

Official Standard Geographic Areas



**Alberta Health Services
&
Alberta Health**

Acknowledgement

The development of the Alberta Health Services (AHS)/Alberta Health (AH) official standard geographic areas was undertaken by a Geographic Area Working Group (GWG). The GWG was a pan-provincial group that included representation from multiple AHS portfolios as well as Alberta Health. These individuals established principles, guidelines, and standards as well as adopted standard methodologies and evidence-based approaches to construct all geographic areas in 2010. The group brought unique experiences and expertise to the creation and updating of this product and conducted validation, testing and impact assessment. The following individuals are recognized and acknowledged for their contributions to this work to develop standard geographies in 2010:

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In 2017, the following individuals (core Geographic Area Working Group) updated, tested and validated standard geographic areas based on Statistics Canada 2016 census boundaries:

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List of Acronyms

- **AGLGA** – Aggregated Local Geographic Area
- **AH** – Alberta Health
- **AHS** – Alberta Health Services
- **AHW** – Alberta Health & Wellness (now Alberta Health)
- **CCHS** – Canadian Community Health Survey
- **CSD** – Census Sub-Division
- **DA** – Dissemination Area
- **DB** – Dissemination Block
- **HSA** – Health Status Area
- **GWG** – Geographic Area Working Group
- **ID** – Improvement District
- **LGA** – Local Geographic Area
- **MD** – Municipal District
- **PCTF** – Postal Code Translator File
- **RHA** – Regional Health Authority (old health regions)
- **SA** – Special Area

1.0 Development of AHS/AH Official Geographies - 2010

1.1 Background

The amalgamation of nine geographically based health authorities and three provincial entities into one provincial governance structure resulted in the need to define new geographic areas that met the needs of Alberta Health Services. Each new AHS Zone required a set of rational contiguous sub-zone geographic areas for planning, surveillance, monitoring and reporting activities. Functional areas are essential for ensuring that data and information are representative of the local context.

1.2 Methods and Approach

An AHS Geographic Areas Working Group (GWG) was established to develop a set of functional sub-zone geographic areas for surveillance, planning, monitoring, and reporting of population health, health outcomes, and health support and services across Alberta. The GWG was a pan-provincial group that included representation from multiple AHS portfolios as well as Alberta Health. The group established principles, guidelines and standards as well as adopted standard methodologies and evidence-based approaches to construct all geographic areas. See Section 1.4 for the general principles, guidelines and criteria.

A separate process, involving consultation with multidisciplinary zone teams, was used to define the new geographies within each zone. Zone teams included representatives from seniors health, addictions and mental health, medical officer of health, community and rural hospitals/facilities, home care, public health, primary care, chronic disease management, allied health operations, community and rural planning, health status assessment, and public health innovation and decision support. Using the criteria, methods and guidelines developed by the GWG, each zone team, led by the Chair of the GWG, created their new lower level geographic areas. Zone teams validated the new areas through a process of dissemination and further discussion with operations and planning within their respective zone. Refer to Section 1.6 for criteria used to create urban and rural areas.

As a result of the above processes, four new lower level geographic areas, each with a different level of granularity, were created. Each area was constructed using common building blocks (dissemination areas from Statistics Canada), thus allowing the smallest areas to aggregate into the larger areas with no gaps or overlaps between levels or areas. The existing and new areas are described below. Additionally, a standard rural-urban continuum was defined for planning, surveillance and reporting (Refer to Section 1.6).

Ongoing evaluation of the functionality of all new geographic areas has been implemented, with the option of making necessary adjustments once every five years to coincide with changes in Statistics Canada dissemination area updates.

1.3 Geographic Area Building Blocks

A dissemination area (DA) is a small, relatively stable geographic unit composed of one or more adjacent dissemination blocks, with a population of 400 to 700 persons. It is the smallest standard geographic area for which all census data are disseminated. DAs cover all the territory of Canada. There are 5,803 dissemination areas in Alberta (2016 Statistics Canada census).

Dissemination areas (DA) were used as the building blocks for all geographic areas. In some circumstances in the remote north, dissemination blocks (DB) were used to locate populations within a DA. A population approach was used to define metropolitan and major urban areas (i.e., identification of “like” groups of individuals based on neighbourhoods, shared infrastructure and resources, common travel patterns and historical knowledge). Rural areas were defined by hospital catchments (the physical access to hospitals, a reasonable surrogate measure for defining rural communities), shared infrastructure and resources, local industry, common travel patterns and local knowledge of “like” populations.

1.4 Principles, Guidelines and Criteria

General Guidelines

- Both AH and AHS should use the same geographical areas for the same purposes. New AHS geographical areas including principles, guidelines and decision-making processes used to develop the areas will be shared with AH.
- Zones will be the largest geographical area – all lower level geographic areas should amalgamate into zones.
- Geographically stable building blocks should be used to create all lower level geographic areas in AHS. This will allow for flexibility required by different purposes.
- Ideally, all lower geographic areas should reflect a particular purpose (e.g., planning, surveillance, deep dives/drill-downs).
- The methodological approach to create rural geographical areas should differ from the approach used to create urban geographical areas. The need for different approaches is based on differences in population density and spatial characteristics in rural areas.
- All geographical boundary sets should be contiguous.
- A continuous evaluation of all geographical areas regarding “fit” – how well they are working for their intended purpose, will be embedded in the process.

Key Principles and Concepts

- Dissemination areas will be used as building blocks for the construction of all geographic areas in AHS (smallest standard geographic area to which all census data are disseminated).
- Spatial independence will be taken into consideration – everything is related to everything else, but near things are more related than distant things (Tobler’s First Law of Geography*)

**Tobler W., (1970) "A computer movie simulating urban growth in the Detroit region". Economic Geography, 46(Supplement): 234-240.*

-
- Place influences health through local conditions (e.g., similar history, built environment, local amenities, socio-economic characteristics, socio-cultural features, and the services provided to support people in daily lives and health).
 - People generally seek services, including health, at places where they commute for work.

Geographical Area Building Blocks

Stable geographies (areas sanctioned by Statistics Canada) should be used as building blocks for the creation of all AHS geographical areas. *Dissemination Areas* (DAs) were used as building blocks to create larger geographical units for planning and reporting.

In remote/northern regions where DAs are relatively large, use *Dissemination Blocks* (DBs) to locate population density within the DAs.

In cases where DAs are not coterminous with larger political/administrative boundaries (e.g., zones, city defined communities, Health Advisory Councils), assign the DA to the most appropriate geographic area based on population and travel patterns.

Description of Dissemination Areas (DAs)

DAs are relatively uniform in terms of population size (400 to 700 persons)

- DAs are the smallest standard geographic area to which all census data are disseminated. The census data include economic and social statistics.
- DAs are small, relatively stable geographical units of one or more blocks (stable year-to-year)
- DAs respect (or are coterminous with) the boundaries of municipalities (census subdivisions - CSDs). CSDs include counties, improvement districts (IDs), municipal districts (MDs), special areas (SAs), towns, cities, villages, and Indian reserves.
- DAs are a set of discrete geographic units that are mutually exclusive
- DAs allow for greatest flexibility when creating geographical areas for health planning and reporting

Geographical Area Aggregation Level Guidelines

Minimum populations of 10,000 – 15,000 and sometimes 20,000 are required to obtain stable estimates for most common health events. Rather than limiting the size of the geographical area by the minimum population size for reporting rare events, the area should be based on sizes required for reporting common health events. The reporting of rare events should apply to the next level of geography. For example:

Case management – patient address and/or postal code (data would not be released)

Common health events (e.g., morbidity) – subzone, health status areas, aggregated local geographic areas, local geographic areas (data not stratified or include multiple years)

Rare health events (e.g., congenital anomalies) – zone level

Very rare health events (e.g., maternal death) – province level

Criteria for Developing Geographic Areas

Final AHS & AH Geographic Areas

- Zones
- Subzone
- Health Status Areas (HSA)
- Aggregated Local Geographic Areas (ALGA)
- Local Geographic Areas (LGA)

Overall Criteria

- All geographic areas are contiguous across Alberta
- All geographic areas are coterminous with Zone boundaries
- Municipal/county boundaries are respected (coterminous) as much as possible. In cases where Zone boundaries cross municipal areas, the Zone boundaries are followed. The choice of municipal/county boundaries as building blocks for “Subzone” geographic areas is based on the following principles:
 - Municipalities share a bundle of spatially based attributes. For example: government funding, programs, services; characteristics of infrastructure (roads, services, etc.); public services (schools, administration, etc.); environmental characteristics; proximity characteristics; political characteristics; some socio-economic characteristics; and many other determinants of health.
 - Municipalities can be aggregated within zones in a variety of configurations.
 - Dissemination areas (building blocks for Local geographic areas) aggregate into municipal boundaries.
 - Municipalities will be coterminous with zone and health advisory council boundaries for the most part.
- Natural boundaries and barriers were followed as much as possible and where feasible and reasonable.
- Lower geographic area boundaries are coterminous with Health Advisory Councils wherever possible/feasible.
- Previous boundaries used to define and deliver health services were taken into consideration (e.g., previous health regions and sub-regional areas).
 - Communities have experience and established relationships with previously defined service and planning areas.
 - Previous areas were created based on community and municipal input
 - Previous areas consider historical, community and geographic criteria
- The populations in lower geographic areas are large enough to ensure the calculation of stable rates for common and some rare health events.
- Lower levels of geography were designed for planning, monitoring and surveillance activities.
- There was recognition of large variations in population characteristics within lower geographies.
- The Canadian Community Health Survey (CCHS) sampling is based on the nine former regional health authority boundaries. Lower geographic areas took this into consideration as much as possible.

Criteria for Developing Geographic Boundaries in Rural Areas

- In **Rural** areas, acute care sites serve as a reasonable proxy indicator for common services (health and otherwise), also considered were population travel patterns, common infrastructure and geographic accessibility.
- Acute care “catchment” approach identifies common populations in rural areas.
- 75-85% utilization (emergency and inpatient) was used to help define geographic catchments
- Subzone target population size 25,000 to 55,000+ (Subzone and Health Status Areas)
- Regional target population size 15,000+ (Aggregated Local Geographic Areas)
- Local – no specific target population size (Local Geographic Areas)
- Areas respect natural conditions such as rivers, streams, lakes and parks
- Municipal boundaries were respected whenever possible
- In places where dissemination areas (DA) are extremely large, the DA was split based on the location of populations within the DA.
- Transportation routes such as rail lines and major roadways were respected.
- Population characteristics (shared infrastructure and resources, local industry, common travel patterns and local knowledge of “like” populations) were considered

Criteria for Developing Geographic Boundaries in Urban Areas

- In **Urban** centers, city-defined neighborhoods share a common set of services, infrastructure, travel patterns, and geographic accessibility.
- Group/cluster urban areas based on city-defined neighborhoods (~3,000 population)
- Maintain existing neighborhood groups
- Subzone target population size 25,000 to 55,000+ (larger in metropolitan areas)
- Regional target population size 15,000+
- Local – no specific target population size
- City defined neighborhoods were not split or divided
- Natural conditions such as rivers, streams, lakes and parks were respected
- Transportation routes such as rail lines and major roadways were respected
- Group common land usage (residential, commercial, industrial)
- Consider population characteristics and housing (identification of “like” groups of individuals based on neighbourhoods, shared infrastructure and resources, common travel patterns and historical knowledge)
- Group/cluster urban areas based on city-defined neighborhoods
- Maintain existing neighborhood groups

1.5 AHS & AH Geographic Areas and Definitions

The following descriptions define the new standard geographic areas for Alberta Health Services and Alberta Health. (Appendix A displays the maps for the standard geographic areas for Zone specific numbers, names, and codes & Appendix B for maps of standard geographies)

1.5.1 Local Geographic Area (LGA)

Purpose: Detailed information for planning, monitoring and surveillance (e.g., health outcomes, utilization, count-type information, etc.), and deep-dive studies particularly for health service planning.

Primary Recipient: AHS planning and operations, AH

Size: populations vary from very small in rural area to large in metropolitan centres (no specific target population size)

Number of Geographic Areas: 132

1.5.2 Aggregated Local Geographic Area (ALGA)

Purpose: Reporting, planning, monitoring and surveillance (e.g., health status, outcomes, utilization, simple rates, etc.). Appropriate for common health events with limited or no stratification. ALGAs are built from the aggregation of LGAs. LGAs are grouped based on aggregations that make the most sense or “best fit” with regard to community likeness, travel patterns and shared services. Calgary and Edmonton ALGAs and LGAs are the same since the sample sizes in these communities is large overall.

