

# Community Health Needs Assessment

## Pincher Creek & Surrounding Area



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Alberta Health Services, South Zone

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## Executive Summary

The *Pincher Creek & Surrounding Area Community Health Needs Assessment* was undertaken to better understand the local health needs of people living in the Pincher Creek Local Geographical Area. Quantitative data was collected through a variety of government sources. Qualitative data was collected through community engagement processes, including focus groups and key informant interviews. This health needs assessment has outlined trends and issues impacting health and wellbeing in the Pincher Creek LGA. The assessment identified a variety of key health concerns, barriers to health services, and community strengths. The assessment identified mental health and addictions as being the most prominent issue. The diverse perspectives and sources of information analyzed converged on several key priority areas for moving forward and improving health and wellbeing. A Planned Approach to Community Health (PATCH) model was outlined with specific strategies to address the priority areas productively and collaboratively.



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## Background and Purpose

Alberta Health Services conducted a Community Health Needs Assessment (CHNA) to identify the strengths, resources, assets, and needs of the Local Geographical Area (LGA) of Pincher Creek, AB. Alberta Health Services (AHS) defines the local geographical area of the Town of Pincher Creek, Municipal District (M.D.) of Pincher Creek (Hamlets of Beaver Mines, Lowland Heights, Lundbreck, Pincher Station, and Twin Butte), Village of Cowley, and Piikani Nation.

The objective was to help identify community priorities, including populations with unmet needs (priority populations), health issues and concerns, and gaps in programs and services. The project's significance is that the assessment will provide comprehensive information about the health needs in Pincher Creek LGA and will lead to action to address identified issues.

## Guiding Principles

The three principles for the assessment process are as follows:

- All participants are informed about the purpose of the community research and participate willingly.
- Privacy and confidentiality of individuals will be protected.
- The community will benefit from the assessment with follow-up reporting and active discussions.

## Community Health Needs Assessment

This Community Health Needs Assessment will encompass data from the Local Geographical Area (LGA) of Pincher Creek. However, the focus will be on the Town of Pincher Creek as it is the primary urban center in Pincher Creek and contains the majority of services and resources.

The LGA has a population of 8,242.<sup>1</sup>

## History

The local geographical area of Pincher Creek is comprised of the town of Pincher Creek, the M.D. of Pincher Creek, the Village of Cowley, and the Piikani Nation. Below is a short description of the history of each area.

### Pincher Creek

For centuries, the area now known as Pincher Creek was home to the Piikani. The area had previously been known as Spitsii (pronounced- Spee tsee), meaning tall trees.<sup>2</sup> It was not until 1868 that a group of prospectors explored the area. In 1874, North-West Mountain Police came to the area and established a police post and farm. One of the officers discovered a pair of rusty pincers in the creek, left by the prospectors, which is how the area got the name “Pincher Creek”.<sup>3</sup>

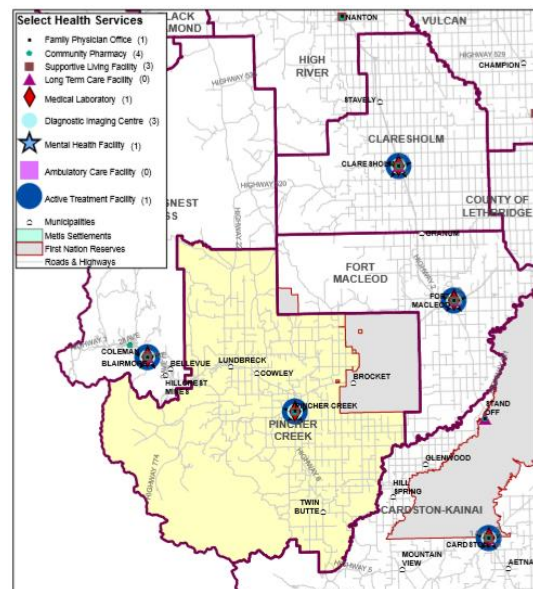


Figure 1. Map of the Pincher Creek LGA.  
Source: Alberta Health Community Profile

In 1882 Charles Kettles, an employee of The Department of Indian Affairs, laid out the town site, and the first store was constructed in 1883. It officially became an incorporated town in 1906.<sup>3</sup> Farming and ranching has been an economic driver in Pincher Creek since the late 1800s. In the 1940s, natural gas processing became a critical addition to the economy. Pincher Creek's economy has since diversified and comprises various industries, including wind energy, tourism, manufacturing, farming and ranching, and natural gas.<sup>3</sup>



Figure 2. Pincher Creek Welcome Sign.  
Source: Global News

### *M.D. of Pincher Creek*



Figure 3. M.D. of Pincher Creek Turbines.  
Source: TripAdvisor

There are five hamlets within the M.D. of Pincher Creek; Beaver Mines, Lowland Heights, Lundbreck, Pincher Station, and Twin Butte. These communities were established in the late 1800s because of the mining and agriculture opportunities.<sup>4</sup> The settlements boomed as industries began to grow and an intricate railway was built. However, due to the First World War, the communities' growth diminished because coal mining efforts were reduced, and the railways were dismantled for materials to be utilized in the war effort. The hamlets did not recover in the post-war era and remain as small unincorporated communities.<sup>4</sup> The M.D. of Pincher Creek, incorporated in 1944, acts as a governing body for the

hamlets as well as the residents who live on farms and ranches within the boundaries of the M.D.

### *Village of Cowley*

The village of Cowley was established as a ranching community. Two large waves of French Quebec immigrants settled in the area in the 1880s, and the area was referred to as the "French Flats".<sup>5</sup> By 1899, the Canadian Pacific Railway built a bridge over the Oldman River, leading to more settlements and local businesses. In 1915, 300 Russian Doukhobors moved into the area for agriculture. However, due to the 1930s depression, the commune went bankrupt, which significantly impacted the Village of Cowley.<sup>5</sup> Cowley did not grow after that and remained to have a low population with limited services.



Figure 4. Cowley's main street.  
Source: Village of Cowley

## Piikani Nation



Figure 5. Piikani Nation Emblem.

Source: Piikani Nation

Before colonization, the Siksikatsiitapiwa occupied a territory that extended from the North Saskatchewan River southward to the Yellow Stone River and from the Continental Divide eastward to the Great Sand Hills.<sup>6</sup> They were dependent on the wildlife, especially bison, for food, clothing, and making tools. The Siksikatsiitapiwa had a strong religious and spiritual culture passed through oral histories in their Blackfoot language. Cultural practices included sweat lodges and the Sun Dance.<sup>6</sup>

Due to the historical-geographical division of the Canada-United States border, the Siksikatsstapiwa people were split into Aapatpohsiipikani (North Piikani), located in Canada, and the Amsskapipiikani (South Piikani) located in the United States. The arrival of Christian missionaries and settlers in the 1870s

significantly changed the North Piikani spirituality and lifestyle.<sup>6</sup> The disappearance of the bison in the late 1800s made life for the Piikani more difficult. The winter of 1883-84 is commonly referred to as the “starvation winter” because of the widespread hunger that plagued the nation. In 1877, Treaty 7 with the federal government was signed, creating the Piikani 147 Indian Reserve. Various government-implemented assimilation policies, such as the Indian Act and residential schools have threatened Piikani culture and traditional way of life.<sup>7</sup>

Despite these challenges, the Piikani Nation has strived to maintain their language, spirituality, and culture distinct to Piikani. There has a history of successes, including being the first band in Alberta to demand the right to vote in a provincial election, the first to assume administration of their reserve, and the first to host Indian Day celebrations as a means of retaining and maintaining their culture.<sup>8</sup> The band is governed by a chief and 12 councilors elected according to customs rather than the Indian Act's provisions. Since 1986, when a high school was built, education has been controlled by the band.<sup>6</sup> Northern Plains Indigenous Nations, including Piikani Nation, have been working together towards bison conservation and strengthening traditional relationships with the land by signing the Inii Treaty in 2014.<sup>7</sup>

