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Regional Clinical Strategy and Roadmap

Lac La Biche County

June 2026

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Executive Summary

In February 2026, Lac La Biche County (the "County") engaged Deloitte to develop a Regional Clinical Strategy and Roadmap to guide future planning for healthcare services. This is intended to provide the County with a practical, evidence-informed foundation to support decision-making for future clinical services growth.

The objectives of the Regional Clinical Strategy and Roadmap are to:

- Assess current and future service needs within Lac La Biche County and its neighboring communities,
- Identify and evaluate viable options for the future model of care,
- Define a vision for a future-state model of care,
- Establish a high-level implementation roadmap, and
- Ensure alignment with provincial health system direction.

A Steering Committee was established to guide the planning process, with representation from the County's Mayor, Councillor, and other municipal leaders and advisors. The current state was assessed through a quantitative analysis informed by the best available data, including population demographics, health status indicators, and service utilization patterns. This analysis was supplemented by interviews and a site visit (May 19-20, 2026) featuring key stakeholders[1] within and surrounding the municipality, who provided perspectives on service availability, gaps, opportunities, and critical enablers needed to support service expansion. Potential opportunities were informed by subject-matter advisors, targeted research, and a jurisdictional scan of peer regions facing similar challenges.

The planning process led to the development of several critical takeaways:

1. **There are several populations with unmet needs in Lac La Biche County and the region.**
    - Patients requiring diagnostic and surgical services close to home: Despite existing surgical infrastructure and a regional medical device reprocessing program at the W.J.C. Healthcare Centre, utilization of surgical services is low due to workforce shortages, particularly in anesthesia. Stakeholders at the W.J.C. Healthcare Centre shared an aspiration to utilize their existing services with a sustainable workforce model before thinking about investing in new healthcare capacity. Additionally, stakeholders commented on the lack of access to Magnetic Resource Imaging (MRI) in the northern end of the Edmonton Corridor – therefore patients requiring MRI must travel to Edmonton. Addressing critical workforce gaps, such as anesthesia, as well as restoring public confidence in the ability for physicians to support surgical procedures, such as caesarean sections, will be required to support care closer to home. Strengthening the workforce will support care stabilization, which may pave the way for advanced diagnostics such as MRI.
    - Seniors' population: There are >1300 seniors in the County, and 11,000-12,000 seniors in the region. Residents in the County aged 65 and older account for significantly higher emergency department use compared to provincial averages, with 1,377 Emergency Department (ED) visits per 1,000 seniors, versus 573 per 1,000 provincially.[2] Stakeholders also noted long wait times in accessing continuing care services, housing shortages, and limitations in home care support, including at the Golden Sands Senior Living facility and the W.J.C Healthcare Centre facilities in the County. While a range of supports exist, including targeted programming available at the Bold Centre, there are no specialized seniors-focused clinical services available locally, such as a geriatric behavioral unit. This requires many older adults to travel outside the community for care and/or to make choices about leaving the County when they reach a certain age.
    - Residents with chronic and complex health needs: Population health indicators in the County point to a higher burden of chronic disease relative to provincial comparators. For example, the rate of people with three or more chronic conditions (per 100 population) is 6.0 for Lac La Biche County, compared to the provincial average of 4.0. Chronic disease prevalence is elevated across multiple conditions, with Lac La Biche County ranking among the highest in Alberta for ischemic heart disease (4th) and COPD (6th)[3]. This suggests potential opportunities to better support residents through more proactive and coordinated care,

[1] Detailed list of stakeholders included in the Appendix
[2] Alberta Seniors, Community and Social Services - Seniors Community Profile, Lac La Biche, 2nd Edition, March 2023
[3] Statistics summarized in Section 2 of this report

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such as enhanced primary care and chronic disease management, to meet complex, chronic, long term health needs of the population.

- "Shadow" population: The County is surrounded by several large oilsands operations (e.g., Cenovus Christina Lake Plant in neighboring Conklin). Most of the workers live in camps on site. This population creates demand for health services in Lac La Biche, particularly for aspects of care delivery that cannot be offered by medical teams located in the camps (e.g., hospital-based services). As these operations expand in the future, considering the needs of these populations who are not included in the resident count of Lac La Biche will be critical to ensuring services are comprehensively available.
- Individuals living with mental health and substance use challenges: Patterns of mental health service utilization reflects high demand across emergency and community-based settings. Emergency department visit rates related to mental and behavioural disorders, as well as substance use in the County, are substantially higher than provincial averages (1,982.5 vs 836.9 per 100,000 population[4]). This indicates a reliance on emergency services for mental health-related needs. Input from multiple stakeholders during the site visit highlights ongoing access challenges, including long wait times for specialized services, high costs of private therapy, and a lack of local mental health specialists. There are also no rehabilitation or detoxification services within or the County. As a result, a select number of patients with Acquired Brain Injury (ABI) receive support in the W.J.C. Health Centre's long-term care facility, which stakeholders suggested creates challenges in providing safe and consistent care to the seniors population also utilizing long-term care services due to the behavioral challenges common in these types of patients.

2. **Healthcare expansion in Lac La Biche County should serve not only local residents but also the surrounding region.**
    - Lac La Biche County's population has remained largely static over the past decade, with recent trends indicating minimal population growth (0.2% in the last five years). This pattern is consistent with trends observed across many rural communities in Alberta including Lac La Biche County's neighboring communities, where total populations are stagnating. As a result, Lac La Biche County should be positioned to play a more regional role in service delivery, serving a broader geography rather than relying solely on local population demand. This includes supporting surrounding communities and the industrial workforce that lives temporarily in the region (e.g., shadow patient population referenced above). Future health service planning will therefore benefit from strategies that position Lac La Biche County-based services as a regional resource, supporting a broader catchment area beyond residents.

3. **The future model should build upon existing primary care services and grow incrementally to first meet the needs of the local population, and then the region overall.**
    - The vision for Lac La Biche County is to evolve its role as a regional hub for health services at the northern end of the Edmonton Corridor, aligned with Alberta's recent shift toward regionally coordinated care through the "corridors of care" model. This transformation will not occur immediately and will require a deliberate, phased approach that builds on foundational services over time to demonstrate the County's potential as a regional access point. This approach ensures that service expansion is intentional, realistic, and aligned with system readiness, supporting long-term sustainability and avoiding models that cannot be reliably delivered over time. The site visit identified land acquired by the County adjacent to the Golden Sands Healthcare Facility, which could be used to build infrastructure to enable Lac La Biche's vision.
        - **Integrated Health Hub:** This hub is intended to leverage, scale and strengthen existing primary care services while addressing key unmet needs within Lac La Biche County. It would offer services such as chronic disease management, mental health and addictions supports, community supports and navigation, housing and home care, and health retail services.
        - **Regional Health Centre:** As services within the Integrated Health Hub are stabilized and the local workforce is strengthened, Lac La Biche County can progressively evolve further into a Regional Health Centre, serving as an access point for select regional services along the northern end of the Edmonton Corridor. Residents in the North-East and North-West corridor could also access services in Lac La Biche County that would otherwise require travel to Edmonton. As a Regional Health

[4] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition

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Centre, Lac La Biche County could assume a range of potential identities, from expanded diagnostics and select surgical services to regional rehabilitation or detoxification programs, each offering a distinct access point that responds to identified regional needs.

- The site visit of the W.J.C. Healthcare Facility revealed that several service areas appeared to be under-utilized. This was particularly apparent in large areas that the facility has invested in, such as surgical capacity, as well as the Medical Device Reprocessing Department (MDRD) which was recently expanded. Expansions into new services within the County – including both primary care and second care offered within the hospital – should consider ways in which to fully optimize the capacity that exists today.

4. **Workforce stabilization and clear leadership are essential enablers for successful implementation of the future state model.**
    - Stabilizing and strengthening the health workforce is critical for minimizing service disruptions and ensuring reliable health care. This includes recruiting and retaining skilled professionals, advocating for workforce sustainability measures such as Northern Allowance Funding, and developing team-based models of care that reduce reliance on physicians. A stable workforce will not only enable the future model but will also serve as proof of readiness for ongoing provincial and private investment, while helping attract clinicians and specialists to Lac La Biche County.
    - To advance the plan to the next stage, clear leadership with formalized structures and accountabilities are required. This is particularly important given that multiple organizations should play a role in advancing health services within the County. This includes Portage College, the County, the W.J.C. Healthcare Facility and long-term care providers, such as Golden Sands. Clearly identifying a leader to advance the strategy, including convening discussions with appropriate health system partners, will support realization of the vision outlined in this document.

Informed by discussions during the site visit, a series of activities are proposed to realize the vision for the County in the short, medium and long-term. These activities are predicated on the County having a clear **leadership** model to advance the regional healthcare strategy, the identification of the appropriate service delivery **partners** to support the modernization of current healthcare services into a regional health hub and making best use of the **land acquired** by the County adjacent to the Golden Sands healthcare facility.

Key activities over the short, medium and long-term are proposed below.

	Short-Term (<1 Year)	Medium Term (Year 1-3)	Long-Term (Year 3+)
	Formalizing structures and activating regional clinical planning	Driving initiatives to improve health service delivery	Sustaining, optimizing and growing services
Overview	The focus on the short term is to **establish** the appropriate **leadership** and governance structure required to drive the Regional Hub vision forward, while aligning with local, regional and provincial **stakeholders** to finalize the **clinical service model and priority services**. Efforts will also focus on formalizing partnerships, advancing land use and identifying funding models to enable implementation.	The focus in the medium term is to establish a **Municipally Controlled Corporation** (MCC) to **advance County-led initiatives** to improve health service delivery. Efforts will also focus on developing a strategy for recruitment and training of staff, and advancing construction of the future Hub.	The focus in the long-term is to **activate and sustain** the full suite of services in the Hub. Once services are stabilized and performance measurement is ongoing, there could also be opportunity to start planning expansion of the hub into a regional health center.
Desired Outcomes	✓ Identified Leader and committee to drive the planning process ✓ Strong foundational relationship with the Associated Medical Clinic physicians ✓ Future clinical service delivery model ✓ Set of consortium partners identified and confirmed, with clarity on roles and investments ✓ Municipal land plan ✓ Collaboration with Portage College	✓ Establishment of an MCC ✓ Establishment of a regional health coordinator role to lead administrative and clinical activities ✓ Advancement of County-led initiatives via an MCC ✓ Commencement of construction for the Hub	✓ Operational expanded clinic (integrated health hub) ✓ Clarity on which services may be added to the integrated health hub in alignment with regional needs

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The level of opportunity that exists for the County to transform the delivery of health services for residents and broader surrounding communities is substantial. Unlocking these opportunities will require a collaborative effort, potentially supported by interested parties creating change in the rural Alberta health ecosystem. Given the historical population growth statistics, and the volatility with having the shadow population become residents of the County, inaction may mean that services may not expand beyond core primary care services and seemingly under-utilized hospital services that characterize the future state. Without deliberate progress, there is a risk of maintaining the status quo, where services are unable to evolve to meet unmet population needs. Over time, this could lead to service erosion, allowing other counties to grow and assume the regional provider role for Lac La Biche and its neighbouring communities.

Overall, this report provides a foundational understanding of unmet needs in the County and Region, and a conceptual future state model to address these needs. As further engagement occurs with community, regional and provincial stakeholders, the model will be further refined based on evolving needs of the community and provincial direction.

Path Forward

This report represents an initial phase of work to enhance health services within Lac La Biche County. This report has identified that there is significant opportunity ahead for the County to invest in new healthcare services. It has also highlighted that expansion of health services should not be based on serving Lac La Biche County alone. Services should be invested in that can be of use to the surrounding communities to maximize potential patients. This should also be done as public confidence, and confidence from the provincial government, grows in the availability and quality of services in the County. This will be a critical success factor to recruiting and retaining healthcare workers, and to avoid significant investments in capital infrastructure that are underutilized. Partnerships with service provider organizations that can support accelerated capacity – both for health services and workforce – has emerged as a critical dependency to advancing a plan to expand health services in the region.

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Terms and Abbreviations

Terms

Term	Definition
Corridors	As part of the provincial refocus initiative, seven regional health corridors are established to reflect where and how Albertans are accessing health care. They consider data related to overall travel patterns to access services and facilities. The seven regional corridors in Alberta are North-West, North-East, Edmonton, Central, Calgary, South-West, and South-East. Lac La Biche County is located within the Edmonton Corridor.
Health Ministries	The provincial government departments responsible for setting policy, direction, and oversight for Alberta's refocused health system, including Primary and Preventative Health Services, Assisted Living and Social Services, Mental Health and Addiction, and Hospital and Surgical Health Services.
Primary Care	Front-line, community-based care that provides ongoing, first-contact support for most health needs, delivered by providers such as family physicians, pediatricians, nurse practitioners, and team-based primary care teams (e.g., Primary Care Networks).
Ambulatory Care	Medical services provided on an outpatient basis, meaning patients do not require an overnight stay in a healthcare facility. Ambulatory care encompasses a variety of services, including diagnostic tests, minor surgeries, and specialist consultations. It aims to provide convenient and efficient care, allowing patients to return to their daily activities shortly after treatment.
Acute Care	Short-term, hospital-focused care for severe injuries, illnesses, and urgent medical conditions, including emergency, inpatient, and post-surgical recovery services.
CTAS	Canadian Triage and Acuity Scale; a five-level triage scale used in Emergency Departments to categorize patients by urgency based on their presenting signs and symptoms, helping determine priority for treatment (Level 1 being the most urgent to Level 5 being the least urgent).
RARS	Rural Attraction and Retention Society; Lac La Biche County's local attraction and retention committee focused on helping attract and retain health professionals/medical staff in the community, working alongside partners (e.g., municipal and health system partners).
NAAGO	Northeastern Alberta Alliance for Growth and Opportunity; a regional leadership table/network of mayors, reeves, and Indigenous leaders from across northeastern Alberta that meets to advance shared priorities; NAAGO's mission is described as fostering growth, opportunity, and well-being for residents in northeastern Alberta.
ICC	Indigenous Collaboration Committee; a committee established to serve as a conduit between County Council and neighbouring Indigenous communities and organizations, with a mandate to strengthen communication and relationships, collaborate on shared issues/opportunities, and provide advice (advisory only; does not make binding decisions).

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ACSC	Ambulatory Care Sensitive Conditions; health conditions for which timely, effective ambulatory/primary care can prevent or reduce the need for hospitalization; as a result, ACSC hospitalization rates are often used as a proxy for potentially avoidable admissions.
FCSC	Family Care Sensitive Conditions; a measure that identifies the percentage (or rate) of Emergency Department (ED) and Urgent Care Centre (UCC) visits for health conditions that could be more appropriately managed in primary care (e.g., a family physician's office). A lower FCSC rate suggests primary care is effectively managing these conditions in the community; a higher rate suggests a potential need to improve access to primary care and/or the effectiveness of primary care management.
Region	Region refers to the broader geographic area functionally connected to Lac La Biche County through patterns of service delivery, patient flow, economic activity, and community relationships. It includes Lac La Biche County, the Municipal District of Bonnyville, Cold Lake, St. Paul County, Smoky Lake County, Boyle and Athabasca County. The region is also home to several Métis Settlements and other Indigenous communities, such as Heart Lake, Beaver Lake, Whitefish Lake, Buffalo Lake Metis Settlement and Kikino Metis Settlement.
Continuing Care Homes Type A	Provides on-site health and personal health for the most complex needs by health care aids (HCAs), licensed practical nurses (LPNs), and registered nurses (RNs).
Continuing Care Homes Type B	Provides on-site health and personal care for more complex needs by health care aids (HCAs) and licensed practical nurses (LPNs).
Continuing Care Homes Type B – Secure Spaces	Provides on-site health and personal care with specialized dementia care in a secure environment.
Continuing Care Supportive Living	Provides rooms, suites, and support services geared to low-income adults over 65 years old to stay independent.
Separations	A separation from a health care facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice or transfer.
Seniors	Individuals aged 65 years and older, as defined and reported across Alberta Health regional dashboards and Seniors' Community Profiles.
Lac La Biche, or Lac La Biche County	The municipality of Lac La Biche County, based on provincially defined geographic borders.

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Abbreviations

MHSU	Mental Health and Substance Use
HSHS	Hospital and Surgical Health Services
CT	Computed Tomography
AHS	Alberta Health Services
UCC	Urgent Care Center
W.J.C Healthcare Centre	William J. Cadzow – Lac La Biche Healthcare Centre
ED	Emergency Department
COPD	Chronic Obstructive Pulmonary Disease
NIHB	Non-Insured Health Benefits

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Section 1. Introduction

Section 1.1. Lac La Biche County – Community and Health System Context

Lac La Biche County (the "County") is a municipality in northeastern Alberta, situated within the Edmonton Corridor. The County serves a large, predominantly rural area with its geography defined by a wide land base (more than 12,500km^2), dispersed settlements, and extensive lake and forest systems, all of which shape how residents live, work, and access services[5].

Lac La Biche County is home to a demographically diverse population of approximately 8,500 residents[6]. The County's population profile reflects a mix of long-standing residents, families and Indigenous communities. In addition to the ~8,500 residents, there are also temporary inhabitants, linked to regional resource-based industries (e.g., oil and gas, forestry, agriculture), that utilize Lac La Biche County services, including healthcare. Based on the site visit conducted, these patients were referred to as the "shadow population."

Figure 1: Map of Lac La Biche County Region

Like many rural communities in Alberta, the County is experiencing demographic change, including a growing population of seniors (approximately 15% of residents)[7]. Indigenous residents represent a defining share of the population in Lac La Biche County, accounting for approximately 16% of residents[8]. The Indigenous population is predominantly Métis, with a smaller but significant First Nations population. Collectively, municipalities and settlements in the region, including Lac La Biche County, represent a population of approximately 60,000–70,000 residents[9].

The County is bordered by several municipalities and communities, which makes up the broader Lac La Biche Region. For the purposes of this report, the Region includes Lac La Biche County, the Municipal District of Bonnyville, Cold Lake, St. Paul County, Smoky Lake County, Boyle and Athabasca County and Métis Settlements and other Indigenous communities, such as Heart Lake, Beaver Lake, Whitefish Lake, Buffalo Lake Metis Settlement and Kikino Metis Settlement.

Lac La Biche County plays a key role as a residential, service, and workforce-support community within the region, complementing Fort McMurray's role as the primary industrial and employment hub. The local Lac La Biche County economy is anchored by a diverse mix of resource-based and service industries, including forestry, agriculture, construction, oil and gas, transportation, and public services. Recent oil sands and pipeline construction in Lac La Biche County (e.g., the Blackrod Oil Sands Project, Pike 1 Oil Sands Project) reflect continued investment in the resource sector, with further growth expected to drive increased economic activity and population inflow to the region. The workforce supporting these projects primarily consists of non-resident workers who travel to Lac La Biche County during the work week, resulting in fluctuating demand for health and community services. Today, the County is advancing initiatives aimed at encouraging workers and their families to establish longer-term residence in Lac La Biche County[10].

The service sector also plays a major role, with health care, education, retail, public administration, and social services among the largest local employers. Portage College's main campus is located directly in Lac La Biche

[5] About Municipalities, Alberta.ca
[6] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[7] Alberta Seniors, Community and Social Services - Seniors Community Profile, Lac La Biche, 2nd Edition, March 2023
[8] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[9] Alberta Regional Dashboard
[10] 15 Resolutions for Success, Lac La Biche County Council

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County, serving not only as a significant local employer but also as a regional workforce development anchor, particularly for health, trades, and community-based professions.

Residents regularly cross municipal boundaries for employment, education, and health care, and Lac La Biche County itself functions as a service centre for surrounding communities. For example, Lac La Biche County's Bold Centre is a 300,000-square-foot recreational facility that provides a broad range of programs, services, and rental spaces, attracting users from Lac La Biche County and neighboring communities. Additionally, Lac La Biche County functions as a regional access point for occupational health services, supported by a local air ambulance base and a specialized Occupational Injury Services (OIS) clinic providing timely assessment and management of workplace injuries for residents of Lac La Biche County and surrounding communities.[11]

Health services in Lac La Biche County are delivered through a combination of provincially operated, municipally supported, and privately delivered providers. The William J. Cadzow (W.J.C.) Healthcare Centre, operated by Alberta Health Services (AHS), serves as the County's main acute-care and emergency facility and functions as a regional access point for hospital-based services for Lac La Biche County and surrounding rural and Indigenous communities[12] such as Boyle and St. Paul.[13] In addition to acute care, the site provides AHS-operated long-term residential care beds for seniors and adults with complex medical needs, including Acquired Brain Injury. Seniors benefit from a mix of non-profit led and privately operated supportive living facilities. Primary care is delivered through the local Associated Medical Clinic (AMC). Residents are supported by home care, mental health and continuing care services delivered through a combination of AHS, municipal and private providers.

Section 1.2. The Need to Strengthen Health Services in Lac La Biche County

In 2023/2024, Alberta's population grew by 4.3%, representing the fastest growth of any province or territory[14]. This unprecedented growth has materially increased demand for healthcare services in a manner that has outpaced system capacity[15]. While rapid population growth continues to expand overall service needs, an aging population is increasing demand for more complex, chronic, and continuous care.

There is also growing urbanization in Alberta; in 2022, approximately 78%, or 3.7 million, of Alberta's population lived in the province's three largest urban communities – Edmonton, Red Deer and Calgary. By 2051, 85% of Albertans, or 5.4 million people, are expected to live in these communities. Rural communities are expected to grow, but not at the same rate as urban centres, creating a need for the province to focus on delivering services in high-population urban centres while advancing innovative approaches for care in rural communities.[16]

Lac La Biche County faces gaps across the health system that can disproportionately affect vulnerable populations and place sustained pressure on acute-care services. Seniors experience markedly higher rates of emergency and urgent care utilization than provincial averages[17], potentially driven by limited home care, long wait times for seniors' housing, a history of variable access to primary care, and insufficient community supports to enable aging in place[18].

