
**Indicators of
Human
Well-Being on the North
and Central Coast**

Schedules C and G



Who we are- Shawn, Victor, Dan

Background and purpose

Steps we took

**What lit says about HWB- components
and logic models**

Selection (screening) criteria

How Schedules C and G fit the lit.

Realities and limitations

Data collection

Input and feedback

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Purpose of the project

....To review indicators and targets in Schedules C and G and recommend a practical monitoring framework for measuring impacts on EBM and other approaches within the North and Central Coast LRMP areas

....based on current literature on HWB

....based on objectives and indicators in Schedules C and G as a starting place.

Questions we addressed

- How does the literature define HWB?**
- What “full suite” of indicators could be used to measure HWB on North and Central Coast?**
- How well do Schedules C and G indicators address the full definition of HWB?**
- How should indicators of Schedules C and G be modified to address full definition of HWB? How can be ‘operationalized?’**

This project

- **Philosophy as much as science**
- **View from both 30,000 feet and 100 feet**

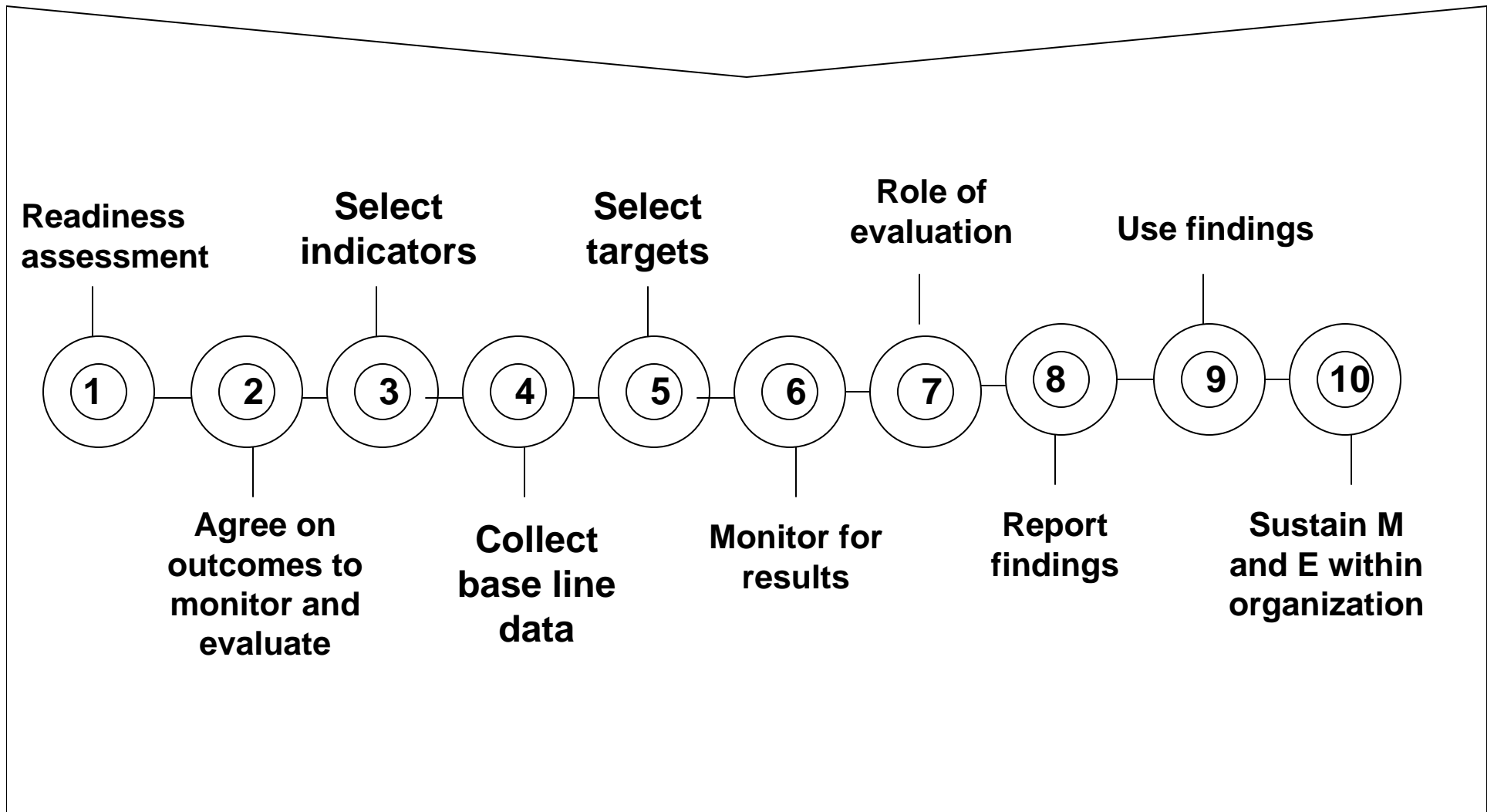
Two parts to the report

Part 1- Big picture view of HWB

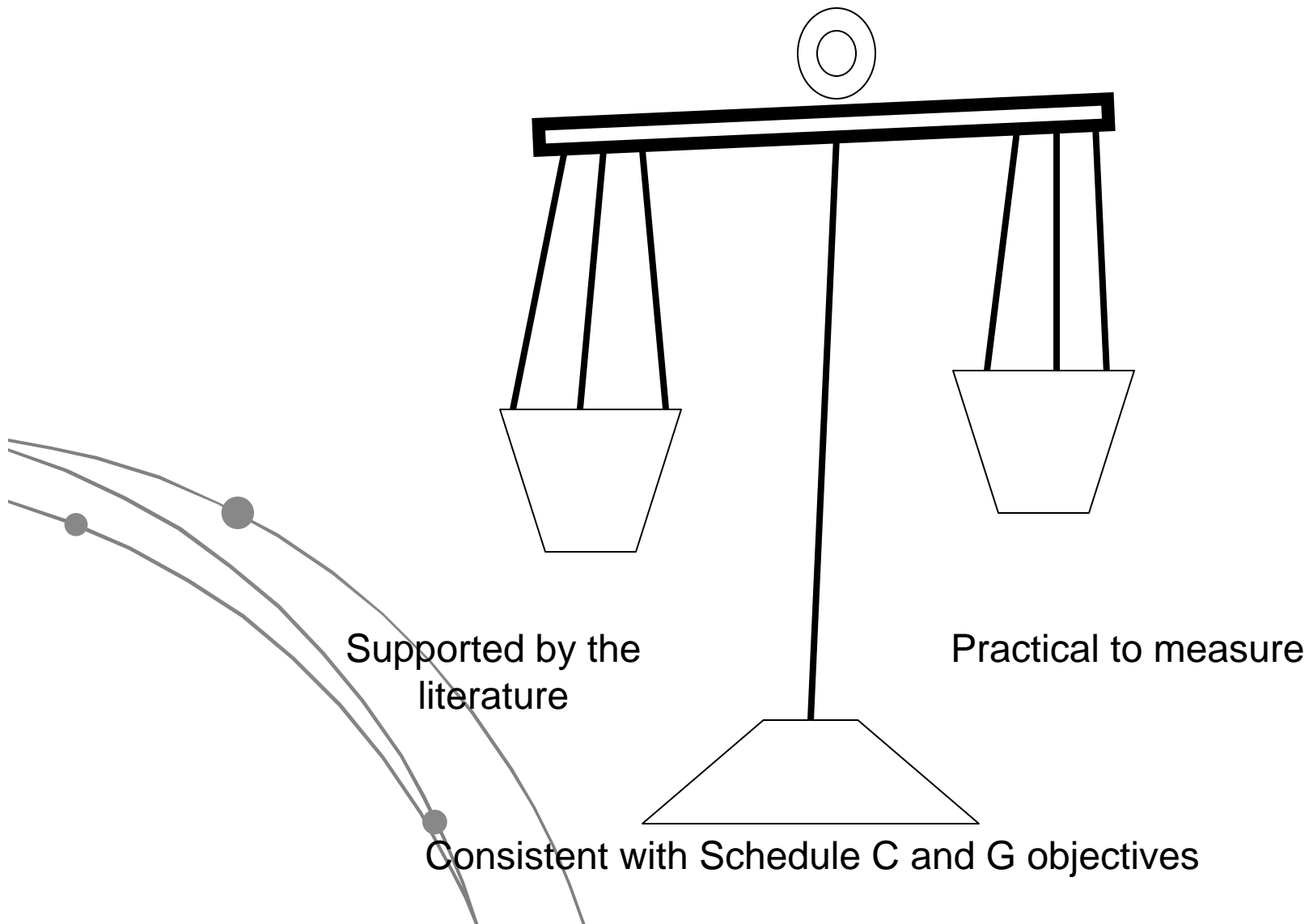
Part 2- Schedules C and G

10 steps to monitoring and evaluation

Kusek and Rist (2004)



Balancing act of indicator selection



Steps we took

Step 1: literature on HWB- frameworks and components

Step 2: logic models

Step 3: selection (screening) criteria

Step 4: 'full suite' of primary and secondary indicators

Step 5: assessed indicators in Schedules C and G

Step 6: additional objectives and indicators for C and G

Step 7: representative data samples

Step 8: primary data collection - outline

