Division School Council
Meeting Minutes of January 13, 2020

1. 7:03 pm Welcome and Introductions

2. Additions to the agenda:
   Shannon Pratt- addition of Fridays in Kindergarten
   Alison Alma-North- Bussing update

3. Approval of the agenda: Alison Pike and Shannon Pratt

4. Approval of the Minutes of December 2, 2019: Tisha Elford, Locke Spencer

5. Business arising from the Minutes

6. Committee Reports

7. Trustee Report: Christine Light: Winston Churchill/Finnish exchange successful with WCHS students visiting Finland this fall. Students of Winston Churchill inspired by lack of food waste and attention to using non garbage containers.
   Trustee Board donated $50 each to charity of school's choice in lieu of treats during Christmas season.
   Two School Resource Officers from police from 6 for all schools in the district. The two school divisions (public and Catholic) have lost 4 out of 6 SRO's (School Resource Officers) due to deployment elsewhere this past year. There is now almost zero SRO presence at elementary and secondary schools have to call 911 more frequently due to lack of prevention from SRO's. Letter has gone to the Police Commission asking for more presence or re-thinking how preventative measures can be employed.
   Brooke: What can parent council do?
   Christine: Children need to know Police can help and care before crisis. Parents need to voice that to have this presence is invaluable.
   Cheryl: Bring SRO deployment as business arising at next School Council meeting.

8. Alberta School Councils Association: AGM in Edmonton is April 24-26 2020. The Board will pay $250 worth of expenses as well as the conference registration fee for one person per school. The $250 has already been deposited into school accounts. Will hear something about curriculum from provincial government soon. Parent consultation will be done in Jan and Feb and will be online. Will be your opportunity as a parent to provide input. Allison will provide time and links when it becomes known. Policy Resolution deadline is Jan 15.
   Locke Spencer: Can you use other School Council funds provided by the board if there are more interested parents?
   Cheryl: School Board budget is based on average but not by school. It would be up to a School Council if they wish to allocate $250 (or some of those funds) to a different School Council. A School Council cannot designate registration costs to another school because that budget line is based on 'average' access the year prior.

   Poverty Intervention Committee: Visual shown of areas in Crisis in Lethbridge.
   1-5 children live in poverty in Lethbridge. Wilson Middle School hosts WAM bags which are bags containing money and groceries for the weekends for families in need no question asked. If you are aware of a student in need contact the Making Connections Worker at the School.

Question that seeking input posed by the Poverty Committee: *How do you see the work of the Poverty Intervention Committee creating a more vibrant, inclusive and caring culture within our School Division*?
Tisha: conveyed personal thanks and gratification for the difference the program can make. Others indicated that they know the WAM bag and other food programs make a difference to families.

Community Engagement: Christine Light: Ice Scholarship planning.

Policy Committee: Shannon Pratt: LeeAnne will forward any new policies or other revised policies seeking feedback to School Council chairs. New (upcoming) is parental responsibility policy.

9. Superintendent's Report: Cheryl:
   Town Hall meeting Feb 11, 2020. Town Hall meeting a little later as the Board is finalizing the direction where the board wanted to take it. The focus will be about establishing priorities for our schools for budget. All stakeholders are invited.

   Shelley Moore parent presentation: effective practices of inclusion - Jan 21 at Wilson Middle School (6:30-8:00).

   Ice Scholarship: Feb 14, 2020. Third annual. Seats are sold out. Applications for next year will be coming out in March. 2 for gr 9 and 10. 2 for grs 11 and 12. Innovation doesn't have to science oriented.

   Kindergarten changes: Changes in requirements in employment standards (legislated break time) and ensuring adherence to the definition of instructional time for students compelled some change. What has historically been a four-day program will expand to include alternative Fridays. Basically, it will be the same timetable as other grades, Monday to Friday.

   Transportation: Lots of advocacy on behalf of parents. City is not changing their minds about transferring bussing to boards. Board will be asking for extension of time for transition. Board is looking at business partners and/or putting transportation under own ownership. Board is working with city administration.
   Locke: What would it take to change the city's mind?
   Cheryl/Brooke: Decision is done and it has been made clear the Council will not go back on it.
   Shannon: Who owns the buses?
   Cheryl: Buses are owned by the Board.
   Brooke: Not enough people informed about effect of the change, especially by people who no longer have children in school.

10. Roundtable Reports

11. Adjournment @ 8:02 pm Tisha/Locke

Interim Report May 2019

TOWARDS HEALTH EQUITY: INDICATORS OF POTENTIAL NEED

South Zone Health Equity Network

ABSTRACT

The data presented in this document were sourced primarily from the 2016 Census and visualized to identify and describe potential need among the social determinants of health in each of the South Zone Local Geographic Areas (LGAs). The data are intended to help inform initial discussions with the South Zone Health Equity Network and guide future health equity work within the zone.

The data in this document are sourced from the 2016 Canada Census. The collection, storage and use of First Nations data collected for the Census is an unresolved point of contention between First Nations Communities and the Federal Government. Key to this dispute is the principle of Community Privacy – an important value for First Nations Peoples that is not protected by Federal Laws governing the collection and use of Census data. In respecting this problem and the principles of First Nations Data Ownership, Control, Access, and Possession, we have produced an interim report that excludes data from South Zone LGAs (Cardston-Kainai, Pincher Creek) that contain First Nations Communities. A full report will be released if, following consultation with these communities, they agree to permit the public use of their data for similar display in this document.

Data Sources:

- Alberta Health, Interactive Health Data Application *http://www.ahw.gov.ab.ca/IHDA_Retrieval/ihdaData.do*
- 2016 Census, Statistics Canada
- Zone/LGA population and median age estimates are from the AHCIP provincial registry at 2016 Fiscal Year End
- Alberta Health Communities Dashboard, 2014-2016 Alberta Community Health Survey https://www.healthiertogether.ca/prevention-data/alberta-community-health-dashboard/community-cancer-prevention-screening-dashboard/

Acknowledgment-The geography of AHS' South Zone includes the territory of the Blackfoot which includes Kainai (GAW-NAW) and Piikani (BEE-GAA-KNEE) Nations. This is within Treaty 7 region, which also includes Stoney Nakota (NA-KOAT-AH), Tsuu'tina (SOOT-ENAH) and Siksika (SIK-SEE-GAW) First Nations. It is also within Metis (MAY-TEE) Region 3 territory. These Indigenous peoples, share a deep connection to these lands past, present, and future. We acknowledge their enduring presence, as well as the presence of other First Nation, Metis and Inuit (IN-U-IT) people who now call South Zone communities home.

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Photography (cover page) Waterton Wildflowers - Alannah Frank-Wilson (2018)

Foreword

-By **Cheryl Andres**, *Director-Public & Primary Healthcare* and **Dr. Vivien Suttorp**, *Lead Medical Officer of Health*

Advancing Health Equity in South Zone

The term "health equity" is not well understood. It is often used interchangeably with the term health equality. Both terms stem from Latin and refer to "being equal". Yet when the term health equity is examined in depth, we can learn a lot about how we can move forward to address health equity.

Health equity can be defined as: "A state of society in which avoidable, unfair and socially created differences in health outcomes do NOT exist, and processes, structures, relationships and activities that address social determinants of health (SDOH) and social gradient in health do exist". [1] Health equity is an ethical principal based on social justice. It requires health status assessment and incorporates the social determinants of health.

Aside of inequities being unfair and unjust, we know that when we work to address underlying causes that impact health, we can improve the sustainability of the health care system. We can do this by reducing the burden and costs that health inequities create.

Across the province and in south zone we have groups of people who experience poorer health than other groups. We need to enhance our abilities to assess and monitor the health status of the population in south zone. This information should be used to guide our discussions with community key stakeholders to encourage support for minimizing inequities in social determinants of health. As well, within AHS we need to use health status data to direct program and service planning to assist those most in need of support. Regardless of program or service type, by addressing inequities we can assist in improving the health status of all residents of south zone. We can move toward our vision of Healthy Albertans, Healthy Communities, Together.

Reference: Alberta Health Services. (2011). Towards an Understanding of Health Equity. AHS Tri-project Glossary working group

Note: The South Zone Health Equity Framework can be found as Appendix 1.

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Table of Figures

South Zone Geography and Local Geographic Areas (LGAs)

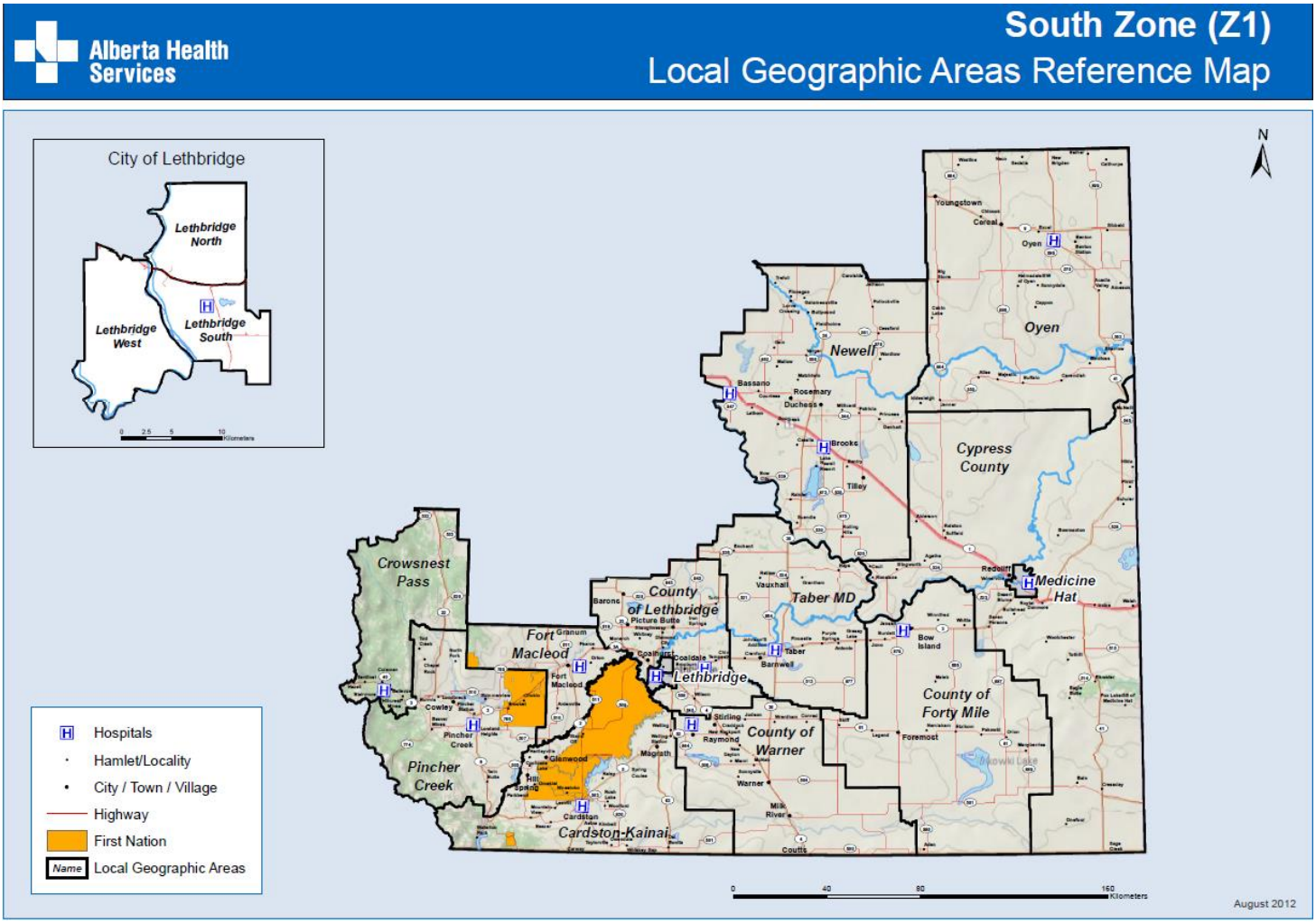

Figure 1: *A map of South Zone communities & infrastructure. Solid black lines indicate the geographic boundaries of the fifteen Local Geographic Areas; with the three urban LGAs of Lethbridge (inset). The total Reserve population of Kainai is included in the Cardston-Kainai LGA and the Piikani is included in the Pincher Creek LGA.*

