the following community connectors in Beaumont that make a significant positive impact as it relates to alleviating isolation:

- Family and Community Support Services (FCSS) for community and social supports for people with disabilities
- Jeff’s Café for inclusive employment opportunities
- Black Gold School Division’s Learning Everyday, Achieving Potential (LEAP) Program for inclusive education

“My vision would be a way for people with disabilities to be more independent. Get around the city, enjoy life, without being dependent on their caregivers.” – Community Group Participant

Gaps and Proposed Recommendations



Accessible transportation and infrastructure are vital to healthcare access

Perceived Gaps

Seniors and people with disabilities highlighted **city transit services** as a barrier to accessing the services they need to stay healthy and well. Community group participants noted that the current park and ride bus system operates at hours that are not conducive to seniors and people with disabilities who require access to Edmonton for appointments to specialists.

Participants also noted, they perceive a lack of **wheelchair accessible infrastructure** within the spaces they access for healthcare (e.g., a lack of automatic doors, doors not wide enough to fit a wheelchair). The current infrastructure for physiotherapy offices, for example, is not perceived as disability inclusive.



Proposed Recommendations

Accessible Transportation System: Participants said the addition of two buses would significantly increase their ability to be more independent and navigate the City: One bus to fill the afternoon scheduling gap in transportation services, and another disability-accessible bus (i.e., a disability-accessible transportation system) to circle the ring road or main arteries of Beaumont.

Retrofitting old infrastructure, addressing new infrastructure: Participants believe accessibility should be front and center as it relates to all of the City's infrastructure-related decisions. This would require prioritizing retrofitting of old infrastructure to suit the needs of people with mobility limitations and ensuring new infrastructure is made accessible.



Based on survey results, 41% of people with disabilities and their caregivers indicated they have faced barriers accessing healthcare services in Beaumont due to their disability.

Gaps and Proposed Recommendations



Independent, together

Perceived Gaps

While seniors and people with disabilities emphasized existing community connectors as key contributors to their health and wellbeing, they raised concerns around the **lack of support for people with disabilities and their caregivers**. This lack of support has led to increased isolation among the community and a reliance on fellow people with disabilities for support.

Participants highlighted the **feeling of being unheard and excluded from** decisions made at the municipal level that affect their ability to maintain their health, wellness, and independence. For example, people with disabilities noted a lack of meaningful engagement from the City as it relates to employment opportunities. As a result, it is felt as though there is an imbalance in quality of life and overall health and wellness among the disability community.



Proposed Recommendations

Supports for Community Connectors: There is a need for additional supports to be provided to community connectors. People with disabilities noted the Family, Community, and Support Services (FCSS) of Beaumont as an organization which has historically lacked capacity to provide the services required by Beaumontians. Specifically, they suggested adding staff to counter capacity challenges (e.g., bringing back the equity, diversity, and inclusion Coordinator, someone to help with funding assistance).

Inclusive Engagement: A community group participant suggested, *"to be inclusive, you have to be engaged with people."* The group suggested that inclusive engagement with people with disabilities, whether that is through volunteer or employment opportunities or advocacy at the municipal level, allows for seniors and people with disabilities to be part of the community and maintain their independence.

"There's no way for me to get support, unless I reach out to the fellow disabled person community in Beaumont and say 'hey, I need this'." – Community Group Participant

What We Heard From Growing Families

Themes

The following themes surfaced during community group sessions with growing families.



Growing community, growing needs

Participants from the growing families community group made it clear that Beaumont's needs are growing at a rapid rate – sometimes, it feels as though needs are doubling every year. As a growing community, it is important for the City to remain flexible and adaptable to changing needs. While growing families highlighted the availability of public health services (via Beaumont Health Centre), specialist services (via Level Up consulting and Level Up Wellness), and primary healthcare services (via Taylor Family Medical, Beaumont Medical, Shoppers Clinic, and walk-ins in Edmonton and Leduc), they also had many suggestions for the range of healthcare services and supports they need – and where they need them – to support current and future health and wellbeing.

"Just the amount of need this year has more than doubled from even last year...I see a need grow for more and more mental health supports." – Community Group Participant



Connection as an entity for change

An important leverage point for growing families in Beaumont is the ability to rely on community connections for access to the services they need. For example, the Beaumont 50+ Club, FCSS, and City Council were some of the main organizations and community groups which help Beaumontians navigate their health and wellness by connecting them to helpful resources.

"As you can see, a community can do a lot when they're well connected...When we all talk together, it's incredible how much can move." – Community Group Participant

Gaps and Proposed Recommendations



Growing community, growing needs

Perceived Gaps

Along with the significant growth experienced by Beaumont, this comes with a **growth in needs for more health and social supports**. Growing families have perceived an uptake in the use of the food bank, affordable housing initiatives, and the Chantal-Berube Youth Centre – some have even noted the appearance of a stigma associated with the use of the Youth Centre for social supports.

Growing families also highlighted **gaps in healthcare services** they perceive as significant within the community:

- After-hour urgent care
- Specialist services (sleep specialists, speech and language therapists, occupational therapists, and dieticians)
- Ambulance services
- Nursing homes



Proposed Recommendations

To accommodate growing needs, growing families suggested the City and its healthcare providers consider the following avenues for capacity improvement:

- Establish a 24-hour urgent care facility
- Establish an x-ray facility
- Add nurse practitioners to practice within doctors' offices
- Bring in child psychologists and pediatricians
- Provide additional funding supports to the Chantal Berube Youth Centre to meet growing needs for social supports

A suggested longer-term project to accommodate future needs was the establishment of a family centered care centre. This was imagined as a space wherein umbrella services (e.g., specialized and primary care services) can be provided for and accessed by multi-generational families.

