Upper Skeena Health and Wellness Monitoring Strategy

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in partnership with

the Owners Partnership Committee

March 20, 2018

Table of Contents

Executive Summary 1
Acknowledgements 1
Summary of Recommendations 2
Glossary of Terms 3
Introduction and Context 4
1.1 The Upper Skeena Region 4
1.2 The Upper Skeena Recreation Centre 5
1.3 Monitoring Project Overview 6
1.3.1 The Importance of Monitoring 6
1.3.2 The Team 7
Methods: How We Did Our Work 8
2.1 Learning from Others 8
2.2 Stories 8
2.3 Engagement Methods 9
Insights: What Came Out of Our Work 11
3.1 Programming and Design Ideas for the Rec Centre 11
3.2 Successful and Promising Engagement Activities 11
3.3 Story Gathering 12
3.4 A Guide to Using Stories as Qualitative Data 13
3.5 Photovoice Project 14
Insights: How to Measure 15
4.1 Data Collection Methods 15
4.2 Community Data Collection 17
Insights: What to Measure 21
5.1 Quick Wins Phase 22
5.2 Funder-Friendly Phase 23
5.3 Community-Focused Phase 24
Next Steps 26
6.1 Recommendations 26
Monitoring Project Timeline 28
Conclusion 29
References 30
Appendix A: Quick Wins Data Collection Template 31
Appendix B: Monitoring Project Flyer 32
Appendix C: Community Ideas for Rec Centre Programming and Design 33
Appendix D: Methodology of Phase Development 35
Appendix E: Complete Tables of Phase Indicators 36
Quick Wins 36
Funder-Friendly 38
Community-Focused 40

Executive Summary

This report presents recommendations for developing a monitoring strategy for a new Recreation Centre that is being built in the Upper Skeena region of British Columbia. These recommendations are the result of an eight month project, the goal of which was to take a strengths-based approach to collaborating with Upper Skeena communities to together develop a plan for measuring how the Upper Skeena Recreation Centre will impact community and individual health and wellness.

The report begins by outlining the context in which the new Rec Centre is being built, on the traditional territory of the Gitxsan and Wet'suwet'en First Nations, and explaining why it is important to monitor the impact this Rec Centre has on the surrounding communities. The Monitoring Project is an ongoing effort; this year's team of students from the School of Community and Regional Planning at the University of British Columbia has focused on identifying what health and wellness indicators should be measured, how, and by whom. The methods used to do so are explained next, which are centred on stories as both a culturally-relevant engagement tool and a qualitative data collection method.

What came out of this work is presented as insights into what to measure, how to measure, and engaging the community in both. For each, opportunities that were identified through community engagement are listed along with what would be required to act on them. The overarching directions given are to build on and partner with existing health monitoring processes, involve the community as much as possible (such as through establishing a Community Advisory Committee), and to measure indicators in phases, beginning with those identified as Quick Wins based on their higher perceived feasibility. This direction is broken down into eight recommendations, as summarized on the following page.

Acknowledgements

In writing this report to conclude this year's work, we would like to acknowledge and thank all of the Upper Skeena community members who contributed to this process. We were fortunate to collaborate with many local leaders and community champions who brought much warmth, humour, and rich local knowledge and stories to this project. In particular, this work would not have been possible without the great leadership, hospitality, and insights of our primary community partners, Sandra Harris and Dr. Peter Newbery. We would also like to thank SCARP studio instructors Erick Villagomez and Clare Mochrie for their insight and feedback on our work. Finally, we would like to extend a big thanks to Dr. Maged Senbel for his invaluable guidance and non-stop jokes throughout the year.

We acknowledge that the work we conducted for this project took place in Vancouver and Upper Skeena on the unceded territory of Musqueam First Nation, and the Gitxsan and Wet'suwet'en First Nations, respectively.

Summary of Recommendations

Short Term

1. Continue implementing the Quick Wins monitoring phase
2. Identify and convene members for Community Advisory Committee
3. Pursue identified opportunities for community data collection

Medium Term

4. Continue story gathering and explore incorporating additional media
5. Revisit demonstration project idea, with more time for relationship-building

Long Term

6. Measure indicators from the Funder-Friendly and Community-Focused phases
7. Diversify data collection with more participatory and intensive methods
8. Seek new partnerships and strengthen existing relationships

Glossary of Terms

Term	Definition for the purpose of this report
Objectives	Objectives for the Monitoring Strategy determined through discussion with the Community Partners.
Health	A state of being composed of various elements, including the physical, mental, emotional and spiritual realms as well as the environment, culture, family, and community.
Indicator	A single measure that can tell us about the present state of something that is important, and can demonstrate changes over time (Graham, 2008).
Journey Mapping	A flexible engagement approach that typically involves a chronological trajectory that's mapped out directly by the client or research participant.
Monitoring	The continuous process of routinely gathering information on performance measures (indicators) that help to demonstrate whether a project is moving towards achieving its objectives (UN Habitat and EcoPlan International, 2005).
Outcomes	Clearly stated results by and for the people and organisations who are supposed to benefit (Community Places, 2015).
Photovoice	A participatory action research method that provides a process by which people can "identify, represent, and enhance their community through a specific photographic technique" (Wang & Burris, 1997, p. 369).
Wellness	A balance between all elements of individual and community health, recognizing that all things are interconnected (Geddes, 2015).
Strengths-based approach	Begins from and focuses on the strengths of a community (Carnegie UK Trust, 2009).
Vlogging	A contraction of "video blogging"; a blog in which posts are in video form.

Introduction and Context

1.0

1.1 The Upper Skeena Region

The Upper Skeena region lies within the traditional and unceded territory of the Gitxsan and Wet'suwet'en First Nations. The Upper Skeena region's population is about 70% Indigenous, and is home to eight First Nations communities (Haggerstone, 2010). These include the Gitxsan nations of Gitanmaax, Gitanyow, Gitsegukla, Gitwangak, Kispiox, and Sik-e-dakh (Glen Vowell), as well as two Wet'suwet'en communities, Hagwilget and Witset (formerly Moricetown). There are also two settler municipalities, the Village of Hazelton and the District of New Hazelton, and the unincorporated areas of Two Mile, South Hazelton, and the ranching valleys of Kispiox and Suskwa, all within the Upper Skeena region. These communities are spread across a huge swath of land, featuring the Bulkley, Skeena and Kispiox rivers running below the Skeena Mountains. Figure 1 on the next page is a context map showing the communities in the Upper Skeena region and situating the Rec Centre within it.

New Hazelton, the largest service centre in the Upper Skeena region, is approximately 70 kilometers northwest of Smithers and 140 kilometers northeast of Terrace, connected by Highway 16, also known as the "Highway of Tears." Some Upper Skeena communities are particularly remote: Gitanyow, Gitwangak, and Gitsegukla are roughly 70 kilometers, 50 kilometers, and 30 kilometers, respectively, from New Hazelton. With these distances come substantial challenges including transportation, access to services, higher costs of living, and social isolation (Hayes et al., 2017). Further, some of the highest unemployment rates in the province, coupled with low education rates and extreme health challenges, together create significant barriers to individual and community wellbeing in the Upper Skeena region (Heart of the Hazeltons, 2014). Despite these challenges, the Upper Skeena communities have retained much strength and resilience, as well as an evident passion for sports and recreation.

A new recreation centre is being built in Hazelton, BC, on the traditional and unceded territory of the Gitxsan and Wet'suwet'en First Nations. The goal of the Upper Skeena Recreation Centre (Rec Centre) is to "provide a welcoming place for all people of the Upper Skeena to gather; and to address the communities' educational, health and social needs, utilizing the platform of wellness, recreation and sport as a catalyst for dialogue, hope and action." (Heart of the Hazeltons, 2014)