Radar Graphs Describing the South Zone

The majority of the figures in this document include **14 Indicators of Potential Need**. The Zone versus Alberta (*Figure 2*), Medicine Hat (*Figure 14*), and the Lethbridge LGAs (*Figures 7, 15-20*) also include a **Food Insecurity** indicator; data for this indicator were not available for all LGAs. Food insecurity can be defined as "inadequate or insecure access to food due to financial constraints" [1]. Each indicator's data source, definition and their limitations are highlighted at the end of this document in the **Appendix**. The majority of indicator data were collected via the 2016 Canada Census, sampled in Census dissemination blocks and reported at the level of the census dissemination area – a small, relatively stable geographic unit with an average population of 400 to 700 persons. Indicator data are estimates of the aggregated Census dissemination areas within each LGA. Among the design considerations for LGA boundaries set by AHS & Albera Health, there were no specific target population sizes. Therefore proportion estimates for rural LGAs are based on considerably smaller population sizes, and in cases where indicator proportions are low, standard errors will be larger relative to these estimates. Each of the indicators provides insight into the unique needs of the communities encompassed within an LGA. Additional demographic, socio-economic, and population health statistic information are reported for each LGA in the Primary Health Care Community Profiles available on Alberta Health's website at: http://www.health.alberta.ca/services/PHC-community-profiles.html

Moving in a clockwise direction around a Radar Graph (e.g. *Figure 2*), each indicator describes a proportion of the local population: **1) Aboriginal Identity** – persons who identify as First Nations, Métis, or Inuk; The Truth and Reconciliation Commission recently highlighted the "significant disparities in education, income, and health between Aboriginal people and other Canadians—disparities that condemn many Aboriginal people to shorter, poorer, and more troubled lives". As well as the "intense racism and the systemic discrimination Aboriginal people regularly experience in this country".[2] **2) Recent Immigrants** to Canada between the years 2011 and 2016 - may indicate need for integration supports/services; **3) Non-Official Language Spoken Most Often at Home** – may indicate a need for sensitivity to patient comprehension or printed information in other common languages within the LGA; **4) No High School Certificate** refers to the highest level of education received – an indicator of low literacy, a greater inability to navigate and understand the systems to appropriately access social, health and employment services; less opportunity to secure a living wage; **5) Unemployment Rate** refers to all persons >14yr of age in the labour force during the first week of May 2016 – indicates the proportion of the local labour force that are currently looking for work; **6) Low Income** – is based on the Low Income Measure After Tax, and indicates the households with an income less than half of the median household income after adjustment for the number of members in a home, and provides a cross-sectional snapshot of the proportion living in relative poverty; **7) Food Insecure** – includes anyone who indicated they 'Sometimes' or more frequently experienced food insecurity -- may indicate a need for nutrition supports/education services; Food insecurity is a public health problem in Canada, food insecurity could be both an outcome and cause of chronic disease and poor health. Most often it is a lack of income that causes individuals and households to be food insecure. [1] **8) Movers in Previous Year** – includes persons moving within and from outside a region, may indicate the stability, or growth of a local population; those new to a community may feel a lack of belonging which can be a barrier for some to not reach their full potential or a reluctance to interact with community; **9) Renters** – indicates the number of residents who do not own their housing, they often tend to have less income, are more likely to be exposed to stresses or a sense of being precariously housed [3]; **10) Tenant Households in Subsidized Housing –** indicates the proportion of tenant households living in supplemented/assisted or non-profit housing; **11) Tenant Households Spending >30% on Shelter Costs** – is a core housing need measure of *afforability* based on the shelter-cost-to-income ratio composed of local rents and utility costs relative to local incomes; **12) Home Owner Households Spending >30% on Shelter Costs** – is a core housing need measure of *afforability* based on the shelter-cost-to-income ratio composed of cost of local mortgages, taxes, fees, and

utilities relative to local incomes; **13) Housing in Need of Major Repairs** – is a core housing need measure of the *adequacy* of housing based on need for major repairs that do not include aesthetics – may indicate homeowners who are unable to complete maintenance on their home, potentially exposed to environmental health risks; **14) Housing Not Suitable** – is a core housing need measure of *suitability* -- indicates housing that does not meet National Occupancy Standards for the number of bedrooms available for the size and compostion of a household, may reflect a mismatch between local supply & demand for housing, *or* potential differences in cultural norms between Canadian standards and those of new immigrants; **15) Female Led Lone-Parent Families** – may indicate a need for affordable childcare services, and also highlight the proprotion of families at risk of known income disparities.

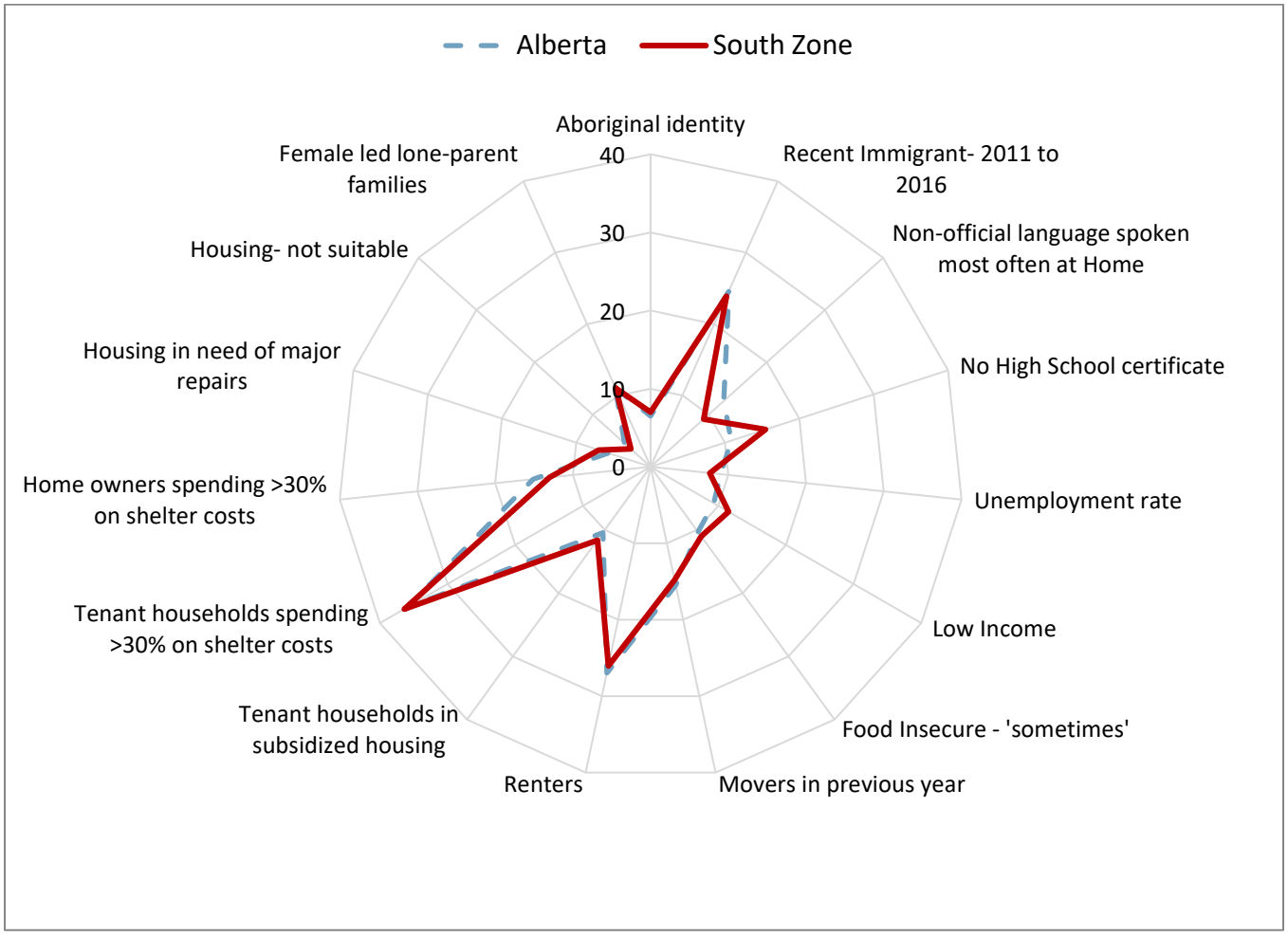

Figure 2: *Indicators of Potential Need in South Zone (solid red) as compared to Provincial Average for Alberta (dashed blue). Figure contains 15 indicators, including 'Food Insecure' data from the Alberta Community Health Survey. All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y.*

Rural Local Geographic Areas

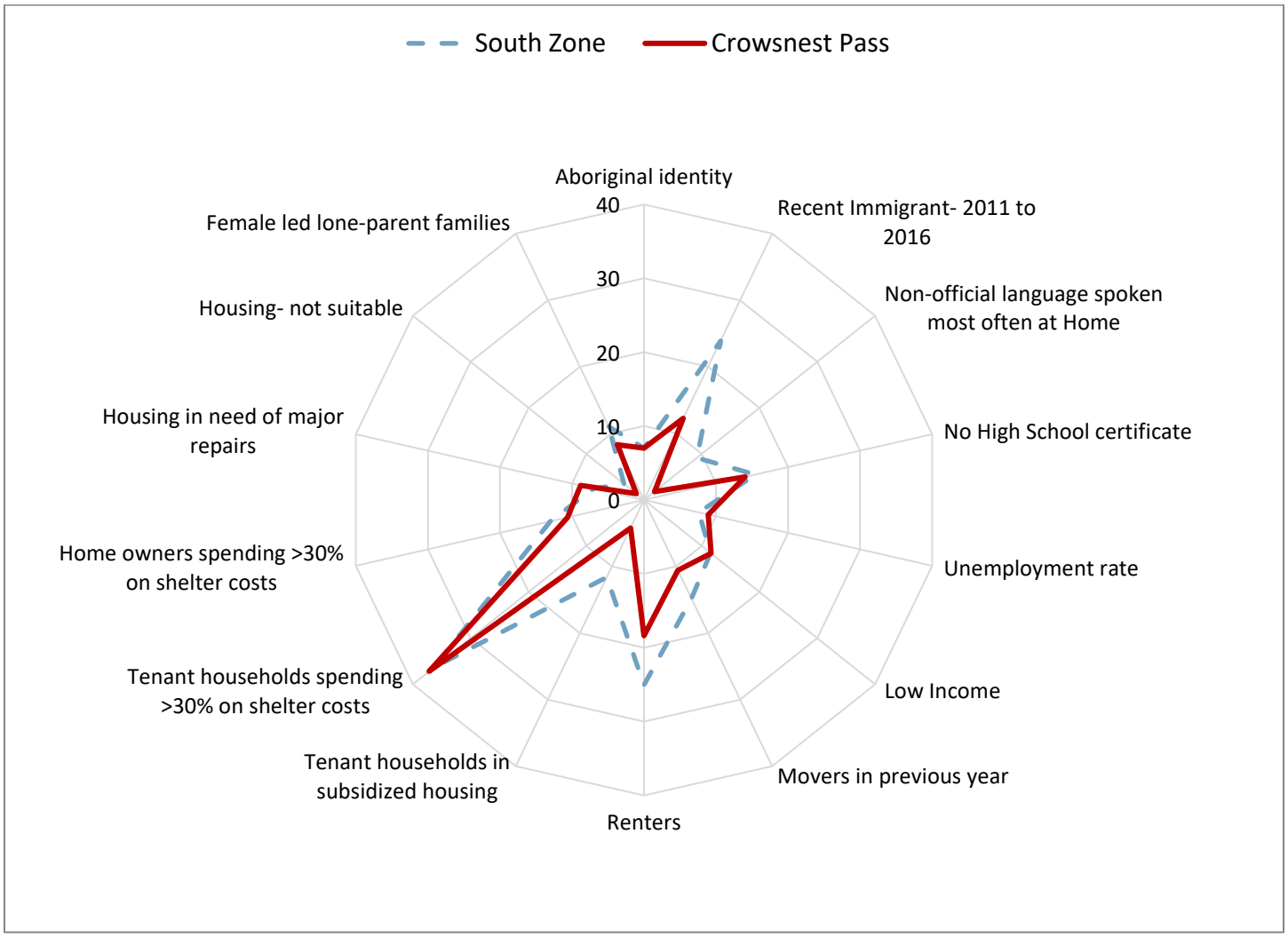

Figure 3: *Indicators of Potential Need in the Crowsnest Pass Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Crowsnest Pass LGA population at 2016 Fiscal Year End: 6,429; Median Age: 49y.*