> *"We see younger and higher addictions rate for youth in our community, and I truly believe it is due to the intersectionality of the lack of mental health supports and access here."*
>
> *– Indigenous Representative, Lac La Biche County*

Indigenous peoples represent a large component of the Lac La Biche County region. Approximately 16% of Lac La Biche County's population identify as Indigenous, with proximity to several First Nations and Métis settlements including Heart Lake, Beaver Lake, Whitefish/Goodfish Lake, Buffalo Metis Settlement and Kikino Metis Settlement. Representatives from neighboring indigenous communities note that Lac La Biche County functions as a regional access point for acute care services for surrounding First Nations and Métis communities, with residents from these communities routinely travelling to Lac La Biche County to access

[11] Stakeholder engagement completed with representatives from municipal medical clinic
[12] Alberta Health Services | Hospitals and Facilities
[13] Information on primary and secondary catchment for healthcare services is documented in Section 2.2.2 Where Residents Access Care.
[14] Statistics Canada. Annual Demographic Estimates: Canada, Provinces and Territories, 2024.Released September 25, 2024
[15] Integrated Health System Assessment, Alberta Health, 2024
[16] Integrated Health System Assessment, Alberta Health, 2024
[17] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[18] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process

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ambulatory, emergency and inpatient care. Despite navigation services available in the W.J.C Healthcare Centre, Indigenous populations often experience distinct challenges with stigma in healthcare impacting willingness to access care. Access challenges are further compounded for Indigenous residents living in surrounding First Nations and Métis settlements. Closed roads and long travel distances create obstacles to accessing primary care, outpatient services, and follow-up care in Lac La Biche County and regional centres[19].

Housing shortages may further exacerbate health challenges for individuals who are unhoused or at risk of homelessness[20]. Across the lifespan, access to mental health and substance use services remains constrained, with no dedicated local inpatient or detoxification services and long waitlists for community mental health services, potentially contributing to delayed treatment and increased reliance on emergency departments[21]. Stakeholders engaged during the site visit indicated that access to mental health services in schools is a challenge which further impacts the healthcare system as adolescents transition to adults.

Historically, Lac La Biche County has also experienced difficulties in recruiting and retaining healthcare professionals, particularly physicians, nurses, and allied health providers. Stakeholders engaged as part of this planning process suggested that this has resulted in service instability, reliance on temporary staffing models, and gaps in continuity of care, especially in obstetrics and surgical services. Recent recruitment efforts at the AMC Clinic have attracted physicians who can complete cesarian sections. Strengthening public perception and ensuring that sufficient volumes can be achieved to maintain competence, safety and high-quality care, will be required to ensure that this can be a reliable service offered in the County.

> *"You have to leave Lac La Biche for almost anything."*
> – Councillor, Lac La Biche County

As a result, patients often travel long distances to access care that could otherwise be delivered closer to home, creating barriers related to cost, transportation, and time, and disproportionately impacting seniors and lower-income populations.

Historically, Lac La Biche County has demonstrated a strong commitment to investing in health services to meet local needs and keep residents within the community. The municipality played a critical role in advocating for the establishment of a dialysis unit at the hospital, while the local foundation successfully raised funds to support the acquisition of a Computed Tomography (CT) Scanner. In parallel, the County has invested in workforce recruitment and retention initiatives, in partnership with the Rural Attraction and Retention Society (RARS), to attract and sustain health human resource[22]. Most recently, the County has secured land to support future health services and potential seniors' housing adjacent to the Golden Sands Healthcare Facility. In the past, the AMC faced challenges related to physician retention. When the clinic's owners decided to leave Lac La Biche County, the County intervened by purchasing and assuming ownership of the facility. This action preserved access to primary care services in the region and enabled the County to offer a more attractive practice model for new family physicians by owning and operating the clinic and reducing overhead costs. The acquisition has been a strategic step toward stabilizing local service delivery and creating a more competitive environment to attract and retain physicians[23].

The Lac La Biche County Council released 15 resolutions of success, one of which is to attract and retain workers in the County by promoting key benefits such as transportation and accessibility[24]. This is likely to support capturing of workers and families supporting the large pipeline projects ongoing in neighboring communities. The County is also considering establishment of an MCC (Municipal Controlled Corporation), to support operations of recreational and health services in the region. Collectively, these actions underscore a sustained and community-wide commitment to strengthening local health services, with the shared goal of maintaining community health, retaining and attracting more residents to the community, and enabling residents to receive care close to home.

As Alberta shifts towards the corridors of care approach for effective service delivery, the vision is for enhanced clinical service coordination across regions. Recognizing this, Lac La Biche County leadership has already begun

[19] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process
[20] Integrated Health System Assessment, Alberta Health, 2024
[21] Lac La Biche Social Development Strategy, 2026. Moorhouse & Associates
[22] Integrated Health System Assessment, Alberta Health, 2024
[23] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process
[24] 15 Resolutions for Success, Lac La Biche County Council

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working with neighbouring communities and regional partners to strengthen alignment and advance more coordinated approaches to service planning[25]. The Northeastern Alberta Alliance for Growth and Opportunity (NAAGO) leadership table, consisting of mayors, reeves, and Indigenous leaders from across northeastern Alberta, meet regularly to discuss shared interests such as healthcare and transportation[26].

The Government of Alberta's Refocusing Alberta's Health Care System initiative has introduced significant structural reform, reshaping governance, accountabilities, and integration across acute care, primary care, continuing care, and mental health and substance use, and encouraging more regionally coordinated, corridor-based approaches to service delivery[27]. Lac La Biche County is within the northern part of the Edmonton Corridor. As these corridors are intended to inform service planning and resource allocation, the role and positioning of Lac La Biche County within this structure requires clearer definition. As part of this refocus, 14 regional advisory councils have been set up to bring forward local priorities and provide input to the province; Lac La Biche County works within its regional advisory council to share community perspectives, highlight local healthcare needs and advise government on solutions. The Rural Health Action Plan has explicitly recognized the distinct needs of rural and remote communities, emphasizing equity, strengthened primary care and workforce sustainability[28].

Overall, Lac La Biche County and the surrounding region faces challenges with healthcare service delivery and human health resource recruitment and retention. As Lac La Biche County continues to enhance services for its residents and promotes increased migration to the region, there is an opportunity to implement a more holistic view of regional clinical needs and how Lac La Biche County can intentionally invest in supporting these needs over the long term.

Section 1.3. Project Overview

Section 1.3.1. Purpose and Objectives of the Clinical Strategy

The Regional Clinical Strategy and Roadmap is guided by the following objectives:

1) **Assess current and future service needs within Lac La Biche County and its neighboring communities**, including comparison of key indicators, an analysis of service gaps, capacity constraints, and opportunities across clinical and non-clinical domains, to inform strategic priorities for the future state model.
2) **Identify and evaluate viable options for the future model of care**, including services and capabilities that should be introduced or expanded, informed by evidence, best practice and regional context.
3) **Define a preferred future-state model of care** that optimizes the role and capacity of primary care, aligns hospital and specialty services with regional demand, and improves access to care for Lac La Biche County and surrounding communities.
4) **Establish a high-level implementation roadmap**, outlining key phases, and considerations to support successful execution of the strategy including potential for investment in infrastructure and services.
5) **Ensure alignment with provincial health system direction**, including health system priorities related to rural health, and service delivery expectations, to establish a strong foundation for the County to engage with the provincial government as a partner. This should also include exploration with other partners to support advancing Lac La Biche's clinical vision.

The Regional Clinical Strategy and Roadmap is intended to provide Lac La Biche County with a practical evidence-informed foundation for making coordinated clinical, operational, and investment decisions in an increasingly constrained and evolving health system. Additionally, it may serve as an input to a future business case to gain support for ongoing healthcare investments in the region.

Section 1.3.2. Approach and Methodology

The Regional Clinical Strategy and Roadmap was developed using a structured, evidence-informed approach implemented in three stages.

[25] Integrated Health System Assessment, Alberta Health, 2024
[26] Health care and highways on agenda for municipal leaders - Lakeland News
[27] AHS 2024-27 Health Plan
[28] Rural Health Action Plan, 2024-27

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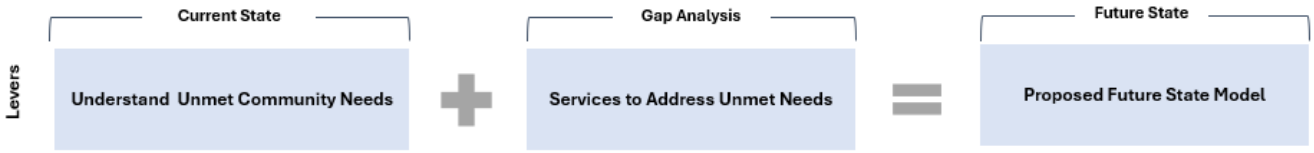
Figure 2: Framework for Regional Clinical Strategy and Roadmap



1) **Understanding Community Needs** – A current state assessment was conducted to develop an understanding of unmet health service needs within the community. This included a quantitative assessment informed by the best available data, including population demographics, health status indicators, service utilization including access, wait times, and care patterns. This was supplemented by qualitative findings from key stakeholders within and around the municipality who had perspectives on service availability, gaps, opportunities and key enablers to support the future state such as workforce and partnerships-related considerations. Together, these inputs provided a grounded view of how residents currently access care, where gaps and pressures exist, and how Lac La Biche County functions within the context of the regional health care system.

2) **Identification of Critical Services to Address Unmet Needs** – Based on the assessment of current state of services in Lac La Biche County, co-design sessions were held with the Lac La Biche County Steering Committee teams to explore options and determine what services would anchor the future model of care. These sessions were aided by jurisdictional insights from comparable rural and regional models, and on-site visits and interviews in Lac La Biche, which were used to test feasibility and inform options.

3) **Design and Validation of a Proposed Regional Service Model –** Insights from the needs assessment and co-design sessions were synthesized into a cohesive Regional Clinical Strategy and Roadmap that defined a preferred future-state model of care for Lac La Biche County and surrounding communities. The strategy was validated for feasibility, and implementation readiness with project stakeholders and translated into a high-level roadmap that outline key phases and activities necessary to achieve the vision.

Throughout the development of the strategy, we engaged with municipal leadership in Lac La Biche County, the Ministry of Hospital and Surgical Health Services (HSHS), Indigenous representatives, AHS-hospital leadership and primary care and community service representatives, such that the recommendations are both evidence-based and grounded in the needs of Lac La Biche County and the surrounding region. A detailed list of stakeholder groups engaged is in the Appendix.

Section 1.4. Strategic Alignment

The Regional Clinical Strategy and Roadmap is aligned with the overarching direction of Alberta's health system, including current provincial priorities related to system integration. The strategy reflects a shift away from fragmented, site-specific planning toward a coordinated model that addresses the most pressing current state health service needs in a rural and regional context. By emphasizing integrated service delivery, the strategy is consistent with the focus on improving system flow, reducing avoidable acute care utilization, and delivering care closer to home where clinically appropriate.

The Strategy is also aligned with Alberta's Rural Health Action Plan[29], which emphasizes the need for locally tailored, regionally coordinated approaches to improving health service access and sustainability in rural and remote communities. The Action Plan identifies key focus areas including workforce sustainability, access to care, virtual models of care, community-based supports, and prevention and wellness. This reflects this direction by identifying opportunities to strengthen local and regional capacity, and advance care models that are responsive to the unique needs of Lac La Biche County and surrounding rural communities.

[29] Rural Health Action Plan, 2024-27

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Other ongoing initiatives within the County such as the Housing Needs Assessment, the Housing Action Plan, and the Social Development Strategy have overlapping health and wellbeing priorities with this Strategy. The Strategy complements and reinforces these initiatives by clarifying how health service planning interacts with housing stability, social supports, and community infrastructure. In addition to health system pressures, Lac La Biche County's tourism agenda signals broader growth and investment priorities that will introduce increased variability in population service needs due to seasonal demand, and workforce attraction needs. This elevates the importance of a resilient and well-defined regional health service model that accounts for shared use and cross-boundary patient flows, particularly for primary care and emergency services. Aligning health system planning with broader economic and community development initiatives is therefore essential to ensure that future growth complements parallel initiatives that improve health and wellness in the community.

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Section 2. Current State Needs Assessment

Figure 3: Framework for Regional Clinical Strategy and Roadmap – Current State

A current state needs assessment was conducted to develop an understanding of met and unmet health service needs within the region, informed by data, available documentation, and key stakeholders within and around the County.

The HSHS team provided access to readily available data for Lac La Biche County and surrounding municipalities within the region, with most datasets spanning the 2022–2025 period. This information was supplemented by publicly available sources, including the Alberta Regional Dashboard, the Alberta Surgical Dashboard, and municipal Community Profiles developed by the Primary and Preventative Health Services Program Delivery Unit and Alberta Seniors, Community and Social Services.

Section 2.1 and 2.2 document population demographics, the health service landscape, and key current state insights, establishing a foundation for identifying trends, challenges, and emerging opportunities to address unmet needs within the region.

Section 2.1 Overview of Lac La Biche County and the Region

Section 2.1.1 Demographic Trends

Lac La Biche Trends

Lac La Biche County is home to approximately 8,500 residents. In addition to the residents, there is also non-resident workforce population, linked to regional resource-based industries (e.g., oil and gas, forestry, agriculture), that utilize Lac La Biche County services but are not represented in the total number of residents ("shadow" population). The County's population has remained largely static over the past decade, with recent trends indicating minimal population growth (0.2%) in the last five years [30].

The population in Lac La Biche County includes a large working-age cohort, with residents aged 35–64 accounting for 37.8% of the total population, alongside a higher-than-average share of children and youth compared to the provincial average (24% versus 21.5%)[31]. Notably, the senior's population (+65 years) represent 16% of residents, slightly above the Alberta average (15.1%)[32]. Between 2021 and 2026, the senior's population grew by approximately 25% (from 1,437 to 1,792 residents)[33], signaling a shift toward an older population. These trends indicate concurrent demand for services supporting families, working-age adults, and an aging population.

Indigenous residents represent a significant and defining share of the community, with approximately 16% of the population identifying as Indigenous, substantially higher than provincial and national averages (3.5% in Alberta)[34]. This demographic reality has important implications for service planning, including the need for culturally appropriate care models, strong partnerships with Indigenous communities, and approaches that address longstanding inequities in access and outcomes.

[30] Alberta Health Regional Dashboard – Lac La Biche County Population.
[31] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[32] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[33] Alberta Seniors, Community and Social Services - Seniors Community Profile, Lac La Biche, 2nd Edition, March 2023
[34] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition

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Future population growth may be influenced by how successful the County can be in converting oilsands workers and their families into permanent residents. This context provides critical grounding for understanding current pressures on the health system and for assessing how well existing services are positioned to meet evolving demand.

Regional Demographic Trends

Collectively, municipalities and settlements in the region, including Lac La Biche County, comprise an estimated population of approximately 60,000–70,000 residents and generally exhibit similar demographic profiles.[35] Surrounding communities have experienced varied growth trajectories, ranging from relatively rapid expansion in Cold Lake to population decline in Smoky Lake. Most other neighbouring municipalities have seen minimal growth or gradual decline, with overall populations remaining largely stagnant.[36]

Across the region, the largest age cohort is consistently adults aged 35–64. The proportion of seniors (65+) is also broadly comparable to Lac La Biche County; however, communities such as Smoky Lake, Athabasca, and Boyle have a notably higher shares of seniors, ranging from approximately 21–28%, compared to the Alberta provincial average of 15.1%.[37] In addition, neighbouring communities also have a higher proportion of Indigenous populations relative to the provincial average, similar to Lac La Biche County.[38]

Section 2.1.2 Service Provision and Access to Care

The health care landscape in Lac La Biche County reflects the typical configuration of small, rural Alberta communities, with a mix of locally delivered core services and reliance on regional and urban centres for specialized care. Locally available services are designed to meet routine, urgent, and some ongoing care needs and include:

- **Acute care services** including an emergency department, general inpatient acute care beds, basic diagnostic services (e.g., laboratory and imaging), stabilization and transfer. These services are delivered at the W.J.C Healthcare Centre operated by AHS, which serves as the primary acute-care hub for the community. The Healthcare Centre has been identified for evaluation under Alberta's Rural Hospital Enhancement Program, with planning underway to review core clinical areas including the Emergency Department, Operating Rooms, and Diagnostic Imaging[39]. Some services within the facility, such as emergency department services, have faced temporary disruptions given workforce shortages.

- **Primary care services** (e.g., family medicine) delivered through physician offices at the Associated Medical Clinic, owned by the County. The clinic delivers primary care (both walk-in services and for a roster of patients) and minor procedures (e.g., wart removal) conducted on site. Other services include basic laboratory services, assessment and management of workplace injuries (functioning as an OIS site), and neighboring prescribing pharmacist services (Cedars Pharmacy). The clinic also collaborates with Primary Care Network (PCN) resources to provide services such as social work and diabetic education to patients; however, clinic stakeholders note that there is variability in the availability of PCN resources due to workforce shortages, resulting in temporary pauses in service delivery.

- **Preventive and public health services** including public health programs (early hearing detection, community screening), environmental public health services, health promotion and prevention initiatives, and substance abuse and mental health promotion, delivered primarily at the Health Unit at Lac La Biche Provincial Building, operated by AHS.

- **Home care services,** offered by AHS and coordinated at the Lac La Biche Provincial Building. Services are delivered by a team of nurses and health care aides and include care following surgery, long-term care

[35] Alberta Health Regional Dashboard – Other Municipalities

[36] Alberta Primary and Preventative Health Services Program Delivery Unit – Community Profile of Various Municipalities

[37] Alberta Seniors, Community and Social Services - Seniors Community Profile of Various Municipalities

[38] Alberta Primary and Preventative Health Services Program Delivery Unit – Community Profile of Various Municipalities

[39] Rimbey News: Rural Hospitals in Central Alberta to be Assessed for Future Upgrades. https://rimbeyreview.com/2025/03/31/rural-hospitals-in-central-alberta-to-be-assessed-for-future-upgrades/

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support, palliative care, and respite services. Clients are assessed by a case manager, typically a registered nurse, who works with individuals to determine the most appropriate services to support their needs.

- **Community care services**, include community mental health and substance abuse services for adults and youth offered by AHS at the Lac La Biche Provincial Building. These services are delivered by a team of nurses, social workers, and therapists. Additional community supports are available for client's requiring assistance with activities of daily living; one example is the Alberta Aids to Daily Living (AADL) program[40], provided at the W.J.C. Healthcare Centre, which offers access to basic medical equipment and supplies such as wheelchairs and walkers.

- **Continuing care supports** including supportive living for residents with complex or ongoing needs, with a mix of operations across AHS, Assisted Living Alberta and private operators. This includes Golden Sands, a privately operated continuing care residence offering accommodations across three service spaces: moderate care (Type B) for individuals with moderately complex care needs; secure memory care (Type B-Secure) providing specialized dementia care in a secure environment; and supportive living, which includes accommodations for seniors who are able to live largely independently[41]. Alternatively, Lacalta Lodge is a seniors' lodge that offers supportive living accommodations and services for low-income seniors who are functionally independent but are not able, or do not wish, to maintain their own home[42] [43].

- **Privately operated** prescribing pharmacy. A total of four pharmacies were identified during the site visit. Stakeholders indicated that only two were prescribing pharmacies and had somewhat variable hours to ensure coverage during the weekend, for example. Several stakeholders could not provide rationale on the number of pharmacies and agreed that there may be opportunities to better leverage pharmacies for different purposes (e.g., to support prescribing medications based on expanded scope of practice).

- **Indigenous-specific services** include supports coordinated through the hospital's Indigenous Wellness Coordinator, with additional referral-based assistance provided by the Canadian Native Friendship Centre. Additionally, patient navigators work in conjunction with the healthcare facility and the Wellness Coordinator to help direct Indigenous patients to appropriate health and community services, supporting access, continuity, and culturally responsive care.

- **Medical transport:** Lac La Biche County offers a Community Access Bus Service that provides affordable transportation for seniors and individuals with disabilities travelling within the County.[44] In addition, the County has introduced a Medical Transportation Grant, which offers reimbursement for travel related to medical appointments outside the County.[45] First Nations communities receive some transportation supports through Non-Insured Health Benefits (NIHB), whereas Metis settlements have limited to no funding support for medical transport.[46]

Lac La Biche County physicians operate within an integrated, multi-site model that spans clinic, hospital, and community-based care settings. The clinic provides weekday primary care services from 8:30 a.m. to 5:00 p.m., Monday to Friday, while clinic physicians also contribute to emergency department (ED) coverage and on-call services at the hospital, supporting continuity of care across settings. A shared on-call model is coordinated among physicians, with designated hospitalist and on-call coverage to ensure after-hours access.

Beyond clinic and hospital-based care, physicians extend services directly into the community, including outreach to the supportive living facilities. Physicians conduct on-site consultations in these settings to reduce travel burdens for older adults and improve access to care for residents with mobility or transportation challenges. Discussion with the Cedars Pharmacy also indicated a home-based delivery model for specific patients.

[40] William J. Cadzow - Lac La Biche Healthcare Centre - Alberta Aids to Daily Living Program | Alberta Health Services
[41] Golden Sands | Assisted Living Navigation Portal
[42] Lacalta Lodge | Assisted Living Navigation Portal
[43] Lac Alta Lodge
[44] https://laclabichecounty.com/p/community-access-system-busing-
[45] https://laclabichecounty.com/p/medical-transportation-grant
[46] Stakeholder interview with Indigenous representatives

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Lac La Biche County residents access local services for primary, emergency and selected inpatient needs. They rely on the broader regional system for services unavailable in the County, including most ambulatory care services, and specialized / tertiary care that is unavailable in the County often due to limited access to specialists. For example, oncology care (including outpatient chemotherapy), surgical services, and advanced diagnostics such as MRI are provided outside the County, often in surrounding communities or in Edmonton.

Regional Services

As part of understanding the health and community services landscape of Lac La Biche County and surrounding communities, a service map was developed to depict the distribution of services by location. The assumptions and service map can be found in the Appendix.

Below is a summary of municipalities that provide specialized services not widely available across other municipalities in the region. This provides insight into what services Lac La Biche County patients access outside of the County.