"We grew up, you always had that in Beaumont. It was considered a mid- to upper- class French community. That has very much changed." – Community Group Participant

Gaps and Proposed Recommendations



Connection as an entity for change

Perceived Gaps

Growing Families emphasized the general **lack of knowledge** they perceived **regarding the existence and availability of key resources** in the community. They described a plethora of fantastic health and wellness programs, services, and funding sources that exist in the community, but a *"lack of connection, communication, and resources to pull the information in."*

They acknowledged the pressure and responsibility on the municipality as the communicator, highlighting the benefits they see in collaboration and connection among community members.



Proposed Recommendations

To connect community members to the resources they need, growing families suggested the following ideas for change:

- **Create a resource inventory:** Whether community health and wellness assets and resources be communicated through a physical welcome package or pamphlet, or online through the City of Beaumont website, a catalogue of existing resources would be helpful.
- **Develop a community connector role:** A community member suggested developing a community connector position, in which a professional would be involved in linking individuals with the right supports.
- **Invest in FCSS:** Growing families noted that staffing FCSS appropriately may alleviate the lack of community connection experienced by Beaumontonians.

"But a lot of what [local and small groups] are doing doesn't connect into the City. It's all disconnected. Efforts here and there, but they're all disconnected." – Community Group Participant

What We Heard From Healthcare Providers

Themes

The following themes surfaced during community group sessions with healthcare providers.



The importance of intra- and inter-professional collaboration

Participants in the healthcare provider community group highlighted several strengths in the health services and programs available to Beaumontians, including quality of care. In a growing community like Beaumont, providers emphasized the importance of supporting one another in providing continuity of care to patients in the community – especially as residents often seek services outside the City.

“Collaboration – I think it’s great within [individual] practices – but I don’t think it is between [various practices].” – Community Group Participant



Navigating healthcare capacity challenges

Healthcare providers agreed that capacity challenges aren’t unique to Beaumont. The provincial government, for example, has announced changes in its approach to healthcare delivery through plans to restructure the provincial health authority to alleviate struggles with capacity. This represents an opportunity to support primary care physicians and other healthcare providers practising in Beaumont to better navigate healthcare capacity challenges.

“My doctors are burnt out – they won’t say it.” – Community Group Participant



Adapting spaces, addressing infrastructure constraints

Healthcare providers spoke about the importance of infrastructure and capital planning for the delivery of local healthcare services. Given the municipality’s role in zoning and supporting healthcare infrastructure, providers mentioned a number of ways in which they feel they can be supported through these functions.

“We honestly can’t afford anywhere else [to lease a space] in Beaumont.” – Community Group Participant

Gaps and Proposed Recommendations



The importance of intra- and inter-professional collaboration

Perceived Gaps

Healthcare providers perceive there to be a **lack of coordination in referrals** between primary care and allied health professionals. Potential causes mentioned included inadequate and outdated paper-based information sharing processes and a lack of follow-through on referrals, as well as a **general lack of understanding among providers of available health and community-based social services** offered within the City. Providers mentioned that although collaboration within professions is important, interprofessional collaboration has been lacking.



Proposed Recommendations

Proposed recommendations for inter-professional collaboration included building grassroots healthcare initiatives which bring providers together to discuss common challenges and potential solutions for action. Providers also recommended leveraging and raising awareness of the Leduc-Beaumont-Devon Primary Care Network as a key source for referrals.

"Your rehab, other specialist services, all of them are offered within communities but we don't necessarily have a good understanding of their access." – Community Group Participant

Gaps and Proposed Recommendations



Navigating healthcare capacity challenges

Perceived Gaps

Several gaps were outlined regarding **the scarcity of primary care physicians accepting new patients, a lack of urgent care facilities within the community, and persistent roadblocks in recruitment** of both primary care and locum physicians. They expressed a shared challenge in attracting and retaining healthcare professionals, emphasizing the need for supportive measures amid provincial changes in healthcare delivery.

Potential Opportunities

Providers noted a number of opportunities as potential levers for change:

1. Beaumont's appeal to physicians:

- Affordability
- Convenient location
- Positive health status of the community

2. Innovative recruitment practices:

- International Medical Graduates (IMGs) have demonstrated significant interest to practice in Beaumont
- Implementation of sign-on bonuses
- Offering flexible options for locum physicians

3. Potential healthcare supports:

- Leveraging the restructuring of Alberta Health Services to bolster healthcare provider support
- Anticipated changes in physician compensation models



Proposed Recommendations

Healthcare providers named a number of potential recommendations for change as they relate to addressing capacity challenges within the City:

- **Incorporate Nurse Practitioners as part of team-based care:** A move toward incorporating nurse practitioners as part of team-based care in primary care physician offices to offer services based on their scope of practice may reduce capacity challenges.
- **Establish an after-hours urgent care facility:** Access to after-hours urgent care will support access to necessary services for patients and increase capacity within the City to offer those services.
- **Collaborate with Alberta Health Services for recruitment of family physicians:** Primary care physicians have described the process of hiring an IMG as particularly onerous given the lengthy and unclear process to be followed through Alberta Health Services, as well as the costs for hiring. As such, a proposed recommendation was to collaborate with Alberta Health Services to clarify the process and determine ways in which physicians practising in Beaumont can use the process to reduce capacity challenges.

Gaps and Proposed Recommendations



Adapting spaces, addressing infrastructure constraints

Perceived Gaps

Healthcare providers have expressed concerns relating to **rising commercial lease rates, overhead maintenance costs, and aging infrastructure** in physician offices. They have noted that without changes to remuneration and rising commercial lease rates, the ability for physician offices to remain in place is threatened.



Proposed Recommendations

- **Subsidize and/or reduce rent prices for commercial lease spaces:** Healthcare providers described support from the City for subsidized and/or reduced rent prices for commercial lease spaces to be important for the preservation and continuity of physician practices within Beaumont.
- **Explore a bigger space to accommodate a bigger team:** Healthcare providers noted that they have discussed the potential for exploration of a larger space to practice, which would allow for more staff within the office. The idea of a “synergy-like clinic”, in which an interdisciplinary team of healthcare professionals would serve the community, was also mentioned as a potential remedy through adapting spaces and addressing infrastructure constraints.

