



ACTIVATING HEALTH AND WELLNESS

UPPER SKEENA RECREATION CENTRE'S MONITORING STRATEGY



A STRATEGY TO MONITOR AND EVALUATE THE HEALTH AND WELLNESS IMPACTS OF THE UPPER SKEENA RECREATION CENTRE AND THE CENTRE'S SUPPORT OF RECREATIONAL PROGRAMS DELIVERED IN THE COMMUNITIES THROUGHOUT THE REGION. A STRATEGY THAT IS EFFECTIVE, FEASIBLE, INCLUSIVE AND ITERATIVE THAT BUILDS ON HOPE, COMMUNITY-DEFINED HEALTH AND WELLNESS GOALS AND A STRENGTH-BASED APPROACH.





Report by Cristyn Edwards, Hollie McKeil and Claudio Pareja, from the School of Community and Regional Planning, UBC, in partnership with the Owners Partnership Committee of the Upper Skeena Recreation Centre.

ACKNOWLEDGEMENTS

The completion of the Activating Health and Wellness: Monitoring Strategy, could not have been possible without the contributions of numerous community members, leaders and champions from the Upper Skeena region. We, the planning team, would like to extend our immense gratitude to Dr. Peter Newbery and Sandra Harris for the sharing of their expertise, trust and guidance with us throughout the eight-month project. You have inspired us with your dedication to improving the health and wellness in your communities and the region and have enabled us to carry out the project with confidence and trust from the diverse communities in the region.

We would like to thank the regional community of the Upper Skeena, who welcomed our teams and provided the feedback and insights that guided our projects, particularly through sharing their feedback with us during our community feedback events in April 2017. We would like to recognize the particularly outstanding contributions of certain community champions, who are listed in alphabetical order below:

Tom Berekoff, Stacey Brown, Christine Bruce, Tom Butz, Jocelyn Chandler, Vera Dominic, Charlene Duncan, Carol Eichsteadt, Ida Folden, Lucy Gagnon, Shane Gibson, Wanda Good, Scott Graham, Ronald Harris, Tanalee Hesse, Ann Howard, Verna Howard, Wendy Hunt, Chief Fred Johnson, Tommy Johnson, Sheila Joseph, Vivian Joseph, Mayor Gail Lowry, Tom Madden, Kim Madsen, Julie Maitland, Mary-Jane Maitland, Mayor Alice Maitland, Robert Marcellin, Clarey Martin, Diane Mattson, Bobbi McDonald, Desmond McKinnon, Diane McRae, Ron Mitchell, Chief Tony Morgan, Augusta Morrison, Robyn Morrison, Peggy Muir, Dr. Phil Muir, Mark Newbery, Wanda Nikal, John Olson, Lisa Olson, Debbie Pierre, Linda Pierre, Ashley Reagan, Sandra Rogers, Pauline Rubinato, Angie Russell, Gordon Sebastian, Dianne Shanoss, Brandi Smith, Ryneld Starr, Ray Sturney, Jan Thorburn, Jen Walker, Aaron Wesley, Verna Wickie, Chief Dora Wilson, John Wilson, Melida Wilson, Amanda Zettergreen, and the students of Hazelton Secondary School.

Lastly, we would like to extend our gratitude to the SCARP community at UBC. To our supervisors, Dr. Maged Senbel, Dr. Jordi Honey-Rosés, and Nathan Edelson for their guidance and support. We would like to recognize the immense level of commitment and support offered by Dr. Senbel, particularly through his presence and guidance during all three of our visits to the region. We would also like to thank our classmates for their being invaluable sources of inspiration to improve our work. Lastly, we give a special thanks and congratulations to our partner team, the Upper Skeena Mobility team, who collaborated with us throughout the planning process and in reaching shared goals of project completion.

TABLE OF CONTENTS

Acknowledgements.....	ii
Table of Contents	iii
Introduction	4
Glossary	5
Context	6
Planning Process.....	10
Activating Health and Wellness: Monitoring Strategy	18
Community-Defined Goals	20
Monitoring Process	23
Evaluation Process	31
Communication Process	34
Selection of Indicators and Resulting Approaches.....	36
Key Recommendations and Action Plan.....	40
Appendix A: Owners Partnership Committee and the Campaign Cabinet.....	46
Appendix B: Community Documents Reviewed	47
Appendix C: Literature Review on Recreation, Health and Wellness.....	50
Appendix D: Community Engagement Summary	64
Appendix E: Youth Asset-Mapping Results	65
Appendix F: Engagement Result Details	67
Appendix G: Potential Indicators and the Indicator Selection Criteria.....	74
Appendix H: Detailed List of Indicator Approaches	84
Appendix I: Example Forms for Collecting Indicators	95
Appendix J: Additional Data Sources	98

INTRODUCTION

The Activating Health and Wellness: Monitoring Strategy (the Strategy) is to be used to track the changes in health and wellness in the Upper Skeena region during the operation of the new Upper Skeena Recreation Centre (the Recreation Centre).

The Recreation Centre is envisioned to be a gathering space for all communities and in turn become the emotional and physical *Heart of the Hazeltons*¹. Once operational, the centre will be a hub of recreational activities and community programs as well as a support to satellite programs taking place in communities throughout the region.

This Strategy is an essential tool to ensure that the Recreation Centre meets its short and long term health and wellness goals, and that these positive impacts are felt by all communities in the region. This report is composed of two key deliverables: 1) a Monitoring Strategy, composed of the Project Vision, Goals and Objectives as well as processes for the Collection, Evaluation and Communication of health and wellness information; and 2) three possible approaches to tracking health and wellness, which are based on a selection of indicators of changes in the health and wellness of the community members of the Upper Skeena region over the lifetime of the new Recreation Centre.

¹ Heart of the Hazeltons Project Website.
<http://heartofthehazeltons.ca/>.

GLOSSARY

Barriers to access: These are the factors that prevent people from getting the help they need, such as getting health care services or attending recreation programs. Factors can be physical (ex. wheelchairs may not be able to enter or exit a specific place), social (ex. people may not know that the service exists), financial (ex. the cost to participate is too expensive) or geographical (ex. the services are too far away to travel to in the time available).

Community Engagement: This is the process of seeking out, listening to and working with all of the groups in a community, in order to address issues and make decisions that respond to many needs and desires in an area.

Determinants of health: At different stages of life, peoples' health is impacted by many factors, including but are not limited to economic (ex. income levels) social (ex. self-esteem or self-confidence) and environmental (ex. pollution levels) conditions. These factors are known as determinants of health, and individuals each have their own factors that determine their unique levels of health.

Inclusivity: An intention to include people who may otherwise have been excluded. This intention hopes to include people from all ranges of human difference, including race, ethnicity, culture, ancestry, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin and political beliefs.

Indicator: Is a single measure that is used to understand changes overtime. In this report, there are many suggested health indicators to track the changes in health in the region over time. Health indicators can include a decrease in the number of people diagnosed with diabetes or an increase in people graduating from high school. Indicators can show a positive or negative change, or that there has been very little change overall.

Iterative: This describes a process of repeating an action in order to reach a specific goal or result. The monitoring strategy in this report is an iterative process, because it suggests that collecting health information and asking for feedback occur on a regular basis, so that the Recreation Centre can continue to learn how it can improve its programs and services over time.

Satellite programs: These programs take place in the communities of the Upper Skeena and are supported by the Recreation Centre. These programs allow for community members to more easily take part without having to travel long distances and they also help to fulfill the desires and needs of specific communities. Support for satellite programs can include helping to find funding or the right equipment for community sports or could be arts or cultural programs led by community members or Recreation Centre staff.

CONTEXT

THE UPPER SKEENA REGION

The Upper Skeena region, also known as 'the Hazeltons', is a beautiful and diverse area in the Skeena Mountains, along the Bulkley and Skeena Rivers in the northern interior of British Columbia (BC). The Upper Skeena includes eight First Nation communities: the Gitxsan Nation communities of Gitanmaax, Kispiox, Sik-e-dakh (Glen Vowell), Gitwangak, Gitsegukla, Gitanyow, the Gitxsan-Wet'suwet'en Nation community of Hagwilget and the Wet'suwet'en First Nation community of Moricetown; as well as two municipalities, the Village of Hazelton and New Hazelton (also known as the District of Hazelton); and three unincorporated communities: Kitwanga, South Hazelton and Two-Mile.

The Upper Skeena region has a high First Nations population, accounting for 70% of the region's population². The area falls within the traditional territory of the Gitxsan Nation, which encompasses 30,000 km² of north western BC. The Village of Hazelton is located 74 km from Smithers, approximately an hour drive along Highway 16. Most services are located in or between the Village of Hazelton and in New Hazelton, including the Wrinch Memorial Hospital, Hazelton Secondary School and Ken Trombley Memorial Arena. The various communities are isolated, as far away as 71 km from the high school.

This context creates unique challenges, including: 1) accessing health, recreational and community services; 2) creating and coordinating activities in which every community can participate and contribute; and 3) acknowledging the possibilities and limitations for the Recreation Centre to adequately address the complex and systematic health challenges in the region.

² *Upper Skeena Local Health Area Profile*. Northern Health. 2010.

THE UPPER SKEENA RECREATION CENTRE

The Ken Trombley Memorial Arena (Figure 1) is located in Old Hazelton and provides a space for playing sports such as hockey and skating, but also for community-building. In 2015 its roof was removed due to unforeseen safety issues. The arena continues to be used as an outdoor facility, however its use has dramatically reduced.

The *Heart of the Hazeltons* project seeks to replace this arena with a new facility, the Upper Skeena Recreation Centre. In addition to a new arena, this facility will house a gymnasium, fitness centre and community space, and seeks to serve as a gathering place for all community members in the region year-round. It will include programs and services for all ages. When construction begins, the Regional District of Kitimat-Stikine will take on ownership of project and eventually the facility. The project hopes to collaborate with organizations such as the Gitksan Health Society, Coast Mountain School District, Northwest Community College,

Figure 1. Ken Trombley Memorial Arena at dusk.

Northern Health, VIA Sport, Pacific Sport North and a growing array of community

and regional organizations seeking a way to foster social change as they pursue their mission.

In October 2016, BC's Minister of Transportation, Todd Stone, announced a combined \$12 million contribution from the federal and provincial governments towards the Recreation Centre's capital costs. This significant donation was met with a regional celebration and a broad recognition for the project's realization. This commitment, along with contributions from many other donors, amounting to 3 million raised locally and through gifts from philanthropy and industry reflects a shared vision for how investing in communities through preventative healthcare services like recreational facilities will both improve the health and wellness and the quality of life of residents, as well as save in future healthcare spending over the long-term.

OWNERS PARTNERSHIP COMMITTEE

The Owners Partnership Committee (OPC) is the decision-making body for the *Heart of the Hazeltons* project. The OPC is a group of community leaders from the Upper Skeena region, including representatives from the Gitksan and Wet'suwet'en Nations, the municipalities of the area, the Regional District of



Kitimat-Stikine, and the Skeena Ice Arena Association, the governing body for the current Ken Trombley Memorial Arena. The detailed composition of the OPC as of March 2017 can be found in Appendix A.

PEOPLE SUPPORTING THE RECREATION CENTRE

The Campaign Cabinet. This an advisory body to the OPC and is composed of individuals who come from diverse groups, including the Gitksan Government Commission, industry professionals, non-governmental and not-for-profit organizations, municipal governments, and the Regional District (Appendix A). The Campaign Cabinet aims to raise financial support for the development of the Recreation Centre. Dr. Peter Newbery chairs the cabinet and is the project director for the Monitoring Strategy.

The Gitksan Government Commission (GGC). The GGC represents four of the six Gitksan First Nation communities: Gitanmaax, Sik-e-dakh, Kispiox, and Gitanyow. The GGC is a not-for-profit society that provides administrative support and technical and advisory services to the local Bands' Administration and Councils. The GGC Program Developer & Social Development Advisor, Sandra Harris, is a primary liaison for the Monitoring Strategy.

Social Planning and Research Council of BC (SPARC BC). SPARC BC is a non-partisan, charitable organization that worked with the OPC to create the Upper Skeena Recreation Plan (Recreation Plan). The Recreation Plan was finalized in December 2016 and approved by the OPC.

It has greatly informed the Monitoring Strategy.

THE STUDIO PROJECT

The Monitoring Strategy was requested by the OPC from the School of Community and Regional Planning (SCARP) at the University of British Columbia in Vancouver, BC, as part of the school's Studio Course.

The OPC approached SCARP to help identify strategies for tracking health outcomes attributable to the new Recreation Centre. The SCARP Studio planning team (the planning team) is composed of Cristyn Edwards, Hollie McKeil and Claudio Pareja, under the instruction of Dr. Maged Senbel, as pictured in Figure 2. The OPC also worked with another team of students from SCARP to develop strategies for improving mobility and transportation in the region.

Figure 2. (From left to right) Sandra Harris (second above), Dr. Peter Newbery (last above), Maged Senbel (last below), and the SCARP students: Ernette Post, Jessica Hayes, Cristyn Edwards, Claudio Pareja (above) and Fausto Inomata and Hollie McKeil (below).



HEALTH GOVERNANCE IN THE UPPER SKEENA

Health services in the Upper Skeena region are provided by several public agencies that work at different levels of government: community, regional, provincial and federal. It is an important task for the OPC to coordinate with these different actors in the future in order to track community-level impacts of the Recreation Centre.

A strong consideration when monitoring changes in health and wellness in the region is the importance of health data governance. Particularly, First Nations community health information is owned by communities, and it is therefore essential to acknowledge and respect this data governance.

The health institutions operating in the Upper Skeena region include:

- **Gitanmaax Health Centre** operates at a community level to deliver health programs and services to Gitanmaax.
- **Moricetown Health Centre** operates at a community level to deliver health programs and services to Moricetown.
- **Hagwilget Health** operates at a community level to deliver health programs and services to Hagwilget.
- **Northern Health** is one of five provincial health authorities in the province of BC, and the Upper Skeena is under the Northern Interior service delivery area. Northern Health operates the Wrinch Memorial Hospital and Clinic.
- **The First Nation Health Authority (FNHA)**, which is a one-of-a-kind province-wide health authority in Canada, and is responsible for the planning, management, service delivery and funding of health programs in partnership with First Nations communities in BC. The FNHA funds the Health Centres that operate in each First Nations community in the region.
- **The Gitxsan Health Society** operates at a community level to deliver health programs and services to Kispiox and Sik-e-dakh.

PLANNING PROCESS

PURPOSES OF MONITORING AND EVALUATION

The Monitoring Strategy is an essential step in ensuring that the Recreation Centre achieves its fullest potential. This Strategy aims to:

- Initiate partnerships and collaboration within and between communities to work towards a shared goal of improved health and wellness in the region
- Provide evidence that the Recreation Centre is and will continue to be a valuable investment for improving health and well-being
- Allow for evidence based decision-making that puts scarce resources to best use
- Build accountability into the project at all stages
- Ensure the programs at the Recreation Centre remain useful in the short and long term
- Highlight strengths and assets in communities as well as reveal areas for improvement
- Help prevent hidden or unintended impacts of the Recreation Centre
- Challenge discriminatory practices and overcome inequality or disadvantage

PROJECT TIMELINE

The Studio Project formally began in September 2016 and ended in April 2017. The timeline outlined below includes three main stages: 1) Collaboration begins, where key pieces of information are gathered and the planning team's first visit to the region is made; 2) the planning team presents preliminary draft goals, indicators and approaches to project partners for revision and feedback, followed by the second visit to the region; 3) the planning team has compiled and presented the Monitoring Strategy, engaged in the final visit to the region and reported the final draft of the Strategy for approval and refinement by the OPC.

Figure 3. Timeline of the Monitoring and Evaluation Strategy



PROJECT VISION

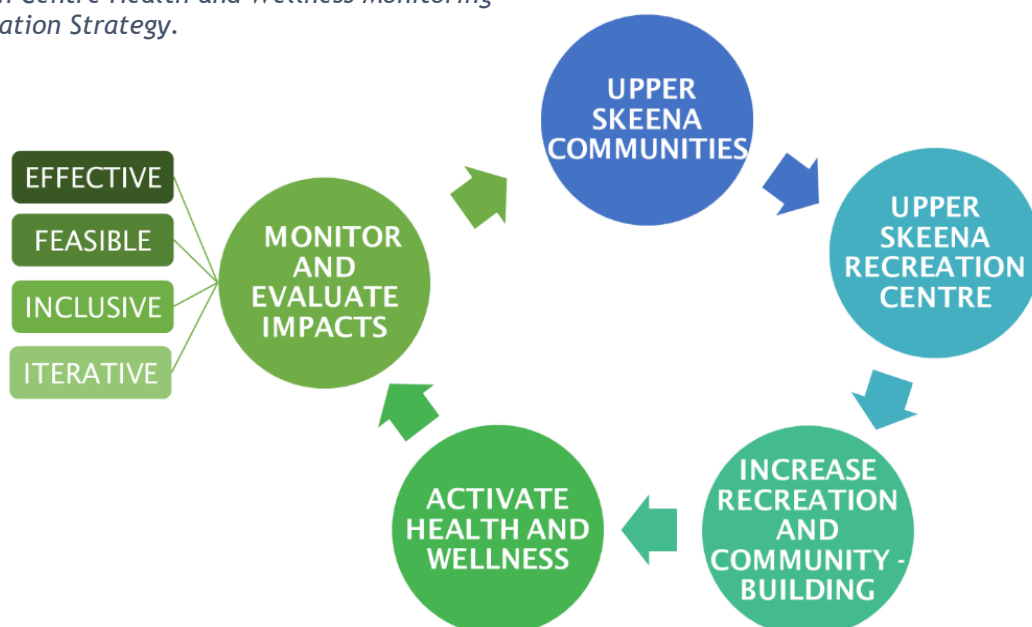
The Monitoring Strategy seeks to DEVELOP A STRATEGY TO MONITOR AND EVALUATE THE HEALTH AND WELLNESS IMPACTS OF THE UPPER SKEENA RECREATION CENTRE, AND THE CENTRE'S SUPPORT OF RECREATIONAL PROGRAMS DELIVERED IN THE COMMUNITIES THROUGHOUT THE REGION.

The vision is visually displayed in Figure 4 below and reveals how the Strategy will track the impacts of the Recreation Centre.

This Strategy aims to be:

- **Effective.** Information is able to be collected and provides an honest understanding what is working and what can be improved.
- **Feasible.** Information is able to be collected by community leaders or the Recreation Centre staff or representatives responsible.
- **Inclusive.** All aspects of health are acknowledged, including spiritual, cultural and emotional health. The process involves everyone with an interest in the project and is responsive to the diversity of needs in the region. Communities are placed at the top of the vision diagram, because the success of the Recreation Centre and the results of the Strategy are dependent on the participation of all communities in the region.
- **Iterative.** The vision diagram is circular to show that the strategy is a continuous process where information is gathered and improvements are made over time.

Figure 4. The Vision of the Upper Skeena Recreation Centre Health and Wellness Monitoring and Evaluation Strategy.



SOURCES OF KNOWLEDGE

The planning team used three major sources of information during this project; their use has been prioritised by their relevance to the Upper Skeena communities the Recreation Centre is intended to serve. This prioritization of these sources of knowledge is seen in Figure 5 below.

1. COMMUNITY HEALTH AND WELLNESS KNOWLEDGE

The development of this Monitoring Strategy prioritized information that came directly from community engagement over the three visits as the most important source of knowledge. The planning team also used community plans and documents that are based on high levels of engagement, including the Recreation Plan by SPARC BC, Official Community Plans, Comprehensive Community Plans as well as Health and Safety Plans. The list of community documents is detailed in Appendix B. The extent of community engagements and learnings is the topic of the following section.

2. HEALTH AND STATISTICAL DATA

The planning team compiled data from many sources, including Statistics Canada, BC Stats, Health Ministries and the RCMP, in order to understand what type of information is being tracked at the regional, provincial and federal levels. This information helps provide a basic snapshot of medical health needs.

3. LITERATURE REVIEW

This extensive research includes an up-to-date snapshot of the academic and scientific evidence base on how recreation impacts health and wellness. The literature also includes promising practices for participatory monitoring and evaluation strategies as well as how to do so in a way that is respectful to the diverse cultures, indigenous worldviews and First Nations communities in the region. The results of the literature review have been summarized in Appendix C, where evidence supporting the goals of the Recreation Centre and this Monitoring Strategy is described.