Step 1: We examined indicator frameworks to draw out the key components of HWB

- Canadian Well-being Index
- MacKendrick/Parkins synthesis framework
- Human Development Index
- Human Development Index for Registered Indians
- First Nations Community Well-being Index
- Genuine Progress Index
- Quality of Life Index
- Prescott-Allen/Coast Information Team well-being index
- BC Stats Socio-Economics Index

Most had strengths and weaknesses for measuring HWB on the coast....

e.g.

... HDI included no culture indicators

...Canadian Index of Well-Being still being developed

....BC Stats SE Index not appropriate for measuring changes over time

So we didn't adopt one "as is."

***We looked for common
themes (components) and
found these five:***

Social processes

Physical and mental health

Economics

Education

Culture

**So, we said, HWB monitoring
frameworks should be measuring
these five things:**

Social processes— social capital and sense of place

Physical and mental health

Economics

Education

Culture

We searched for studies on the five components to ensure the components, and thus indicators, were grounded in research.

e.g. Education is positively linked with health and economics.

e.g. High degree of income inequity is associated with lower social cohesion. Lower social cohesion has both economic and health implications.

e.g. Social capital linked with economics - RCP

“Well-connected people are more likely to be housed, healthy, hired and happy.” (Woolcock 2001)

**Frameworks don't "prescribe"
indicators–**

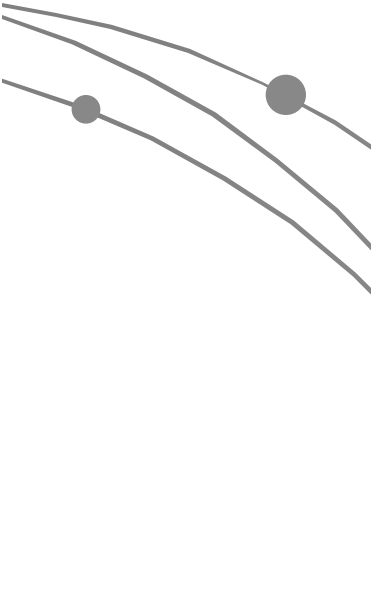
**There are
hundreds of indicators to choose
from and in current use**

For example

- **McHugh and others (UBC)- 145 pages social and economic indicators, rationale and methodologies for Sustainable Forest Mgt.**
- **Environment Canada—Sustainable Communities Indicators Program Web site**