“Whether it would be subsidized rent...I’m speaking selfishly. Just primary care in general, it would be huge to have some kind of help with that.” – Community Group Participant

What We Heard From City Council

Themes

While City Council responded to the survey, we did not ask members to identify themselves to preserve the anonymity of their responses. In this section, themes from the internal community group discussion with City Council are reported in aggregate.



Leveraging Beaumont's potential to bridge healthcare gaps

City Council described Beaumont as a young, vibrant, diverse, and tight-knit community in which innovation can flourish. Members described that positioning Beaumont as a vibrant hub to attract providers and healthcare innovators is important. The City has an entrepreneurial spirit, which offers an environment that is conducive to healthcare advancements and can bridge existing healthcare gaps.

"If you have a big idea, a novel concept, this is a place where you can try that out." – Community Group Participant



The intricate connection between economic development and healthcare

City Council highlighted the clear relationship they see between economic development and healthcare in Beaumont. Challenges with high commercial leases and vacancies pose hurdles to development in key areas like the Centre-ville. However, Council perceives there to be potential with available capital for investment and a willingness to contribute to economic development as it relates to healthcare.

"There is a connection between economic development and healthcare. They are so interconnected." – Community Group Participant

Gaps and Proposed Recommendations



Leveraging Beaumont's potential to bridge healthcare gaps

Perceived Gaps

City Council expressed that while there are a number of opportunities in Beaumont for healthcare providers and innovators to practice locally, they perceive there to be **challenges with attracting providers** to practice in the City. They described these challenges as going hand-in-hand with the following gaps in capacity that Beaumont is currently faced with:

- Home care
- Mental health supports
- After-hours urgent care
- Imaging services
- Family physicians and visiting specialists



Proposed Recommendations

City Council described a need to demonstrate the opportunity that Beaumont offers to healthcare providers and innovators through data. Members of City Council are in place to promote and advocate for services in Beaumont to encourage innovation.

There was also mention of opportunities relating to medical tourism to attract innovative health practices to take root in Beaumont, given the City's proximity to the Edmonton International Airport.

Advancements in telehealth and virtual care were also mentioned as potential avenues for exploration as they relate to filling capacity gaps.

"The answer may not be that we have everything here. But it may mean services come here. We realize it's our responsibility to make sure that happens." – Community Group Participant

Gaps and Proposed Recommendations



The intricate connection between economic development and healthcare

Perceived Gaps

City Council underscored the importance of **leveraging economic development** to support healthcare innovation within Beaumont. They mentioned challenges with respect to **high commercial leases and vacancy rates** as potential deterrents to healthcare professionals from establishing a presence within the City.



Proposed Recommendations

City Council highlighted that Beaumont has the capital to invest in health businesses to establish themselves within the City. They have mentioned a great need for innovation within the City, as well as a significant want from City residents to help fill that need.

City Council highlighted urban reserves as worthy of exploration as it relates to the development of healthcare facilities. They described the potential for benefits from an economic perspective given the different structures on tax and pricing of land to incentivize the development of healthcare facilities. This may also present an opportunity to work with Indigenous governments and support Indigenous health within Beaumont.

“Any reasonable owner would measure two things – operational costs would be 50% higher here or 50% cheaper there – which would you pick? Unless you live here and Beaumont is here, the majority of business owners would pick the latter.” – Community Group Participant

Additional Considerations

Additional Gaps for Consideration

Gaps in the Social Determinants of Health

Health and wellbeing goes beyond caring for physical needs, and residents had many suggestions for the ranges of social supports and services they want within the City to support quality-of-life and wellbeing. While the CHNA centers on needs as they relate to healthcare services and supports, we recognize the importance of a well-rounded approach rooted in the social determinants of health.

Residents mentioned the following:

- 1 Food Insecurity:** Providing meals on wheels for food insecure children and families
- 2 Mental Health:** Developing programming for queer youth within the community
- 3 Education and Literacy:** Increasing the number of preschool programs to combat long waitlists
- 4 Social Supports and Coping Skills:** Supporting young parents, new parents, and older parents through the establishment of a communication board

"(...) more support for 2SLGBTQIA, the whole community in general, but for kids. That doesn't necessarily mean 13 and up, but much younger as well because that is the reality." – Community Group Participant

"I see so many parents that struggle with how to ask questions, where to go." – Community Group Participant

"Preschool programs. The programs I run, I have a 2-year waitlist." – Community Group Participant

Conclusion and Next Steps

Conclusion and Next Steps

Throughout this engagement process, the voices of seniors, people with disabilities, growing families, healthcare providers, and City Council illuminated important aspects of Beaumont's healthcare landscape. The input gathered underscores not only current needs, but also a sense of potential future needs for the community.

Based on what we heard, accessibility, infrastructure development, specialized health services, and regional and intergovernmental collaborations are key focal points the community feels should be prioritized moving forward.

While the voices of community group and survey participants were included in this "What We Heard" Report, the final report will include an analysis of existing community health data for validation of surfacing themes and development of focus areas for the City moving forward. This strategy will support the differentiation between community wants and needs and inform follow-up actions to the CHNA.

1

Accessibility

Ensure health services are accessible with appropriate transportation mechanisms and infrastructure in place to accommodate people with disabilities.

2

Infrastructure Development

Prioritize infrastructure and capital planning for the delivery of local health services which are attuned to the needs of the community.

3

Specialized Health Services

Advocate for specialized health services to be brought to the City and delivered to residents, to encourage economic development and attract healthcare providers to practice locally.

4

Regional and Intergovernmental Collaborations

Work to remove any obstacles or challenges to regional and intergovernmental collaboration to support improvements to capacity and continuity of care for Beaumontians.

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Appendices

Appendix A

Interview Questions for Seniors

1. Can you highlight the positive attributes (e.g., programs, services, resources, infrastructure, capacity) in Beaumont that contribute to the health and wellbeing of the community?
2. Are there any challenges or gaps you feel should be addressed to better support the health and wellbeing of the community?
3. Can you offer suggestions on how health services and programs can be improved to better support you and others as they age?