- **Edmonton (e.g., Royal Alexandra Hospital, University of Alberta Hospital)** – higher acuity inpatient services (e.g., specialized surgery) and MRI.
- **Cold Lake Healthcare Centre** – orthopedic surgery, primary stroke center.
- **Lamont Healthcare Centre** – cataracts program.
- **Bonnyville Healthcare Centre**– endoscopy, orthopedics surgery, chemotherapy services (Bonnyville Community Cancer Centre).
- **St. Paul Healthcare Centre**– endoscopy, caesarean sections and gynecological procedures

Stakeholders noted that patients from Lac La Biche County also travel to Athabasca, Westlock and Fort McMurray for various healthcare services not consistently offered within the region.

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Section 2.2 Current State Insights

This section summarizes critical insights about the current state of health services in Lac La Biche County and surrounding communities. It is informed by a review of available population health data, interviews with stakeholders and on-site engagement in Lac La Biche. It summarizes key patterns in health service access and utilization, highlights core challenges and opportunities, and sets the foundation for developing the future state model for service delivery in Lac La Biche County.

1. Lac La Biche County and surrounding communities are not growing at the same rate as larger urban centres in Alberta in recent years.

Lac La Biche County's population has remained largely static over the past decade[47], with recent trends indicating minimal population growth (0.2% in the last five years)[48]. While the County has higher birth rates compared to the provincial average (25.7 vs. 20.9 in Alberta per 1,000 women)[49], this has not been sufficient to drive sustained population growth. Factors such as aging demographics and out-of-County migration are likely contributing to population stagnation. As a result, the County's population base is not expanding in a way that would organically support significant growth in demand for new or higher-complexity health services. Lac La Biche County is pursuing strategies to attract and retain residents, including initiatives to position the community as a home for families of the industrial workforce, to support population growth in the coming years.

This pattern is consistent with trends observed across many rural communities in Alberta including Lac La Biche County's neighboring communities, where total populations are stagnating or gradually declining[50].

> *A strategy for new healthcare services in Lac La Biche should be considered in the context of the surrounding communities (e.g., attracting patients from Cold Lake, Athabasca). A strategy focused on Lac La Biche residents alone, with significant inorganic growth coming from attracting new families, may not have sufficient demand to sustain services and the associated workforce required.*

2. W.J.C. Healthcare Centre primarily serves Lac La Biche County residents today.

A healthcare facilities' primary catchment refers to the geographic area and population from which a facility derives most of its patient volume. The secondary catchment area includes surrounding communities that periodically rely on the facility for selected services, but for whom the facility is not the primary provider of care.

It is not always clear from available data which populations are served by each facility, as formal catchment areas are not defined. Current utilization patterns show that the W.J.C. Healthcare Centre largely serves the local population; approximately 74% of hospital separations and 75% of emergency department visits are residents of Lac La Biche County, indicating that the primary catchment is the local population. Note that separations refer to patients (or residents) that leave a healthcare facility because of death, discharge, sign-out against medical advice or transfer.

A smaller proportion of hospital separations and emergency department visits originate from areas such as St. Paul, Boyle, and Athabasca, reflecting that the secondary catchment is residents living in the surrounding region. These patients may receive care in Lac La Biche County due to several factors, including patient preference to access care at the Lac La Biche County facility, geographic proximity to the W.J.C. Healthcare Centre despite residence in another county, or temporary service disruptions in neighbouring communities that redirect patients to Lac La Biche County for care. Based on stakeholder feedback from County Council around the "shadow" population – this could not be clearly identified in the data available. That said, with the assumption that most of this population does not reside in Lac La Biche, the utilization appears to be relatively small from the data reviewed.

[47] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[48] Alberta.ca Regional Dashboard – Lac La Biche County Population. Last updated, January 2026
[49] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[50] Alberta Health Regional Dashboard – Lac La Biche County Population.

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While the majority of hospital care required by Lac La Biche County residents is delivered locally, the County also offers select services that are not widely available in neighbouring municipalities, including OIS and dialysis. As a result, residents from outside the County travel to Lac La Biche County to access this care, and actual cross-boundary service use may be understated in the available data.[51]

> *Current utilization data shows that the W.J.C. Healthcare Centre mainly serves the local population, with only modest volumes from residents in neighbouring communities. As a result, sustaining and expanding health services will depend less on population growth and more on stabilizing core services for the primary catchment and deliberately, over time, strengthening Lac La Biche County's role within the regional system to attract and retain volumes from the secondary catchment.*

3. Current patterns show greater patient outflow from Lac La Biche County than inflow from surrounding communities.

Service utilization patterns show that a notable share of Lac La Biche County residents access ambulatory care and specific services requiring an inpatient stay outside the County.

More than one-quarter of ambulatory care visits (26.3%, or 3,059 visits) for Lac La Biche County residents occurred outside Lac La Biche County, with the largest share directed to Boyle Healthcare Centre, indicating frequent travel even for outpatient and lower-complexity care[52]. Other examples of patients leaving the County for care include:

- Cancer patients receive chemotherapy in the Bonnyville Community Cancer Centre, as this requires specialized staff and medications not available in Lac La Biche County,
- Endoscopy services are limited to 1-2 days a month at W.J.C Healthcare Centre when a visiting specialist is available, which means that patients are likely to travel outside the County if procedures are more time sensitive,
- CT scanning has capacity constraints due to workforce shortages which often require patients to travel out of Lac La Biche County,
- Higher-acuity or high-risk cases are referred to larger centres with more robust support services and specialized care. Patients may reportedly prefer to travel to Edmonton to combine care with personal errands or other appointments.

Inpatient care patterns further demonstrate reliance on the broader regional system. While 48% of inpatient hospital separations for Lac La Biche County residents occurred locally at the W.J.C Healthcare Centre, a substantial proportion of inpatient care was delivered outside the community[53]. The most common destinations included Edmonton-based tertiary hospitals, notably the Royal Alexandra Hospital (16%) and the University of Alberta Hospital (8%), as well as Sturgeon Community Hospital in St. Albert (7%)[54]. Transfer patterns from the W.J.C Healthcare Centre indicate that residents of Lac La Biche County are most frequently transferred for medical conditions requiring higher-acuity or specialist care not available locally, such as major trauma, major cardiac events, and COPD.[55]

Residents in neighbouring municipalities also receive 22-40% of ambulatory care outside of their Local Geographic Area (LGA), indicating that patients often have to travel for care. Outside of their own healthcare centre, the most common destination for inpatient care for residents in other municipalities is the Royal Alexandra Hospital in Edmonton.

Figure 4: Hospital Separations for Lac La Biche County Residents by Most Frequently Visited Facility, 2022-23

[51] It should be noted that data related to primary care and certain ambulatory services is not captured in the analysis.
[52] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition

[53] Ministry of Hospital and Surgical Health Services. Separations data derived from Canadian Institute for Health Information (CIHI) Discharge Abstract Database 2022/23
[54] Discharge Abstract Data (DAD), CIHI
[55] W.J.C Healthcare Centre Stakeholder Input

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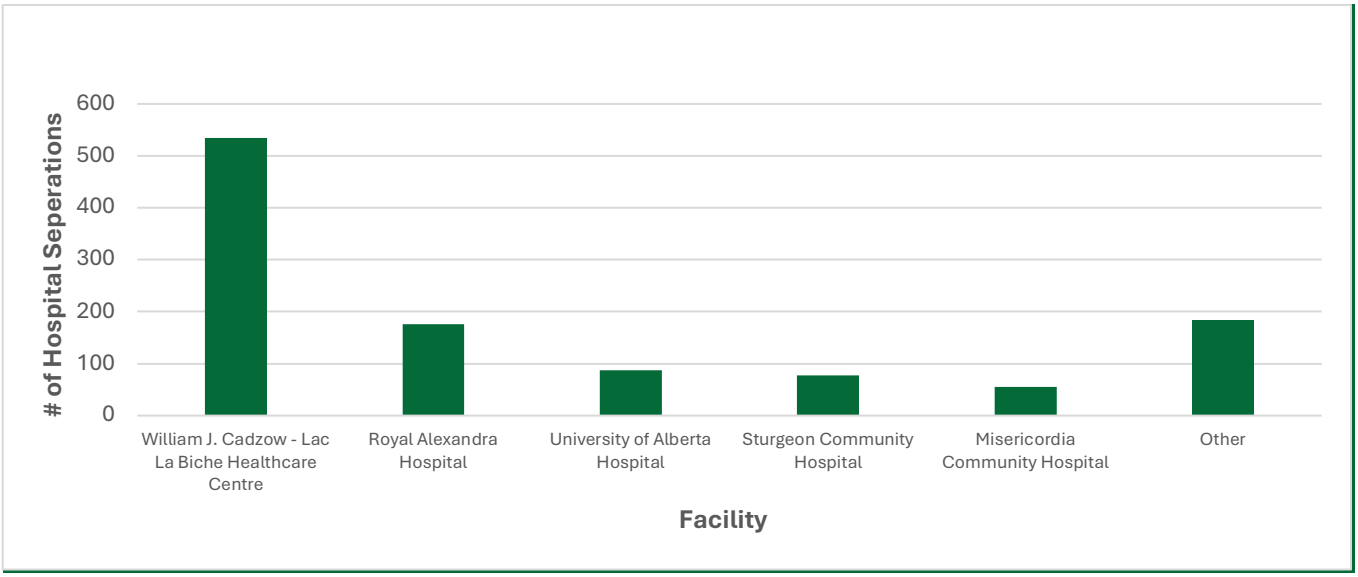

It is important to note that the data reflects a period during which the County was experiencing a shortage of primary care physicians. This workforce constraint may have contributed to temporary service disruptions within the hospital and/or patients seeking timely care outside of the county. Since that time, primary care capacity has significantly increased, with a full complement of physicians now providing both community-based care and support within the hospital setting.

> *While some specialized services will continue to require travel, there is an opportunity to better retain patients for services that are could be delivered locally with a more stable workforce. The initial focus should therefore be on stabilizing and strengthening existing outpatient services, followed by selective investment in complementary services that keep residents closer to home. This approach improves access and continuity of care for residents while strengthening Lac La Biche County's role as a regional centre for surrounding communities.*

4. Patients are accessing the ED and acute care services for presentations that could be supported in primary and ambulatory care settings.

The data presented below reflects the period from 2022–2025, during which Lac La Biche County experienced shortages of primary care physicians. These shortages affected the availability of primary care, ambulatory services, and acute care, as the same physician workforce provides coverage across the continuum of services. While physician capacity in the County has since improved, more recent data is not yet available. As a result, the patterns observed, particularly related to emergency department utilization, may not fully reflect current service availability or utilization. Nevertheless, the data illustrates the impact that workforce shortages may have on how patients access care and underscores the importance of stabilizing upstream primary and ambulatory care to reduce avoidable reliance on higher-acuity services that are more dependent on physician resources.

The leading reasons for ED visits at the W.J.C Healthcare Centre included pneumonia, ischemic heart disease, diabetes-related conditions, and mental health and substance-related presentations[56]. These patterns are consistent with the high chronic disease prevalence in Lac La Biche County and may signal gaps in primary and preventative care in the County. During the site visit, the W.J.C Healthcare Centre leadership noted an increased demand in the ED in recent months due to respiratory illnesses, in addition to seriously ill and injured patients. This was also evidenced in the business of certain parts of the ED observed[57]

[56] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[57] Stakeholder interview with AHS representatives

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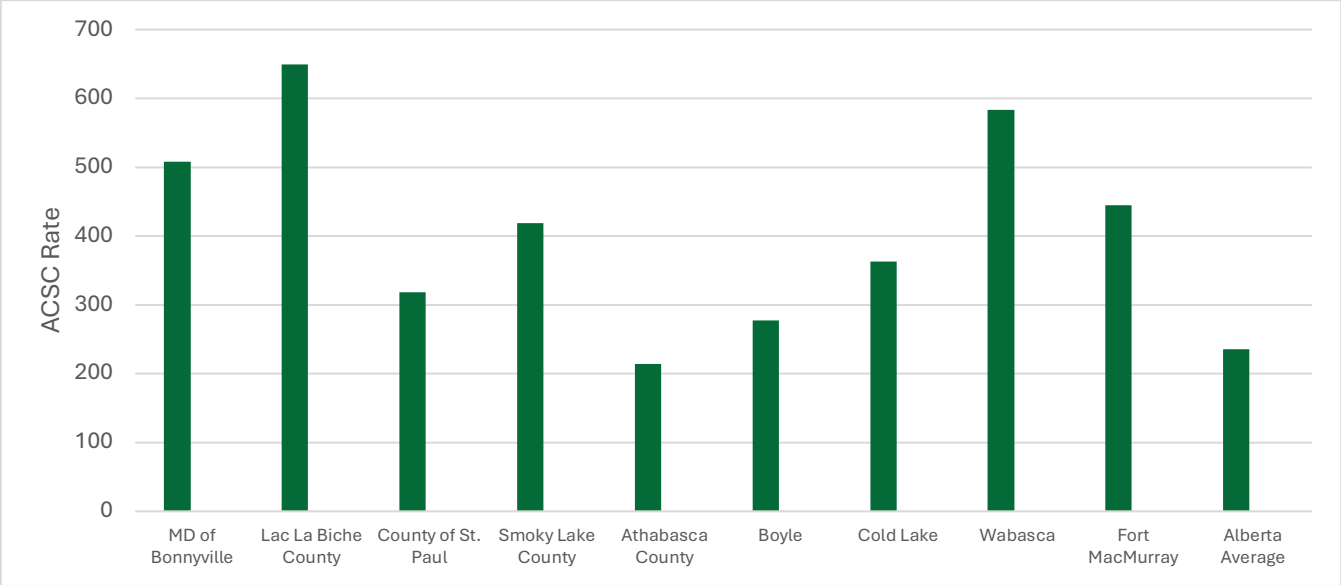
Hospitalizations for ambulatory care sensitive conditions (ACSCs), including chronic and acute conditions such as diabetes, COPD, hypertension, and asthma, occurred at a rate of 649.5 per 100,000 population, more than 2.5 times the provincial average (235.9 per 100,000)[6],[58]. These conditions generally require proactive primary care and outpatient management rather than inpatient or emergency-based care.

ED acuity data further reinforced this pattern. A large proportion of ED visits were classified as lower-acuity (CTAS 4 and 5 presentations make up 44% of ED visits),[59]. In addition, Family Care Sensitive Conditions (FCSCs) occurred at a rate of 31, 453.2 per 100,000 population, approximately 3 times the provincial average (9,844.5 per 100,000),[60]. FCSCs reflect aggregate ED visit rates for conditions that are typically manageable in a family physician or primary care setting. It is important to note that rural generalist physicians work across multiple settings (primary care, ED, inpatient, long-term care) in Lac La Biche County. Therefore, the low number of physicians contributed to an increase in patients visiting the ED with primary care-sensitive health concerns. W.J.C Healthcare Centre leadership stakeholders note that many residents visit the emergency department because they are unsure of where else to go to access care.

Other counties exhibit similar patterns, including a higher-than-provincial-average prevalence of three or more chronic conditions and elevated rates of ACSCs.

Figure 5: Ambulatory Care Sensitive Conditions (ACSC) rates by County, Age Standardized rate per 100,000



> *Patients in rural areas such as Lac La Biche County often access the ED more frequently than those in urban settings, as the range of available health services is typically more limited. As recent physician recruitment has begun to stabilize local primary care capacity, the impact of this change may be seen on ED utilization. Dedicated upstream primary and preventative care (e.g., chronic disease management programs), could provide proactive instead of reactive care, leading to healthier populations that could have less reliance on ED and acute care services.*

5. Surgical service utilization in Lac La Biche County is limited in volume and scope relative to other communities in the region with surgical capacity.

[58] Ministry of Hospital and Surgical Health Services. Ambulatory Care Sensitive Conditions 2024/25. Derived from Interactive Health Data Assessment (IHDA)
[59] Ministry of Hospital and Surgical Health Services. Emergency Visit Rates (per 100,000 population) for CTAS Levels by LGA 2022/23
[60] Ministry of Hospital and Surgical Health Services. Family Care Sensitive Conditions 2024/25. Derived from Interactive Health Data Assessment (IHDA)

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Despite existing surgical infrastructure and a regional medical device reprocessing program at the W.J.C. Healthcare Centre, surgical services in Lac La Biche County remain limited and inconsistent due to workforce gaps, particularly in anesthesia. In 2024/25, Lac La Biche County delivered approximately 114 procedures, the majority of which were gastrointestinal endoscopies supported by a visiting specialist that provides the service 1-2 times per month.[61] The low utilization was confirmed during the on-site visit in which those resources appeared to be significantly underutilized.

Stakeholders report that residents typically travel within the region for surgical care or tertiary centres in Edmonton for more complex procedures. From a regional perspective, surgical services are primarily concentrated at three sites within a 1.5-hour drive of Lac La Biche County: Bonnyville Healthcare Centre, Cold Lake Healthcare Centre, and St. Paul Healthcare Centre. Lamont and Westlock Healthcare Centres also serve residents in the region, particularly for cataract surgery, but are located further from Lac La Biche County.

Bonnyville provides orthopedic surgeries and Cold Lake offers orthopedic surgery through a visiting specialist model. Lamont and Westlock deliver cataract surgeries, and St. Paul provides cesarian section deliveries and gynecological procedures. Most centres across the region also offer endoscopy services. Service availability and distribution across the region are closely linked to where physicians elect to practice, resulting in centres having to conduct recruitment independently. Services may be disrupted if there is a shortage of surgeons and anesthetists during a given period. Physician practice location decisions are not driven by a single, consistent set of predictable factors; stakeholders note that physicians often elect to practice in areas that are closer to urban centres and have a stability in healthcare service delivery[62].

Figure 6: Annual Procedure Type Volumes per Facility in Lac La Biche County Region, 2024-25[63]

Hospital	Other*	GI endoscopy	Shoulder	Knee	Hip	Cataract	Total
William J. Cadzow – Lac La Biche Healthcare Centre	3	111					114
Bonnyville Healthcare Centre	893	619		51	44		1607
Cold Lake Healthcare Centre	718	714			1		1433
St. Therese – St. Paul Healthcare Centre	220	473					693
Lamont Healthcare Centre	515	520				1378	2413
Westlock Healthcare Centre	612			294	215	1231	2352
	2961	**2437**	**0**	**345**	**260**	**2609**	**8612**

**Other refers to surgeries that are not represented by the above categories, such as bariatric, coronary bypass graft, cancer surgeries, etc.*
Note that data is from 2024-2025 and may not represent current surgical patterns.

> *Lac La Biche County has the physical surgical infrastructure in place; however, persistent shortages of anesthetists have limited the ability to deliver surgical services locally. Addressing these critical workforce gaps is required to re-establish select lower-complexity surgical procedures and endoscopy services closer to home. Any service restoration should be pursued in a coordinated manner with the established regional hubs.*

6. Growing gaps in seniors' care and housing are emerging as the senior's population expands.

Seniors represent a growing population within Lac La Biche County, with high utilization of health services. The number of older adults in the community is increasing steadily, with the senior's population in Lac La Biche County estimated to have grown to 1,373. The broader Lac La Biche County region has ~ 11,000-12,000 seniors, further intensifying demand for age-appropriate health, housing, and community supports[64].

[61] Alberta Health System Dashboard
[62] Stakeholder interview with AHS representatives
[63] Alberta Health System Dashboard
[64] Alberta Seniors, Community and Social Services - Seniors Community Profile, Lac La Biche, 2nd Edition, March 2023

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Residents in Lac La Biche County aged 65 and older account for significantly higher emergency department use compared to provincial averages, with 1,377 ED/UCC visits per 1,000 seniors, versus 573 per 1,000 provincially[65].

Stakeholders noted long wait times for accessing these continuing care services, resulting in seniors having to receive continuing care outside of the County. There were also concerns that the facilities outside of Lac La Biche County are geographically isolated, creating barriers to community access and increasing the risk of social isolation for residents who may no longer drive[66]. Discussions with stakeholders during the on-site visit reinforced that existing seniors care facilities, such as Golden Sands, could "double" in their capacity, and still not support the unmet needs within Lac La Biche County.

There are also challenges experienced by seniors that live independently. Lac La Biche County has a higher proportion of seniors serving as primary household maintainers compared to provincial comparators[67], increasing the financial and maintenance burden on older adults. There is also a shortage of smaller apartment style accommodations for seniors, limiting opportunities to downsize into more appropriate housing in Lac La Biche County.[68] Stakeholders also noted gaps in non-clinical services for home care supports such as housekeeping, basic maintenance, and day-to-day assistance, which are critical enablers of aging in place but are not consistently available.

Lac La Biche County offers a Community Access Bus Service that provides affordable transportation for seniors and individuals with disabilities travelling within the County.[69] In addition, the County has introduced a Medical Transportation Grant, which offers reimbursement for travel related to medical appointments outside the County.[70] While neighbouring communities offer similar transportation supports, stakeholders identified ongoing challenges related to road conditions and infrastructure, particularly during winter months, which can limit the ability of residents to travel into Lac La Biche County to access services.

> *Lac La Biche County has a growing senior population supported by a mix of primary care, acute care, community, and continuing care services. While a range of supports exist, there are no specialized seniors-focused health services available locally, requiring many older adults to travel outside the community to access more complex or specialized care. This patchwork of solutions underscores the importance of clearer alignment and coordination of seniors-oriented services across the region. Land acquired by the County adjacent to Golden Sands presents an opportunity to reimagine care in the region with a focus on seniors.*

7. Lac La Biche County has a large population experiencing chronic diseases, with limited local programs to support chronic disease management beyond primary care.

Population health indicators in Lac La Biche County point to a higher burden of illness relative to provincial comparators[71], potentially reflecting the combined influence of demographic, social, and geographic factors.