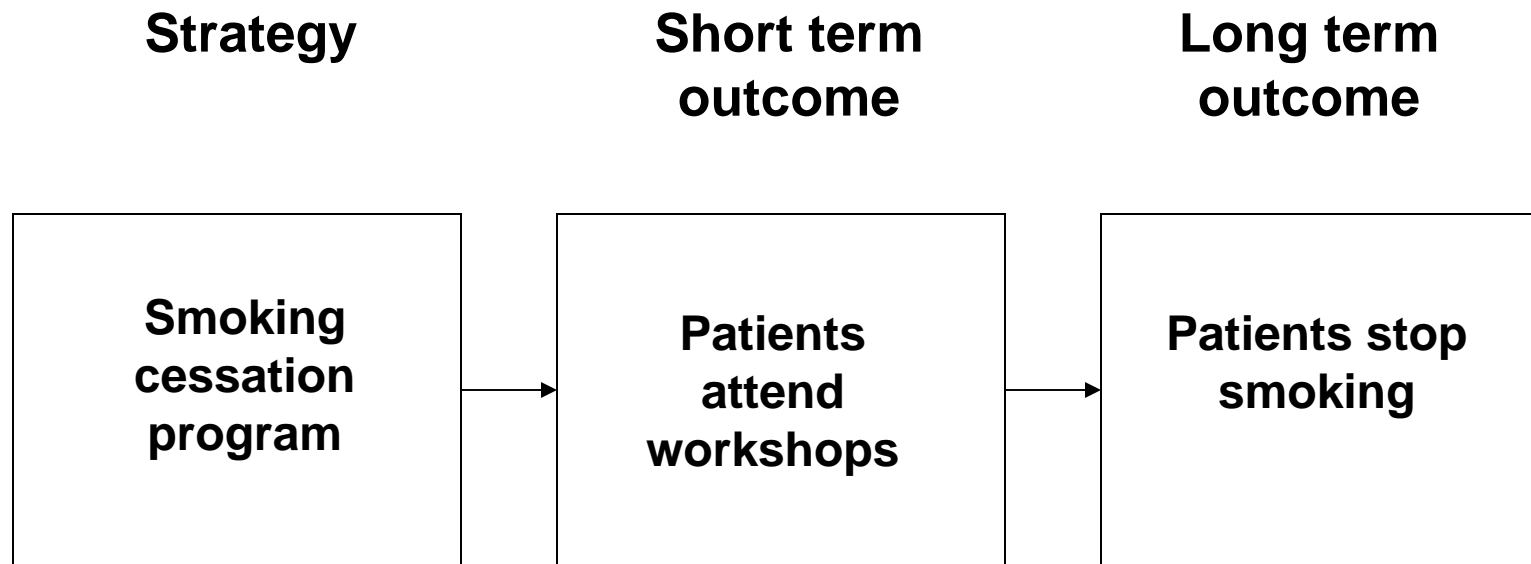
Step 2: Create Logic Models

Logic Models for each of the five components



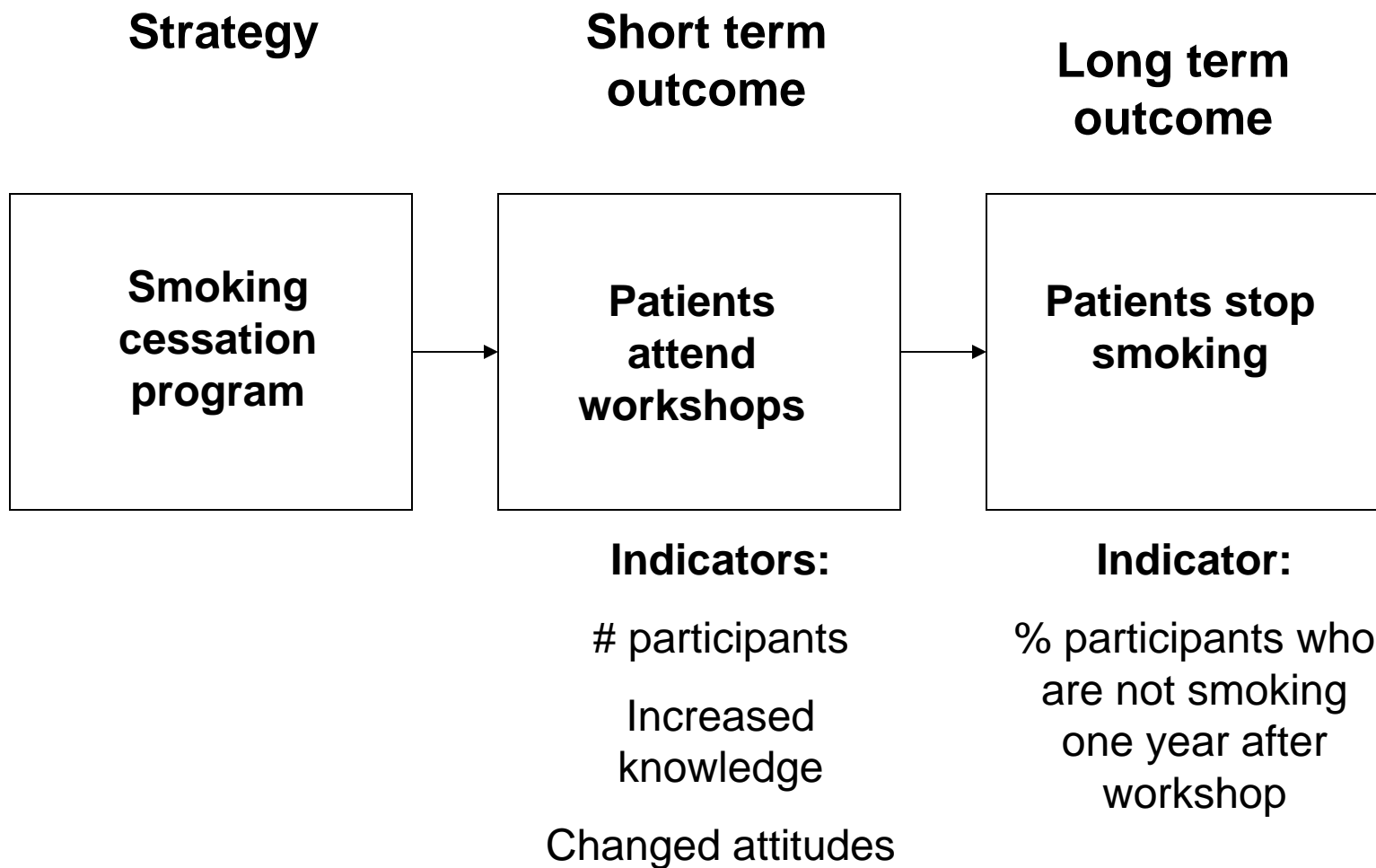
show how indicators have theoretical linkages with objectives and to help us select primary and secondary indicators