Appendix B

Interview Questions for People with Disabilities

1. What brings you to this session?
 - a) What is your interest in this topic?
 - b) If you feel comfortable sharing: Do you have a disability? Are you a guardian or caregiver of a person with a disability?
2. Can you highlight the positive attributes (e.g., programs, services, resources, infrastructure, capacity) in Beaumont that contribute to the health and wellbeing of people with disabilities?
3. What factors do you believe are important for promoting the health, wellbeing, and inclusion of residents within Beaumont?
 - a) How do you envision 'inclusion' in the context of community health?
4. Please describe the community health programs and services you access within the City of Beaumont.
 - a) Are there specific community health programs and services that have been particularly helpful to you or the person that you care for in staying healthy and well at home and within Beaumont?
5. Are these community health programs and services you've mentioned accessible to people with disabilities?
6. Are there any barriers or challenges you've experienced when trying to access these healthcare services and programs in Beaumont?
 - a) If yes, what are the barriers or challenges you have experienced?
 - b) What have you done to adapt your ability to access them?
7. Are there any healthcare services or programs in Beaumont that are currently missing?
 - a) If yes, please describe what healthcare services and/or programs you would like to see made available locally?
8. Can you offer suggestions of how health services and programs can be improved to better support you or the person you care for?
 - a) What are some services, currently not available in Beaumont, which you would use or use more often if they were available locally?
 - b) For current services you use, how and in what way could the services be improved?
 - c) Is there an opportunity to better support caregivers of people with disabilities?
 - d) If yes, what supports would be useful?
9. What healthcare and social services do you believe will be essential for you and/or the person you care for in the next 10 years?
10. Is there anything you want to discuss that we haven't considered in our questions so far?

Appendix C

Interview Questions for Growing Families

1. What brings you to this session?
 - a) What is your interest in this topic?
 - b) If you feel comfortable sharing: How many children do you have? Are you caring for other family members as well?
2. Can you highlight the positive attributes (e.g., programs, services, resources, infrastructure, capacity) in Beaumont that contribute to the health and wellbeing of growing families?
3. Please describe the community health programs and services you access within the City of Beaumont.
 - a) Are there specific community health programs and services which have been particularly helpful to you or your family for staying healthy and well at home and within Beaumont?
 - b) What types of healthcare services do you access in Beaumont (e.g., pediatric care, maternal healthcare)?
 - c) What are the ways in which you access these healthcare services?
4. Are there any challenges or gaps that you feel should be addressed to better support the health and wellbeing of growing families like yours?
5. Can you offer suggestions of how health services and programs can be improved to better support you or your family?
 - a) What are some services that may be missing or improved?
 - b) How and in what way should the services be improved?
 - c) Is there an opportunity to better support parents of children in grade 6 and under?
 - d) Is there an opportunity to better support people who are pregnant?
6. What healthcare and social services do you believe will be essential for families like yours in the next 10 years?
7. Is there anything you want to discuss that we haven't considered in our questions so far?

Appendix D

Interview Questions for Healthcare Providers

1. Broadly speaking, as a healthcare provider, what community resources or practices do you think contribute to the well-being of Beaumont residents at home and within the community?
 - a) In your role, what strengths or assets do you see in the current healthcare services offered within Beaumont?
2. Which health programs and services do you typically see residents of Beaumont accessing?
 - a) Do residents typically get these services within the City of Beaumont?
 - b) If not, where do they go to access these services?
3. In your professional opinion, do you believe that services offered within the City of Beaumont address the majority of health needs of its residents?
 - a) Why or why not?
4. Based on your experience, are there gaps or areas where the healthcare services offered within the City of Beaumont could be improved, which could markedly impact health outcomes?
5. In your experience, is it difficult to attract primary healthcare providers to the City of Beaumont?
 - a) What reason(s) do you think make it difficult to attract primary healthcare providers to work in Beaumont?
6. Can you identify any opportunities that can be leveraged by the City of Beaumont and its Provincial Partners to address these gaps?
7. Can you identify any grassroots activities or initiatives that could be leveraged as potential opportunities to boost the health and wellness of Beaumontians?
8. In the context of providing healthcare services to the residents of Beaumont, can you share your experiences or thoughts on referrals to other healthcare providers?
 - a) How do these partnerships currently work?
 - b) If they could work better, what recommendations would you suggest for improvement?
9. From your perspective, what are the key factors that facilitate effective collaboration among healthcare providers in Beaumont?
 - a) Are there specific examples of successful partnerships that have made a significant impact on the health and wellbeing of Beaumontians?
10. In your experience, what barriers or challenges exist in the current model of healthcare service provision, especially in terms of inter-agency or inter-jurisdictional collaboration?
 - a) How do these challenges affect the delivery of healthcare to Beaumont?
 - b) What potential solutions or improvements do you envision?
11. City of Beaumont has grown 18% in the past five years and is expecting to see the current population double by 2044. Considering Beaumont's growth and demographic projections, what types of healthcare and social services do you anticipate being required in the next 10 years to support residents?
 - a) How can healthcare providers and facilitators or civic leaders prepare for these evolving needs?
12. Is there anything you want to discuss that we haven't considered in our questions so far?