Primary Recipient: AHS planning and operations, AH

Size: populations of 15,000 or greater

Number of Geographic Areas: 91

1.5.3 Health Status Area (HSA)

Purpose: Standard population health reporting, high level utilization, health and healthcare outcomes, census data, stable rates for common health events with some stratification. The HSAs are aggregations of ALGAs that represent “best fit” for the next level of geography. HSAs are the most appropriate level for analyzing common health outcomes, utilization and surveillance data where stratification is necessary.

Primary Recipient: AHS planning and operations (e.g., health status reporting), AH, Statistics Canada, CIHI

Size: populations of 35,000 or greater

Number of Geographic Areas: 64

1.5.4 Subzone

Purpose: High level reporting (e.g., health status, outcomes, utilization, complex rates, etc.)

Primary Recipient: Statistics Canada, CIHI, AH

Size: Large geographic areas consisting of populations >40,000

Number of Geographic Areas: 35

The subzones were created for the purpose of increasing sample sizes, particularly in the rural areas and are built from the HSAs. These areas are used for special circumstances.

1.5.5 AHS Zone

The zones were formed in 2009 and are aggregations of the nine Regional Health Authority (RHA) boundaries. In 2011, the area of Redwater moved from the Edmonton Zone to North Zone.

1.6 Rural-Urban Continuum

Purpose: Analytics, reports, planning and monitoring that requires stratification or comparison by rural-urban status.

Primary Recipient: AHS and AH planning, surveillance, monitoring and reporting at provincial and zone levels.

Size: Population size varies. Categories are based on rural-urban classification (considers population density, local industry, distances from major urban centres, LGAs, local knowledge of “like” communities).

Number of Geographic Categories: 7 distinct categories (metro, urban, moderate metro influence, moderate urban influence, rural, rural remote, large rural centres and surrounding areas). Note: urban influenced category is currently under revision (2018/19).

1.6.1 Developing Rural – Urban Continuum Areas

Rural – urban continuum areas are based on the aggregation of Local Geographic Areas (LGAs). The rural-urban continuum areas were defined through the application of multiple criteria listed below:

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

Rural-urban continuum is divided into 7 distinct areas:

Metro Centres – population >500,000. Calgary and Edmonton proper.

Metro Influenced Area - defined by AHS Local Geography areas immediately surrounding Calgary and Edmonton. These are deemed as commuter communities (live outside of Calgary/Edmonton but commute to Calgary/ Edmonton for work and business).

Calgary metro influenced area includes the towns of:

- Cochrane
- Airdrie
- Okotoks
- Priddis
- Chestermere Lake
- Springbank area

Edmonton metro influenced area includes the towns of:

- St Albert
- Fort Saskatchewan
- Stony Plain & Spruce Grove
- Sherwood Park
- Leduc

Urban - 5 major urban centres with populations > 25,000 but less and 500,000 (Grand Prairie, Fort McMurray, Red Deer, Lethbridge, Medicine Hat).

Moderate Urban Influenced – Local Geographic areas surrounding the 5 urban centres. These areas are typically considered rural given that their populations are low and the Local Geographic areas do not define these areas properly (refer to note below).

Large Rural Centres and Surrounding Areas – 10,000 to less than 25,000 population (Brooks, Canmore, Wetaskiwin, Camrose, Lloydminster, Cold Lake). These areas are considered rural but are defined for the purpose of special studies. All 5 areas have unique populations and industries but belong to the rural area.

Rural Areas – populations less than 10,000 and up to 200 kilometres from a Metro or Urban centre. These include towns, villages, hamlets, and agricultural areas.

Remote – greater than 200 kilometres from a Metro or Urban centre. Industries tend to include oil & gas, forestry, hunting/trapping, tourism and sometimes pockets of agriculture.

Notes: The areas surrounding the 5 major cities (moderate urban influence), excluding Calgary and Edmonton, are too small at this time to separate from the surrounding rural areas. Hence these areas are considered rural for the purpose of analysis and planning. A redesign of moderate urban influenced areas is under redevelopment. Moderate Metro influenced areas around Edmonton are undergoing redesign to demarcate the rural areas.

2.0 Updating AHS/AH Official Geographies – 2018

2.1 Background

In 2010, a set of AHS/AH Standard geographies were developed for surveillance, planning, monitoring, and reporting of population health, health outcomes, and health support and services across Alberta. Dissemination areas (DA) from 2006 Statistics Canada were used as the building blocks for all geographic areas. In some circumstances in the remote north, dissemination blocks (DB) were used to locate populations within a DA. For details, please refer to Section 1.3 & 1.4. At that time, an ongoing evaluation of the functionality of all new geographic areas was implemented, with the option of making necessary adjustments once every five years to coincide with changes in Statistics Canada dissemination area and Census Sub-Division updates.

Statistics Canada released 2016 census boundaries in November 2016 and population data in February 2017. According to the latest census, Alberta is the fastest growing province in Canada. There was more than 11% population growth during last 5 years due to migration from other Canadian provinces, new immigrants and new refugees. During last 10 years, a number of municipal boundaries have been expanded such as Airdrie, Grande Prairie, Mundare, St. Albert, Devon, Gibbons, Spruce Grove, Sylvan Lake, Blackfalds, and the City of Red Deer. 2010 AHS/AH Standard Geographies are based on 10 year old Statistics Canada DAs and DBs. It was important to update the AHS/AH geographies to reflect changes in Statistics Canada and municipal boundaries.

The following section outlines the areas where LGA (Local Geographic Area), the lowest AHS/AH geographic level, were changed. A total of 17 updates (29 LGAs) were implemented. The impact of the updates in terms of population (DB 2016), number & list of postal code (June 2017 PCTF) changes are provided in Appendix C. The names and codes of geographic areas remain the same.

2.2 List of LGA Updates 2018

1. Fort McMurray – Wood Buffalo
2. High Prairie – Peace River
3. High Prairie – Slave Lake
4. High Prairie – Swan Hills
5. City of Grande Prairie – Grande Prairie County
6. Fox Creek – Valleyview
7. Slave Lake – Wabasca
8. Vegreville/Minburn County – Lamont County
9. Sturgeon County East – Sturgeon County West
10. St. Albert – Sturgeon County West
11. Leduc & Devon – Thorsby
12. Stony Plain & Spruce Grove – Westview Excluding Stoney Plain & Spruce Grove
13. Sylvan Lake – Red Deer County
14. Lacombe – Red Deer County
15. City of Red Deer (North, East) – Red Deer County

-
16. Okotoks-Priddis – Black Diamond
 17. Airdrie – Crossfield

2.3 Issue

1. Zone boundaries cannot change. Any change on zone borders cannot be addressed.
2. Statistics Canada 2016 boundaries do not completely align with 2011 and 2006 boundaries. There are anomalies throughout Alberta. LGAs were updated where actual boundaries were changed (city, town, DA, DB) and other anomalies due to boundary changes were ignored.

2.4 Next Steps

1. Develop Sub-Local Geographic Areas (SLGA), a new geographic area that would roll up to Local Geographic Areas - 2018/19
2. Refine Rural-Urban Continuum Areas based on Sub-Local Geographic Areas (SLGA) – 2018/19

2.5 LGA Reference Maps (2018)

AHS Zones LGA Reference Map (PDF): <http://arcg.is/2w9dU71>

South Zone LGA Reference Map (PDF): <http://arcg.is/2wJQc3n>

Calgary Zone LGA Reference Map (PDF): <http://arcg.is/2vNLG6v>

City of Calgary LGA Reference Map (PDF): <http://arcg.is/2w9kGtw>

Central Zone LGA Reference Map (PDF): <http://arcg.is/2w8L9HA>

Edmonton Zone LGA Reference Map (PDF): <http://arcg.is/2gMmyX0>

City of Edmonton LGA Reference Map (PDF): <http://arcg.is/2wHLUen>

North Zone LGA Reference Map (PDF): <http://arcg.is/2wI6TgS>

Online Map: <http://arcg.is/2dVswCh>

Appendix A

AHS/AH Geographic Area Reference Tables & Shapefiles

1. Geographic Areas Names and Codes

PDF: Local Geographic Areas <http://arcg.is/2xTDr9Y>
Aggregated Local Geographic Areas <http://arcg.is/2yAlhHT>
Health Status Areas <http://arcg.is/2xTC3V3>
Subzone <http://arcg.is/2zCzN1l>
Zone <http://arcg.is/2xRBbve>

Excel: <http://bit.ly/2xRAzFY>

2. Local Geographic Area to Other Geographic Areas & Population 2006, 2011, 2016

PDF: <http://arcg.is/2xTIGb5>

Excel: <http://bit.ly/2yvb7KD>

Online Map: <http://arcg.is/2dVswCh>

3. AHS/AH Standard Geographic Areas Shapefile (zip)

Alberta Shapefiles – 2018: <http://bit.ly/2DK7a5b>

4. AHS/AH Standard Geographic Areas Documentation: <http://arcg.is/2Ez7XVN>

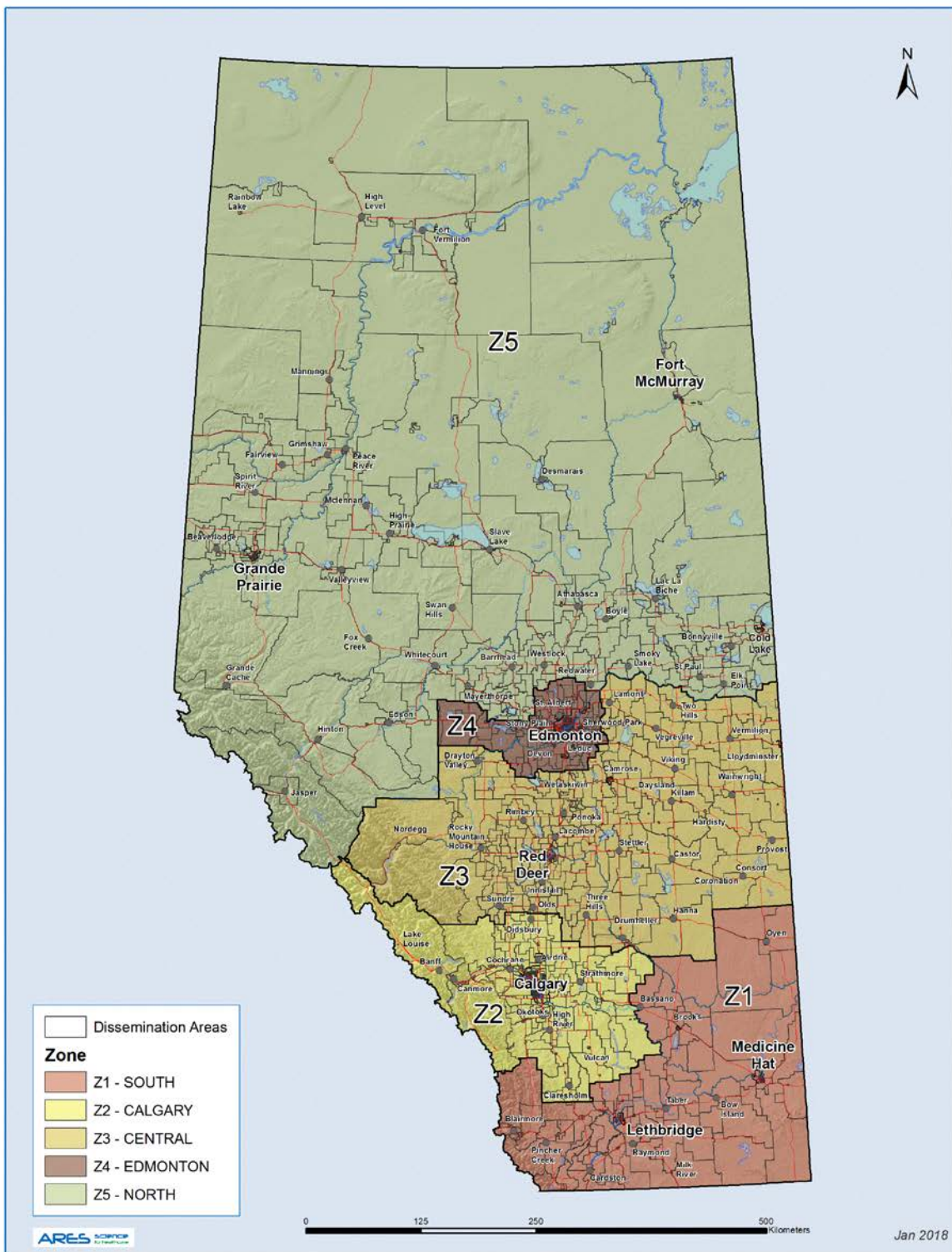
Appendix B

Maps of Standard Geographic Areas

1. Dissemination Areas (DA) 2006 – Geographic Areas Building Blocks
2. Local Geographic Areas (LGA) - 2018
3. Aggregated Local Geographic Area (ALGA) - 2018
4. Health Status Areas (HSA) - 2018
5. Sub-Zones - 2018
6. AH/AHS Zones - 2018
7. Rural-Urban Continuum - 2018