Simple logic model for smoking cessation program



IF  THEN

Indicators live “behind” each box in logic model



Indicators live “behind” each box in logic model

Strategy

**Short term
outcome**

**Long term
outcome**

**Smoking
cessation
program**

**Patients
attend
workshops**

**Patients stop
smoking**

Indicators:

participants

Increased
knowledge

Changed attitudes

Indicator:

% participants who
smoked are not
smoking one year
after workshop

**These are
measurable**

Strategy

**Short term
outcome**

**Long term
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**Smoking
cessation
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**Patients
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**Patients stop
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Indicators:

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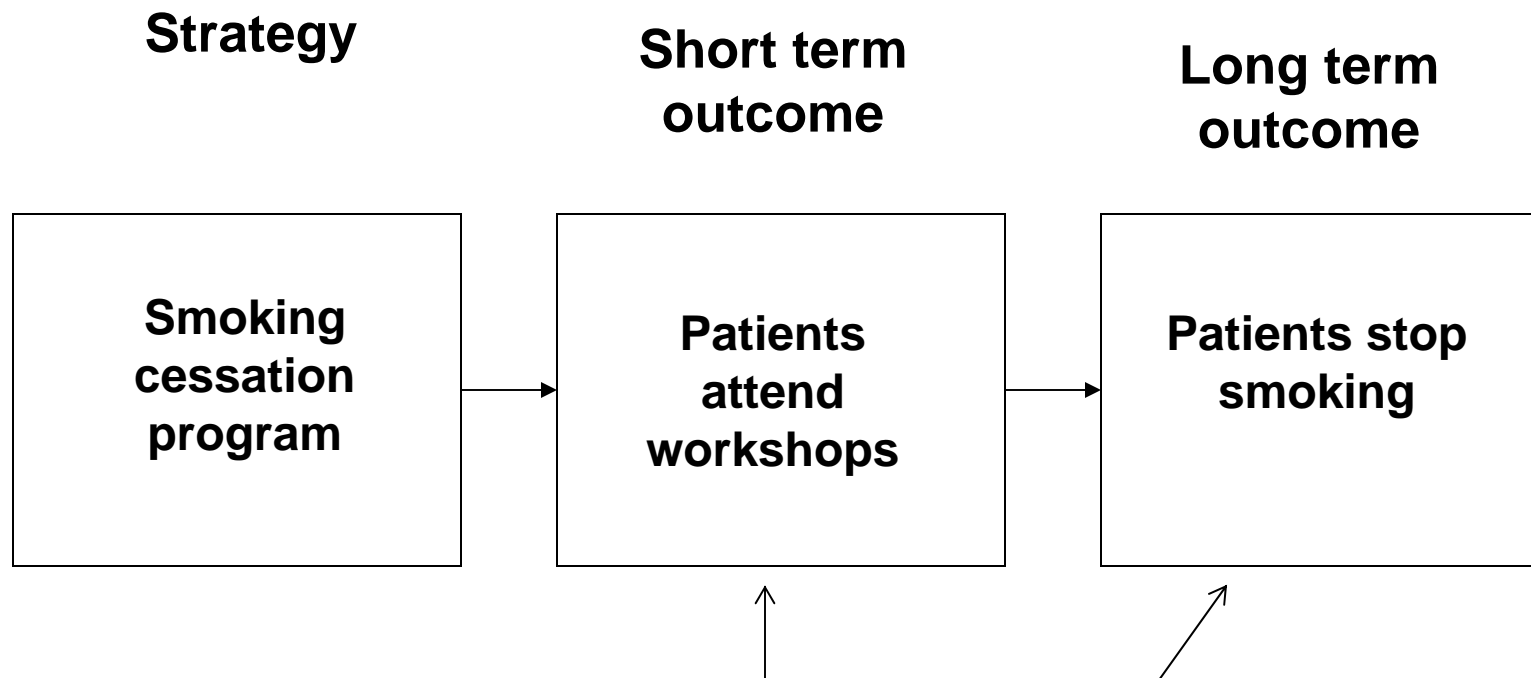
SECONDARY INDICATORS

Indicator:

% participants who
smoked are not
smoking one year
after workshop

PRIMARY INDICATORS

Research (theories) support the linkages



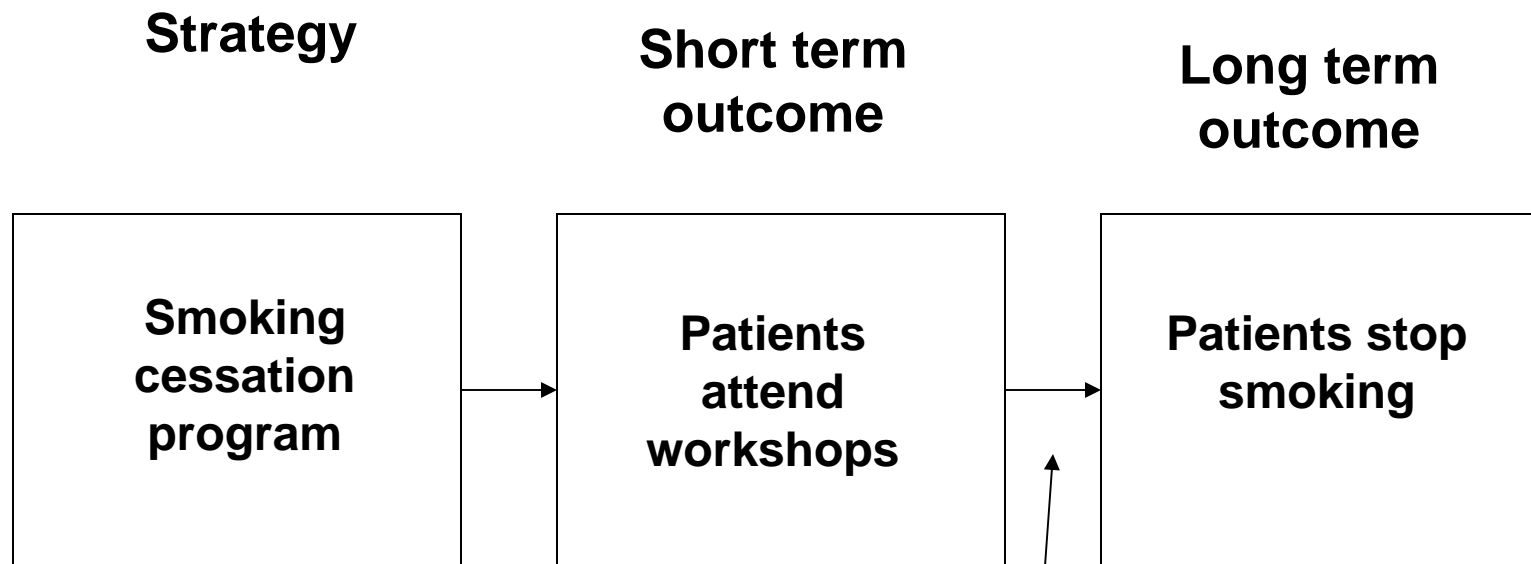
The logic models shows that either primary or secondary indicators are acceptable

Ideally, you want to measure primary indicator... more robust.