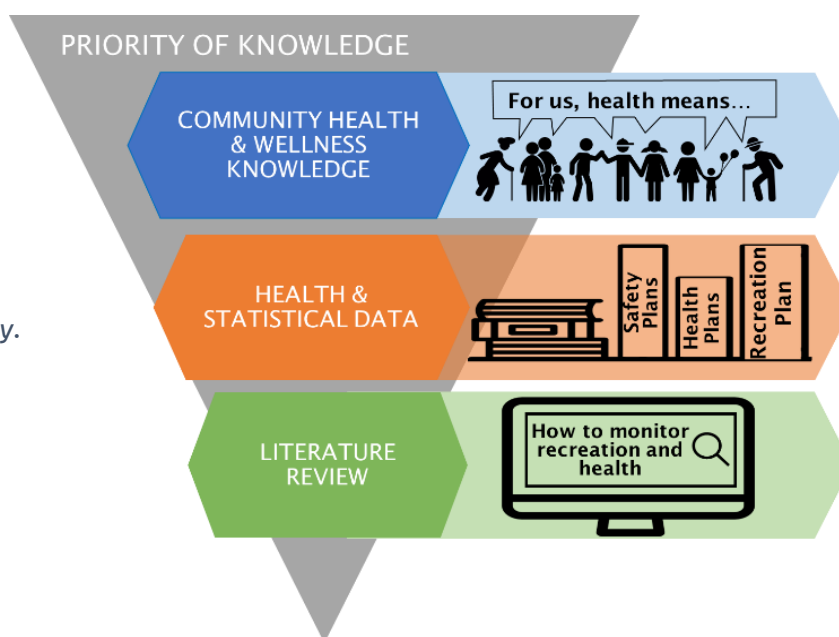


Figure 5. Priority of knowledge used by the Upper Skeena Recreation Centre Health and Wellness Monitoring Strategy.

COMMUNITY ENGAGEMENT

Since September 2016, the planning team has made three visits to the Upper Skeena region and has engaged residents in the region³. 22 community engagement sessions took place, with 148 unique points of contact with individuals made (Appendix D). These included meetings with community leaders and groups as well as surveys, presentations and a community mapping exercise.

COMMUNITY LEADERSHIP ENGAGEMENTS

The planning team met with community leaders, including elected and non-elected individuals. These in-depth meetings included **initial gatherings**, which prioritized listening and learning from community members regarding health and wellness. The second meetings included **follow-up gatherings**, which focused on information sharing, validating what was heard during our initial gatherings and seeking opportunities for collaboration on health information tracking. Finally, during the third visit the planning team held a working session with the Owners Partnership Committee to discuss draft recommendations.

COMMUNITY GROUP ENGAGEMENTS

1. Skeena Ice Arena Association. The planning team met with volunteers, staff, coaches, organizers and hockey parents from the Ken Trombley Memorial Arena.

³ As explained before, another SCARP Studio planning team was present at most of the community engagement sessions simultaneously working on their report: *Reaching the Rec Centre: Community Mobility Linkages to Promote Recreational Access in the Upper Skeena Region*.

- 2. Hazelton Secondary School Events.** The planning team made two visits to the local high school. In the first event the planning team facilitated small focus groups with approximately 20 students, and in the second, the planning team presented and received feedback from 15 students.
- 3. Youth Community Mapping Session.** A group of 20 students from the Hazelton Secondary School participated in this exercise, representing each Upper Skeena community. The exercise created an inventory of existing resources including built, natural, social, economic, and service assets. This exercise identified the valued recreational assets that are either in use or in need of improvement in each unique community (Appendix E).
- 4. Community feedback events.** Three open houses in New Hazelton, Gitanyow and Moricetown, with public invitations and travel subsidies offered to surrounding communities. These sessions intended to build awareness for the Recreation Centre, share and receive feedback on the preliminary results of the Monitoring Strategy, as well as validate what was heard so far through previous community engagement sessions.
- 5. Community Survey.** These were online and handed out at the Community Feedback Events during the planning team's third visit. The survey received 41 responses in total (detailed in Appendix F).

LIMITATIONS OF ENGAGEMENT AND PROJECT CONSIDERATIONS

It is important to note that the scope of engagement is limited by the capacity of the planning team to reach the vast Upper Skeena populations in only three short visits. The planning team was able to meet with residents of the village of Kispiox, but not with the Band Council or administrators. Likewise, the planning team was unable to adequately engage hard-to-reach populations, such as children, elders, and other marginalized or vulnerable population groups.

Although there is value in seeing the community with fresh eyes, perhaps the most significant limitation to this project is the fact that the planning team is made up of academic researchers and outsiders to the communities with non-indigenous ancestries. It is important to acknowledge how these identities and roles limit the depth of the understandings of local experiences and the multitude of First Nations perspectives on wellness in the region. These limitations most impact the level of cultural relevance and appropriateness of the recommendations and proposed indicators for monitoring health and wellness impacts. The possible collaborative integration of cultural traditions, practices and understandings within the Recreation Centre is a valuable and vital future endeavor.

It is hoped that these limitations have been partially addressed through the depth of engagement made with community leaders as well as by grounding the project in community-defined health

and wellness goals established in other community plans. Additionally, the Monitoring Strategy is designed to capture and respond to the diversity of needs and perspectives through continuous collection, evaluation and implementation of community feedback. The participatory and iterative design of the Strategy allows and encourages future refinement and participation of community health leaders and increased cultural relevance in the region.

COMMUNITY-BASED LEARNINGS

The most emphasized and prioritized learnings from community members during the engagement sessions are compiled into six key community-based learnings below. Relevant and passionate quotes from community leaders are also included.

1. Excitement and hope

Communities are eager to work together towards a shared goal of improving the health and wellness in the region. Each community has expressed the need for and potential benefits of their participation in the Recreation Centre's programs and services. In the community survey, **76% of respondents said they plan to go to the Recreation Centre.**

“Most importantly, the Heart of the Hazeltons will give to these people, what some feel has been lost - a spirit of hope.”

2. Initiating community collaboration

Communities have expressed an eagerness to work together to improve health and wellness in the region as well to overcome the existing barriers in accessing the Recreation Centre. These barriers present a significant hindrance for the Centre in reaching its full impact on health and wellness in the region. The OPC has a unique opportunity to start to build new collaborative relationships and coordinate across communities.

“We need to find people who can coordinate across communities and encourage planning that isn't so inwardly focused.”

3. Prioritizing equity and access

Perhaps the largest learning has been the need for the Recreation Centre to understand and address the inequities and barriers to accessing the Centre felt by many communities. The lack of transportation and low income levels have been consistently mentioned by residents as the main barriers. Many community members are eager to participate and suggested offering low cost or subsidized user fees for low income participants as well as satellite programs offered in communities. The Monitoring Strategy serves as an important tool for the OPC to track and improve upon the levels of inclusion in the region.

“Affordability and access are some of the main problems. Many people would like to be involved in hockey and recreation but they can't afford to get here or participate.”

4. Supporting community-lead health and wellness goals and programs

The planning team heard that as much as possible, the health and wellness goals, objectives and indicators of the Recreation Centre should be based on needs of the communities it serves. The Centre can achieve this by 1) supporting the programs that are already in place or are desired to be in communities; 2) using health indicators that are relevant to community goals; and 3) ensure that there are multiple methods for the Recreation Centre staff or representatives to collect and evaluate community feedback.

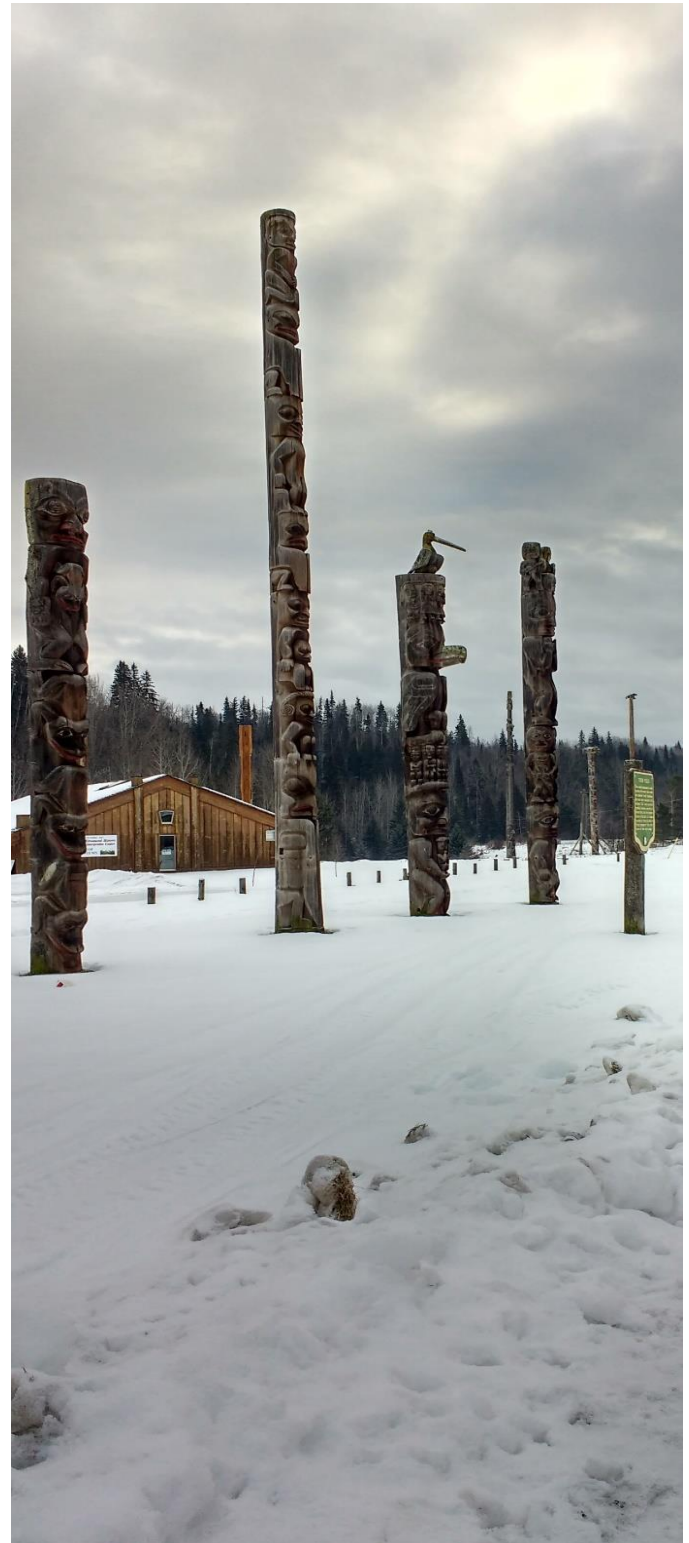
“There should be suggested programs for each community based on their needs, and a tailor-made set of programs that are actually meeting the desires of each community”

5. Using a strength-based approach

Many community members stressed the importance of focusing on improving what is already working well, and using a strength-based approach. This approach is a precedent in the health-planning field, and helps to empower participants of health and wellness services as well as focuses on addressing the root causes of health issues rather than merely treating the illness or medical diagnosis. In the Upper Skeena, many communities emphasized their cultural traditions and practices as their most valued community strength. In fact, **39%** of survey respondents identified their **cultural and traditional practices as their biggest community strength**. It is important for the Recreation Centre to understand, prioritize and celebrate the strengths of its participants, its surrounding communities and its successful programs.

“Programming that helps community members talk about the good, not just poverty and hardship”

Figure 6. Tsaan, totem poles in Gitanyow. Culture was identified as a major strength in the communities and a cornerstone of health and wellness.



6. Holistic understandings of health and wellness

It is important to acknowledge the region's history of complex social determinants of health, which include but are not limited to the ongoing legacies of colonialism, oppression, poverty and underfunding, racism, violence, and intergenerational and vicarious trauma. Communities in the Upper Skeena are connected by Highway 16, which has become known as the 'Highway of Tears', and stretches the 724 kilometers from Prince George to Prince Rupert. The communities in the region hold a deep understanding of how experiences of systematic violence and racism impacts the health and wellness of Indigenous and rural communities across Canada.

Community members are acutely aware of the need to address these systematic health and wellness issues through preventative and collaborative initiatives. In order to capture these complex determinants of health, community members have recommended that the Recreation Centre define health and wellness goals through a holistic lens. This lens acknowledges the diverse cultural understandings of health and wellness as well as includes the physical, emotional, spiritual and economic components of health. This perspective allows the Recreation Centre to not only address and be informed by all aspects of health in the region, but to also acknowledge that many determinants of health are not easily addressed over the short term. The Recreation Centre's programs and services

provide an important but limited tool to address these deep legacies of inequity.

"Intergenerational trauma is the largest health issue in our community, and this understanding informs all of the health care we provide"

Although there are significant health challenges in the region, it is important to note the many community strengths that are being used to address and overcome these issues. The strengths shared with the planning team by community members include emotional resiliency, support and togetherness which survey respondents ranked their second biggest community strength (23%) and resources and land, was ranked third (20%). The health and wellness initiatives that are currently taking place in communities, particularly programs that interact with the natural environment, present an opportune starting point for collaboration and support from the Recreation Centre in addressing long standing inequities and health challenges.

"The people have been the least valued of the resources in the community - we need to change this perspective to see their intrinsic value"

ACTIVATING HEALTH AND WELLNESS: MONITORING STRATEGY

To understand how, when, where and the degree to which the Recreation Centre programs and services are making positive health impacts in the region, it is essential to go through iterative cycles of the monitoring and evaluating of health information. The Monitoring Strategy complements and expands upon the process proposed in the Upper Skeena Recreation Plan (SPARC BC). This complementary planning will enable the Recreation Centre's staff, volunteers and the OPC to seamlessly implement both the Recreation Plan and this Strategy to evaluate the programs offered and their health impacts at the same time.

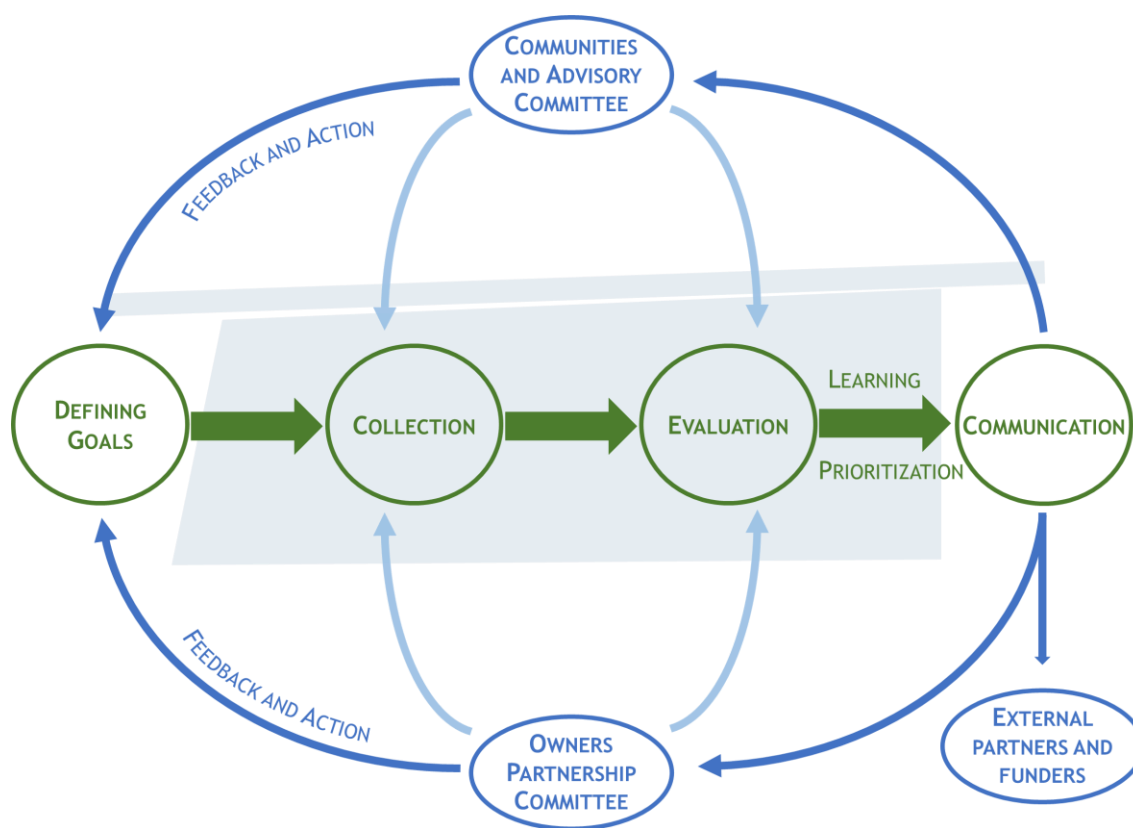
The Recreation Plan proposes the adoption of a participatory Utilization Focused Evaluation (UFE) method, which judges both the utility and the actual use of the Centre's services and programs (Recreation Plan, page 32). The premise of the UFE method is that ongoing evaluation will be designed and implemented by active participants of the Recreation Centre and its satellite programs in communities. The Monitoring Strategy strongly upholds these principles of participatory evaluation as methods to promote transparency, partnerships, shared goals and give voice to the diversity of communities being served.

The Strategy expands the monitoring and evaluation stages proposed in the Recreation Plan by providing a wide variety of health and wellness-related indicators that the Recreation Centre may use to track changes in the region.

The Strategy breaks the monitoring and evaluation into four stages as shown in Figure 7 (next page):

1. **Definition of goals** and objectives to be monitored.
2. **Collection** of information in the form of indicators.
3. **Evaluation** of the information to inform the process of evaluation itself and to prioritize actions for the future.
4. **Communication** of the results to the community.

Figure 7. The process of this Monitoring Strategy.



For all the mentioned stages, a key aspect of the Strategy is the selection of indicators. The Monitoring Strategy has grouped all the indicators into three sub-sets, or **Approaches**, based on their performance against specific criteria to help the Recreation Centre choose, from all the possible indicators, which it should consider using. This process for selecting indicators is presented in the section *Selection of Indicators and Resulting Approaches*.

COMMUNITY-DEFINED GOALS

The Monitoring Strategy uses the two overarching goals of the Recreation Plan so that the OPC and the Recreation Centre staff are able to assess performance based on one set of goals. The Strategy also uses the same objectives as the Recreation Plan, however they have been expanded to include objectives that are relevant to health and community-defined priorities.

The two goals are used to identify the two levels at which health impacts can be expected to be felt: the individual and community levels.

Individual-level goal. “Use recreation services to foster growth of individuals to become the best that they can be.”

Community-level goal. “Use recreation services to foster a sense of community identity, spirit, pride and culture.”

The following subsection explains the different objectives that put these goals into action.

Figure 8. As with the Canucks' visit to the Hazelton in October 2016, the Recreation Plan aims to "foster a sense of community identity, spirit, pride and culture".



Heart of the Hazeltons website.

OBJECTIVES AT THE INDIVIDUAL LEVEL

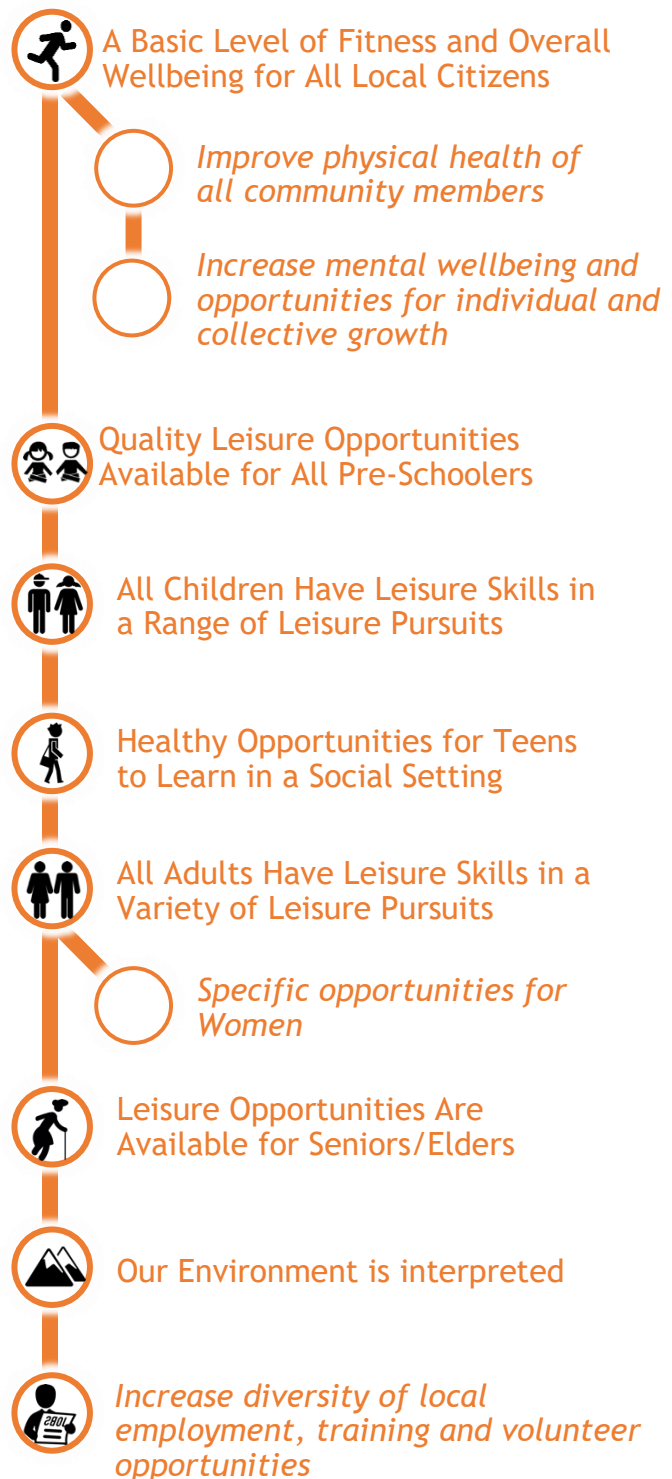
The individual-level goals and objectives used by the Recreation Plan have been expanded with the following additions made by the planning team, which are italicized in Figure 9:

- “Fitness and Overall Wellbeing” has been separated into physical health and mental wellbeing.
- A sub-objective was added to specifically measure opportunities for women’s participation.
- The economic impacts of the Rec Centre have been added because they are a community priority as well as is a major determinant of health.