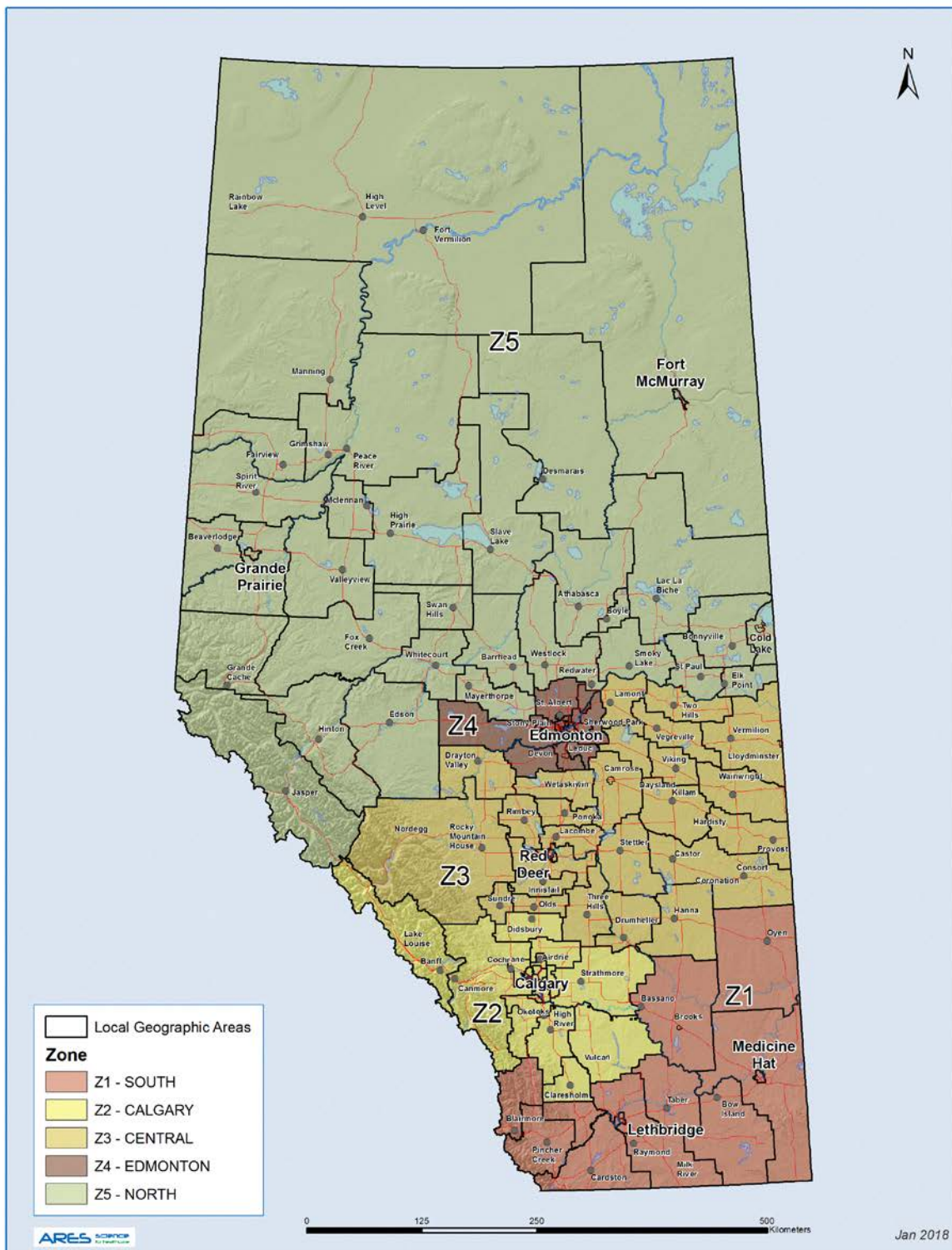
Alberta Health Services Zones Dissemination Areas (DA) 2006





Alberta Health
Services

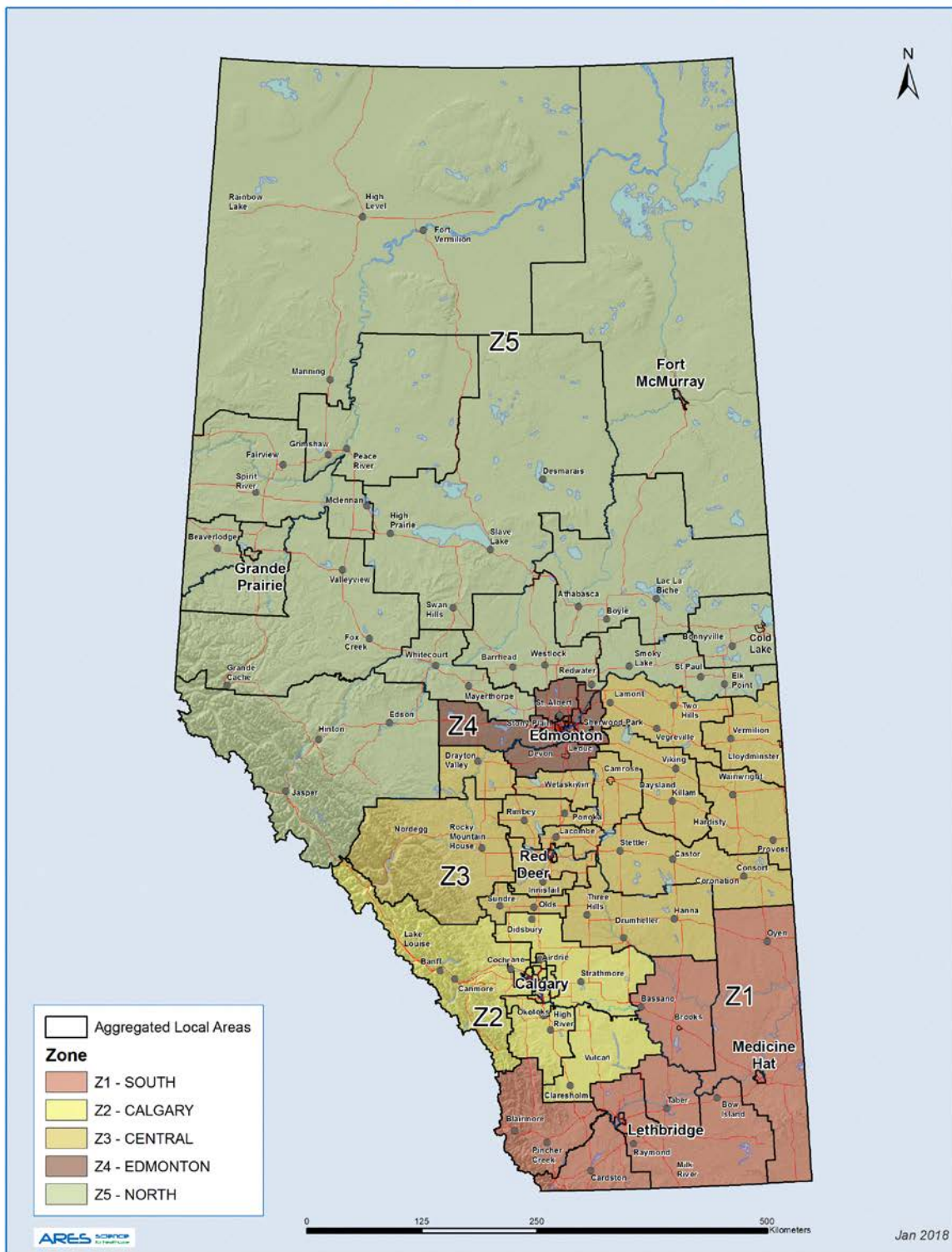
Alberta Health Services Zones Local Geographic Areas