But that's not always feasible.

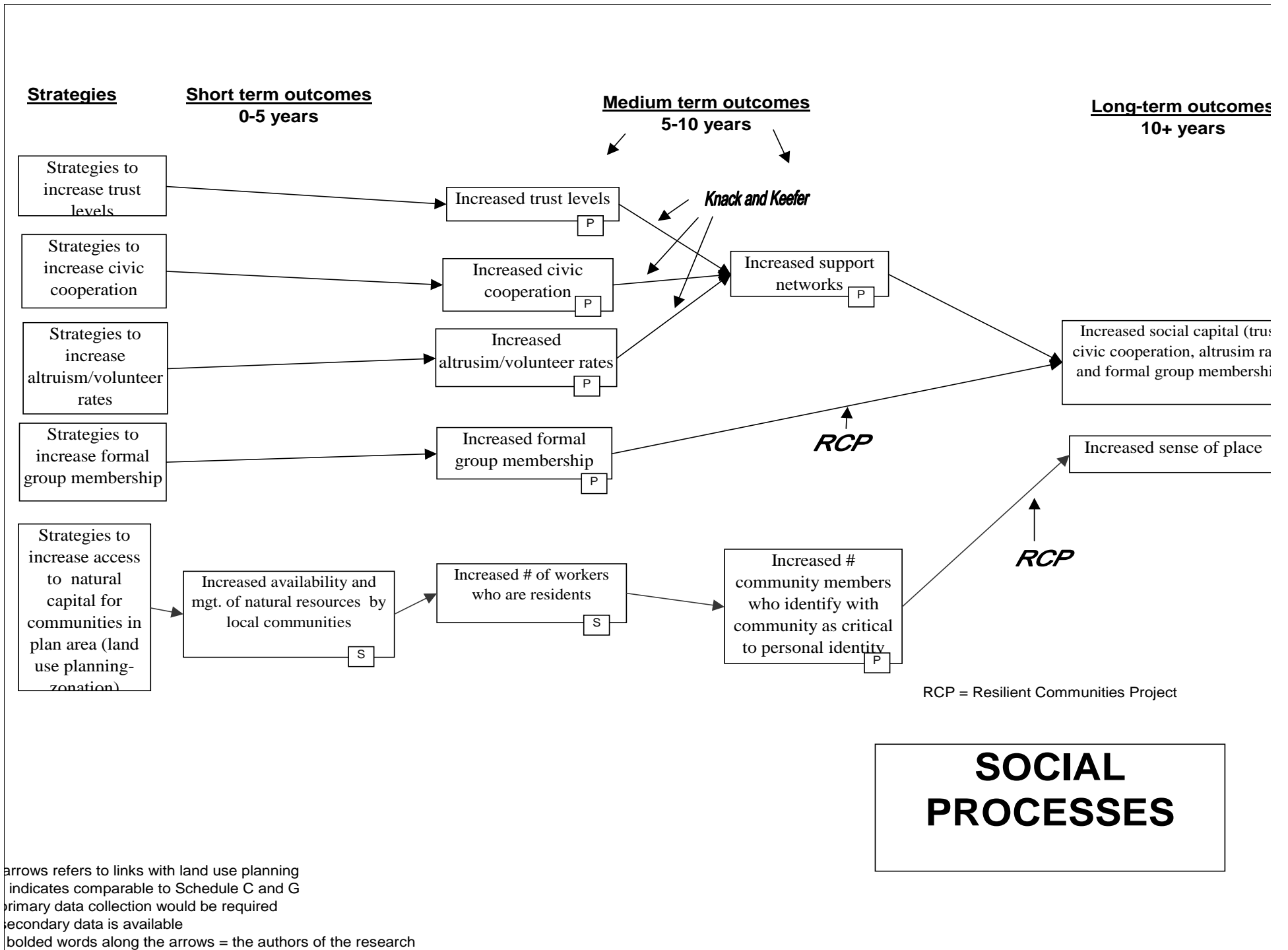
- Secondary indicators are acceptable proxies (substitutes) because they have a logical and theoretical link to the objective