Figure 4: *Indicators of Potential Need in the Pincher Creek Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Pincher Creek LGA population at 2016 Fiscal Year End: 8,956; Median Age: 41y.*

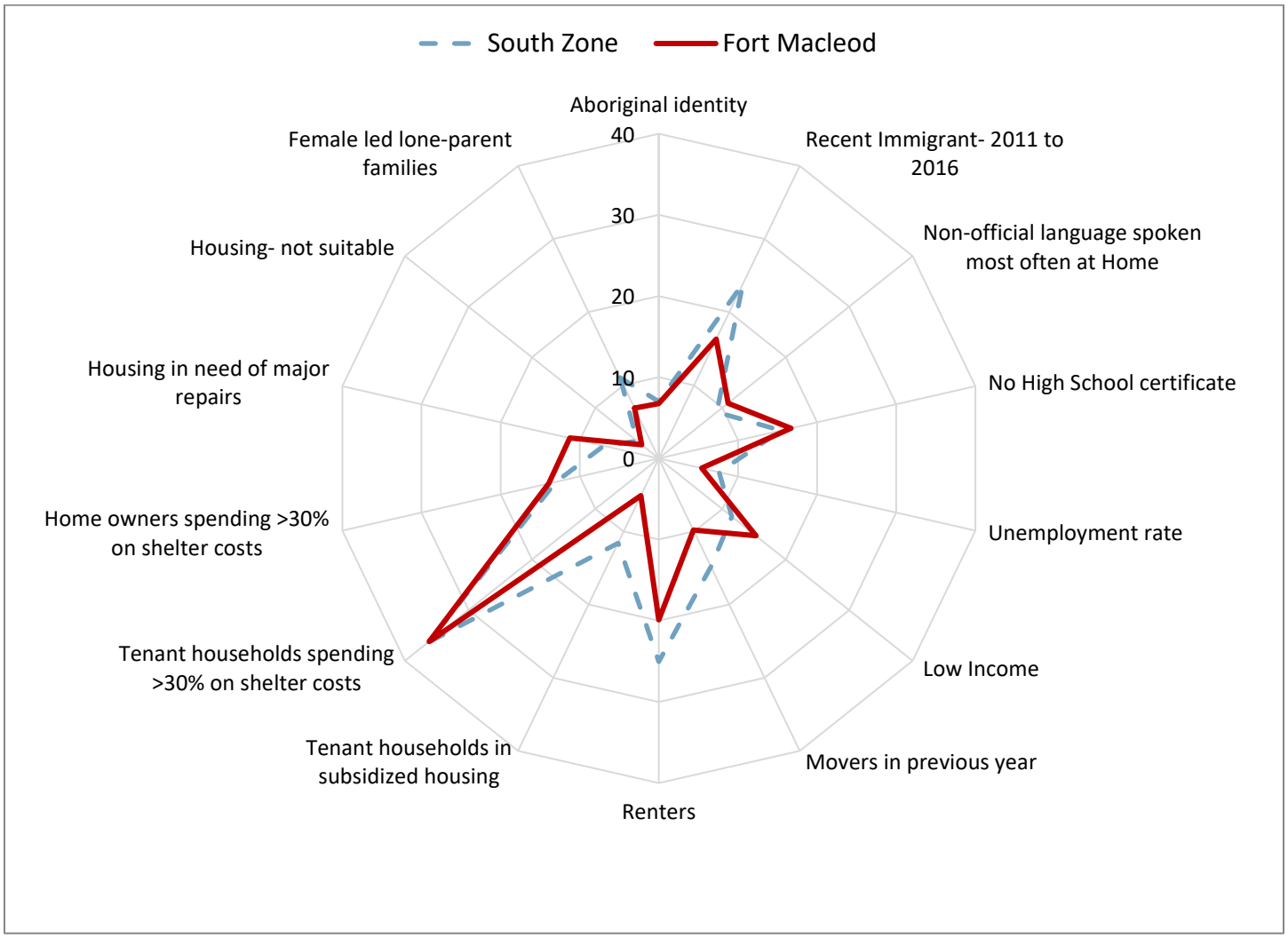

Figure 5: *Indicators of Potential Need in the Fort Macleod Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Fort MacLeod LGA population at 2016 Fiscal Year End: 7,081; Median Age: 37y.*

Figure 6: *Indicators of Potential Need in the Cardston-Kainai Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Cardston-Kainai LGA population at 2016 Fiscal Year End: 18,454; Median Age: 31y.*

Case Study: Appealing to Community Leadership

Dr. Amal is a General Practitioner who practices Family Medicine in a South Zone community. She notices that many of her patients present with respiratory symptoms and are frequent repeat visitors. This aspect of her patient population is on her mind as she attends a meeting on the topic of Health Inequities in her community.

At the meeting, radar graphs were presented showing the proportions of the LGA population on each indicator of potential need. Dr. Amal immediately notices that in her community, the proportion of housing in need of major repairs is nearly four times higher than the South Zone average. During the discussion she proposes that this indicator may be responsible for the abnormal number of patients suffering respiratory health conditions, and convinces her local community leaders that she cannot improve the health of these patients if they are simply returning to an environment that is making them sick. The community strikes a local committee with stakeholders including the municipality, local charities, AHS, Primary Care physicians and others to tackle housing adequacy issues.

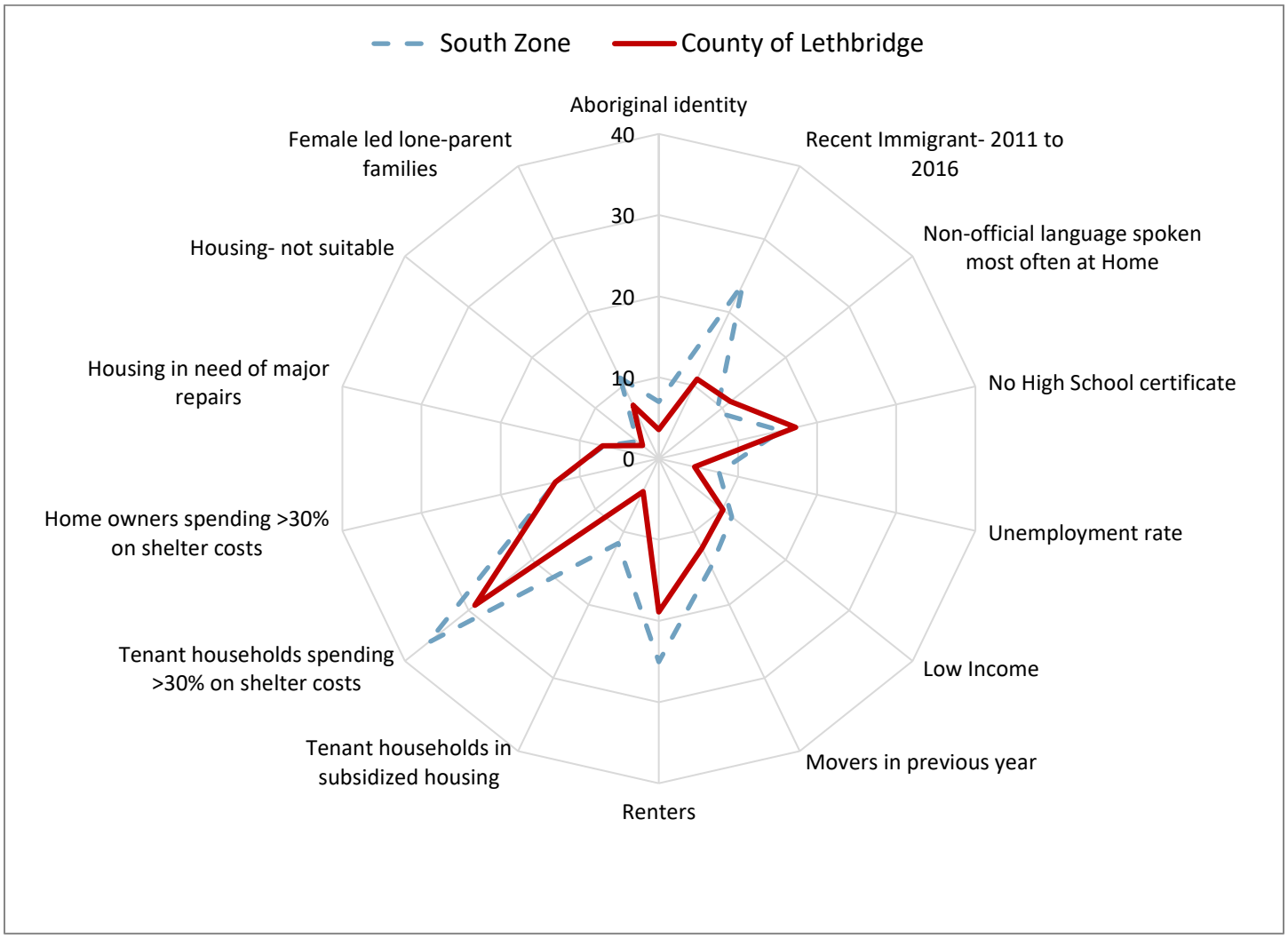

Figure 7: *Indicators of Potential Need in the County of Lethbridge Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. County of Lethbridge LGA population at 2016 Fiscal Year End: 25,630; Median Age: 32y.*