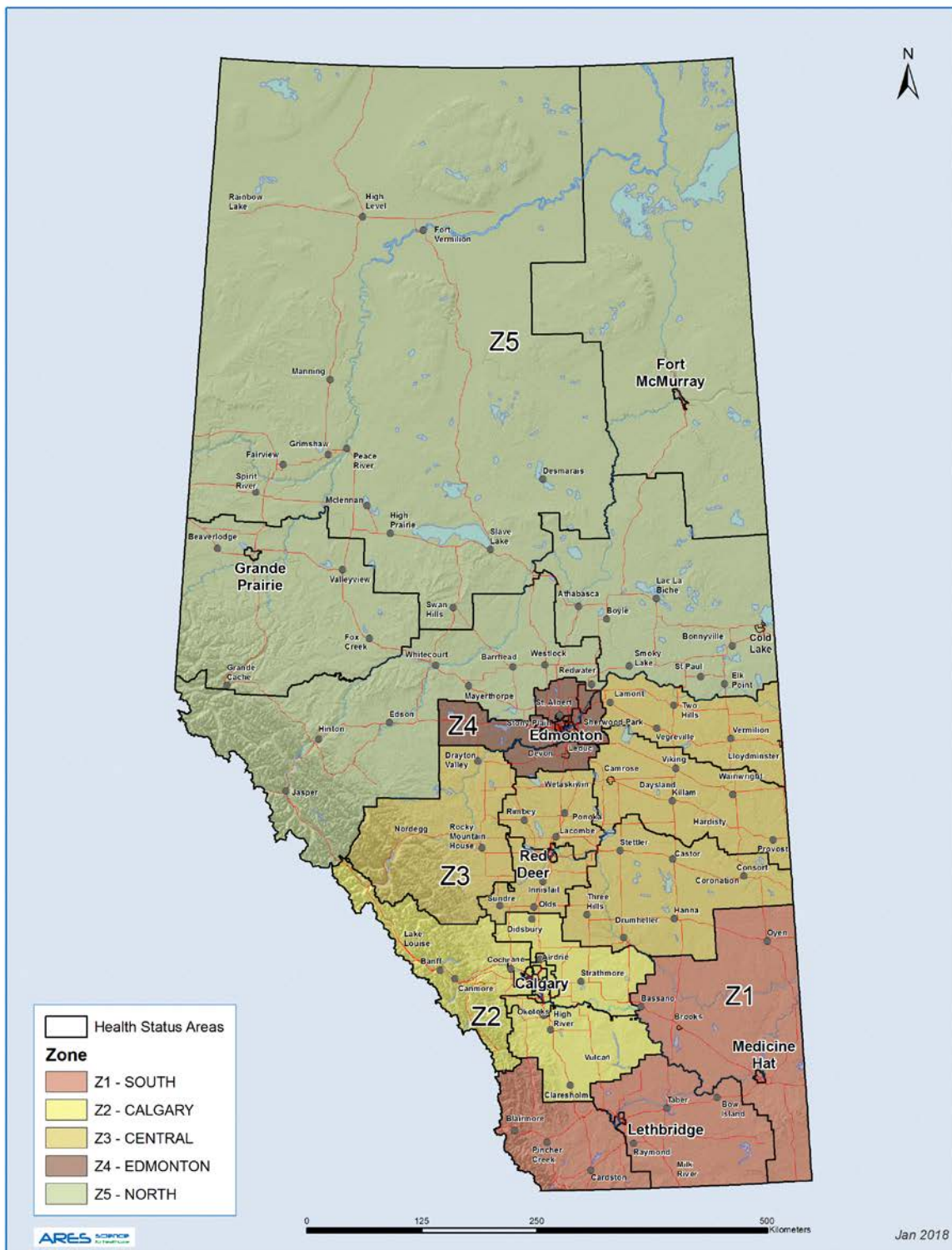
Alberta Health
Services

Alberta Health Services Zones Aggregated Local Geographic Areas



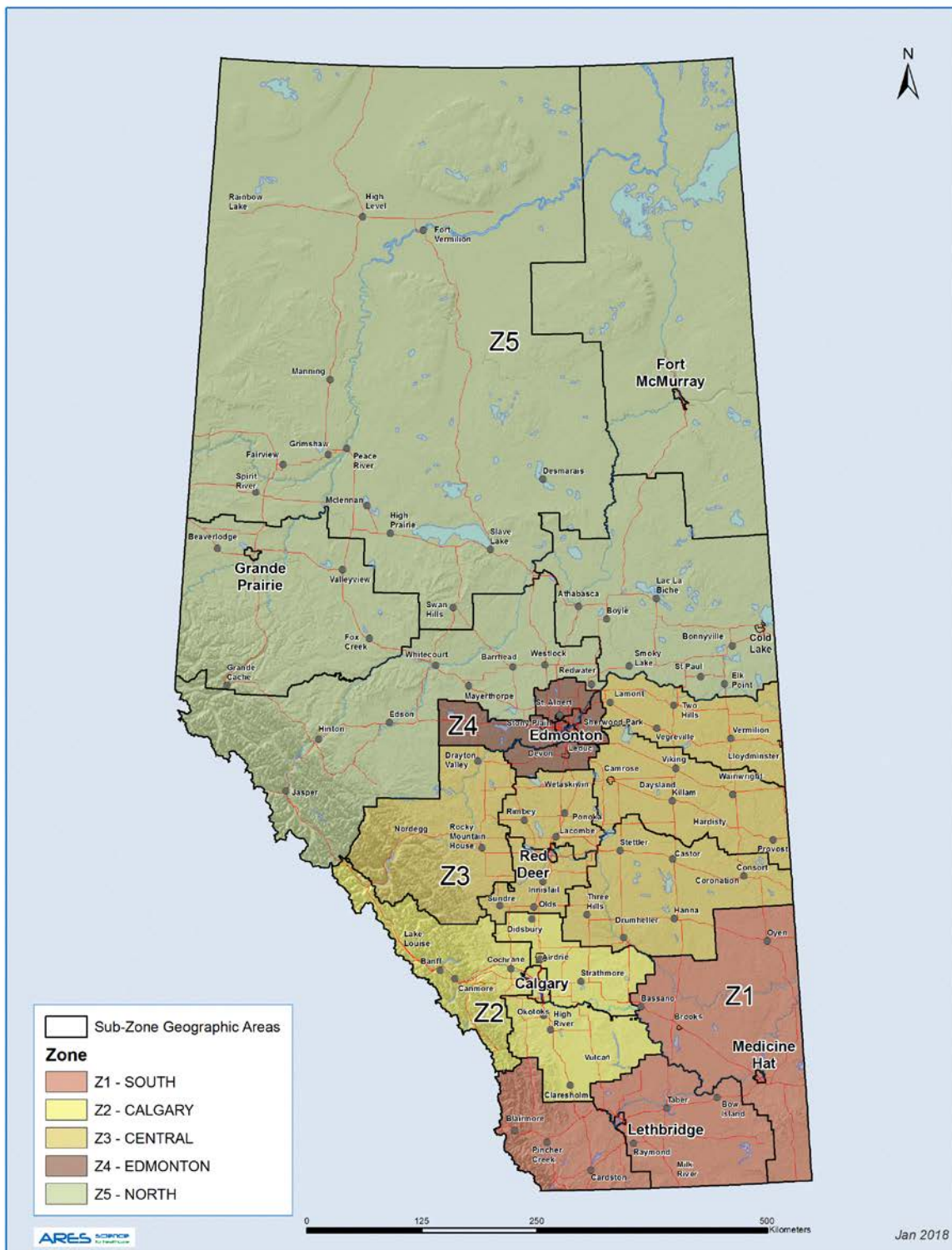


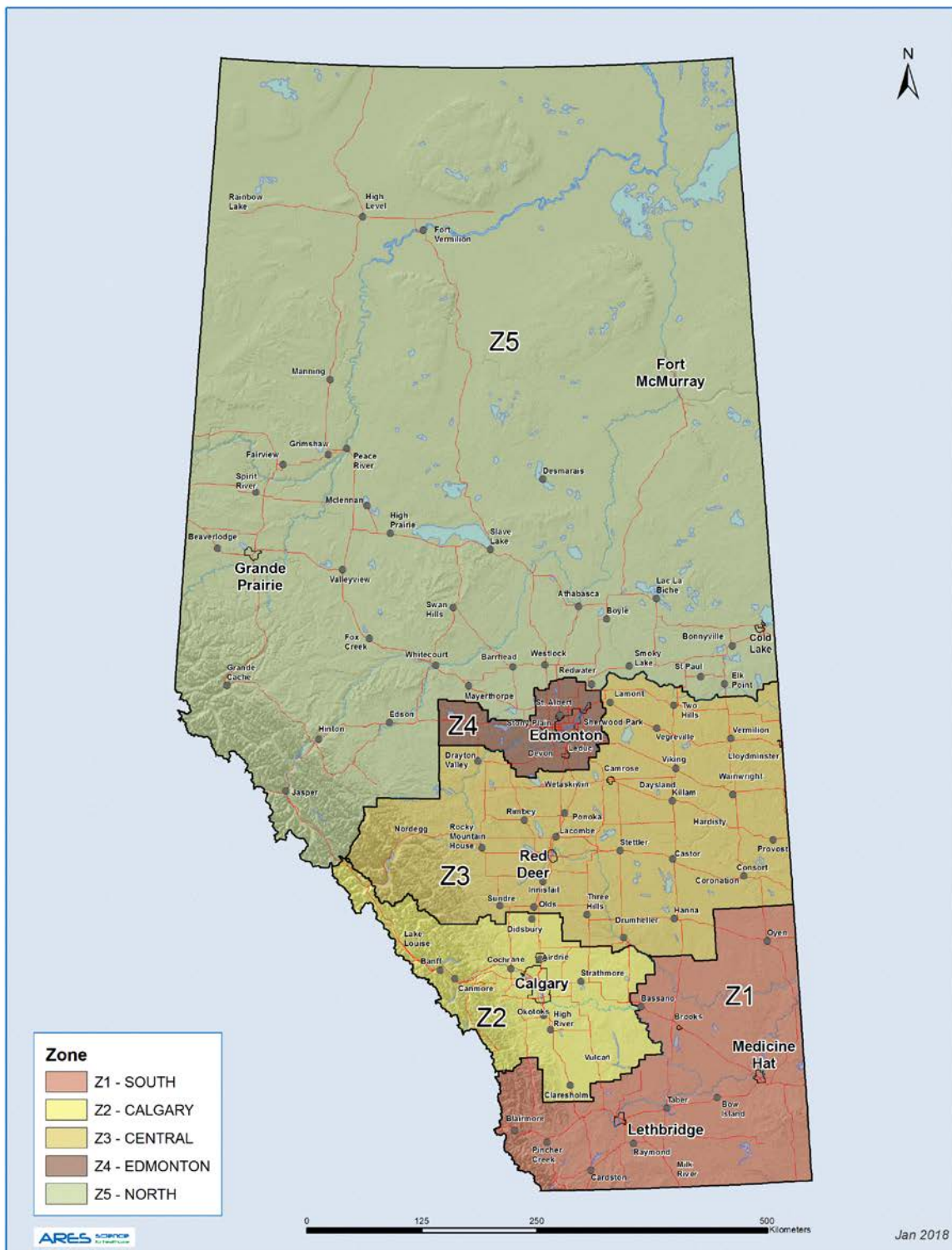
Alberta Health Services Zones Health Status Areas





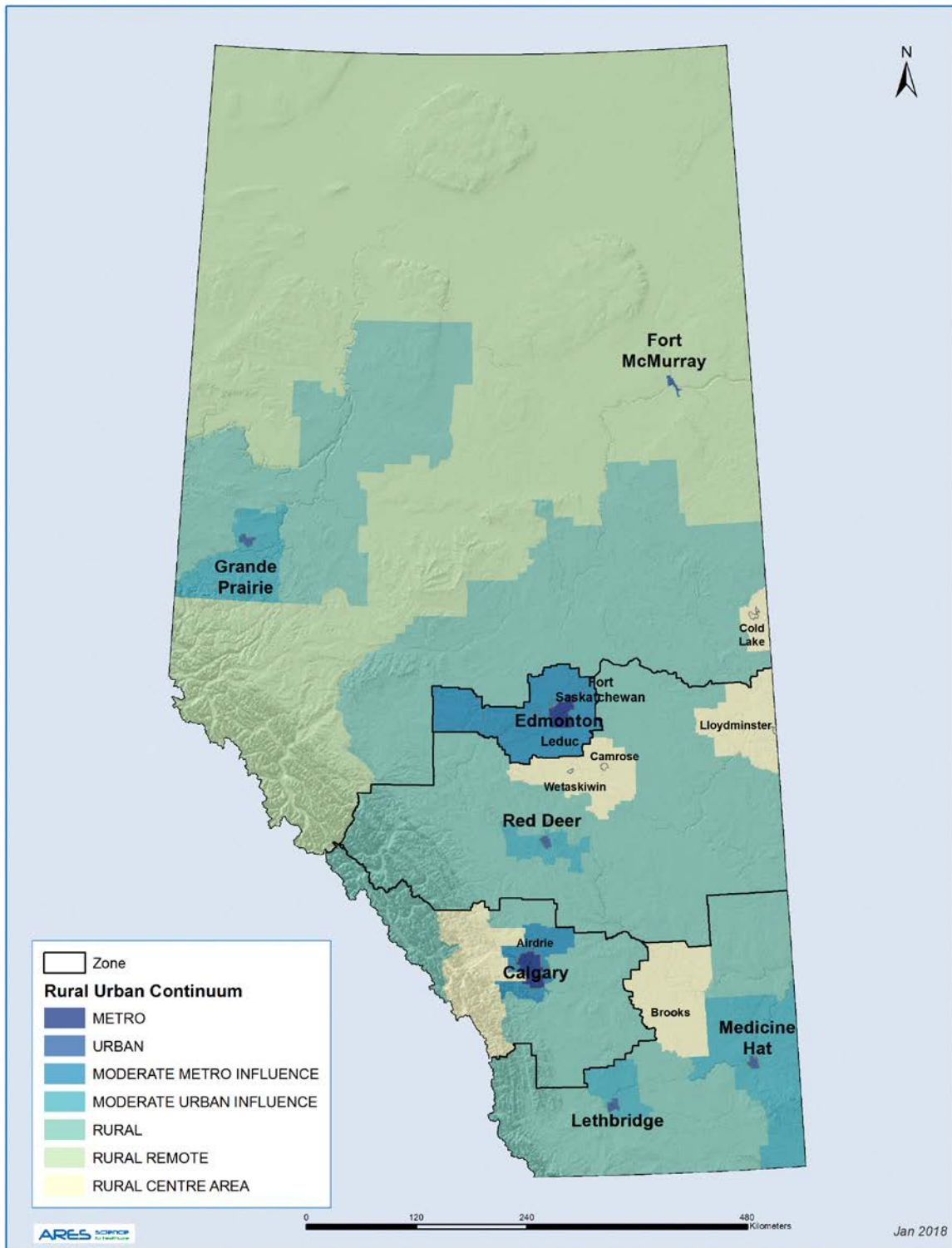
Alberta Health Services Zones Sub-Zone Geographic Areas







Rural Urban Continuum Areas Zones



Appendix C

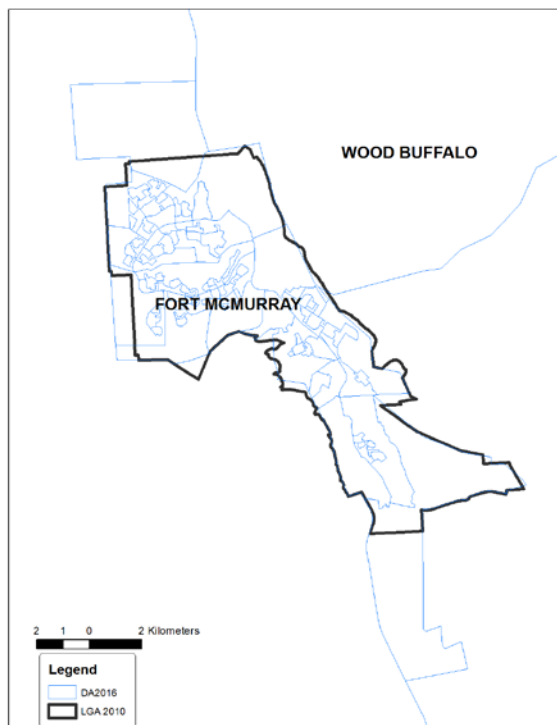
Maps of LGA Updates 2018 with Population Impact

1. LGA: Fort McMurray – Wood Buffalo

- a. Boundary base: DA 2016
- b. Reason: Town Expansion
- c. Population Impact: 1255
- d. Postal Code Impact: 10 PCs