Research (theories) support the linkages



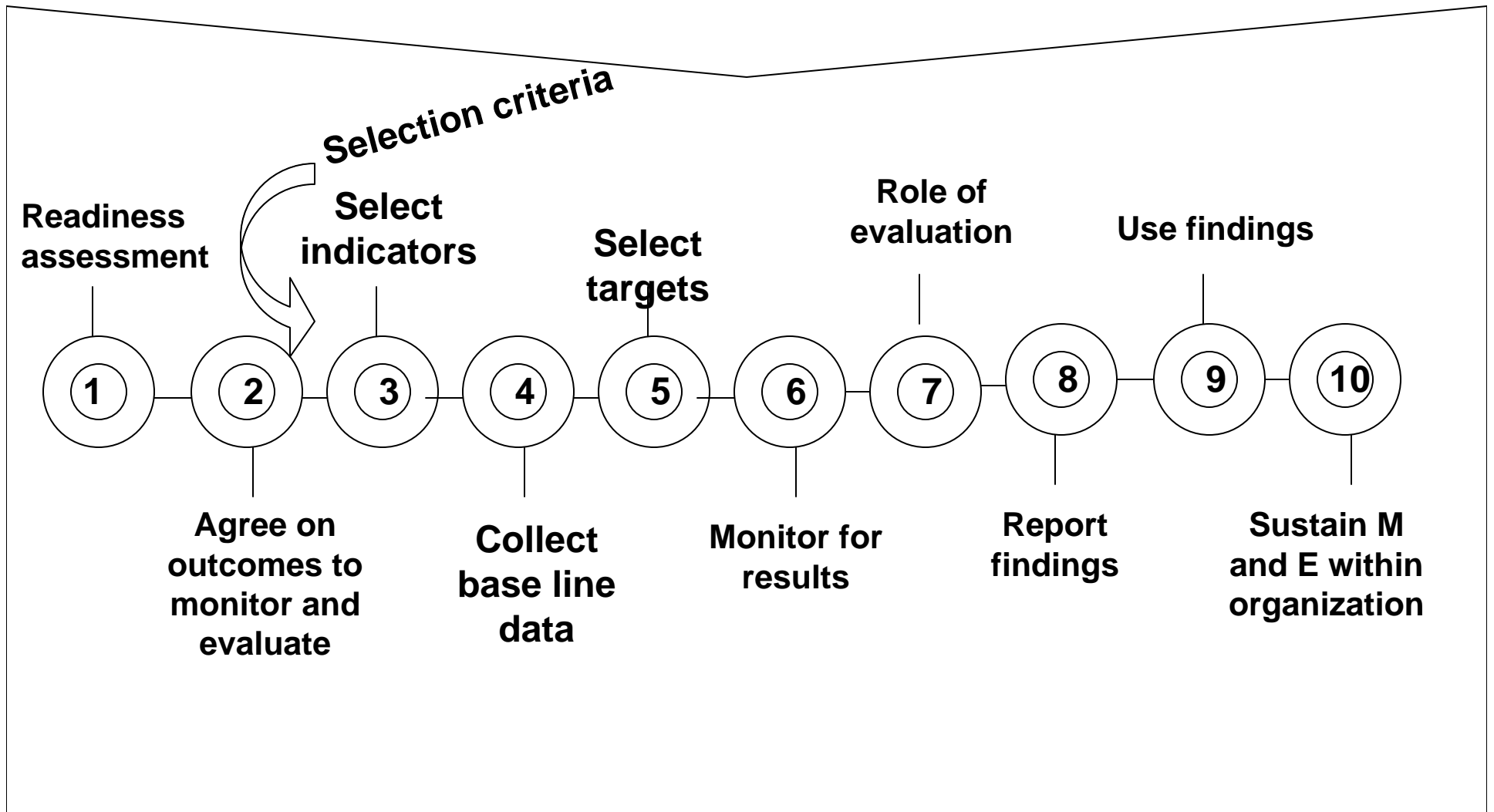
THEORY says:

**If patients attend workshops,
they will stop smoking.
“Studies have shown that...”**



10 steps to monitoring and evaluation

Kusek and Rist (2004)



Step 3: Indicator Selection Criteria for C and G

1. Consistent with literature on HWB?
2. Logical links between indicator and objectives of Schedule C and G?
3. Comparable over time?
4. Relevant to both FN and non-FN, where doesn't stipulate?
5. Existing secondary source – ok scale?
6. Existing secondary source – ok boundary?
7. If scale and boundary issues, primary data – affordable, feasible?
8. Desirable direction obvious?
9. Sensitive to change but unaffected by other changes?

Indicator Criteria

Often this is a step that is forgotten in developing indicators.... Criteria are sometimes assumed, then disagreement happens about what is an acceptable indicator



Key is to agree upon criteria and make them explicit

Narrows indicator selection

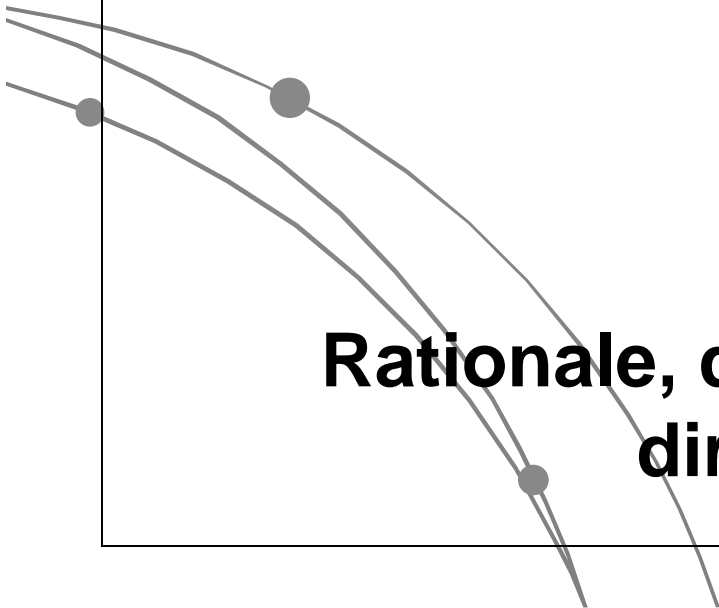
Step 4: “FULL SUITE” OF INDICATORS FOR HWB

Based on logic models, we listed 21 primary indicators and 18 secondary indicators

For 5 components

“master list”

Rationale, data source, and desired direction for each



Step 5: Assessing Schedules C and G

using the nine criteria



We found that:

Schedules C and G have objectives and indicators for:

Economics & Culture

But not:

Social processes

Physical and mental health

Education

Step 6: Recommended a modified list of C and G indicators using the selection criteria and five components

Looked at each Schedule C and G indicator in detail

Ended up with 25 indicators--- most are “primary indicators” from the master list and many from existing Schedule C and G

Not all 25 recommended C and G indicators have existing (secondary) sources of data- majority does.