This burden of illness is reflected in a high prevalence of chronic disease, which is likely contributing to increased demand across primary, ambulatory, and acute care settings. The rate of people with three or more chronic conditions (per 100 population) is 6.0 for Lac La Biche County, compared to the provincial average of 4.0. Chronic disease prevalence is elevated across multiple conditions, with Lac La Biche County ranking among the highest in Alberta for ischemic heart disease (4th) and COPD (6th)[72]. Hypertension is the most common chronic condition

[65] Alberta Seniors, Community and Social Services - Seniors Community Profile, Lac La Biche, 2nd Edition, March 2023 - Note that the data reflects a period during which there were shortages in primary care physicians, resulting in a potential increased reliance on emergency department services for care.
[66] Stakeholder interviews with County representatives
[67] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[68] Housing Needs Assessment, Lac La Biche County, Nov 2025
[69] https://laclabichecounty.com/p/community-access-system-busing-
[70] https://laclabichecounty.com/p/medical-transportation-grant
[71] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[72] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition

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among residents, while other conditions including diabetes and cardiovascular disease, also contribute significantly to local health service demand[73].

These patterns are similar across other Counties in the region; the region experiences overall higher mortality rates, higher rates of three or more chronic conditions, and lower life expectancy compared to the provincial average.[74]

Current acute care utilization patterns reinforce these pressures[75]. Leading reasons for emergency department visits include pneumonia, ischemic heart disease, and diabetes-related conditions, while cancer remains the leading cause of mortality in the community[76]. Additionally, the site visit identified that very few nurses practices outside of the hospital environment – including at the primary care clinic which was experiencing a period with no nurses supporting the physicians during the time of the site visit. Employing more community based nurses, nurse practitioners and support staff could support in coordination of care and chronic disease management.

> *Chronic disease prevalence in Lac La Biche County and the region is elevated compared to the rest of Alberta, which is likely a primary driver of ongoing service demand including emergency department usage. This suggests potential opportunities to better support residents through more proactive and coordinated care such as enhanced primary care and chronic disease management to meet complex, chronic, long-term health needs of the population. This would be beneficial to not just Lac La Biche County residents, but others in the region.*

8. Mental health and substance use services do not align with the perceived community needs

Patterns of mental health service utilization reflects high demand across emergency and community-based settings. Emergency department visit rates related to mental and behavioural disorders, and substance use in Lac La Biche County are substantially higher than provincial averages (1,982.5 vs 836.9 per 100,000 population)[77], indicating a reliance on emergency services for mental health-related needs. Between 2014 and 2023, mental and behavioural disorders accounted for 4.5% of all deaths in the municipality, highlighting the sustained impact of mental health conditions on population outcomes[78].

In 2022, 90% of referrals had a first therapeutic appointment scheduled within 19 days[79], representing the best performance among neighbouring communities. Despite this, recent qualitative input from multiple stakeholders highlights ongoing access challenges, including long wait times for specialized services, high costs of private therapy, and a lack of local mental health specialists. While private psychologists are available in Lac La Biche County, services are costly for residents, and some providers are no longer accepting new patients[80]. These barriers affect both adult and youth populations and contribute to pressure across emergency, inpatient, and community care settings. Stakeholders note that youth mental health needs are particularly pronounced, particularly in the school system with limited dependable access to mental health clinicians. While data within Lac La Biche County is limited, in 2024, 24.7% of children and youth (ages 1-17) in the North Zone accessed community mental health services, exceeding the Alberta average of 19.4%[81]. There are no local residential mental health or substance use treatment options for youth; the nearest services are in Edmonton.

For substance use and higher-acuity mental health treatment, residential options are limited within Lac La Biche County. The closest residential substance abuse treatment facility is the Bonnyville Indian Métis Rehabilitation Centre, which offers a 42-day program for adults only. As a result, youth and individuals requiring higher-acuity or specialized care must travel outside the region, creating barriers related to distance, accommodation, and family separation. While virtual mental health and substance use supports are available, many operate on a province-wide

[73] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[74] Community Profiles of various Municipalities
[75] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[76] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[77] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[78] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[79] Ministry of Hospital and Surgical Health Services. Wait Times for Adult Community Mental Health Appointment 2022.
[80] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process
[81] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition

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basis and are associated with extended wait times. There is no dedicated inpatient detoxification facility within Lac La Biche County, requiring individuals seeking immediate detoxification support to travel outside the county, which can delay access to timely care. The closest detoxification support facility is Thorpe Recovery Centre in Blackfoot, approximately 265 kilometers away from Lac La Biche County.

> *Mental health and substance abuse needs in Lac La Biche County are reportedly high and increasingly complex, with limited local and affordable community-based and youth-specific services driving reliance on emergency care and requiring residents, especially youth, to travel out of the region for timely, higher-acuity treatment. These gaps present an opportunity to strengthen locally delivered and integrated community youth mental health and substance abuse services, in partnership with First Nations organizations, through the future hub.*

9. There is limited regional planning with all health service providers (e.g., AHS facilities, Covenant facilities, primary care) in the region.

Stakeholder feedback reinforced that health services planning across Lac La Biche County and surrounding communities have occurred in a largely decentralized and municipal-specific manner, with limited formal structures to support coordinated regional decision-making for primary care, acute care, primary care and mental health services[82]. While some operational leadership across the various AHS centres provide oversight for multiple communities, these arrangements are primarily operational in nature and do not constitute a formal mechanism for joint planning, priority-setting, or system design across the region[83].

There are currently some forums for regional collaboration. Ongoing engagement through NAAGO and the Indigenous Collaboration Committee (ICC) provide a forum for discussion on shared issues, including health and social infrastructure[84]. However, these bodies are not health-specific governance structures and do not include consistent representation from AHS alongside municipal decision-makers to support coordinated health system planning. Additionally, as part of the provincial refocus, Lac La Biche County works within its regional advisory council to share community perspectives, highlight local healthcare needs and advise government on solutions.[85] However, the Council's mandate is limited to providing local input for provincial consideration, rather than serving as a forum for regional collaboration or decision-making. The discussions during the site visit suggested that some level of regional planning is being conduced by AHS – but this is inconsistent and not overly inclusive of the facilities and stakeholders within Lac La Biche – including at the AHS facility currently in Lac La Biche. No examples of collaboration with non-AHS organizations, such as Covenant Health, were brought forward during the site visit.

As a result, counties and communities continue to plan and advocate for health services largely independently, despite shared patient flows, workforce constraints, and reliance on the same regional hospitals and referral pathways.

> *There is opportunity to strengthen regional alignment with AHS, municipalities, and other system partners. This could support shared understanding of population needs, clarify roles across the regional service network, and enable more coordinated, efficient planning of health services. Lac La Biche County could take a leadership role, in collaboration with provincial partners, in promoting the collaboration as it relates to reimagining healthcare in Lac La Biche.*

10. Sustained workforce growth and service stabilization remain critical to supporting reliable access to care.

Clinical and leadership representatives from Lac La Biche County note recent progress in physician recruitment and retention, supported by targeted investments and sustained local effort, in partnership with the Regional Attraction

[82] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process
[83] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process
[84] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process
[85] https://www.alberta.ca/regional-advisory-councils-health

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and Retention Society (RARS)[86]. The current physician roster provides coverage across the AHS-operated healthcare centre, AMC and continuing care settings, helping stabilize access to primary and acute care services and reduce short-term coverage gaps. The site visit of the AMC clinic reinforced that while the physician model is stable, the nursing model is more volatile, with both active nurses away indefinitely from service. This impacts the workflow of physicians in the clinic and the number of patients that can be seen, as the clinic is not functioning as a multidisciplinary team.

Several interviews also reinforced that the improvements in physician recruitment have improved continuity of care and reduced reliance on short-term locums. Additionally, Internationally Educated Nurses (IENs) have been recently recruited, to provide nursing support at the W.J.C Healthcare Centre. The Healthcare Centre is also actively recruiting health human resources using multiple strategies, including working with several post-secondary institutions to provide practicum supports within the communities as well as targeted recruitment through national and international campaigns. Feedback from Portage College suggested that more could be done to enhance placement opportunities in Lac La Biche to help create paths for workers to stay local. In addition, there is ongoing work with partners including the College of Physicians and Surgeons of Alberta and the Association of International Medical Graduates of Alberta to highlight opportunities to streamline the recruitment process[87].

Despite these improvements, workforce capacity remains a persistent constraint across several critical service areas. Stakeholders note that shortages in anesthesia continue to limit surgical services and caesarean sections despite available surgical infrastructure; these periodic disruptions to obstetrical/general surgical services in Lac La Biche County due to anesthesia shortages is anticipated to continue in 2026[88]. Diagnostic imaging also faces staffing limitations, constraining the effective use of the local CT scanner and contributing to patient travel for services that could otherwise be delivered locally.

These challenges reflect broader regional and provincial workforce pressures, particularly in rural settings, where recruitment and retention remain structurally difficult despite financial incentives. While continued investment in recruitment is necessary, stakeholder input suggests that workforce sustainability will also depend on how care is organized, not only on the number of physicians available.

> *Dedicated focus on attracting physician specialties to the region should remain a priority. However, primary and ambulatory care capacity can be strengthened by expanding team-based models that make greater use of nurse practitioners, nurses, and allied health professionals to support chronic disease management, preventive care, and continuity of care, reducing reliance on physicians for all aspects of service delivery. Additionally, regionally coordinated visiting specialists can deliver more specialized services, minimize duplication and optimize the use of limited healthcare professionals across the region.*
>
> *Additionally, continued collaboration with local post-secondary institutions such as Portage College, can help strengthen the human health resource pipeline, and support efforts to keep workers in Lac La Biche.*

11. Lac La Biche County's position within the Edmonton corridor poses unique opportunities for service delivery.

The Government of Alberta's Refocusing Alberta's Health Care System initiative has introduced significant structural reform, reshaping governance, accountabilities, and integration across acute care, primary care, continuing care, and mental health and substance use, and encouraging more regionally coordinated care. As part of the provincial refocus initiative, seven regional health corridors were established in 2024 to reflect where and how Albertans are accessing health care. Lac La Biche County and surrounding rural communities have been grouped within the North East portion of the Edmonton corridor. These corridors were established based on observed travel patterns for

[86] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process
[87] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process
[88] Stakeholder engagement completed with representatives from the County and neighboring communities as part of the planning process

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accessing services and facilities, which reflects the current reality of Lac La Biche County residents travelling to Edmonton for higher-acuity and specialized care.

While this classification recognizes existing care pathways, positioning Lac La Biche County as part of an Edmonton-centric corridor, rather than within a predominantly rural corridor, may present challenges related to visibility of rural needs, prioritization of local service development, and competition with larger urban and suburban centres for resources and investment. At the same time, being part of the Edmonton corridor creates meaningful opportunities for Lac La Biche County to integrate more intentionally with Edmonton and other communities across the corridor. This includes strengthening its role in delivering select services closer to home, such as pre- and post-operative care, enhanced ambulatory and outpatient services, in partnership with services in Edmonton. Strategically, expanding these services would help relieve capacity pressures on Edmonton-based facilities while improving access, continuity, and patient experience for residents of Lac La Biche County and the surrounding region.

> *There is no community which appears to be owning the role of becoming a regional hub within the northern end of the Edmonton Corridor. Lac La Biche County could consider taking on this role through strengthened partnerships with local and provincial service provider organizations.*

Section 2.3 Summary of Unmet Needs

The current state assessment highlights a set of interconnected unmet needs that shape how residents of Lac La Biche County and surrounding communities experience access to health and community services. This summary represents an understanding of perceived service gaps based on available data. It is based on a level of validation with Steering Committee; however, it has not been validated through stakeholder engagement outside of the County given the scope of this initial phase of work.

A summary of the populations with unmet needs is reflected below.

Populations with unmet needs	Description
Residents with chronic and complex health needs	Population health indicators in Lac La Biche County point to a higher burden of chronic disease relative to provincial comparators. For example, the rate of people with three or more chronic conditions (per 100 population) is 6.0 for Lac La Biche County, compared to the provincial average of 4.0. Chronic disease prevalence is elevated across multiple conditions, with Lac La Biche County ranking among the highest in Alberta for ischemic heart disease (4th) and COPD (6th). Hypertension is the most common chronic condition among residents, while other conditions including diabetes and cardiovascular disease, also contribute significantly to local health service demand.[89]
Seniors' population	There are >1300 seniors in Lac La Biche County, and 11,000-12,000 seniors in the region. Residents in Lac La Biche County aged 65 and older account for significantly higher emergency department use compared to provincial averages, with 1,377 ED/UCC visits per 1,000 seniors, versus 573 per 1,000 provincially.[90] Stakeholders also noted long wait times in accessing continuing care services, housing shortages, and limitations in home care support.

[89] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[90] Alberta Seniors, Community and Social Services - Seniors Community Profile, Lac La Biche, 2nd Edition, March 2023

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Patients requiring diagnostic and surgical services close to home	Despite existing surgical infrastructure and a regional medical device reprocessing program at the W.J.C. Healthcare Centre, surgical services in Lac La Biche County remain limited and inconsistent due to workforce gaps, particularly in anesthesia. In 2024/25, Lac La Biche County delivered approximately 114 procedures[91], the majority of which were gastrointestinal endoscopies supported by a visiting specialist that provides the service 1-2 times per month. Stakeholders report that residents typically travel within the region for surgical care or tertiary centres in Edmonton for more complex procedures. CT scanning also offers limited hours of operation due to workforce shortages.
Individuals living with mental health and substance use challenges	Patterns of mental health service utilization reflects high demand across emergency and community-based settings. Emergency department visit rates related to mental and behavioural disorders, and substance use in Lac La Biche County are substantially higher than provincial averages (1,982.5 vs 836.9 per 100,000 population), indicating a reliance on emergency services for mental health-related needs.[92] Recent qualitative input from multiple stakeholders highlight ongoing access challenges, including long wait times for specialized services, high costs of private therapy, and a lack of local mental health specialists. There are also no rehabilitation or detoxification services within or near Lac La Biche County.

[91] Alberta Health System Dashboard

[92] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition

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Section 3. Future State Design

Section 3.1 Future State Guiding Principles and Desired Outcomes

Section 3.1.1 Vision

Following a review of the available current state data and relevant insights from stakeholder discussions, members of the Steering Committee explored a future vision for clinical services delivery in Lac La Biche County. The intent of the vision is to capitalize on the unique position that Lac La Biche County sits within the region as a central hub for several industries. The vision also takes advantage of the opportunity to lead and coordinate health services delivery in the northern end of the Edmonton Corridor.

The proposed vision statement that Steering Committee proposed is summarized below:

Transform care within Lac La Biche County to become a central hub for health services within the northern end of the Edmonton Corridor.

This vision serves as the "north star" for clinical services delivery in Lac La Biche County. It is intended to be used to drive service planning decision making and investment for health services by Lac La Biche County, based on the achievement of specific outcomes.

Section 3.1.2 Outcomes

Several outcomes were discussed with members of Steering Committee and tested with County Council during the on-site visit. These outcomes reflect what should be achieved as the vision and regional clinical plan is implemented within Lac La Biche County. The outcomes offer focus to the regional strategy and should be used to assess the utility of adding or reconfiguring services within the Lac La Biche County.

The proposed outcomes for the Strategy for Lac La Biche County are summarized below:

1. **Addressing the health needs of Lac La Biche County residents.**

   Given the large number of Lac La Biche County residents that leave the County today, the first outcome that should be achieved is to support the stabilization of health services within the County. This includes ensuring that clinical resources – both at the County and the W.J.C. Healthcare Centre – are stable. This will ensure that Lac La Biche County residents can be supported for core healthcare services closer to home.

2. **Addressing the health needs of neighboring communities.**

   In the longer term, the model should serve the needs of the region, especially recognizing the similarities in health needs between Lac La Biche County and neighbouring municipalities. This allows the model to achieve the critical mass needed to sustain service delivery and deliver the greatest impact to the northern end of the Edmonton Corridor.

3. **Aligning with provincial health priorities.**

   The Provincial Refocus initiative developed Corridors of Care to drive health services delivery and system planning. Additionally, there are several clinical priorities, including diagnostic imaging and surgical specialties, which remain underserved – particularly in urban parts of the province where demand outstrips capacity. Positioning Lac La Biche County to enable care closer to home, while making capacity available to unserved parts of the region and province, can help to sustain health services delivery within the County and create a foundation for new, innovative models of care.

4. **Prioritizing recruitment and retention of physicians and clinical staff to sustain healthcare organizations in Lac La Biche County.**

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Developing a sustainable workforce model is critical to enhancing health services within the region. Physicians, clinical staff (e.g., nurses) and administrative and operational staff should be in place to minimize service disruptions and ensure that there is a stable foundation to consider investing in new services that address unmet needs across the region and the northern end of the Edmonton Corridor. The broader system must be confident in Lac La Biche County's ability to attract and retain specialist clinicians before considering the expansion of services.

How Patients Benefit

With more health services available locally, Lac La Biche County will become a more appealing place for individuals and families to live and settle. In the next few years, expanding local access to care will ensure that residents can receive timely services closer to home, including support for chronic diseases, mental health and addictions, and health system navigation. These services will help people stay well, manage ongoing needs, and reduce the need for frequent travel outside the community. Seniors, in particular, will benefit from more tailored care and strengthened community supports, enabling more residents to age in place. Over time, as community needs continue to evolve, stronger collaboration with regional partners and providers in Edmonton will support the delivery of additional specialized services, such as surgery, bringing more advanced care closer to home.

How Physicians and Staff Benefit

The proposed model offers many advantages for physicians and staff by fostering greater stability in local health service delivery. With a more sustainable workforce and improved collaboration across facilities, clinicians will be better equipped to provide timely, comprehensive care to patients without the challenges of isolated or fragmented planning. Enhanced workforce stability will not only help minimize service disruptions, but also alleviate frustrations with not being able to deliver care to patients at the right time. By working as part of a cohesive, multidisciplinary team, physicians and staff will experience a more supportive practice environment, enabling them to focus on high-quality patient care and contribute to addressing unmet needs within Lac La Biche County and the broader region.

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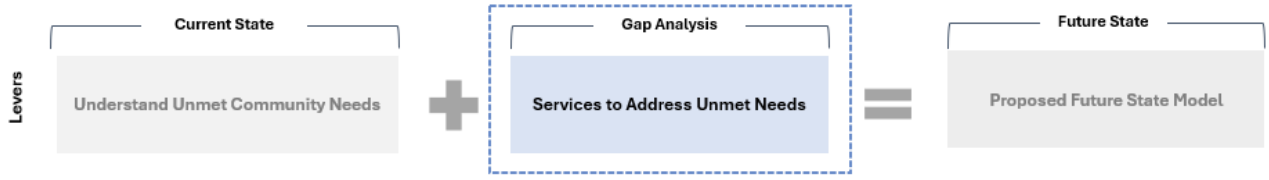
Section 3.2 Future State Model

Section 3.2.1 Services to Address Unmet Needs

Figure 7: Framework for Regional Clinical Strategy and Roadmap – Gap Analysis



The current-state needs assessment identified unmet needs across several care settings and populations – both within Lac La Biche County and the surrounding region. Potential services to meet these gaps were identified, informed by stakeholder consultations, subject matter advisor expertise, targeted research, and a jurisdictional scan of peer regions that have experienced similar challenges. These services were also explored during the site visit with County Council and through discussions with physicians at the AMC Clinic.

The potential services summarized below reflect potential options for where Lac La Biche County could invest in to enhance health services delivery.