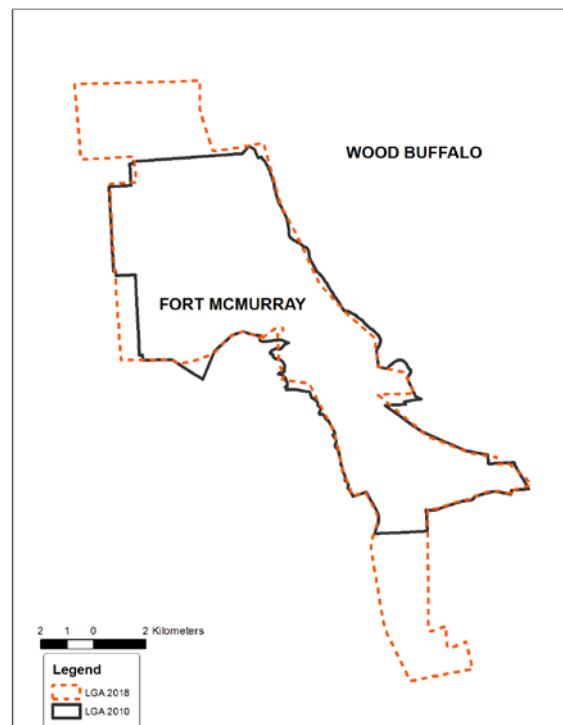
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T9K2W9	T9K2X5
T9K2X1	T9K2Y3
T9K2X2	T9K2Z1
T9K2X3	T9K2Z2

LGA 2010 & DA 2016



DA Change

LGA 2010 & LGA 2018

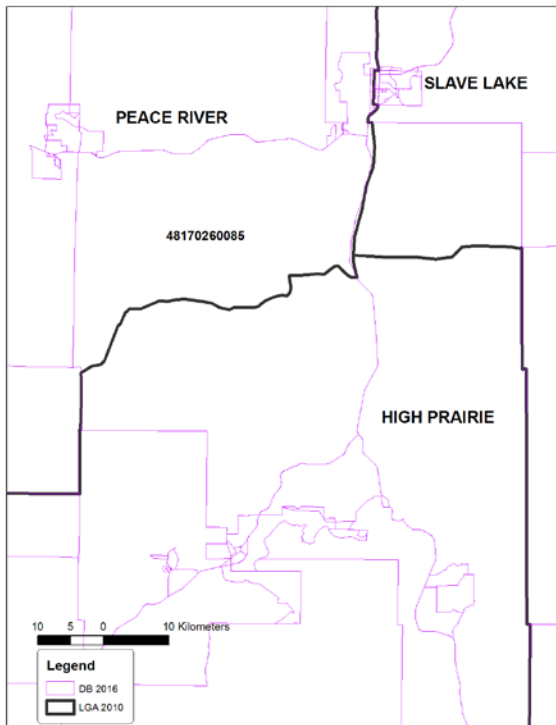


Updated LGA

2. LGA: High Prairie – Peace River

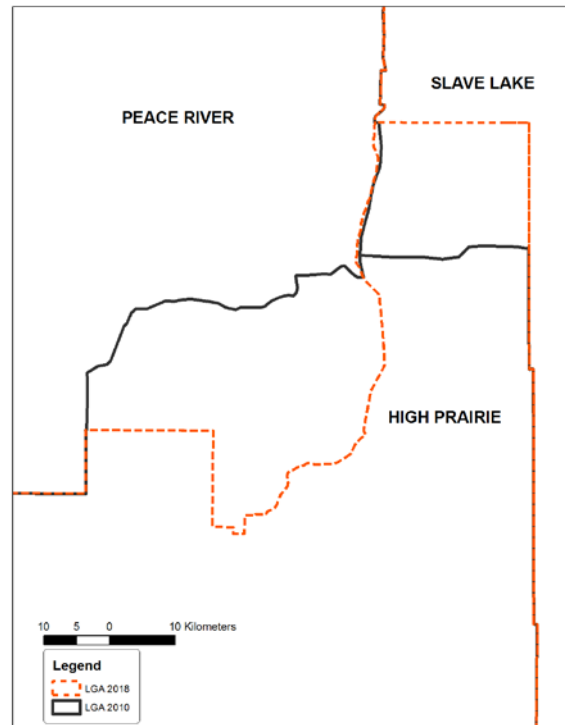
- a. Boundary base: DB 2016
- b. Reason: DB (48170260085) boundary change
- c. Population Impact: 0
- d. Postal Code Impact: 0

LGA 2010 & DB 2016



DB Change

LGA 2010 & LGA 2018

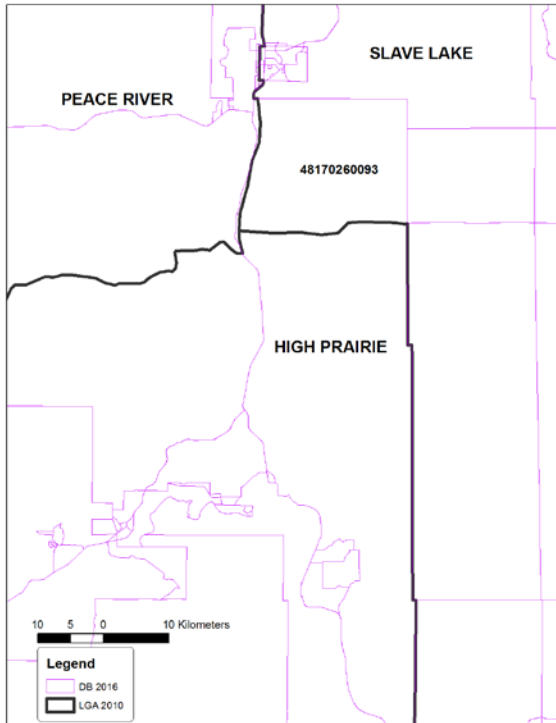


Updated LGA

3. LGA: High Prairie – Slave Lake

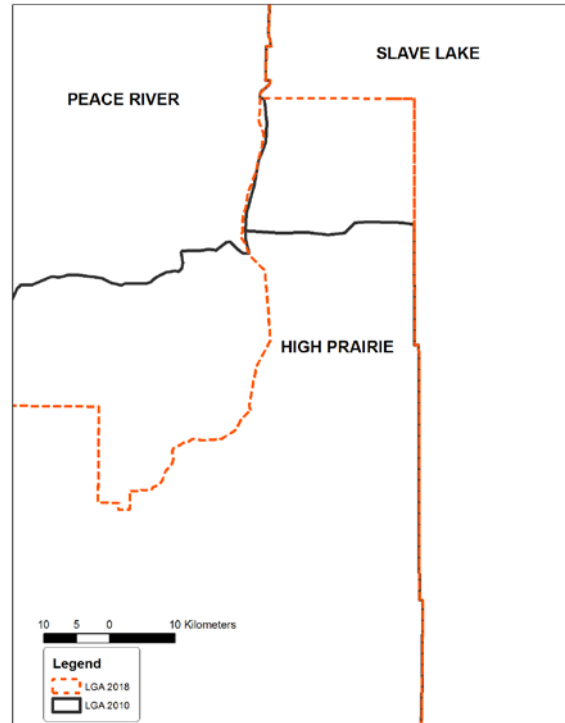
- a. Boundary base: DB 2016
- b. Reason: DB (48170260093) boundary change
- c. Population Impact: 0
- d. Postal Code Impact: 0

LGA 2010 & DB 2016



DB Change

LGA 2010 & LGA 2018

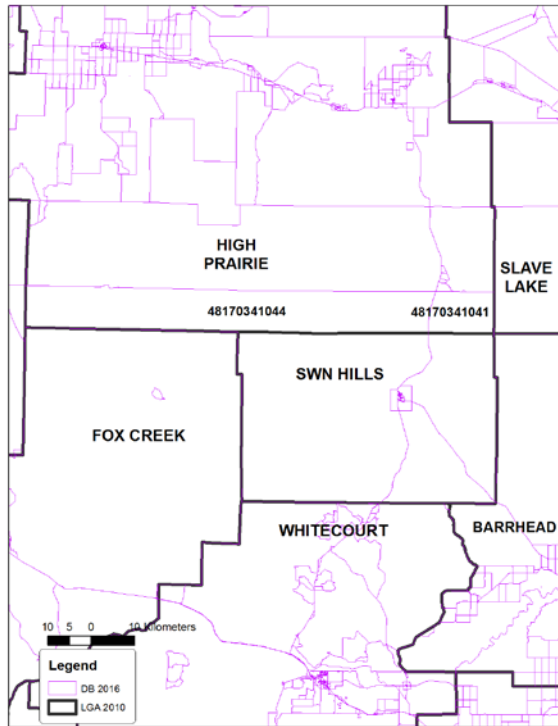


Updated LGA

4. LGA: High Prairie – Swan Hills

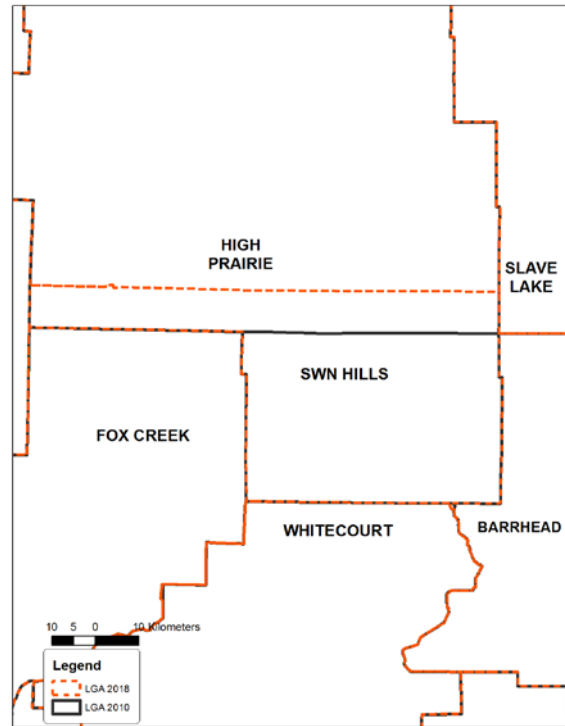
- a. Boundary base: DB 2016
- b. Reason: DB (48170341044) boundary change
- c. Population Impact: 0
- d. Postal Code Impact: 0

LGA 2010 & DB 2016



DB Change

LGA 2010 & LGA 2018



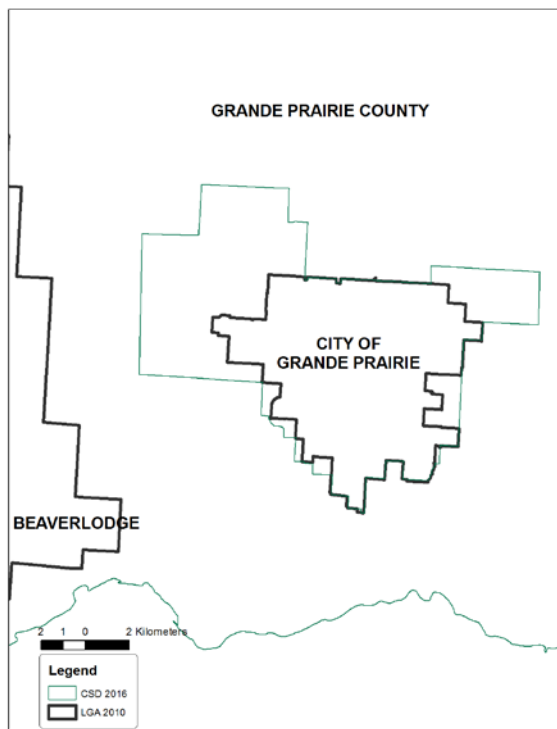
Updated LGA

5. LGA: City of Grande Prairie – Grande Prairie County

- a. Boundary base: CSD 2016
- b. Reason: CSD (Grande Prairie) boundary change
- c. Population Impact: 856
- d. Postal Code Impact: 14 PCs

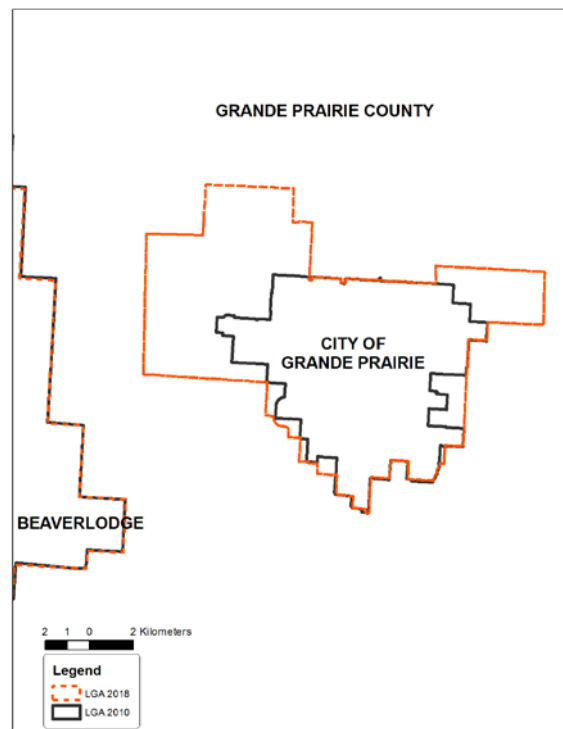
T8W5B6	T8X4A8
T8W5E6	T8X4G9
T8W5E7	T8X4K4
T8W5J3	T8X4K6
T8W5J4	T8X4K9
T8W5J5	T8X4L6
T8X0L6	T8X4L7