## Community Description-Natural and Built Environment

### *Natural Environment*

The LGA of Pincher Creek spans over 3,912 km<sup>2</sup>.<sup>9, 10, 11, 12</sup> It is located where the rolling prairies meet the Rocky Mountains. There are several lakes, rivers, and creeks in the vicinity, and a number of provincial and national parks, including Waterton Lakes National Park, Castle Provincial Parks, the Oldman River Reservoir, and Beauvais Lake Provincial Park. The climate for the Pincher Creek LGA is dry and sunny, and the average temperatures range from -10°C in the winter to 23°C in the summer. The Pincher Creek area is prone to drought conditions.<sup>13</sup>

The LGA of Pincher Creek experiences extreme winds. The Oldman River Valley and Castle River Valley act as a wind tunnel, making the windiest area in Alberta and the second windiest in North America.<sup>14</sup> The LGA of Pincher Creek experiences an average of 30 to 35 chinooks a year. Chinook wind gusts can have hurricane-force with wind speeds over 120km/hr. The warm chinook winds can give a break from cold winter temperatures and melt snow. However, they also dry the soil, desiccate vegetation, and play a factor in soil erosion.<sup>14</sup>



Figure 6. Chinook Arch.  
Source: The Canadian Encyclopedia

### *Built Environment*

The LGA of Pincher Creek is well situated, with Highway 3, Highway 6, and the Crowsnest Canadian Pacific Railway mainline running through it. The Town of Pincher Creek is the LGA's major service center and supports many outlying communities and rural residents. The town is located 100 km west of Lethbridge and 217km south of Calgary, and is 3km south of Highway 3. The Town of Pincher Creek was built with the creek running through the center, which has created a steep topography compared to the rest of the LGA. Several walking trails have been built in the community, and there are 14 parks. The sidewalks are wheelchair accessible, and there are handicapped parking spots located within the downtown and shopping areas. There is one stoplight in the community. The rest of the intersections are controlled by stop signs.

The Town of Pincher Creek has the only two grocery stores in the LGA. There is a Pincher Creek and District Food Centre, which is available to residents living within the LGA. Pincher Creek has a multi-purpose facility with a swimming pool, exercise area, spray park and a public library. Beside it is the hockey rink and curling rink. There are two daycares in Pincher Creek. There are six schools within the LGA; three in Pincher Creek, two in Piikani, and one in the Hamlet of Lundbreck (which is a ski academy). There is no public transportation system in the LGA, but private taxis are available. There is also a handi-bus that provides transportation for individuals with physical issues and special needs at a minimal cost.

There are numerous supports and services available in the Pincher Creek LGA including, but not limited to, the Pincher Creek Family Center, The Napi Friendship Centre, the Pincher Creek Community Adult Learning Centre, the Pincher Creek Women's Emergency Shelter, McMan's PCAP program. These key supports are a part of the fabric that make up the Pincher Creek LGA. A full list of supports and resources in the Pincher Creek Area can be found [here](#).

There are three water treatment plants in the LGA of Pincher Creek; Pincher Creek Water Treatment Plant, Cowley-Lundbreck Regional Treatment Plant, and the Piikani Water Treatment Plant. Individuals living in the rural areas of the M.D. of Pincher Creek or Piikani nation either have wells as a water source or transport clean drinking water from town sites. There is weekly garbage pick-up at Pincher Creek, Cowley, Lundbreck, Cowley, and Beaver Mines. All other LGA residents have to bring garbage to either the M.D. Public Works Yard Transfer Station Bins, the Pincher Creek Landfill, or the Piikani Nation Waste Transfer Station. All LGA residents have access to electricity, natural gas, telephone, cable, and internet hookups.

## Economy

The LGA of Pincher Creek has a relatively diverse economy with several major industries.

- **Farming and ranching:** There are over 2000 farms and ranches in the area.<sup>15</sup> Because of the drought conditions, the Oldman River Dam was developed to ensure an adequate water supply for farmers and citizens.<sup>15</sup>
- **Tourism:** The LGA of Pincher Creek is a gateway to a number of provincial and national parks, including Waterton Lakes National Park, Castle Provincial Parks, the Oldman River Reservoir, and Beauvais Lake Provincial Park, and the province of British Columbia.<sup>16</sup> This has created an opportunity for retail, hospitality, and food services.
- **Wind energy:** The chinook winds and eastern slopes have created the ideal geographical area for wind energy and play a key role in developing alternative, renewable energy technology. The industry that is increasingly growing in the area and has become a prominent feature in the region. There are currently 272 turbines operating and another 180 turbines under construction.<sup>17</sup>
- **Natural resource development:** Nearby oil and gas extraction, coal mining, and forestry have implications for the region regarding employment and traffic through the region.<sup>16</sup>

Other prominent employment sectors in the LGA include health care, manufacturing, retail, hospitality, food services, and public administration. Major employers include Alberta Health Services, Government of Alberta, Holy Spirit School Division, Livingstone Range School Division, Town of Pincher Creek, TransAlta, Peridae, Vestas, and Walmart.<sup>16</sup>

## Healthcare Services

The Pincher Creek Health Centre provides a wide range of healthcare services, including a 24/7 emergency department. There are 16 acute care beds, two emergency operating theatres, three long-term care beds, four emergency care beds.<sup>18</sup> Services offered at the Centre include:

- Alberta Healthy Living Program
- Audiology
- Children’s Allied Health Services
- Environmental Public Health
- Radiology & Laboratory Services
- Labour and Delivery and Maternal Child Services
- Nutrition Counselling
- Occupation Therapy
- Patient Food Services
- Physiotherapy
- Home Care Services
- Prenatal Education
- Public Health Nursing
- Respiratory Therapy Services
- School Oral Health Services



Figure 7. Pincher Creek Health Centre.  
Source: Town of Pincher Creek

- Speech-Language Pathology
- Spiritual Care Services
- Social Work
- Therapeutic Recreation
- Travel Health Services.

The Pincher Creek Health Centre is co-located with The Associate Clinic, a family-based, general practice clinic. The 9 physician team includes 1 GP surgeon, 2 GP Anesthetists and 6 GPs. The entire physician team practices obstetrics and works together as a cohesive group both in clinic and hospital. The Associate Clinic in Pincher Creek is a rural primary care clinic that strives to provide excellence in primary care and urgent care for the community and to enable patients to be partners in the management of their health care. The clinic is co-located within the local hospital in rural southwestern Alberta. The clinic serves Pincher Creek and the surrounding communities, including many residents of Piikani Nation, Cowley, Lundbreck, and Waterton Park- approximately 10,000 patients in all. The clinic also operates a satellite clinic on the Piikani reserve and provides service to Vista Village (a Good Samaritans designated assisted living facility), Whispering Winds Village and Crestview Lodge.

Services are provided through the clinic by a team comprised of 9 physicians, a registered nurse, licensed practical nurses, medical office assistants, a registered social worker, a dietician, respiratory therapists, receptionists, resident physicians and medical students. Administrative supports include a management team, onsite billing, medical transcription, and an IT database expert. Services the clinic provides include, but are not limited to, comprehensive rural primary health care, team based chronic disease management, rheumatology telehealth program, preventative screening programs, mental health, and addictions and social work services.