Appendix E

Interview Questions for City Council

1. The City of Beaumont has included “Health care services that meet the needs of our growing population” as one of its aspirations in the Council Strategic Plan 2022-2026. How does this aspiration for the City of Beaumont help to nurture community and individual well-being?
2. What services, programs, or resources do you believe are important for residents to stay healthy and well, at home and within Beaumont?
3. What are 1 or 2 key health challenges or gaps you believe Beaumont is currently facing, and why?
4. In your experience, and based on the challenges or gaps you identified, what are the key health priorities the City of Beaumont and its Provincial Partners should focus on in the next 1-5 years?
5. In your experience, and based on the challenges or gaps you identified, what are the key health priorities the City of Beaumont and its Provincial Partners should focus on in the next 6-10 years?
6. In your experience, and based on the challenges or gaps you identified, what are the key health priorities the City of Beaumont and its Provincial Partners should focus on in the next 11-20 years?
7. Have any municipal policies or initiatives significantly influenced Beaumont’s health and wellness?
 - a) In what way?
 - b) Can you give an example?
8. Have **the absence of** any municipal policies or initiatives significantly influenced Beaumont’s health and wellness?
 - a) In what way?
 - b) Can you give an example?
9. Can you identify any grassroots activities or initiatives that could be leveraged as potential opportunities to contribute to the health and wellness of Beaumontians?
10. *(Optional)* Considering Beaumont’s growth and demographic projections, what types of healthcare and social services do you think the city will require in the next 10 years to support its residents?
11. Is there anything you want to discuss that we haven’t considered in our questions so far?

Appendix B. Health and Social Services Inventory

Primary Care Clinics (within a 15-kilometer radius from Beaumont)			
Agency	City/Area	Target Population	Location
Beaumont Medical Clinic	Beaumont	All	5001A - 50 Avenue
Leaf MedX Medical Centre	Beaumont	All	6202 - 29 Avenue #108
Taylor Family Medical Clinic	Beaumont	All	5011 - 50 Street
Beaumont Family Medical Associates	Beaumont	All	5102 - 49 Avenue
Walker Lake Family Clinic	Edmonton	All	5009 - 22 Ave SW
Gracepoint Medical Clinic	Edmonton	All	6823 Ellerslie Rd SW
PrimeMD Family Health Clinic	Edmonton	All	1536 - 91 St SW
Medicentres Family Care Clinic	Edmonton	All	9404 Ellerslie Rd SW #102
Nova Medical Clinic	Edmonton	All	728 - 91 St SW, #201
Parsons Medical Centre	Edmonton	All	625 Parsons Rd SW
Rutherford Medical Clinic	Edmonton	All	11452 - 17 Ave SW
Apollo Medical Clinic	Edmonton	All	6417 Cartmell PI SW
Chappelle Square Medical Centre	Edmonton	All	6452 Cartmell PI SW
Millwoods Family Clinic	Edmonton	All	5706 - 19a Ave NW
Meadows Medical Clinic	Edmonton	All	2362 - 24 St NW
Community Care Clinics			
Agency	City/Area	Target Population	Location
Beaumont Community Health Centre	Beaumont	All	4918 - 50 Avenue

Primary Care Network			
Agency	City/Area	Target Population	Location
Leduc Beaumont Devon PCN	Leduc	All	301-4710 50 Street, Leduc
Edmonton Southside PCN	South Edmonton	All	3110 Calgary Trail NW, Edmonton
Public and Community Health (Includes Rehabilitation Services)			
Agency	City/Area	Target Population	Location
Beaumont Community Health Centre	Beaumont	All	4918 - 50 Avenue
Labs			
Agency	City/Area	Target Population	Location
Dynalife	Beaumont	All	5009 - 52 Avenue
Dynalife	Edmonton	All	3011 - 66 St NW
Dynalife	Edmonton	All	#140, 7629 - 38 Avenue
Imaging			
Agency	City/Area	Target Population	Location
Glenwood Radiology	Edmonton	All	6403 Cartmell PI SW
Insight Harvest Pointe – Opening Soon	Edmonton	All	120 Watt Common SW
Canadian Diagnostic Centre	Edmonton	All	632 - 91 St NW
Insight Mill Woods	Edmonton	All	6466 – 28 Ave NW
Raydius Medical	Edmonton	All	160 Millbourne Shopping Centre NW
Specific Groups			
Agency	City/Area	Target Population	Location

Family Support for Children With Disabilities	Leduc	Families with children with disabilities	50th Street Plaza, 4809 - 43A Ave, 2nd Floor (Leduc Alberta Supports Centre)
Leduc Linx Connect Centre	Leduc	Adults and children with disabilities	#106, 5708 - 47 Street Leduc
Persons With Developmental Disabilities – Edmonton (PDD Edmonton)	Edmonton	Adults with developmental disabilities	6th Floor, Park Plaza, 10611 - 98 Avenue (Edmonton Disability Services) 10611 - 98 Avenue (Edmonton Residential and Support Services)
Robin Hood Association – Early Intervention Program	Sherwood Park	Individuals with special needs and/or developmental delays	Various in Sherwood Park area
Mental Health / Addictions			
Agency	City/Area	Target Population	Location
Counselling (all of the services listed below were included as a Family and Community Support Services [FCSS] resource)			
Beaumont Counseling Services (FCSS)	Beaumont	All	Various
Karunia Counselling	Leduc	All	4701 - 49 Avenue
Level Up Leadership Consulting and Psychology	Beaumont	All	5021A - 52 Avenue
Tacit Knowledge: Counselling and Workshop Services	Beaumont	All	162 Rue Magnan
Leduc & District Victim Services	Beaumont and Leduc	All	4119 - 50 St. (Leduc). 5501 Magasin Ave (Beaumont)

Addictions (all of the services listed below were included as an FCSS resource)			
AHS Addictions Helpline (Gambling, Alcohol, Drugs)	Province-wide	All	24-hour Help Line
AHS Addictions & Mental Health Leduc Office: Centre Hope	Leduc	Children, youth, caregiver	4906 - 49 Avenue
Al Anon	Edmonton	All	PO Box 1375 Edmonton, Alberta, T5J 2N2 (780) 443-6000 (24 hours)
Alcoholics Anonymous (A.A.)	Beaumont	Adults	5423 - 55 Street (Beaumont Community Church) 4905 - 50 Street (St. Vital Catholic Church)
Parents Empowering Parents	Sherwood Park	All	401 Festival Lane (Virtual and in-person meetings)
Crisis Lines (all of the services listed below were included as an FCSS resource)			
Alberta Health Services Mental Health Help Line	Province-wide	All	24-hour Help Line
Kid's Help Phone	Province-wide	Youths	24-hour Help Line
Sexual Assault Centre of Edmonton	Province-wide	All	24-hour Help Line
Bereavement (all of the services listed below were included as an FCSS resource)			
Canadian Mental Health Suicide Bereavement	Province-wide	All	All sessions available via video/tele-conferencing