Individual-level goal

Use recreation services to foster growth of individuals to become the best that they can be.

Figure 9. Individual-level objectives. In italics, the additions of the Monitoring and Evaluation Strategy.



OBJECTIVES AT THE COMMUNITY LEVEL

The community-level goal and objectives used by the Recreation Plan also have been expanded. Specifically, the project team made detailed the goal around inclusion and welcoming, by adding two sub objectives that are italicized in Figure 10:

- Increasing welcoming by increasing instances of contact between different groups
- Explicitly acknowledging the indigenous peoples and communities of the area.

Community-level goal

Use recreation services to foster a sense of community identity, spirit, pride and culture.

Figure 10. Community-level objectives. In italics, the additions of the Monitoring Strategy.



MONITORING PROCESS

INDICATOR DEVELOPMENT

With regards to Monitoring, this Strategy proposes to track changes to wellness in the region using diverse indicators that link back to the goals of the Centre.

The health and wellness indicators this Strategy presents have been developed through extensive research as described in *Sources of Knowledge*, page 12. And so, they expand on the indicators identified by the Recreation Plan and include statistical and community data available.

The process for creating the indicators and collecting them is explained in this section. The planning team identified 86 potential indicators that might be used by the Recreation Centre. These indicators will be discussed in further detail in the coming sections.

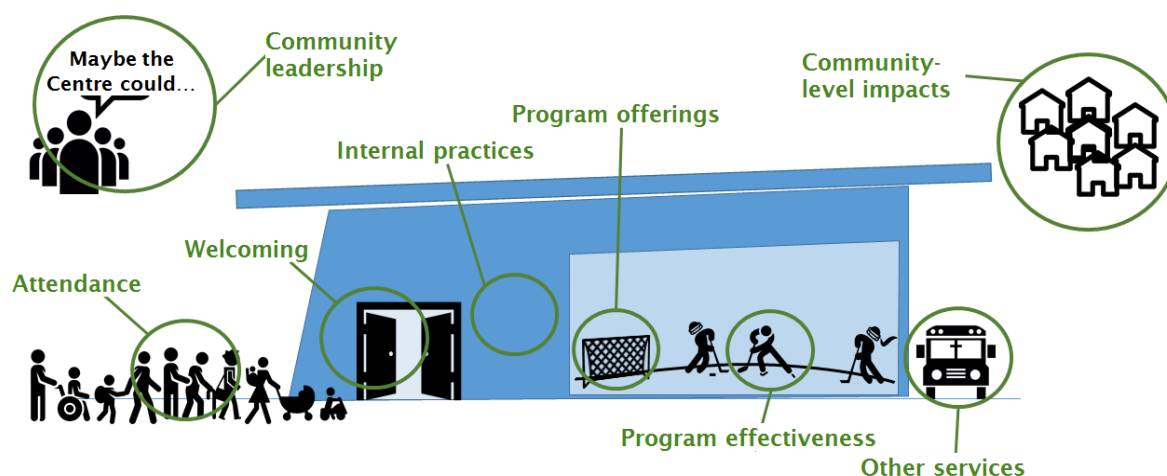
When developing indicators for the Recreation Centre, it is important to consider both the measurements of the outcomes of the Centre, including which

programs are offered, as well as the process of achieving these outcomes, including factors such as community leadership. Following this method, the indicators that the Recreation Centre may use were sorted into categories, which are displayed in Figure 11 and Figure 12. Details and examples are found in the next subsection.

Figure 11. Indicators categories and the question they answer.

GROUP	QUESTION	INDICATOR CATEGORY
Process	"How are we operating the Centre?"	Community leadership Welcoming Internal practices Attendance
Outcomes	"What are we doing? What are the impacts?"	Programs offerings Program effectiveness Community and regional level impacts Other services

Figure 12. Aspects of the Recreation Centre to be monitored and evaluated, the four categories to the left are related to the process of the Centre and the four of the right refer to outcomes.



CATEGORIES OF INDICATORS

INDICATOR CATEGORIES FOR MEASURING THE PROCESS AT THE RECREATION CENTRE

COMMUNITY LEADERSHIP

Indicators in this category relate to the methods for participants to give feedback to the Recreation Centre staff and OPC, as well as what opportunities are available for community members to take collaborative and leadership roles at the Centre. Example indicators:

- Number and type of opportunities for youth and elders / seniors for provide feedback on the processes of the Centre
- Evaluation of youth satisfaction levels regarding the Rec Centre

WELCOMING

Closely related to the objective “Generations and diverse groups within our region are included and feel welcome”, this category addresses how and to what extent people feel represented, welcomed and safe at the Recreation Centre. Example indicators:

- Evaluation of diversity of income levels accessing the Recreation Centre
- Evaluation of feelings of social belonging or exclusion at Recreation Centre based on gender, age, community

INTERNAL (OPERATIONAL) PRACTICES

The indicators in this category relate the processes within the Recreation Centre to its goals and objectives, such signage used or hiring and volunteering policies. Example indicators:

- Evaluation of the accessibility at the Recreation Centre (ex. washrooms, signs, etc.)
- Percentage of Recreation Centre’s employees that identify as First Nations from local communities, compared to the percentage of First Nations of regional population
- Dollar amount, total and per type, of local services and goods sold onsite

ATTENDANCE

These indicators assess the numbers of participants, where do they come from and what programs do they participate in. Attendance rates at the Recreation Centre and in community satellite programs will be an important measurement to ensure the success of the Centre. Example indicators:

- Attendance rates for physical activity programs (participants registered/ attended over duration of program), by gender, age and season
- Number of community members using subsidized Recreation Centre passes
- Number of unique preschool children participating in programs at the Rec Centre

INDICATOR CATEGORIES FOR MEASURING THE OUTCOMES OF THE RECREATION CENTRE

PROGRAM OFFERINGS

This category measures how many and what types of programs are offered, as well as where they are delivered. This category corresponds to “levels of recreation activity output made possible through the Centre” (Recreation Plan, page 32). Example indicators:

- Number of after school programs for youth (drop-in)
- Number of physical activity programs

PROGRAM EFFECTIVENESS

This is an important measure to understand the impacts made by the Recreation Centre, as well as the efficiency and satisfaction levels with the programs delivered. This will be valuable to assess how to allocate budgets and staffing resources. Note that to have farther reach, some of the indicators could involve going to the community. Example indicators:

- End-of-program evaluations from participants in programs
- Percentage of community members that have reported an improvement in mental wellbeing after participating in Recreation Centre programming (in regards to levels of self-esteem, sense of place and confidence)

COMMUNITY AND REGIONAL LEVEL IMPACTS

After measuring the program offerings and consulting the direct users, the impacts at the community and regional level can be measured. In the Recreation Plan words, this category tracks “the degree to which the Upper Skeena Recreation Centre programs and services are contributing to positive changes in population health outcomes”. Impacts at the community level are more likely to be related to the Recreation Centre than those at the regional level. Example indicators:

- Number of preventable admissions to Wrinch Memorial Hospital, by length of stay, by community
- Alcohol consumption per capita
- High school graduation rate for youth 18 and under
- Health improvements in child under 5

OTHER SERVICES

The Recreation Centre can provide other services, such as transportation, rental spaces or rental equipment. The relationship of these services to the achievement of the Recreation Centre’s objectives should also be monitored in order to assess redundancies or gaps in these services and optimize health benefits. Example indicators:

- Number of space rentals from community members (by community, as percentage of total)
- Rate of use of any subsidized equipment rental program

METHODS FOR MONITORING

The Monitoring Strategy does not provide details on how to collect the information for each individual indicator. However, different methodologies for collecting indicator data is presented in this section for the different categories of indicators outlined in the previous section. For each category of indicator, the following four questions must be answered to put the collection of the indicator data into practice:

- Who will collect the data?
- What data will they collect?
- When will they collect the data?
- How will they collect the data?

WHO WILL DO THE COLLECTION

Although the staff positions at the Recreation Centre are yet to be defined in detail, the table in

Figure 13 provides a guideline with respect to which actors could collect the indicator data, depending on the indicator category. For example, indicators related to community leadership may be more suited to the responsibilities of a Director or Outreach Coordinator rather than an Administrative Coordinator.

Figure 13. Relationship between the Recreation Centre's actors and categories of indicators, the dark block means that actor will likely be responsible for the data collection of indicators within the specific category.

	COMMUNITY LEADERSHIP	WELCOMING	INTERNAL PRACTICES	ATTENDANCE	PROGRAM OFFERINGS	PROGRAM EFFECTIVENESS	COMMUNITY LEVEL OUTCOMES	OTHER SERVICES
Owners Partnership Committee								
Recreation Centre Director								
Program Coordinator								
Outreach Coordinator								
Administrative Coordinator								
Communities' Health Authorities or Director								

WHAT DATA TO COLLECT

What data to collect varies indicator by indicator within the categories. It is good practice to not obtain all the information from a single source, so a good of choice of indicators is required. More so, a balance is needed between data that is relevant and useful and data that is easy and cost-efficient to collect.

The process for selecting the final suite of indicators is explored further in the Selection of Indicators and Resulting Approaches section, on page 36.

WHEN TO DO THE COLLECTION

Collecting indicators at regular intervals should be embedded in the processes of the Recreation Centre. For example, each program should track attendance rates, which will facilitate the tracking of overall attendance of the Centre.

Once the methods for collection are embedded in the processes of the Recreation Centre, the Recreation Coordinator or Director can ensure that each of the responsible staff members or actors responsible have collected and delivered specific indicators on at least an annual basis. This collection timeframe follows what is suggested in the Recreation Plan. It also allows for the Recreation Centre's priorities and policies to be reviewed and updated with enough regularity to make meaningful changes, but not too often to turn the monitoring process into a burden.

HOW TO COLLECT THE INDICATORS

There are several ways to collect the proposed indicators. The methods used depend on the resources and capacity of the Recreation Centre staff. The table of Figure 14 (next page) reveals several methods for collection, and ranks them in simple and in-depth methods depending on the resources and time needed for them. The same table also shows, which methods are more suitable for different categories of indicators, for example, and in-depth method as survey seems more suitable for measuring program effectiveness rather for measuring attendance.

Figure 14. List of simple and in-depth collection methods that could serve one or more categories of indicators.

COLLECTION METHODS		COMMUNITY LEADERSHIP	WELCOMING	INTERNAL PRACTICES	ATTENDANCE	PROGRAM OFFERINGS	PROGRAM EFFECTIVENESS	COMMUNITY LEVEL OUTCOMES	OTHER SERVICES
SIMPLE COLLECTION METHODS	Staff self-evaluation								
	Recreation Centre policies assessment								
	Program Record sheet								
	Attendance Record Sheet								
	Collection of online public data								
IN-DEPTH COLLECTION METHODS	Survey to program attendees (such as exit-surveys)								
	Survey to community leaders								
	Focus groups with community leaders								
	Focus group with Recreation Centre attendees								
	Engagement with Health Centres to collect community data								
	Survey to all communities								
	Focus group with communities or community advisory committee								
	Focus group with communities, by age, gender, and ethnicity								
	Multimedia engagement, such as social media or a youth video project								

MOCK-UP DOCUMENTS FOR MONITORING PROGRAM OFFERING AND ATTENDANCE

To keep track of what programs are being offered and who is attending them, two documents templates have been provided as simple ways to gather data.

The first document is the Program Record Sheet, which is a document that should be filled out every time a program begins. This template allows staff to quickly collect all the information needed from the start of the program. With little modification, this template can also double as a program proposal form, if community members would like to run their own activities out of the Recreation Centre. This template can be in Appendix I.

The second document is the Attendance Record Sheet which allow staff to quickly track the attendance rates of programs taking place at the Recreation Centre in an easily maintained way. If desired by community organizers, this sheet could also be used to track the attendance rates of programs and activities offered in communities. This template can also be found in Appendix I.

ONLINE SOURCES FOR COMMUNITY AND REGIONAL LEVEL INDICATORS

There are potentially relevant statistics available that can be analysed in tandem with indicators measured at the Recreation Centre. These sources are detailed in Appendix J and briefly explained next.

Community-level data sources. This is data that is available on the level of the individual community or the whole Upper Skeena region, from sources such as the RCMP, Wrinch Memorial Hospital, Hazelton Secondary High School and occasionally Statistics Canada, BC Stats and Northern Health.

Regional-level data sources. This is data available on various regional levels, greater than just the Upper Skeena region, such as the Northwest Health Service Delivery Area, Northern BC or the entire province. These data sources can include Statistics Canada, Northern Health, the Socio-Economic Profiles from BC Stats, and the BC Alcohol Consumption and other programs out of the University of Victoria.

MONITORING RECOMMENDATIONS

With regards to monitoring and collecting indicators, the Studio team recommends that the Recreation Centre:

1. Begins its process of monitoring and collecting indicator data before the Recreation Centre is open. While this will not be possible for data that is collected through the Recreation Centre itself, it is possible for existing recreation activities in communities, at the Ken Trombley Memorial Arena, and through community and regional level sources. If this data is compiled prior to the opening of the Recreation Centre, it will serve as a baseline comparison for the Recreation Centre's first year of life, when it will be especially important to attract new users, to justify the cost of the operations, and to reach out to new funders.
2. Incorporates the collection of information to its daily activities as much as possible, so that monitoring doesn't turn into an extra and burdensome task. The Program Record Sheet and the Attendance Record Sheet shown in appendix I are good examples of how to do this.
3. Considers both process and outcomes, since the process will inform the outcomes and provide clues to how to achieve better outcomes. This will allow the Recreation Centre to fully welcome everyone in the Upper Skeena region.
4. Starts from its very beginning to build interpersonal and intercommunity relationships that allows data sharing among the communities and Recreation Centre. This will help build good and trusting relationships between the Recreation Centre staff, such as the Outreach Coordinator, and community leaders and Health Centre staff, which will be important to ensuring that data collection and monitoring is an efficient process. To this end, hiring an outreach or Program Coordinator during construction is highly recommended.
5. Acknowledge that different communities may have different capacities to monitor their own health and wellness indicators and that each community may have different priorities for their health needs. The Monitoring Strategy is not a one-size-fits-all and encourages the reporting of different indicators for different communities, as is appropriate and feasible.

EVALUATION PROCESS

EVALUATING RELEVANT ASPECTS OF EACH OBJECTIVE

Once the indicator data is collected, the Recreation Centre Director and staff or the OPC can evaluate the actual impacts of the health indicators compared to any previous impacts.

The following table builds on the process described in the Recreation Plan (Section 8.1) by providing a framework to evaluate the indicators available (see Figure 15 below). The table shows how each goal can be related back to the impacts of the previous measurement, for example from the previous year, and what possible actions can be taken. It is important to

note that the first year of collection and evaluation will establish the base line of information, and in following years the previous years' baseline will be used to fill in the *Previous Impact* column.

Once the table is completed, the proposed actions will be delivered to the OPC for priority-setting and budgetary decision-making, which is described in the next section of this report. Additional potential columns could be added as seen fit by Recreation Centre staff or the OPC, including desired impact or possible reasoning for why there was or was not a change in impact.

Figure 15. Table for evaluating relevant aspects of each objective, filled in with one example indicator with fabricated data.

GOAL	OBJECTIVE	INDICATOR	PREVIOUS IMPACT	ACTUAL IMPACT	COMMENTS	PROPOSED ACTIONS
Individual Growth: Use recreation services to foster growth of individuals to become the best that they can be	Increase diversity of local employment, training and volunteer opportunities	% of Rec Centre employees that identify as First Nations	70% as measured in 2017	80% of employees at the Rec Centre identify as First Nations	The indicator has surpassed its goal by 10% and is now proportional to the First Nations population in the Upper Skeena	Review hiring policies for training and preferences for hiring employees from First Nations communities Conduct a focus group and/or outreach to identify barriers to accessing employment opportunities at Rec Centre Target employment vacancies and related training positions available

USING THE EVALUATION TO LEARN AND PRIORITIZE

Once the indicators have been collected and evaluated the team of Recreation Centre staff will present their findings to the OPC, as well as an established community advisory group, in order to learn and prioritize as detailed in the following subsections.

LEARNING TO REFINE THE DESIGN AND IMPLEMENTATION OF THE EVALUATION PROCESS:

The Recreation Centre staff will compile the results and review which indicators were unable to be collected completely or are no longer relevant. It is suggested that the Recreation Centre staff engage with the OPC and community Health Directors to see if there is any new health tracking taking place in communities that is relevant to the goals of the centre and could be shared. Evaluation of outcome indicators should be done every year at a minimum. Evaluation of process indicators can take place every two to five years, depending on resources and necessity. The following questions can be used to assess the monitoring and evaluation process each year:

1. Are there indicators that are no longer relevant?
2. Are there new health or program indicators measured in communities that can be added?
3. Are any of the existing indicators unable to be collected?
 - a. If so, is this due to the cost or difficulty in its collection? Or other reasons? Should it be eliminated?

DETERMINE HEALTH OUTCOME PRIORITIES FOR UPCOMING YEAR

The Recreation Centre staff will compile the results and will propose possible actions to address areas that need to be improved, such as in the column *Proposed Actions* in Figure 15 above. These results will be shared with the entire staff and presented to the OPC as well as a community advisory group in order to establish annual budgets and priority areas for the following year. During the budgeting and prioritizing, the following questions can be asked:

1. Are there communities that are not engaged with or at the Recreation Centre? Why or why not?
2. Which objectives are being met?
3. Which objectives are not being met?
4. Which programs are likely to have the greatest impact on the health objectives that are not being met?
5. What objectives should be prioritized next year?

Results can be summarized by listing positive outcomes that are related to specific goals and objectives:

- For each objective, how many indicators meet or exceed their previous or desired impact?
- What is the average level of accomplishment for each objective? This is calculated by dividing the actual impacts by the previous impacts. For this process, the progress of indicators with qualitative responses should be estimated. Descriptions of the qualitative changes should be included in any report.

As guidelines, Figure 16 and Figure 17 present tables that can be used when making decisions. The process suggested here is similar to the one explained in the Recreation Plan (section 8.2), although the planning team suggests to use the new, expanded list of objectives presented in pages 21 and 22.

Note that in the following tables, the objectives were abbreviated.

Figure 16. Sample table for presenting overall score of each individual-level objective and prioritize or rank them.

OBJECTIVES AT THE INDIVIDUAL LEVEL	OVERALL SCORE	RANK
Overall fitness and wellbeing		
Fitness		
Mental wellbeing		
Opportunities for pre-schoolers		
Opportunities for children		
Opportunities for teens		
Opportunities for adults		
Opportunities for adults, women		
Opportunities for seniors, elders		
Environment		
Employment and training		

Figure 17. Sample table for presenting overall score of each community-level objective and prioritize or rank them.

OBJECTIVES AT THE COMMUNITY LEVEL	OVERALL SCORE	RANK
Celebrations		
Healthy local groups		
Spectators		
Social Functions		
Opportunities for families		
Inclusion		
Inclusion, increase social contact		
Inclusion, Gitxsan and Wet'suwet'en		

EVALUATION RECOMMENDATIONS

The Studio team recommends that for the evaluation, the Recreation Centre:

1. Focus its attention on evaluating the aspects of its objectives that were deemed important for the current year. To this end, using the indicators in a table such as Figure 15 is useful.
2. Use the indicators to rank what objectives should be more important for next year. The tables in Figure 16 and Figure 17 provide a useful way to do this.