Populations with unmet needs	Potential services to address the need
Residents with Chronic and Complex Health Needs *Population health indicators in Lac La Biche County point to a higher burden of chronic disease relative to provincial comparators. For example, the rate of people with three or more chronic conditions (per 100 population) is 6.0 for Lac La Biche County, compared to the provincial average of 4.0. Chronic disease prevalence is elevated across multiple conditions, with Lac La Biche County ranking among the highest in Alberta for ischemic heart disease (4th) and COPD (6th). Hypertension is the most common chronic condition among residents, while other conditions including diabetes and cardiovascular disease, also contribute significantly to local health service demand.*	• **Chronic Disease Management:** Primary care for chronic diseases is currently provided by the AMC Clinic, while acute care needs are addressed at the W.J.C. Healthcare Centre. The Primary Care Network (PCN) provides some chronic disease supports, such as foot care; however, variability in PCN resource availability has at times resulted in temporary service disruptions as per primary care stakeholders. Overall, there may be opportunities to expand primary and ambulatory care in targeted areas such as cardiology, diabetes management and respirology. These services could be delivered through a team-based model, leveraging nurse practitioners and allied health professionals, to reduce reliance on physician resources and improve service sustainability. This could serve not only Lac La Biche County residents, who experience a high prevalence of chronic disease, but also residents of surrounding communities with similar health profiles. • **Health Retail Services:** Certain health retail services (e.g., registered massage therapy, occupational therapy, physiotherapy) can support a broad population, including those with chronic and complex health needs. These services play an important role in maintaining function, managing pain, supporting recovery, and preventing deterioration, particularly for seniors and individuals living with long-term conditions. • **Visiting Specialists:** Patients in Lac La Biche County and the surrounding region currently travel to tertiary sites, including Edmonton, to receive specialist care. A visiting specialist model could help bring select

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	specialty services (e.g., cardiology, respirology) closer to home. • **Stabilization and Optimization of W.J.C Healthcare Centre Services**: Chemotherapy is currently provided through the Bonnyville Community Cancer Centre, which functions as a regional hub given the specialized treatment protocols, medication handling requirements, and clinical oversight involved. There may be opportunity to partner with Bonnyville Community Cancer Centre and establish satellite services in the W.J.C Healthcare Centre, delivering low-complexity chemotherapy services closer to home for Lac La Biche County residents.
Seniors Population *There are >1300 seniors in Lac La Biche County, and 11,000-12,000 seniors in the region. Residents in Lac La Biche County aged 65 and older account for significantly higher emergency department use compared to provincial averages, with 1,377 ED/UCC visits per 1,000 seniors, versus 573 per 1,000 provincially. Stakeholders also noted long wait times in accessing continuing care services, housing shortages, and limitations in home care support.*	• **Chronic Disease Management:** Seniors-specific upstream and preventative services could be considered as part of the service model. Beyond primary care offered through the Associated Medical Clinic, there is opportunity to offer more targeted services for geriatrics populations such as mental health services, wound care, and falls assessments. • **Housing and Home Care**: Given extended wait times for home care, long-term care, and supportive housing, there is also opportunity to expand home care capacity and housing options to better support aging in place. Acquired land adjacent to Golden Sands presents an opportunity to evolve Lac La Biche into a "community wellness hub" which would include a range of primary care services and housing to accommodate differing levels of care. The on-site tour and discussion with Golden Sands reinforced the current high occupancy of the facility and the opportunity for thoughtful expansion. • **Community Supports and Navigation:** Seniors often experience a complex set of health needs. There is opportunity to expand on existing navigation supports, so that care across community, housing and healthcare services in the region and Corridor is coordinated for complex populations like seniors. • **Transportation supports:** Indigenous populations that live in settlements outside of Lac La Biche County do not have access to transportation services for medical appointments (particularly Metis settlements); there is opportunity to expand transportation supports to these communities, especially for vulnerable populations such as seniors. • **Senior's Integrated Hub**: There is currently no dedicated, seniors-focused hub in the region that provides an integrated continuum of care, spanning healthcare services, community supports, and direct linkage to supportive housing. With approximately 11,000-12,000 seniors residing in the region, there may be an opportunity to explore and adapt comparable models, such as the Covenant Wellness Community, to

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	establish a coordinated, seniors-oriented approach that meets current and future needs in the region.
Patients Requiring Diagnostic and Surgical Services Close to Home *Despite existing surgical infrastructure and a regional medical device reprocessing program at the W.J.C. Healthcare Centre, surgical services in Lac La Biche County remain limited and inconsistent due to workforce gaps, particularly in anesthesia. In 2024/25, Lac La Biche County delivered approximately 114 procedures, the majority of which were gastrointestinal endoscopies supported by a visiting specialist that provides the service 1-2 times per month. Stakeholders report that residents typically travel within the region for surgical care or tertiary centres in Edmonton for more complex procedures. CT scanning also offers limited hours of operation due to workforce shortages.*	• **Surgical Services and Pre/Post-Operative Care:** Regional surgical volumes are largely concentrated within established hubs, such as orthopedics in Cold Lake. There is an opportunity to complement existing surgical services in the region by introducing visiting specialist models in Lac La Biche County, enabling access to select surgical services that are currently only available at other regional hubs or tertiary sites in Edmonton. In addition, low-acuity pre-operative and post-operative care could be delivered locally, reducing the need for patients to travel for appointments that could be appropriately managed closer to home. • **Stabilization and Optimization of W.J.C Healthcare Centre Services**: The site visit reinforced that infrastructure for services such as surgery, endoscopy and CT imaging is already in place in the W.J.C Healthcare Centre; the primary constraint is workforce availability. Targeted focus and investment in recruitment and retention of specialized clinical staff, such as anesthesiologists and technologists are required to better utilize existing services. Establishing a visiting surgeon model, in collaboration with regional surgical centres, could allow Lac La Biche County residents to receive general surgical services closer to home. Once stabilization is achieved, access to MRI services could also be explored, given that most patients are travelling to Edmonton for MRI.
Individuals Living with Mental Health and Substance Use Challenges *Patterns of mental health service utilization reflects high demand across emergency and community-based settings. Emergency department visit rates related to mental and behavioural disorders, and substance use in Lac La Biche County are substantially higher than provincial averages (1,982.5 vs 836.9 per 100,000 population), indicating a reliance on emergency services for mental health-related needs. Recent qualitative input from multiple stakeholders highlights ongoing access challenges, including long wait times for specialized services, high costs of private therapy, and a lack of local mental health specialists. There are also no rehabilitation or detoxification services within or near Lac La Biche County.*	• **Regional Detoxification / Rehabilitation Services**: Given that there are no local detoxification or rehabilitation services in Lac La Biche County, there is opportunity to work with ACA and Recovery Alberta to establish local programs. This could be beneficial to both Lac La Biche County residents, and the surrounding region. In addition to detoxification, inpatient or similar rehabilitation services targeting patients with Acquired Brain Injury (ABI) may enable this patient population to receive the care in an appropriate care setting (patients are currently interspersed with seniors in the W.J.C. Healthcare Centre's long-term care beds). • **MHSU Community Supports**: Given the extended wait times for specialized services, and high costs for private therapy, there are opportunities to increase MHSU supports in the community, with focused efforts on youth, homeless, and geriatric populations.

A range of potential solutions to address the unmet needs have been identified, but not all solutions can, or should be implemented at once. As part of defining the future state model, the next section categorizes the various solutions

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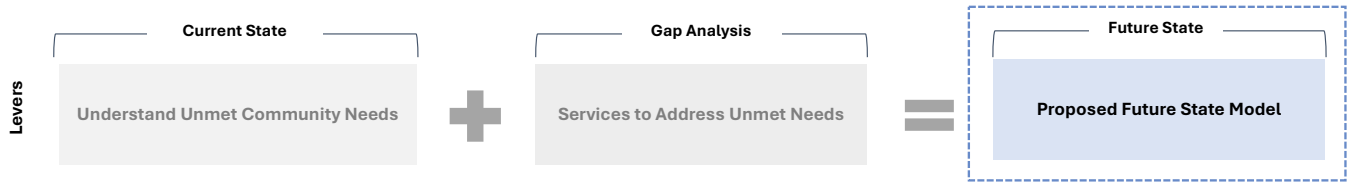
into shorter-term initiatives that build upon existing services, and longer-term strategies that require more regional alignment and buy-in.

Section 3.2.2 Proposed Regional Service Model

Figure 8: Framework for Regional Clinical Strategy and Roadmap – Future State



The vision for Lac La Biche County is to evolve into a regional hub for health services at the northern end of the Edmonton Corridor. This transformation will not occur immediately and will require a deliberate, phased approach that builds on foundational services over time to demonstrate Lac La Biche County's potential as a regional access point.

The proposed model focuses on implementing near-term solutions. The successful implementation of these solutions will transform the Associated Medical Clinic into an **Integrated Health Hub**. This hub is intended to leverage and strengthen existing primary care services while addressing key unmet needs within Lac La Biche County. As services within the Integrated Health Hub are stabilized and the local workforce is strengthened, Lac La Biche County can progressively evolve into a **Regional Health Centre**, serving as an access point for select regional services along the northern end of the Edmonton Corridor. This approach ensures that service expansion is intentional, realistic, and aligned with system readiness, supporting long-term sustainability and avoiding models that cannot be reliably delivered over time.

This model is conceptual and directional in nature and will require further refinement through continued engagement with Lac La Biche County, regional partners, service provider organizations, and provincial health agencies to validate and advance the model. The evolution of the AMC Clinic into an Integrated Health Hub may require expansion into new land acquired by the County and retaining the existing model of care on Main Street for the AMC Clinic. This will ensure that the physician model can be protected, and expansion could involve new physicians and clinical teams at a new location. The stages of the model and a description of the services and critical features is described below.

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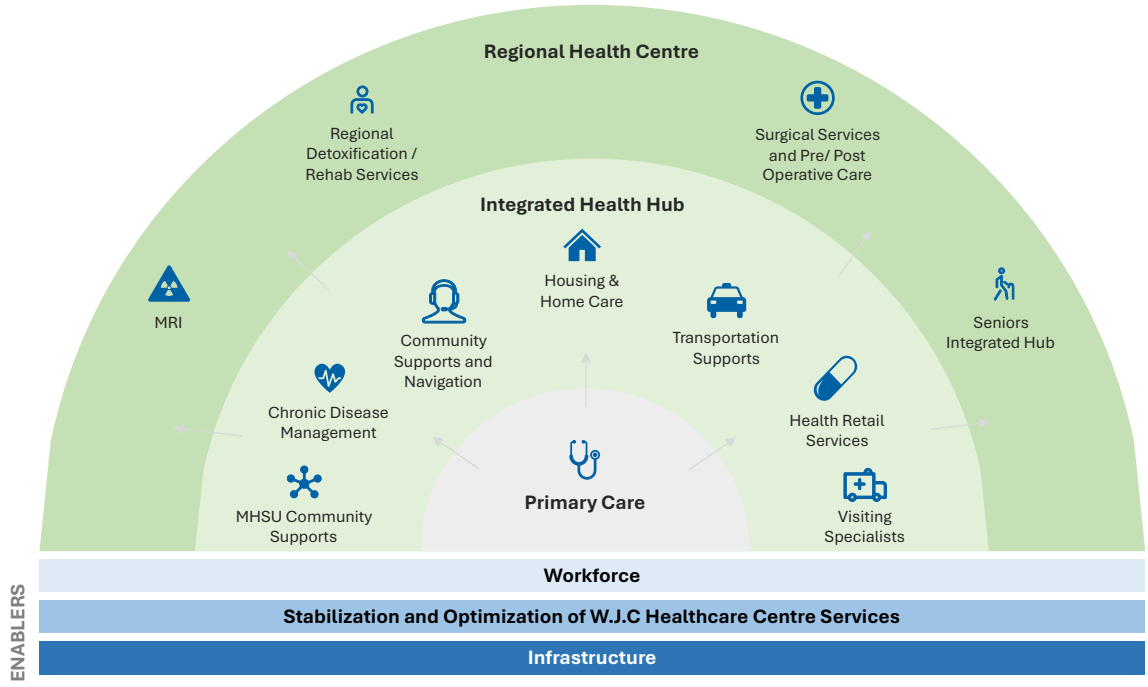
Figure 9: Proposed Regional Service Model



Integrated Health Hub

Description: The Integrated Health Hub builds on the strengths of existing primary care services in Lac La Biche County. The model emphasizes preventive, early-intervention, and community-based care that addresses health needs upstream, before they escalate into more acute issues, supporting improvements in overall population health and reducing pressures on emergency and acute care services. The hub is intended to respond to unmet needs in Lac La Biche County and the surrounding region, particularly related to seniors care, chronic disease management, and mental health and substance abuse support.

Target population: The primary target population for the Integrated Health Hub is residents of Lac La Biche County, which represents the primary catchment. Residents from surrounding counties (secondary catchment) may also access services through the hub. Prioritizing the primary catchment reflects the current utilization pattern, as health services in Lac La Biche County predominantly serve local residents. Focusing first on the primary catchment allows the model to be implemented, tested, and refined locally, creating a proven model that can also support the needs of the surrounding region.

Services: Several services can be offered through the hub. Note that all services do not have to be implemented at once, and may evolve based on continued stakeholder engagement, and evolving needs of the community at the time of implementation:

- MHSU community supports: Extended MHSU supports (e.g., counseling, group programming) for the general population and specific populations such as children / youth, geriatrics, and Indigenous populations.
- Chronic disease management: Ambulatory and outpatient clinics in targeted areas such as cardiology, diabetes management and respirology. These services could be delivered through a team-based model, leveraging nurse practitioners and allied health professionals, to reduce reliance on physician resources and improve service sustainability.
- Community supports and navigation: This service could use care navigators and technology to provide individuals with tailored assistance in accessing health, social and housing services, ensuring they can easily navigate available resources, reducing strain on the system by connecting them to the right support.

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- Housing and home care: Services that better facilitate transitions to home and continuing care settings, including formalizing relationships with housing, continuing care and home care providers both within and outside the County.
- Transportation supports**:** Expansion of transportation supports to surrounding Indigenous settlements, especially Metis settlements that have limited funding for medical transportation
- Health retail services: Services such as registered massage therapy, occupational therapy, physiotherapy, optometry, and other health retail services.
- Visiting specialists: A visiting specialist model could help bring select specialty services (e.g., cardiology, respirology) closer to home
- Note that Indigenous health must be embedded within all services, especially coordination / navigation supports, housing and come care, chronic disease management and mental health and substance abuse support.

Role of Organizations:

- Lac La Biche County: The County could serve as the conduit between existing service providers (e.g., the Associated Medical Clinic, W.J.C. Healthcare Centre, long-term care providers), to drive collaboration and buy-in. They can also take on a leadership role to secure the necessary approvals and funding for the Integrated Health Hub with the province.
    - Lac La Biche County could also establish a Municipal Controlled Corporation (MCC) to lead and coordinate efforts to strengthen regional health service delivery. In this role, the MCC would act as a host operator- providing staffing (e.g., administrative support), infrastructure, navigation, and programming support to enable and sustain services delivered by partner organizations.

  The County can also provide investment support for the physical infrastructure of the Integrated Health Hub.
- Existing service providers: Existing service providers will operate certain services in the Integrated Health Hub. For example, some services may be operated by the Associated Medical Clinic (e.g., extended primary care services), whereas other services may require oversight from the W.J.C Healthcare Centre (e.g., outpatient services). Other providers, such as private retailers, long-term care, community services and non-profit organizations may also chose to operate from the Integrated Health Hub.
- New service providers: There may be new organizations that offer complementary services in the Integrated Health Hub (e.g., Covenant Health, Medavie), thereby reducing the risk on the County and existing service provider organizations. For example, Medavie operates in other rural areas to provide paramedicine and community -based programs (chronic disease management, post-discharge follow-up, mental health and substance use supports, and remote monitoring).

What must be true:

- Continued stability in primary care workforce
- Continued focus on recruitment/ retention efforts
- Advocacy efforts through the Northern Allowance Fund to support recruitment / retention
- Socialization and buy-in from community / regional leaders
- Demonstrated investment by the County to support health infrastructure and programming

Regional Health Centre

*Description***:** Over the longer term, once core services and workforce availability is stabilized within the Integrated Health Hub, Lac La Biche County has the potential to evolve into a regional access hub in the northern end of the Edmonton Corridor, while also serving as an access point for the North-East and North-West corridor to access services that would otherwise require travel to Edmonton. This approach would complement the roles of existing centres in the region, help relieve pressure on tertiary site in Edmonton, by reserving highly specialized care for the most complex needs, and bring selected services closer to home through a hub-and-spoke model. As a Regional Health Centre, Lac La Biche County could assume a range of potential identities, from expanded diagnostics and select surgical services to regional rehabilitation or detoxification programs, each offering a distinct access point that responds to identified regional needs. The County is well positioned to play this role, building on its current function

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as a regional access point for services such as occupational health, dialysis, and medical device reprocessing, supported by an established local air ambulance base.

Target population: The target population would be both the primary catchment (Lac La Biche County residents) and secondary catchment (residents within the region), to serve the critical mass of patients required to sustain services within the Regional Health Centre. Residents in the North-East and North-West corridor could also access services in Lac La Biche County that would otherwise require travel to Edmonton.

Services:

- Senior's integrated hub: A seniors-focused community that provides an integrated continuum of care, spanning healthcare services, community supports, and direct linkage to supportive housing, similar to Covenant Wellness Community
- Surgical services and pre/post operative care: A visiting specialist model in Lac La Biche County, enabling access to select surgical services that are currently only available at tertiary sites in Edmonton. In addition, low-acuity pre-operative and post-operative care could be delivered locally, reducing the need for patients to travel for appointments that could be appropriately managed closer to home.
- MRI: an out-of-hospital MRI model should be explored given the lack of MRI services within the region. This could create an anchor for a new healthcare campus invested in by the County and service a population base in the Lakeland and surrounding region that currently travels to Edmonton.
- Regional Detoxification / Rehabilitation Services: A regional centre offering specialized mental health and substance abuse supports, including detoxification and rehabilitation services.

Role of Organizations:

- Lac La Biche County: If an MCC is established by Lac La Biche County, it could continue expanding its role as a host operator and provide additional investment (e.g., staffing, infrastructure) to support the Regional Health Centre (e.g., investment in seniors housing as part of a senior's hub).
- Existing service providers: Existing service providers will operate certain services in the Regional Health Centre, depending on the identify. For example, if the focus is on building an integrated seniors hub, specific services may be operated by existing long-term care providers, community services, the Associated Medical Clinic and W.J.C Healthcare Centre.
- Role of other service provider organizations: Depending on the identity of the Regional Health Centre, new service provider organizations may play a larger role, such as Covenant Health, Medavie, and chartered surgical facilities

What must be true:

- Stable primary care, ambulatory care, acute care and emergency department services in Lac La Biche County
- Stabilized workforce with minimal service disruption
- Regional collaboration and partnerships, particularly with AHS, if new service providers (e.g., Covenant Health) are introduced to support care delivery
- Support from health agencies (e.g., ACA, PCA) and the health ministries

Enablers:

- Stabilization and Optimization of W.J.C Healthcare Centre Services: The W.J.C Healthcare Centre plays an important role in enabling services in the Integrated Health Hub and Regional Health Centre model. Stability in workforce and service availability is critical, especially when exploring expanded surgical services for the region. Infrastructure for services such as surgery, endoscopy and CT imaging is already in place in the W.J.C Healthcare Centre; the primary constraint is workforce availability. Targeted focus and investment in recruitment and retention of specialized clinical staff, such as anesthesiologists and technologists would help support stabilization of services.
- Workforce Stabilization: Stabilizing and strengthening the workforce is critical for minimizing service disruptions and ensuring reliable health care. This includes recruiting and retaining skilled professionals,

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advocating for workforce sustainability measures such as Northern Allowance Funding, and developing team-based models of care that reduce reliance on physicians. Regional collaboration and partnership with consortium members will further support the workforce, allowing for flexible staffing and the sharing of expertise across providers.

- Infrastructure (including transportation): Investment in infrastructure, including roads, is fundamental to supporting the future state model, especially for Indigenous settlements near Lac La Biche County.

Section 3.2.3 Future Patient Journeys

This section uses illustrative patient personas to bring the Lac La Biche County health system experience to life from a patient perspective. For each persona, the current-state journey describes how patients may experience care today, often navigating multiple access points across health, primary care, and community services. The future-state journey illustrates how these same patients could experience care under Lac La Biche County's future state model. These scenarios demonstrate how more integrated, team-based, and locally coordinated care could improve navigation, strengthen continuity across settings, and support earlier, more proactive interventions.

Together, the personas are not intended to represent all patients in Lac La Biche County, but rather to provide concrete examples of how the proposed future state could translate into improved patient experiences, better outcomes, and increased patient satisfaction, while reducing avoidable system strain and supporting care delivery closer to home.

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Figure 10: Senior Patient Current and Future State Patient Journeys

Theresa is an 86-year-old female who lives in Lac La Biche County. She has COPD and requires ongoing monitoring and regular medical appointments. Widowed and living alone, she no longer drives, and her immediate family resides in Edmonton. As her health needs increase, Theresa feels overwhelmed by the number of services involved and struggles with social isolation.

Sample Current State Patient Journey

1. Theresa begins noticing worsening symptoms related to her COPD, along with increasing fatigue and difficulty managing daily tasks.
2. When Theresa visits her primary care provider, the visit is focused on resolving her COPD exacerbation, with limited time to address broader concerns related to safety at home and social isolation.
3. As her condition becomes more complex, referrals are made for specialist care. In most cases, Theresa must travel to Edmonton to receive specialist care. This makes accessing care difficult for Theresa, as she does not drive and cannot arrange transport for herself.
4. Theresa's condition deteriorates suddenly, so she visits the Emergency Department. Following the visit, Theresa is discharged home with limited follow-up support.
5. The number of referrals, appointments, and follow-ups becomes difficult for Theresa to manage. With no single point of coordination, she feels overwhelmed navigating services, keeping track of next steps, and understanding who to contact for help. Periods of isolation, declining independence, and anxiety about her health contribute to worsening mental health.
6. Over time, Theresa becomes increasingly dependent on emergency care, experiences growing difficulty living independently, and feels uncertain about where to turn for help, despite services existing in the community. Her family in Edmonton believes continuing care might be a good option for Theresa, but there are long wait time for facilities within Lac La Biche County.

Sample Future State Patient Journey

1. Theresa begins noticing worsening symptoms related to her COPD, along with increasing fatigue and difficulty managing daily tasks.
2. When Theresa visits her primary care provider, she is connected to the team-based model in the Integrated Health Hub, offering support for chronic disease management. Appointments are coordinated with transportation supports, and as the Integrated Health Hub expands its services, many specialist services she previously had to travel to Edmonton for are now available locally through a visiting respirologist.
3. When Theresa attends the Integrated Health Hub, her visits are seniors-focused, addressing not only her immediate medical needs but also her mobility, safety at home, mental well-being, and ability to continue living independently. She has a single point of contact through care navigators who help organize appointments, explains next steps, and ensures she knows who to call if her condition changes.
4. If Theresa experiences an acute issue and presents to the Emergency Department, care teams are connected to her existing care plan and quickly transition her back to community-based supports, avoiding repeat emergency visits where possible.
5. Over time, Theresa is able to age safely in place for longer through enhanced home care supports offered through the Integrated Health Hub, reducing stress for both Theresa and her family in Edmonton.

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Figure 11: Patient Experiencing Mental Health Challenges Current and Future State Patient Journeys

Monica is a 33-year-old female, who has lived with her 3-year old son and husband in Lac La Biche County for 2 months. They are temporary residents as her husband works on an oil sands project a few hours from the County. Monica's immediate family lives in Fort McMurray, leaving her to manage childcare on her own much of the time. Monica has had a history of major depressive disorder and anxiety, but is currently not receiving any medical services for this given her recent move to Lac La Biche County.

Sample Current State Patient Journey

1. Monica begins experiencing worsening anxiety, emotional distress, and difficulty coping with daily responsibilities. Caring for her young child on her own while her husband works away intensifies her stress and sense of overwhelm.
2. Monica had heard about long wait times at the W.J.C Healthcare Centre Emergency Department, and an ongoing shortage of doctors in the primary care clinic. As a result, she delays seeking help because she has no one nearby to watch her son for an extended period of time.
3. As her mental health worsens, Monica bring her child with her to the W.J.C. Healthcare Centre Emergency Department, as it is the only place she knows she can access care without an appointment.
4. In the Emergency Department, Monica is assessed and stabilized, but care focuses on the immediate crisis. There is limited access to on-site mental health specialists. She receives a referral to community mental health services, but learns about the long wait times to receive psychotherapy services.
5. If her mental health deteriorates again, she may return to the Emergency Department, repeating the cycle due to a lack of accessible, coordinated mental health care in the community.