LGA 2010 & CSD 2016



CSD Change

LGA 2010 & LGA 2018



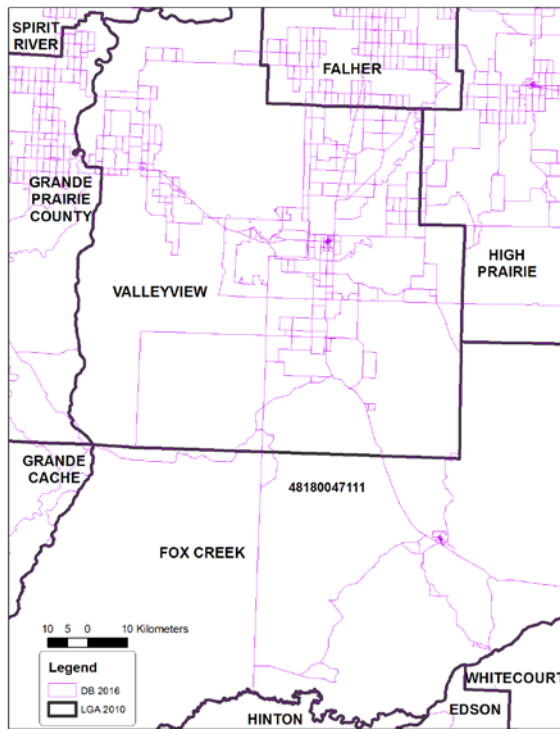
Updated LGA

6. LGA: Fox Creek – Valleyview

- a. Boundary base: DB 2016
- b. Reason: DB (48180047111) boundary change
- c. Population Impact: 0
- d. Postal Code Impact: 1PC

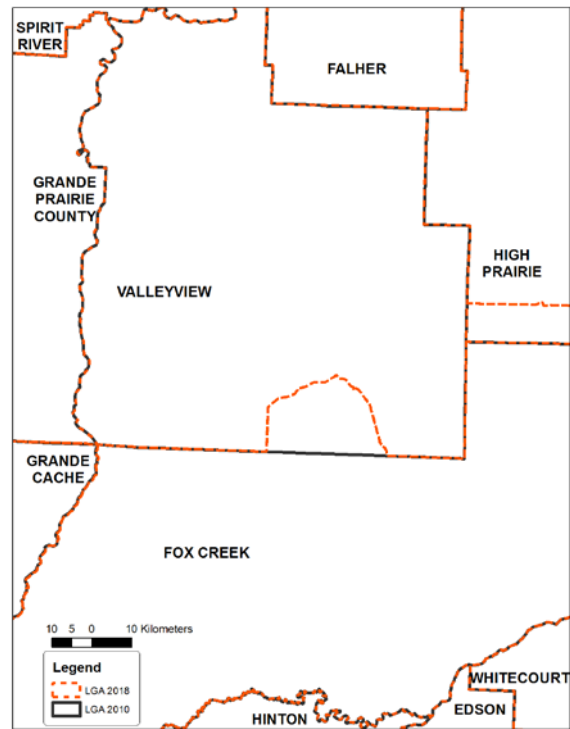
T0H3Z0

LGA 2010 & DB 2016



DB Change

LGA 2010 & LGA 2018

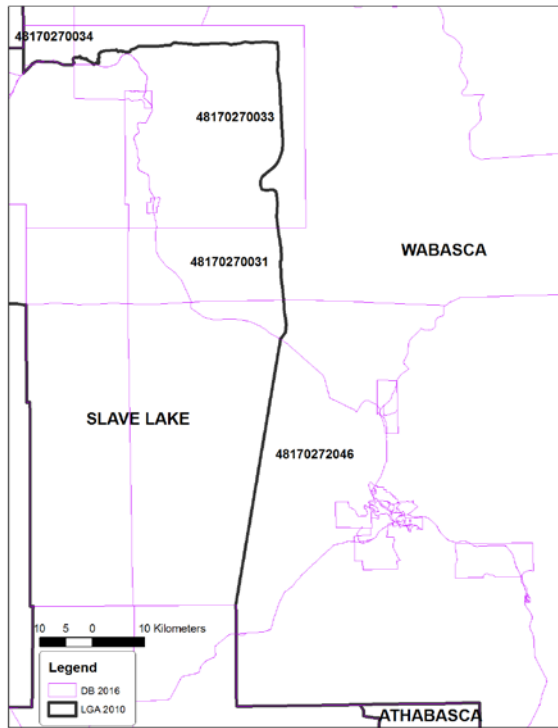


Updated LGA

7. LGA: Slave Lake – Wabasca

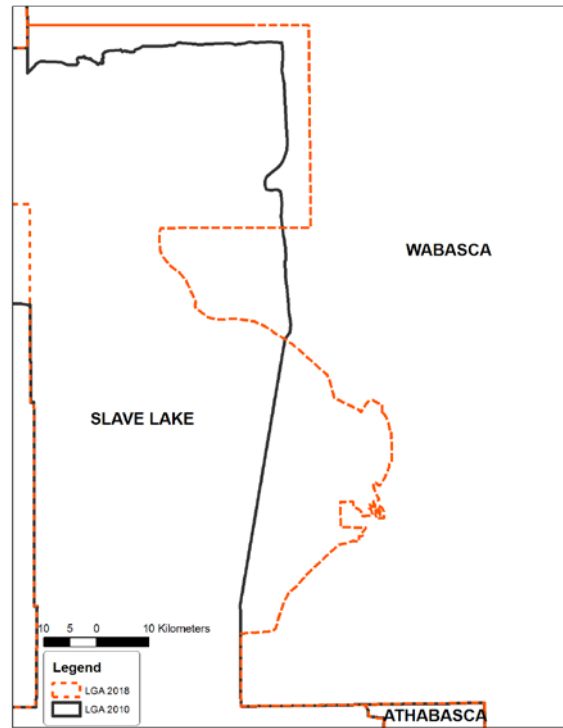
- a. Boundary base: DB 2016
- b. Reason: DB (48170270031, 48170270033, 48170270034 & 48170272046) boundary change
- c. Population Impact: 0
- d. Postal Code Impact: 0

LGA 2010 & DB 2016



DB Change

LGA 2010 & LGA 2018

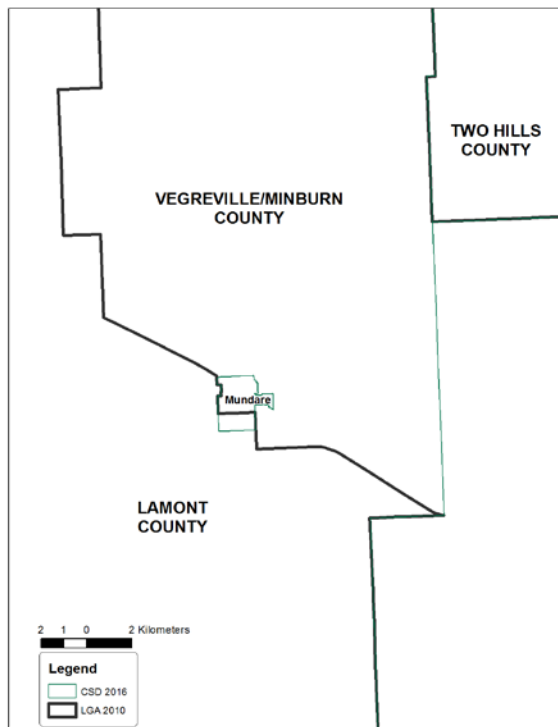


Updated LGA

8. LGA: Vegreville/Minburn County – Lamont County

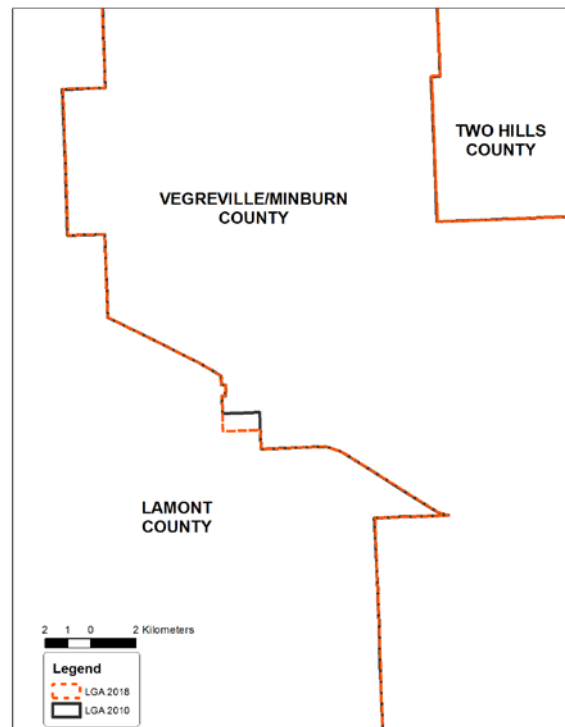
- a. Boundary base: CSD 2016
- b. Reason: CSD (Mundare) boundary change
- c. Population Impact: 0
- d. Postal Code Impact: 0

LGA 2010 & CSD 2016



CSD Change

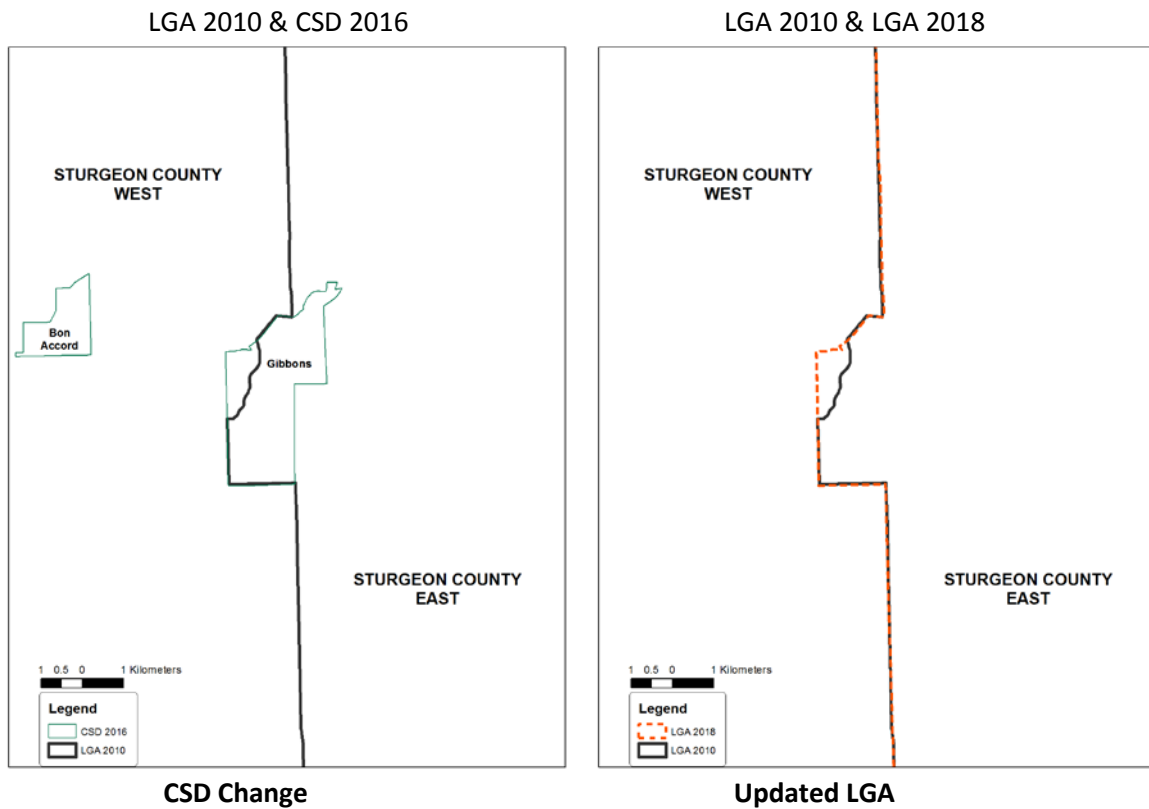
LGA 2010 & LGA 2018



Updated LGA

9. LGA: Sturgeon County East – Sturgeon County West

- a. Boundary base: CSD 2016
- b. Reason: CSD (Gibbons) boundary change
- c. Population Impact: 141
- d. Postal Code Impact: 0