The Pincher Creek Addiction and Mental Health Clinic works with individuals and their family members to assess and treat issues that may cause distress in their personal life, school, work or other vital areas. The services are funded through the Government of Alberta, so they are free of charge. Counselling and referral are available to anyone experiencing substance abuse problems and dependence.<sup>20</sup>

Other health services in the town of Pincher Creek include a Naturopathy, Optometry, Dentistry, a Denture Clinic, Chiropractor Therapy, Massage Therapy, Podiatry, Psychology, Pharmacy, Physiotherapy, and Acupuncture. Because these are not public health services, patients may be charged if they do not have health insurance to cover the services.

There are no health services in the M.D. of Pincher Creek or Village of Cowley. However, Alberta Health Services will provide some outreach services in those communities, such as homecare. Piikani Nation has several health services available to on and off-reserve Piikani people, including the Aakom-Kiiyii Health Services, First Nations Health Consortium, Piikani Child & Family Services, and Peigan Prevention Counselling Services.

## Emergency Services

The town of Pincher Creek has an RCMP detachment with 11 officers. The M.D. and Village of Cowley have an agreement with the RCMP detachment to provide a community policing officer who works closely with M.D. Administration on community policing and bylaw enforcement.<sup>21</sup> Although crime rates in the Pincher Creek LGA are similar to the provincial rates, it has been indicated that property thefts are on the rise and are believed to be related to the drug trade because of the increase in fentanyl and opioid use.<sup>22</sup> Piikani Nation has its RCMP detachment and has a community tripartite policing agreement with the federal and provincial governments.



Figure 8. RCMP in Pincher Creek.  
Source: Town of Pincher Creek.

Pincher Creek Emergency Services Commission is an integrated fire, rescue, ambulance, and medical first response organization serving the communities of Pincher Creek, M.D of Pincher Creek and Village of Cowley.<sup>23</sup> Piikani Nation has its own fire department and ambulance services, but through a mutual aid agreement, it works closely with Pincher Creek Emergency Services.<sup>24</sup>

## Population & Socio-Demographic Indicators

The following section is a population and socioeconomic indicator breakdown of each community within the LGA as well as a comparison to provincial data. Data was collected from Statistics Canada.

### Population

Based on Statistics Canada Census data, the population of the LGA of Pincher Creek stands at 8,242.<sup>9, 10, 11, 12</sup> There has been a 3.2% decrease in population from 1998 to 2018.<sup>1</sup> In comparison, there has been a 40.3% increase in population provincially.<sup>25</sup> A population breakdown can be seen in Tables 1 and 2.

Population	Town of Pincher Creek	M.D. of Pincher Creek	Piikani Nation	Village of Cowley
Total	3,523	2,965	1,545	209

Many younger adults are likely leaving the region to pursue employment and education opportunities elsewhere, while those moving into the region are often older.<sup>16</sup> Pincher Creek has seen growth in the number of empty nesters, early retirees, and seniors while correspondingly seeing a decline in the number of families with children.<sup>26</sup>

Population Age Group	Town of Pincher Creek	M.D. of Pincher Creek	Piikani Nation	Village of Cowley	Alberta
0-14 years of age	17.4%	16.9%	24.9%	19.5%	19.2%
15-64 years of age	58.6%	60.7%	66.3%	61.0%	68.5%
65 years or older	24%	22.4%	8.7%	24.4%	12.3%
85 years or older	3.8%	1.0%	0.3%	0%	1.6%
Median Age of Population	45.1	48.6	31.1	46.7	36.7

### Family Size

Census data from 2016 suggest that Piikani Nation has families larger in size than the provincial average and that the Town of Pincher Creek has families smaller than the provincial average. Further details on family sizes can be seen below in Table 3. The total number of lone-parent families is significantly higher in Piikani Nation and markedly lower in the M.D. of Pincher Creek, in comparison to the Town of Pincher Creek, Village of Cowley, and the provincial average.

Family Size	Town of Pincher Creek	M.D. of Pincher Creek	Piikani Nation	Village of Cowley	Alberta
Average size of census family (people per household )	2.3	2.7	3.8	2.8	3.0
Census families in private households with five or more persons	6.9%	10.4%	17.3%	8.3%	10.0%
Total number of lone-parent families	17.1%	5.8%	42.5%	16.6%	14.4%

### Education

Education is a fundamental social determinant of health as it is tied closely to income, skills, and opportunities, which lead people to have healthier lives. Census data from 2016 indicates that the Town of Pincher Creek and M.D. of Pincher Creek has a higher rate of individuals with post-secondary education, while Piikani Nation and the Village of Cowley have a lower rate. The number of individuals without any educational attainment in Piikani (36.2%) is more than double compared to the provincial average (16.9%). More details on education can be found in table 4.

Educational Attainment	Town of Pincher Creek	M.D. Pincher Creek	Piikani Nation	Village of Cowley	Alberta
No certificate, degree, or diploma	14.5%	15.5%	36.2%	23.8%	16.9%
High School diploma or equivalent	25.7%	24.7%	9.2%	35.7%	27.9%
Post-secondary certificate, diploma, or degree	59.3%	59.7%	43.8%	40.5%	55.2%

## Housing

Housing as a determinant of health has a significant impact on health. Living conditions, inadequate and insufficient housing remains a critical problem. Substandard housing and overcrowded housing can increase the risk of many issues, including fire, household accidents, infectious respiratory diseases, and high-stress levels.<sup>27</sup> Many aboriginal households experience a lack of basic sanitary infrastructure.<sup>28</sup> Over half of the homes in Piikani (58.8%) needed major repairs. More information on housing characteristics and housing affordability can be found in table 5 and table 6.

Dwelling Characteristics	Town of Pincher Creek	M.D. pincher Creek	Piikani Nation	Village of Cowley	Alberta
Total occupied private dwellings	1,435	1,120	400	113	1,527,675
Owner	78.7%	86.3%	53.8%	72.7%	72.4%
Renter	21.3%	13.1%	7.5%	27.3%	30.0%
Band Housing	0%	0%	38.75%	0%	6.6%
Single Detached Homes	80.8%	87.5%	91.3%	65%	61.9%
Attached dwelling	12.5%	1.3%	3.8%	5%	30.8%
Movable Dwelling	6.7%	11.6%	5%	30%	3.1%
Major repair needed	6.9%	9.1%	58.8%	19.0%	5.7%

Census data from 2016 indicates that average house values in the Town of Pincher Creek (\$242,926) and the Village of Cowley (\$195,190) were substantially lower than the provincial average (\$449,790). In contrast, the average house value in the M.D. of Pincher Creek (\$472,698) exceeded that of the provincial average. No data was available for housing affordability in Piikani Nation.

Housing Affordability	Town of Pincher Creek	M.D. Pincher Creek	Piikani Nation	Village of Cowley	Alberta
Average monthly cost for rented dwelling	\$955	\$912	---	\$1,023	\$1,279
Average monthly shelter costs for owned dwellings	\$956	\$1,006	---	\$1,016	\$1,531
Average value of dwellings	\$244,948	\$472,698	---	\$195,190	\$449,790
Proportion of household where	23.2%	20.7%	---	---	20.9%

30% or more of income is spent on shelter costs (owner)					
Proportion of household where 30% or more of income is spent on shelter costs (renter)	11.1%	19.9%	---	---	---

### Income

Income has a direct impact on health. Higher incomes mean that individuals can more easily purchase healthy food, have time to exercise, pay for health services, and have access to reliable transportation. Low income can make individuals more vulnerable and at-risk to poor nutrition, unstable housing, and unmet medical needs.<sup>29</sup> The Town of Pincher Creek, M.D. of Pincher Creek, and Piikani Nation all had a median after-tax income lower than the provincial average. The median after-tax income among individuals in Piikani was less than half the provincial average. No data was found for the Village of Cowley. More information on income can be found in Table 7 and Table 8.