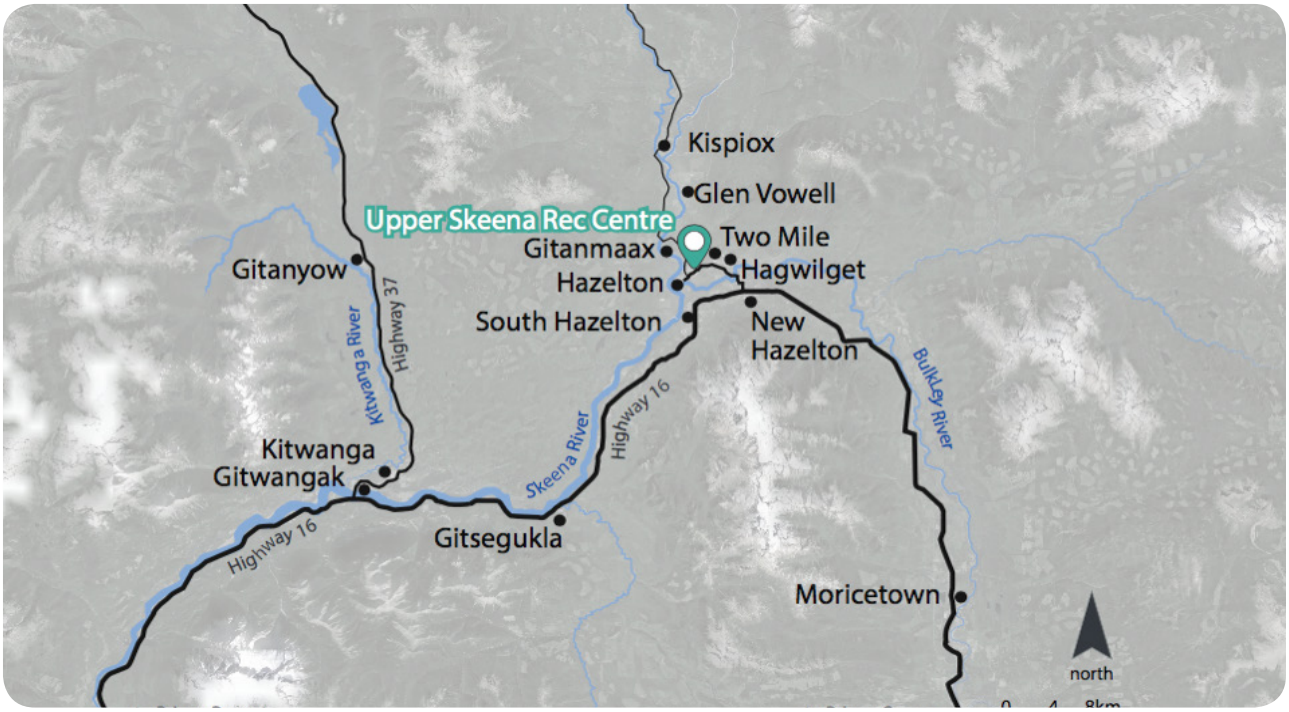


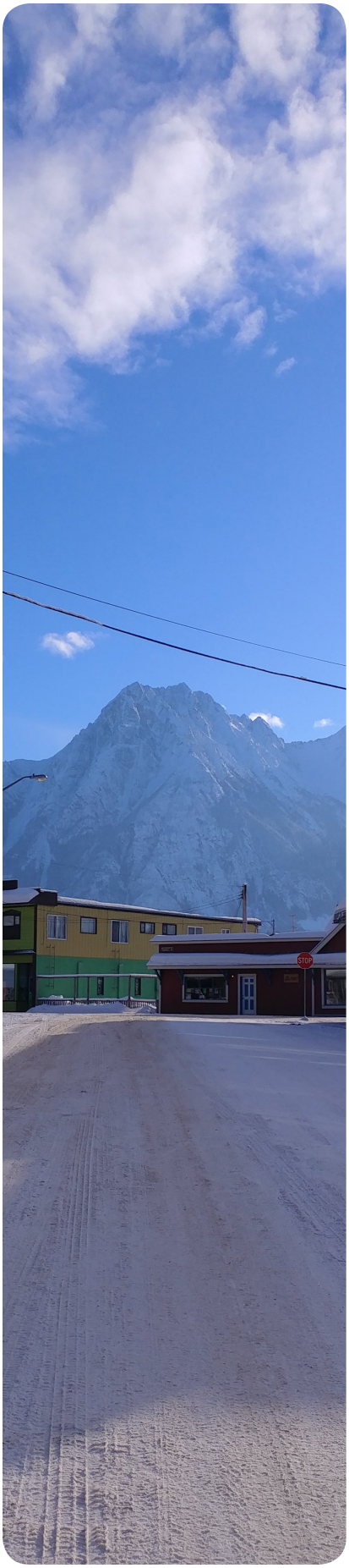
Figure 1: Context map of the Upper Skeena Recreation Centre and surrounding communities (Hayes et al., 2017)

1.2 The Upper Skeena Recreation Centre

The new Upper Skeena Recreation Centre is being built to replace the 40-year-old, volunteer-built Ken Trombley Memorial Arena, the roof of which was removed after being deemed structurally unsafe. The Rec Centre is being built on a site directly adjacent to the old Arena in New Hazelton, and within walking distance from Hazelton Secondary School, Wrinch Memorial Hospital, and a campus of Northwest Community College. The new facility will comprise an ice rink, a gymnasium, a fitness room, walking area, and community gathering space, along with programming to promote personal development and community wellbeing. The vision behind the new Rec Centre includes support for the recreation plans of the scattered communities of the Upper Skeena. The Rec Centre is intended to support recreation and healthy activity in all of the villages and communities of the Upper Skeena region, and act as a catalyst for positive health and wellness outcomes. It is slated to open by the end of 2018.

"The Rec Centre is no longer a dream. It's actually being built… A beautiful facility like this will start breaking down the dysfunctions that are happening within our communities, within our families, within the person that's holding that dysfunction inside. It'll be an avenue to help release that frustration on a hockey rink or in a basketball court."
- Community Member

Behind the new Rec Centre is an innovative, joint owner-operator model, in which the Rec Centre will be owned in trust by the Regional District of Kitimat-Stikine and operated by local governments and the Gitksan Government Commission. Together, they have established a governance structure in the form of an Owners Partnership Committee, a unique group that includes the Gitksan Government Commission (elected chiefs), The Gitxsan Treaty Office (hereditary chiefs), the Office of the Wet'suwet'en, the Regional District of Kitimat-Stikine, the Village of Hazelton, the District of New Hazelton, the Skeena Ice Arena Association and the Heart of the Hazeltons fundraising campaign. The Rec Centre has been funded by contributions from philanthropic donors, private citizens, the local credit union, economic development agencies, local and regional governments as well as provincial and federal governments.



1.3 Monitoring Project Overview

The Rec Centre's Owners Partnership Committee has formed a three year partnership with the School of Community and Regional Planning (SCARP) at the University of British Columbia to develop a strategy for monitoring the health and wellness impacts of the Rec Centre. As the second SCARP Team to work on this project, we have refined the monitoring objectives as follows:

- Empower Upper Skeena communities by collaboratively building a platform to strengthen community and individual health and wellness
- Demonstrate health and wellness benefits of initial investments in recreational facilities, programs, and services across the region to attract additional funding for maintaining and expanding those programs

1.3.1 The Importance of Monitoring

It has been projected that the new Rec Centre will lead to savings of approximately $7 million in the health care and social assistance systems (Newbery, 2017). This facility will provide much-needed space and opportunity for community members to engage in sport and recreation, which has manifold benefits for individual and community health. For youth especially, recreation helps to strengthen one's sense of belonging, identity, and skill, and provides an opportunity to learn about and connect with one's culture and traditional teachings (BCRPA & ASRA, n.d.). The Rec Centre will also be an opportunity for intergenerational and cultural learning, as well as building community and making social connections.

In order to ensure that the Rec Centre is indeed enabling progress in these areas, it will be important to monitor the impacts it is having on health and wellness throughout the Upper Skeena region. This will enable and empower community members to gauge how the Rec Centre is succeeding and how it could be improved (e.g. if the programs being offered are appropriate and well-liked, or what additional programs should be added). It will also empower community members by creating an opportunity to strengthen and shape their community's narrative, for example by sharing in the celebration of wins during sport season or knowing how many times their community gathered in a year. On a practical note, it will be important to be able to report back to initial funders that the Rec Centre is having its intended impacts on the region. This will help in securing additional future funding to maintain and expand programs and services, such as transportation to and from the Rec Centre, and to maintain ongoing monitoring in the long-term.

Health care in the Upper Skeena region is provided through various agencies operating across different scales. There are local health centres in Witset, Hagwilget, Gitanmaax, as well as the Gitxsan Health Society, and the Wrinch Memorial Hospital in New Hazelton; community paramedics and nurses travel between

communities; and the provincial First Nations Health Authority and Northern Health Authority both have subregions covering this area. This multi-layered health care system complicates health monitoring, as agencies differ in the what health care services they provide and monitor, and what information they share. Respecting First Nations' data governance and ownership of community health information is of utmost importance. Recommendations for navigating these systems and compiling health data in relation to the Rec Centre through relationship-building are explained further throughout this report.

1.3.2 The Team

As the second SCARP team to work towards developing a monitoring strategy for the Rec Centre's health and wellness impacts, our work this year has centred around:

- Selecting the most impactful and practicable indicators by collaborating with key community members
- Identifying how and by whom the selected indicators can be measured

We, Kathleen Heggie and Amitai Zand, comprise this year's student team from the School of Community and Regional Planning at the University of British Columbia under the supervision of Dr. Maged Senbel. Laurel Eyton was also part of our team from September to December 2017. We are collaborating with our project partners Sandra Harris, Gitksan Government Commission Program Developer, and Dr. Peter Newbery, retired physician and chair of the Heart of the Hazeltons fundraising campaign for the Rec Centre.

In the 2016-2017 academic year, two previous teams of SCARP students met and collaborated with the Owners Partnership Committee and all Upper Skeena communities. One team focused on transportation and mobility in the region and proposed various transportation options for improving all Upper Skeena communities' access to the Rec Centre. These options could hopefully be pursued further in the future if or when additional funding and capacity allows. The other team began the process of creating a health monitoring strategy. In collaboration with community partners, they developed a set of 14 objectives to meet the Upper Skeena region's health and wellness goals as can be achieved through recreation, and a list of 100 indicators for measuring progress towards these objectives. One of the major outcomes of the health monitoring strategy was increased recognition of the need to measure more qualitative and culturally relevant aspects of health, such as intergenerational connectectedness and exposure to traditional language.

Beyond selecting the most impactful and practicable indicators and identifying how and by whom they can be measured, we also continued the process of gathering stories and ideas from the community of what health, recreation, and wellness means to them, and how this can be supported by the Rec Centre. In itself, this helped stoke excitement and engagement amongst the communities around the Rec Centre, which will hopefully reinforce a sense of ownership and empowerment. More about this process and our approach to it is explained in the following section.

UBC SCARP students Amitai Zand and Kathleen Heggie with course instructor Dr. Maged Senbel (centre) at the Skeena River in Hazelton

Methods: How We Did Our Work

2.0

Using a strengths-based and community-oriented approach, our methods included grounding the project in relevant literature, engaging with the community, and using stories as a central component (both as an engagement tool and a data collection strategy). The community-oriented nature of our work also required flexibility and adaptability in how we carried out our work and when.

2.1 Learning from Others

Relevant articles from the academic literature on Indigenous health and wellness frameworks, indicator development, and the power of story gathering as a qualitative data collection method provided us with a theoretical knowledge base and informed our approach to working on this project. We referred to Gitxsan and Wet'suwet'en frameworks to familiarize ourselves with local conceptualizations of health and wellness. Two other frameworks were particularly relevant and helpful in our work of refining the 100 health and wellness indicators identified by last year's team: SPARC BC's Tools for Action Series: A Resource Guide for Designing a Community Indicator Project (Graham, 2008) and Measuring Wellness: An Indicator Development Guide for First Nations (Geddes, 2015). Both resources suggest important considerations and strategies for engaging a community and its collective knowledge in selecting the most fitting indicators. An issue of the journal Social Work reported that storytelling, ceremony, and recreation are all important elements of holistic wellness (Hodge et al., 2009). Similarly, an academic resource on how to monitor and evaluate health outcomes showed that culturally based research research approaches and local knowledge can add meaning and value to evidence-based program development and quantitative research (Bell & Aggleton, 2016).

These resources complemented the local knowledge the Upper Skeena community shared with us in our engagement activities.