COMMUNICATION PROCESS

Communication is a key part of the monitoring and evaluation process, since:

- It shares the accomplishments of the Recreation Centre and builds momentum among staff, participants, broader community members, as well as external partners and funders.
- It provides accountability to funders and the broader community.
- Without sharing the information effectively, the efforts of the Recreation Centre can go unnoticed.

METHODS FOR COMMUNICATION

When communicating the impacts of the Recreation Centre, it is important to ask:

- Who is the target audience?
- What is the purpose and focus of the communication?
- How is this information best communicated?
- When and how often should this communication occur?

Figure 18. Who, what, how and when to communicate the impact of Recreation Centre.

AUDIENCE	FOCUS	WHEN	How
OPC	Setting priorities for yearly programming and budget	Annually	Progress report
Staff	Celebration of achievements Identification of measures to bridge gaps Setting priorities for yearly programming and budget	Annually	Online or in print newsletter Focus groups Progress report Celebration event
Community leadership	Regional results, specifically results pertaining to the specific community	Annually	Focus group One-on-one conversations Progress summary sheet
General public	Achievements Transparency	Annually	Celebration event Online or in print newsletter, with plain language and in accessible way, including proper font size and use of infographics Complete availability of online results for transparency
Funders and sponsors	Achievements, including comparison with previous year Funder's own priorities	Annually As needed	Progress report to existing funders Progress summary sheets
Media	Annual achievements Major events and successes	Annually As needed	Quick-fact sheet and guidelines available for staff and OPC, to be prepared in case of a cold call Progress summary sheet published on website

COMMUNICATION RECOMMENDATIONS

Lastly, for the communication of the results, the Studio team recommends that the Recreation Centre:

1. Design specific communications depending on the target audience as suggested in Figure 18.
2. Focus the communication on strengths, showing how gaps can be overcome.
3. Investigate the most effective methods of engagement and communication to use for each individual community. Specifically, explore more culturally relevant ways of communicating the results, such as the use of oral communication.
4. Create a simple Communications Plan. Communication is often not considered part of a monitoring and evaluation process. This Strategy recognizes the significant role it plays in the iterative cycle of the Recreation Centre, and in ensuring that the OPC has all the information it needs to make informed and thoughtful decisions on the future of the Recreation Centre. However, communication goes beyond disseminating the results of a monitoring and evaluation process and can touch on issues of accountability, transparency, professionalism, celebration and branding.

SELECTION OF INDICATORS AND RESULTING APPROACHES

As discussed in the Indicator Development subsection on page 23, the Monitoring Strategy compiled a comprehensive list of potential indicators. This section presents a way to select a manageable number of indicators to track the health impacts of the Centre. As explained before, this selection should consider indicators that assess the process and outcomes of the Recreation Centre, and also this selection should offer different methods for collecting qualitative and quantitative information to give a rich understanding of the health outcomes achieved.

Using five **selection criteria**, the indicators were grouped into three approaches that the Recreation Centre staff and OPC can choose to use.

These indicators have been compiled through a literature review, community engagements and consultation with the OPC. These indicators should be continuously refined as presented in the learning step of the evaluation process, on page 32, in particular with new indicators added over time as new data becomes available. Additional information may include, but is not limited to, information from the First Nations Health Authority, other local health and social services organizations, or new partnerships with other institutions.

INDICATOR SELECTION CRITERIA

From the planning team's literature review and engagement with the OPC, communities, five aspects were identified as relevant in establishing which indicators were more important. These aspects became the indicator selection criteria:

- **Ease and Cost of Tracking.** Does this indicator need extensive consultation with participants or community members or is it an expensive process?
- **External Relevance.** Is this indicator relevant to funders or other external partners?
- **Preventative.** Does this indicator assess a preventative measure of health or wellness? Is it a measure of before a health issue occurs, as opposed to a reactive indicator measuring impacts after an occurrence?
- **Inclusivity.** Does this indicator measure levels of inclusivity and diversity in the Recreation Centre?
- **Association with Recreation Centre.** Is this indicator directly related to the Recreation Centre, as opposed to having an indirect relationship?

The specific rubric that accompanied these criteria is found in Appendix G.

APPROACHES RESULTING FROM THE INDICATOR SELECTION CRITERIA

After having rated how each indicator would fare against the five indicator selection criteria, the Monitoring Strategy grouped indicators into three approaches: the Standard Approach, the Extensive Approach and the Comprehensive Approach.

The OPC and Recreation Centre staff may select any combination of indicators desired; these approaches are just three possible combinations of indicators. In this section each of the three different approaches is described, while the complete list of indicators that are grouped under each approach can be found in Appendix H.

1. STANDARD APPROACH

This approach prioritizes low cost indicators that are relatively easy to collect, such as rates of program attendance by age, gender and community, or the estimated number of spectators at events. This approach lacks an overall indication of how the Recreation Centre is addressing complex health issues in the region. Particularly issues of inclusion and barriers to access, like distance travelled, poverty and social exclusion are not addressed in this approach.

It is important to notice that many cost-effective indicators available from sources such as BC Stats and Northern Health, are only available at the regional level and are therefore less directly related to the actions of the Recreation Centre.

This approach also prioritizes indicators that could be considered relevant to external partners, funders or the media. This could be indicators such as hospitalization rates for chronic illnesses, which may save costs to the healthcare system if improved. Or indicators like participation rates for organized after school programs for youth, which may demonstrate to partners how the Recreation Centre is filling a gap in the region.

Figure 19. Priority of the indicator selection criteria for the Standard Approach.

CRITERIA	PRIORITY
Cost and Ease of Tracking	High
External Relevance	High
Preventative	Low
Inclusivity	Low
Relation to Rec Centre	Medium

EXAMPLE INDICATORS CONTAINED IN THE STANDARD APPROACH

- Number of participants in physical activity initiatives, by community, age and gender
- Regional obesity rates
- Number of hospitalizations for chronic illnesses, by illness (ex. hypertension, diabetes, asthma, osteoporosis and heart disease)
- Number of after school programs for youth (structured and staffed)

2. EXTENSIVE APPROACH

This approach prioritizes community feedback and coordination across communities to ensure that the Recreation Centre is achieving its preventative health goals. This approach looks at health and wellness through a wide lens, and is deeply informed by community-defined health and wellness goals, which may make them less relevant to external partners.

This approach prioritizes indicators addressing the Recreation Centre's level of inclusivity. It would also reveal the Centre's capacity to meet the needs of diverse groups and have far-reaching impacts on health in the region. For example, tracking from which of the Upper Skeena communities are participants and volunteers coming is an important step to identify if the Recreation Centre is benefiting certain communities more than others. Beyond that, indicators in this approach could speak to how the Centre could better serve each unique community in the Upper Skeena.

The majority of the indicators in this approach come from individual community members or are available at the level of each community and therefore there is a strong link between the Recreation Centre and the impacts on health and wellness.

This approach collects in-depth information that would allow decision makers to make highly informed choices, however it also requires a large commitment of staff resources.

Figure 20. Performance of the extensive approach with regards to the indicator selection criteria

CRITERIA	PRIORITY
Cost and Ease of Tracking	Low
External Relevance	Medium
Preventative	High
Inclusivity	High
Relation to Rec Centre	High

EXAMPLE INDICATORS CONTAINED IN THE EXTENSIVE APPROACH

- Diversity of income levels accessing the Recreation Centre
- Evaluation of feelings of social belonging or exclusion at Recreation Centre based on gender, age, geography
- Youth level of satisfaction regarding Recreation Centre
- Number of programs and initiatives based in communities that are provided or supported by the Recreation Centre
- Percentage signage in different languages at the Recreation Centre

3. COMPREHENSIVE APPROACH

This approach was compiled by selecting not just the indicators that rated high against all five of the selection criteria, but also by selecting a balance of indicators from the Standard and Extensive Approaches.

This approach balances the cost and ease of collecting information, with the value of its use once acquired. For the most part, this approach includes all indicators that are easy and cheap to track, considering them to be ‘low-hanging-fruit’ but considers some less easy indicators that were prioritized during community engagement.

This approach also had a focus on the relevance to external partners and funders, and complements them with some of the indicators related to issues of access and inclusion, such as an evaluation of the accessibility of the facility (ex. with regards to washrooms, signage, mobility, etc.).

Figure 21. Priority of the indicator selection criteria for the Comprehensive Approach

CRITERIA	PRIORITY
Cost and Ease of Tracking	Medium
External Relevance	High
Preventative	Medium
Inclusivity	High
Relation to Rec Centre	Medium

EXAMPLE INDICATORS CONTAINED IN THE COMPREHENSIVE APPROACH

- Number total participants from each community, by age, gender and season
- Number of news releases, advertisements and promotional materials distributed to communities by Rec Centre staff
- Percentage signage in different languages at the Rec Centre
- Number violence-related encounters with law enforcement
- Number volunteers, by gender, by new and returning

KEY RECOMMENDATIONS AND ACTION PLAN

KEY RECOMMENDATIONS

1. HIRE A RECREATION COORDINATOR OR OTHER STAFF MEMBER AS SOON AS POSSIBLE
Through engagement, we noticed that it was important to work with the community to:

- a. *Inform*: bring awareness of the Recreation Centre to the communities
- b. *Engage*: Gather feedback on design, programs and accessibility
- c. *Collaborate*: Build relationships with community leaders, Health Centre staff and individuals involved in recreation endeavors, such as the Brighter Futures Initiative personnel to coordinate how satellite programs taking place in communities can be supported and developed by the Recreation Centre as well as share health and wellness information.

These three aspects are key for the Centre to see the health and wellness aspects it wants to see, but they require time and effort which a recreation coordinator could provide even before the construction begins.

2. ESTABLISH A COMMUNITY ADVISORY COMMITTEE

The establishment of a Community Advisory Committee is a promising step in building community accountability, transparency and a vital source of feedback for the OPC and the Recreation Centre's Director. In this way, this is an opportunity to lower the cost and improve the ease of tracking, such as feelings of social inclusion and representation at the centre since the Community Advisory

Committee can be used as proxy for feedback.

It is important to ensure representation from each of the Indigenous and non-indigenous communities in the Upper Skeena. Moreover, the members of this committee should be passionate about sport and recreation, and also in improving health and wellness in their community, finally they need to be willing to be involved in collaboration and resource sharing across the region.

3. INITIATE A FORMAL MARKETING CAMPAIGN

As explained before, the planning team engaged with many community members in the more distant areas who had not yet heard of the Recreation Centre and key task should be raising awareness since the potential of the Centre to positively impact health and wellness in the region relies on the participation of as many residents as possible.

As the opening of the Recreation Centre nears, a formal marketing campaign should be established and targeted at the potential future users of the Centre. This campaign will help to ensure that the hard-to-reach populations are able to learn about the Centre and the benefits it may bring. We strongly encourage a focused marketing campaign to raise more awareness before the Centre is built or during construction.

4. SUPPORT COMMUNITY-LEAD PROGRAMS

Delivering programs that meet the needs of communities, was identified as a strong community priority, both at the Recreation Centre and through satellite programs. This will need a strong focus in collaboration from the Recreation Centre.

5. MEASURE EQUITY AND ACCESS

As stated before, the level of positive impact on regional health by the Recreation Centre is dependent upon the level of participation by residents. By choosing the Comprehensive Measurement Approach, the OPC can capture both the changes in health outcomes over time and ensure that they are addressing the needs of the communities the Centre serves.

6. HARNESS PARTNERSHIP OPPORTUNITIES

The OPC and Recreation Centre staff may be able to establish a partnership or mentorship relationship with other recreational facilities and community and regional health monitoring projects

throughout the region. In addition to external partnerships, such as with UBC's SCARP program, it may also be possible for the Centre to facilitate cross-community recreational programming and health monitoring mentorships within the Upper Skeena Region.

7. WORK TOWARDS INTEGRATING COMMUNITY HEALTH TRACKING

The indicators collected for the monitoring and evaluation process at the Recreation Centre and the health tracking that is already being done in some communities can support each other. This is a long term goal, as there will need to be community agreements established that respect First Nations data governance, and would likely involve the First Nations Health Authority becoming a partner. One possibility is to develop this incrementally, through a pilot program with communities that are already tracking their own health information, like Gitanyow.

Figure 22. Key recommendations.

	RECOMMENDATIONS	RESPONSIBLE/PARTNER	TIMING
1	Hire a Recreation Coordinator as soon as possible	OPC	As soon as possible
2	Establish a Community Advisory Committee	OPC	As soon as possible
3	Initiate a formal marketing campaign	OPC	As soon as possible
4	Measure equity and access	OPC, Director and staff, Community Advisory Committee	As soon as possible
5	Harness partnership opportunities	Community Advisory Committee, Director	As available
6	Support community-lead programs	Community Advisory Committee	Once operational
7	Work towards integrating health tracking that is already taking place in communities	OPC / Community Health Director, Band Councils, Director, FNHA	In the next 5 years

RECOMMENDATIONS FOR PROGRAMMING

In the process of reviewing promising practices for recreation and its impact on health and wellness, as well as in the process of consulting the communities around their understanding of health and wellness, the planning team encountered numerous recommendations around the programming the Recreation Centre could offer. These recommendations are presented here to complement both the Recreation Plan and the Monitoring Strategy. The focus of these programming recommendations is to maximize the benefits of the Recreation Centre across all aspects of health and wellness.

PROGRAMS PROCESS

During the development of the Strategy, four focus areas around how programs could be run were brought to light:

- Is this a community-led program?
- Is this program happening in communities?
- Will it provide childminding or childcare?
- Is it affordable or will it provide subsidies?

PROGRAMS CONSIDERING THE SOCIAL DETERMINANTS OF HEALTH

If the Recreation Centre is to make an impact on the health and wellness of the communities, it could consider specific programming to address various social determinants of health. The following table shows some examples of programming associated with each determinant.

Figure 23. Social determinant of health and suggested programming topics to address it.

SOCIAL DETERMINANT	TYPE OF PROGRAMMING
Cultural wellness	Cultural awareness Cultural diversity Cultural knowledge Cultural sharing Culturally grounded programs History, including colonization and residential schools Language Traditional healing
Environmental wellness	Outdoor education Outdoor program Traditional foods and medicine
Economic wellness	Local economic resources training Peer-to-peer program Training certificate Unpaid work experience
Social and personal wellness	After school programs Family planning Domestic violence Health and wellness education Infant care Parenting Pre-natal, post-natal programs Violence prevention and alternative justice Volunteering

PROGRAMS CONSIDERING SPECIFIC ASPECTS OF HEALTH

Likewise, the Recreation Centre could consider specific programs for specific aspects of health. The following table suggests types of programs that could serve to this end.

Figure 24. Aspects of health and suggested programming topics that could address it.

ASPECT OF HEALTH	TYPE OF PROGRAMMING
Physical	Sports and athletics Eating habits FASD awareness and prevention Smoking prevention Access to medicine (traditional/western) Walking or running Weight loss
Mental	Anti-violence Prevention of bullying Connection to nature Life skills and resilience Suicide prevention Wise internet and device use
Emotional	Grief and post-vention Self-awareness and emotional intelligence
Spiritual	Colonization and oppression Intergenerational and vicarious trauma Drug and alcohol awareness and prevention Tradition and culture-based mental wellbeing

ACTION PLAN

Figure 25. Action Plan for implementation of the Monitoring Strategy.

ACTION	RESPONSIBLE	RESOURCES NEEDED	RECOMMENDED TIMELINE
Approve this Strategy as the framework for monitoring and evaluating the health and wellness outcomes of the Rec Centre's efforts	OPC	Time	As soon as possible
Select an indicator approach as presented in this Strategy	OPC	Time	As soon as possible
Recruit and retain a new Director of the Rec Centre during construction ⁴	OPC	\$75,000+ ⁵	During construction
Recruit and retain one additional program staff to begin outreach services during construction of the Rec Centre ⁶	Recreation Director	\$60,000+ ⁷	During construction
Build relationships and coordinate with Health Centres in communities for information and data sharing	Director or staff	Time	Prior to Recreation Centre opening and ongoing afterwards
Collect baseline health and wellness information in the region	Director or staff	Time or partnerships	Should be completed prior to Recreation Centre opening
Define priorities and expected outcomes for first year	OPC and Director	Time	Before Recreation Centre opening
Collection of data (see <i>Monitoring Process</i> , page 23)	Staff	Resources vary by approach (see page 36)	Ongoing during operation
Evaluation of data (see <i>Evaluation Process</i> , page 31)	Director and staff	Time	After 1 year of operation
Communicate and distribute results (see <i>Communication Process</i> , page 34)	OPC and Director	Time and other depending on emphasis	After each evaluation

⁴ As recommended in Section 9, Table 11 of the *Upper Skeena Recreation Plan*.

⁵ As in Appendix E of the Recreation Plan

⁶ As recommended in Section 9, Table 11 of the *Upper Skeena Recreation Plan*.

⁷ As in Appendix E of the Recreation Plan

CLOSING REMARKS

The vision of the Upper Skeena Recreation Centre is that it is a gathering place for all, the “emotional and physical heart of the Hazeltons”⁸. This needs to be integrated into the processes and operations of the Recreation Centre in order to become a reality. Without tracking health and wellness, which includes indicators of inclusion, employment and culture, there would be no way to know if the Centre is achieving its inclusionary vision or its goals of improving health in the region, which are interdependent.

Recreation can have incredible positive impacts on health and wellness. In order for the Recreation Centre to achieve the best possible health outcomes in the region, it is crucial that the Centre is providing or supporting access to recreation for as many community members as possible throughout the region. This will help achieve the regional health goals that have been targeted from the inception of the project.

The Owners Partnership Committee is a unique governing body, built on the values of fair representation and consensus. The Upper Skeena Recreation Centre has an opportunity to set another precedent during its operation. Acting as more than a recreation centre, but as a hub for recreation in the region which supports local initiatives. The Centre also has the potential to go above the standard for health monitoring and evaluation, and work to achieve comprehensive and community-oriented health and wellness goals.

We hope that the recommendations and approaches in this Monitoring Strategy will allow the Recreation Centre to understand how they are bringing about positive health impacts and provide the knowledge necessary to make informed programming and policy decision to increase these impacts throughout the Upper Skeena.

⁸ ⁸ Heart of the Hazeltons Project Website.
<http://heartofthehazeltons.ca/>.

APPENDIX A: OWNERS PARTNERSHIP COMMITTEE AND THE CAMPAIGN CABINET

As of March 2017, the OPC is currently composed of the persons and organizations found in Figure 26 and the accompanying Campaign Cabinet is composed of the persons identified in Figure 27.