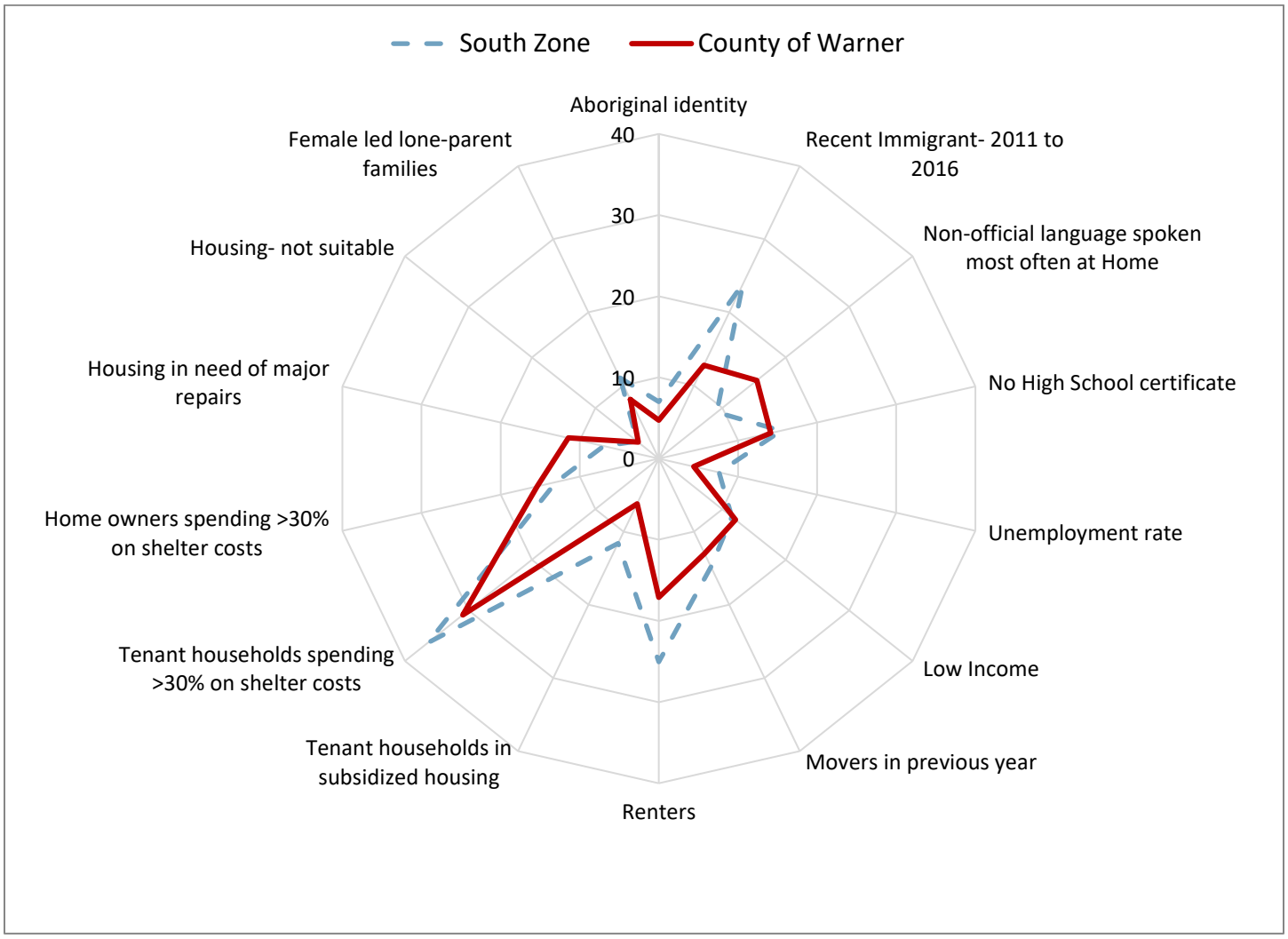

Figure 8: *Indicators of Potential Need in the County of Warner Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. County of Warner LGA population at 2016 Fiscal Year End: 11,364; Median Age: 33y.*

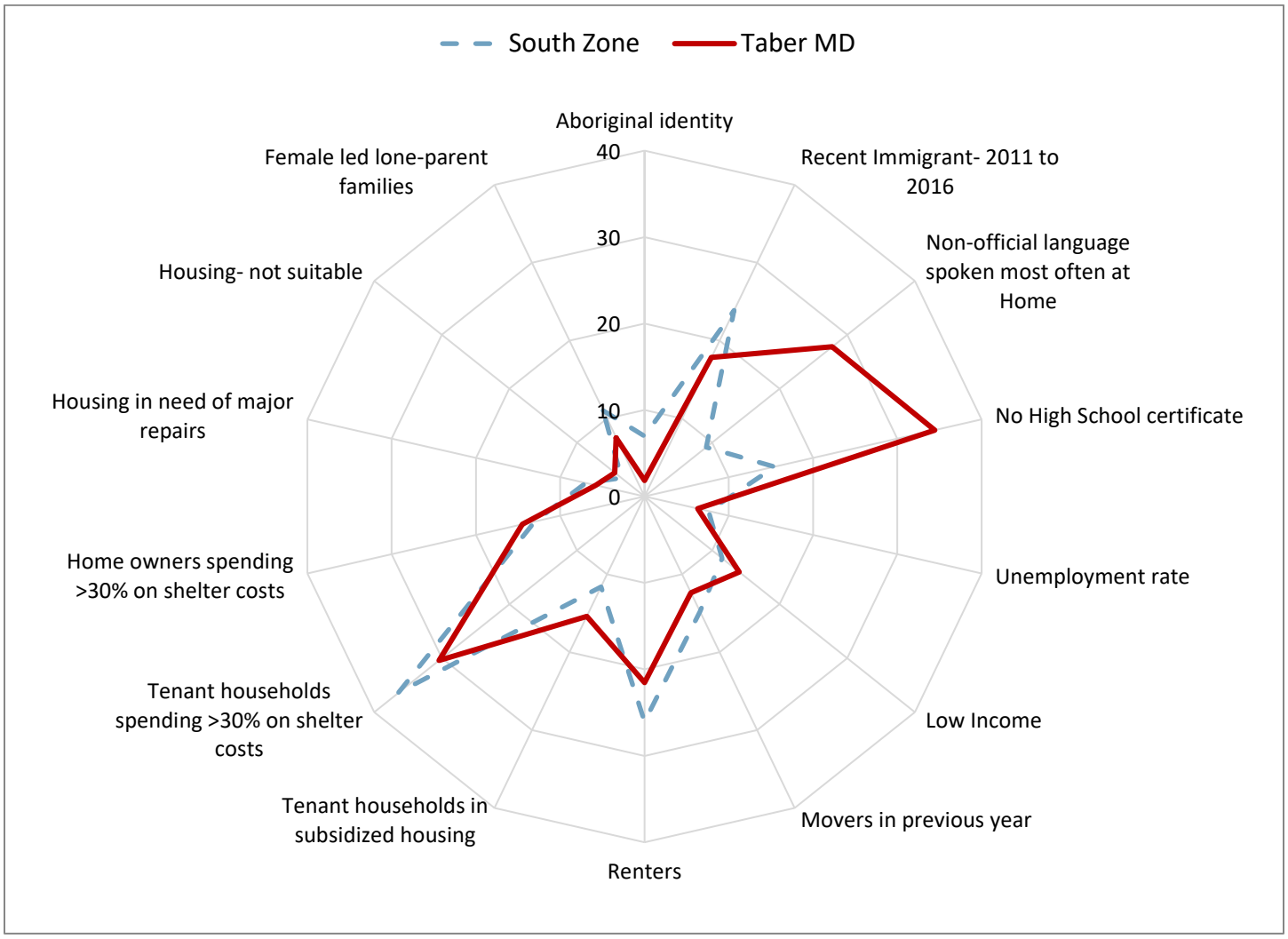

Figure 9: *Indicators of Potential Need in the Taber Municipal District Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Taber MD LGA population at 2016 Fiscal Year End: 20,075; Median Age: 30y.*

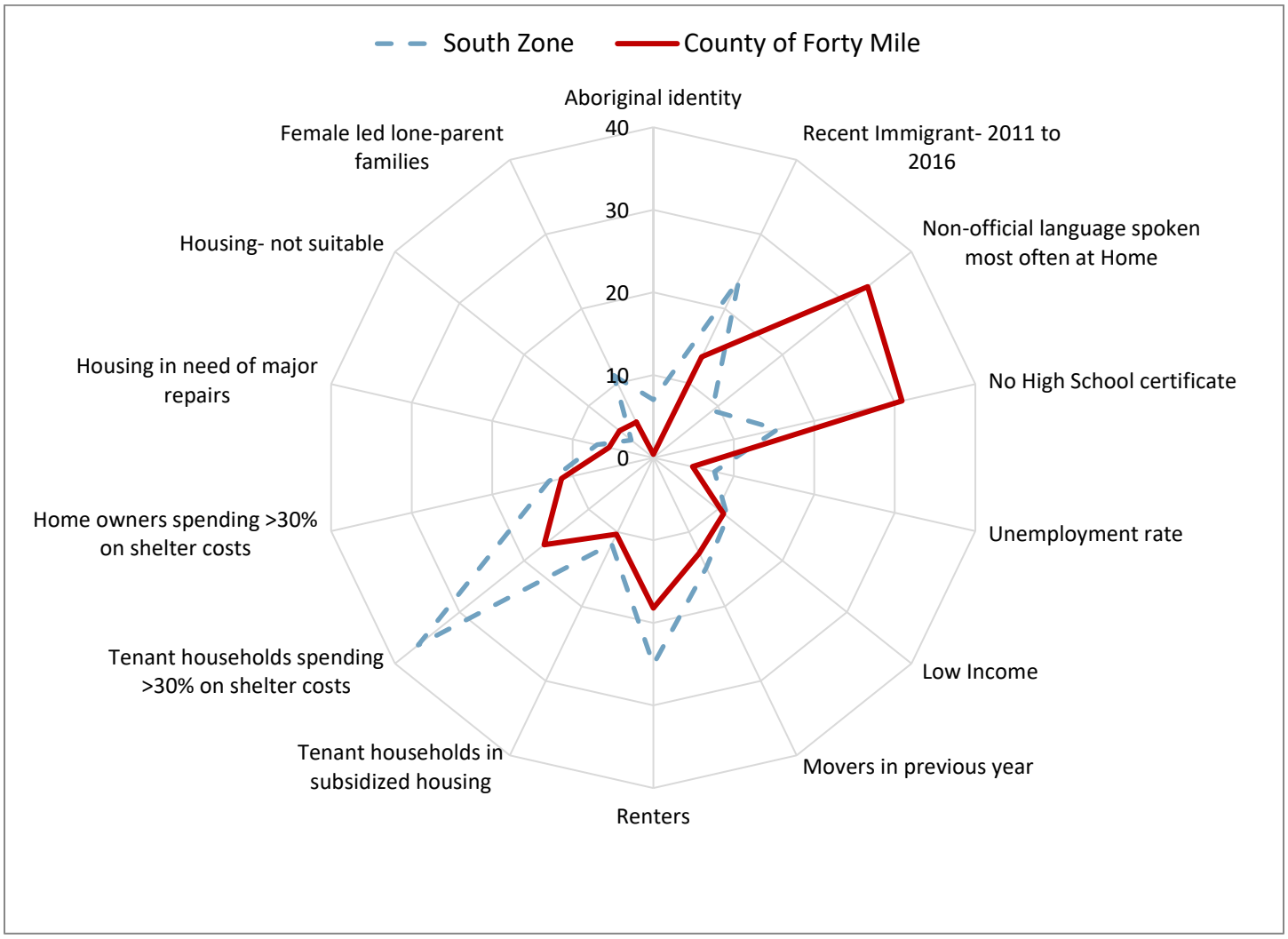

Figure 10: *Indicators of Potential Need in the County of Forty Mile Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. County of Forty Mile LGA population at 2016 Fiscal Year End: 6,959; Median Age: 28.5y.*