2.2 Stories

Finally, stories were a constant and key element in how we carried out the engagement methods (Section 2.3) as well as how we designed our data collection strategy for the Monitoring Project over both the short and long terms (Section 4.0). Virtually everyone we spoke with had a story to tell, be it from their personal or professional lives. Storytelling is not only universal to humanity, but also extremely versatile: Stories can be used to share one's experience and perspective in a relatable and emotive way that is inexpensive, flexible, and accessible. It also has a rich history and presence in planning as a qualitative research method and community engagement tool among Indigenous and non-Indigenous communities alike: A prominent and recent example is the Vancouver Dialogues project (Suleman, 2011), which engaged Indigenous and newcomer Vancouverites in intercultural dialogue. Another is "Active Spirit, Active History," a book of stories collected by the First Nations Health Authority from First Nations people who have "triumphed, mentored, or lead in traditional and non-traditional sports, recreation, fitness, or physical activity" around the province (First Nations Health Council, 2010, p. 6).

"Stories are central to planning practice: to the knowledge it draws on from the social sciences and humanities; to the knowledge it produces about the city; and to ways of acting in the city. Planning is performed through story….Stories can often provide a far richer understanding of the human condition, and thus of the urban condition, than traditional social science."

(Sandercock, 2011, p. 12)

Importantly, stories directly tie into both objectives of the Monitoring Project. First, they empower community members to paint a picture of health and wellness in their own words, and storytelling figures prominently in many Indigenous cultures, such as those of local the Gitxsan and Wet'suwet'en Nations. Second, as a qualitative tool, individual and collective stories about health and wellness humanize for funders what could otherwise simply be a faceless, clinical statistic that does not authentically represent Upper Skeena communities in a holistic way.

2.3 Engagement Methods

We engaged with the Upper Skeena communities in a variety of ways both remotely from Vancouver and in-person on our first two trips. We discovered potential new partnerships for championing the project and collecting data, ideas for potential Rec Centre programming, and simply gained a better sense of the community. We will be returning to the Upper Skeena region for our third and final trip after the writing of this report, when we will present the outcomes of this project back to the community. We will also be conducting a final engagement session with program coordinators from around the region to help facilitate planning for future recreation programming.

Some of these engagement methods were organized in advance. We met with doctors at Wrinch Memorial Hospital to hear their ideas for collecting quantitative biophysical data from Rec Centre users. At the Gitanmaax Elders Walking Club, we heard from members about how the club has impacted their health and wellness. We also met in Witset with health directors of Upper Skeena communities to discuss our project and the best possible approaches to engaging local communities as part of our Quick Wins phase. During a "Story Night" story gathering event, co-hosted by Peter and Lynn Newbery, we invited community members to share stories about what sports and recreation means to them, their families, and their community. Other engagement activities were more opportunistic and spontaneous, like conversations we had with an employee at the Skeena Bakery, a community paramedic at the Gitanmaax Elders Walking Club, and with two teachers at Hazelton Secondary School. In addition, we engaged with the community digitally by launching a Photovoice storytelling initiative, which invites community members to tell a story about their health and wellness journey through photography. Finally, we began looking into the possibility of a "demonstration project" whereby one community in Upper Skeena would explore the early implementation of the monitoring strategy, identifying community-specific capacity and community-appropriate engagement and data collection methods. Although we ultimately did not confirm a partner community for a demonstration project during our work this year, the Owners Partnership Committee may want to pursue the idea at some point during the Quick Wins phase of the Monitoring Strategy.

We summarize these engagement activities in Table 1 on the next page.

2.3.1 Table 1: Engagement Summary

Engagement Activity	Date	Participants	Purpose
Wrinch Hospital Doctors Meeting	October 13, 2017	Physicians who practice at Wrinch Memorial Hospital	Determine interest in collaborating on data collection
Gitanmaax Elders Walking Club	January 24, 2018	Walking club participants (mainly Elders and Seniors from all different communities)	Generate awareness of Rec Centre and gather personal stories of health and wellness
Story Night	January 25, 2018	Key community members involved in sports and recreation (identified by Dr. Peter Newbery)	Initiate story gathering as part of qualitative data collection
Health Directors Meeting	January 26, 2018	Gitxsan and Wet'suwet'en health directors and officers and Elders	Discuss Monitoring Strategy
Impromptu Engagement	Continuous	Bakery employee, high school teachers, community paramedic	Hearing the perspectives, stories, and ideas about the community and health and wellness when the opportunity arose
Rec Centre Facebook Page	Continuous	Upper Skeena community members	Create a social media presence for the Rec Centre and monitoring project
Flyer* *See flyer in Appendix B	January-February 2018	Upper Skeena community members	Spread the word about the Monitoring Project and encourage Photovoice submissions
Bulkley Browser Ad	February to March 2018	Upper Skeena community members	Stoke enthusiasm for Rec Centre and monitoring strategy and encourage Photovoice submissions showing activities that make participants feel healthy
Interviews	February to March 2018	Beth DeMaio (Storytellers Foundation), Marian Pelsma (BC Emergency Health Services)	Follow-up on first meeting to get greater detail on their roles in the community and explore possibility of collaborating on the Monitoring Project
Recreation Coordinators Training Session	April 4-6, 2018	Recreation coordinators from Upper Skeena communities	Assist with facilitation

Insights: What Came Out of Our Work

3.0

Here we will synthesize the insights that came out of our engagement to date with regard to programming and design ideas for the Rec Centre, as well as promising engagement activities that can be replicated and potentially expanded as the Monitoring Project moves forward.

3.1 Programming and Design Ideas for the Rec Centre

During our engagement with the community, we heard many ideas about desired programming and facility design at the Rec Centre, such as intergenerational activities and bright lighting. We have compiled a list of these suggestions and included it in Appendix C. We also noticed an information gap between facility design plans for the Rec Centre and the community's awareness of these plans. For example, some community members were unaware or surprised that a swimming pool was not included in the Rec Centre's design plans. Increasing communication between the Owners Partnership Committee and the community could help close this gap, and later in the report we propose a Community Advisory Committee as a way to do this.

3.2 Successful and Promising Engagement Activities

Two of the engagement activities we facilitated, story gathering and Photovoice, were successful and proved their potential as community engagement tools that can be used over the course of the Monitoring Project. Here we describe how we did this engagement, what we learned, and how these activities can be replicated going forward by key community members and organizations who expressed a willingness and desire to be involved by assisting with collecting data and generating enthusiasm for the Rec Centre and the Monitoring Project.

Engaging with the community was important because it helped us shape the Monitoring Strategy in a way that was appropriate for the community, and it will continue to be important throughout the Monitoring Project to update the community, receive feedback, and maintain enthusiasm about the Rec Centre.

Themes from Story Night

1. Involvement & Participation
2. Talent & Success
3. Pride
4. Community Support
5. Dedication & Passion
6. Strength & Resilience
7. Belonging & Connection
8. Barriers & Trauma

3.3 Story Gathering

We tested the potential of story gathering as an engagement tool by co-hosting a "Story Night" with Dr. Peter Newbery and his wife Lynn for community members passionate about sports and recreation. This way of engaging was well-received by participants, and we discovered that it was also an effective, highly accessible, and universal data collection method for the Monitoring Project that complements others that do not involve direct engagement. After transcribing participants' stories we identified eight themes that could be mapped to individual indicators in the Monitoring Strategy. For example, the two themes of "Involvement & Participation" and "Strength & Resilience" that we identified correspond to indicators that track Rec Centre attendance rates and feelings of mental wellbeing, respectively. Note that depending on the content, some stories can appropriately tie to indicators that rely on biophysical measurements like weight or blood pressure.

Opportunity

Organize regular story gathering events or integrate story gathering into existing events to measure impact of Rec Centre on health and wellness over time, using the results of our Story Night as a baseline.

Requirements

Identify someone to:

- Organize and host story gathering events
- Record stories shared
- Code stories for themes

Potential for collaboration with Storytellers' Foundation

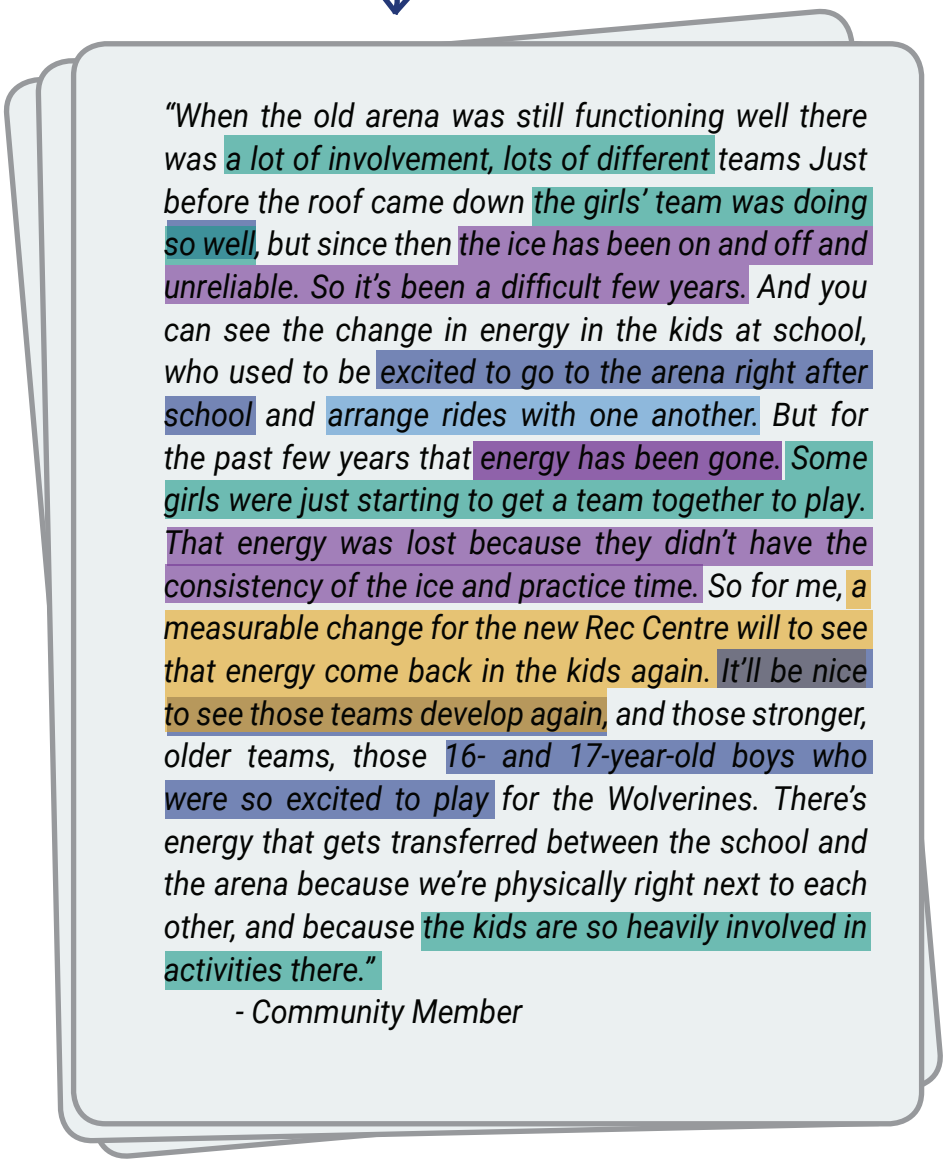
On the next page is a graphic summarizing how to use Story Gathering as a data collection method.