Figure 26. Owners Committee composition. Dark green: Gitksan and Wet'suwet'en organizations. Light green: Band councils represented, for the Office of the Wet'suwet'en there are three communities not shown as they are outside the USRC impact area. Blue: Municipal

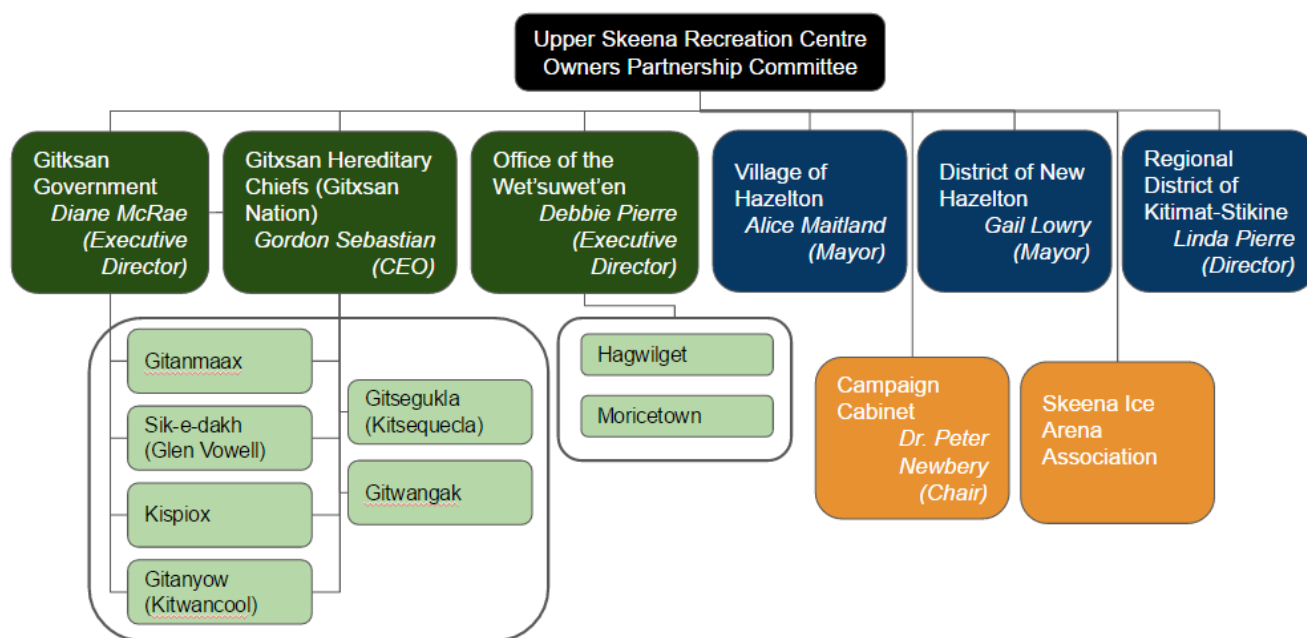
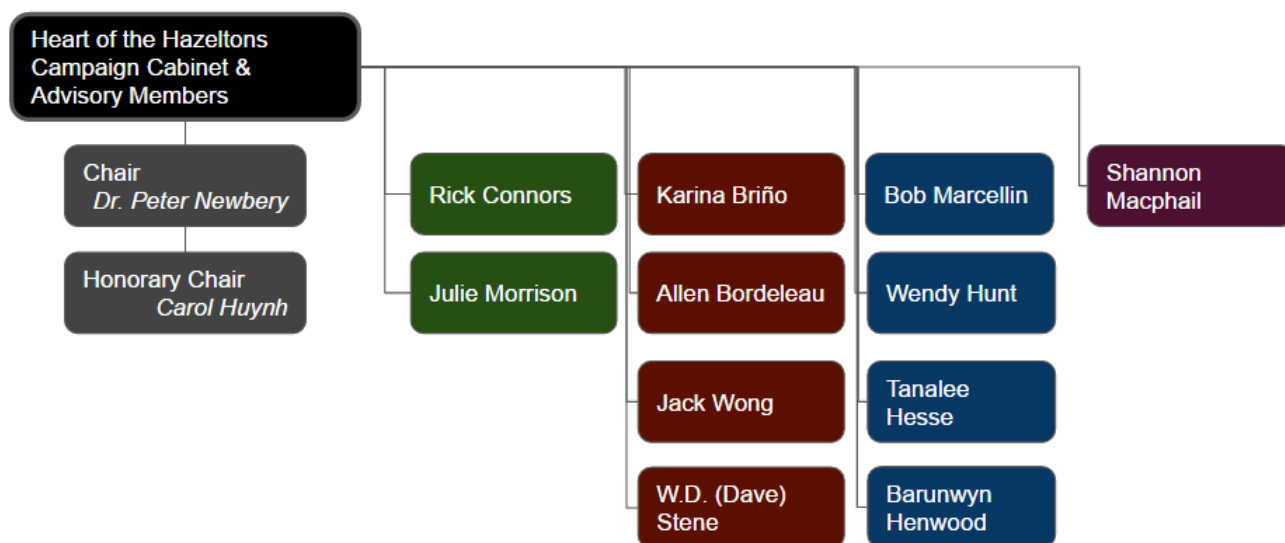


Figure 27. Composition of the Campaign Cabinet. Dark Green: members related to Gitksan organizations. Brown: members related to the industry. Blue: members from municipalities and regional governments. Purple: members from non-governmental associations.



APPENDIX B: COMMUNITY DOCUMENTS REVIEWED

LIST OF DOCUMENTS REVIEWED

The strategy was developed through extensive review of documents that were already created with and for communities. The planning team chose to review these documents as they reflect the desires of the communities in the region, which in turn should be reflected in the health and wellness goals and objectives of the Recreation Centre, allowing for the Centre to remain relevant in the long term. This way the Monitoring Strategy can also be grounded in the communities, and record meaningful changes in health and wellness in the region. It is important to note that these documents are considered as complementary to the Recreation Plan of the USRC.

The following table is a summary of the documents consulted for this report as they pertain to each community.

Figure 28. Documents by community, including Comprehensive Community Plans (CCP), Official Community Plans (OCP), Community Safety Plans and Community Health Plans.

COMMUNITY	CCP/OCP	COMMUNITY SAFETY PLAN	COMMUNITY HEALTH PLAN
Gitanmaax	●	●	
Gitanyow	●	●	●
Glen Vowell (Sik-e-dakh)	●	●	
Hazelton	●		
Kispiox	●	●	

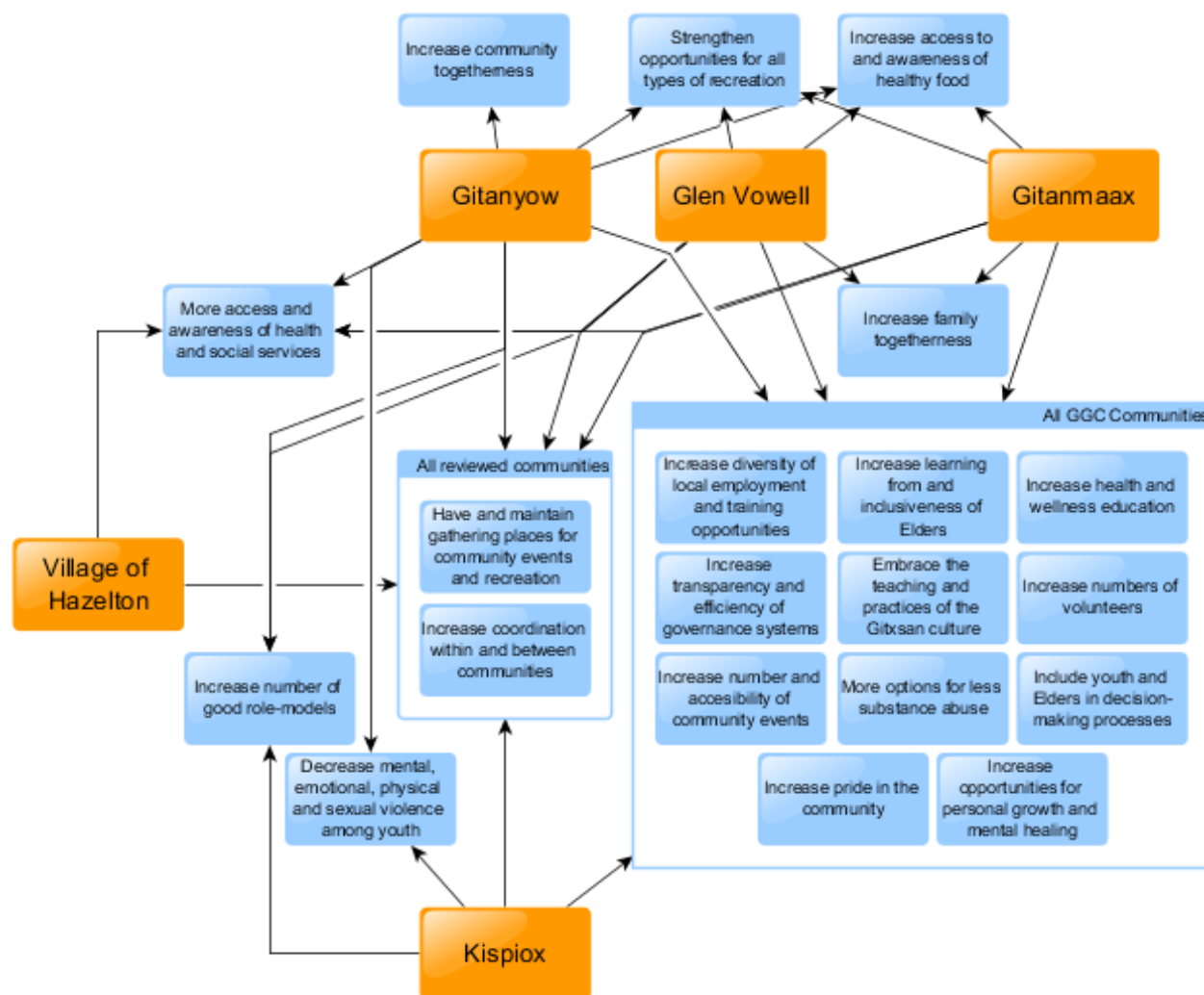
Documents were not available for certain communities. There remains an imbalance, with certain communities being underrepresented in this document review exercise. This has been addressed with incorporation of the objectives from the Recreation Plan and through additional community engagements. Additionally, there were other documents reviewed that didn't inform the assessment of community goals, although they did inform the methodology. For example, the Strategic Plan of Northern Health and the Northern First Nations Health and Wellness Plan from the FNHA.

COMMUNITY GOALS MAP

From a thorough analysis of the existing documents (plans) listed in the previous sections, broad health and wellness goals and objectives were compiled. This compilation of goals and objectives is graphically displayed in the map below, by community.

The aim of this goals map is to easily visualize the community goals collected as well as where they do or do not overlap. This is a key step that allowed the planning team to develop indicators that will monitor the impact of the Recreation Centre in areas important to different communities.

Figure 29. Draft map of health and wellness goals identified in the communities' existing plans.



Two features are important to note in this figure: firstly, all the communities acknowledge the importance of a gathering place and the importance of coordination within and between the communities. Secondly, the Gitksan Nation communities whose documents the planning team was able to review, those part of the Gitksan Government Commission, give

great importance to broader aspects of health, such as learning from Elders, embracing traditional Gitxsan culture and increasing pride in the community.

RELEVANCE TO THE RECREATION PLAN

The above process was meant to inform what health and wellness goals have been already discussed in the community, and to what end the Recreation Centre could address some of them.

After contrasting the above goals with the objectives presented in the Recreation Plan, it was concluded that most of the community objectives were already present in the Recreation Plan, however, three important aspects appear:

- Communities separate the physical and mental wellbeing
- Communities value employment as an important aspect to achieve health and wellbeing
- First Nation communities give great importance to their culture

To take this into account and ground the Health and Wellness strategy in community knowledge of health and wellness, the planning team included these aspects in the form of changes explained in the section *Community-Defined Goals*, page 20.

APPENDIX C: LITERATURE REVIEW ON RECREATION, HEALTH AND WELLNESS

LITERATURE REVIEW ON THE PLANNING PRINCIPLES

STRENGTH-BASED APPROACH

It is important to consider notions of resilience and the strengths in communities despite contemporary and historical adversities. It is a precedent in the health-planning field to work from a strength-based lens. This approach is currently the recommended practice for health and wellness services within indigenous communities across Canada, rather than solely focusing on illness and weaknesses¹. As an example of a strength-based approach, the *Healthy Communities* approach addresses multiple determinants of health including social, economic, environmental and physical and is centered on community empowerment and capacity building. It includes five key building blocks: community/citizen engagement; multi-sectoral collaboration; political commitment; healthy public policy; and asset-based community development².

POPULATION HEALTH APPROACH

It is recommended that the USRC health monitoring and evaluation project employ a population health approach. This is defined as “an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups”³. The application of this approach to health planning follows five principles: holistic view of health, evidence-based decision making, focus on equity, use of partnerships, and empowerment and public participation⁴. The population health approach would allow the USRC to understand and address the complex and deeply rooted community contexts and ongoing health inequities of the region.

HOLISTIC UNDERSTANDING OF HEALTH

The Chief Public Health Officer’s from 1999 and continuously to this day, acknowledges that there many factors impacting health outcome: ⁵

- Education, employment and income
- Environment, housing and community
- Health behaviors

Similarly, the First Nations Perspective on Wellness (FNPW) is an holistic understanding and approach to wellness that is shared by BC First Nations. This approach aims to achieve health and wellness goals, exploring both internal and external health factors, many of which are based traditional indigenous knowledge. This perspective is an important component to assess the USRC health and wellness goals described in this report⁶.

The FNPW outlines holistic determinants of health, which are detailed below:

Social: Social determinants, such as security, housing, food, prevention, promotion, education, health awareness, outreach supports, are all critical aspects of our health and well-being.

Environmental: The environment, including the land, air, water, food, housing, and other resources, need to be taken care of and considered in order to sustain healthy children, families and communities. Safety and emergency preparedness are critical components.

Cultural: Culture is different for every individual, community and Nation. It can mean language, spirituality, ceremonies, traditional foods and medicines, teachings, and a sense of belonging.

Economic: Economic means resources, which we have a responsibility to manage, share, and sustain for future generations. There is a need to create balance in how we use our resources and good leadership to help us create this balance. Economic can include our employment and our workplace health. (p.16)

LITERATURE REVIEW RELATING RECREATION TO INDIVIDUAL-LEVEL OBJECTIVES



1A: IMPROVE PHYSICAL HEALTH OF ALL COMMUNITY MEMBERS

There are significant physical health benefits from increased engagement in recreational activities and physical exercise. For instance, engagement in regular physical activity by both men and women have shown statistically significant reductions in risks of dying from coronary heart disease, as well as the risk of developing diabetes, hypertension and colon cancer, improvement of muscle, bone, and joint health, enhancement of overall mental wellbeing, as well as increased preservation of function and independence in older adults⁷. In one study specifically, it was seen that even a low amount of physical activity created a biological age gap of eight years between those women who exercised and those that did not⁸.

In 2015, the US Surgeon General issued a call for increased walking by all age groups and abilities, as an affordable and accessible public health strategy to reduce incidences of chronic conditions such as heart disease and diabetes. Moreover, programs should be made available to encourage and support walking, and communities should be designed to promote safe, easy and efficient walkability⁹.



1B: INCREASE MENTAL WELLBEING AND OPPORTUNITIES FOR INDIVIDUAL AND COLLECTIVE GROWTH

COLLECTIVE MENTAL WELLBEING

In Canada, many traditional Indigenous understandings of mental wellbeing represent both the individual and collective scales¹⁰. This worldview conflicts with mainstream mental health psychology, and reaffirms the need to ground all approaches to mental health care services in the traditional knowledge and practices of their specific Indigenous cultural context. It is also a priority to adopt models of cultural safety and trauma-informed care when health practitioners work with indigenous communities who have and continue to experience the impacts of colonial legacies¹⁰. Although mental wellbeing is categorized within an individual level health goal for the USRC, it should be understood from a perspective that includes a state of collective mental wellbeing and applies notions of equity, and of shared space and feelings at the community level.

SUICIDES

The First Nations Health Authority's Hope, Help and Healing framework report outlines an approach to youth suicide incidences, which has three elements:

1. HOPE: Prevention works to promote protective factors (strengthening community resilience) and reduce risk factors that could lead to suicide ideation
2. HELP: Intervention works to address suicidal thoughts and behaviours. It focuses on how best to respond to someone feeling suicidal or attempting suicide.
3. HEALING: 'Postvention' refers to the community response after a death by suicide has occurred, and is intended to support people affected by suicide, as well as providing follow-up education / prevention to reduce the risk of future crises

Not all First Nations and Aboriginal communities across Canada experience suicide incidences, however as a whole, there is a significant rate of suicide in these communities. This disproportional rate is associated with "ongoing intergenerational impacts of colonization, Indian residential schools, the 60's scoop, child apprehension, land dispossession, racism, and attempted physical/cultural genocide"¹¹. Suicide is not caused by one event; however, it is the result of a complex combination of experiences.

Healing from these impacts include building strengths, capacity, sovereignty and resiliency within communities. Suicide prevention specifically is grounded in cultural knowledge, "self-determination, stewardship of ancestral lands, and control of education, emergency response and health services"

The Gitksan and Wets'uwet'en Communities are part of the FAST initiative, a suicide prevention and post-vention support model; established in 2007 to work collaboratively to prevent and support families through death by suicide.



2: QUALITY LEISURE OPPORTUNITIES AVAILABLE FOR ALL PRE-SCHOOLER

3: ALL CHILDREN HAVE LEISURE SKILLS IN A RANGE OF LEISURE PURSUITS

The benefits of recreation for children are broad and deep, and include things such as decreased obesity levels, improvement in self-esteem, mood, and anxiety; and, particular to indigenous youth, better self-esteem and lower rates of smoking¹².

As stated, the benefits of recreation for children are not only physical. Two systematic reviews have given evidence to this end: one that participation in physical activity may benefit cognitive development in early childhood, and the other positively related physical activity to academic performance in school children¹³¹⁴.

In this sense, benefits also go beyond intellectual effects, as a report from Ontario found. Working with twenty-three recreation programs from across Canada, a non-profit association found that participation in recreation translated to an important improvement in core character traits, such as adaptability and emotional competence; as well as improvement in “understand[ing] and apply[ing] the capacity for managing ambiguity, moral directedness, social connectedness and strengths-based aptitude”¹⁵. This is similar to the conclusion of a United Kingdom study where it was found that “outdoor learning has a positive impact on children’s behaviour, social skills, health and wellbeing, resilience, confidence and sense of place”¹⁶.

Research in Canada also has pointed out specific aspects of recreation in indigenous youth like that “it would appear that as children get older, they are less likely to engage in sport”, and that “social and environmental factors were found to impact Aboriginal children’s participation rates. For instance, children who were participating in sport were from more affluent families and had parents with higher levels of education... Indeed, parental support, which includes transporting, observing, and encouraging the child, has been shown to be significantly associated with children’s physical activity. In addition, children who lived with both parents and who had fewer siblings were more likely to be participating in sport”.¹²

In particular for this northern region, Northern Health BC delivered a report on child health concluding that there were higher rates of teen pregnancy and several difficulties during pregnancy, like smoking, drinking and mental issues.



4: HEALTHY OPPORTUNITIES FOR TEENS TO LEARN IN A SOCIAL SETTING

There is extensive literature that emphasizes the importance of recreation, physical and cultural activity to young peoples. Recreational programs see great preventative health related outcomes. This can be seen through the role model relationships that boost self-confidence and sense of belonging in youth participants¹⁷. Through participation in recreational programs, youth developed conflict resolution skills and positive working relationships with others¹⁸. Recreational sport programs help youth establish productive and amicable social relationships. Youth recreational programs and youth sport leaders serve a crucial role in helping to curb conflict and violent situations. Role models such as coaches can significantly shape social skills and climates, and create socially positive relations with and between youth sports players¹⁹. Young women and girls have shown improvements in overall health and wellbeing from participation in sports and physical activity. These benefits include reduced risks of breast cancer, cigarette and drug use, as well as mental health concerns such as suicide and depression²⁰.

A very well studied health outcome is the positive correlation between a physically active lifestyle and academic performance among students²¹²². Canadian school sports programs have been used to enhance youth self-confidence. They have also increased aspirations in current and future education attainment, school attendance, math, science and honours level enrollment and time spent on homework²³.

Overall, school programs in partnership with parks and recreation have seen significant health outcomes and community contributions²⁴:

1. contribute to reducing juvenile delinquency
2. contribute to increasing positive and reducing negative behaviors
3. expose youth to less violence
4. improve children's educational performance and thus impact the quality of the future workforce and the national economy
5. help decrease health care costs related to childhood obesity
6. increase the economic contributions of young people to society when they become adults
7. help youth develop self-confidence, optimism, and initiative
8. increase civic responsibility and participation
9. help reduce parental stress and thus affect health care costs and lost job productivity (p. 35)

Of particular interest is how school based arts programs perpetuated immense health outcomes. These health benefits include increased creativity, decreased dropout rates, enhanced social skills, and higher quality academic attainment. It was also seen that students from low income families who participated in artistic programs fared better in

certain academic areas when compared to students from a similar income level who with lower arts program participation. Moreover, after school programs have been clearly proven to lower rates of criminal behaviour in a Canadian low income community²⁵. Many criminologists agree that the most effective preventative strategy to reducing youth crime rates is to provide positive social activities, such as organized sports²⁶.

The Gitksan and Wet'suwet'en communities have young people deeply committed to their sports and sport development over the last few generations. There is a keen interest to further our sports development and continue excelling in sports.

5A: ALL ADULTS HAVE LEISURE SKILLS IN A VARIETY OF LEISURE PURSUITS, SPECIFIC OPPORTUNITIES FOR WOMEN



The new Recreation Centre can provide socially enriching opportunities, beyond the direct physical benefit of recreation. Indeed, in 2002 a Canadian research stated that “community recreation is an ideal site for enabling isolated women in the community to come together and enjoy the health benefit of recreation”, although it is important to keep in mind that currently there is a trend in recreation where “participation in recreation is viewed as an individual responsibility, and health disparities, exclusion, and social inequalities are perpetuated and legitimized”²⁷.

In the same line, an study regarding a large urban park found that the site was seen as “a socially intimate place and [that] their activities there to be enriched by the presence of others, because the park was a place for bringing family, meeting friends, or encountering strangers on a regular basis”²⁸.