<b>Table 7. Income of LGA of Pincher Creek compared to the provincial average</b> <sup>9, 10, 11, 12, 25</sup>					
Income	Town of Pincher Creek	M.D. Pincher Creek	Piikani Nation	Village of Cowley	Alberta
Median after-tax income among recipients	\$31,898	\$34,921	\$15,840	---	\$38,067

<b>Table 8. Prevalence of low income based on the Low-income measure, after-tax (LIM-AT)</b> <sup>9,10,11,12, 25</sup>					
Prevalence of low income	Town of Pincher Creek	M.D. Pincher Creek	Piikani Nation	Village of Cowley	Alberta
Total	11.1%	12.5%	---	---	9.3%
0 to 17 years	13.5%	16.2%	---	---	12.8%
0 to 5 years	17%	19.2%	---	---	13.5%
18 to 64 years	11.4%	11.2%	---	---	8.2%
65 years and over	6.5%	13.0%	---	---	8.6%

### Employment

Employment is an essential social determinant of health and is interconnected with income and education. High paying jobs often come with health-promoting benefits such as health insurance, paid leave, and retirement. Jobs that require less education are more likely to be in a high-risk occupation

with low wages.<sup>29</sup> The following rates refer to residents 15 years of age or older. More information on employment rates can be found in Table 9. (Please note-revision to Piikani Nation numbers December 21, 2020- data provided by Stats Canada rounded to next 5.)

<b>Table 9. The employment rate of the LGA of Pincher Creek compared to the provincial average</b> <sup>9,10,11,12, 25</sup>					
<b>Employment</b> (population aged 15 years or over)	Town of Pincher Creek	M.D. Pincher Creek	Piikani Nation	Village of Cowley	Alberta
Employed	57.6%	65.4%	36.9%	73.2%	65.4%
Unemployed	7.5%	6.1%	14.6%	6.7%	9.0%
Not in the Labour Force	34.9%	28.5%	48.8%	20.1%	25.6%

## Aboriginal Health

Aboriginal people suffer a disproportionate burden of poor health and suffering compared to the rest of Canada because of the social and historical circumstances that have created health disparities.<sup>31</sup> The health disparities are directly and indirectly associated with the social, economic, cultural, and political inequalities that are also experienced by Indigenous people. Health is not exclusively on its own but is within an interconnected web of social determinants. Aboriginal people have undergone rapid social and lifestyle changes that have disproportionately affected disease patterns to the general Canadian population.<sup>31</sup>

Seventeen percent of the LGA of Pincher Creek is Aboriginal. The previous section indicates that Piikani Nation, a First Nation Reserve, has disproportionate socioeconomic indicators compared to the rest of the LGA and Alberta. For more information on Aboriginal Identity in the LGA of Pincher Creek, see table 10.

<b>Table 10. Aboriginal identity of the LGA of Pincher Creek compared to the provincial average</b> <sup>9,10,11,12, 25</sup>					
<b>Aboriginal Identity</b>	Town of Pincher Creek	M.D. Pincher Creek	Piikani Nation	Village of Cowley	Alberta
Aboriginal Identify	9.5%	5.5%	99.2%	20.9%	6.5%
First Nations	5.4%	2.4%	98.6%	11.3%	3.5%
Metis	4.1%	3.1%	0.6%	0.7%	2.9%
Inuit	0%	0	0%	0%	0.06%

Barriers to providing healthcare on reserves are partially due to the complex, overlapping policies and responsibilities of different government levels. Provision of care is shared among the federal government, provincial governments, First Nations organizations, and third-party providers, resulting in a complicated and ambiguous framework.<sup>32</sup>

## Health Indicators for LGA of Pincher Creek

To better understand the current and future health needs, secondary data on health indicators have been collected from Alberta Health, Community Profile: Pincher Creek Health Data and Summary.<sup>1</sup> The report provides a broad range of demographic, socioeconomic, and population health statistics relevant to primary health care for the Pincher Creek LGA. Below is a brief overview of some of the key indicators. A full version of the report can be found [here](#).

### *Mortality Rate*

Pincher Creek LGA reported a higher mortality rate compared to the provincial rate per 100,000 population (815.5 vs. 699.5 AB). More than three-quarters of all reported deaths were due to four major causes: diseases of the circulatory system, neoplasms, diseases of the respiratory system, and external causes (injury).<sup>1</sup>

Diseases of the circulatory system, neoplasms, and external causes accounted for 69.8% of all deaths from 2016-2018. Diseases of the circulatory system were the leading cause of death in Pincher Creek, with an associated mortality rate higher than the provincial rate per 100,000 population (242.6 vs. 204.5 AB).<sup>1</sup>

Diseases of the circulatory system accounted for 31.0% of all deaths reported in Pincher Creek LGA.<sup>1</sup>

### *Birth Rate and Maternal Health*

From 2015/2016 to 2017/2018, the Pincher Creek LGA had a birth rate of 25.1 per 1,000 women, similar to the provincial rate of 26.0.<sup>1</sup>

The teen birth rate was 17.7, higher than Alberta's teen birth rate of 10.6 AB.<sup>1</sup>

A higher proportion of prenatal smoking cases were reported in the Pincher Creek LGA compared to the province (17.4% vs. 11.0% AB).<sup>1</sup>

### *Chronic Disease Prevalence*

In 2018, the disease with the highest prevalence rate (per 100 population) in the LGA of Pincher Creek was hypertension at 19.0. The rate was similar to the provincial rate (19.0 vs. 20.6 AB).<sup>1</sup>

The top four most prevalent chronic diseases were hypertension, diabetes, Ischemic Heart Diseases, and Chronic Obstructive Pulmonary Disease.<sup>1</sup>

### *Vaccinations*

By the age of two, 89.5% of children in the Pincher Creek LGA (in 2017) had been vaccinated against DTaP-IPV-Hib (compared to 76.7% for AB), while 89.9% had received MMR vaccines (compared to 87.4% for AB).<sup>1</sup>

### *Sexually Transmitted Infections*

From 2015/2016 to 2017/2018, the highest reported STI was chlamydia, with a rate of 489.0 per 100,000 (compared to the provincial rate of 391.4). No syphilis was reported for the LGA.<sup>1</sup>

### *Social Determinants of Health Indicators*

The Pincher Creek LGA had a much higher proportion of First Nations people compared to Alberta (17.2% vs. 2.8% AB).<sup>1</sup>

The percentage of female lone-parent families was higher than the provincial percentage (13.6% vs. 11.0% AB).<sup>1</sup>

A much higher proportion of families with an after-tax low-income level were reported in the Pincher Creek LGA compared to Alberta (25.0% vs. 15.6% AB).<sup>1</sup>

The most common non-official languages spoken at home in the Pincher Creek LGA were: Aboriginal languages, Tagalog (Pilipino, Filipino), Dutch, German, and Spanish.<sup>1</sup>