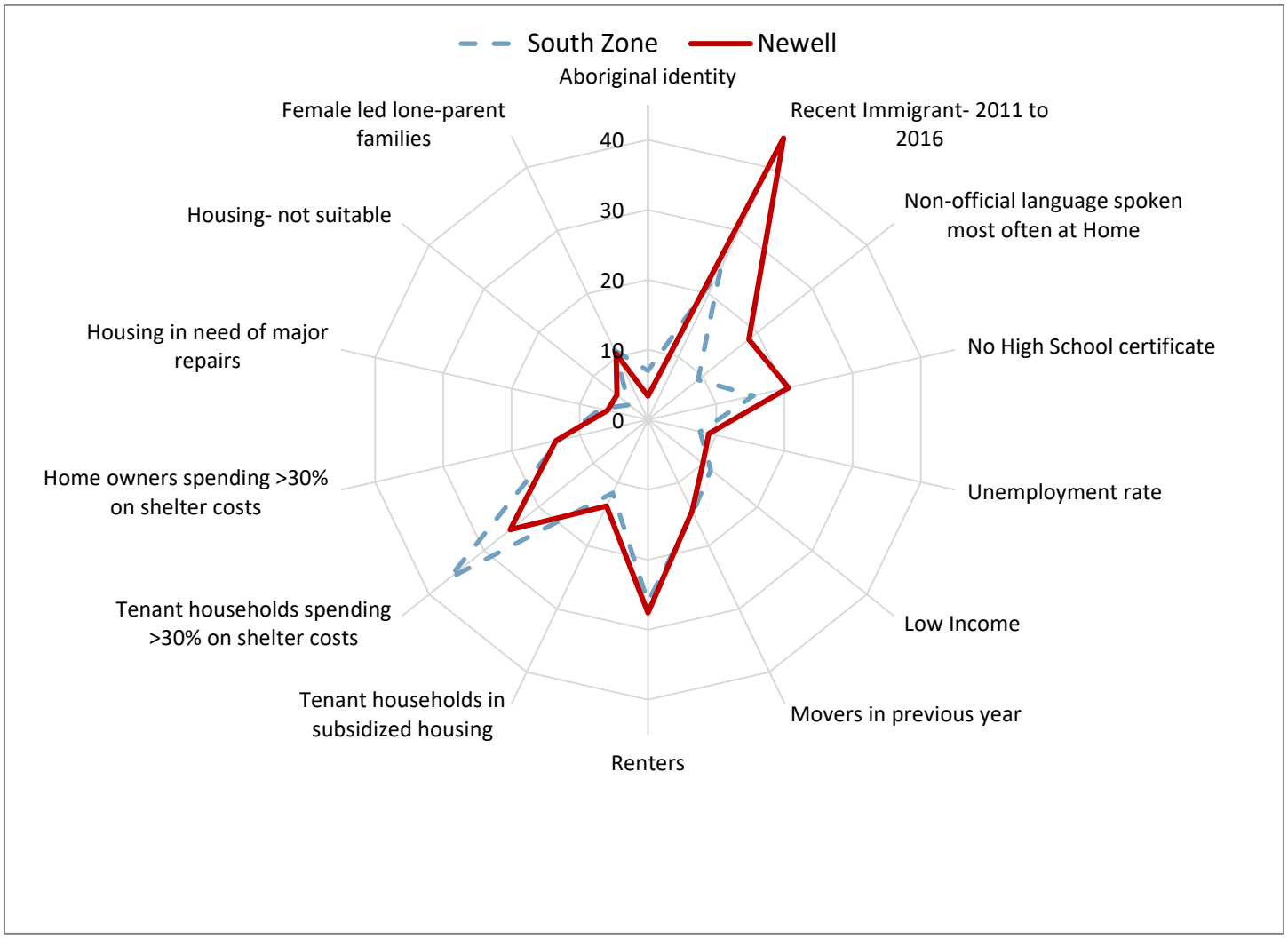

Figure 11: *Indicators of Potential Need in the Newell Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Newell County LGA population at 2016 Fiscal Year End: 29,438; Median Age: 34y.*

Case Study: Adapting Care to Population Needs

John is an Emergency Room (ER) nurse at the Brooks Health Care Center. He and his colleagues often see patients who do not speak English presenting in the ER. Some of the physicians have expressed frustration over the time required to see these patients. Often the patients come back as they are not able to follow the instructions given to them on the first visit. John expresses his concerns to his Manager, Beth.

At the team meeting, **Figure 11** was presented showing the proportions of the LGA population on each indicator of potential need. Beth notices the proportion of immigrants who arrived in the last 5 years (44.7%) as well as the proportion of non-official languages spoken at home (18.4%). Beth learns about Language Line telephone interpretation services. She talks to her staff the importance about using Language Line interpretation services and Plain Language instructions in the ER. Beth integrates this into ER program planning and improvement strategies.

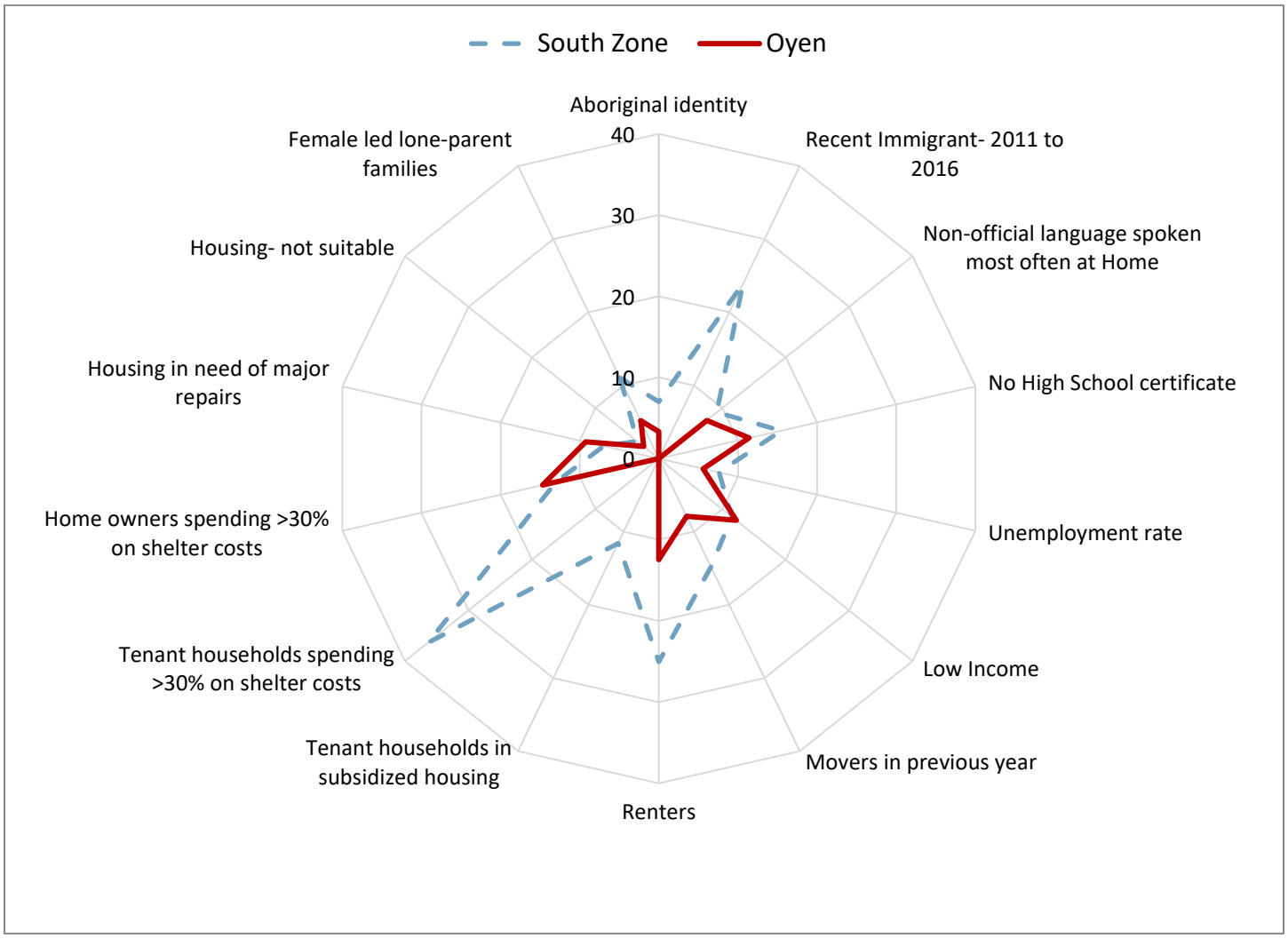

Figure 12: *Indicators of Potential Need in the Oyen Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Oyen LGA population at 2016 Fiscal Year End: 3,741; Median Age: 43y.*

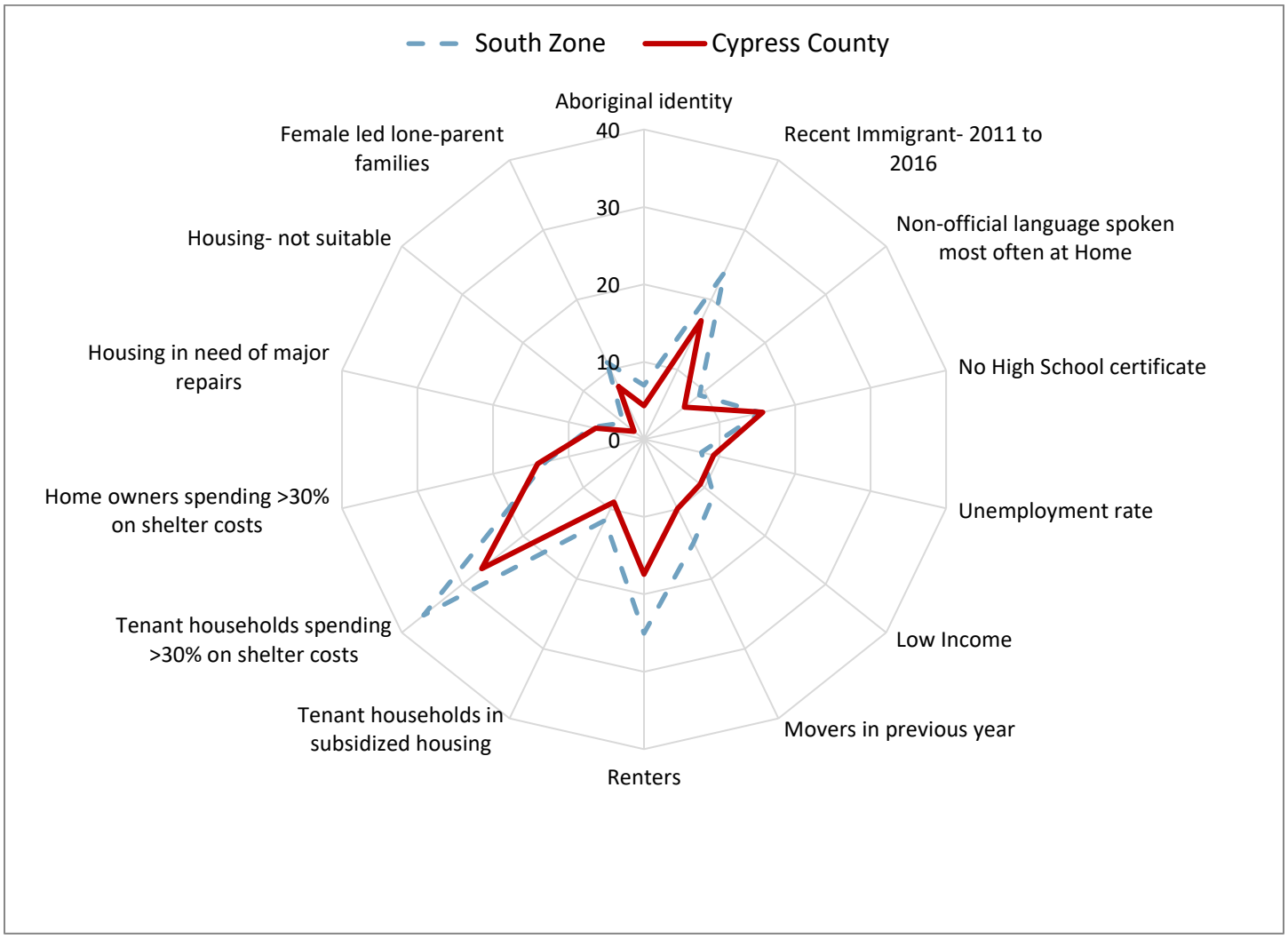

Figure 13: *Indicators of Potential Need in the Cypress County Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Cypress County LGA population at 2016 Fiscal Year End: 12,357; Median Age: 37y.*

Urban Local Geographic Areas

The two largest cities in the South Zone are divided into four Urban LGAs. The City of Medicine Hat is considered a single LGA. The City of Lethbridge is comprised of three urban LGAs (Lethbridge-North, -South, and -West), each of which is contrasted with South Zone proportions, as well as the other two urban LGAs in the following Radar Graphs.