Sample Future State Patient Journey

1. Monica begins experiencing worsening anxiety, emotional distress, and difficulty coping with daily responsibilities. Caring for her young child on her own while her husband works long shifts intensifies her stress and sense of overwhelm.
2. Instead of waiting until she reaches the point where emergency care is required, she travels to the Integrated Health Hub which is known to offer mental health supports and services. Monica is able to connect with mental health supports without relying on long emergency department waits.
3. At the Integrated Health Hub, Monica receives a comprehensive assessment that addresses her mental health needs alongside her caregiving responsibilities.
4. She is connected to mental health supports embedded within the clinic, allowing her to begin meaningful care quickly rather than being placed on long waitlists. Follow-up appointments and supports are actively coordinated through the health hub, reducing the need for Monica to navigate multiple services on her own. Clear next steps and regular check-ins help her feel supported.
5. If Monica experiences worsening mental health, she has a clear point of contact and can return to the Integrated Health Hub.
6. Because of the excellent health and well being services offered at Lac La Biche County, Monica and her family decide to permanently move to the County.

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Figure 12: Surgical Patient Current and Future State Patient Journeys

Background

Darrell is a 55-year-old male who with Cree heritage who lives in Goodfish Lake near Lac La Biche County. Although Darrell has a vehicle, poor roads, a large distance to healthcare centres, and limited local services makes it difficult to access care.

Sample Current State Patient Journey

1. Darrell begins experiencing severe abdominal pain, nausea, and fever. Given temporary service disruptions in the local healthcare center in Goodfish, he delays seeking care.
2. As his pain worsens, Darrell drives himself over a long distance to Lac La Biche County, where he is admitted to W.J.C. Healthcare Centre.
3. It is determined Darrell has appendicitis. W.J.C. Healthcare Centre does not have the capacity to perform surgery on site, so Darrell has to wait in the Emergency Department while arrangements are made for transfer.
4. Upon arriving in Edmonton at the Royal Alexandra Hospital, Darrell undergoes surgery. His care team there has little connection to providers in Lac La Biche County, or to Goodfish Lake.
5. After surgery, Darrell remains in Edmonton for recovery. His family must travel to support him. When he is discharged, he travels back to Goodfish Lake, managing post-surgical pain, wound care, and follow-up appointments largely on his own.
6. Follow-up care is fragmented. Some post-surgical appointments require additional travel to Edmonton. There is limited surgical follow-up or rehabilitation support available close to home
7. The experience leaves Darrell frustrated and hesitant to seek care early in the future, reinforcing a pattern where distance and delayed access lead to worse outcomes.

Sample Future State Patient Journey

1. Darrell begins experiencing severe abdominal pain, nausea, and fever. Even though there are temporary service disruptions in the local healthcare center in Goodfish, Darrel decides to travel to Lac La Biche County, given their role as a Regional Health Centre in the region.
2. Darrel is admitted and receives surgery for appendicitis in Lac La Biche's Regional Health Centre.
3. Darrell undergoes surgery with fewer complications because his condition was treated earlier. Communication between surgical teams and local providers ensures continuity of care. Post-surgery, post-operative follow-up care is coordinated locally through the Regional Health Centre, leveraging virtual care when in-person appointments are not essential. Wound care, recovery checks, and medication follow-up occur in Lac La Biche County. He has a clear point of contact and can access timely support if complications or concerns arise during recovery.
4. Over time, Darrell has increased confidence in the healthcare system. Earlier access, clearer pathways, and better coordination mean fewer emergencies, safer surgical care, and less disruption to his life and community.

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Section 4. Implementation Roadmap

Section 4.1 Roadmap

This section proposes a path forward for Lac La Biche County to achieve the defined vision. The proposed implementation roadmap has been organized into short (<1 year), medium (1-3 years) and long-term activities (3+ years). Greater detail is provided for the short-term activities, including critical activities and milestones required to advance planning.

This roadmap and path forward were informed by the on-site visit of Lac La Biche, specifically feedback from County Council and several of the stakeholders that participated in interviews. The implementation plan is predicated on **stabilization**, ensuring that Lac La Biche can offer stable primary care services while recruiting the necessary physicians to support more advanced care, such as anesthesia. It is also based on partnerships and ensuring that Lac La Biche is supported by the right **partners** to accelerate health services delivery, which may include Covenant Health and Medavie.

A summary of the proposed implementation activities is below.

Figure 13: Overview of the Implementation Roadmap

	Short-Term (<1 Year)	Medium Term (Year 1-3)	Long-Term (Year 3+)
	Formalizing structures and activating regional clinical planning	Driving initiatives to improve health service delivery	Sustaining, optimizing and growing services
Overview	The focus on the short term is to **establish** the appropriate **leadership** and governance structure required to drive the Regional Hub vision forward, while aligning with local, regional and provincial **stakeholders** to finalize the **clinical service model and priority services**. Efforts will also focus on formalizing partnerships, advancing land use and identifying funding models to enable implementation.	The focus in the medium term is to establish a **Municipally Controlled Corporation** (MCC) to **advance County-led initiatives** to improve health service delivery. Efforts will also focus on developing a strategy for recruitment and training of staff, and advancing construction of the future Hub.	The focus in the long-term is to **activate and sustain** the full suite of services in the Hub. Once services are stabilized and performance measurement is ongoing, there could also be opportunity to start planning expansion of the hub into a regional health center.
Desired Outcomes	✓ Identified Leader and committee to drive the planning process ✓ Strong foundational relationship with the Associated Medical Clinic physicians ✓ Future clinical service delivery model ✓ Set of consortium partners identified and confirmed, with clarity on roles and investments ✓ Municipal land plan ✓ Collaboration with Portage College	✓ Establishment of an MCC ✓ Establishment of a regional health coordinator role to lead administrative and clinical activities ✓ Advancement of County-led initiatives via an MCC ✓ Commencement of construction for the Hub	✓ Operational expanded clinic (integrated health hub) ✓ Clarity on which services may be added to the integrated health hub in alignment with regional needs

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Short-Term (<1 Year)

Key Activities

- Recruit or identify a **Leader** to drive towards the Regional Hub vision for Lac La Biche.
    - Establish a committee, including the Council, as well as AHS (Lisa Sparks) and a lead from the AMC Clinic, to identify a lead for this strategy.
    - Formalize a leader to drive the planning process forward leveraging this plan.
- Finalize the **Future Clinical Service Delivery Model**:
    - Establish a task force representing local stakeholders (e.g., Clinic, Council, W.J.C. Healthcare Centre, Lac La Biche County patients / family advisors, and other relevant stakeholders).
    - Confirm the timelines and use of land purchased by the County to develop a larger integrated healthcare facility.
    - Continue building a strong foundational relationship with the Associated Medical Clinic physicians, enabling an ongoing collaborative working relationship between the Clinic and County.
    - Conduct engagement with surrounding municipalities to understand parallel priorities / initiatives and opportunities for collaboration (including shadow populations aligned with large corporations).
    - Conduct engagement with potential partners (e.g., higher education providers, service provider organizations such as Covenant Health, Medavie) to understand collaboration opportunities and potential integration opportunities.
    - Engage with provincial health agencies (e.g., ACA, PCA) to understand impacts on the health corridor, and next steps for implementation.
    - Solidify the specific clinical services that the County will invest in (e.g., MRI, mental health services) and the location of these services (e.g., on new land acquired by the County or existing real estate).
    - Identify new funding models for grant applications (e.g., government, Northern Funding Grant).
    - Determine roles and responsibilities (e.g., Responsible, Accountable, Consulted, Informed (RACI). Chart) within the County administration, medical clinic, W.J.C Healthcare Centre etc.
    - Pursue opportunities for advocacy (e.g., Northern Allowance Funding) to support workforce sustainability.
- Develop a **Partnership Strategy and Agreement**:
    - Formalize partnership with potential private / public organizations that can support delivery of the future state model.
    - Define roles, responsibilities and accountabilities of each Partner.
    - Align on level of investment from each Partner.
    - Define workforce requirements to support the clinical model and impact on recruitment and retention strategies.
    - Align on next steps for implementation with provincial health agencies (ACA, PCA, etc.).
- Develop a **Municipal Land Plan** for health and housing support infrastructure, ensuring that there is clarity on how the land acquired by the County will be utilized for enhanced healthcare services.
- Portage College and the County to advance planning to enhance **placement and retention opportunities for priority healthcare roles to support remaining in Lac La Biche** (e.g., enhancing placement positions at the W.J.C. Healthcare Facility, expanding into new programs such as medical laboratory / x-ray technician).

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Medium-Term (1-3 Years)

Key Activities

- Establish a **Municipally Controlled Corporation** (MCC) or similar structure to support operations of the Regional Health Hub (which also includes the current AMC Clinic).
- Establish a regional health care coordinator role to lead administrative and clinical activities.
- Advance County-led initiatives to improve health service delivery by:
    - Developing space or services so that specialists can provide rotating care in the community,
    - Developing a medical travel strategy to support out-of-County preoperative and postoperative care,
    - Determining staffing and funding to support a regional care coordination and navigation team,
    - Partnering with the clinic and other existing services in Lac La Biche County to establish chronic care management, added mental health and substance use program, expanded housing and home care services,
    - Identifying opportunities for added health retail services.
- Develop recruitment strategy in alignment with the service delivery model.
- Develop training and onboarding strategy.
- Advance construction of the County acquired land for advanced health services.
- Develop a clinical and operational governance model to drive clinic operations.

Long-Term (3+ Years)

Key Activities

- Replace the community clinic with the new Integrated Health Hub and transition to the new land invested in by the County adjacent to Golden Sands.
- Activation of all services aligned to the Integrated Health Hub (e.g., chronic disease management, advanced diagnostic services, mental health services targeted Acquired Brain Injury patients).
- Activate patient pathways between the W.J.C. Healthcare Centre, the Integrated Health Hub, other services in the community (e.g., housing) and new partners.
- Complete post-occupancy evaluation of the Integrated Health Hub to ensure services are being delivered in alignment with intended needs.
- Create clinical expansion plans to become a Regional Health Centre aligned to a refreshed understanding of community and regional needs. For example,
    - Establishment of new seniors housing with gradients of care and support integrated into the health hub operations,
    - Proactive home care and chronic disease programs and teams in the community and region,
    - Designation of the community as a regional centre for specific surgical or specialty service.

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Section 4.2 Key Implementation Risks and Mitigation

There may be several risks that could delay or impede actualizing the future state model. To proactively address these challenges, key risks have been identified alongside targeted mitigation strategies designed to minimize their impact and support smoother implementation.

Risk	Description	Mitigation
Insufficient Workforce Capacity to Support the Proposed Model of Care	The proposed model of care involves expansion of current services into an Integrated Health Hub, and eventually a Regional Health Centre. Each expansion step involves increasing levels of service scope and workforce requirements. Given existing recruitment and retention challenges in Lac La Biche County, there is a risk that workforce availability may not be sufficient to fully operationalize all components of the model as envisioned. If not carefully sequenced, implementation could place strain on existing providers and limit service availability.	Implementation should be phased to align service expansion with workforce capacity across the Integrated Health Hub, and Regional Health Centre. Early efforts should focus on continuing to stabilize services within the Primary Care Clinic, with incremental introduction of Integrated Health Hub services as staffing capacity, and partnerships mature. The Integrated Health Hub purposefully proposes a team-based model of care for services such as chronic disease management, so that services are not solely dependent on physician resources. In parallel, targeted workforce attraction and retention strategies should be pursued, including advocacy to classify Lac La Biche County's eligibility for the Northern Living Allowance. Aligning compensation with the realities of rural and remote practice would strengthen recruitment competitiveness and support long-term sustainability of the proposed model of care.
Provincial Funding Approval Is Not Secured or Is Delayed	Successful implementation of the proposed model is contingent on securing provincial support and funding. If funding approval is delayed or not granted, the County's ability to advance the model of care may be limited.	Early and ongoing engagement with the Ministry should be embedded throughout the implementation process. This includes aligning the proposed model and business case with provincial priorities, clearly articulating how recommendations address identified service gaps, and ensuring that submissions are responsive to Ministry expectations. Ongoing discussions with service provider organizations and provincial health agencies will be required to secure funding from the health ministries.
Community Push-Back	Introducing new or expanded services may generate concern among community	The future state model should be socialized with the community (including patients /

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Related to Expansion of Local Services	members, particularly if changes are misaligned with the perception of local needs.	family advisors) within the first 6 months of implementation, to ensure that services are aligned with local challenges and needs. Positioning service enhancements as practical, achievable steps, rather than a single "big-bang" transformation, can help build trust, manage expectations, and reinforce that changes are being introduced in a way that reflects local needs, capacity, and feedback.
Lack of Buy-In from Local Service Providers	Service providers such as the Associated Medical Clinic and W.J.C Healthcare Centre are critical to developing and operating the Integrated Health Hub. Lack of collaboration or buy-in limits the ability to offer services that would be supported by these existing providers.	The future-state model should be actively socialized with local service providers within the first six months of implementation to build awareness, validate the approach, and confirm willingness to participate. Early engagement will strengthen relationships and increase the likelihood of meaningful partnerships between service providers and the County. In parallel, opportunities to engage new service providers should be explored to complement existing services, particularly where current providers are constrained by capacity or interest.
Duplication of Services or Misalignment with Initiatives in Neighbouring Communities	Without coordination, there is a risk that service enhancements in Lac La Biche County could overlap with or duplicate initiatives being pursued in nearby communities, leading to fragmented planning and reduced regional impact.	Planning should be undertaken in close collaboration with regional partners. This should occur within the first 6 months of the implementation, to maintain visibility into parallel initiatives and planned service developments across the broader region. Ongoing dialogue with regional stakeholders can support alignment, identify opportunities for complementary service models, and ensure that investments collectively strengthen the regional system rather than duplicating effort.
Infrastructure and Enabling Systems Do Not Support Planned Service Expansion	Current health infrastructure (e.g., the Associated Medical Clinic, W.J.C Healthcare Centre) is at capacity. If additional infrastructure cannot be secured, this will impact ability to expand services part of the future state model.	Service expansion should be sequenced alongside infrastructure and enabling investments, with clear readiness criteria established for each phase. Where permanent infrastructure is not immediately available, interim or shared regional solutions should be considered to support early service delivery while longer-term investments are advanced.

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Section 5. Conclusion

This Regional Clinical Strategy and Roadmap represents a foundational step in strengthening health service delivery for Lac La Biche County and the surrounding region. The needs assessment confirms that there are populations with unmet needs such as residents with chronic and complex health needs, seniors' population, patients requiring diagnostic and surgical services close to home and individuals living with mental health and substance use challenges. Without deliberate action, these pressures are expected to intensify as the population ages, workforce constraints persist, and demand for services continues to grow. Moreover, if the County does not proactively step forward as a driver of health service delivery, it risks taking a step back, while other communities advance their own strategies, attract investment, and establish themselves as regional hubs, potentially shifting services away from Lac La Biche County and diminishing its' position within the regional health system.

The future-state clinical service delivery model outlined in this report provides a phased approach to addressing these unmet needs. It emphasizes stabilizing and strengthening core local services in the short-term and expanding into a regional centre within the northern end of the Edmonton corridor. Importantly, the strategy recognizes the need for partnership with surrounding municipalities, existing providers and new service providers to ensure coordination and sustainability in service delivery.

Lac La Biche County is positioning itself as an active, long-term partner in health system planning, playing an enabling role to support collaboration and integration across the various stakeholders. While this strategy does not define specific capital or operating investments at this stage, it establishes a direction for further planning which can be used as the County determines how best to redevelop acquired land for expanded health services.

As the strategy moves from planning to implementation, it is expected to serve as a key input to a future business case, supporting discussions with provincial partners around investment, workforce sustainability, and infrastructure. In the near term, the County should focus on identifying a Leader and committee to drive the planning process. In addition, a task force with local stakeholders from the County and health system should be established, to start planning further engagement with local physicians, municipalities and potential health partners. This should also include beginning to develop a formal activation strategy for the new integrated health hub and developing a partnership agreement with potential partners that can support advancement of the shared vision. By acting now, and with shared commitment across stakeholders, Lac La Biche County is well positioned to transform into a regional hub for the northern end of the Edmonton Corridor.

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Section 6. Appendix

Appendix A - Environmental Analysis

Traditional Hub Models represent foundational approaches to integrated care delivery, typically offering basic primary care, outpatient, and community-based services. The following section outlines two illustrative examples: The Stoney Healthcare Centre in Morley, Alberta, and the Program for All-Inclusive Care for the Elderly (PACE) Community Hub in Burlington, Ontario.

The Stoney Healthcare Centre (Morley, Alberta)

The Stoney Healthcare Centre is a community-based health facility serving the Stoney Nakoda First Nation and is operated by Stoney Health Services. The centre represents a community-led approach to addressing regional healthcare access challenges through service consolidation and integrated care delivery. Originally constructed in 1998[93], the facility underwent a significant redevelopment to bring together services that had previously been delivered across 13 separate satellite locations[94]. As part of this initiative, the centre expanded from approximately 9,000 square feet to nearly 18,000 square feet[95].

Through this redevelopment, the Stoney Healthcare Centre consolidated a broad range of clinical and support services under one roof. The expanded facility now includes new examination and IV treatment rooms, on-site X-ray and laboratory services, as well as dental and eye clinics[96]. The Centre supports an interdisciplinary primary care team composed of family physicians, a nurse practitioner, and primary care nurses, alongside laboratory service, a diabetes wellness program, dental and oral health services, dietician services, occupational therapy, optometry, pharmacy, community mental health and diagnostic imaging[97]. This co-location of services will enable more streamlined communication and coordination among healthcare professionals and physicians.

As a result of this integrated model, patients now have access to a wider range of services within their community, reducing the need for travel to access care. The Centre also delivers culturally responsive, community-based programs focused on health promotion and illness and injury prevention, supporting maternal, child, youth, adult, and elder populations[98]. These outcomes highlight the benefits of consolidating fragmented services into a centralized hub in a rural context.

> *The consolidation of services under one roof demonstrates a practical approach to improving accessibility and reducing the need for residents to travel to urban centres. Additionally, the integration of allied health professionals alongside primary care offers a model for more comprehensive, team-based care delivery. Given that Lac La Biche County has a higher proportion of First Nations and Inuit residents compared to the Alberta average (16.5% versus 3.5%)[99], the Stoney Healthcare Centre illustrates the importance and applicability of a culturally responsive, community-driven health hub model.*

The Program for All-Inclusive Care for the Elderly (PACE) Community Hub (Burlington, Ontario)

The PACE model provides comprehensive, community-based healthcare and social services through a coordinated network of providers, with a focus on preventative and continuous care. The Burlington, Ontario Incarnation of the PACE model, launched in 2020, operates a community hub and includes 140 community housing units[100]. The

[93] Stoney Health Centre expansion doubles facility in size, services - The Regional
[94] New health centre in Stoney Nakoda Nation aims to bring services 'under one roof' | CBC News
[95] New health centre in Stoney Nakoda Nation aims to bring services 'under one roof' | CBC News
[96] New health centre in Stoney Nakoda Nation aims to bring services 'under one roof' | CBC News
[97] Services - Stoney Health Services
[98] Community Health Services - Stoney Health Services
[99] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition
[100] Pilot Program Launched in Burlington Aims to Help Seniors – Local News

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program supports seniors transitioning from hospital to home by delivering integrated patient-focused care that addresses health, wellness, housing, and social needs[101].

The model emphasizes relationship-based care, with one integrated team "owning" the client journey to improve continuity reduce repeat assessments and minimize missed handoffs[102]. It includes a community-based Transitional Care Program that provides enhanced care during periods of declining health (prior to hospitalization) and recovery (post hospitalization)[103]. The program proactively identifies and responds to physical, mental, and social risk indicators before individuals experience a crisis requiring acute care[104]. The PACE model is well-suited for seniors with multiple chronic conditions and complex social needs and reinforces the value of a consolidated health centre operating as a single community hub.

> *Given the growing seniors population and housing shortages in Lac La Biche County, The PACE program demonstrates a model where housing, healthcare and social services are closely integrated and co-located to improve care for seniors.*

Innovative Hub Models move beyond traditional service delivery by assuming more defined system-level roles. Key examples examined below include the Covenant Wellness Community, the Edmonton Zone Virtual Hospital Model, and the Regional Coordination Centre (RCC).

The Covenant Wellness Community (Edmonton, Alberta)

The Covenant Wellness Community is a community-based, integrated health and wellness hub in Alberta. Developed as the province's first one-stop wellness hub, the model integrates primary care, seniors' care, and mental health services within a single campus[105]. The initiative is intended to shift care delivery from acute hospital settings to the community, improve access to coordinated services, and support seniors to age in place.

The project is being implemented over five phases, with a projected total cost of approximately $250 million[106]. Initial development focused on establishing a Community Health Centre, followed by the phased introduction of approximately 550 residential units, including multigenerational housing, independent living, supportive living, and long-term care suites[107]. Later phases incorporate additional commercial opportunities and the potential expansion of health-care services[108].

This model demonstrates how health hubs can be enabled through co-location of primary care, specialty clinics, diagnostics, allied health services, outpatient mental health services, and a geriatric psychiatry day program. These clinical services are complemented by on-site pharmacy, laboratory, medical imaging, and other retail services, improving accessibility and continuity of care[109]. This model also includes dedicated physician office space, enabling visiting and rotating specialists to deliver services within a consistent clinical setting[110]. A key feature is the Integrated Seniors Continuing Care Centre, which combines long-term care, supportive living, restorative care, and palliative care, allowing residents to remain in their homes as care needs evolve[111]. Senior-friendly design, smart technologies, and an accessible service model further support quality and convenience.