3.4 A Guide to Using Stories as Qualitative Data

Step 1. Gather stories (refer to section 4.1)

Step 2. Identify and code themes

- Involvement & Participation
- Barriers & Trauma
- Community Support
- Dedication & Passion
- Strength & Resilience



"When the old arena was still functioning well there was a lot of involvement, lots of different teams Just before the roof came down the girls' team was doing so well, but since then the ice has been on and off and unreliable. So it's been a difficult few years. And you can see the change in energy in the kids at school, who used to be excited to go to the arena right after school and arrange rides with one another. But for the past few years that energy has been gone. Some girls were just starting to get a team together to play. That energy was lost because they didn't have the consistency of the ice and practice time. So for me, a measurable change for the new Rec Centre will to see that energy come back in the kids again. It'll be nice to see those teams develop again, and those stronger, older teams, those 16- and 17-year-old boys who were so excited to play for the Wolverines. There's energy that gets transferred between the school and the arena because we're physically right next to each other, and because the kids are so heavily involved in activities there."

- Community Member

Step 3. Draw links to relevant indicators

- **Feelings of social belonging/exclusion at Rec Centre based on gender, age, geography**
- **Attendance rates for physical activity programs, by community, gender, age and season**
- **Frequency of physical activity (# of minutes per week by age group)**
- **# and % programs specifically for teens**

Step 4. Assemble all individual stories that have been gathered to create a community-wide narrative

Step 5. Repeat periodically to monitor whether/how the themes change over time, and to use as proxy information for related indicators

"Walking is a central part of being human. It's gotten us to where we want to go and will get us to where we need to be"

- Community Member

3.5 Photovoice Project

During our January trip we launched our Photovoice Project, which invites community members to tell a story about their health and wellness journey through photography. Like story gathering, Photovoice was also used in the Vancouver Dialogues Project as an accessible engagement tool, especially among youth. Our first prompt was, "When I ____, I feel healthy", and we spread the call for submissions through flyers distributed around town and at our Story Night, as well as through an advertisement we placed in the Bulkley Browser, a local newspaper. Participants could upload their photos to a Facebook page or email them to a dedicated email account that we created for this purpose. The Photovoice idea was met with great interest. We received the first submission shortly after our trip, and a high school teacher said he would encourage his students to submit their own. However, to increase the rate of submissions, the Photovoice Project would need further promotion around the community.

The Photovoice initiative that we started this year could continue to grow in anticipation of the Rec Centre opening with more direct, local support in the community. Once the Rec Centre is open, the prompt for photos could be more directly tied to the Rec Centre, rather than recreation in general. In this way, it could act as an ongoing digital data collection method while, like story gathering, doubling as a community engagement tool. It could also expand into other media like videos, vlogging, music, and other art forms such as metalworking (which, as we saw, is popular among Hazelton Secondary School students).

Opportunity

Continue promoting the Photovoice Project and developing up-to-date prompts to accompany the Rec Centre's progress.

Sample prompts:

- Two weeks prior to Rec Centre opening: "I can't wait to do _____ at the Rec Centre"
- Two weeks following Rec Centre opening: "I did _____ my first time at the Rec Centre"
- One year following Rec Centre's opening: "My best memory at the Rec Centre is ____"

Requirements

- Dissemination of Photovoice prompts around the community (e.g. social media, posters, ads in Bulkley Browser)
- Collection and compilation of photos
- Displaying photos back to community (e.g. collage in Rec Centre)

Insights: How to Measure

4.0

4.1 Data Collection Methods

We started with an initial brainstorm of possible data collection methods based on our initial understanding of the Rec Centre and community processes, and what we had inherited from last year's SCARP team. While some indicators clearly pair best with a certain method of data collection, such as program participation rates with Rec Centre Record, often there is more than one data collection strategy possible for a given indicator. Storytelling could be used as a self-reported data collection method for any indicator. Over time, as the Monitoring Strategy begins to track some progress and benefits to the community, hopefully more funding will enable deeper monitoring through more labour- and cost-intensive data collection strategies, such as surveys and participatory events. We sorted these data collection strategies into seven broad types, summarized in the table on the next page.

We began compiling ideas and options for data collection strategies, and through engaging with key community members, we more accurately identified which of these strategies could work and with whom. Consistent with the Quick Wins phase, we found it would be most effective to start with data collection processes that are already established (i.e. other organizations or professionals engaged in health monitoring), and to use stories as a primary, all-purpose collection method.

4.1.1 Table 2: Data Collection Methods

Methods		Collection Ideas	Sample Indicators
Rec Centre Record (Basic)	**Rec Centre Record (Basic):** information collected through regular operations	Registration forms; database (e.g. Activenet**)	• Program attendance • # employment opportunities
External Statistic	**External Statistic:** data already being collected and publicly available	StatsCan Health Profile for Northwest Health Region; UBC Early Development Index; etc.	• # and % rates of perceived health • smoking rates • sense of belonging • life satisfaction
GGC Census	**GGC Census:** process under development	Data-sharing agreement between GGC and the OPC	To be developed in partnership with GGC
Rec Centre Record (Extra)	**Rec Centre Record (Extra):** requires extra step(s) to measure	Pre- and post-participation surveys; participant self-reporting	• Distance walked per week by community members • $ amount of local services and goods sold onsite
Local Statistic	**Local Statistic:** Hospitals, RCMP, School District data, etc.	Data-sharing agreements with relevant local organizations	• High school graduation rates • # patients screened, diagnosed, treated, by illness
Participatory	**Participatory:** methods based in community engagement	Photovoice; weekly lunch time check-ups; health competition; existing community events; journey mapping***	• Participation rates • Feelings of social belonging or exclusion • Evaluation of satisfaction in each community regarding programs at the Rec Centre

Storytelling*

* Storytelling can be used as a data collection method in combination with any other method and can be used in single or recurring engagement events to collect stories about both qualitative and quantitative indicators

** Active Network is an example of a recreation management software option that centrally organizes activity registration, membership management, facility scheduling, point of sale transactions, equipment rentals, child care management and more, and generates reports.

*** Journey mapping is a tool for tracking what is and isn't from a participant's perspective, and has been been a popular method to engage Indigenous communities in the creation of healthcare service delivery plans. It's a flexible engagement approach that typically involves a chronological trajectory that's mapped out directly by the client or research participant.

4.2 Community Data Collection

We took the data collection ideas in the table above one step further and, through community engagement, tried to gauge how they could be practically and realistically implemented on the ground according to existing community processes and capacity. Evidently there are already various community organizations performing health measurement or other related activities or programs, some of which we were able to identify during our visits to the community. Some of these would align well with the Rec Centre Monitoring Strategy, and, through speaking with these organizations, we identified the following opportunities for collaboration.

Gitksan Data Governance Initiative

The GGC is currently developing a census for the Gitxsan communities of Gitanyow, Gitanmaax, Sik-e-dakh (Glen Vowell), and Kispiox. This initiative will support the GGC in achieving ownership, control, access and possession of their own data, and will be critical to attaining more consistent, accurate, and culturally relevant data than is available through Census Canada. The GGC Census will define and measure community wellness using terms that are relevant to the community and based on local health models.

Opportunity

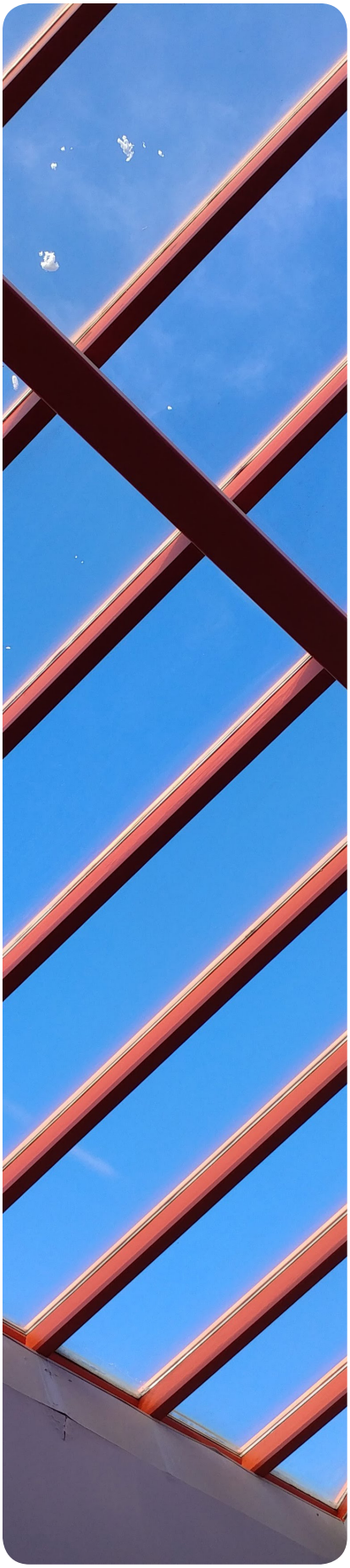
GGC to include a question about using the Rec Centre in the Census. Through preliminary conversations with Sandra Harris (of the GGC) we discussed including the following questions:

1. Do you do any of the following at the Upper Skeena Rec Centre in Hazelton? Please check all that apply:
   - ❑ Attend community events (e.g. celebrations, tournaments)
   - ❑ Physical activity (e.g. play sports, use the gym, use the walking track)
   - ❑ Watch others (e.g. kids) play sports
   - ❑ Participate in programs
   - ❑ Use the meeting spaces
   - ❑ Volunteer, coach, or work
   - ❑ I don't go to the Rec Centre
   - ❑ Other _____
2. Do you think it has positively impacted your health and wellness? (Yes/No)
   Please explain _____

Including these questions in the GGC Census would allow the health of survey respondents, i.e. members of the above-listed five communities, to be cross-referenced with Rec Centre usage. The GGC Census is not expected to start data collection until late 2018 or early 2019.