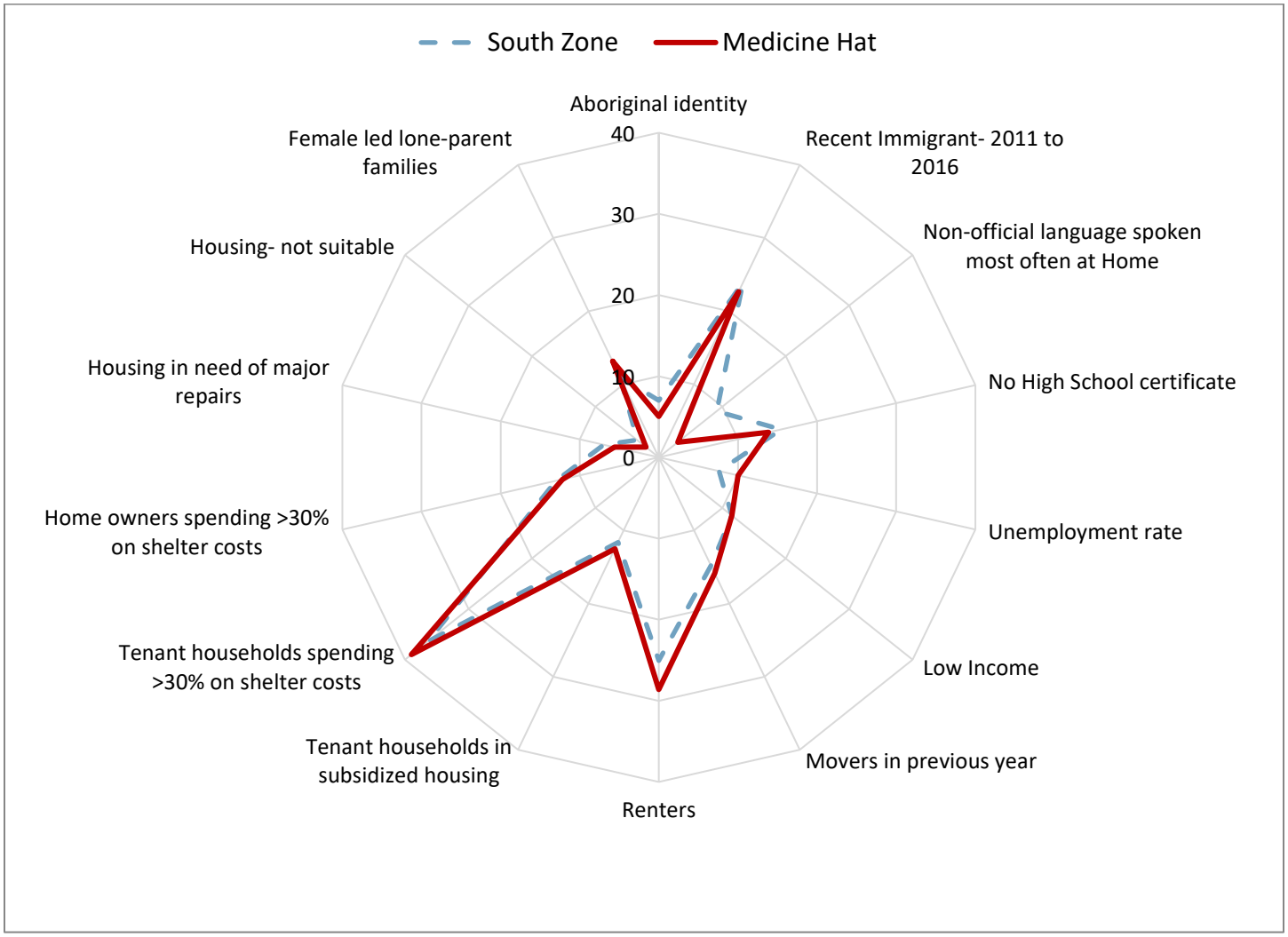

Figure 14: *Indicators of Potential Need in the Medicine Hat Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Medicine Hat LGA population at 2016 Fiscal Year End: 71,196; Median Age: 39y.*

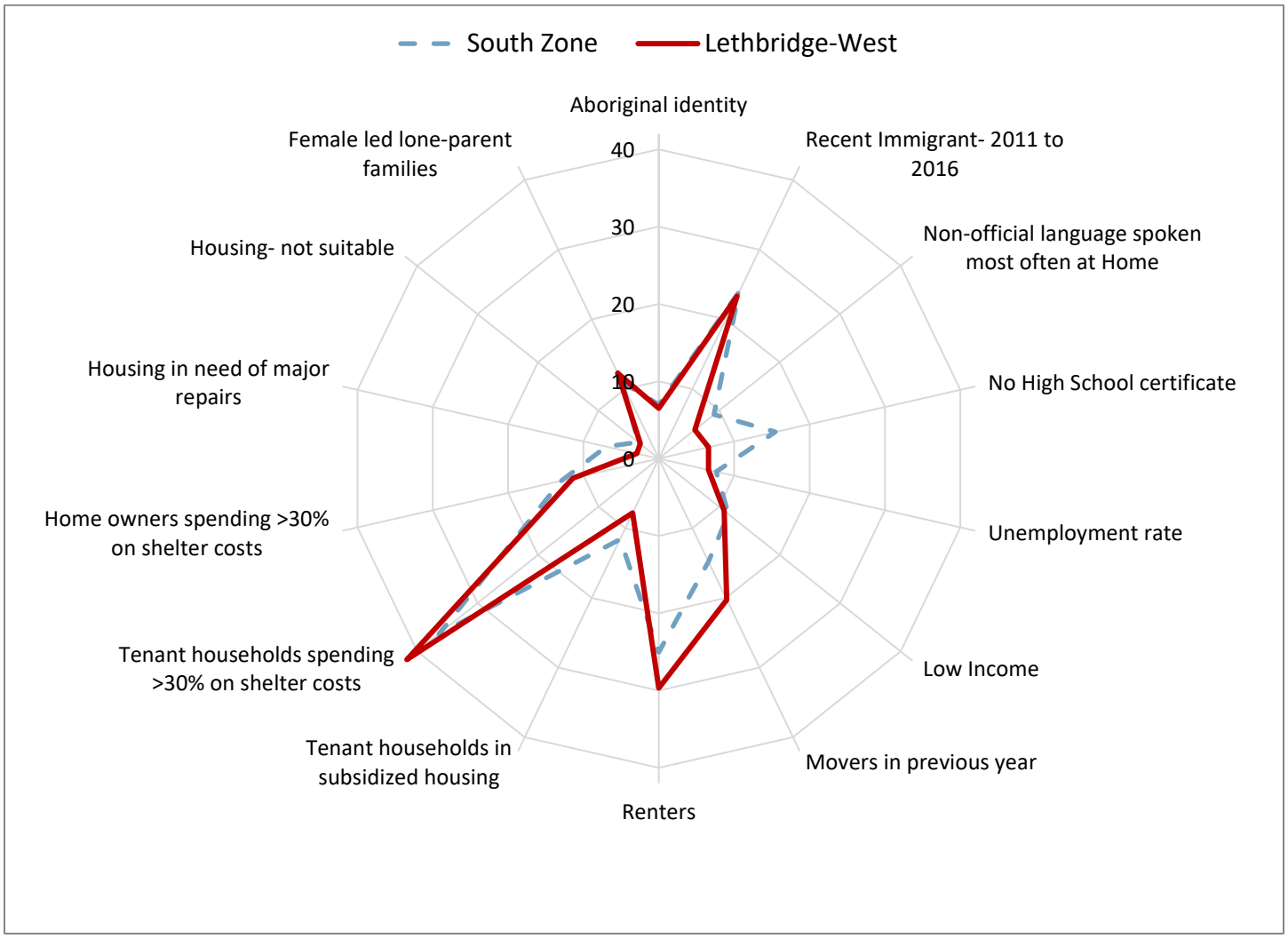

Figure 15: *Indicators of Potential Need in the Lethbridge-West Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Lethbridge-West LGA population at 2016 Fiscal Year End: 33,655; Median Age: 32y.*

Case Study: Urban Planning

Jeff is a Director of Planning at Lethbridge City Hall who needs to present a plan to council to help recent immigrants integrate into their new community.

The Indicators of Potential Need in **Figures 18, 19, and 20** suggest that Lethbridge North seems to be the LGA were a greater proportion (~30%) of the population are recent immigrants to the city; as well as the greatest proportion of households where non-official languages are spoken most often at home. In their plan they propose to grant space in a Lethbridge-North community center to the Lethbridge Local Immigration Partnership, a consortium of non-profit organizations that support newcomers to the city. Jeff's team also proposes encouraging engagement between the non-profits, Chinook Primary Care Network, and South Zone Public Health to tailor communication materials and services for some of the non-official languages being spoken in the community.

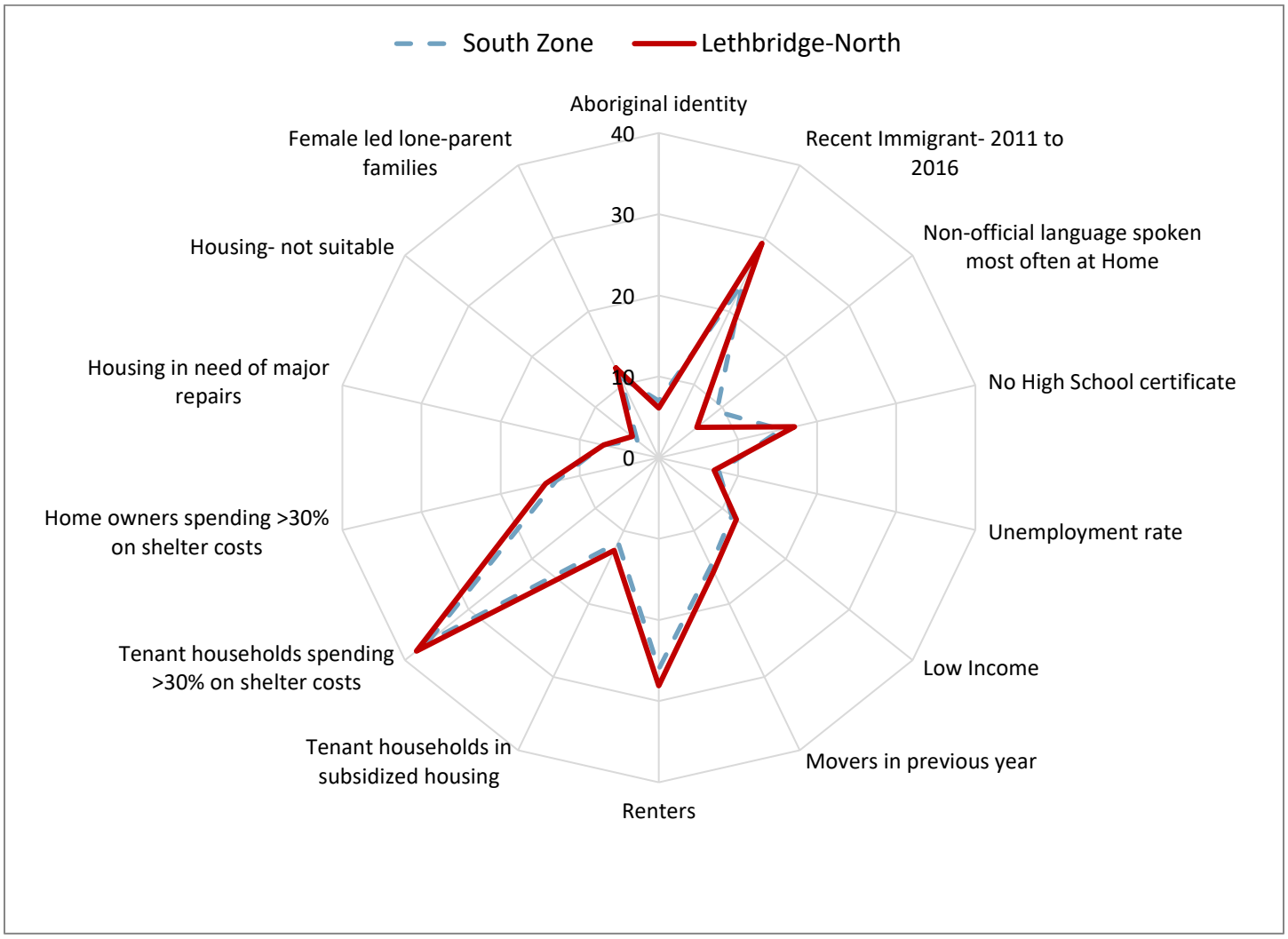

Figure 16: *Indicators of Potential Need in the Lethbridge-North Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Lethbridge-North LGA population at 2016 Fiscal Year End: 27,639; Median Age: 38y.*