Health Promotion			
Agency	City/Area	Target Population	Location
Action For Happiness under FCSS Services & Programs	Beaumont	All	n/a
Harm Reduction			
Agency	City/Area	Target Population	Location
Safety First Real Drug Education program under FCSS Services & Programs	Beaumont	All	Various
Pharmacies			
Agency	City/Area	Target Population	Location
Sobeys Pharmacy	Beaumont	All	5802 - 50 Street
Shoppers Drug Mart	Beaumont	All	6302 - 50 Street
Rexall	Beaumont	All	5910 - 50 Street
Loblaw pharmacy	Beaumont	All	5201 - 30 Avenue
MedX Drugs Beaumont	Beaumont	All	108, 6202 - 29th Avenue
Beaumont Centre Pharmacy	Beaumont	All	5003 - 50 Avenue
Pharmasave Maina Centre	Beaumont	All	5010 - 50 Street #104
AbEx Pharmacy	Beaumont	All	6102 - 29 Avenue Unit 112

Social Services			
Agency	City/Area	Target Population	Location
Family Violence			
Family Violence Information Line	Province-wide	All	24-hour Help Line
The Today Family Violence Help Centre	Edmonton	Adults	17724 – 102 Avenue NW Services also available over the phone or Zoom
Rise Up	Leduc	Adults	100B, 5908 - 50 Street
A Safe Place (Strathcona Shelter Ltd.)	Province-wide	Women, children	Various; call for intake
Camrose Women's Shelter	Province-wide, Camrose based	Women, families	Various
Pregnancy Support			
Health for 2	Province-wide	Pregnant women	Contact for more information. Health for Two is delivered in all Public Health Centres in the Edmonton Zone and over 60 different Community locations
Food			
Agency	City/Area	Target Population	Location
Place Beausejour (Meals on Wheels)	Beaumont	All	5020 – 52 Avenue
Leduc and District Food Bank	Beaumont	All	5031 - 52 Avenue
Financial/Employment			
Agency	City/Area	Target Population	Location
FCSS of Beaumont	Beaumont	All	5817 Rue Eaglemont
Beaumont Child Care Services (FCSS)	Beaumont	Families with children aged 0-11 years	5817 Rue Eaglemont

Legal Services			
Agency	City/Area	Target Population	Location
Legal Aid Alberta	Province-wide	All	No office in Beaumont, but services are available
Cultural			
Agency	City/Area	Target Population	Location
St. Jacques Heritage House	Beaumont	All	3116 49 Street
Beaumont Community Centre	Beaumont	All	5204 50 Avenue
Schools			
Name of Facility	City/Area	Target Population	Location
Black Gold Regional Schools	Beaumont and surrounding areas	Preschool - Grade 12	3rd Floor 1101 - 5 Street Nisku
École Beaumont Composite High School	Beaumont	Grade 10-12	5417 - 43 Avenue
École Bellevue School	Beaumont	Pre-K - Grade 6	5103 - 50 Avenue
École Champs Vallée School	Beaumont	K- Grade 9	6002 - 30 Avenue
École Coloniale Estates School	Beaumont	K- Grade 6	37 Coloniale Way
École Dansereau Meadows School	Beaumont	K- Grade 9	5907 Rue Eaglemont
École J. E. Lapointe School	Beaumont	Grade 7-9	4801 - 55 Avenue
École Mother d'Youville School	Beaumont	Grades 5-9	5330 Rue Parc
École Quatre-Saisons	Beaumont	K-12	5505 Magasin Ave
Académie Saint-André Academy	Beaumont	K - Grade 4	5811 Eaglemont Street
École Beau Meadow School	Beaumont	K- Grade 6	4322 - 44 Street
Black Gold Home-Based School	Beaumont	n/a	5204 - 50 Avenue, Unit 102

Black Gold Outreach (Beaumont & Leduc)	Beaumont and Leduc	Grade 6 - 12	5204 - 50 Avenue, Unit 102
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Spiritual

Agency	City/Area	Target Population	Location
Beaumont Community Church	Beaumont	All	5423 - 55 Street
Living Hope Lutheran Brethren Church	Beaumont	All	6202 - 29 Avenue #102
St Vital Church	Beaumont	Children and Teens (Under 18 years of age)	4905 - 50 Street
Beaumont Baptist Church	Beaumont	Children and Teens (Under 18 years of age)	5204A - 50 Avenue
St. Columba Anglican Church	Beaumont	All	5703 - 50 Avenue
Eaglemont Christian Church	Beaumont	Children and Teens (Under 18 years of age)	5002 - 62 Street
Beaumont Latter-Day Saints Church	Beaumont	All	4902 - 66 Street

Environment

Agency	City/Area	Target Population	Location
Parks	Beaumont	All	See link for locations https://www.beaumont.ab.ca/310/Parks

Transportation			
Agency	City/Area	Target Population	Location
Beaumont Transit	Beaumont	All	3 Bus Stops: Ken Nichol Regional Recreation Centre (Beaumont) 50 Street and Ellerslie Road (Edmonton) Heritage Valley Transit Centre (Edmonton)
On-Demand Transit	Beaumont	All	n/a
Beaumont & Nisku Taxi	Beaumont and surrounding areas	All	n/a
Indigenous Services			
Agency	City/Area	Target Population	Location
Metis ALIVE	Beaumont	Metis	Beaumont
Recreation			
Agency	City/Area	Target Population	Location
Ken Nichol Regional Recreation Centre	Beaumont	All	5303 - 50 Street
Centre Communautaire Beaumont Community Centre	Beaumont	All	5204 - 50 Avenue
Four Seasons Park	Beaumont	All	5417 - 43 Avenue
Beaumont Community Youth Centre	Beaumont	Youths	5202 - 50 Street