Requirements

- Form data sharing agreement between GGC and the OPC;
- Coordinate between GGC and whoever is collecting data on behalf of the Rec Centre to collate this data and draw correlations between GGC census results and Rec Centre usage.



Marian Pelsma, Community Paramedic, BC Emergency Health Services

Her responsibilities include home visits for clients (primarily seniors and Elders) in Kispiox, Sik-e-dakh (Glen Vowell), Gitanmaax, Hagwilget, and Gitsegukla, as well as New, Old, and South Hazelton. The health information she collects on these visits is held by those patients' primary health care providers (e.g. their family doctor, the hospital, etc.). She also attends community events regularly, such as at the local high school and the Elders Walking Club at Gitanmaax Hall. At the Elders' Walking Club, where we met her, Marian takes Elders' blood pressure and records the number of laps they walk. This information is held by Gitanmaax Health.

Opportunity

Marion to incorporate Rec Centre-related data collection into her regular work. This could be simply asking her clients if they use the Rec Centre, which would allow their health outcomes to be cross referenced with their use of the Rec Centre. Beyond that, it could be a survey that she administers to clients periodically to learn about their Rec Centre usage in greater depth, such as asking what programs they attend and how often, how it makes them feel, and whether they feel healthier as a result of the Rec Centre. During our interview, she expressed that she would happy to do this, and could provide basic but non-identifying information health information (e.g. names and other identifying information removed).

Requirements

- Create and provide Marian with a structure or guide for asking her patients about their Rec Centre usage;
- Establish process for receiving data collected (i.e. transferring it to the OPC), as well as protecting and storing it.

Local Physicians

Some of the doctors we met at Wrinch Memorial Hospital seemed receptive to the idea of contributing in some way to Rec Centre health monitoring. This could be expanded to other clinics and private practices around the region.

Opportunity

Doctors and/or nurses to start asking their patients whether they use the Rec Centre. Similar to the opportunity with the Community Paramedic, this could vary in scope.

Requirements

- Follow up and further liaise with local doctors and nurses to refine how this collaboration would work
- Clarify scope of data to be collected through this partnership;
- Establish process for receiving and collating the data collected (i.e. transferring it to the OPC), as well as protecting and storing it.

Beth DeMaio, Executive Director, Storytellers' Foundation

This local non-profit is dedicated to "promoting economic development by promoting collaboration and dialogue between the Gitxsan people, neighbouring First Nations in the Upper Skeena, environmental organizations, and non-aboriginal governments" (Tides Canada, 2018). After meeting her at the Story Night event, we spoke with Beth again to learn more about the programs she oversees and how storytelling plays a role in them. She expressed interest in principal, and had remaining questions about data collection and storage.

Opportunity

Storytellers' Foundation to collaborate on continuing storytelling as a tool for community engagement and monitoring, such as through ongoing and/or episodic story gathering events.

Requirements

- Discuss further with the Storytellers' Foundation to clarify what their role could be
- Collaborate with the OPC and GGC to establish how and by whom any information or data would be collected and stored.

ISPARC BC (Indigenous Sport and Recreation Council of BC)

This organization's goal is "to improve the health outcomes of Indigenous people across British Columbia by supporting and encouraging physically active communities and by expanding access to sport and recreation opportunities." (ISPARC, 2018) We learned that ISPARC does regular health monitoring and gathers data about their recreation programs throughout the province. We met DeWayne Robinson through his role as a Family Coordinator in Witset, who is also the Lead for the Northwest Regional Coordinating Group of ISPARC. He was very enthusiastic about the role of sports and recreation in community development and youth engagement, and responded very positively to the Rec Centre monitoring strategy.

Opportunity

To be determined

Requirements

Pursue this opportunity through further conversation with ISPARC, such as DeWayne Robinson.

Community Advisory Committee

This idea stemmed from an evident lack of information about the Rec Centre, mixed with an obvious excitement for it, throughout the communities. Establishing a Community Advisory Committee would help encourage accountability, transparency, and continuous communication between the OPC, Rec Centre staff, and the rest of the communities. Last year's SCARP team made a similar recommendation, and we feel that it remains highly appropriate.

Opportunity

A group of key individuals to form a Community Advisory Committee. Beyond stoking excitement for the Rec Centre, the Community Advisory Committee could provide leadership for the Monitoring Strategy (for example, helping to organize Story Gatherings) and act as liaisons between the general public and the Owners Partnership Committee (e.g. having eyes and ears on the ground to listen for what the community is and is not liking, and communicating this back to the OPC). They could also help with practical matters such as finding volunteers to help run Rec Centre programming through their own networks. Members could include community members who demonstrated strong interest and leadership potential, some of whom we met during our trips, and others who could be recommended by our community partners.

Requirements

- Identify and invite Community Advisory Committee members*
- Organize first and ongoing meeting(s)
- Assign roles and responsibilities within it, and set relationship with the OPC

* It would be important to strive for representation of each Indigenous and non-Indigenous community in the region, and that each member is dedicated to sport, recreation, and improving health and wellness.

Some of the ideas for data collection listed in Table 2 above could be implemented through these opportunities for community data collection. For example, the Community Advisory Committee could organize a health competition or journey mapping, or work alongside the Storytellers' Foundation to support another story gathering event. The more collaboration, the better!

Insights: What to Measure

5.0

We developed three phases to the Monitoring Strategy. Each phase is composed of indicators drawn from the list of 100 indicators that the previous SCARP team generated based on relevant literature and resources, and importantly, what they heard from the community, particularly in regards to the importance of cultural indicators. As much as possible, this approach is strengths-based, in contrast to many monitoring strategies in which "often, indicators of community wellness actually measure the absence of something negative, rather than the presence of something positive" (Geddes, 2015). By contrast, a strengths-based approach focuses a community's efforts on tracking progress towards their most important values and aspirations (Geddes, 2015). As such, each indicator is tied to one of the community-identified outcomes that were drafted during the first year of this project.

The three phases are designed to be implemented incrementally, starting with Quick Wins, as shown in Figure 2 below. This design was based on what we learned from the community and in conversation with our project partners about current capacity for measurement and desire to begin monitoring as soon as possible.

Starting with Quick Wins indicators that are most quickly and easily implementable will enable monitoring to begin as soon as possible. Over time, as more capacity is generated and additional funding is received, indicators from the Funder-Friendly and Community-Focused phases can start being measured. This will help fill any gaps left by the Quick Wins phase, and make for a more robust and thorough monitoring strategy. While all three groupings meet both monitoring objectives, the phases are distinguished by the emphasis they place on either objective, as well as the audience they target. These phases were developed to be implemented with flexibility, acknowledging that this Monitoring Strategy will be implemented however best suits the community.

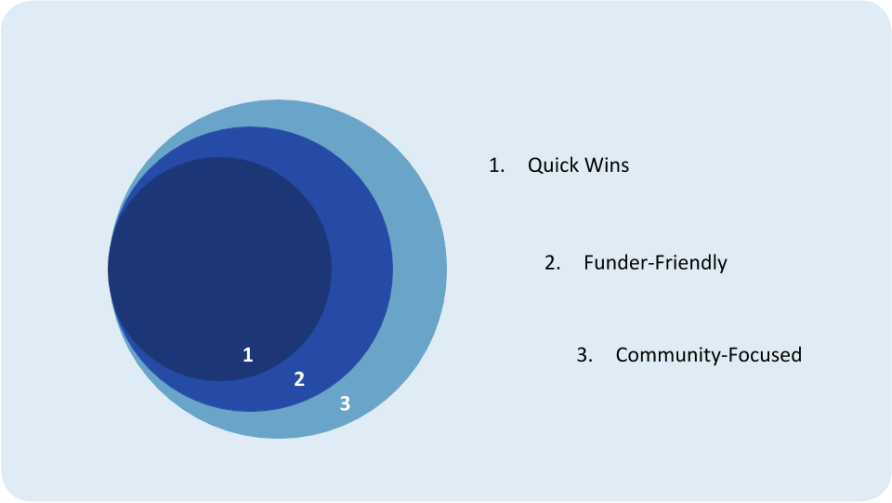


Figure 2: Conceptual diagram of the three phases of the Monitoring Strategy

We took the list of 100 indicators developed by last year's SCARP team and refined it according to local (e.g. Gitxsan) health models, potential data collection methods, and perceived feasibility (time, and human and financial capacity) of data collection. We then grouped them (based on who the indicator most appeals to) into three phases: Quick Wins, Funder-Friendly, and Community-Focused, to be implemented incrementally to guide the monitoring of the Rec Centres' health and wellness impacts, starting with Quick Wins.

Each phase is outlined in more detail below, with a table of sample indicators, which community-identified outcome they relate to, and possible data collection methods. It is important to remember that storytelling, due to the local and cultural importance of stories, can be used to measure any of these indicators. Including a balance of the types of data collection methods in each of the phases is key to ensuring that each phase represents a holistic measurement of the Rec Centre's health and wellness impacts. As part of the process of developing these phases, we inevitably made some assumptions about what constitutes higher and lower feasibility (e.g. assuming that keeping basic records at the Rec Centre is possible) and what is relevant to the community. For a full explanation of the methodology behind sorting indicators into these three phases, please see Appendix D.

5.1 Quick Wins Phase

The Quick Wins phase contains indicators that have the highest perceived feasibility and immediate measurability. With higher feasibility, the Quick Wins phase can catalyze community engagement in improving their own health and wellness and contributing to the Monitoring Strategy.