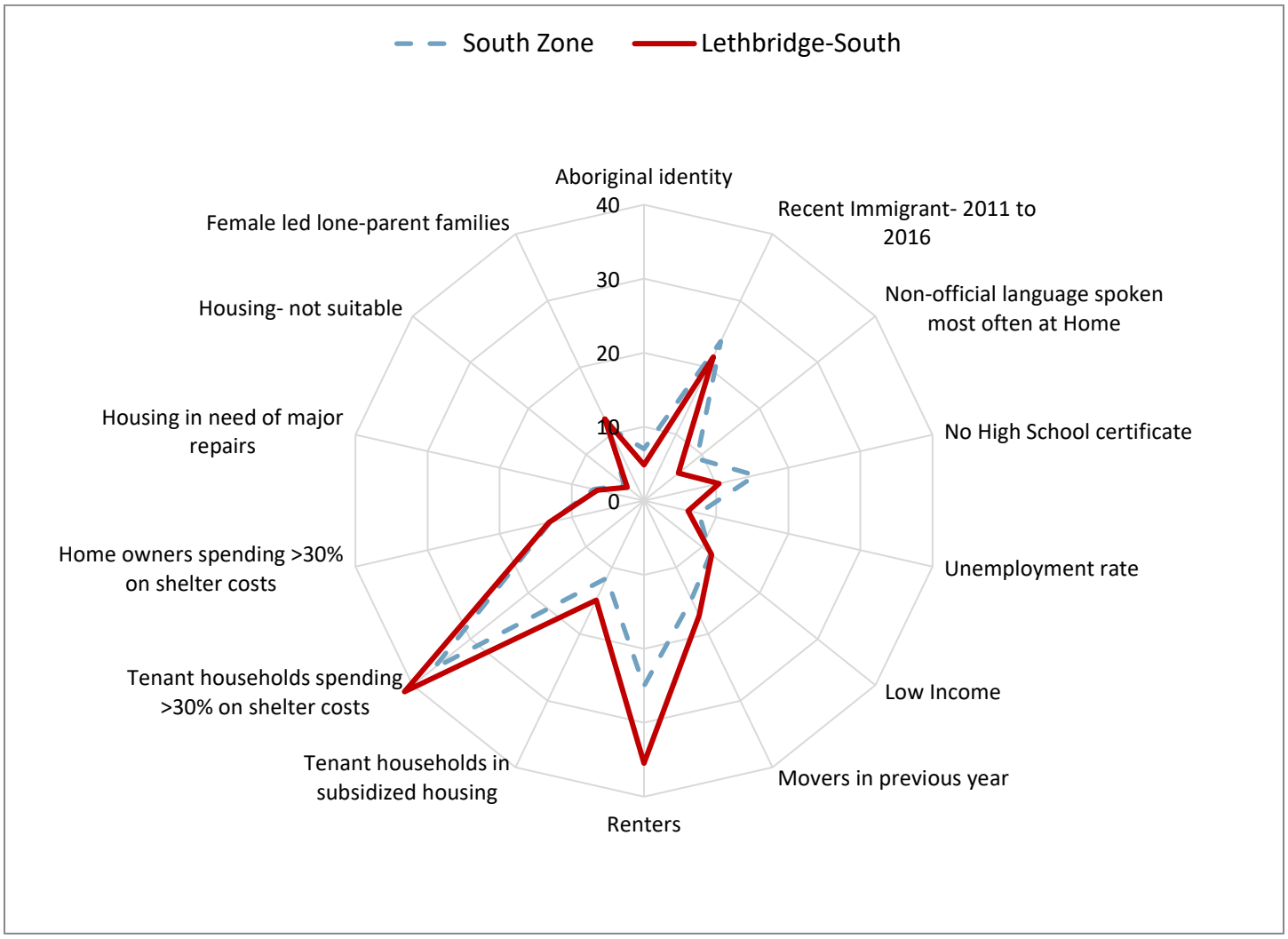

Figure 17: *Indicators of Potential Need in the Lethbridge-South Local Geographic Area (solid red) as compared to the South Zone (dashed blue). All values are percentages (%) of the population. South Zone population at 2016 Fiscal Year End: 317,064; Median Age: 36y. Lethbridge-South LGA population at 2016 Fiscal Year End: 34,090; Median Age: 44y.*

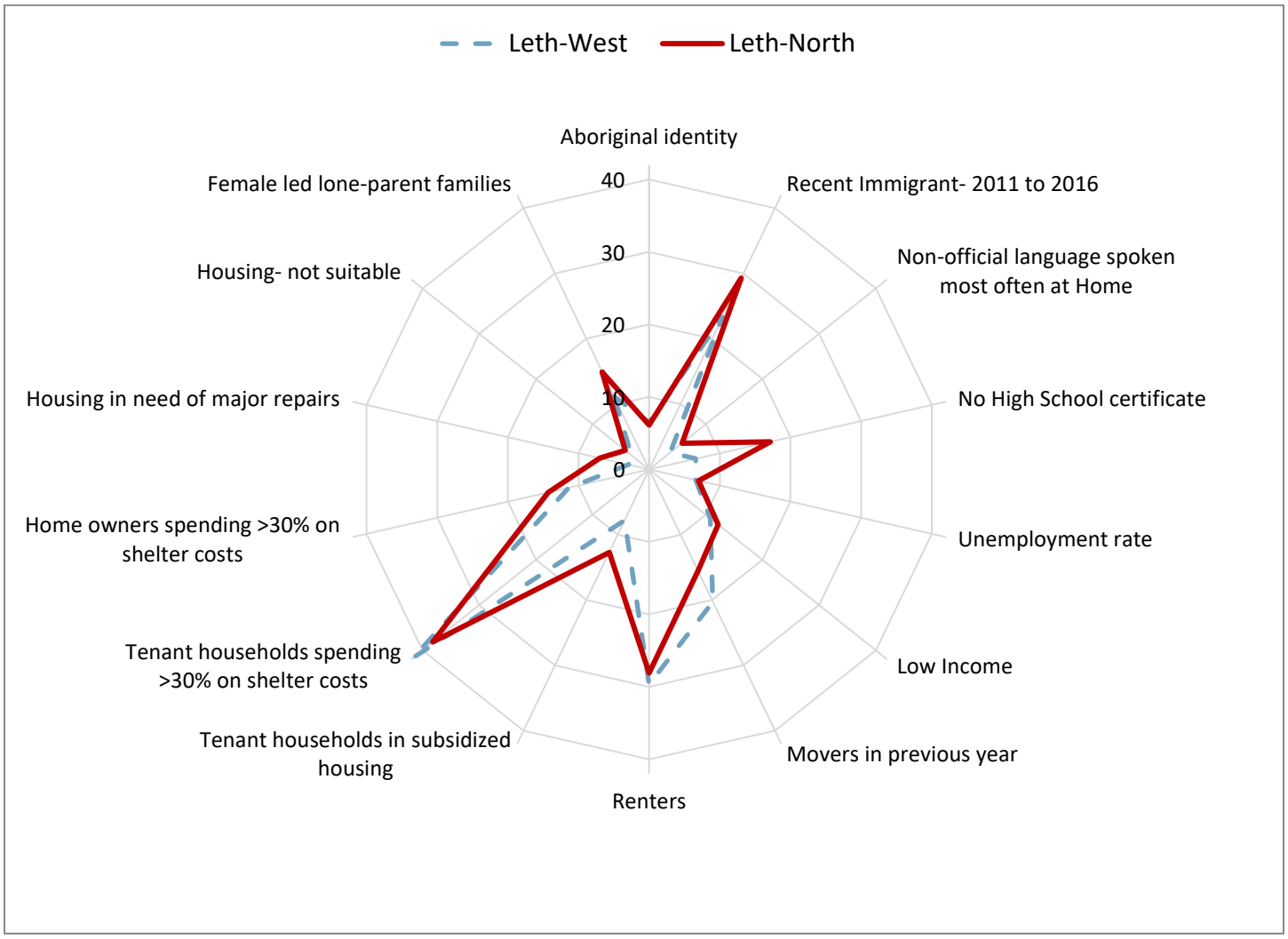

Figure 18: *Indicators of Potential Need in the Lethbridge-North Local Geographic Area (solid red) as compared to the Lethbridge-West Local Geographic Area (dashed blue). All values are percentages (%) of the population. Lethbridge-West LGA population at 2016 Fiscal Year End: 33,655; Median Age: 32y. Lethbridge-North LGA population at 2016 Fiscal Year End: 27,639; Median Age: 38y.*

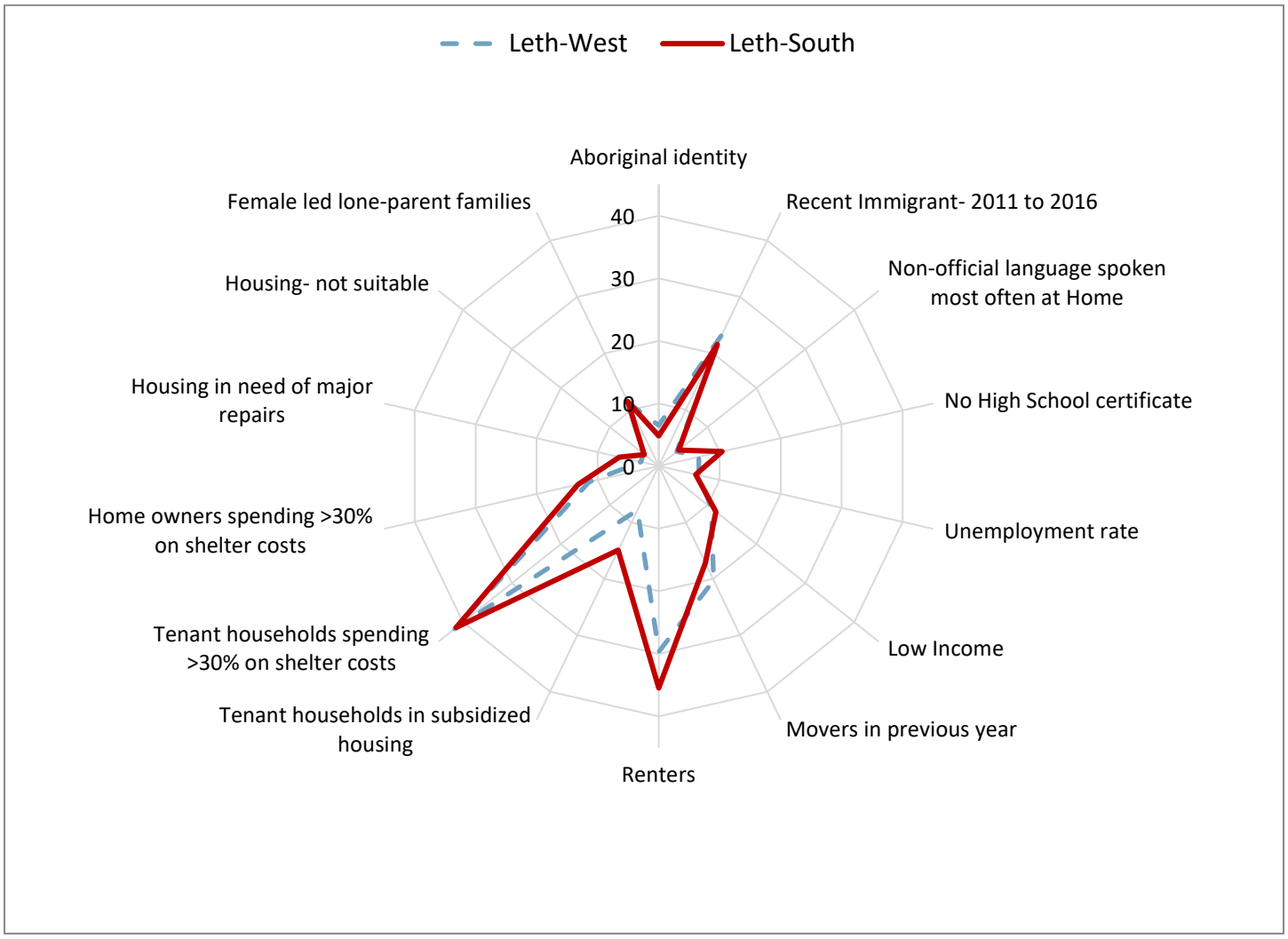

Figure 19: *Indicators of Potential Need in the Lethbridge-South Local Geographic Area (solid red) as compared to the Lethbridge-West Local Geographic Area (dashed blue). All values are percentages (%) of the population. Lethbridge-West LGA population at 2016 Fiscal Year End: 33,655; Median Age: 32y. Lethbridge-South LGA population at 2016 Fiscal Year End: 34,090; Median Age: 44y.*