Beaumont and District Lions Skatepark	Beaumont	All	50 Street and 55 Avenue
Beaumont Sport and Recreation Centre	Beaumont	Adults and children	5001 Rue Eaglemont
Newcomers			
Agency	City/Area	Target Population	Location
Seniors (50+)	Edmonton	Newcomers	#100, 10578-113 Street NW
Beaumont Community Church	Beaumont	Newcomers	5423 - 55 Street
Assist Community Services Centre	Edmonton	Newcomers	Unit 2, 810 Saddleback Road NW
Multiagency			
Agency	City/Area	Target Population	Location
Family violence prevention	Beaumont	All	5600 - 49 Street
Day home agency	Leduc	Children	#101 - 4806 - 47 Avenue Leduc
Beaumont Chamber of Commerce	Beaumont	Business owners	5031 - 52 Avenue
Seniors			
Agency	City/Area	Target Population	Location
Beaumont 50+ seniors club	Beaumont	Seniors (50+)	5204A - 50 Avenue
Chateau Vitaline	Beaumont	Seniors	5018 - 52 Avenue
Place Beausejour Life Lease Society	Beaumont	For adults 55 plus	5018 – 52 Avenue
St. Vital Senior Centre	Beaumont	Seniors 55 and plus	5204A - 50 Ave
Men			
Agency	City/Area	Target Population	Location
Beaumont Men's Shed Association	Beaumont	Men	Various within Beaumont

Housing			
Agency	City/Area	Target Population	Location
Beauregard Manoir (Leduc regional housing foundation)	Beaumont	For all ages and families	5033 - 52 Avenue
Leduc Regional Housing Foundation	Leduc	All ages	5118 50th Avenue

Library			
Agency	City/Area	Target Population	Location
Bibliothèque de Beaumont Library	Beaumont	All	5700 - 49 Street

Police Service			
Agency	City/Area	Target Population	Location
Beaumont RCMP	Beaumont	All	5501 Magasin Avenue

Continuing Care Services				
Agency	City/Area	Service	Target Population	Distance from Beaumont City Centre
Chateau Vitaline	Beaumont	Designated Supportive Living 4 & 4D	Adults and Seniors	0.3 km
Nurse in Care	Beaumont	Home Care	All ages	1.1 km
Sakaw Terrace	South Edmonton	Seniors Lodge (affordable housing program)	Seniors	10.4km
Chartwell Heritage Valley	South Edmonton	Designated Supportive Living 4 & 4D	Adults and Seniors	10.4 km
Rutherford Heights Retirement Residence	South Edmonton	Long term care	Seniors	10.4 km
Laurel Heights Retirement Residence	South Edmonton	Designated Supportive Living 4	Seniors	11.4 km

Allen Gray Continuing Care Centre	South Edmonton	Long Term Care	Adults and Seniors	11.8 km
Shepherd's Garden	South Edmonton	Designated Supportive Living 4	Adults and Seniors	12.0 km
Shepherd's Care Millwoods	South Edmonton	Long Term Care	Adults and Seniors	12.0 km
Good Samaritan Mill Woods Centre	South Edmonton	Long Term Care	Young adults	12.0 km
Wedman Village Homes	South Edmonton	Designated Supportive Living 4D	Adults and Seniors	12.1 km
Good Samaritan Wedman House	South Edmonton	Designated Supportive Living 4	Adults and Seniors	12.1 km
Salem Manor Nursing Home	Leduc	Long term care	Adults and Seniors	13.3 km
Shepherd's Care Eden House	South Edmonton	Long term care	Adults and Seniors	13.4 km
St. Joseph's Auxiliary Hospital	South Edmonton	Long term care	Adults and Seniors	13.4 km
Planeview Place	Leduc	Seniors Lodge (affordable housing program)	Seniors	13.5 km
Millennium Pavilion Senior's Lodge	South Edmonton	Supportive Living	Seniors	13.5 km
HolSome Place	South Edmonton	Long Term Care	Adults and Seniors	13.6 km
Extendicare Leduc	Leduc	Long Term Care	Adults and Seniors	13.9 km
Devonshire Village	South Edmonton	Designated Supportive Living 4	Adults and Seniors	14.6 km
Devonshire Care Centre	South Edmonton	Long Term Care	Adults and Seniors	14.7 km

AHS Home Care	Province-wide	Home Care Note: need to contact 811 to be connected to a home care office in your zone OR use the zone specific phone number (see contact information column)	All ages	n/a
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Citizen Engagement Opportunities			
Opportunity	City/Area	Description	Target Population
Public Engagement Opportunities	Beaumont	The City of Beaumont supports public engagement to gather insights from residents and stakeholder to informs decisions on municipal policies, programs, services, and initiatives. Current and past public engagement opportunities are listed on the City of Beaumont website.	All

<p>Council Boards and Committees</p>	<p>Beaumont</p>	<p>The City of Beaumont provides various avenues for residents to actively contribute to their community based on their interests through participation in the following council boards and committees:</p> <ul style="list-style-type: none"> • Arts Advisory Committee • Beaumont Municipal Library Board • Grant Funding Advisory Committee • Recreation and Culture Advisory Committee • Regional Assessment Review Board • Subdivision and Development Appeal Board • Youth Advisory Committee 	<p>All</p>
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Appendix C. Administrative Data from Alberta Health Services

