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OUTCOMES
MONITORING

A COMMUNITY HEALTH NETWORK FOR THE
CAPITAL REGIONAL DISTRICT

Workshop Report:

Thriving Children & Youth Forum

December 4, 2019

PARTNERS

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OVERVIEW & OBJECTIVES

> "Children are the world's most valuable resource and its best hope for the future"
>
> – John F. Kennedy

On December 4, 2019, the Regional Outcomes Monitoring Group - Community Health Network (ROM-CHN) hosted a flourishing Children and Youth Forum: Development of Progress Indicators for Vancouver Island Community Networks.

The outcomes for this workshop were to:

- discuss and test key indicators of wellbeing for children and youth;
- test the ROM-CHN's infographic on Children and Youth indicators;
- discuss how we can influence change through the use of metrics; and
- promote the Community Health Network for the CRD and identify how forum attendees wished to play a role within the network.

There were a total of 47 attendees with a broad representation of the community with individuals from the CRD, Island Health, school districts, post-secondary institutions, non-profit organizations, recreation centres, community associations, and funders.

Amanda Ng, Chair and Coordinator of the Regional Outcomes Monitoring group - a Community Health Network for the Capital Region (ROM-CHN) started off the day with welcoming attendees to the forum and provided a brief overview of the network. The ROM-CHN is a multi-agency voluntary group that started in 2014 and consists of members from the post-secondary sector, CRD, funders, non-profit organizations, research organizations, and Island Health. The group originally came together to identify a consolidated set of metrics for its 10 goal areas: Affordable and Accessible Housing, Economic Security, Food Security, Thriving Children and Youth, Healthy and Safe Environments, Connected and Inclusive Communities, Connection to Arts and Culture, Accessible Health and Human Services, Lifelong Learning, and Recreation and Active Living. In 2018, the group transitioned into a Community Health Network for the CRD with a focus on convening stakeholders around social determinant of health priority/problem areas to identify plans of actions. She emphasized the existing assets in our region and the focus on "networking the networks". Relationships are at the foundation of all the work that we do. A copy of her presentation can be found here.

SUMMARY OF THE DAY

We heard from keynote speaker **Dr. Bonnie Leadbetter** with the University of Victoria who provided an interdisciplinary perspectives on flourishing children and youth.   She discussed the importance of looking at well-being or flourishing as multi-dimensional - we need to consider health, school environments, peers, family, and work. She provided a criteria for choosing indicators, which included:

- significant to the well-being of children
- relevant to policy
- rigorous methods for assessment
- positive and negative dimensions of children's lives
- gives consideration to well–being and well–becoming
- capable of Producing Estimates for Key Subgroups
- readily understood by multiple stakeholders
- common interpretation and comparability
- forward-looking

She also provided an excellent research example of a study on children and youth conducted by herself, Dr. Richard Stanwick, and Dr. Murray Fyfe (Medical Health Officers with Island Health). This study is titled *Indicators of Well-Being in the Transitioning from Adolescence to Young Adulthood*. Further information on this study and a copy of her presentation can be found here.

We heard from **Diana Gibson**, the Community Social Planning Council's Executive Director, who primed the group on what to consider when choosing indicators to measure what they are looking for as a region. High levels points from her presentation include:

- Indicators influence public policy, in determining which issues get attention, and what policies get developed and adopted.
- What gets measured is what matters—but conversely, not everything that matters gets measured; so if we fail to measure something, or measure the wrong thing, we end up managing the wrong issues.
- Indicators can even be harmful,undermining desired policy outcomes.
- There are many indicators available and it is vital to focus on strategic ones— indicators that improve public health outcomes and serve larger policy goals. To achieve this, indicators used for routine monitoring and reporting should be strategically selected to ensure that they detect changes in the environment and the health status of community members, as well as the effectiveness of local programs, activities,and policies.
- Data being collected should also be selected to paint a picture and reflect community stories of key local issues; the data should tell a compelling narrative and speak to a key audience. Indicators are more meaningful when situated within the broader context.