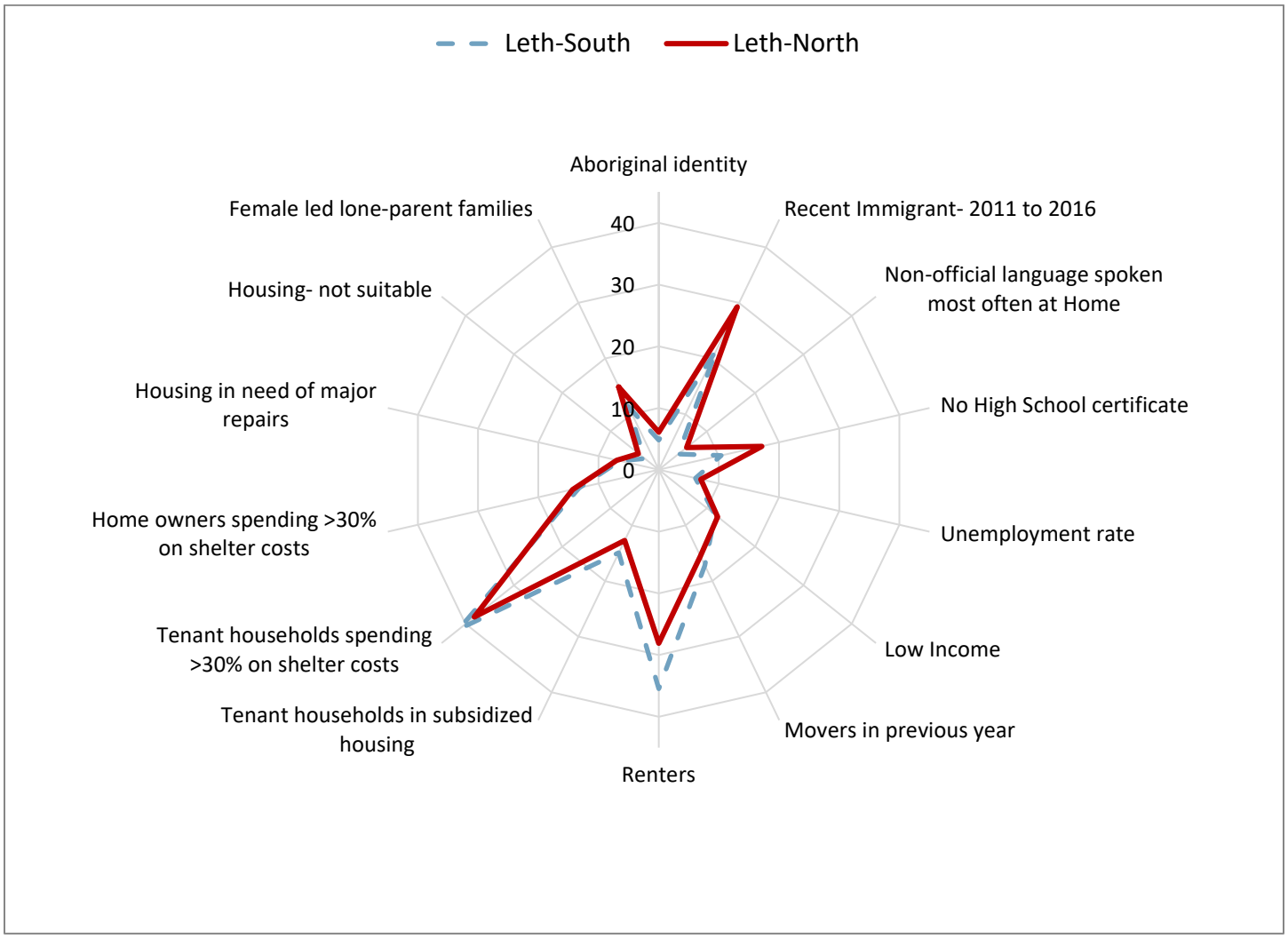

Figure 20: *Indicators of Potential Need in the Lethbridge-North Local Geographic Area (solid red) as compared to the Lethbridge-South Local Geographic Area (dashed blue). All values are percentages (%) of the population. Lethbridge-South LGA population at 2016 Fiscal Year End: 34,090; Median Age: 44y. Lethbridge-North LGA population at 2016 Fiscal Year End: 27,639; Median Age: 38y.*

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2. Truth and Reconciliation Canada. (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. Winnipeg: Truth and Reconciliation Commission of Canada. Available from: http://www.trc.ca/websites/trcinstitution/index.php?p=890

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Appendices

APPENDIX 1: South Zone Health Equity Framework

SOUTH ZONE HEALTH EQUITY FRAMEWORK-DRAFT 1.0 January 2018						
VISION	All South Zone Residents have full and equal access to opportunities that enable them to lead full and healthy lives.					
GOAL	To reduce inequities in population health outcomes in south zone.					
PURPOSE	To enable collaboration for health equity within AHS south zone and with community partners and stakeholders.					
FOUNDATIONAL CONCEPTS	Health is a resource for everyday living	Social justice	Nothing about us without us	Accountability	Social Gradient in health	Universal and targeted approaches
STRATEGIC APPROACH	Collaborative action on the social determinants across the continuum of care and with communities.					
STRATEGIES	**Population Health Assessment** Work with provincial, zone and community partners to plan and carry out population health assessments. Use the health status geographies, outcome data along and social indicators to identify health issues and inequities in south zone communities. Share information and work with communities and stakeholders to identify priorities for action.		**Internal Capacity Building** Formalize zone senior leadership commitment and cultural shift to support health equity. Apply a health equity lens to zone decision-making. Increase knowledge, skills, and competence of key staff to advance action on health equity in south zone.		**External Capacity Building** Build relationships with stakeholders to enable community action and advocacy for health equity in south zone. Champion health equity in multi-sectoral decision-making. Increase knowledge, skills and competence of community partners to advance action on health equity in south zone.	

Alberta Health Services

APPENDIX 2: Alberta Health compiled 2016 Census Data by Local Geographic Areas in Alberta (2016 Census, 25% sample data) Indicator Definitions

Indicator Label	Census Definition: https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/index-eng.cfm
Aboriginal identity	Persons who are First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who are Registered or Treaty Indians (that is, registered under the Indian Act of Canada) and/or those who have membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the Constitution Act, 1982, section 35 (2) as including the Indian, Inuit and Métis peoples of Canada.
No High School certificate	Refers to the highest level of education that a person has successfully completed and is derived from the educational qualifications questions, which asked for all certificates, diplomas and degrees to be reported.
Recent Immigrant-2011 -2016	Immigrants who landed in Canada from May 2011 to May 10, 2016
Living in Low Income = LIM-AT, Total Pop.	Prevalence of low income - The % of units whose income falls below a specified low-income line. Ref. period = calendar year 2015. Low-income measure, after tax (LIM-AT) - The Low-income measure, after tax, refers to a fixed percentage (50%) of median-adjusted after-tax income of private households. The household after-tax income is adjusted by an equivalence scale to take economies of scale into account. This adjustment for different household sizes reflects the fact that a household's needs increase, but at a decreasing rate, as the number of members increases. ***Selected as the most appropriate indicator over Low-income cut-offs, after tax (LICO-AT) as "LIM is better suited to provide a cross-sectional snapshot of relative poverty***
Movers in previous year	Refers to the status of a person with regard to the place of residence on the reference day, May 10, 2016, in relation to the place of residence on the same date one year earlier at the provincial level. Persons who have moved from one residence to another are referred to as movers. Movers include non-migrants (moved within the same city/town etc.) and migrants, includes internal migrants, who moved to a different city, town, township, village or Indian reserve within Canada. External migrants include persons who lived outside Canada at the earlier reference date.
Housing in need of major repairs	Dwelling condition - Refers to whether the dwelling is in need of repairs. This does not include desirable remodeling or additions.
Housing- not suitable	Refers to whether a private household is living in suitable accommodations according to the National Occupancy Standard (NOS); that is, whether the dwelling has enough bedrooms for the size and composition of the household. A household is deemed to be living in suitable accommodations if its dwelling has enough bedrooms, as calculated using the NOS (developed by CMHC through consultations with provincial housing agencies). This measure is limited by the fact that the cultural norms of immigrant families may not necessarily reflect NOS.
Renters	A household is considered to rent their dwelling if no member of the household owns the dwelling. A household is considered to rent that dwelling even if the dwelling is provided without cash rent or at a reduced rent, or if the dwelling is part of a cooperative.
Owner households spending 30% + on shelter costs	Shelter-cost-to-income ratio - Refers to the proportion of average total income of household which is spent on shelter costs. Shelter-cost-to-income ratio is calculated for private households living in owned or rented dwellings who reported a total household income greater than zero. Private households living in band housing, located on an agricultural operation that is operated by a member of the household, and households who reported a zero or negative total household income are excluded. The reference period for shelter cost data is 2016, while household total income is reported for the year 2015. As well, for some households, the 2015 household total income may represent income for only part of a year.
Tenant households in subsidized housing	Refers to whether the dwelling is subsidized. Subsidized housing includes rent geared to income, social housing, public housing, government-assisted housing, non-profit housing, rent supplements and housing allowances.
Tenant households spending 30%+on shelter costs	Shelter-cost-to-income ratio - Refers to the proportion of average total income of household which is spent on shelter costs. Shelter-cost-to-income ratio is calculated for private households living in owned or rented dwellings who reported a total household income greater than zero. Private households living in band housing, located on an agricultural operation that is operated by a member of the household, and Households that reported a zero or negative total household income are excluded. The reference period for shelter cost data is 2016, while household total income is reported for the year 2015. As well, for some households, the 2015 household total income may represent income for only part of a year.
Unemployment rate	Refers to whether a person aged 15 yrs+ was employed, unemployed or not in the labour force during the week of May 1 to May 7, 2016.
Non-official languages	Total population excluding institutional residents (persons who live in institutional collective dwellings) - 100% data. Language spoken most often at home refers to the language the person speaks most often at home at the time of data collection. A person can report more than one language as 'spoken most often at home' if the languages are spoken equally often. For a person who lives alone, the language spoken most often at home is the language in which he or she feels most comfortable. For a child who has not yet learned to speak, this is the language spoken most often to the child at home. Where two languages are spoken to the child, the language spoken most often at home is the language spoken most often. If both languages are used equally often, then both languages are included here.
Female led lone-parent families	Census family is defined as a married couple (with or without children of either and/or both spouses), a common-law couple (with or without children of either and/or both partners) or a lone parent of any marital status, with at least one child living in the same dwelling.

APPENDIX 3: Data Notes

•**Female-led Lone-parent Families** and **Language Spoken Most Often at Home** for South Zone LGAs are calculated measures using 2016 Census Profiles, Statistics Canada. These same indicator measures for the 3 urban Lethbridge LGAs were pulled from the Alberta Health Primary, Community and Indigenous Health – Community Profile; Lethbridge-West, Lethbridge-North and Lethbridge-South, Health Data and Summary, 3rd edition, March 2017.

•**Food Insecure** measures are not available for all LGAs; data for the majority of LGAs in South Zone have been suppressed. Food Insecure measures that are available at the LGA level include:

- South Zone = 10.3%
- Lethbridge-North = 17.5%
- Lethbridge-South = 11.1%
- Medicine Hat = 11.3%
- County of Lethbridge = 9.4%