BEAUMONT residents seeking acute care services outside BEAUMONT	
Major Clinical Categories	Total Discharges
Newborns & Neonates with Conditions Originating in Perinatal Period	289
Pregnancy & Childbirth	281
Diseases & Disorders of the Respiratory System	146
Diseases & Disorders of the Digestive System	145
Mental Diseases & Disorders	122
Diseases & Disorders of the Circulatory System	113
Diseases & Disorders of the Musculoskeletal System & Connective Tissue	112
Significant Trauma, Injury, Poisoning & Toxic Effects of Drugs	104
Other Reasons for Hospitalization	96
Diseases & Disorders of the Kidney, Urinary Tract & Male Reproductive System	66
Diseases & Disorders of the Nervous System	66
Diseases & Disorders of the Hepatobiliary System & Pancreas	65
Diseases & Disorders of the Endocrine System, Nutrition & Metabolism	45
Diseases & Disorders of the Female Reproductive System	39
Diseases & Disorders of Ear, Nose, Mouth & Throat	23
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	23
Multisystemic or Unspecified Site Infections	21
Diseases & Disorders of the Blood & Lymphatic System	19
Diseases & Disorders of the Eye	<10

Utilization Clinic Continuity (UCC) for BEAUMONT residents seeking BEAUMONT LGA primary care providers practising in Leduc, Beaumont, and Devon (April 1, 2022 and March 31, 2023)

Total Primary Care **Visits** by Beaumont LGA residents

97,283

Total Primary Care **Visits** by Beaumont LGA residents

97,283

Total Primary Care **Visits** to clinics in Beaumont

32,706

33.6%

Total Primary Care **Visits** to clinics in **Beaumont, Leduc & Devon**

39,503

40.6%

Table 3. Total patient load (by Beaumont LGA residents) at the clinic level for primary care physicians practising within BEAUMONT - total # of patients at each clinic between April 1, 2022 and March 31, 2023

Clinic	Total Visits	Unique Patients
Beaumont/Stewart Medical	15,013	3,319
Beaumont Family Medical Assoc	11,455	3,202
Leafmedx	2,912	946
Taylor Family Medical	1,720	483
N/A*	1,606	173
Total visits vs patients:	32,706	8,123
*Delivery site postal code was listed in Beaumont LGA, but Clinic ID was not available.		

Table 4. Number of virtual primary care visits for Beaumont LGA residents. Primary care providers can be located anywhere in Alberta

Unique Patients Total Calls

6,765 13,804

Total visits to Emergency and Urgent Care facilities

12,444

Unique patients with Emergency and Urgent Care visits

7,284

Appendix D: Emergency Medical Services Activity

Report Period:	2022/10/01	to	2023/09/30		
	Event Category			Monthly Total	
	911	IFT	Other		
2022/Oct	82		9	91	
2022/Nov	83		5	88	
2022/Dec	83		8	91	
2023/Jan	78		6	84	
2023/Feb	62	1	4	67	
2023/Mar	84		3	87	
2023/Apr	83		7	90	
2023/May	100		6	106	
2023/Jun	78		7	85	
2023/Jul	95	1	3	99	
2023/Aug	66		1	67	
2023/Sep	59	1	10	70	
Total	953	3	69	1,025	

Report Period:	2021/10/02	to	2022/09/30		
	Event Category			Monthly Total	
	911	IFT	Other		
2021/Oct	68	1	2	71	
2021/Nov	83	2	6	91	
2021/Dec	67	1	4	72	
2022/Jan	83	1	5	89	
2022/Feb	69		3	72	
2022/Mar	88		3	91	
2022/Apr	79	2	5	86	
2022/May	83	2	3	88	
2022/Jun	65	1	2	68	
2022/Jul	68	2	1	71	
2022/Aug	88	1	6	95	
2022/Sep	84		5	89	
Total	925	13	45	983	

Report Period: 2018/10/01 to 2021/09/30

	Event Category			Monthly Total
	911	IFT	Other	
2018/Oct	48		1	49
2018/Nov	60		3	63
2018/Dec	62	1	1	64
2019/Jan	54			54
2019/Feb	64		1	65
2019/Mar	63	1	3	67
2019/Apr	67		2	69
2019/May	52		1	53
2019/Jun	58		1	59
2019/Jul	73	1	4	78
2019/Aug	62			62
2019/Sep	62			62
2019/Oct	67	2	2	71
2019/Nov	52	3	5	60
2019/Dec	70	2		72
2020/Jan	59	1	3	63
2020/Feb	46	1	1	48
2020/Mar	83		2	85
2020/Apr	54		4	58
2020/May	70			70
2020/Jun	63		1	64
2020/Jul	67	2	2	71
2020/Aug	56		3	59
2020/Sep	64		2	66
2020/Oct	63	1	3	67
2020/Nov	68	1	1	70
2020/Dec	66	2	4	72
2021/Jan	55	4	3	62
2021/Feb	54	1	5	60
2021/Mar	53		1	54
2021/Apr	48	1	2	51

	911	IFT	Other	Monthly Total
2021/May	73	2	2	77
2021/Jun	76		4	80
2021/Jul	58		1	59
2021/Aug	65	1	2	68
2021/Sep	82		2	84
Total	2,237	27	72	2,336

Appendix E: Administrative Data From the Leduc-Beaumont-Devon Primary Care Network

Administrative data for the 2022-2023 period from electronic records and data requested from the Health Quality Council of Alberta and other sources.

Document/Information	Description or Example	Information Provided
Referral Data to Allied Health Professionals	PCN data on referrals within Beaumont, Leduc, and Devon	Beaumont Physicians made approximately 234 referrals to Registered Dietitians, Exercise Specialists and Mental Health Therapists at PCN central office. In Beaumont clinics with allied health staff there were approximately 380 appointments with Behavioural Health Consultants and 234 with Registered Nurses.
Doctor Continuity Data	PCN data on doctor continuity for primary care providers practising in Leduc, Beaumont, and Devon	72.2% physician continuity
Primary Care and Specialist Wait Time Data	Data on wait times for appointments with family doctors or specialists within Beaumont, Leduc, and Devon.	Average wait time (Time to Third Next available appointment) is 8 days for Beaumont physicians.

Appendix F: Municipal Fire Department Data

November 20, 2023

2022 – 310 Medical Responses

2023 – 283 Medical Responses to Date