Moreover, in another study regarding an urban park was found that as physical activity enriched the social realm of women, they “valued public space for its ability to foster these relationships [among family, friends, acquaintances and strangers] while offering an outdoor space that supported a variety of physical activities”²⁹. In this sense, the social aspect of recreation reinforces the physical of it, giving meaning to these leisure activities.



6: LEISURE OPPORTUNITIES ARE AVAILABLE FOR SENIORS/ELDERS

The aim of providing specific opportunities for older populations in the USRC builds on what was found in a review across remote communities in Canada during 2006, “that health promotion and disease prevention strategies can help those who are aging well, as well as those with chronic conditions and those who are at risk for serious health problems, even very late in life” and acknowledges that there are specific and unique social and environmental factors that impact people aging in rural and remote communities³⁰.

The benefits from recreation go beyond the strictly physical, increasing its importance. In fact, recent research in Ireland has found that “being physically active, for example by walking for at least 150 minutes per week, is associated with more social participation and better mental health and wellbeing.”³¹



7: OUR ENVIRONMENT IN INTERPRETED

Access to nature and recreational activities, in both a natural setting or within view of nature, results in enhanced cognitive functioning, effective and proactive life functioning, increased self-discipline, better mental wellbeing overall as well as increased resiliency and coping skills in response to stress³². Increasing overall access to nature is seen as a practical and effective strategy for the prevention of mental health issues.

This access to nature is particularly important for indigenous peoples, and as one community member putted it: “Our wellness as peoples of the North is deeply connected to the land, as our spiritual and emotional wellbeing improves with deeper connections to the land, animals, and ecosystems.”



8: INCREASE DIVERSITY OF LOCAL EMPLOYMENT, TRAINING AND VOLUNTEER OPPORTUNITIES

POVERTY, HEALTH AND THE RECREATION CENTRE

The USRC has a unique opportunity to improve the economic structure of the region. Poverty is considered a foundational social determinant of health. Across Canada, low income levels have been statistically correlated with mortality, physical health, mental health and chronic disease. Furthermore, rural communities consistently hold a larger proportional low income population than urban areas³³. Research has shown that broad participation in recreation programs by low income families have seen significant health, social and economic benefits including increased self-reliance and enhanced life management, access to support services, school achievement and attendance, as well as a reduction in reliance on emergency assistance³⁴. These benefits created by recreation facilities and activities are particularly important to rural communities.

ECONOMIC BENEFITS OF RECREATION

Recreation is also a significant economic driver and public recreation facilities provide a valuable source of quality and consistent employment, training and volunteer opportunities³⁵. The Bureau of Land Management in the United States oversees non-motorized recreation activities on the public lands, and supports 25,000 jobs and generates \$2.8 billion for the US economy per year³⁶.

Not only are cities with physically active populations more economically viable, but they also benefit from increased worker productivity, higher property values, improved academic performance and health and wellbeing over all³⁷. These benefits are the result of

reduced staff turnover, reduced disability or medical costs, as well as reduced health care spending overall. *Moving Ahead: Healthy Active Living* expected that in Canada, if only 10% of the national population with suboptimal levels of physical activity increase their exercise and reduce sedentary behaviours in 2015, the GDP will increase by nearly \$1.6 billion by 2040³⁸.

LITERATURE REVIEW RELATING RECREATION TO COMMUNITY-LEVEL OBJECTIVES

9: A WIDE RANGE OF SPECIAL EVENTS AND CELEBRATIONS AVAILABLE

10: A WIDE RANGE OF HEALTHY LOCAL GROUPS

11: SPECTATORS AT LOCAL SPORTING EVENTS

12: A WIDE RANGE OF HIGH QUALITY SOCIAL FUNCTIONS AVAILABLE TO LOCAL CITIZENS



SENSE OF COMMUNITY

There is also strong evidence that participation in recreation and cultural activities, can create a ‘social glue’, leading to increased social connectedness and feelings of social belonging³⁹. Recreation centres have a strong potential to create an enhanced sense of community, which is associated with improved health and wellness, community feelings of safety, a reduction in social and ethnic tension, as well as increases in participation, collective action and civic responsibility, such as volunteering⁴⁰⁴¹³⁷. Likewise, numerous communities around the world have seen a reduction in criminal and antisocial behavior, particularly in young men, such as property and juvenile crime, shop lifting and suspensions from school³⁷.

BENEFITS OF INCORPORATING CULTURE

Recreation and leisure, as well as arts and cultural activities, help to address broader social concerns that go beyond feeling of belonging and local identity. These include helping the integration of migrants, restructuring rural economies and creating a space of consistency and safety in times of change and insecurity⁴². Cultural activities are being increasingly seen as important to the implementation of rural community development strategies. Not only through the transmission of information, the building of relationships and boosting the productivity of businesses and community organizations, but also by creating employment opportunities⁴³. In Australia, one study of more than twenty diverse indigenous festivals and events showed that they help to celebrate, recognize and strengthen indigenous cultures, maintain and renew unique cultural practices, as well as lead to cross-cultural respect and exchange and improved community health and wellbeing⁴⁴.

SOCIAL AND INTERPERSONAL BENEFITS

Community venues that offer recreational activities help to challenge social barriers and constrained belief systems that lead to bullying and intergroup prejudice⁴⁵. The social nature of activities at community venues, such as recreation centres, spark new social connections and freely enacted interest in another social group’s culture, therefore challenging traditional ways of thinking and reducing intergroup prejudice⁴⁶⁴⁷.



13: A WIDE RANGE OF FAMILY-ORIENTED LEISURE OPPORTUNITIES AVAILABLE TO LOCAL CITIZENS

FIRST NATIONS AND FAMILY

The First Nations Perspective on Wellness acknowledges the role of families within First Nations communities in British Columbia, and is described below:

Our family is our support base, is where we come from, and includes our languages and culture. There are many different kinds of families that surround us, including our immediate and extended families, our ancestors, those who we care for and who care for us, our support system, or traditional systems in addition to or instead of simply bloodlines. It is important to recognize the diversity that exists across BC, that there are many different family systems that exist, e.g. matrilineal⁴⁸.

BENEFITS TO LOW INCOME FAMILIES

Recreation provides numerous health and wellness benefits to social and family relationships specifically⁴⁹. Broad health and wellness benefits include making members feel valued within their families; initiating closer, and more open and honest friendships and relationships; as well as creating opportunities for families to bond and show love to one another⁵⁰. The impacts of recreational program participation are particularly great for low income families in Canada, who have experienced numerous benefits including:

- Increased appropriate access to existing social, health, and community services;
- Enhanced physical and psychosocial health of families;
- Increased attendance and achievement at school;
- Decreased number of behavioral/emotional problems among children;
- Increased self-reliance and enhanced life management;
- Decreased use of emergency services (emergency medical services, child welfare, police) and increased proactive use of health promotional services;
- Reduced future costs in emergency services;
- More efficient use of existing resources; and Increased ability of agencies and organizations to work together across sectors.⁵¹

The frequency of ritual and habitual activities with young people and their parents, such as sharing meals, have been positively correlated to enhanced mental wellbeing in young people⁵². Mothers who participated in sports with their children agreed that it helps parents to understand the challenges faced by their children. Parents who participate in shared sports with their children can be seen as role models, and provides a unique space for mutual learning and teachings between parents and children⁵³.

For these benefits to be harness, different barriers like economic and racism must be address so parents can effectively participate in their children activities.

14B: INCREASE CULTURAL RELEVANCE AND SENSITIVITY OF PROGRAMS AND SERVICES, BY THE PRIORITY OF DIVERSE UNDERSTANDINGS OF HEALTH AND WELLNESS FROM GITXSAN AND WET'SUWET'EN COMMUNITIES

Aboriginal peoples in Canada experience disproportionate health issues, compared to other Canadians⁵⁴. There remains an inequitable and colonial health care system in Canada that burdens the diverse Aboriginal communities with ongoing impacts such as trauma, loss, grief and other major determinants of health⁵⁵. In Canada, the delivery of health services is expected to be grounded by understandings cultural and social contexts and histories, in order to reduce potential for harm to patients and increase cultural sensitivity⁵⁶.

There is an overwhelming consensus from Indigenous communities, researchers and service providers that centering traditional knowledge and practices within new and existing Aboriginal health services for First Nations and Inuit peoples helps to increase the health and wellness impacts of these services⁵⁷. Not only does the integration of traditional knowledge and practices increase the cultural relevance, meaningfulness and effectiveness of health services, but it also provides an important method for communities to preserve and re-establish Aboriginal cultures⁵⁸.

In the Upper Skeena region, there is distinct and diverse Gitxsan and Wet'suwet'en traditional health and wellness knowledge and practices. It is recommended from external literature and community engagement that these traditional understandings should be placed in central importance to the programs and services offered at the new Recreation Centre.

It is important to mention that the Gitxsan and Wet'suwet'en have their own wellness models to help address the health inequities in their populations and to use it as a health promotion tool for better health and wellbeing

RELEVANT CASE STUDIES

WORKING IT OUT TOGETHER: PIKANGIKUM FIRST NATION'S COMMUNITY HEALTH NEEDS ASSESSMENT⁵⁹

The Pikangikum First Nation carried out a health planning process to produce an analysis of major health strengths, issues and a set of prioritized community health needs. The communities defined their own culturally relevant health and wellness knowledge and a community development approach was used to train key individuals to carry out the process.

KEY TAKEAWAYS:

- The community defined their own health and wellness knowledge in a culturally relevant way
- Community health planning journey discussed reclamation of planning and governance processes.
- First Nations Health Statistics in Canada: to frame the ongoing health inequities faced by Indigenous communities compared to the rest of the country's populations.
- This process was extensive and requires major funding and capacity but their key aspects are relevant to the USRC
- Central importance placed on the voices of Elders and Youth in the planning process

FRASER SALISH REGIONAL HEALTH PLAN, JULY 2014⁶⁰

This health plan, from a culturally diverse region, demonstrates the potential of health planning at the regional scale, bridging the provincial and the community, demonstrating the ability to plan and act regionally, while maintaining the autonomy and power of local communities. Partnerships are a key aspect of this plan, between communities, regional committees and regional and provincial health institutions, such as the FNHA. Similar to the Upper Skeena Recreation Centre's Owners Partnership Committee governance model, this plan looks to "ensure that partnerships are defined by each Nation where each Nation chooses - however where the collective enters into a partnership, a consensus decision-making model shall be used".

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APPENDIX D: COMMUNITY ENGAGEMENT SUMMARY

	COMMUNITY/GROUP	EVENT TYPE	DATE
1	Owners Partnership Committee Village of Hazelton Council Chambers	Initial Gathering - Focus Group Meeting	Oct 30, 2016
2	Sik-e-dakh (Glen Vowell)	Initial Gathering - Focus group meeting	Oct 30, 2016
3	Ice Arena Association Ken Trombley Memorial Arena	Initial Gathering - Focus group meeting	Oct 31, 2016
4	Hazelton Secondary School	Initial Gathering - Focus groups and presentation	Oct 31, 2016
5	Gitwangak/Gitanyow Gitwangak Band Office	Initial Gathering - Focus group meeting	Oct 31, 2016
6	Moricetown	Initial Gathering - Focus group meeting	Nov 1, 2016
7	Verna Howard, FNHA community engagement	Initial Gathering - Interview	Jan 22, 2017
8	Gitanmaax Band meeting with finance and health	Initial Gathering - Focus group meeting	Jan 23, 2017
9	Hagwilget Band	Initial Gathering - Focus group meeting	Jan 23, 2017
10	Wrinch Hospital Foundation	Initial Gathering - Focus group meeting	Jan 23, 2017
11	Gitsegukla Administrator Youth Drop in	Initial Gathering - Focus group meeting	Jan 23, 2017
12	Gitsegukla Health Centre	Initial Gathering - Interview	Jan 23, 2017
13	Gitanyow Health and Admin	Initial Gathering - Focus group meeting	Jan 23, 2017
14	Community Advisory Committee Meeting	Follow up Gathering - Focus group meeting	Jan 24, 2017
15	High School Students Hazelton Secondary School	Community Mapping Exercise, facilitated by Community Champion	Feb 2017
16	Owners Partnership Committee Village of Hazelton Council Chambers	Follow Up Gathering - Focus Group meeting	Jan 24 2017
17	Community Feedback Event in New Hazelton	Public Open House	April 2, 2017
18	Community Feedback Event in Gitanyow	Public Open House	April 3, 2017
19	Community Feedback Event in Moricetown	Public Open House	April 4, 2017
20	High School Students Hazelton Secondary School	Presentation and Feedback	April 5, 2017
21	Owners Partnership Committee	Follow Up Gathering	April 5, 2017
22	Community Survey	Online and in paper at Community Feedback Events	April 2-4, 2017

APPENDIX E: YOUTH ASSET-MAPPING RESULTS

TYPE OF ASSET	GITANYOW	SIK-E-DAKH	KISPIOX	HAGWILGET	GITSEGUKLA	GITANMAAX . OLD HAZELTON	TWO MILE	SOUTH HAZELTON	GITWANGA
Built Assets	Band office 3 Fields (only one used) 2 Schools 1 Hall Youth Centre Gas Bar Chiefs Office	Band office Church Playground Health station Soccer Field Firehall Ice Rink Bingo Hall Rec Centre (not open)	Gas station School Health Station Golf course Hall Land Band office River Play Ground Cultural Centre Bus (transit) ACE building all good condition	Gym (very old, small) Elementary School (new) Stores Hiking trails Hall Royal Bank	Elementary School Sports Field Youth Group (Appreciated but old and could be improved)	Gitimax bus Gitimax Soccer Field Hazelton Secondary School Canteen Need more buses (all good)	Health Food Store Church Cemetery B&B Storage units Gravel pits Old museum building Egg sellers Hair Cutter	Bus stop Playground Church	Hall Soccer Field Band Office Health Centre Education Building Youth Centre
Natural Assets		River (good condition - water and fish) Soccer field (Bad condition - it's the only sport that happens)	River & Fishing (HUGE) Soccer Fields Lakes Mushroom and Berry picking and Selling (big)	Bulkley/Skeena Rivers Forestry Bridge Walking trail (all good condition)	1 park, lookout and trail River (clean) Fishing, important to elders	Skeena and Bulkley Rivers (fishing) Trails from hospital and school Mountain John Field Park Forests	Two mile creek 3 trails two mile park	Anderson Flats Park Seeley Lake Park Baseball Diamond	

TYPE OF ASSET	GITANYOW	SIK-E-DAKH	KISPIOX	HAGWILGET	GITSEGUCLA	GITANMAAX . OLD HAZELTON	TWO MILE	SOUTH HAZELTON	GITWANGA
Social Assets	Gitanyow: Traditional Gitanyow dancers Girls Group 23 and under (In the community its very important - A lot of people are in this group)	Women's Night; Drop in for kids; Soccer	Feasts Basketball Tutoring programs Soccer (all well used)	Youth group Holiday dinners Field trips Bingo (all new)	Bingo No youth groups	Gitxsan health centre (elders go, good condition) Gitimax Drop in Centre (bad condition) Gitimax hall (for career fairs, bingo)	Bible camp at Church Four wheeling is fun	Kids Club, VBS, Book Bus (free books for youth)	
Economic Assets			Fishing Guiding Rafting Swimming Burses Doctors Office jobs (well used)	Not many jobs other than band office and halls Smoke shop Stevens building supplies	A house Store (good) Selling Candy Selling bannock	Gas Bar Logging Hospital Jobs Teaching Jobs Market Jobs Conservation Jobs	Church Park	Hotel and RV Park Lumber Store, Mechanics shop, Mushroom buyer, Playground, Tire Shop, Lumber Mill, Heli Pad	
Service Assets	health centre takes youth to movies, mall and bowling 20 person shuttle bus to Terrace every month Mens soccer, basketball and softball team but no youth teams	Gitxsan Health (useful) Band office (enjoy - useful) House Store (enjoy)	Health Station Transit bus Playground School (well used)	Elementary school (good condition) Bus stops (easy to use)	Health building and shuttle (very good)	Arena (getting a new one) Wrinch Hospital (needs improvements) A bus Gitanmaax Band Office	Health food store Egg sellers	Trails Bus routes Gitxsan Development at sawmill	Health Centre (getting a new one) Band Office Youth Centre Education Building

APPENDIX F: ENGAGEMENT RESULT DETAILS

FEEDBACK FROM COMMUNITY MEMBERS WHEN ASKED SPECIFIC QUESTIONS ABOUT TRANSPORTATION AND HEALTH

Have we missed anything that would make the USRC more accessible to you? What would you add?

- Would like to see community leaders and mentors for upcoming leaders and mentors
- Accessibility includes large enough print, clearer print on uncoloured background, and losing the jargon
- Create mock schedules with community youth/wellness workers. Have the people actually see what can possibly take place through collaborations.
- Is there a plan for testing some of the recommendations?
- **(x2) Transportation/more buses**
- Accessible to everyone, not only the wealthy. Don't pay for everything all the time.
- Games
- **Monthly and weekly calendars and notices for special events. Good communication**

Which recreation programs in your community could be supported by the USRC?

- Satellite instructors. Yoga, tai chi, step
- Walking program for elders
- **(x3) Fitness classes/programs other than organized sports (including yoga, tai chi, dance, step)**
- More soccer. Favourite thing with soccer teams is kicking the ball really hard
- Community sports
- All equipment/teaching tools for all ages/families for family engagement.
- For mom and tots
- **(x3) Sewing/mending class**
- **Visits from athletes and motivational speakers**

Have we captured your vision for improving mobility and access to the USRC? How so?

- Critical to link after school activities to transportation. We have the majority of 13-18 year olds next store.
- Absolutely. With a recreation transit and scheduling genius I foresee community wellness thriving at USRC!
- **(x3) I like the idea of dedicated transportation, ie. a rec bus!**
- Transportation! Huge barrier for families, youth, adults, elders.

Have we missed any aspects of health and wellness? What would you add?

- I think recreation should include music and the arts
- Should include archery
- Hopefully it would include a tourism, visitor, transient and homeless component
- More active groups (men and women's groups). We need strong leaders
- Include: quilting, sewing, food prep opportunities
- All ages and more culture activities with the community
- Please include health and wellness conferences. Invite the world to join us.

- Our own FN spiritual beliefs as Gitxsan activities and teachings
- Traditional trails

Have we captured your vision for improving health and wellness through recreation? How so?

- All ages, all levels or abilities
- (x2) Definitely involve culture and multigenerational programs
- Yes, definitely what our community needs.
- Yes, giving kids something to do after school
- **Give everyone equal rights to access including bus rides to and from destination**
- (x2) The community aspect is good; including everyone is paramount.
- Tying recreation to what is already functioning and building on it. Plus recreation and health attached to the land.
- Designated area for cultural teaching after hours for sports. Better fit and better equipped tools for all hands on learning.
- Hiking, berry picking, hunting and trapping. Skills teaching
- Not only captured the vision, but expanded it to include cultural and traditional activity

Engagement with High School Students on 5 April 2017

These are highlights of some answers provided by students when responding to questions about what makes them feel healthy, how they would like to use the recreation centre, and how they plan to get to and from the new recreation centre.

- “Exercising/health eating make me feel healthy”
- “Volunteering, if I have the time”
- “I would like to help out any way I could, raise money, volunteer for anything.”
- “Keeping active and eating right and helping family, friends, and other stay healthy. Also, having good relationships with people is healthy.”
- “Drive, fly, bus, get a parent to drive.”
- “Participating in sports and volunteering. Maybe help coach or reffing.”
- “Fundraising with some students who really want this new rec centre.”
- “What makes me feel healthy is when I go for walks, or even a run. Eating healthy is good.”
- “I would like to use the rec centre to have an opportunity to experience/learn new sports/activities, have community events such as sports games or concerts, and have a place to interact with the community.”
- “I would like to be involved by being able to put input into what events or activities take place, and possibly help organize those events.”
- “The most important aspect of health and wellness to me is the effect it has on my daily life, my mood, mental wellness, and how I feel physically.”

BLANK COMMUNITY SURVEY



Upper Skeena Recreation Centre Survey

Q: What do you consider to be your community's biggest strength?

Please select one:

A: ☐ Pride ☐ Culture & traditional practices
☐ Governance ☐ Support and togetherness
☐ Resources & land ☐ Skills and knowledge
☐ Economy ☐ Other _____

Q: What do you consider to be the most important health issue in your community? Please select one:

A: ☐ Mental health ☐ Spiritual and cultural wellness
☐ Physical health ☐ Other

Q: Do you plan to go to the new Recreation Centre?

A: ☐ Yes ☐ No
Explain why or why not. _____

Q: Do you currently own or have regular access to a private vehicle for daily transportation purposes?

A: ☐ Yes ☐ No
Explain, if desired

Q: Have you used public transit in the Upper Skeena region in the past?