## Health Systems and Services Utilization Indicators

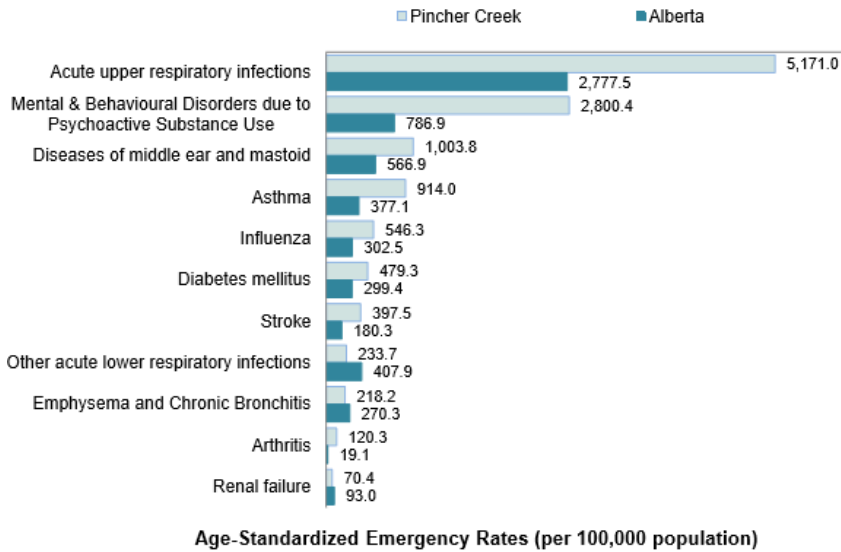
### *Emergency Service Utilization*

Semi and non-urgent emergency visits accounted for 30.2% of all emergency visits in 2017/2018.<sup>1</sup>

CTAS Level	Emergency Visits		
	2015/2016	2016/2017	2017/2018
Resuscitation (1) and Emergency (2) Combined	353 (4.1%)	387 (4.3%)	433 (5%)
Urgent (3)	1,473 (17.2%)	1,808 (20.1%)	1,703 (19.8%)
Semi Urgent (4)	2,170 (25.4%)	2,030 (22.6%)	1,586 (18.4%)
Non-Urgent (5)	1,731 (20.3%)	1,590 (17.7%)	1,017 (11.8%)
Unknown	2,820 (33%)	3,187 (35.4%)	3,870 (45%)
<b>Total</b>	<b>8,547 (100%)</b>	<b>9,002 (100%)</b>	<b>8,609 (100%)</b>

Figure 9 Emergency Service Utilization. Source: Community Profile

Acute upper respiratory infections were the most common reason for emergency visits (among select conditions) in 2017 and had a higher rate (per 100,000 population) compared to the provincial rate (5,171.0 vs. 2,777.5 AB).<sup>1</sup>



In 2017, the three most common reasons for emergency visits, among selected health conditions, were: acute upper respiratory infections, mental & behavioural disorders due to psychoactive substance use, and diseases of middle ear and mastoid.<sup>1</sup>

### *Inpatient Service Utilization*

Mental & behavioural disorders due to psychoactive substance use, pneumonia, and ischemic heart disease were the top three main reasons for inpatient separations (among selected conditions) in 2018<sup>1</sup>

### *Mental and Behavioral Disorders*

Mental and behavioural disorders are particularly important from a population health perspective. In 2017, Pincher Creek's emergency department (ED) visit rate for mental and behavioural disorders was much higher than the provincial ED visit rate per 100,000 population (2,800.4 vs. 786.9 AB).<sup>1</sup>

## Current Events/Context

### *COVID-19*

As of December 1, 2020, there have been 40 total cases of COVID-19 in LGA of Pincher Creek, 30 of which have recovered and 2 of which have died. The Pincher Creek Regional Emergency Management Organization continues to monitor the COVID-19 pandemic actively and provide updates to the public.<sup>33</sup>

### *Recruitment and Retention of Rural Family Physicians*

Recruitment of rural family physicians has been made more difficult given the current political climate and the absence of an agreement with the Alberta Medical Association. Some of the physicians provided written notification of their intent to withdraw service because of changes to the funding mode. After negotiations, the Pincher Creek physicians have decided to sign on to an alternative relationship plan called a blended capitation model. Physicians will continue to provide hospital services, but there

remains to be no master agreement.<sup>35</sup> This has created a pressing concern of recruitment and retention of rural family physicians.

## Focus Groups & Key Informant Interviews

To collect qualitative data, focus groups and key informant interviews were facilitated to get the perspectives of various agencies and associations across the Pincher Creek LGA. Focus groups were held over zoom on November 12<sup>th</sup>, 17<sup>th</sup>, and 18<sup>th</sup>, 2020, and 30 individuals participated. Key informant interviews were held over zoom throughout November 2020, and seven individuals participated. Questions used to guide the discussion were the same in both the focus groups and key informant interviews. Discussions were documented, and responses were themed based on frequency.

The six key questions were used to guide the discussions are as follows:

1. What are the key health concerns in your area?
2. What do people do to stay healthy in your area?
3. What are the barriers people might face when trying to access health services in your area?
4. Which groups of people might experience the most difficulties in terms of staying healthy and accessing services?
5. What strengths does your area have?
6. What are the next steps you would like to see taken to improve health and wellbeing?

### Key Health Concerns

The top key health concern for both the focus groups and key informant interviews was **mental health and addictions**. This theme was repeated in every discussion group. Anxiety, depression, and suicidal ideation were noted as the most common mental health issue. Methamphetamines, opioids, and alcohol were pointed out as the most concerning and commonly used substance.

***“The opioid crisis is an epidemic that we are ignoring. Just look at the obituaries.”***

-Quote from a key informant interview

It was discussed that people in the Pincher Creek LGA seem to be reluctant to access supports because of the long wait times to access mental health or addiction programs, stigma in the community, and not knowing where to turn for help. The lack of detox and treatment centers is a major issue in the area. A key informant stated that if someone wants to receive support for his/her addictions, there are minimal options available and long wait times.

The **COVID-19** pandemic has been identified as a key health concern by the focus group participants and key informants. There has been sickness and death in the LGA because of the COVID-19 virus. It has also created many unprecedented challenges for everyone in the Pincher Creek LGA. Many of the area's support and resources had to change their service models to reduce the risk of transmission. This included programs shutting down entirely or switching to telephone and video conferencing appointments only. COVID-19 has put a significant strain on mental health and finances.

The focus groups identified **food insecurity** and **sedentary behaviour** as a key health concern as they lead to high rates of chronic conditions such as diabetes, obesity, and heart disease. Unhealthy and

over-processed food is affordable and easy to access, whereas access to affordable and healthy food is difficult. It was also noted that some people have difficulties in understanding food budgets or how to cook healthy foods. It is not just an access issue, but also an education issue. Although recreational opportunities are available in the community, it was mentioned that there is a lot of sedentary behaviour because either people do not know they are available, do not have the time or resources to access them, are not interested in utilizing them, or do not feel welcomed.

The key informants identified **chronic health conditions** such as diabetes, hypertension, health disease, and chronic obstructive pulmonary disease as key health concerns. Chronic health conditions affect quality of life, mortality, and ability to function. It is even more concerning when individuals have comorbidities as they are associated with worse health outcomes and complex clinical management. Chronic health conditions were strongly linked with the issue of nutrition and physical activity.

Key informants and focus group participants identified **the lack of affordable housing** as a key health concern. It was discussed how there are very few subsidized housing options for people who are not seniors. People are living in overcrowded conditions and in houses in need of major repair, which has a significant impact on mental and physical health. Because there are few affordable housing options, several people in the LGA are transient or homeless and often rely on friends and family for a temporary place to stay. It was mentioned that a detailed Pincher Creek Housing Needs Assessment was conducted in 2010, which highlighted many of the housing issues in the community, but little action has been made to address the issues and recommendations made in the document.

Participants discussed concerns about **recruitment and retention of rural family physicians** because of Alberta Health's decision to change the funding for rural physicians. Although a new payment structure has been developed, focus group participants and key informants are still concerned about the recruitment of future physicians as there remains to be no master agreement. The participants of the discussed how they not only want sustainability for the Health Centre, but they also wish for enhancement. However, participants are worried about centralizing health services to urban areas, like Lethbridge, which will create further barriers in access to health services (i.e. transportation).