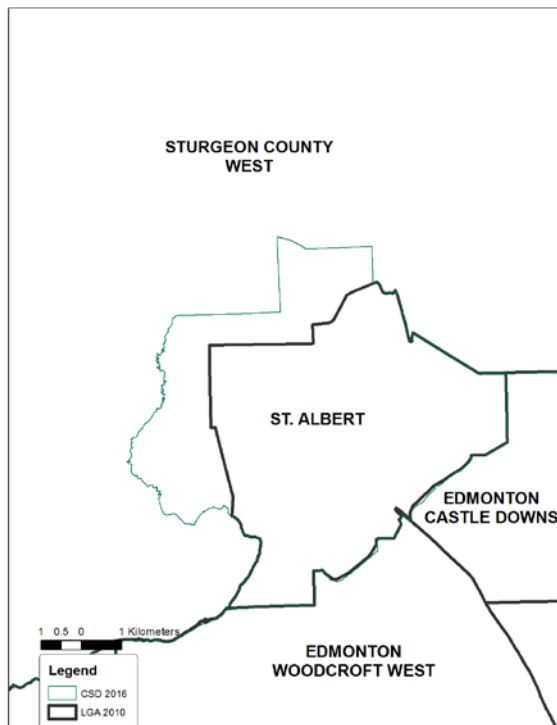


10. LGA: St. Albert – Sturgeon County West

- a. Boundary base: CSD 2016
- b. Reason: CSD (St. Albert) boundary change
- c. Population Impact: 1305
- d. Postal Code Impact: 35 PCs

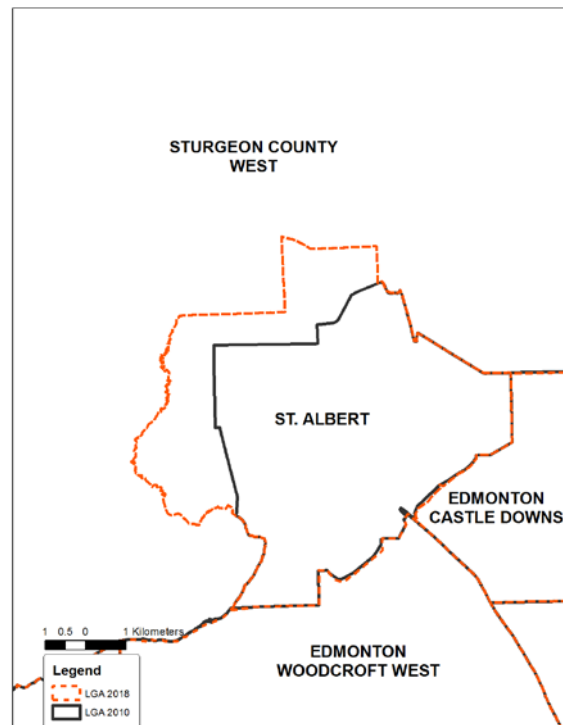
T8N3W6	T8N4G6	T8N6M8	T8N7S4
T8N3W7	T8N4G7	T8N7P5	T8N7S5
T8N3W8	T8N4J3	T8N7R5	T8N7S6
T8N3X9	T8N4J4	T8N7R6	T8T0A8
T8N4C9	T8N4J5	T8N7R7	T8T0J2
T8N4E1	T8N4J6	T8N7R8	T8T0T5
T8N4G3	T8N4J7	T8N7R9	T8T1H9
T8N4G4	T8N4K6	T8N7S1	T8T1J1
T8N4G5	T8N4L2	T8N7S3	

LGA 2010 & CSD 2016



CSD Change

LGA 2010 & LGA 2018

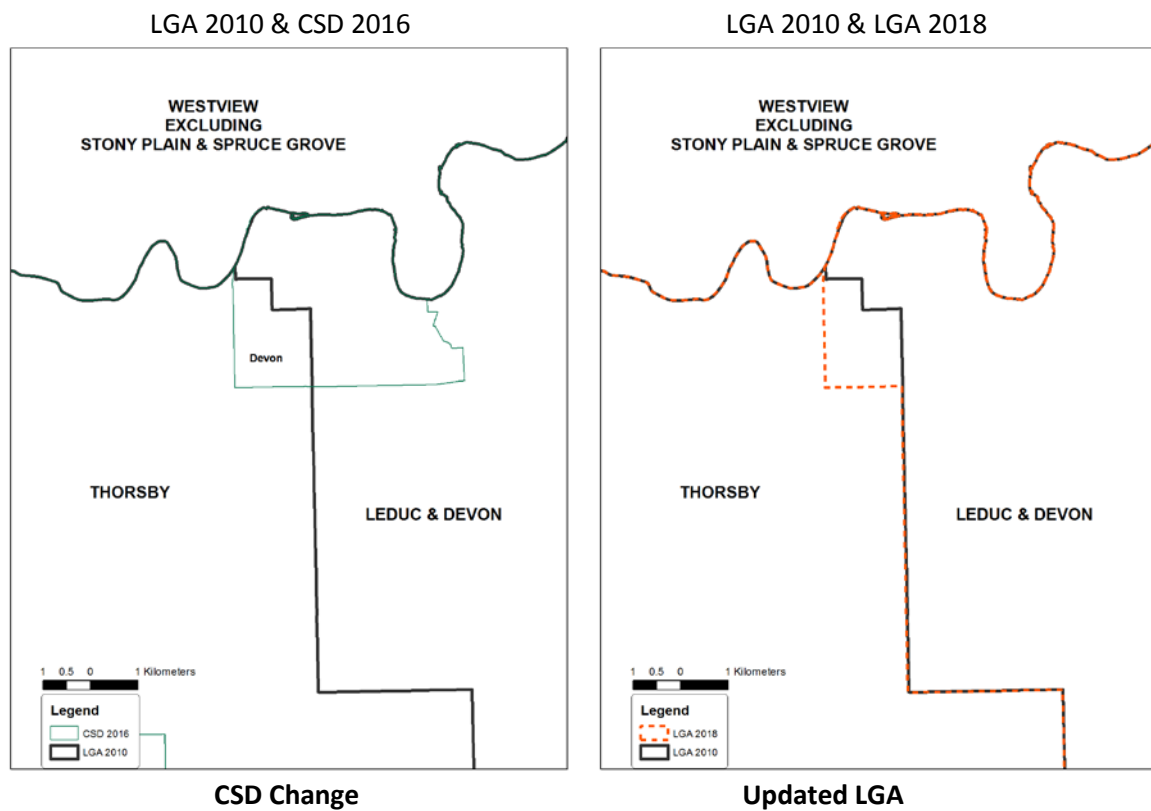


Updated LGA

11. LGA: Leduc & Devon – Thorsby

- a. Boundary base: CSD 2016
- b. Reason: CSD (Devon) boundary change
- c. Population Impact: 5
- d. Postal Code Impact: 3 PCs

T9G0H1
T9G0K9
T9G0L8

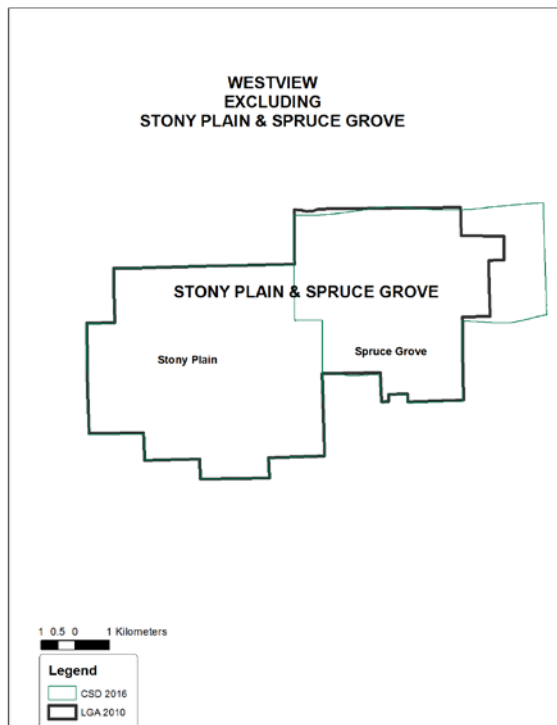


12. LGA: Stony Plain & Spruce Grove – Westview Excluding Stony Plain & Spruce Grove

- a. Boundary base: CSD 2016
- b. Reason: CSD (Spruce Grove) boundary change
- c. Population Impact: 1360
- d. Postal Code Impact: 25 PCs

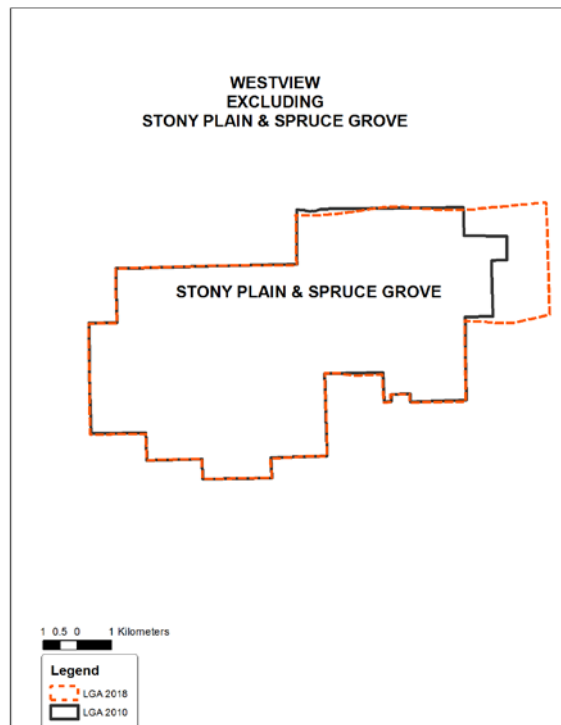
T7X0A7	T7X0P8	T7X0W5
T7X0L9	T7X0R3	T7X0W6
T7X0M1	T7X0R4	T7X0W8
T7X0M2	T7X0R5	T7X3M1
T7X0M3	T7X0S9	T7X3M7
T7X0M4	T7X0T1	T7X3M8
T7X0M5	T7X0T2	T7Y2B9
T7X0M6	T7X0W4	T7Y2Z2
T7X0M8		

LGA 2010 & CSD 2016



CSD Change

LGA 2010 & LGA 2018



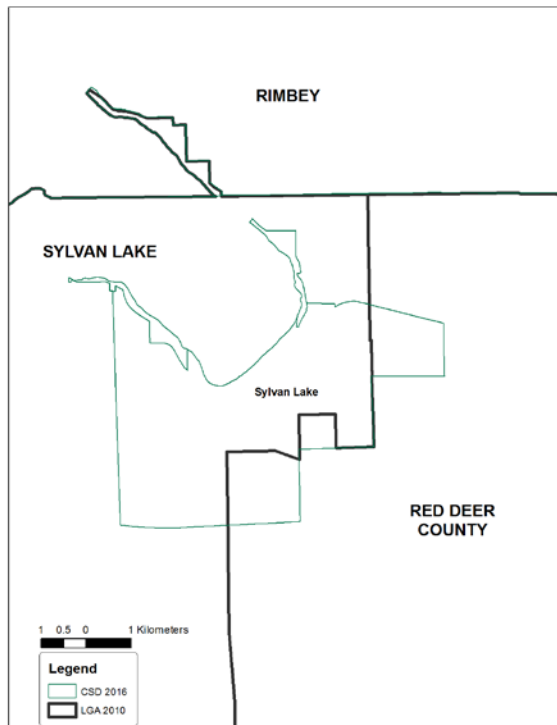
Updated LGA

13. LGA: Sylvan Lake – Red Deer County

- a. Boundary base: CSD 2016
- b. Reason: CSD (Sylvan Lake) boundary change
- c. Population Impact: 743
- d. Postal Code Impact: 15 PCs