> *The Covenant Wellness Community offers a relevant reference model for Lac La Biche County. The seniors' continuing care approach aligns with local objectives to improve continuity of care and support aging in place and could inform the integration of the existing or future long-term care facilities into a broader hub. The co-*

[101] PACE Community Hub - Alzheimer Society
[102] PACE Community Hub - Alzheimer Society
[103] PACE Community Hub - Alzheimer Society
[104] PACE Community Hub - Alzheimer Society
[105] Covenant wellness community
[106] Covenant Wellness Community is an innovative healthcare development in southeast Edmonton
[107] CWC – Southeast Edmonton — Covenant wellness community
[108] https://covenantwellnesscommunity.ca/location#cwc-lakewood-about
[109] CWC – Southeast Edmonton — Covenant wellness community
[110] Covenant Wellness Community is an innovative healthcare development in southeast Edmonton
[111] CWC – Southeast Edmonton — Covenant wellness community

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> *location of primary care, diagnostics, pharmacy, and allied health services reflects a scalable strategy to improve access in a rural setting.*

The Edmonton Zone Virtual Hospital Model (Edmonton, Alberta)

The Edmonton Zone Virtual Hospital is an established regional care model that delivers hospital-level care to patients in their homes through a combination of virtual technologies and in-person services. This model enables eligible patients to receive care traditionally provided in inpatient settings while remaining in the community. Care is delivered by a multidisciplinary virtual hospital team using virtual care tools such as video visits and remote patient monitoring, in close coordination with community-based providers, including home care services and paramedics[112]. Admission to the program requires a referral[113].

The program began accepting patients in April 2018 and has demonstrated sustained growth in utilization. During the 2024/25 fiscal year, the program reached a milestone of 1,000 patient admissions, representing the highest annual volume since its launch[114].

Care is delivered across a broad range of clinical pathways, including medicine, cardiology, neurology, women's health, urology, bariatric care, and surgical care, including general, orthopedic, and cardiac surgery[115]. Care teams are tailored to individual patient needs and may include care aids, licensed practical nurses, registered nurses, nurse practitioners, pharmacists, occupational therapists, physiotherapists, physicians, and other medical specialists[116]. All care is coordinated through a single point of contact, simplifying navigation for patients and families and supporting continuity across providers and settings.

The care teams are responsible for monitoring patients' health and symptoms, conducting assessments, monitoring medications, connecting patients to specialty teams and community providers and coordinating the care, and educating and providing support to patients and their families to direct their own care[117]. When in-person support is required, the care team can coordinate with community paramedics to visit the patient's home to provide scheduled or urgent care requests, to perform assessments, testing and acute treatments[118].

> *This model offers a mechanism to reduce travel to urban centres by enabling hospital-level care to be delivered locally. The model also supports access to specialized care without requiring local inpatient infrastructure and may help residents remain in their community while receiving complex care. As such, the Edmonton Zone Virtual Hospital provides a relevant reference model for extending tertiary and specialty care to rural populations through virtual and community-integrated delivery.*

Regional Coordination Centre (RCC) (Waterloo, Ontario)

The Regional Coordination Centre (RCC) represents an example of a regionally focused health access model designed to streamline referral pathways and improve access to care across the Waterloo Wellington region. The RCC operates as part of the system-wide Coordinated Access (SCA) strategy led by the eHealth Centre of Excellence[119]. Through this approach, the region established a centralized referral and intake function supported by a multidisciplinary team of clinical and administrative staff, providing a single point of access for both patients and healthcare providers.

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[112] Edmonton Zone Virtual Hospital - University Hospital Foundation
[113] Virtual Home Hospital - Edmonton and Area - Virtual Home Hospital | Alberta Health Services
[114] Edmonton Zone Virtual Home Hospital marks a record year | Alberta Health Services
[115] Edmonton Zone Virtual Home Hospital marks a record year | Alberta Health Services
[116] Edmonton Zone Virtual Hospital - University Hospital Foundation
[117] Edmonton Zone Virtual Hospital - University Hospital Foundation
[118] Edmonton Zone Virtual Hospital - University Hospital Foundation
[119] Home - Waterloo Wellington Regional Coordination Centre

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The RCC supports access to a range of services through centralized intake models, including Diabetes Central Intake, Orthopedic Central Intake, Ophthalmology Central Intake, and a self-management program[120]. By consolidating referral pathways and navigation functions, the model improves system clarity and reduces reliance on informal or fragmented coordination mechanisms.

> *The RCC model is an example of how a hub can take on a specialized, unique function to improve care delivery and coordination of services in the region.*

Tertiary Centres that have Intentional Linkages and Services in Rural Areas

Tertiary centres can strengthen access to care in rural communities by extending services beyond urban settings through intentional partnerships and integrated delivery models. One commonly used approach is the hub-and-spoke model, in which, a large urban or tertiary hospital (the hub) provides specialized expertise, workforce capacity, and clinical governance, while smaller rural or regional sites (the spokes) deliver defined services locally while remaining operationally and clinically connected to the hub.

Runnymede Healthcare Centre in Toronto extends specialized post-traumatic stress injury services through the Caledon Recovery Centre, a residential rehabilitation facility located one hour from the urban core[121]. Similarly, the Children's Hospital of Eastern Ontario (CHEO), a pediatric tertiary and trauma centre, delivers care beyond Ottawa through satellite services and formal partnerships with rural hospitals[122]. Through the Kids Come First Health Team, CHEO enables pediatric day surgeries to be delivered in rural communities, with CHEO surgeons traveling to partner hospitals on a scheduled basis[123].

> *These models suggest an opportunity for Lac La Biche County to function as a connected rural access point within a broader network, leveraging partnerships with hospitals in Edmonton[124]. This approach would allow specialized expertise to be extended into the community and improve local access to services.*

Medavie and Medicentres

Medavie is a national not-for-profit health solutions partner with a significant footprint across Alberta, delivering publicly funded services spanning emergency medical services (EMS), primary care, medical transport, and community-based health solutions. As of April 30, 2025, Medavie acquired ownership of Medicentres, a physician-led primary care clinic network operating 19 clinics across Alberta, including a province-wide virtual clinic.

Medavie also has national experience designing and operating Mobile Integrated Health and Community Paramedicine programs in rural and remote contexts outside of Alberta. These programs focus on delivering clinical care in homes and community settings, including chronic disease management, post-discharge follow-up, mental health and substance abuse supports, and remote patient monitoring, with demonstrated outcomes related to reduced emergency service use. While these programs are not currently publicly funded under Medavie in Alberta, they represent care models that align with the needs of rural communities, where geography, workforce constraints, and service fragmentation necessitate more flexible, community-based approaches to care delivery.

> *Medavie's integrated service portfolio, including Medicentres' longitudinal primary care model, virtual and digital access capabilities, and experience with community-based care innovation offers solutions to common challenges in rural communities. In the context of Lac La Biche County, these models provide*

[120] Home - Waterloo Wellington Regional Coordination Centre
[121] Post Traumatic Stress Injury Centre of Excellence for First Responders - Runnymede Health Care
[122] About CHEO - CHEO
[123] CHEO initiative brings pediatric surgeries to rural areas | CBC News
[124] Alberta Primary and Preventative Health Services Program Delivery Unit - Community Profile: Lac La Biche, Health Data and Summary, 6th Edition

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> *important reference points within the environmental scan for understanding emerging delivery approaches that could support improved access, continuity, and care coordination across the local health system.*

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Appendix B - Stakeholder Groups Engaged

The following stakeholder groups were engaged as part of this process.

Stakeholder Groups	Participants	Purpose
Lac La Biche County	Paul Reutov, Mayor Tony Marczak, Councilor Champion Gary Harman, General Manager, Recreation and Social Services Mackenzie Zilinski, Officer, Communications & Partnerships	Understand current state service gaps in the County, population needs, and future state opportunities for the future health hub.
Provincial Government	Bri Tibbatts, Director, System Planning, HSHS	Gather insights on provincial process, obtain system-level data to inform assessment of service gaps and utilization patterns.
Neighbouring Indigenous and Metis Nations	Stephanie Jackson (Councilor) – Whitefish/Goodfish Lake Lisa, Assistant Health Director – Whitefish/Goodfish Lake Chantel Sparklingeyes (District Captain) – Lac La Biche Metis District	Understand regional context for health service delivery and service gaps related to equity, access and cultural safety.
Seniors Care and Community Service Representatives	Micheal Procinsky, Northern Regional Community Developer, Healthy Aging Alberta Terry Sims, Social Worker, Primary Care Network, Lakeland	Capture community and social service perspectives on population needs, service gaps, and collaboration opportunities.
Lac La Biche HealthCare Centre	Lisa Sparks, Site Manager Lac La Biche/Smoky Lake Adele Richardson, Director, Lac La Biche Healthcare Centre Judylynn Ratcliffe, Indigenous Wellness Coordinator, Lac La Biche Healthcare Centre	Understand gaps in services, areas of limited capacity and unmet needs in the community that could be enabled by the future health hub.
Municipal – Owned Medical Clinic	Fauzia Eludin, Site Manager	Understand gaps in services, areas of limited capacity and unmet needs in the community that could be enabled by the future health hub.

Chantel Sparklingeyes Stakeholder Interview

Key takeaways from the interview with Chantel Sparklingeyes, District Captain, Lac La Biche Metis District.

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What's Working Well Today	Gaps in Service Availability & Access	Regional Gaps & Perspectives	Future Vision & Priorities
Existing Mental Health Supports • Locally available private practitioners operating independent practices • Access to publicly funded counselling through AHS. Typically, 2–3 therapists available in stronger staffing years • Online mental health services expand access beyond local providers	**Mental Health & Substance Abuse Services** • Long waitlists, age thresholds, and lack of local inpatient or detox services force residents to seek care outside the community • No local detox facility and no aftercare or transitional supports following treatment • Delayed diagnosis and treatment locally can escalate routine or manageable conditions into life-threatening situations • Current model leads to delayed intervention, relapse, and repeated crises, particularly among youth and vulnerable populations • Mental health and substance abuse are deeply interconnected and represent one of the most critical unmet needs in the region	**Travel Burden Across the Region** • Residents routinely travel outside Lac La Biche County for diagnostics, surgery, specialist care, mental health treatment, and high-risk prenatal services • Travel requirements create financial, logistical, and safety risks, especially for families, seniors, and those without reliable transportation **Quality of Care, Trust & Cultural Safety** • Experiences of poor communication, lack of continuity, and patients not being listened to or taken seriously • Reports of judgment, bias, and systemic racism within acute care settings, particularly affecting Indigenous patients • Lack of culturally safe, trauma-informed care undermines trust in the local health system and discourages care-seeking behavior • "Indigenous" services are treated as one-size-fits-all, without recognizing distinctions between	**Mental Health System Redesign** • Developing inclusive, culturally informed mental health and substance abuse services with local detox and aftercare capacity • Care Closer to Home: Expanding local access to diagnostics, outpatient procedures, and general surgery to reduce unnecessary travel **Regional Hub Role:** • Leveraging Lac La Biche County as a regional service hub for surrounding Indigenous communities and rural hamlets • Stabilizing the healthcare workforce (physicians, specialists) to reduce burnout and turnover • Strengthening seniors' care and chronic disease management (e.g., diabetes specialists, visiting clinics)

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		First Nations, Métis (settlement-based vs non-land-based), and other cultures in the region	
"We see younger and higher addictions rate for youth in our community, and I truly believe it is due to the intersectionality of the lack of mental health supports and access here."	*"Transportation is a huge barrier, especially for our senior population"*	*"Lac La Biche is a melting pot of multiculturalism — services need to reflect that."*	*"Even one general surgeon in a rural community who could do basic outpatient procedures would be huge."*

Paul Reutov Stakeholder Interview

Key takeaways from the interview with Paul Reutov, Mayor of Lac La Biche County.

What's Working Well	Gaps in Service Availability & Access	Regional Gaps & Perspectives	Future Vision & Priorities
Strong Existing Infrastructure • Lac La Biche County has significant existing healthcare infrastructure, including modernized diagnostic, surgical, and dialysis facilities **Community & Political Support** • The hospital is well supported by the community financially and politically • Recent investments (e.g., dialysis wing, CT scanner, surgical suites)	**Clinical Staffing Shortages** • The primary barrier to expanded services is clinical staffing, particularly anesthesiologists and surgeons • Lac La Biche County already has fully equipped surgical rooms, but surgeries cannot proceed without the necessary specialists **Provincial Approval & Red Tape** • Recruitment and credentialing processes are largely controlled at the provincial level	**Unnecessary Travel for Care** • Residents frequently travel to other communities (Cold Lake, Bonnyville, St. Paul, Edmonton) for diagnostics and basic procedures • This travel occurs even when the same equipment and facilities exist locally **Disconnected Referral Pathways** • Disconnect in referral pathways, awareness, and communication across the region • Lack of regional coordination leads	**Regional Service Delivery Model** • Strongly supports a regional service delivery model, rather than each community duplicating everything **Lac La Biche County as a Regional Hub** • Lac La Biche County is positioned as a logical regional hub due to existing infrastructure, location, and capacity **Future State Priorities** Future success would mean: • Clear regional referral pathways • Communities specializing in complementary services

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demonstrate the community's ability to mobilize funding and advocacy **Foundational Capacity Exists** • Despite this, key assets remain underutilized, not because of physical limitations, but because of system-level decisions around staffing and referrals	and involve significant red tape • Even modest, phased approaches (e.g., one surgical day per week) require provincial approval and coordination **Infrastructure Alone Is Insufficient** • Infrastructure alone is not enough — clinicians need a sustainable program and system support	to inefficiency, resident frustration, and unnecessary travel burden **Erosion of Confidence in Local Care** • This pattern undermines confidence in the local system and contradicts "care closer to home" goals	• Fewer residents travelling to Edmonton for basic or moderate-acuity care **Long-Term Community Sustainability** • Long-term, improved local services would help retain population, particularly seniors, and support rural sustainability
"The infrastructure is very good... overall the facility and access to it is excellent." *"In my opinion, it is underutilized in many areas because of workforce challenges"*	*"We have two fully modernized, fully staffed surgical rooms and we have no surgeries being done here."*	*"Why do we have to go to another town to do a CT scan when we have our own CT scanner?"*	*"People don't want to leave — they leave because the care isn't here."*

Tony Marczak Stakeholder Interview

Key takeaways from the interview with Tony Marczak, Ward 6 Councillor for Lac La Biche County.

What's Working Well	Gaps in Service Availability & Access	Regional Gaps & Perspectives	Future Vision & Priorities
Primary Care Stability & Access • Primary care access has improved with 12–13 physicians and the ability to get appointments within days at the Associated Medical Clinic **Stable Hospital Operations**	**Limited Local Specialty & Procedural Services** Residents routinely travel outside Lac La Biche County for non-urgent but essential services, including: • Colonoscopy and scopes (St. Paul) • Chemotherapy (Bonnyville) • CT scans and ultrasounds (limited	**Workforce & Retention Pressures** The Traction and Retention Program has been critical in stabilizing physician supply and is ongoing, targeting: • Additional physicians • Nurse practitioners • Anesthesiologists • Workforce planning extends beyond	**Care Closer to Home Opportunities** Priority opportunities to deliver care closer to home include: • Chemotherapy, Colonoscopy and scopes, Hip and knee replacements, Cataracts and other routine specialist services

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Hospital operations are stable and highly utilized: • 23 acute beds and 41 long-term care beds at or near 100% utilization • Emergency Department has remained open consistently over recent months • Lab and diagnostic services (X-ray, basic imaging) are functioning well **Core Diagnostic & Clinical Services Functioning** • General healthcare delivery is reliable, but prior service closures were driven by physician shortages, not infrastructure limitations • Surgical capability exists, but one additional anesthesiologist is required to fully activate it	local staffing and portable equipment constraints) **Underutilized Surgical Capacity** • Even minor or routine procedures (e.g., kidney stones, prostate exams, injections) require travel **Loss of Historical Services** • Historical capacity has declined over time (e.g., C-sections previously performed locally are no longer available due to lost skills) • There is growing recognition that many of these services could be delivered locally or through visiting specialists	healthcare to broader community needs **Emerging Regional Coordination** • Regional coordination is emerging, with conversations underway with Athabasca County and others to align services (e.g., one community providing hips, another chemo) **Governance & Ownership Uncertainty** • Lack of clear ownership around who builds, funds, and operates extended care or new facilities	**Seniors' Care & Housing Gaps** • Strong interest in scheduled visiting specialists to reduce unnecessary travel • Existing seniors housing is limited to independent living or fully medicalized LTC • Land has been set aside for a future senior's village, but plans have not yet advanced **Long-Term Success Defined by** • Facilities fully utilized • Fewer residents leaving the county daily for care • A more integrated, regionally coordinated health system supported by AHS
"You can get a doctor's appointment in a matter of a few days now because we've got about 10 doctors."	*"You have to leave Lac La Biche for almost anything."*	*"It's not a Lac La Biche problem only. It's probably small-town Alberta."*	*"I want to see something built that's going to house people, that's going to look after people, that's going to expand our healthcare."*

Michael Procinsky & Terry Sims Stakeholder Interview

Key takeaways from Micheal Procinsky, Northern Regional Community Developer for Healthy Aging Alberta and Terry Sims, Social Worker at Primary Care Network, Lakeland.

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What's Working Well Today	Gaps in Service Availability & Access	Regional Gaps & Perspectives	Future Vision & Priorities
Relative Service Stability in Lac La Biche County • Lac La Biche County is not considered a "service desert" compared to nearby communities • Consistent access to physicians and core hospital-based services **PCN & Allied Health Access** • Access to PCN-supported services (dietitian, OT, PT) with minimal wait times compared to surrounding areas • Self-referral available for some services (e.g., dietitian) • Stable service presence over many years has reduced referral pressure **Community-Based Seniors Supports:** • FCSS has a dedicated seniors division actively supporting older adults • Transportation services exist locally, which is uncommon in rural settings • Meals on Wheels is available in Lac La Biche County	**Independent Living & Affordable Housing** • Lack of independent living options for seniors • Limited availability of rent-subsidized units; waitlists are long or closed **Home Care Scope Limitations** • Home care no longer provides housekeeping or light meal preparation • Seniors must pay privately for essential daily living supports • Lack of these services often accelerates transition into assisted living or LTC **Long-Term Care Access Constraints** • LTC placement is crisis-driven and delayed • Seniors frequently remain in hospital beds while waiting for LTC placement • Waitlists are long, and placement often occurs far from family or preferred location	**Service Deserts in Surrounding Communities** • Communities such as Smokey Lake, Two Hills, Elk Point rely heavily on travel for care • Residents often travel to Edmonton or other centres for services • Transportation access is a major barrier to equitable care **Transportation & Care Coordination Challenges** • No public transportation system across the broader region • Transportation funding may exist, but actual transportation is often unavailable • Lack of coordination results in inefficient, high-cost travel for appointments **Workforce & System Strain** • Staffing shortages (social workers, home care, LTC staff) create bottlenecks • Social workers often cover multiple hospitals and care settings simultaneously • Acute care beds are used for non-acute	**Aging-in-Place & Continuum-of-Care Models** • Strong desire for housing models where seniors move once and services follow them • Facilities that allow couples to remain connected even if care needs diverge • Integration of independent living, assisted living, and LTC within one campus or system **Expanded Community Supports to Prevent Institutionalization** • Reinstating or supplementing housekeeping, meals, and yard services • Services extended to rural residents (e.g., farmers aging on their home quarter) • Focus on dignity, independence, and mental health **Social Prescribing & Navigation Supports** • Link worker models strongly endorsed • Proven reductions in ER use and improved system navigation • Acts as a bridge between healthcare, community services, and social connection

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		needs due to downstream capacity gaps	**Improved Discharge Planning** • Strong need for coordinated discharge planning involving community partners • Emphasis on collaboration between hospitals, FCSS, senior-serving organizations
"Lac La Biche has had a lot of economic development... it's keeping doctors, nurses, physicians and healthcare professionals within their town."	*"One of the main things that's lacking in Lac La Biche is independent living seniors' resources."*	*"In order to get the service, you need, you are travelling either to Edmonton, Fort Saskatchewan."*	*"An older adult should only have to move once into a building that meets their needs and then the services follow them through that life journey."*

Goodfish Lake Stakeholder Interview

Key takeaways from the interview with Stephanie Jackson (Councillor of Whitefish/Goodfish Lake), and Lisa Shirt from Goodfish Lake.