A: ☐ Yes ☐ No
Explain, if desired _____

Q: If 'No', would you feel comfortable riding public transportation if it met your needs?

A: ☐ Yes ☐ No
Explain, if desired _____

Enter for your chance to win!

Name: _____

Phone:

QUANTIFIED RESPONSES APRIL 2017 ENGAGEMENT EVENTS, HAZELTON, GITANYOW, MORICETOWN

COMMUNITY	TOTAL PARTICIPANTS	BIGGEST STRENGTH: PRIDE	BIGGEST STRENGTH: GOVERNANCE	BIGGEST STRENGTH: RESOURCES AND LAND	BIGGEST STRENGTH: ECONOMY	BIGGEST STRENGTH: CULTURE	BIGGEST STRENGTH: SUPPORT	BIGGEST STRENGTH: SKILLS	OTHER:
Moricetown	18	2		2	1	11	6	2	History(Stories)
New Hazelton	12	3	1	6	1	6	6	1	The scenery and people are great
Gitanyow	11	2		4		6	2		Diversity
Online (Two Mile)	1			1					
TOTAL RESPONSES	41	7	1	13	2	24	14	3	Total: 64
% OF REPONSES		11.29%	1.61%	20.97%	3.23%	38.71%	22.58%	4.84%	(not limited to 1)

COMMUNITY	BIGGEST HEALTH ISSUE: PHYSICAL	BIGGEST HEALTH ISSUE: MENTAL	BIGGEST HEALTH ISSUE: SPIRITUAL	COMMENTS	WILL YOU ATTEND THE NEW RECREATION CENTRE? YES	WILL YOU ATTEND THE NEW RECREATION CENTRE? NO	WILL YOU ATTEND THE NEW RECREATION CENTRE? MAYBE	COMMENTS
Moricetown	7	9	8	Elders Care	13	4	1	
New Hazelton	4	4	4	Substance use	12			
Gitanyow	4	4	2	Substance use: 2	6	2		3 no responses
Online (Two Mile)		1			1			
SUBTOTAL	15	17	14					0
	(+ 1 for elders care)	(+3 for substance use)						
TOTAL RESPONSES	16	20	14	Total: 50	32	6	1	
% OF REPONSES	34.78%	43.48%	30.43%	(not limited to 1)	78.05%	14.63%	2.44%	

DETAILED RESPONSES APRIL 2017 ENGAGEMENT EVENTS IN HAZELTON, GITANYOW, AND MORICETOWN

Age (self-reported)

0-9 years old: 2
 10-19 years old: 6
 20-29 years old: 4
 30-39 years old: 2
 40-49 years old: 4
 50-59 years old: 6
 60-64 years old: 2
 65+ years old: 10

Total: 36

Place of residence (self-reported)

Smithers: 1
 Moricetown: 8
 Two Mile (Moricetown): 2
 New Hazelton: 4
 Two Mile (Hazelton): 4
 Hazelton: 3
 Gitanmaax: 3
 Gitsegukla: 1
 Gitanyow: 14
 Glen Vowell: 2

Total: 42

Central event - 2 April 2017

Total: 12 Survey responses

What do you consider to be your community's biggest strength? (12 responses)

- Pride: 3 (25%)
- Governance: 1 (8%)
- **Resources and land: 6 (50%)**
- Economy: 1 (8%)
- **Culture and traditional practices: 6 (50%)**
- **Support and togetherness: 6 (50%)**
- Skills and knowledge: 1 (8%)
- Other (scenery and people are great): 1 (8%)

What do you consider to be the most important health issue in your community? (11 responses)

- Mental health: 5 (45%)

- Physical health: 4 (36%)
- Spiritual and cultural wellness: 4 (36%)
- Other (substance abuse): 1 (9%)

Do you plan to go to the new Recreation Centre?

Yes: 12 No: 0

- 3 people mentioned the recreation centre as being a place where they can meet people and build community
- 3 people mentioned that they would use the rec centre because it's a place for recreation and sports.

Do you currently own or have regular access to a private vehicle for daily transportation purposes?

Yes: 11 No: 1

Have you used public transit in the Upper Skeena region in the past?

Yes: 6 No: 6

- 2 people mentioned trips to Smithers as a reason for using public transit.

If 'No', would you feel comfortable riding public transportation if it met your needs?

Yes: 4 No: 2

- One person mentioned "germs" as a reason for not using transit.

Gitanyow event - 3 April 2017

Total: 11 Survey responses

What do you consider to be your community's biggest strength? (11 responses)

- Pride: 2 (18%)
- Governance: 0 (0%)
- **Resources and land: 4 (36%)**
- Economy: 0 (0%)
- **Culture and traditional practices: 6 (55%)**
- Support and togetherness: 2 (18%)
- Skills and knowledge: 0 (0%)
- Other (diversity): 1 (9%)

What do you consider to be the most important health issue in your community? (11 responses)

- Mental health: 4 (36%)
- Physical health: 4 (36%)
- Spiritual and cultural wellness: 2 (18%)
- Other (substance abuse): 2 (18%)

Do you plan to go to the new Recreation Centre?

Yes: 6 No: 2

- 3 people said they would go to the new rec centre to access equipment and be active
- 1 person said they would be too busy to go
- 1 person said they wouldn't go because they don't have transportation

Do you currently own or have regular access to a private vehicle for daily transportation purposes?

Yes: 8 No: 3

Have you used public transit in the Upper Skeena region in the past?

Yes: 1 No: 10

- 2 people commented that they don't use public transit because it doesn't come to Gitanyow

If 'No', would you feel comfortable riding public transportation if it met your needs?

Yes: 8 No: 1

Moricetown event - 4 April 2017

Total: 18 Survey responses

What do you consider to be your community's biggest strength? (17 responses)

- Pride: 2 (12%)
- Governance: 0 (0%)
- Resources and land: 2 (12%)
- Economy: 1 (6%)
- **Culture and traditional practices: 11 (65%)**
- **Support and togetherness: 6 (35%)**
- Skills and knowledge: 2 (12%)
- Other (History/stories): 1 (6%)

What do you consider to be the most important health issue in your community? (18 responses)

- Mental health: 8 (44%)
- Physical health: 7 (39%)
- Spiritual and cultural wellness: 7 (39%)
- Other (elders care): 1 (6%)

Do you plan to go to the new Recreation Centre?

Yes: 14 No: 4

- 3 People said they wouldn't go because it's too far or they don't have a ride

Do you currently own or have regular access to a private vehicle for daily transportation purposes?

Yes: 11 No: 7

Have you used public transit in the Upper Skeena region in the past? Yes: 4 No: 14

If 'No', would you feel comfortable riding public transportation if it met your needs?

Yes: 10 No: 4

APPENDIX G: POTENTIAL INDICATORS AND THE INDICATOR SELECTION CRITERIA

SELECTION CRITERIA

The specific evaluation rubric for each selection criteria is detailed in the following table:

Figure 30. Details on how the selection criteria were used to rate each indicator.

SELECTION CRITERIA	HIGH	MEDIUM	Low
Ease and Cost of Tracking	Cost \$0 or no device needed for tracking	Cost under \$100 or a simple device needed	Cost above \$100 or the tracking needs a deep assessment and coordination
External Relevance	Western valued outcome with largest potential for government savings	Indirectly related to a western valued outcome with some potential for government savings	No related to outcome, more a process oriented or culturally sensitive
Preventative	The indicator tracks an issue before it actually occurs	The indicators is responsive to the issue	The indicator is related to the treatment of issue, post-vention
Association with Recreation Centre	Activity and monitoring is occurring at Rec Centre	The indicator measures impacts likely due to Recreation Centre	The indicator is probably related to the impact of Recreation Centre, but many other aspects also have an influence
Inclusivity	The indicator addresses inclusivity explicitly	The indicator addresses inclusivity implicitly	The indicator doesn't address inclusivity

SELECTION

This is the complete list of indicators that were considered for tracking health and wellness changes related to the Recreation Centre. While most of these indicators are found in the suggested approaches, there are some that are not. Indicators that appear more than once in the list below are marked with an asterisk. Duplicated indicators have been used to evaluate multiple objectives, which may save time during the collection and evaluation processes.

INDICATOR	CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
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Objective: Improve physical health of all community members

1	Attendance rates for physical activity programs (participants registered/attended over duration of program), by gender, age and season	Attendance	H	L	H	L	H
2	Frequency of physical activity	Regional level impacts	L	H	H	L	L
3	# physical activity initiatives/programs in communities supported by the Rec Centre	Program offering	M	L	H	M	H
4	% leisure-time physical activity, moderately active or active achieved by community members	Regional level impacts	M	H	H	L	L
5	Distance walked per week by community members, by age and season	Community level impacts	L	L	H	L	L
6	Regional obesity rates	Regional level impacts	M	H	L	L	L
7	# patients screened, diagnosed and treated, by illness (ex. such as diabetes, hypertension, osteoporosis, asthma and heart disease)	Community level impacts	M	H	L	L	L
8	# preventable admissions to Wrinch Memorial Hospital, by length of stay, by community	Community level impacts	M	H	L	L	L

INDICATOR		CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
9	% current smokers, daily or occasional	Regional level impacts	H	M	L	L	L
10	% people exposed to second hand smoke at home	Regional level impacts	H	M	L	L	L
11	% people exposed to second-hand smoke in vehicles and/or public places (ex. at recreation events)	Regional level impacts	H	M	L	L	L
12	# community members who smoke participating in physical and recreation initiatives supported by the Rec Centre	Community level impacts	L	M	L	L	H
13	# tournaments held at the Rec Centre	Program offering	H	L	H	L	H
14	# participants in Rec Centre programs that go on to compete in regional, provincial, national or international levels	Community leadership	L	H	M	L	M

Objective: Increase mental wellbeing and opportunities for individual and collective growth

15*	# community-based programs and initiatives supported by the Rec Centre	Program offering	L	M	H	H	H
16*	# total participants from each community, by age, gender and season	Attendance	H	H	H	H	H
17*	# community members using subsidized Rec Centre passes	Attendance	H	H	H	H	H
18*	# programs taking place outdoors	Program offering	H	L	H	L	H
19	# total volunteer hours	Internal practices	L	M	H	M	H
20*	# unique volunteers, by gender, by new and returning	Internal practices	M	M	H	M	H
21	# reported times smiling or laughing in a day or feeling joy or happiness, and opinions on future (optimism)	Community level impacts	L	L	H	L	L
22	% community members that have reported an improvement in mental wellbeing after participating in Rec Centre programming (in regards to levels of self esteem, sense of place and confidence)	Program effectiveness	L	L	H	H	H

INDICATOR		CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
23	% participants reporting satisfaction with program (ex. program exit survey or annual survey addressing program effectiveness)	Program effectiveness	L	L	H	H	H
24	Community members that report feeling safe at the Rec Centre	Welcoming	L	L	M	H	H
25	Evaluation of community members that indicate a change in their feelings of self-worth after the Rec Centre	Community level impacts	L	L	H	L	M
26	# programs that teach self awareness or training to promote emotional resiliency	Program offering	H	L	H	L	H
27	Evaluation of level of cultural safety by Rec Centre participants	Welcoming	L	L	H	H	H
28	# staff and volunteer trainings on intergenerational trauma and trauma-related behaviour	Internal practices	H	L	M	H	H
29	# staff and volunteers trained in how to recognize the signs of mental distress or suicidal behaviour	Internal practices	H	L	M	L	H
30	# suicides and self-inflicted injuries, deaths (per 100,000 population) at the regional level	Regional level impacts	H	H	L	L	L
31	# self-inflicted injuries, suicide attempts and deaths by suicide	Community level impacts	M	H	L	L	L
32	# patients diagnosed and treated for depression or anxiety	Community level impacts	M	H	L	L	L
33	# deaths and hospitalizations related to substance use	Community level impacts	H	H	L	L	L
34	# drug/alcohol-related encounters with law enforcement, by age and gender	Community level impacts	H	H	L	L	L
35	Alcohol consumption per capita	Regional level impacts	H	H	L	L	L

INDICATOR		CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
36	Evaluation of community opinion regarding impact of Rec Centre on substance use	Community level impacts	L	L	L	L	L
37	# violence-related encounters with law enforcement	Community level impacts	M	H	L	L	L

Objective: Quality leisure opportunities available for all preschoolers

38*	# and % programs specifically for preschool children, school children, and teens by type of program	Program offering	H	M	M	H	H
39*	# unique preschool children and school children participating in programs at the Rec Centre	Attendance	M	M	H	M	H

Objective: All children have leisure skills in a range of leisure pursuits

40*	# and % programs specifically for preschool children, school children, and teens by type of program	Program offering	H	M	M	H	H
41*	# unique preschool children and school children participating in programs at the Rec Centre	Attendance	M	M	H	M	H

Objective: Healthy opportunities for teens to learn in a social setting

42	High school graduation rate for youth 18 and under	Community level impacts	M	H	H	M	L
43*	# and % programs specifically for preschool children, school children, and teens by type of program	Program offering	H	M	M	H	H
44	# after school programs for youth, by drop-in or registered	Program offering	H	H	M	H	H

INDICATOR	CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
45* Representation of youth and seniors/elders on sub-committees and other advisory or decision-making bodies at the Rec Centre	Community leadership	L	L	H	H	H
46 Evaluation of youth level of satisfaction regarding Rec Centre	Community leadership	L	L	H	H	H

Objective: All adults have leisure skills in a variety of leisure pursuits

47* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering	H	M	M	M	H
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Objective: All adults have leisure skills in a variety of leisure pursuits; Specific opportunities for women

48* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering	H	M	H	H	H
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Objective: Leisure opportunities are available for Elders/seniors

49* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering	H	L	H	M	H
50 Evaluation of the accessibility at the Rec Centre (ex. washrooms, signs, etc.)	Internal practices	H	L	H	H	H
51* Representation of youth and seniors/elders on sub-committees and other advisory or decision-making bodies at the Rec Centre	Community leadership	L	L	H	H	H

Objective: Our environment is interpreted

52* # programs taking place outdoors	Program offering	H	L	H	L	H
53 # programs providing outdoor education	Program offering	H	L	H	L	H

INDICATOR	CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
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Objective: Increase diversity of local employment, training and volunteer opportunities

54	# unpaid work experience opportunities (ex. volunteer, shadowing, internships, coop programs and school-industry partnerships), for youth and adults	Program offering	H	H	H	H	H
55	# total unpaid hours of work experience offered at or by the Rec Centre	Program offering	M	M	H	L	H
56	# full-time employees at Rec Centre	Internal practices	H	H	H	L	H
57	# full-time employees at Rec Centre from the Upper Skeena region	Internal practices	H	L	H	H	H
58	# employment opportunities for youth	Internal practices	H	H	H	H	H
59	# of employment vacancies at Rec Centre	Internal practices	H	L	H	H	H
60	# part-time or seasonal employees at Rec Centre	Internal practices	H	L	L	L	H
61	% employment opportunities above minimum wage at Rec Centre	Internal practices	H	L	H	M	H
62	% employment opportunities for low income individuals	Internal practices	H	L	H	H	H
63	% Rec Centre employees that identify as First Nations from local communities, compared to the First Nations % of regional population	Internal practices	H	M	H	H	H
64	Diversity of staff and volunteers in Rec Centre: age, gender, community	Internal practices	H	L	H	H	H
65	Annual employee retention rate	Internal practices	M	L	H	L	H
66	Evaluation of employee satisfaction (ex. survey)	Internal practices	L	L	H	H	H
67	\$ amount of local services and goods sold onsite	Internal practices	M	L	H	L	H
68	% participants using income assistance/social dependency compared to % in region	Attendance	M	L	H	H	H
69	# participants in coaching and referee training/certification programs	Attendance	H	M	H	L	H
70	# coaching and referee training/certification programs	Program Offering	H	L	H	L	H

INDICATOR		CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
71	# coaches and referees currently employed for programs/events supported or delivered by the Rec Centre	Internal practices	H	M	H	L	H
72*	# unique volunteers, by gender, by new and returning	Internal practices	M	M	H	M	H
73	# total of volunteer hours	Internal practices	L	M	H	M	H

Objective: A wide range of special events and celebrations available

74*	# community-based programs and initiatives supported by the Rec Centre	Program offering	L	M	H	H	H
75*	# community events (ex. public events, tournaments, graduations, etc.)	Program offering	H	L	H	L	H

Objective: A wide range of healthy local groups

76*	# total space rentals	Other services	H	M	M	L	H
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Objective: Spectators at local sporting events

77*	# community events (ex. public events, tournaments, graduations, etc.)	Program offering	H	L	H	L	H
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Objective: A wide range of high quality social functions available to local citizens

78	# tournaments held between communities	Community leadership	M	L	H	H	M
79*	# total space rentals	Other services	H	M	M	L	H
80	# space rentals from community members, by community, as percentage of total	Other services	M	L	M	M	H

INDICATOR	CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
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Objective: A wide range of family-oriented leisure opportunities available to local citizens

81	# programs/events that provide childcare, childminding or are child friendly	Program offering	H	M	H	H	H
82	# programs/events intended for families, by type of program: sports, arts, culture, etc.	Program offering	H	M	H	H	H
83	# program/events that promote intergenerational learning (ex. events linking youth and elders)	Program offering	H	L	H	H	H

Objective: Increase welcoming by increasing instances of contact between different social and age groups at the Recreation Centre

84	Evaluation of diversity of income levels accessing the Rec Centre	Welcoming	L	M	H	H	H
85*	# community members using subsidized Rec Centre passes	Attendance	H	H	H	H	H
86	Rate of use of any subsidized equipment rental program	Other services	H	L	H	H	H
87	Estimated # hours (self-reporting) spent at the Rec Centre per person per week, by community	Community level impacts	L	L	H	L	H
88	# public engagement and outreach initiatives conducted to promote the Rec Centre	Internal practices	H	L	M	M	H
89	Evaluation of feelings of social belonging or exclusion at Rec Centre based on gender, age, geography	Welcoming	L	L	H	H	H
90*	Representation of youth and seniors/elders on sub-committees and other advisory or decision-making bodies at the Rec Centre	Community leadership	M	L	H	H	H
91	# reported incidents of bullying, assaults, intimidation at Rec Centre	Internal practices	M	L	L	H	H

Objective: Increase traditional, holistic and culturally relevant health and wellness understandings and practices

INDICATOR		CATEGORY	EASE OF COST & TRACKING	EXTERNAL RELEVANCE	PREVENTATIVE	INCLUSIVITY	RELATION TO REC CENTRE
92	% signage in different languages at the Rec Centre	Internal practices	H	L	H	H	H
93*	# total participants from each community, by age, gender and season	Attendance	H	H	H	H	H
94	Evaluation of community representation (ex. survey asking do you feel represented at the Rec Centre?)	Welcoming	L	L	H	H	H
95	Extent of representation from each Upper Skeena community in the Rec Centre Owners Partnership Committee	Community leadership	L	H	H	H	H
96	# and % staff with cultural sensitivity/humility training (for and between all cultures)	Internal practices	H	L	H	H	H
97	Evaluation of cultural safety at Rec Centre from Rec Centre members (ex. survey asking: do you feel comfortable expressing yourself? Do you feel your cultural is respected, represented and included in the spaces at the Rec Centre?)	Welcoming	L	L	H	H	H
98	Evaluation of satisfaction in each community regarding programs at the Rec Centre	Community leadership	L	L	H	H	H
99	# Rec Centre programs led by community members and delivered in communities	Program offering	H	L	M	H	H
100	% Rec Centre programs that are found to be important to each community	Community leadership	L	L	H	H	H
101	% community-developed indicators used to monitor and evaluate the impact of the Rec Centre	Community leadership	H	L	H	H	H

APPENDIX H: DETAILED LIST OF INDICATOR APPROACHES

STANDARD APPROACH

SUMMARY

Total unique indicators 32

INDICATOR CATEGORY		# INDICATORS
Process	Community leadership	1
	Welcoming	-
	Internal practices	6
	Attendance	5
Outcomes	Program offering	13
	Program effectiveness	-
	Community and regional level impacts	13
	Other services	2

OBJECTIVE	# INDICATORS
Fitness	8
Mental wellbeing	9
Opportunities for pre-schoolers	1
Opportunities for children	1
Opportunities for teens	3
Opportunities for adults	1
Opportunities for adults, women	1
Opportunities for seniors, elders	2
Environment	1
Employment and training	5
Celebrations	1
Healthy local groups	1
Spectators	1
Social Functions	1
Opportunities for families	2
Inclusion, increase social contact	1
Inclusion, Gitxsan and Wet'suwet'en	1

* Indicators that appear more than once in the list below are marked with an asterisk. Duplicated indicators have been used to evaluate multiple objectives.