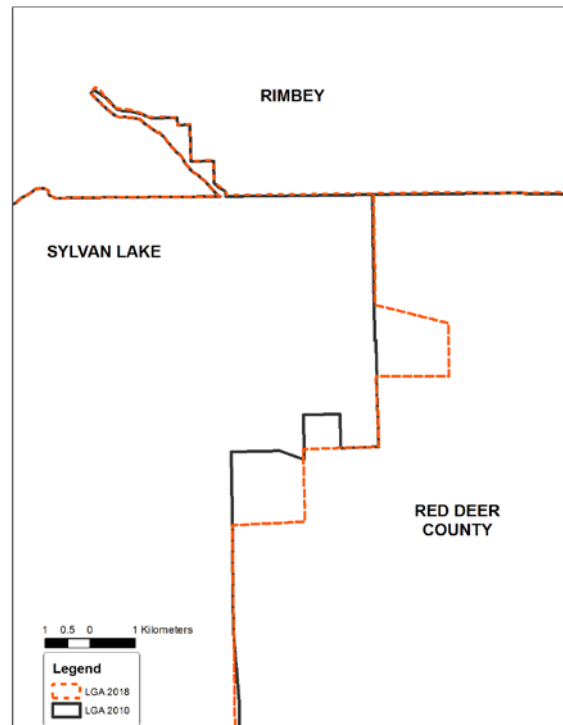
T4E0B5	T4S0N7
T4E0H2	T4S0P2
T4E0J1	T4S0P3
T4S0L6	T4S0P4
T4S0M4	T4S0R1
T4S0M5	T4S0R2
T4S0N4	T4S0R7
T4S0N6	

LGA 2010 & CSD 2016



CSD Change

LGA 2010 & LGA 2018

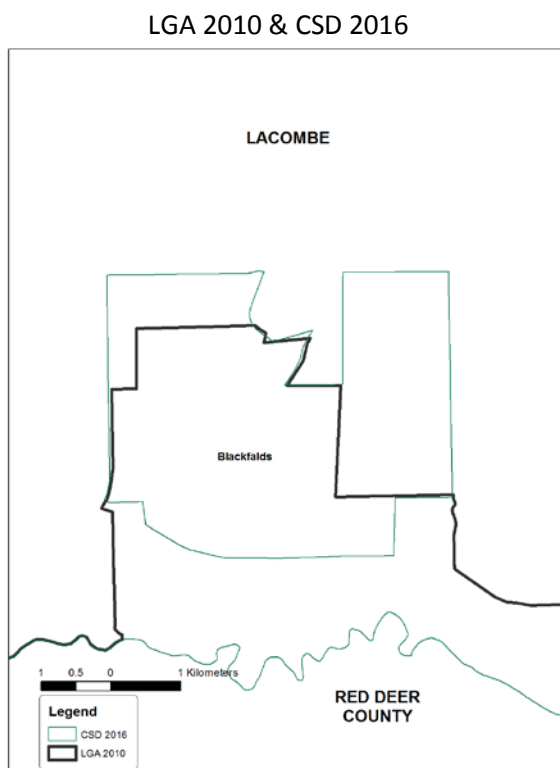


Updated LGA

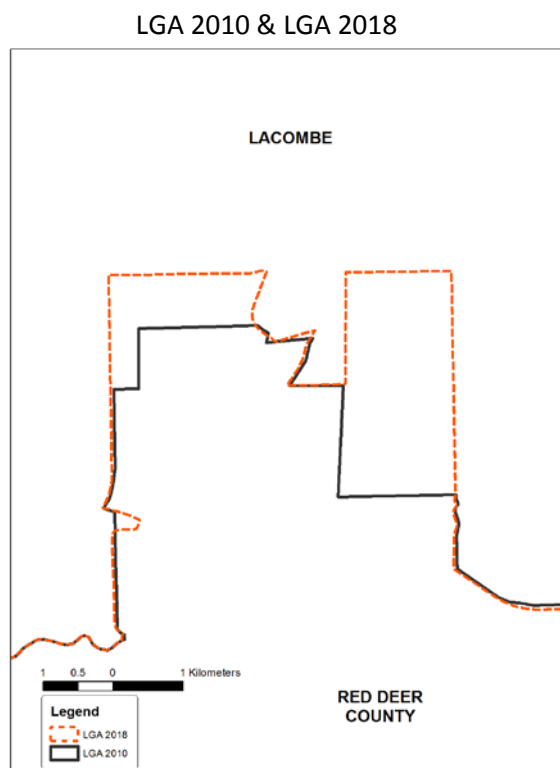
14. LGA: Lacombe – Red Deer County

- a. Boundary base: CSD 2016
- b. Reason: CSD (Blackfalds) boundary change
- c. Population Impact: 320
- d. Postal Code Impact: 6 PCs

T0M0J2
T4M0B1
T4M0B2
T4M0B3
T4M0H4
T4M0M5



CSD Change



Updated LGA

15. LGA: City of Red Deer (North, East) – Red Deer County

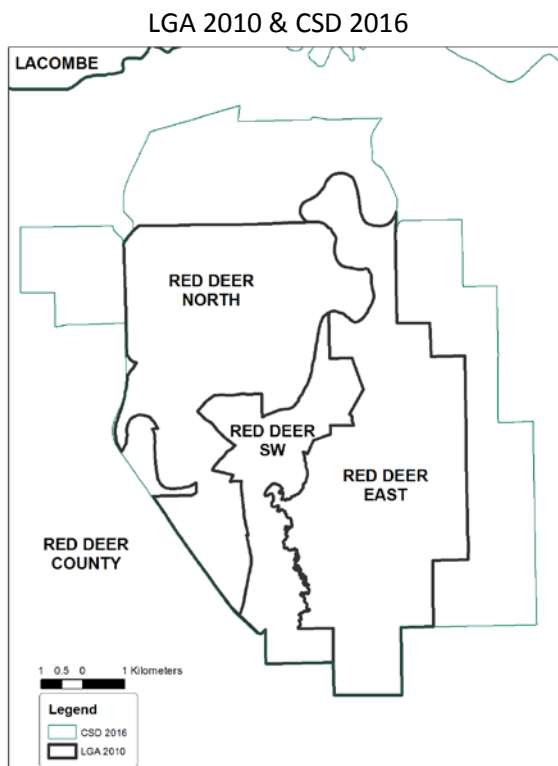
- a. Boundary base: CSD 2016
- b. Reason: CSD (City of Red Deer) boundary change
- c. Population Impact: Red Deer – North: 208 & Red Deer – East: 2496
- d. Postal Code Impact: Red Deer – North : 46 PCs & Red Deer – East : 47 PCs

Red Deer - North

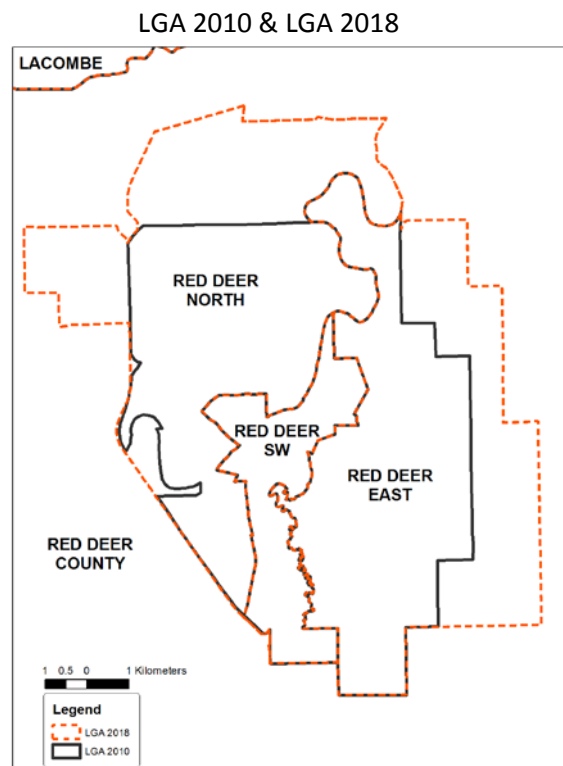
T4E0C5	T4N1E3	T4P0R6	T4P0Z8	T4P2L9
T4E0K4	T4N7E8	T4P0R7	T4P0Z9	T4P2M5
T4E0L3	T4P0J8	T4P0R8	T4P1C1	T4P2V5
T4E0R1	T4P0L3	T4P0V2	T4P1H2	T4S2A2
T4E0R2	T4P0M5	T4P0V3	T4P1L1	T4S2A3
T4E0S5	T4P0P9	T4P0V8	T4P1V8	T4S2A8
T4E2Z7	T4P0R2	T4P0V9	T4P1Y4	
T4E2Z8	T4P0R3	T4P0W1	T4P2B6	
T4E3A8	T4P0R4	T4P0Y1	T4P2H2	
T4N1E2	T4P0R5	T4P0Y2	T4P2L8	

Red Deer - East

T4E0P7	T4P0X8	T4R0N5	T4R0R4	T4R0S5
T4E1A8	T4P0Z6	T4R0N6	T4R0R5	T4R0S6
T4E1H3	T4R0M6	T4R0N7	T4R0R6	T4R0S7
T4E1L3	T4R0M7	T4R0N8	T4R0R7	T4R0S8
T4E2X8	T4R0M8	T4R0N9	T4R0R8	T4R0S9
T4P0N9	T4R0M9	T4R0P1	T4R0R9	T4R0T1
T4P0R1	T4R0N1	T4R0P2	T4R0S1	T4R0T2
T4P0S3	T4R0N2	T4R0P3	T4R0S2	
T4P0X3	T4R0N3	T4R0R2	T4R0S3	
T4P0X4	T4R0N4	T4R0R3	T4R0S4	



CSD Change

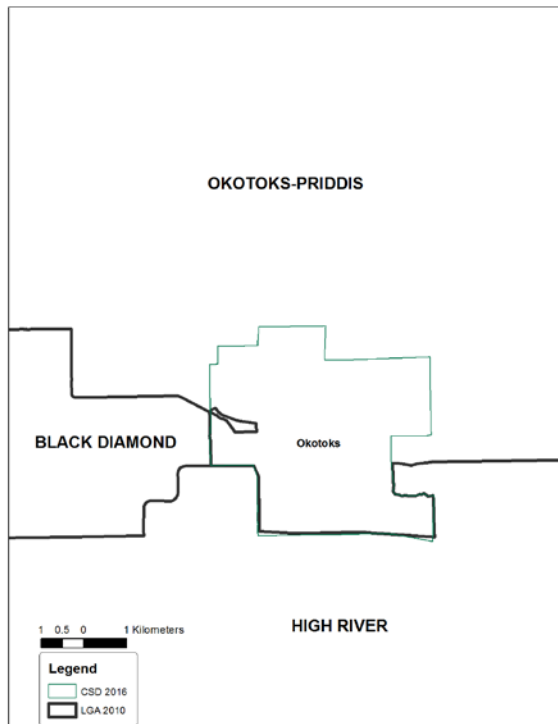


Updated LGAs

16. LGA: Okotoks-Priddis – Black Diamond

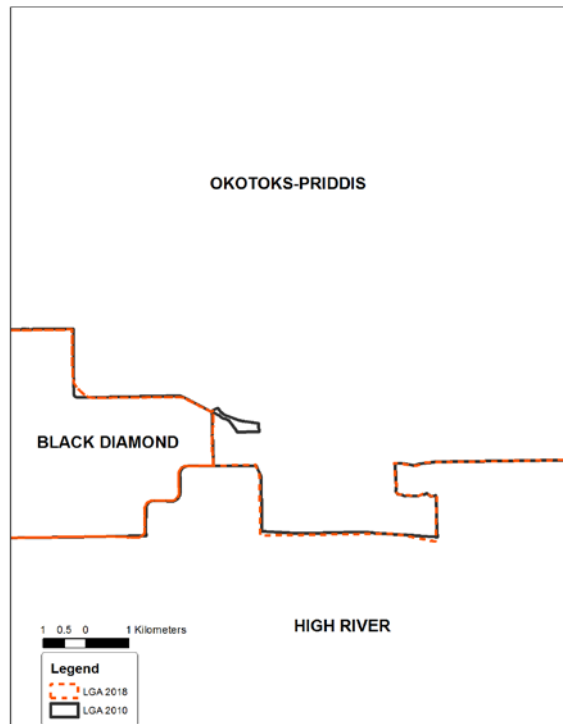
- a. Boundary base: CSD 2016
- b. Reason: CSD (Okotoks) boundary change
- c. Population Impact: 0
- d. Postal Code Impact: 0

LGA 2010 & CSD 2016



CSD Change

LGA 2010 & LGA 2018



Updated LGA

17. LGA: Airdrie – Crossfield

- a. Boundary base: CSD 2016
- b. Reason: CSD (Airdrie) boundary change
- c. Population Impact: 449
- d. Postal Code Impact: 2 PCs

T4A2L5

T4B0B7