What's Working Well Today	Gaps in Service Availability & Access	Regional Gaps & Perspectives	Future Vision & Priorities
Lac La Biche County as a Key Regional Access Point • Lac La Biche County is a primary access point for Goodfish residents for dialysis, optometry, dental care, pharmacy, and some primary care services	**Transportation as the Primary Barrier** • Distance (30–45 minutes to Hamlet of Lac La Biche; longer to St. Paul, Edmonton, or Fort McMurray) compounded by poor road conditions • Limited number of medical transport	**Fragmented Regional Navigation** • Goodfish sits between Lac La Biche County and St. Paul, with inconsistent clarity on where residents should go for care • Decisions about destination often driven by availability	**Regional Navigation & Indigenous-Led Coordination** • Strong interest in a dedicated navigator role connecting Goodfish, Lac La Biche County, and regional providers • Navigator envisioned as a two-way link: supporting patients

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- Compared to nearby communities, Lac La Biche County offers more affordable and accessible services for First Nations members (e.g., optometry without mandatory extra fees)
- Growing availability of services and amenities has increased willingness to travel to Lac La Biche County

Trusted Individual Providers & Visiting Services

- Positive experiences reported with specific Lac La Biche County-based providers (e.g., optometry, dental)
- Some visiting clinicians (e.g., psychologist, nutritionist) support Goodfish residents, helping bridge access gaps
- Individual relationships play an important role in care continuity

vans and drivers; scheduling constraints prevent same-day access
- Patients transported by ambulance are sometimes discharged without a reliable way home
- Financial supports for travel (e.g., mileage reimbursement) are insufficient given fuel costs

Limited Access to Primary Care & Continuity

- Many residents do not have a family physician; clinics often not accepting new patients
- Reliance on ED as the default access point for care
- Lack of consistency due to rotating or temporary providers, especially on weekends and holidays

Mental Health & High-Needs Gaps

- No local inpatient or intensive mental health services (e.g., schizophrenia, bipolar disorder, substance-induced psychosis)
- Patients must travel long distances for care, increasing stress and disengagement
- Limited child-specific services (child psychology, speech-language and transportation logistics rather than clinical appropriateness
- Lack of clear, shared regional navigation pathways across communities and providers

Trust, Cultural Safety, and Communication Challenges

- Experiences shared of Indigenous patients feeling misunderstood, dismissed, or inadequately assessed
- Limited proactive engagement between hospital staff and Goodfish leadership to build shared understanding of services and expectations
- Community leaders emphasized the importance of relationship-based care and communication

Housing & Seniors Care Pressures

- Insufficient beds for high-needs seniors, including those with dementia
- Financial barriers limit access to appropriate levels of care
- Shelters prioritize local residents, limiting access for Goodfish members and enabling providers to coordinate with the community
- Emphasis on resolving issues early rather than relying on complaints after harm occurs

Bringing Services Closer to the Community

- Interest in more visiting services (primary care, nursing, wound care, mental health) to reduce travel burden
- Weekend coverage gaps create avoidable travel to Lac La Biche County or St. Paul for routine care
- Exploration of a new or expanded Goodfish health centre to support co-located services

Structured Regional Collaboration

- Desire for a recurring regional table (monthly or bi-monthly) including First Nations representation
- Focus on sharing upcoming changes, new providers, and system impacts — not just “what’s new,” but what’s not working
- Clearer roles, responsibilities, and points of contact across the transformed health system

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	pathology, autism supports)		
"A majority of our folks… they receive eye care, dental care, pharmacy, physio in Lac La Biche."	*"We still don't have enough beds available for our high-needs seniors."*	*"We're about 45 minutes to Lac La Biche… and 45 minutes to Saint Paul. Goodfish has always sat on this magical border… sometimes our members will get taken to Lac La Biche, sometimes to Saint Paul."*	*"We need a good navigator… so there's more communication. Having that community connection is so important."*

Adele & Lisa Stakeholder Interview

Key takeaways from Adele Richardson (Director of Lac La Biche Healthcare Centre) and Lisa Sparks (Site Manager Lac La Biche/Smoky Lake).

What's Working Well Today	Gaps in Service Availability & Access	Regional Gaps & Perspectives	Future Vision & Priorities
Stable Core Acute & Emergency Services • William J. Cadzow – Lac La Biche Healthcare Centre continues to provide consistent ED and inpatient services despite province-wide pressures • Surge capacity plans allow the site to respond to fluctuating demand and acuity • Strong coordination with larger regional hospitals enables timely transfers for specialized care **Dedicated Workforce & Recent Recruitment Momentum**	**Emergency Department Demand & Primary Care Sensitivity** • ED experiencing increased volumes, including high numbers of CTAS 4 and 5 patients • Many ED visits are driven by uncertainty about where else to seek care for non-urgent concerns • Limited availability of alternative ambulatory and community-based services contributes to ED pressure **Surgical & Obstetrical Service Disruptions** • Periodic disruptions to obstetrical and general surgical services due to	**Reliance on Regional Centres for Specialized Care** • Patients frequently travel to Edmonton and St. Albert for services not available locally • Common transfers include major trauma, cardiac events, COPD, stroke, and complex surgical care • High-volume outbound services include orthopedic surgery, cardiology procedures, and cataract surgery **Lac La Biche County as a Regional Service Provide** • More than half of inpatients originate	**Stabilizing and Strengthening the Workforce** • Primary priority is recruitment and retention of physicians, particularly those with anesthesia skills • Filling vacant Family Medicine–Anesthesia positions is critical to stabilizing surgical and obstetrical services • Continued use of internationally educated nurses to support frontline staffing **Expanding Care Closer to Home** • Exploring opportunities to expand local surgical

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• Committed frontline staff and physicians acknowledged as a key strength • Recent recruitment of new General Practitioners is expected to improve access over time • Rural generalist model supports coverage across ED, inpatient, primary care, and long-term care **Digital & Virtual Care Enablers** • Connect Care (live since Nov 2023) has improved clinical decision-making and continuity of care • Virtual Emergency Physician (VEP) pilot successfully stabilized ED coverage over time	physician and anesthesia shortages • C-sections and epidurals are intermittently unavailable when anesthesia coverage cannot be secured • These disruptions are anticipated to continue in 2026 **Limited On-Site Ambulatory & Diagnostic Services** • Several common ambulatory services are not offered locally, including ENT, colposcopy, cardiac stress testing, and wound clinics • IV antibiotics and infusions are delivered through the ED rather than a dedicated ambulatory setting	from surrounding communities • The healthcare centre plays a regional role for inpatient and ED services for Boyle, St. Paul, Athabasca, and Fort McMurray • Strong inter-facility collaboration supports patient movement across the region **Infrastructure Constraints Typical of Rural Settings** • Aging infrastructure and space limitations restrict service expansion and flexibility • Workforce availability remains the primary constraint on expanding regional services	services where feasible • Virtual health services seen as a key enabler to improve specialist access without travel • Potential to leverage learnings from the Virtual Emergency Physician pilot for broader rural applications **System Alignment & Incremental Growth** • Future service expansion will be aligned with Acute Care Alberta and provincial transformation priorities • Emphasis on minimizing service disruption while gradually addressing unmet community needs • Continued commitment to integrated, community-focused care models
"We thank our dedicated staff and physicians for their continued hard work and commitment in caring for patients."	*"Temporary periodic disruptions to obstetrical/general surgical services in Lac La Biche due to physician shortages. These periodic disruptions are anticipated to continue in 2026."*	*"The Lac La Biche Healthcare Centre serves patients from many communities daily…We also regularly work with many surrounding healthcare facilities to support patient care…"*	*"Our current goal is to stabilize our workforce through recruitment and retention, minimize disruption to services and ensure care remains available to Albertans when they need it."*

Fauzia Eludin Stakeholder Interview

Key takeaways from Fauzia Eludin, site manager for the Associated Medical Clinic.

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What's Working Well Today	Gaps in Service Availability & Access	Regional Gaps & Perspectives	Future Vision & Priorities
Stable Primary Care & Core Clinic Services • The Municipal Medical Clinic provides consistent primary care services to Lac La Biche County and surrounding communities • Broad scope of services offered locally, including general practice, surgery, obstetrics, and long-term care support • Physicians regularly travel between Lac La Biche County, Cold Lake, and Golden Sands to provide continuity of care **Local Diagnostic & Allied Health Access** • Optometry services available locally, including diabetic screening • On-site laboratory, physiotherapy, occupational therapy, respiratory therapy, and ultrasound services • Availability of multiple allied health services reduces the need for patient travel	**Diagnostic Capacity Constraints** • CT scanner and ultrasound equipment are available but cannot be fully utilized due to lack of trained technicians • Patients must travel outside the community for CT and some advanced diagnostics • Travel requirements create additional burden for patients and families **Limited Surgical & Physician Coverage** • Only one physician currently dedicated to the clinic at a time • Reliance on locum coverage when physicians are unavailable • Capacity constraints limit the ability to expand local surgical services **Nursing Shortages** • Shortage of nurses impacts clinic operations and service expansion • Staffing gaps create operational fragility across services	**High Out-of-Community Referrals** • Patients are frequently referred to larger centres for specialist care and diagnostics • Common referral destinations include Cold Lake, Athabasca, St. Paul, Westlock, Bonnyville, and Edmonton • Travel is required for CT scans, ultrasounds, specialist consults, urgent care, and advanced diagnostics **Lac La Biche County as a Partial Regional Hub** • While some services are provided locally, Lac La Biche County does not yet function as a full regional diagnostic or surgical hub • Gaps in staffing and technology prevent services from being delivered closer to home	**Expanding Local Specialist & Surgical Services** • Strong interest in bringing additional specialist clinics to Lac La Biche County • Expanding surgical services would reduce patient travel and improve continuity of care • Growth would require additional nursing staff and physician support **Strengthening Stability as the Enabler** • Maximizing use of existing CT and ultrasound equipment through stable staffing • Improving digital systems so clinic and hospital teams can share critical patient information • Better digital connectivity would support safer, more coordinated care **Workforce Stability as the Enabler** • Recruiting additional physicians, nurses, and diagnostic technicians is foundational to any future expansion • Workforce stability seen as the primary constraint on service growth

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"The Municipal Medical Clinic is made up of a group of doctors practicing in Lac La Biche and provides medical services to residents of Lac La Biche and surrounding areas."	*"Temporary periodic disruptions to obstetrical/general surgical services in Lac La Biche due to physician shortages. These periodic disruptions are anticipated to continue in 2026."*	*"Currently…there is a shortage of nurses both at the Clinic and Hospital"*	*"If we could add more specialist clinics and surgical services, it would help alleviate a lot of travel for patients."*

Judylynn Ratcliffe Stakeholder Interview

Key takeaways from Judylynn Ratcliffe, Indigenous Wellness Coordinator at William J. Cadzow – Lac La Biche Healthcare Centre.

What's Working Well Today	Gaps in Service Availability & Access	Regional Gaps & Perspectives	Future Vision & Priorities
Indigenous Wellness Coordination at W.J.C. Healthcare Centre • Dedicated Indigenous Wellness Coordinator supports Indigenous patients across emergency, acute care, and long-term care • Role includes advocacy, plain-language interpretation of medical information, and navigation of paperwork (NIHB, income support, equipment) • Coordinator acts as a critical bridge between Indigenous patients, communities, and Alberta Health Services **Growing Cultural Awareness Among Staff**	**Unfunded Indigenous Health Programming** • No dedicated funding for Indigenous health programs at the facility • Lack of resources limits ability to follow cultural protocols, host elders, or provide honoraria • Staff often cover costs personally to ensure culturally appropriate care **Mental Health & Addictions Access Limitations** • Mental health teams only attend when patients are admitted, not when presenting to the emergency department • Patients in crisis must independently attend the mental health clinic, which is located off-site	**Fragmented and Siloed Care Locations** • Hospital, mental health services, and community clinics are physically separated • Lack of co-location makes referrals and follow-up difficult, especially for vulnerable patients • Comparison made to other communities where services are clustered and easier to access **Relapse Risk Due to Delays in Addiction Care** • Patients are often detoxed in hospital but must wait weeks for rehab placement elsewhere • Many relapse before treatment begins due to long delays and lack of local options	**Co-Located, Integrated Health Services** • Strong vision for co-locating hospital, primary care, mental health, and long-term care services • Integrated layout would enable warm hand-offs and more timely care, particularly for mental health crises **Dedicated Indigenous & Community Navigation** • Expanded navigator roles could improve continuity, trust, and early intervention • Proactive navigation seen as more effective than complaint-based resolution after harm occurs **Local Addictions & Seniors Care Capacity** • High likelihood that a local detox / rehab

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• Ongoing cultural education provided to nursing staff on a quarterly basis • Increased awareness of language, communication, and cultural practices has improved patient interactions over time • Progress has been made in normalizing cultural practices (e.g., smudging) within the facility	• No local detox or rehab facilities; patients face long waits for placement after hospital-based detox **Significant Medical Transportation Gaps for Métis Patients** • Métis patients no longer have funded medical transportation, unlike First Nations patients who can access NIHB • Applies to both county residents and those from surrounding communities • Staff often must personally transport patients or rely on unfunded taxi chits paid by the hospital	• Strong demand exists for a community-based detox and rehab facility **Seniors' Housing and Long-Term Care Shortages** • Severe shortage of lodge, supportive living, and long-term care beds • Acute care functioning as de facto long-term care for many seniors • Some patients waiting over 100–150 days in hospital for appropriate placement	facility would be fully utilized • Urgent need to expand seniors' housing and long-term care capacity to relieve hospital pressures
"This AHS facility has made remarkable strides moving forward and now I'm trying to push the Indigenous people to start walking across that bridge."	*""There is absolutely no medical transportation for (Métis) patients... when they come in by ambulance, we have to find a way to get them home. So I have many times taken people home to Buffalo Lake, to Kikano, to Conklin, to Owl River."*	*"Right now, our acute care is the mini long-term care. Probably 80% of the people that are in acute care are waiting for beds."*	*"At (High Prairie) hospital, their long-term care, medical clinic, and health unit, are separated but all within one land mass. And if we had that here, I think we would find that most of the patients that come into ED would walk across the parking lot and go seek mental health services."*

Site Visit Summary

Between May 19-20, 2026, two members of the Deloitte team (Navin Malik, Dr. Tom Stewart) visited Lac La Biche County to conduct a site visit. The objectives of this site visit were to contextualize some of the emerging findings based on an understanding of the physical healthcare facilities that make up Lac La Biche County.

The following activities were completed during the site visit:

- An overview of the methodology, emerging findings and proposed future state model to the Lac La Biche County Council. All Council members attended this discussion (May 19, 2026).

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- On-site discussions with the Cedar prescribing pharmacy, including with Smiley Eludin (pharmacist / owner) and Amanda Richard (pharmacist) (May 19, 2026).
- Self-guided tour of the Bold Centre and its included facilities (May 19, 2026).
- Tour of Lac La Biche County, including the lands adjacent to the Golden Sands facility that are being proposed for future redevelopment, which was facilitated by Major Reutov and Councillor Marczak (May 19, 2026).
- A social event with Councillors, the Mayor and Manny Deol, to offer further context on the region, share additional opportunities (including education, and mental health focused opportunities), as well as path forward considerations to realize a vision of becoming a regional health hub (May 19, 2026).
- A site visit of the W.J.C. Healthcare Facility, led by Lisa Sparks, including all of the clinical and clinical support areas of the hospital (May 20, 2026).
- A site visit of the AMC Primary Care clinic, led by Fauzia, which also included rapid discussions with physicians practicing at the clinic (May 20, 2026).
- A site visit of the Golden Sands facility (Type B Continuing Care Home), led by Mary Jane, to understand the different levels of care that exist at the facility, including the memory unit, and the assisted living rooms (May 20, 2006).
- A future opportunities discussion with Portage College, including Shun Li, focusing on critical synergies between Portage College and the County in the future (May 20, 2026).

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Appendix C - Regional Service Map

As part of understanding the health and community services landscape of Lac La Biche County and surrounding communities, a service map was developed to depict the distribution of services by location. It reflects the services that are publicly identified as being available within each community at the time of this review.

The list of Counties included in the map was developed based on stakeholder input and an understanding of patient flow data, reflecting the communities that either access services in Lac La Biche County or provide services that Lac La Biche County residents rely on.

The map was developed using publicly available information from Alberta's health system and affiliated agencies, including published service listings from Alberta Health Services and other provincial organizations responsible for health and community-based care. Information on service availability was collected across the spectrum of health care including acute care, primary care, diagnostic imaging, continuing care, mental health and substance abuse, Indigenous support services, and community-based programs, as delivered through organizations such as Alberta Health Services and other relevant providers. Where applicable, information from municipal and community health service websites was also reviewed to capture locally delivered services. For Lac La Biche County specifically, validation was conducted through stakeholder engagement of local service providers to confirm the accuracy of publicly listed services and clarify how services are delivered in practice. In general, the service map does not show performance and utilization of the service, or if the service is experiencing temporary closures.

Overall, the service map serves as a reference tool, illustrating how health and community services are distributed across the region and providing a common baseline for understanding the current configuration of services within the Lac La Biche County regional context.

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Figure 14: Key Health and Community Services Provided in and Around Lac La Biche County, 2026

Community	Services*													
	Emergency	*Medicine*	*Surgery*	*Maternal/Child Health*	*Cancer Care Treatment*	*Urgent Care*	*Primary Care*	*Public Health*	*Mental Health/Addictions*	*Continuing Care*	*Diagnostics and Therapeutics*	*Indigenous Support Services*	*Other*
Lac La Biche	ED, ICU	Med	SG	OB *(non-surgical births)*			PC	PH	MHA – youth, adult *(Outpatient only)*	HC, CCH, ADP	XR,CT, US, Endo	ISS	AM, HD
Athabasca	ED	Med					PC	PH	MHA *(Outpatient only)*	HC, CCH	XR		AM
M.D. of Bonnyville	ED, ICU	Med	SG *orthopedics*	OB	CCT		PC	PH	MHA – youth, adult *(Outpatient only)*	HC, CCH	XR, US, Endo	ISS	AM
City of Cold Lake	ED, ICU	Med	SG *orthopedics*	OB			PC	PH	MHA *(Outpatient only)*	HC, CCH	XR, US, Endo	ISS	AM
M.D. of Opportunity	ED	Med					PC	PH	MHA (In-pt + Out-pt)		XR	ISS	AM
St. Paul	ED, ICU	Med	SG	OB *Including C-sections and gynecological procedures*			PC	PH	MHA *(Outpatient only)*	HC, CCH, ADP	XR, US, Endo	ISS	AM, HD
Village of Boyle	ED	Med					PC	PH	MHA *(Outpatient only)*	HC, CCH	XR, Endo		AM
Smoky Lake	ED	Med					PC	PH	MHA *(Outpatient only)*	HC, CCH	XR		AM
Heart Lake							PC	PH	MHA *(Outpatient only)*	HC		ISS	
Beaver Lake							PC	PH	MHA *(Outpatient only)*	HC		ISS	
Whitefish Lake							PC	PH	MHA *(Outpatient only)*	HC		ISS	
Buffalo Lake Metis Settlement							PC	PH	MHA *(Outpatient only)*	HC		ISS	
Kikino Metis Settlement							PC	PH	MHA *(Outpatient only)*	HC		ISS	

ED Emergency Department
ICU Intensive Care Unit
Med Inpatient Medicine Unit
SG Surgery
OB Obstetrics
CCT Cancer Care Treatment
UC Urgent Care
PC Primary Care
PH Public Health
MHA Mental Health /Addictions
HC Home Care
CCH Continuing Care Home
ADP Adult Day Program
XR Diagnostic Imaging - Xray
CT Diagnostic Imaging – CT
US Diagnostic Imaging – Ultrasound
Endo Diagnostic Imaging - Endoscopy
ISS Indigenous Support Services
AM Ambulatory Care e.g., IV antibiotics
HD Hemodialysis

Note: There are temporary disruptions to surgical services in Lac La Biche County at the time of this report due to shortage of anesthetists.

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Appendix D – Key Indicators

Figure 15: Selected Key Indicator Statistics for the Lac La Biche Region and Comparable Municipalities

	Municipality	Population	% of Seniors	Seniors Population	% of Ambulatory Care Visits Occurring Outside the County and Primary Location	% of Hospital Separations Occurring Outside the County & Most Common Destination	Burden of Illness	ACSC separation rate per 100,000	FCSC %	ED Visit per 1000 of Population	Proportion of ED Visits CTAS 4 and 5	Life Expectancy
Lac La Biche Region	Lac La Biche County	8,580	16.0%	1,373	26.3% (Boyle Healthcare Centre in Boyle)	65.0% (Royal Alexandra Hospital in Edmonton)	Pneumonia, ischemic heart disease, and mental & behavioural disorders due to psychoactive substance	600.4	23.8%	1,163	44%	77.6
	St. Paul	6,218	17.5%	1,088	39.9% (Two Hills Health Centre in Two Hills)	71.6% (Royal Alexandra Hospital in Edmonton)	Mental & behavioural disorders due to psychoactive substance use, diabetes, and pneumonia	400.3	27.3%	1,040	46%	74.8
	Cold Lake	17,815	27.6%	4,917	22.1% (Bonnyville Healthcare Centre in Bonnyville)	51.7% (Royal Alexandra Hospital in Edmonton)	Ischemic heart disease, mental & behavioural disorders due to psychoactive substance use, and pneumonia	436.6	27.2%	962	43%	79.4
	Bonnyville	7,366	14.8%	1,090	25.1% (Elk Point Healthcare Centre in Elk Point)	57.1% (Royal Alexandra Hospital in Edmonton)	Ischemic heart disease, mental & behavioural disorders due to psychoactive substance use, and diabetes	401.8	22.4%	1,045	48%	80.2
	Boyle	859	21.5%	185	47.2% (Athabasca Healthcare Centre in Athabasca)	99.6% (Royal Alexandra Hospital in Edmonton)	Pneumonia, ischemic heart disease, and mental & behavioural disorders due to psychoactive substance use	526.7	29.5%	1,325	58%	76.6

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	Wabasca-Opportunity	1,594	31.8%	507	16.7% (Slave Lake Healthcare Centre in Slave Lake)	87.6% (Royal Alexandra Hospital in Edmonton)	Diabetes, mental & behavioural disorders due to psychoactive substance use, and pneumonia	465.5	33.9%	2,895	58%	69.9
	Athabasca	7,280	22.2%	1,616	26.7% (Westlock Healthcare Centre in Westlock)	82.5% (Sturgeon Community Hospital in St. Albert)	Mental & behavioural disorders due to psychoactive substance use, ischemic heart disease, and pneumonia	165.2	28.6%	1,158	51%	78.9
	Smoky Lake	4,043	27.5%	1,112	50.4% (Redwater Health Centre in Redwater)	75.5% (Royal Alexandra Hospital in Edmonton)	Pneumonia, diabetes, and ischemic heart disease	577.2	29.5%	1,049	55%	77.6
Comparable Municipalities	**Drayton Valley**	8,047	17.5%	1,408	24.0% (Rimby Hospital and Care Centre in Ponoka County No. 3)	79.4% (Red Deer Regional Hospital Centre in Red Deer)	acute upper respiratory infections, diseases of middle ear and mastoid, and emphysema and chronic bronchitis	252.0	n/a	749	46%	78.8
	Taber	8,009	13.1%	1,049	24.3% (Chinook Regional Hospital in Lethbridge)	62.0% (Chinook Regional Hospital in Lethbridge)	acute upper respiratory infections, diseases of middle ear and mastoid, and influenza	190.8	n/a	621	38%	80.2
	Slave Lake	7,334	10.8%	792	29.5% (Peace River Community Health Centre in Peace River)	75.4% (Royal Alexandra Hospital in Edmonton)	acute upper respiratory infections, diseases of middle ear and mastoid, and mental & behavioural disorders due to psychoactive substance use	492.5	n/a	1,007	54%	77.9

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