Being able to quickly start measuring and recording indicators also means that reporting back to funders can occur earlier, which will demonstrate that the community is committed to the Monitoring Strategy and help keep funders engaged with the Rec Centre. Included in this phase are indicators that can start being measured quickly, such as attendance rates at the Rec Centre and regional health data that can be assembled to form a reference regional baseline. The quicker implementation of this phase ensures onward progression of the Monitoring Strategy, whereas a greater number and complexity of indicators could appear daunting to a community beginning a monitoring project (Geddes, 2015). Table 3 on the next page contains a sample of these indicators.

5.0

Table 3: Sample Quick Wins Indicators*

Indicator	Related Outcome	Possible Data Collection Method
Attendance rates for physical activity programs (participants registered/ attended over duration of program), by community, gender, age and season	Improve physical health of all community members	• Rec Centre Record (Basic) • Participatory (e.g. storytelling)
High school graduation rate for youth 18 and under	Healthy opportunities for teens to learn in a social setting	• Local Statistic • Participatory (e.g. storytelling)
# community events (ex. public events, tournaments, graduations, etc.)	A wide range of special events and celebrations	• Rec Centre Record (Basic) • Participatory (e.g. storytelling)

* Table is abridged. Full table with all Quick Wins indicators can be found in Appendix E.

We have also provided a template for a future report based on the Quick Wins indicators. Once this information is gathered, this template could be filled in and shared with the community and/or funders. This template can be found in Appendix A; the standalone template .docx file is editable in Microsoft Word and other common word processing software for easy updating on most computers.

5.2 Funder-Friendly Phase

The Funder-Friendly phase contains indicators that are most appealing to funders. This phase puts most emphasis on the objective of demonstrating health and wellness benefits of initial investments to attract additional future funding for maintaining and expanding recreational programs, services, and facilities across the region.

These indicators are fairly quantitative and are therefore easier to link to government savings. We have presumed that these indicators have high or medium feasibility, that is, low to medium cost, time to implement, and time to see results. Primarily quantitative data collection methods are suggested (such as regional or local census) to report back to funders, bolstered by qualitative data collection methods such as story gathering that benefit both the community's and the funders' objectives. A sample list of indicators is on the next page in Table 4.

Table 4: Sample Funder-Friendly Indicators*

Indicator	Related Outcome	Possible Data Collection Method
# patients screened, diagnosed and treated, by illness (ex. such as diabetes, hypertension, osteoporosis, asthma and heart disease)	Improve physical health of all community members	• Local Statistic
Frequency of physical activity (# of minutes per week by age group)	Improve physical health of all community members	• Local Statistic • External Statistic • GGC Census • Participatory (e.g. storytelling)
% 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)	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Extra) • GGC Census • Participatory (e.g. storytelling)

* Table is abridged. Full table with all Funder-Friendly indicators can be found in Appendix E.

5.3 Community-Focused Phase

The Community Focused phase contains indicators most reflective of community objectives, while still appealing to funders. This phase puts most emphasis on the objective of empowering Upper Skeena communities by collaboratively building a platform to support the strengthening of community and individual health and wellness.

This phase contains the broadest and largest group of indicators out of the three phase. Included are indicators that have high correspondence to the GGC Census indicators and, as these are developed by the community, we presume that this phase will have greater relevance to the community. This phase includes more culturally relevant indicators than the other two phases, such as level of knowledge of Gitxsanimaax (the Gitxsan language) or level of perceived cultural safety in the Rec Centre. Some quantitative indicators that speak to funders' needs for quantifiable data are also included, and therefore this phase is the most robust. Most of these indicators are presumed to have medium to low feasibility with medium-high costs, time to implement, and time to see results.

5.0

Table 5: Sample Community-Focused Indicators*

Indicator	Related Outcome	Possible Data Collection Method
# program/events that promote intergenerational learning	A wide range of family leisure activities	• Rec Centre Record (Basic) • Participatory (e.g. storytelling)
Distance walked per week by community members, by age and season	Improve physical health of all community members	• Rec Centre Record (Extra) • GGC Census • Participatory (e.g. storytelling)
Evaluation of feelings of social belonging at Rec Centre based on gender, age, geography	Improve physical health of all community members	• Participatory (e.g. storytelling)

* Table is abridged. Full table with all Community-Focused indicators can be found in Appendix E.

Next Steps

6.0

Based on what we found this year, we make the following recommendations, which are designed to be flexible in timing and logistics of implementation in order to suit the community's pace. We hope these can guide and support future work on the Monitoring Project.

6.1 Recommendations

Short Term: Build a Platform

1. **Continue implementing the Quick Wins monitoring phase**

   Data gathering for some indicators has already been started, such as through story gathering, while other indicators will not be relevant until the Rec Centre opens (e.g. those measuring participation rates, program attendance, etc.). It will be important to start gathering baseline data prior to the Rec Centre's opening as soon as possible.

2. **Identify and convene members for Community Advisory Committee**

   The sooner this Committee is formed, the better, as they could support ongoing community engagement (such as the next story gathering event or Photovoice prompt) and excitement leading up to the Rec Centre's opening, and potentially gather more support (e.g. volunteers) for the Rec Centre.

3. **Pursue opportunities for community data collection as listed in section 4.2**

   While some groundwork was laid for these opportunities during this year's project, further discussion with potential community data collectors is required in order to properly establish partnerships.

Medium Term: Reinforce and Reiterate

4. **Continue story gathering and explore incorporating additional media**

   Story gathering initiatives and events, such as Photovoice, Story Nights, or through additional forms such as vlogging, should continue as a way of both maintaining excitement and regularly taking a pulse on health and wellness in Upper Skeena both before and after the Rec Centre opens.

5. **Revisit demonstration project idea, with more time for relationship-building**

   This could be done in collaboration with a member of the Community Advisory Committee. A future demonstration project could experiment not only with what indicators should be measured and how, but with additional and more intensive qualitative data gathering methods, such as those in Recommendation #4.

Long Term: Scale Up and Out

6. Measure indicators from the Funder-Friendly and Community-Focused phases

As funding becomes available and human resources allow, the Monitoring Strategy (i.e. what is measured and how) should be expanded. The Funder-Friendly phase has the potential to generate more funding earlier, which could then make more labour intensive data collection during the subsequent Community-Focused phase more financially viable. Expanding the collection of indicators being measured will help tell a more thorough story of health and wellness in the Upper Skeena region.

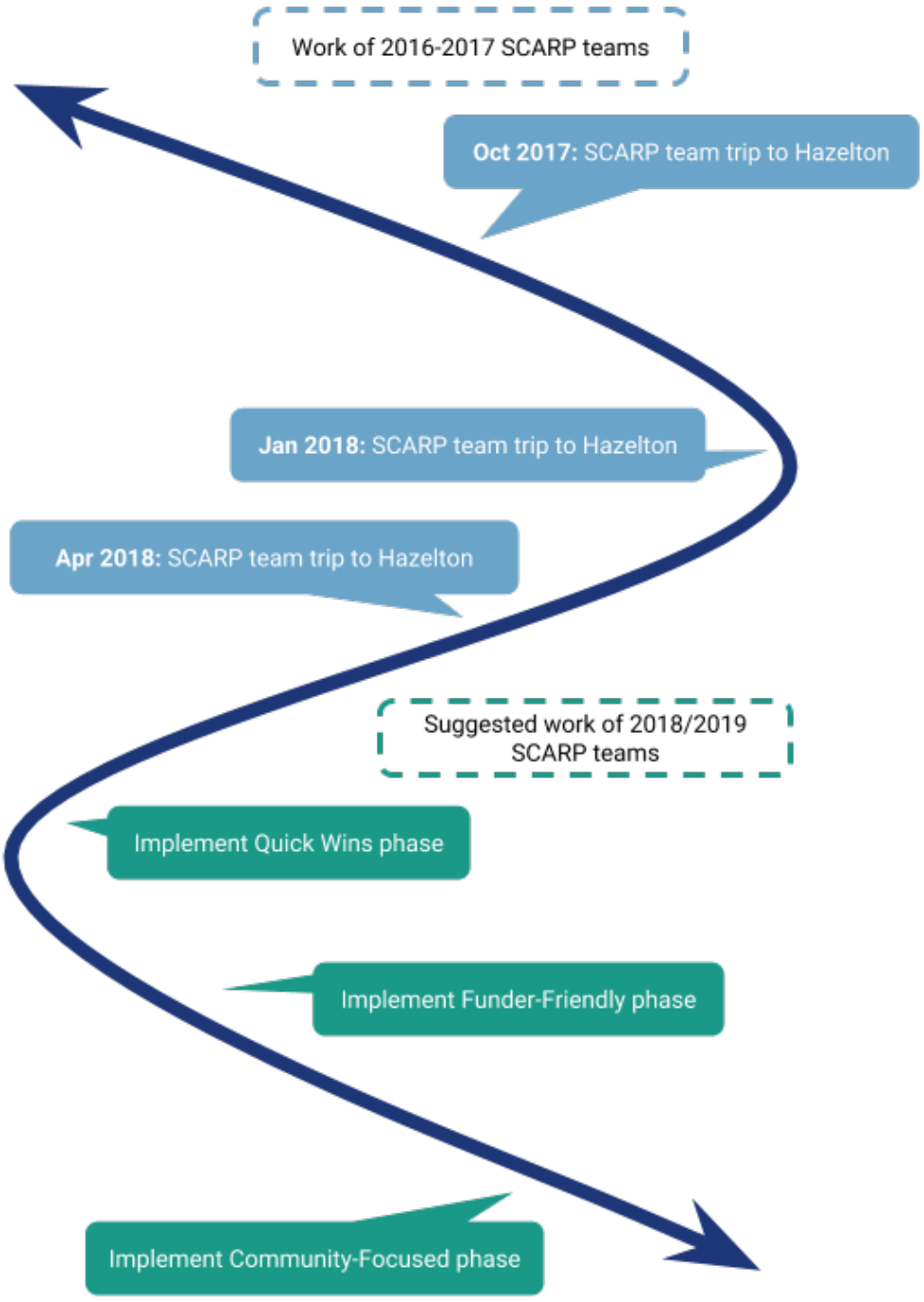
7. Diversify data collection with more participatory and intensive methods

This would accompany the Funder-Friendly and Community-Focused phases in strengthening the Monitoring Project, and would be possible by building on progress in some of the earlier Recommendations. For example, having a Community Advisory Committee in place could provide the necessary support for more participatory data collection methods, such as organizing a health competition.