Social processes- no- need to collect

Health- yes- BC Stats

Economics- yes- BC Stats, Min. Ec Dev. etc

Education- yes- Min. Education, BC Stats

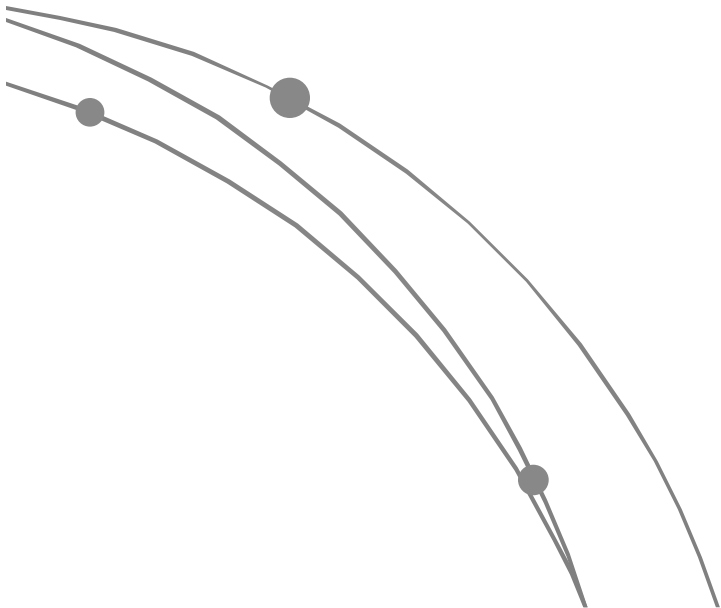
Culture- yes and no- need to collect

High School Graduation Rates, Central Coast School District

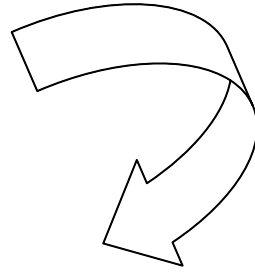
	Female	Male	All
<u>2005/06</u>			
Total First-time Grade 12	7	8	15
# Who Graduate	6	7	13
% Who Graduate	86%	88%	87%
% with Honours	57%	50%	53%

Source: BC Ministry of Education

But there are serious limitations with almost all secondary sources for measuring indicators in the North and Central Coast plan areas



Limitations

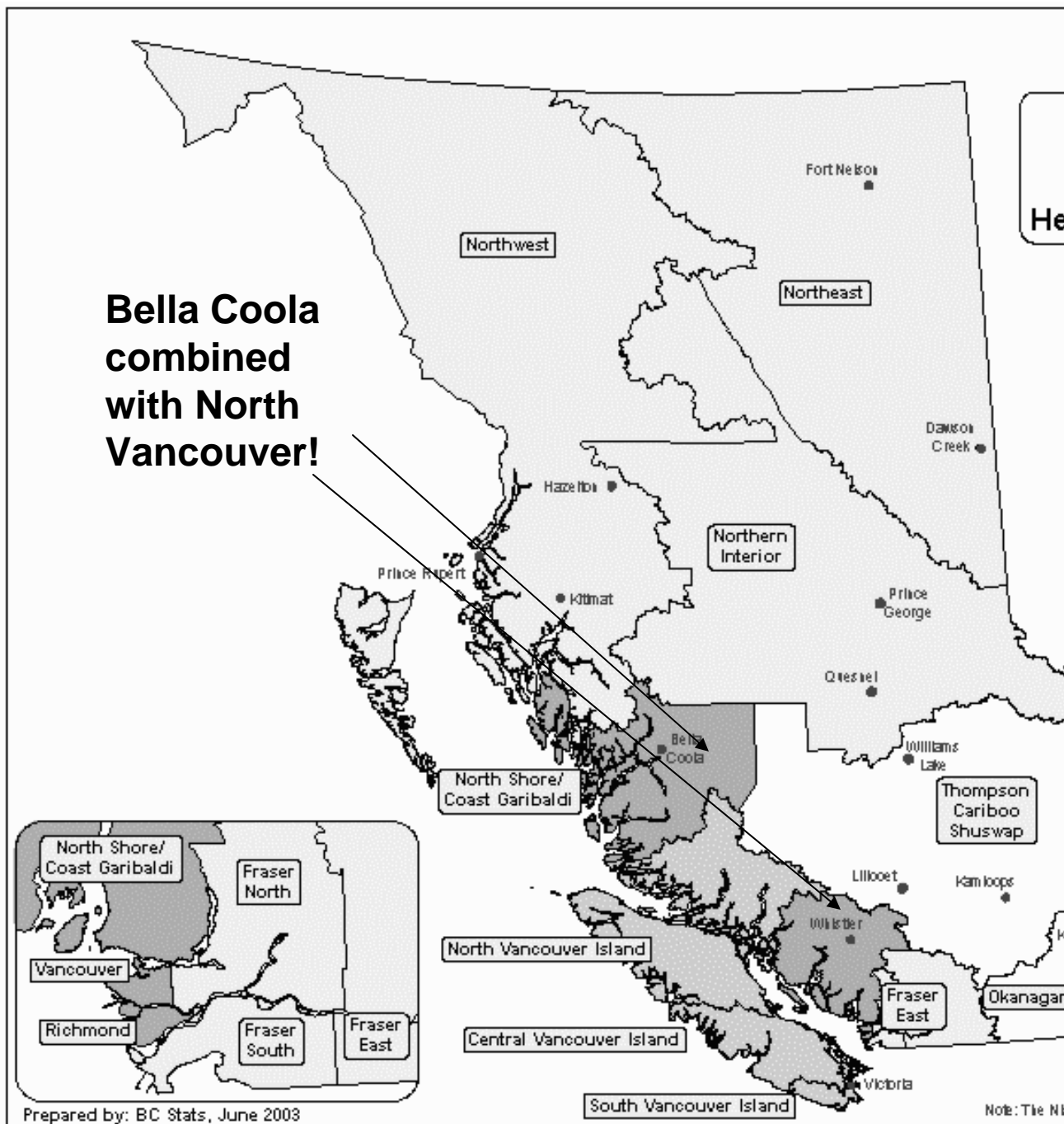


- **Scale and boundary overlap issues**

Limitations!