LIST OF INDICATORS IN THE STANDARD APPROACH

OBJECTIVE	INDICATOR	CATEGORY
<i>Fitness</i>	1 Attendance rates for physical activity programs (participants registered/attended over duration of program), by gender, age and season	Attendance
	2 Frequency of physical activity	Regional level impacts
	3 % leisure-time physical activity, moderately active or active achieved by community members	Regional level impacts
	4 Regional obesity rates	Regional level impacts
	5 # patients screened, diagnosed and treated, by illness (ex. such as diabetes, hypertension, osteoporosis, asthma and heart disease)	Community level impacts
	6 # preventable admissions to Wrinch Memorial Hospital, by length of stay, by community	Community level impacts
	7 % current smokers, daily or occasional	Regional level impacts
	8 # participants in Rec Centre programs that go on to compete in regional, provincial, national or international levels	Community leadership
	9* # total participants from each community, by age, gender and season	Attendance
	10 # unique volunteers, by gender, by new and returning	Internal practices
<i>Mental wellbeing</i>	11 # suicides and self-inflicted injuries, deaths (per 100,000 population) at the regional level	Regional level impacts
	12 # patients diagnosed and treated for depression or anxiety	Community level impacts
	13 # deaths and hospitalizations related to substance use	Community level impacts
	14 # drug/alcohol-related encounters with law enforcement, by age and gender	Community level impacts
	15 Alcohol consumption per capita	Regional level impacts
	16 # violence-related encounters with law enforcement	Community level impacts
	17 # community members using subsidized Rec Centre passes	Attendance
<i>Opportunities for pre-schoolers</i>	18* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering
<i>Opportunities for children</i>	19* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering
<i>Opportunities for teens</i>	20* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering

OBJECTIVE	INDICATOR	CATEGORY
	21 High school graduation rate for youth 18 and under	Community level impacts
	22 # after school programs for youth, by drop-in or registered	Program offering
<i>Opportunities for adults</i>	23* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering
<i>Opportunities for adults, women</i>	24* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering
<i>Opportunities for adults, elders</i>	25* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering
	26 Evaluation of the accessibility at the Rec Centre (ex. washrooms, signs, etc.)	Internal practices
<i>Environment</i>	27 # programs taking place outdoors	Program offering
	28 # unpaid work experience opportunities (ex. volunteer, shadowing, internships, coop programs and school-industry partnerships), for youth and adults	Program offering
	29 # full-time employees at Rec Centre	Internal practices
<i>Employment and training</i>	30 # employment opportunities for youth	Internal practices
	31 % Rec Centre employees that identify as First Nations from local communities, compared to the First Nations % of regional population	Internal practices
	32 # participants in coaching and referee training/certification programs	Attendance
<i>Celebrations</i>	33* # community events (ex. public events, tournaments, graduations, etc.)	Program offering
<i>Healthy local groups</i>	34* # total space rentals	Other services
<i>Spectators</i>	35* # community events (ex. public events, tournaments, graduations, etc.)	Program offering
<i>Social functions</i>	36* # total space rentals	Other services
<i>Opportunities for families</i>	37 # programs/events that provide childcare, childminding or are child friendly	Program offering
	38 # programs/events intended for families, by type of program: sports, arts, culture, etc.	Program offering
<i>Inclusion, increase social contact</i>	39 # public engagement and outreach initiatives conducted to promote the Rec Centre	Internal practices
<i>Inclusion, Gitxsan and Wet'suwet'en</i>	40* # total participants from each community, by age, gender and season	Attendance

EXTENSIVE APPROACH

SUMMARY

Total unique indicators: 41

INDICATOR CATEGORY		# INDICATORS
Process	Community leadership	8
	Welcoming	5
	Internal practices	10
	Attendance	4
Outcomes	Program offering	18
	Program effectiveness	1
	Community and regional level impacts	2
	Other services	3

OBJECTIVE	# INDICATORS
Fitness	2
Mental wellbeing	8
Opportunities for pre-schoolers	1
Opportunities for children	1
Opportunities for teens	4
Opportunities for adults	1
Opportunities for adults, women	1
Opportunities for seniors, elders	3
Environment	1
Employment and training	9
Celebrations	2
Healthy local groups	1
Spectators	1
Social Functions	2
Opportunities for families	3
Inclusion, welcoming	3
Inclusion, Gitxsan and Wet'suwet'en	8

* Indicators that appear more than once in the list below are marked with an asterisk. Duplicated indicators have been used to evaluate multiple objectives.

LIST OF INDICATORS IN THE EXTENSIVE APPROACH

OBJECTIVE	INDICATOR	CATEGORY
<i>Fitness</i>	1 % leisure-time physical activity, moderately active or active achieved by community members	Regional level impacts
	2 # tournaments held at the Rec Centre	Program offering
	3* # community-based programs and initiatives supported by the Rec Centre	Program offering
	4* # programs taking place outdoors	Program offering
	5 # unique volunteers, by gender, by new and returning	Internal practices
<i>Mental wellbeing</i>	6 % community members that have reported an improvement in mental wellbeing after participating in Rec Centre programming (in regards to levels of self-esteem, sense of place and confidence)	Program effectiveness
	7 # self-inflicted injuries, suicide attempts and deaths by suicide	Community level impacts
	8* # total participants from each community, by age, gender and season	Attendance
	9 Evaluation of level of cultural safety by Rec Centre participants	Welcoming
	10 # community members using subsidized Rec Centre passes	Attendance
<i>Opportunities for pre-schoolers</i>	11* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering
<i>Opportunities for children</i>	12* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering
	13* Representation of youth and seniors/elders on sub-committees and other advisory or decision-making bodies at the Rec Centre	Community leadership
<i>Opportunities for teens</i>	14 # after school programs for youth, by drop-in or registered	Program offering
	15* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering
	16 Evaluation of youth level of satisfaction regarding Rec Centre	Community leadership
<i>Opportunities for adults</i>	17* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering

OBJECTIVE	INDICATOR	CATEGORY
<i>Opportunities for adults, women</i>	18* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering
	19 Evaluation of the accessibility at the Rec Centre (ex. washrooms, signs, etc.)	Internal practices
<i>Opportunities for adults, elders</i>	20* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering
	21* Representation of youth and seniors/elders on sub-committees and other advisory or decision-making bodies at the Rec Centre	Community leadership
<i>Environment</i>	22* # programs taking place outdoors	Program offering
	23 # unpaid work experience opportunities (ex. volunteer, shadowing, internships, coop programs and school-industry partnerships), for youth and adults	Program offering
	24 # employment opportunities for youth	Internal practices
	25 # of employment vacancies at Rec Centre	Internal practices
	26 % employment opportunities above minimum wage at Rec Centre	Internal practices
<i>Employment and training</i>	27 % employment opportunities for low income individuals	Internal practices
	28 % Rec Centre employees that identify as First Nations from local communities, compared to the First Nations % of regional population	Internal practices
	29 Diversity of staff and volunteers in Rec Centre: age, gender, community	Internal practices
	30 Evaluation of employee satisfaction (ex. survey)	Internal practices
	31 % participants using income assistance/social dependency compared to % in region	Attendance
<i>Celebrations</i>	32* # community-based programs and initiatives supported by the Rec Centre	Program offering
	33* # community events (ex. public events, tournaments, graduations, etc.)	Program offering
<i>Healthy local groups</i>	34* # total space rentals	Other services
<i>Spectators</i>	35* # community events (ex. public events, tournaments, graduations, etc.)	Program offering
<i>Social</i>	36* # total space rentals	Other services

OBJECTIVE	INDICATOR	CATEGORY
<i>functions</i>	37 # tournaments held between communities	Community leadership
	38 # programs/events that provide childcare, childminding or are child friendly	Program offering
<i>Opportunities for families</i>	39 # programs/events intended for families, by type of program: sports, arts, culture, etc.	Program offering
	40 # program/events that promote intergenerational learning (ex. events linking youth and elders)	Program offering
<i>Inclusion, increase social contact</i>	41 Evaluation of diversity of income levels accessing the Rec Centre	Welcoming
	42 Rate of use of any subsidized equipment rental program	Other services
	43 Evaluation of feelings of social belonging or exclusion at Rec Centre based on gender, age, geography	Welcoming
	44 % signage in different languages at the Rec Centre	Welcoming
	45 Evaluation of community representation (ex. survey asking do you feel represented at the Rec Centre?)	Welcoming
	46 Extent of representation from each Upper Skeena community in the Rec Centre Owners Partnership Committee	Community leadership
<i>Inclusion, Gitxsan and Wet'suwet'en</i>	47 # and % staff with cultural sensitivity/humility training (for and between all cultures)	Internal practices
	48 Evaluation of satisfaction in each community regarding programs at the Rec Centre	Community leadership
	49 % Rec Centre programs that are found to be important to each community	Community leadership
	50* # total participants from each community, by age, gender and season	Attendance
	51 % community-developed indicators used to monitor and evaluate the impact of the Rec Centre	Community leadership

COMPREHENSIVE APPROACH

SUMMARY

Total unique indicators: 37

INDICATOR CATEGORY		# INDICATORS
Process	Community leadership	1
	Welcoming	1
	Internal practices	9
	Attendance	7
Outcomes	Program offering	19
	Program effectiveness	1
	Community and regional level impacts	6
	Other services	3

OBJECTIVE	# INDICATORS
Fitness	6
Mental wellbeing	8
Opportunities for pre-schoolers	2
Opportunities for children	2
Opportunities for teens	3
Opportunities for adults	1
Opportunities for adults, women	1
Opportunities for seniors, elders	2
Environment	2
Employment and training	6
Celebrations	2
Healthy local groups	1
Spectators	1
Social Functions	1
Opportunities for families	3
Inclusion, welcoming	3
Inclusion, Gitxsan and Wet'suwet'en	3

* Indicators that appear more than once in the list below are marked with an asterisk. Duplicated indicators have been used to evaluate multiple objectives.

LIST OF INDICATORS IN THE COMPREHENSIVE APPROACH

OBJECTIVE	INDICATOR	CATEGORY
Fitness	1 Attendance rates for physical activity programs (participants registered/attended over duration of program), by gender, age and season	Attendance
	2 Frequency of physical activity	Regional level impacts
	3 # physical activity initiatives/programs in communities supported by the Rec Centre	Program offering
	4 # patients screened, diagnosed and treated, by illness (ex. such as diabetes, hypertension, osteoporosis, asthma and heart disease)	Community level impacts
	5 # preventable admissions to Wrinch Memorial Hospital, by length of stay, by community	Community level impacts
	6 # tournaments held at the Rec Centre	Program offering
	7 # programs taking place outdoors	Program offering
Mental wellbeing	% participants reporting satisfaction with program (ex. program exit survey or annual survey addressing program effectiveness)	Program effectiveness
	8 # unique volunteers, by gender, by new and returning	Internal practices
	9 # staff and volunteers trained in how to recognize the signs of mental distress or suicidal behaviour	Internal practices
	10 # suicides and self-inflicted injuries, deaths (per 100,000 population) at the regional level	Regional level impacts
	11 # deaths and hospitalizations related to substance use	Community level impacts
	12* # total participants from each community, by age, gender and season	Attendance
Opportunities for pre-schoolers	13* # community members using subsidized Rec Centre passes	Attendance
	14* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering
Opportunities for children	15* # unique preschool children and school children participating in programs at the Rec Centre	Attendance
	16* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering
Opportunities for teens	17* # unique preschool children and school children participating in programs at the Rec Centre	Attendance
	18 High school graduation rate for youth 18 and under	Community level impacts
	19 # after school programs for youth, by drop-in or registered	Program offering
	20* # and % programs specifically for preschool children, school children, and teens by type of program	Program offering

OBJECTIVE	INDICATOR	CATEGORY
<i>Opportunities for adults</i>	21* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering
<i>Opportunities for adults, women</i>	22* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering
<i>Opportunities for adults, Elders</i>	23* # and % programs for adults, and specifically for women and seniors/Elders, by type of program	Program offering
	24 Evaluation of the accessibility at the Rec Centre (ex. washrooms, signs, etc.)	Internal practices
<i>Environment</i>	25 # programs providing outdoor education	Program offering
	26* # programs taking place outdoors	Program offering
	27 # unpaid work experience opportunities (ex. volunteer, shadowing, internships, coop programs and school-industry partnerships), for youth and adults	Program offering
<i>Employment and training</i>	28 # employment opportunities for youth	Internal practices
	29 # of employment vacancies at Rec Centre	Internal practices
	30 Annual employee retention rate	Internal practices
	31 % Rec Centre employees that identify as First Nations from local communities, compared to the First Nations % of regional population	Internal practices
	32 Diversity of staff and volunteers in Rec Centre: age, gender, community	Internal practices
<i>Celebrations</i>	33 # community-based programs and initiatives supported by the Rec Centre	Program offering
	34* # community events (ex. public events, tournaments, graduations, etc.)	Program offering
<i>Healthy local groups</i>	35* # total space rentals	Other services
<i>Spectators</i>	36* # community events (ex. public events, tournaments, graduations, etc.)	Program offering
<i>Social Functions</i>	37* # total space rentals	Other services
	38 # programs/events that provide childcare, childminding or are child friendly	Program offering
<i>Opportunities for families</i>	39 # programs/events intended for families, by type of program: sports, arts, culture, etc.	Program offering
	40 # program/events that promote intergenerational learning (ex. events linking youth and elders)	Program offering
<i>Inclusion, increase social contact</i>	41 Rate of use of any subsidized equipment rental program	Other services
	42* # community members using subsidized Rec Centre passes	Attendance
	43 # public engagement and outreach initiatives conducted to promote the Rec Centre	Internal practices

OBJECTIVE	INDICATOR	CATEGORY
<i>Inclusion, Gitxsan and Wet'suwet'en</i>	44 % signage in different languages at the Rec Centre	Welcoming
	45 Extent of representation from each Upper Skeena community in the Rec Centre Owners Partnership Committee	Community leadership
	46* # total participants from each community, by age, gender and season	Attendance

APPENDIX I: EXAMPLE FORMS FOR COLLECTING INDICATORS

PROGRAM RECORD FORM

The following form is meant to be used every time a new program is established, besides serving for calculating the indicators related to program offerings, it serves to plan and focus the programs.

This form shows many possibilities, if the Recreation Centre decides to not focus in every area shown, the form can be adjusted.

PROGRAM NAME	<input style="width: 100%;" type="text"/>		
INSTRUCTOR(S)	<input style="width: 100%;" type="text"/>		
DATES	<input style="width: 100%;" type="text"/>		
DESCRIPTION	<input style="width: 100%; height: 40px;" type="text"/>		
EXPECTED # PARTICIPANTS	<input style="width: 150px; height: 25px;" type="text"/>	SUPPLIES NEEDED	<input style="width: 150px; height: 25px;" type="text"/>
TYPE OF PROGRAM	<input type="checkbox"/> Cultural/Traditional <input type="checkbox"/> Arts	<input type="checkbox"/> Sports <input type="checkbox"/> Health promotion	<input type="checkbox"/> Economic/training

PROCESS DETAILS	
<input type="checkbox"/> Is this a community-led program? <input type="checkbox"/> Will it provide childminding/childcare?	<input type="checkbox"/> Is this program happening in communities? <input type="checkbox"/> Will it provide subsidies?

FOCUS AUDIENCE			
<i>Age</i> <input type="checkbox"/> Preschool Children <input type="checkbox"/> School Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Youth <input type="checkbox"/> Adults <input type="checkbox"/> Adults (Students) <input type="checkbox"/> Elders/Seniors	<i>Income</i> <input type="checkbox"/> Low-income	<i>Social Group</i> <input type="checkbox"/> Families <input type="checkbox"/> Parents <input type="checkbox"/> Youth and Elders	<i>Gender</i> <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Trans-gendered, Lesbian, Gay, Two spirited, Queer, Questioning

DETERMINANTS OF HEALTH ADDRESSED

Cultural wellness

- ☐ Has this program been culturally grounded?
- ☐ History (inc. colonization and residential schools)
- ☐ Cultural sharing
- ☐ Cultural awareness
- ☐ Cultural diversity
- ☐ Traditional healing
- ☐ Cultural knowledge
- ☐ Language

Enviromental wellness

- ☐ Traditional foods
- ☐ Outdoor program
- ☐ Outdoor education

Economic wellness

- ☐ Training certificate
- ☐ Local economic resources training
- ☐ Unpaid work experience
- ☐ Peer-to-peer program

Social wellness

- ☐ Violence prevention and alternative justice
- ☐ Health and wellness
- ☐ After school programs
- ☐ Pre-natal, post-natal
- ☐ Infant care
- ☐ Parenting
- ☐ Family violence
- ☐ Family planning

ASPECTS OF HEALTH ADDRESSED

Physical

- ☐ FASD awareness and prevention
- ☐ Access to medicine (traditional/western)
- ☐ Weight loss
- ☐ Walking
- ☐ Smoking
- ☐ Eating habits/traditional foods

Mental

- ☐ Connection to nature
- ☐ Self-awareness and emotional intelligence
- ☐ Anti-violence/bullying
- ☐ Suicide prevention
- ☐ Lifeskills and resilience
- ☐ Smart/wise internet/device use

Emotional

- ☐ Grief and postvention

Spiritual

- ☐ Drug/alcohol awareness and prevention
- ☐ Tradition and culture based mental wellbeing
- ☐ Cultural event (ex. feasts)
- ☐ Colonization, intergenerational trauma

ASSISTANCE RECORD FORM

The following form is meant to be used during each session of program that need registration, but it can also be used to help in the registration of each participant.

NAME OF PROGRAM

DATE(S)

Age Categories:

P-Preschool Children

S-School Children

Y-Youth

A-Adults

AS-Adults (Students)

S-Elders/Seniors

NAME OF ATTENDEE	AGE	COMMUNITY	GENDER	SESSION			
				1	2	3	...

APPENDIX J: ADDITIONAL DATA SOURCES

There are many interesting and potentially relevant statistics available that have not been specifically detailed in this report. Changes in this data cannot be directly linked to the Recreation Centre, however it can be analysed in tandem with indicators measured at the Recreation Centre. Below are some links to data available at different scales.

COMMUNITY-LEVEL DATA SOURCES

COMMUNITY PLANS

Each community may complete their own plans, such as Comprehensive Community Plans, Official Community Plans, Safety Plans and Health Plans. During the process they may collect their own indicators. Not all communities will have all plans, and they may not be updated with any regularity. However, it may be useful for the Recreation Centre staff to be aware of any new plan development and any indicators of health and wellness that may be collected in the process.

CENSUS, STATISTICS CANADA

[Link to website.](#)

Every 5 years Statistics Canada releases its results from the National Census with information about populations, households, dwellings, families, immigration and ethnocultural diversity, indigenous populations, education and labour, mobility and migration, languages, and income. This data is available on the level of the individual community, and the most recent census was completed in 2016.

REGIONAL-LEVEL DATA SOURCES

COMMUNITY HEALTH PROFILES, STATISTICS CANADA

[Link to website.](#)

The Community Health Profiles are available through Statistics Canada and contains information about health and wellbeing conditions and behaviour, accessibility, frequency of use and effectiveness of health resources, deaths and environmental factors. This data is available for the Northwest Health Service Delivery Area, a large region that spans from the Yukon border to Haida Gwaii and Smithers. The last complete profile was 2011, but some data has been updated as recently as 2016.

SOCIO-ECONOMIC PROFILES, BC STATS

[Link to website.](#)

In addition to much of the data contained in the National Census, this also offers information on income dependency and assistance, unemployment, graduation rates and test scores, indicators of crime and health. This data is available both at the scale of the Upper Skeena Local Health Area, the Regional District of Kitimat-Stikine and the Northwest Health Delivery Service Area. The data is compiled from multiple sources and has no consistent date, however the most recent version contains mostly data from 2012.

REGIONAL HEALTH SURVEY, FIRST NATIONS INFORMATION GOVERNANCE CENTRE

The Regional Health Survey was conducted for all First Nations in the province of British Columbia between 2008 and 2010. This survey gives a snapshot of most aspects of health and wellness among First Nations people province-wide.

ALCOHOL CONSUMPTION, BC ALCOHOL AND OTHER DRUG (AOD) MONITORING PROGRAM

[Link to website.](#)

This project, through the University of Victoria, estimates the alcohol consumed per person over the age of 15 based on alcohol sales in the region. This data is available yearly for the Upper Skeena region, and the most recent data available is for 2014.

AOD-RELATED HOSPITALIZATIONS AND DEATHS, BC ALCOHOL AND OTHER DRUG (AOD) MONITORING PROGRAM

[Link to website.](#)

This project, through the University of Victoria, estimates the number of hospitalizations and deaths related to alcohol or substance use. This data is available yearly for the Upper Skeena region, and the most recent data available is for 2013.