BREAKOUT SESSION #1

The forum participants then engaged in their first discussion session. Organized according to geography, the first set of geographic groups were asked to discuss what kind of metrics they use to inform action. Here is the feedback we collected from this section:

- **Examples of indicators:**
  - Adolescent Health survey/McCreary results – provincial and district data
  - Student Satisfaction/Learning Survey
  - Sense of connection, belonging, and engagement surveys
  - Functional Behavior Assessment
  - Can Assist quarterly reports
  - Development (S.T.A.T.) play based learning assessments
  - Community Needs Assessment
  - Number of audience attendees
  - School enrollment
  - Mental health program enrollment and waitlist numbers
  - Pre, interim, and post program feedback
  - Many youth are enrolling themselves to services and many are pulled in by friends
  - Qualitative data (narratives)
  - Health data: Immunization rates; fruit and vegetable consumption
  - Revenue and funding data
  - The best indicators to use depend on the audience we are serving
- **Use indicators for:**
  - Informed communication and reporting to various bodies (sharing data with funders, stakeholders, community agencies, head office, city of Victoria, ministry).
  - Grants and funding: applying for funding; securing funds and addressing the number of youth on the waitlist.
  - The importance of valid and reliable data that can be trusted; speaking in an informed way about the services being offered
  - Moving from a "nice to have" to a "need to have".
  - Enable people and organizations to work together in a collective effort.
  - Acknowledging various perspectives and different ways of knowing Catalyst for addressing needs. e.g. Economic security, food security, housing
  - Supporting project ideas
  - GVPL: "stay and play" after family reading time; creating teen only welcoming spaces. ECE in kindergarten classes.
  - Internal efficiency, strategic planning, and goal setting.
  - Marketing and informing the people we serve.
  - Tracking program effectiveness and outcomes; evaluating change over time to inform short- and long-term direction.
  - Improving public health.
  - Licensing and accreditation

BREAKOUT SESSION #2 - INFOGRAPHIC REVIEW (GEO BASED GROUPS)

The forum participants stayed in their geographic groups and were asked to review the Regional Outcomes Monitoring Group-Community Health Networks's (ROM-CHN) Children and Youth infographic. This infographic contains baseline data/indicators that have been collected based on discussions at the ROM-CHN table. The feedback we heard is listed below:

- An infographic helps to facilitate discussion, questioning, and critical thinking.
- It is an excellent conversation tool.
- Age ranges are too broad! e. g. instead of 1-19 on page 1, 12-19 would be better. This is important because different groups have different needs; different services available; unique data.
- Titles/categories are ambiguous.
- Too much data in four pages – hard to read.
- Unclear who is included in this survey.
- Diversity is missing. Marginalized youth, homeless, in care, cultural background, Indigenous, newcomers.
- Lack of youth voice, data, feedback.
- Access to mental health may be an overestimation and terminology is potentially misleading.
- Poverty rate/definition unclear; food insecurity may be an underestimation.

BREAKOUT SESSION #3 - INFOGRAPHIC REVIEW (PRIORITY BASED GROUPS)

The forum participants then changed into priority based groups and asked to review the infographic to identify what indicators were missing. Participants were pre-organized based on geography and priority areas based on a pre-forum survey that was distributed.

- Need to include more data on Indigenous youth and other marginalized groups.
- Instead of going and just taking a Nation's data, ask if they can conduct the research.
- No specific Indigenous youth indicators. Decolonize data collection and research.
- Newcomers, Indigenous youth living in poverty: these are the youth we need to reach and have data on.
- Data on K-6 youth are missing.
- Student Learning Survey missing.
- Where is data from kids from alternate schools?
- Assess needs for marginalized youth.
- Not clear what the questions were regarding self-reported health status.
- How is something like happiness defined?
- Recreation: Unstructured time – opportunity for recreation.
- 80% of students engage in moderate vigorous exercise.
- What is the definition of vigorous exercise?