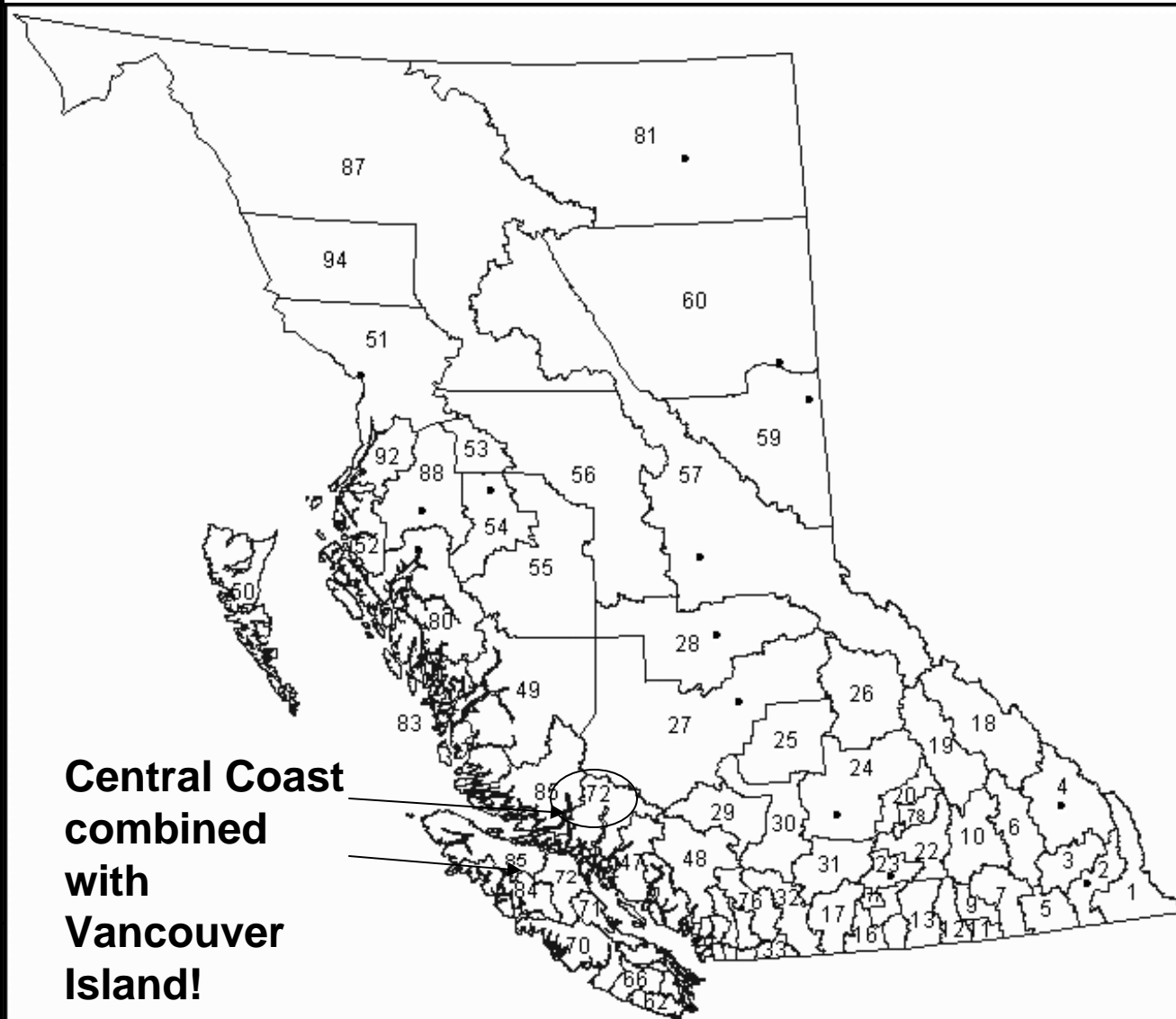
Health Service Delivery Areas

-for many health indicators available, this is the smallest scale



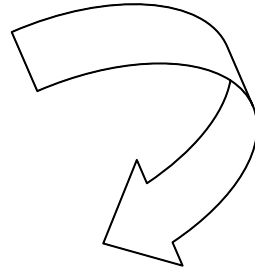
Limitations!

LOCAL HEALTH AREA— the smallest scale of health data forces use of BC Stats health data

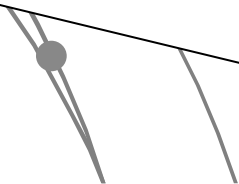


Central Coast combined with Vancouver Island!

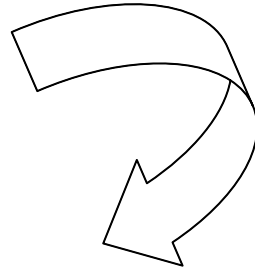
Limitations!



- **Scale and boundary overlap issues**
- **Attribution**



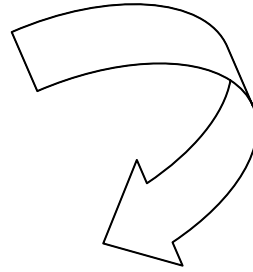
Limitations!



- **Scale and boundary overlap issues**
- **Attribution**
- **Comparisons over time**

**e.g. BC Stats Socio-Economics Index
compares across regions, not across time**

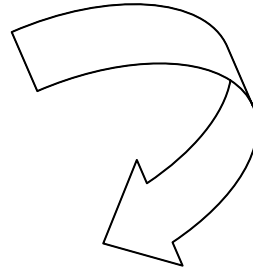
Limitations!



- **Scale and boundary overlap issues**
- **Attribution**
- **Comparisons over time**
- **Perceived culturally inappropriate census methodology**

***“We continue with the belief that Statistics Canada, due to its methodology and research gathering practice, issues results for our village communities which are inaccurate, incomplete, and misleading.”
Skeena Native Dev. Society Labour Market Census 2006***

Limitations!



- **Scale and boundary overlap issues**
- **Attribution**
- **Comparisons over time**
- **Culturally inappropriate census methodology**
- **Setting targets**

Limitations!

“One cannot project performance into the future (set targets) without first establishing a baseline.”

Kusek and Rist 2004, authors of 10 Steps to a Results-Based Monitoring and Evaluation System

Step 8: Primary data collection methods

We recommend:

- **Employment Survey**
- **Household survey**
- **Proxy method census**

Key messages

- Schedule C and G indicators: add education, health, social processes**
- Indicators are organized in framework consistent with research**
- Selection criteria is important**
- Serious limitations with secondary data for measuring C and G objectives**
- Combine literature-driven with community-based indicator selection**

Key messages

Key messages

- Select targets after baseline
- Accept that indicators will change
- Consider three types of primary data collection