### *Staying Healthy*

Focus group participants were asked, "what do people do to stay healthy in the area?" The most frequent response related to people staying healthy was **getting outdoors**. Many participants discussed the numerous outdoor activities in the vicinity, including national parks, provincial parks, lakes, camping, fishing, hiking, and skiing. The Pincher Creek library has an equipment rental program where people with a library card can rent snowshoes, cross country skis, camping kits, and fish gear.

Participating in **sports and fitness activities** was also a common way for people to stay healthy in the area. The Pincher Creek Recreation Department manages many of the recreational activities in Pincher Creek, which are also available to people throughout Pincher Creek LGA. The swimming pool, skating rink, Frisbee golf course, tennis courts, pickleball courts, walking groups, exercise groups, Skate Park, and BMX park where some of the many fitness and recreational opportunities made available in Pincher Creek. There are also subsidized recreation passes available through the Recreation Department for low-income families to promote accessibility. There are numerous walking paths, parks, and

***"If you are looking for something, you can pretty much find it in Pincher Creek."***

-Quote from a focus group participant.

playgrounds in Pincher Creek. Other activities in the area include rodeos, gyms, yoga, fishing, curling, and bowling, and hiking. Piikani Nation also has recreational activities, including walking groups, hockey, skating, and baseball.

**Social connections and attending community events** is another way people living in the Pincher Creek LGA stay healthy. Spending quality time with friends and family is important to the health and wellbeing of the majority of individuals in the LGA as they act as a support network for mental health. Farmers markets, craft markets, and Pincher Creek Pro Rodeo were events in Pincher Creek that were identified. Piikani Nation has a yearly Pow Wow accompanied by a weekend of rodeo, parades, golf, and baseball. It is a big community event that attracted people from nearby provinces and states and celebrates Indigenous culture. However, it was noted that social connections and community events have become very difficult during the COVID-19 pandemic as everyone is trying to abide by the social distancing protocols. People are still trying to stay connected with each other through telephone or video chats, but it is hard not to see people in person.

There are numerous **community groups and organizations** that people access to help stay healthy. Ones that were mentioned include Pincher Creek Health Centre, AAKom-kiyii Health Services, Allied Arts, Care Bears Society, Handi-bus Society, Pincher Creek Adult Learning, Napi Friendship Association, the food bank, the library, the schools, and churches. They all provide many programming and support services and try to make it as accessible as possible to everyone.

### *Barriers*

**Poverty** was identified as a significant barrier to accessing health services. Individuals living in poverty have difficulties affording good quality food, transportation, childcare, sufficient housing, and educational opportunities. Living in poverty acts as a barrier to accessing health services. It also creates additional health issues such as anxiety, depression, and stress. The “health-poverty trap” was discussed in a key informant interview, where reduced income contributes to poor health, and poor health contributes to a reduced income, creating a cycle that is difficult to break.

***“Affordability in the rurals...  
Everyone thinks it’s cheaper,  
but it is not.”***

-Quote from a focus group participant

Another major barrier identified by participants in the focus groups and key informant interviews was **access to mental health services**. There are long wait times, taking up to 2-4 weeks to get an appointment with a mental health clinicians. This is not helpful for people who are experiencing severe mental health concerns or are looking for help for substance abuse issues. By the time an appointment is available, it may be too late, and the individual is lost in the systems or has turned to unhealthy coping mechanisms to deal with the issues. Some service providers in the Pincher Creek LGA are providing mental health supports to their clients or students even though it is not a part of their job description. Still, it is the only option until the individuals are able to access support from a mental health clinician.

**Systemic racism** was frequently identified as a barrier to accessing services, especially for Indigenous people. Often, Indigenous people feel unwelcome at certain programs and services, and that it can be challenging to bring people together. Key Informants discussed how Indigenous people are discriminated against in the health system and do not receive the same level of care that non-Indigenous people receive. It was discussed that there are many stereotypes, judgment, and blame towards indigenous people and that there is a lack of understanding of the historical circumstances that

have created the health disparities. Racism is not only experienced in healthcare but also schools and community organizations, and through law enforcement. It was mentioned that racism has existed for a very long time in the community, and although the area has been moving forward in a positive direction, there is still a long way to go. Focus group participants mentioned that not only is there racism towards Indigenous people, but also towards visible minorities and new immigrants. There are a lot of stereotypes and preconceived notions that are not helping the issue.

Another significant barrier in the Pincher Creek LGA is **intergenerational trauma**. The establishment of residential schools attempted to eradicate language, traditions, and spiritual beliefs of Indigenous People. Schools were improvised environments and had a significant impact on the physical, mental, and spiritual wellness and has had lasting effects. It was discussed how survivors of residential schools had low self-esteem and anger and turned to substances like alcohol to cope. The trauma was then passed to later generations, and destructive behaviours became normalized.

***"Residential schools took away a right that every Canadian gets. They took away our right to raise our own children."***

-Quote from a key informant interview

Key informants and focus group participants described how **navigating the system** was a common barrier for people. It is difficult for everyone to know what services and resources are available and how to access them. It is also difficult for people to ask for help. **Jurisdictional boundaries** were also noted as a barrier, especially for Indigenous people living on or off-reserve. Not all services are equally accessible to people living in the Pincher Creek LGA. An example that was given was that people living on-reserve are ineligible to receive Persons with Developmental Disabilities (PDD) services.

Another barrier is accessing the **internet and technological services**. As we are modernizing as a society, things are transitioning to online platforms. Because of COVID-19, this transformation is occurring at a rapid pace. This is difficult for marginalized groups that do not have access to computers, smartphones, or the internet. Internet connection in rural areas can be expensive and slow. Sometimes individuals will

***"The technology piece is a real barrier."***

-Quote from a focus group participant

reach the data limit before the end of the month and will not be able to connect to online resources until next month. This is particularly hard for people who are trying to do online learning and course.

Another barrier frequently discussed was the **access and availability of services and resources**. Some services and resources are limited, and some are not even available in the LGA, forcing people go to a larger urban center, like Lethbridge. Several examples of this were provided to highlight the issues of access and availability.

- 1) There are no supports for people with FASD, despite the high rate in the Pincher Creek LGA.
- 2) There are long wait times for mental health, sometimes up to 2-4 weeks.
- 3) Children who have high learning needs need a physician's diagnosis before they can apply for extra supports. It is a lengthy process that can be difficult for families.
- 4) Accessibility for the visually impaired is limited. The stores for visual aids have closed in Alberta, forcing people with visual impairments to order online.
- 5) Access to affordable dental work is not available for people without health benefits, and it is a slow process for people with Non-Insured Health Benefits coverage.

**Hours of operation** of supports and services were identified as a barrier, particularly for the working poor. Many working-class people who need to access health services do not have the ability to take time off work to make appointments scheduled during the day. The majority of support and services in the LGA operate during the typical 9-5 business hours, but this is difficult for people who have to choose between work and appointments. It was highlighted, though, that because of the COVID-19 pandemic, many organizations have switched to telephone appointments, which has allowed for increased access to services because people do not need to get time off of work or find transportation for an appointment.

Other barriers that were also mentioned included **transportation, bureaucracy, stigma, confidentiality and anonymity in a small town, health literacy, financial literacy, and the weather.**

### *Groups experiencing the most challenges*

Participants were asked to identify groups of people who experience the most challenges in staying healthy and accessing services. The predominant groups that were identified, starting with the most frequently mentioned, include:

- **Low-income families**
- **Indigenous People**
- **The working poor**
- **People with addictions and mental health issues**
- **People with learning challenges and disabilities**
- **Elders**
- **Teenagers**
- **New immigrants and temporary workers**
- **Visible minorities**
- **People with unstable housing**
- **Young men (18-24) who are gamers.**
- **Seniors**

### *Strengths in the Area*

The LGA's most frequently stated strength was that Pincher Creek has a **strong sense of community and community collaboration.** There is a great volunteer base. People care for each other and do what they can to help others. There are over 100 service groups and organizations, which speaks to everyone wanting to contribute and help. People go above and beyond their job descriptions, and the community has the capacity to get things done. Supportive local businesses and schools system have also been contributing to the wellness of the areas. The **Pincher Creek town council** was also mentioned as a strength as they are active in the community and care. Examples given include town council investing in the early childhood learning center, advocating for the Pincher Creek Health Centre on a provincial level, and stepping up during the COVID-19 pandemic to ensure the community's safety and wellbeing.