BREAKOUT SESSION #3 (cont'd)

- Where is this happening? At school or walking to school? What kind of activity?
- What are the standards that are being compared against?
- Housing density: more families living close to schools lends itself well to active transportation.
- Participation in organized sports drop off in ages 12-17.
- Recreation sectors lends itself well to enhance community and belonging.
- Ambiguous indicators for recreation: specific recreation indicators.
- Access to services: distance from school and rec centers.
- What does closeness/distance to nearest rec center lead to?
- Sexual health data is missing.
- Need breakdown by municipality.
- Need to invite and include youth to talk about their experience.
- Need to look at families and their experiences of social determinants of health, in which context is important.
- Need more data from StatsCan on poverty.
- Learn about the strengths that Indigenous youth can share with others outside their community.
- McCreary – youth voice, does separate surveys/data collection with youth who aren't represented in the data.
- Data not reflective of diversity of families' SES.

BREAKOUT SESSION #4 - STRATEGIES FOR MONITORING DATA AND NETWORKING

Participants stayed in their priority based groups and were asked to discuss strategies to monitor and share the data and indicators. In addition to this, as part of the Community Health Network's role of "networking the networks" in our region, the CHN has been working on a health network database of all the groups working around the social determinant of health areas. The database was shared amongst participants and they were asked to provide their input.

- Need to define the purpose for collecting data/monitoring indicators in order to define the process.
- Important to clarify and understand the intentions behind data collection.
- Value in monitoring but need to focus on meaningful action first. The focus shouldn't be just on monitoring, but also how to use and deliver the data.
- Who is doing the monitoring and collecting the data, and how often is it done?
- Program monitoring: continuous updating of data sources using Survey Monkey.
- Needs to be more comparative to look at trends in the data.
- Play + art data collection: video recording.
- The data needs to be relevant to the youth we are working with.

- Lack of youth representatives present. Invite youth and lived experiences to the table. How do youth play a role?
- How to best facilitate that conversation?
- There's no information about youth employment. Interest in what's happening in other provinces.
- What is the priority setting with regards to this document? Ask youth what their five top priorities are. Ask parents the same question. There is a value in monitoring, but what is monitored in relation to priority setting.
- There was discussion around creating a online dashboard to house the regional data/indicators. Based on discussions from the day, it is apparent that attendees are interested in specific topics around children and youth, as well as different age groups. A dashboard would be a great resource to allow the user to select their interested data points, then create an infographic best suited to their needs.

BREAKOUT SESSION #4 (cont'd)

- Importance of keeping an open mind and meeting others where they are at. How would different communities/families identify with the indicators? Having access to food sharing, would families accessing this consider themselves to be food secure as they access food programs?
- ROM should facilitate discussion on how to use data rather than collect it.
- Need to be mindful of power relations between partners, e.g. Ministry vs. School district vs. NGO. Networks need to be mindful of non-profit organizations because conversations could be very different. Important to be inclusive, there needs to be services available for people to contact, more than just the networks. Make connections to all services that exist, more than just names on websites.
- Needs to be a link to a larger report for more comprehensive understanding.
- Humanize the report and infographic.
- Sharing: share infographic within networks.
- Other networks to add to CHN's network database: Neighbourhood House Coalition. South Island Job Developers: employment metrics for youth. Community Living BC: manage money for disability-related resources. BC Housing. Downtown Service Providers. Cool Aid Society. Youth Task Force. City Planners: Child First planning + communities. Volunteer Victoria. OARAH – racism, violence. Foundry-network BC wide – Jen Harrison Y&F Wellness navigator.Social Innovation Center: umbrella location and multiple organizations who collaborate and look for funding

CLOSING

Amanda Ng discussed possible next steps after the fruitful conversations from the day. She shared that the ROM-CHN would review the feedback provided from the forum and revise the infographics accordingly. The health network database will be shared with participants once it is complete and will be updated based on the proposed additions from the forum participants. She asked if anyone in the room would be interested in continuing the dialogue from the day and there was interest in creating a Children and Youth subgroup. If you have any questions, comments, or further feedback for the ROM-CHN or are interested in joining a Children and Youth subgroup, please contact Amanda at **ang@crd.bc.ca** or **250-360-3174**.