8. Seek new partnerships and strengthen existing relationships

Partnerships and collaboration, such as those we have identified as potential community data collectors, will likely continue to play a critical role in an ongoing Monitoring Project. Thus, continuing to nurture these relationships, while looking for new partnerships will be essential to maintaining momentum in monitoring over the long-term. One way this could be done would be by expanding the demonstration project to include additional communities.

Monitoring Project Timeline



Conclusion

The Upper Skeena Recreation Centre holds great promise as a vibrant hub that will bring together people of all ages and backgrounds through sports and recreation to promote healthy living, community cohesion, and development of athletic talent and skill. By measuring a set of well-aligned quantitative and qualitative indicators over three phases, this Monitoring Strategy aims to help track progress towards this vision while ensuring that the twin objectives of financial sustainability and community ownership and empowerment are being met, both before and after the Rec Centre opens. In shaping this strategy we drew from academic resources and used a wide variety of methods to engage and collaborate with community members, individual champions, and organizational partners. The strategy builds on the work of last year's SCARP team and provides a foundational framework for future work. It is flexible, grounded in local knowledge and health and wellness frameworks, will be executed with local capacity, and appeals to funders and community members alike. The universality, accessibility, and relatability of storytelling weaves its way throughout. We are humbled to have had the privilege of working with such a dedicated, warm, and resilient community, and we look forward to seeing the positive change the Rec Centre and this Monitoring Strategy will bring.

A Passion for the Ice

Jaz loved to skate. Coming all the way from Gitsegukla, her dad would drop her off at 4:45am at the old Arena in Hazelton on his way to work as a bus driver early in the morning while it was still dark and frigid out. She would lay her sleeping bag outside the door of the Arena and sleep, patiently waiting until someone came to open the building at 6:00am so she could skate for an hour and a half before school. Determined to practice her skating, Jaz would repeat this routine on many days in the winter.

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Appendix A: Quick Wins Data Collection Template

HEALTH, WELLNESS & THE UPPER SKEENA RECREATION CENTRE

Community Health Snapshot

Date

All Ages

# of programs for preschool children # school children # teens # Elders/Seniors # Women # 	% of Rec Centre subcommittees who are Elders/Seniors # Youth # High school graduation rate ###

Physical & Mental Health

Regional obesity rate ##	Total program participants ##	Programs that teach self-awareness/emotional resilience #	Suicides # / 100,000 Self-inflicted injury # / 100,000
Current smokers (% of population) ##	Patients screened, diagnosed, treated by illness #	Substance abuse related deaths & hospitalizations #	Alcohol consumption ## per capita

Story Call Out

"…"

Story Call Out

"…"

Community & Cultural Connections

Community events held at Rec Centre #	Programs for families #
Programs/events that promote intergenerational learning #	Signage in different languages at Rec Centre #

Economic Wellbeing

Rec Centre Employees Part-time # Full-time # Volunteers #
Unpaid work experiences Youth # Adults #

Appendix B: Monitoring Project Flyer

Are you excited about the new Upper Skeena Recreation Centre?

We'd like to hear from you!

What?

We're collaborating with Upper Skeena communities to develop a plan to measure the health and wellness impacts of the Upper Skeena Recreation Centre.

Who?

We're a team of Masters students from UBC's School of Community and Regional Planning, working with Dr. Peter Newbery of the Heart of the Hazeltons campaign and Sandra Harris of the Gitksan Government Commission. We are building on the work of last year's SCARP team, under the supervision of Dr. Maged Senbel.

Why?

- Empower Upper Skeena communities by collaboratively building a platform for strengthening their health and wellness through the Rec Centre
- Demonstrate benefits of initial investments in recreational facilities, programs, and services across the region to attract additional funding

How?

Working with you! We're looking for ways to monitor how the new Rec Centre impacts health and wellness in Upper Skeena. If you'd like to share your stories, ideas, comments, or questions, we'd love to hear from you.

Photovoice Project: Share your pictures!

Topic: "When I , I feel healthy"

Please submit pictures to:

rec.centre.health@gmail.com

facebook.com/rec.centre.health

Contact Information

Kathleen Heggie

kathleenheggie8@gmail.com

Appendix C: Community Ideas for Rec Centre Programming and Design

Rec Centre Programming

Idea	Source
Social gathering space (communal rooms booked) for after Elders walking club so they can visit after walking	Elders' Walking Club engagement
Intergenerational walking, for youth and Elders to walk together along indoor track. Ideally, there would be art, historical timeline, or traditional language displayed along the way for them to read together.*	Various
Affordable programs*	Everyone engaged
Adults-only open skating during the week	Hazelton Community Services
Concerts and wrestling matches	Hazelton Community Services
Rock climbing lessons*	Hazelton Community Services
Tournaments should be held there	Everyone engaged
Open skating time for anyone in community on Friday nights and weekends	Story Night
Intergenerational activities for elders and youth*	Story Night
Sports programming beyond hockey and basketball	Story Night
Programs integrating with trails behind Rec Centre	High school teacher
Women's hockey	Story Night
Box lacrosse on the hockey rink and indoor volleyball on the basketball court in the summer. Footsall year-round	Story Night
Cooking, canning, or pickling classes using traditional foods	Community member

*Indicates that idea is popular (i.e. we heard it at least twice)

Rec Centre Design

Idea	Source Organization or Engagement Activity
Sunlight lighting (e.g. lamps) to help alleviate Seasonal Affective Disorder (SAD)	Elders' Walking Club engagement
Sufficiently bright lighting in walking "strip" behind bleachers	Elders' Walking Club engagement
Local art displayed, indoors (e.g. along walking track) and outdoors (e.g. totem poles)	Various, Elders' Walking Club engagement
Comfortable seating for Elders in bleachers (e.g. canvas camping chairs)	Elders' Walking Club engagement
Expanding facilities to include a pool and hottub	Elders' Walking Club engagement
Concession, preferably a second Skeena Bakery	Hazelton Community Services
Lockers	Hazelton Community Services
Climbing wall*	Hazelton Community Services

*Indicates that idea is popular (i.e. we heard it at least twice)

Appendix D: Methodology of Phase Development

The previous SCARP team developed a list of 100 indicators, based on feedback from community members, planning documents, and a review of best practices literature. We evaluated and sorted this list of 100 indicators into three groups, which form the basis of our three phases: Quick Wins, Funder-Friendly, and Community-Focused.

The indicators are grouped in each of these phases according to how they respond to the two Community Partner objectives of demonstrating health and wellness benefits of initial investments, and empowering Upper Skeena communities by collaboratively building a platform to support the strengthening of community and individual health and wellness. While all three groupings meet both objectives, the phases are distinguished by the emphasis they place on either objective, as well as the audience they target, as reflected by their names. The Quick Wins phase is designed to meet both objectives equally, and is composed of all indicators that are presumed to have the highest feasibility. Each phase has its benefits and its drawbacks, as outlined in the tables below, however they are intended to be implemented in the following order over time: first Quick Wins, then Funder-Friendly, and finally, Community-Focused.

To group indicators into these three phases, we performed the following:

1. For the Funder-Friendly phase, scored the indicators (from high to low) on how they best met the objective of demonstrating government savings and social transformation
2. For the Community-Focused phase, scored the indicators (from high to low) based on their combined impact on both Community Partner objectives. The Team also identified all of the indicators that fall under the "community-oriented" category in our indicator framework and included these
3. For the Quick Wins phase, we assessed the feasibility of each indicator in the above two groups, and scored them from 1 to 3 in terms of feasibility (high feasibility entails lower cost and time to implement and see results, and vice-versa). All of the indicators that we ranked as high feasibility were grouped into the Quick Wins phase.
4. Identified indicators that measured the same thing in different ways (e.g. smoking) and selected the indicator(s) within that group that made the most sense for the selected objective
5. Reviewed the indicators selected for each phase to ensure that, as a group, they adequately measured all 14 outcomes of the Recreation Centre
6. Listed indicators within each phase in order of their estimated level of feasibility, from most feasible at the top to least feasible at the bottom
7. Used our best judgment of the overall fit of the indicators selected for each of the phases

As part of the process of developing these phases, we inevitably made some assumptions about what constitutes higher and lower feasibility (e.g. assuming that keeping basic records at the Rec Centre is possible) and what is relevant to the community. We aimed to remedy these assumptions as part of our engagement activities by validating or invalidating them through community feedback and input.

Appendix E: Complete Tables of Phase Indicators

Quick Wins

Ind. #	Indicator & Feasibility Level HIGH MEDIUM LOW	Outcomes	Data Collection Method Type
1	Attendance rates for physical activity programs (participants registered/attended over duration of program), by community, gender, age and season.	Improve physical health of all community members.	• Rec Centre Record (Basic)
6	Regional obesity rates.	Improve physical health of all community members.	• Local Statistic • External Statistic
7	# patients screened, diagnosed and treated, by illness (e.g. diabetes, hypertension, osteoporosis, asthma and heart disease).	Improve physical health of all community members.	• Local Statistic
9	% current smokers, daily or occasional.	Improve physical health of all community members.	• Local Statistic • External Statistic • GGC Census
26	# programs that teach self awareness or training to promote emotional resiliency.	Increase mental wellbeing and opportunities for individual and collective growth.	• Rec Centre Record (Basic)
30	# suicides and self-inflicted injuries, deaths (per 100,000 population) at regional level.	Increase mental wellbeing and opportunities for individual and collective growth.	• Local Statistic • External Statistic
33	# deaths and hospitalizations related to substance use.	Increase mental wellbeing and opportunities for individual and collective growth.	• Local Statistic
35	Alcohol consumption per capita.	Increase mental wellbeing and opportunities for individual and collective growth.	• Local Statistic • External Statistic • GGC Census
38	# and % programs specifically for preschool children, school children, and teens by type of program.	Quality leisure opportunities available for all preschoolers.	• Rec Centre Record (Basic)
42	High school graduation rate for youth 18 and under.	Healthy opportunities for teens to learn in a social setting.	• Local Statistic
45	Representation of youth and seniors/elders. on sub-committees and other advisory or decision-making bodies at the Rec Centre.	Healthy opportunities for teens to learn in a social setting.	• Rec Centre Record (Basic)
47	# and % programs for adults, and specifically for women and seniors/Elders, by type of program.	All adults have leisure skills in a variety of leisure pursuits.	• Rec Centre Record (Basic)
54	# unpaid work experience opportunities (ex. volunteer, shadowing, internships, co-op programs and school-industry partnerships),	Increase diversity of local employment, training and volunteer opportunities.	• Rec Centre Record (Basic)