***"If there is a need, people pull together."***

-Quote from a focus group participant

The **Pincher Creek Health Centre** was identified as a major strength to the Pincher Creek LGA as it offers numerous supports and services. Without it, many people would have to go to Lethbridge or Calgary for health services, which would only create further barriers and health disparities. The **Pincher Creek**

**Mental Health Services** was also identified as a major strength. Although the long wait times and understaffing of mental health services have been identified as an issue, the mental health services quality is excellent. Without this service, the mental health and addiction issues would be far worse. **Aakom-Kiyii Health Services** was also mentioned as a strength as they provide culturally appropriate health services in Piikani Nation to members on and off-reserve.

Another significant strength to the LGA is the **Pincher Creek Recreation Department**. They have worked hard to create recreational opportunities that are inclusive and affordable. Recreation passes are available for low-income families so they can participate in activities such as swimming. There are numerous recreational opportunities that people in the LGA can take part in, as highlighted in the “Staying Healthy” section.

Key informants identified the Pincher Creek LGA as being **innovative**. There have been many initiatives to "make the healthy choice the easy choice," including UV Safety, bike racks, equipment rental from the library, *Good Food* boxes, and adapting services to follow safety measures to COVID-19. Another example of innovation was the Pincher Creek Adult Literacy Society partnering with Imagine Institute to facilitate mental health training for community members and agencies to identify and help individuals or families facing mental health problems. Over 75 people attended from the Pincher Creek area.

The **LGA location** is in close vicinity to beautiful natural spaces (i.e. mountains, lakes, rivers, creeks), which serves as an excellent opportunity for recreational activities, health and wellbeing, and tourism. There are also many natural resources that have created opportunities for employment in various sectors, including agriculture, natural gas, and wind.

### *Next Steps*

Addressing **mental health and addictions** was the number one most mentioned “next step” that focus group participants and key informants would like to see in the LGA. It was discussed that there should be an increase in mental health clinicians to keep up with the demand and to provide early intervention for mental health concerns. A treatment center or detox for addictions in the Pincher Creek LGA would be a significant help in addressing addictions. Another important step would be to build a “mentally well” community by addressing stigma, poverty, and intergenerational trauma.

Participants in the focus groups and key informant interviews would like to see **better communication between organizations and jurisdictions**. Collaboration and working together would be a practical next step to ensuring people get the support and resources needed to increase and sustain health and wellbeing. An example provided was that gaps are often experienced when patients move between jurisdictions from on-reserve services, administered federally, to urban providers funded provincially.

***"Everyone wants to work together. But when you try to work together, higher-level bureaucracy prevents that. Systemic level barriers."***

-Quote from a focus group participant

Increase communication with Piikani Nation and services in the town of Pincher Creek would help reduce the gaps. Another example provided was that the Pincher Creek Health Centre wants to make enhancements and has the means to make the enhancements, but communication and bureaucracy with Alberta Health has slowed down the process.

It has been described that local services and programs exist, but public awareness around who provides them, what they are, who they are for, and where to find them is limited. A next step that participants

would like to see in the LGA is to **enhance public awareness of local programs** and services that promote and support healing and wellbeing. This included the idea of a “navigator” or “information hub” that could provide information on all of the local and regional resources available to people living within the LGA.

**Affordable and adequate housing** was frequently mentioned by key informants and focus group participants as a next step that they would like taken in the Pincher Creek LGA. “Next steps” include following the potential opportunities and solutions outlined by the *2010 Pincher Creek Housing Needs Assessment*.

***“There are people living in horrific conditions... This is such a resource-rich province; we cannot accept that level of disparity in our community.”***

-Quote from a focus group participant

An increase in **cultural understanding and diversity competencies** was mentioned as a next step to reduce systemic racism in the Pincher Creek LGA. Suggestions that were made were to increase the number of culturally appropriate services, increase the number of Indigenous staff in health services, provide cultural sensitivity training to service groups, and address the Calls to Action outlined by the Truth and Reconciliation Commission of Canada.

**Support for low-income working families** by making support and service convenient and considering the demands that families may be facing was also mentioned. Some families are going day by day to make ends meet and do not have the time or resources to access services. Examples of “next steps” would be the continuation of over the phone medical appointments post-COVID, scheduling some of the walking groups and exercise classes on evenings and weekends, and providing social safety nets like pensions and benefits.

***“Community health is really paramount. If each of us could reach out to others who are not doing as well, that would really help. That is where it starts, and it goes like a wildfire.”***

-Quote from a focus group participant

## Discussion

This Community Health Needs Assessment was undertaken to better understand the health needs of the Pincher Creek LGA. Several quantitative and qualitative data sources were used to illustrate the health needs, including conversations with local service providers via focus groups and key informant interviews.

The health issue of greatest concern for the Pincher Creek LGA is mental health and addictions. Both the quantitative and qualitative data sources confirm this. The current system that addresses mental health in the community is overwhelmed and unable to meet local needs. Concerns surfaced around the healthcare system's capacity to effectively address mental health and addictions, especially for those with early signs of mental health issues. Health data from the community profile stated that “In 2017, Pincher Creek's emergency department (ED) visit rate for mental and behavioural disorders was much higher than the provincial ED visit rate per 100,000 population (2,800.4 vs. 786.9 AB)” (1. Community profile). Addressing mental health and addictions is critical for increasing health and wellbeing in the Pincher Creek LGA.

The focus groups' participants and key informant interviews spoke highly about Pincher Creek's welcoming nature but recognized that this does not extend to all cultural groups, especially indigenous.

Qualitative and quantitative data indicate a significant health disparity between Indigenous and non-Indigenous People in the Pincher Creek LGA. This is due to historical circumstances, residential schools, intergenerational trauma, jurisdictional boundaries, and systemic racism. A lack of cultural understanding and diversity competencies has also been identified as part of the issue. Identifying and closing the gaps in health outcomes between Indigenous and non-Indigenous people is necessary to reduce the health disparity and create a more welcoming environment.

There are many local and regional services groups and organizations in the community to support and enhance the wellbeing of people living in the Pincher Creek LGA. However, it is apparent that there is a lack of awareness of these programs and services. For example, the data suggests that chronic health conditions and sedentary behaviour were key health concerns in the LGA and directly correlated with each other. It was also identified that recreational services are readily available and accessible in the Pincher Creek LGA. There may be an issue in ensuring that people who need the recreation options are utilizing the recreational opportunities. Community members not knowing what services exist, who they are for, and where to find them ultimately impacts the use of these programs and services. This includes a level of awareness held by service providers from all sectors about their service and program options. Investigations should be conducted to better understand why vulnerable populations who could benefit from programs and services in the community are not utilizing them.

It is confirmed through the qualitative and quantitative data that there is a lack of adequate housing in the Pincher Creek LGA. The percent of homes in need of major repair in the Pincher Creek LGA is significantly above the provincial average. Through community engagement, it is apparent that there are not enough affordable housing options available. Potential opportunities and solutions to address the area's affordable housing needs have been outlined in the Pincher Creek Housing Needs Assessment. They could be used as a guide for future housing initiatives.

Income is perhaps the most important social determinant of health. The level of income shapes overall living conditions, affects psychological functioning, and influences health-related behaviours (36. The Canadian Facts, 2015). Low income can make individuals more vulnerable and at-risk to poor nutrition, unstable housing, unmet medical needs, and predispose them to material deprivation (29. Why education matters, 2015). Statistics indicate that The Pincher Creek LGA has a lower median after-tax income than the provincial average. Focus Group participants and key informants identified poverty as a key health concern. Low-income families and the working poor are vulnerable populations in the Pincher Creek LGA. Approaches should be developed to address poverty and support low-income families and the working-poor balance between work and life by making services and programs more accessible.

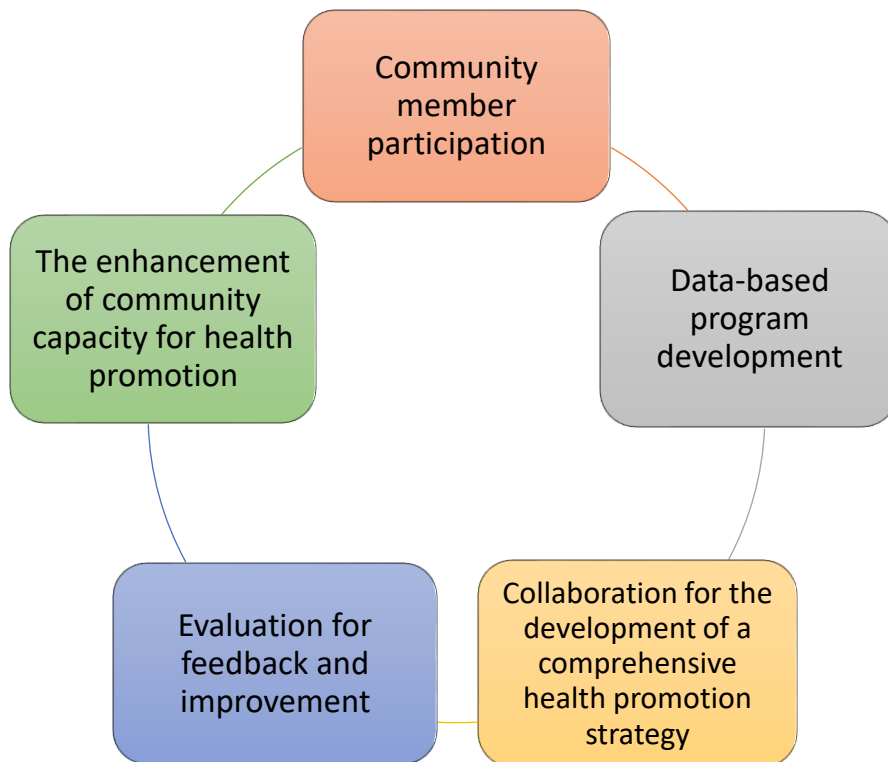
A major strength of the Pincher Creek area is its willingness to work together to address the community's needs. This is paramount for moving forward with the issues identified in this health needs assessment. Increased communication and collaboration with organizations throughout the Pincher Creek LGA will help build bridges between communities and cultures.

## Going Forward

This community health needs assessment has outlined trends and issues impacting health and wellbeing in the Pincher Creek LGA. The diverse perspectives and sources of information analyzed converged on several key priority areas for moving forward and improving health and wellbeing. The following seven priority areas have been identified:

- 1) The need to better support mental health and addictions prevention and treatment
- 2) The need to enhance public awareness of local and regional programs and services that promote and support health and well being
- 3) The need to address the lack of cultural understanding and diversity competencies
- 4) The need to address the Calls to Action of the Truth and Reconciliation Commission of Canada
- 5) The need to address the lack of affordable and adequate housing
- 6) The need to support low-income working families who are struggling with day-to-day demands and expectations
- 7) The need to improve communication and collaboration between local and regional services providers, and to generate solutions to jurisdictional boundary issues.

A suggested model for addressing the priority areas would be the Planned Approach to Community Health (PATCH), which is a community health planning model developed by the CDC. It was created for the application among diverse partners at the local level, but also within the context of vertical collaboration within the governmental public health infrastructure.<sup>37</sup> There are five critical elements to the PATCH framework.



For the Pincher Creek LGA to address these priority areas, there will need to be partnerships and participation within and outside the formal healthcare system.<sup>37</sup> Programs and health initiatives should be based on qualitative and quantitative data collected, not just from this document, but from many sources. There will also have to be upstream investments for the prevention of health issues. It is

essential to apply a population health perspective and understand the social determinants of health to address the priority areas meaningfully. When addressing these priority areas, the principles of empowerment, human rights, inclusion, social justice, self-determination, and collective action should be considered.<sup>37</sup> Continuous monitoring and evaluating what is working and what is not working in the community ensures the right investments are being made in the right places. The enhancement of community capacity will be an ongoing individual and collective process and will require commitment from all those involved with health and wellbeing, directly and indirectly. This Community Health Needs Assessment has provided a starting point for the Pincher Creek LGA to improve health and wellbeing.



## References

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## Appendix

### *Report Back to Community*

December 7, 2020 via Zoom

Pincher Creek Community Health Needs Assessment

**Participants:** David Green, Linda McGarva, Kelly Lepine, Pat Bratz, Gabrielle Kirk, Monica Scyrba-Davis, Ola Crook, Susan Gerber, Tawnya Crowshoe, Beatrice Little Moustache, Betty Stone, Gabrielle Kirk, Stasha Donahue

Gabrielle presented highlights of findings from the community health needs assessment.

#### **Discussion**

##### **What is missing?**

- Partners and strengths. Grant specialist, Training Inc.-those kind of services where we can work with barriered adults to help them pathways toward foundational learning needs.
- I feel like our community is stronger and we have more resources than what was listed.
- A central location from access-Maries from the town and I worked on this piece. We do have the community program guide. Also Pincher Creek Community Events page on Facebook. Library and ourselves and Alberta works could work together to be the door for referrals. Previous to COVID we had a lot of referrals.
- I think we need to pull on our strengths and leverage partnerships especially over the next few weeks ahead.
- Last week I had the opportunity to go through 5 studies that have been done since 2005. At the end of it all, there is no real responsibility taken to ensure there is wheels under the bus. I look

back at early Housing studies. We have not put a stick in the ground aside of the Habitat for Humanity projects. Overall affordable housing needs have not been addressed. Need to assign responsibility to move forward. Capital plan in place for 20 unit housing project sitting on a bureaucrat's desk.

- We have a strong interagency group in Pincher Creek. They all have specific mandates. Usually meet once a month. Groups are to provide updates. Needs to be some kind of information hub. This is not an easy fix. Going to be hard to find resources.
- Beatrice-I am involved with Jordan's Principle. Regional service coordinators who advocate for children to receive services. NHIB does not provide all services. Foster Care-60's scoop. A lot of problems encountered with that. I would like to be involved with Pincher Creek Interagency.
- Re waitlist for mental health. Susan Gerber works with physicians to address mental health. Clients are moved down to see Susan so able to see people quickly.

So what next?

- David-Future presentations. To MD, Town Council and Piikani.
- Resume with Interagency meetings in the New Year.
- How do we solve interconnected concerns and issues; because we do not have our usual partners to refer to us? Every one of our barriered adult learners is through personal conversations with our staff or board members. Personal conversations help get people connected. Keep communicating with each other in the community.
- Tawnya-agree with need to connecting- was not aware of Interagency Meetings. David will send her the invite.
- Stasha will follow up with David in early January 2021 to discuss if presentations to others groups in the community would be helpful.