	for youth and adults.		
56	# full-time employees at Rec Centre.	Increase diversity of local employment, training and volunteer opportunities.	• Rec Centre Record (Basic)
75	# community events (ex. public events, tournaments, graduations, etc.)	A wide range of special events and celebrations available.	• Rec Centre Record (Basic)
82	# programs/events intended for families, by type of program: sports, arts, culture, etc.	A wide range of family-oriented leisure opportunities available to local citizens.	• Rec Centre Record (Basic)
83	# program/events that promote intergenerational learning (ex. events linking youth and elders).	A wide range of family-oriented leisure opportunities available to local citizens.	• Rec Centre Record (Basic)
92	% signage in different languages at the Rec Centre.	Increase cultural relevance and sensitivity of programs/ services, through the prioritization of Gitxsan & Wet'suwet'en health frameworks.	• Rec Centre Record (Basic)

Funder-Friendly

Ind. #	Indicator & Feasibility Level HIGH MEDIUM LOW	Outcomes	Data Collection Method Type
1	Attendance rates for physical activity programs (participants registered/attended over duration of program), by community, gender, age and season	Improve physical health of all community members	• Rec Centre Record (Basic)
6	Regional obesity rates	Improve physical health of all community members	• Local Statistic • External Statistic
7	# patients screened, diagnosed and treated, by illness (ex. such as diabetes, hypertension, osteoporosis, asthma and heart disease)	Improve physical health of all community members	• Local Statistic
8	# preventable admissions to Wrinch Memorial Hospital, by length of stay, by community	Improve physical health of all community members	• Local Statistic
9	% current smokers, daily or occasional	Improve physical health of all community members	• Local Statistic • External Statistic • GGC Census
15	# community-based programs and initiatives supported by the Rec Centre	Increase mental wellbeing and opportunities for individual collective growth	• Rec Centre Record (Basic)
16	# total participants from each community, by age, gender and season	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Basic)
30	# suicides and self-inflicted injuries, deaths (per 100,000 population) at the regional level	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic • External Statistic
31	# self-inflicted injuries, suicide attempts and deaths by suicide	# self-inflicted injuries, suicide attempts and deaths by suicide	• Local Statistic • External Statistic
32	# patients diagnosed and treated for depression or anxiety	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic
33	# deaths and hospitalizations related to substance use	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic
34	# drug-, violence-, alcohol-related encounters with law enforcement, by age and gender	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic
35	Alcohol consumption per capita	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic • External Statistic • GGC Census
39	# unique preschool children and school children	Quality leisure opportunities	• Rec Centre Record

	participating in programs at the Rec Centre	available for all preschoolers	(Basic)
42	High school graduation rate for youth 18 and under	Healthy opportunities for teens to learn in a social setting	• Local Statistic
56	# full-time employees at Rec Centre	Increase diversity of local employment, training and volunteer opportunities	• Rec Centre Record (Basic)
58	# employment opportunities for youth (paid and unpaid)	Increase diversity of local employment, training and volunteer opportunities	• Rec Centre Record (Basic)
75	# community events (ex. public events, tournaments, graduations, etc.)	A wide range of special events and celebrations available	• Rec Centre Record (Basic)
83	# program/events that promote intergenerational learning (ex. events linking youth and elders)	A wide range of family-oriented leisure opportunities available to local citizens	• Rec Centre Record (Basic)
85	# community members using subsidized Rec Centre passes	Increase welcoming by increasing instances of contact between different social and age groups at the recreation centre	• Rec Centre Record (Basic)
95	Extent of representation from each Upper Skeena community in the Rec Centre Owners Partnership Committee	Increase cultural relevance and sensitivity of programs/ services, through the prioritization of Gitxsan & Wet'suwet'en health frameworks.	• Rec Centre Record (Basic)
2	Frequency of physical activity (# of minutes per week by age group)	Improve physical health of all community members	• Local Statistic • External Statistic • GGC Census
12	# community members who smoke participating in physical and recreation initiatives supported by the Rec Centre	Improve physical health of all community members	• Rec Centre Record (Extra) • GGC Census
14	# participants in Rec Centre programs that go on to compete in regional, provincial, national or international levels	Improve physical health of all community members	• Rec Centre Record (Extra) • Participatory
22	% community members that have reported an improvement in mental wellbeing after participating in Rec Centre programming (levels of self esteem, sense of place and confidence)	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Extra) • GGC Census
63	% Rec Centre employees that identify as First Nations from local communities, compared to the First Nations % of regional population	Increase diversity of local employment, training and volunteer opportunities	• Rec Centre Record (Extra)

Community-Focused

Ind. #	Indicator & Feasibility Level HIGH MEDIUM LOW	Outcomes	Data Collection Method Type
1	Attendance rates for physical activity programs (participants registered/attended over duration of program), by community, gender, age and season	Improve physical health of all community members	• Rec Centre Record (Basic)
15	# community-based programs and initiatives supported by the Rec Centre	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Basic)
19	# total volunteer hours	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Basic)
20	# unique volunteers, by gender, by new and returning	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Basic)
26	# programs that teach self awareness or training to promote emotional resiliency	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Basic)
28	# staff and volunteer trainings on intergenerational trauma and trauma-related behaviour (and cultural safety)	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Basic)
29	# staff and volunteers trained in how to recognize the signs of mental distress or suicidal behaviour	Increase mental wellbeing and opportunities for individual and collective growth	• Rec Centre Record (Basic)
30	# suicides and self-inflicted injuries, deaths (per 100,000 population) at the regional level	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic • External Statistic
31	# self-inflicted injuries, suicide attempts and deaths by suicide	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic • External Statistic
32	# patients diagnosed and treated for depression or anxiety	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic
33	# deaths and hospitalizations related to substance use	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic
35	Alcohol consumption per capita	Increase mental wellbeing and opportunities for individual and collective growth	• Local Statistic • External Statistic • GGC Census
39	# unique preschool children and school	Quality leisure opportunities available	• Rec Centre Record (Basic)

	children participating in programs at the Rec Centre	for all preschoolers	
42	High school graduation rate for youth 18 and under	Healthy opportunities for teens to learn in a social setting	• Local Statistic
45	Representation of youth and seniors/elders on sub-committees and other advisory or decision-making bodies at the Rec Centre	Healthy opportunities for teens to learn in a social setting	• Rec Centre Record (Basic)
64	Diversity of staff and volunteers in Rec Centre: age, gender, community	Increase diversity of local employment, training and volunteer opportunities	• Rec Centre Record (Extra)
67	$ amount of local services and goods sold onsite	Increase diversity of local employment, training and volunteer opportunities	• Rec Centre Record (Basic)
68	% participants using income assistance/social dependency compared to % in region	Increase diversity of local employment, training and volunteer opportunities	• Rec Centre Record (Extra)
75	# community events (ex. public events, tournaments, graduations, etc.)	A wide range of special events and celebrations available	• Rec Centre Record (Basic)
81	# programs/events that provide childcare, childminding or are child friendly	A wide range of family-oriented leisure opportunities available to local citizens	• Rec Centre Record (Basic)
82	# programs/events intended for families, by type of program: sports, arts, culture, etc	A wide range of family-oriented leisure opportunities available to local citizens	• Rec Centre Record (Basic)
83	# program/events that promote intergenerational learning (ex. events linking youth and elders)	A wide range of family-oriented leisure opportunities available to local citizens	• Rec Centre Record (Basic)
92	% signage in different languages at the Rec Centre	Increase cultural relevance and sensitivity of programs/ services, through the prioritization of Gitxsan & Wet'suwet'en health frameworks.	• Rec Centre Record (Basic)
99	# Rec Centre programs led by community members and delivered in communities.	Increase cultural relevance and sensitivity of programs/ services, through the prioritization of Gitxsan & Wet'suwet'en health frameworks.	• Rec Centre Record (Basic)
4	% leisure-time physical activity, moderately active active achieved by community members.	Improve physical health of all community members.	• Rec Centre Record (Extra) • Local Statistic • GGC Census
5	Distance walked per week by community members, by age and season.	Improve physical health of all community members.	• Rec Centre Record (Extra) • GGC Census
12	# community members who smoke participating in physical and recreation initiatives supported by the Rec Centre.	Improve physical health of all community members.	• Rec Centre Record (Extra) • GGC Census

21	# reported times smiling or laughing in a day or feeling joy or happiness, and opinions on future (optimism).	Increase mental wellbeing and opportunities for individual and collective growth.	• GGC Census • Rec Centre Record (Extra)
22	% community members that have reported an improvement in mental wellbeing after participating in Rec Centre programming.	Increase mental wellbeing and opportunities for individual and collective growth.	• Rec Centre Record (Extra) • GGC Census
27	Evaluation of level of cultural safety by Rec Centre participants.	Increase mental wellbeing and opportunities for individual and collective growth.	• Rec Centre Record (Extra) • GGC Census • Participatory
36	Evaluation of community opinion regarding impact of Rec Centre on substance use.	Increase mental wellbeing and opportunities for individual and collective growth.	• Rec Centre Record (Extra) • GGC Census • Participatory
89	Evaluation of feelings of social belonging or exclusion at Rec Centre based on gender, age, geography.	Increase welcoming by increasing instances of contact between different social and age groups at the recreation centre.	• Rec Centre Record (Extra) • GGC Census • Participatory
98	Evaluation of satisfaction in each community regarding programs at the Rec Centre.	Increase cultural relevance and sensitivity of programs/ services, through the prioritization of Gitxsan & Wet'suwet'en health frameworks.	• GGC Census • Participatory