

The Quality of Life in Ontario 1997

Written by:

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Written for:

Ontario Social Development Council

QUALITY OF LIFE INDEX REPORT SUMMARY

Major changes are taking place in Ontario which are having dramatic effects on the health and well-being of residents. They include:

- ! economic re-structuring and high unemployment
- ! government cuts in social programs
- ! devolution of responsibilities to the provinces and municipalities
- ! reduced roles of governments in economic and social development
- ! increasing poverty, especially for young families

The Quality of Life Index was conceived in this environment as a community development strategy to monitor the living and working conditions of Ontarians.

Quality of life is defined as:

“The product of the interplay among social, health, economic and environmental conditions which affect human and social development.”

The purpose of the Quality of Life Index (QLI) is to provide a tool for community development which can be used to monitor key indicators that encompass the social, health, environmental and economic dimensions of the quality of life. The QLI can be used to comment frequently on key issues that affect people and contribute to the public debate about how to improve the quality of life in our communities and our province.

The following indicators are included in the Quality of Life Index for 1997:

SOCIAL: Children in care of Children’s Aid Societies; social assistance recipients; social housing waiting lists.

HEALTH: Low birth weight babies; elderly waiting for placement in long term care facilities; suicide rates.

ECONOMIC: Number of people unemployed; number of people working; bankruptcies.

ENVIRONMENTAL: Hours of poor air quality; environmental spills; tonnes diverted from landfill to blue boxes.

The Quality of Life Index has been calculated for 1997. Based on these calculations, the quality of life has declined in Ontario since 1990. A closer look at the twelve indicators reveals progress in some

areas and setbacks in others. Access to information has raised a number of problems and issues which are discussed.

Quarterly updates of the Quality of Life Index will be produced in the coming months, along with an annual report in the fall of 1998.

ACKNOWLEDGEMENTS

This report, and the background papers that support it, are the result of a collaborative effort by a group of people who are members of the Quality of Life Index Project Working Group:

Tom Baker	Social Planning Council of Metropolitan Toronto
Janet Comis Sheila Almas	Social Planning Council of Kingston and District
Paula DeCoito Moji Tihamiyu	Social Planning Council of Peel
Mark Fraser	Social Planning and Research Council of Hamilton-Wentworth
Scott Henderson	Community Development Council of Quinte
Ted Hildebrandt	Halton Social Planning Council
Brenda Reimer	Lakehead Social Planning Council
Bruce Schwartzentruber	Community Pro Action
Kathy Woodcock	Peterborough Social Planning Council

We would also like to thank Health Canada, Ontario Region, for the funding which has enabled us to publish this first report on the quality of life in Ontario. We hope it will provide a firm foundation for future efforts.

Malcolm Shookner
Ontario Social Development Council
October 15, 1997

THE QUALITY OF LIFE IN ONTARIO

1997

INTRODUCTION

Major changes are taking place in Ontario which are having dramatic effects on the health and well-being of residents. They include:

- ! economic re-structuring and high unemployment
- ! government cuts in social programs
- ! devolution of responsibilities to the provinces and municipalities
- ! reduced roles of governments in economic and social development
- ! increasing poverty, especially for young families

The impacts of these changes are felt primarily by vulnerable people: women, children, people with disabilities, and people living in poverty. These population groups are also at higher risk for poor health.

Social development councils (i.e. Social Planning Councils, Community Development Councils) across Ontario have documented the impact of cutbacks on communities. Yet while the damage reports were being compiled, the count of jobs lost and the closure of social programs, there was also the determination to rebuild the capacity of their communities to cope with problems and care for their people in these turbulent times. The Quality of Life Index was conceived in this environment as a community development strategy to monitor the living and working conditions of Ontarians.

DEFINING QUALITY OF LIFE

Quality of life can be defined as:

“The product of the interplay among social, health, economic and environmental conditions which affect human and social development.”

Establishing consensus on how best to manage growth and change is the purpose of defining and measuring local quality of life. Each community that seeks to define and measure quality of life will have to build consensus on what is considered important and worth preserving, enhancing or striving for. It should become a regular component of community planning processes.

QUALITY OF LIFE INDEX



Ontario Social Development Council and Social Planning Network of Ontario, 1997

QUALITY OF LIFE AND COMMUNITY DEVELOPMENT

As social development organizations, our goal is to improve the quality of life in our communities by promoting optimal conditions for human and social development and sustaining them for future generations. The purpose of the Quality of Life Index (QLI) is to provide a tool for community development which can be used to monitor key indicators that encompass the social, health, environmental and economic dimensions of the quality of life in our communities. The QLI can be used to comment frequently on key issues that affect people and contribute to the public debate about how to improve the quality of life in our communities and our province. It is intended to monitor conditions which affect the living and working conditions of people and focus community action on ways to improve health.

QUALITY OF LIFE AND DETERMINANTS OF HEALTH

The Quality of Life framework we are using is consistent with the determinants of health framework being used by Health Canada to guide its Population Health Program. The following key determinants of health have been identified:

- ! Income and social status
- ! Social support networks
- ! Employment and working conditions
- ! Social environments
- ! Physical environments

! Healthy child development

These conditions have a measurable impact on the health status of people. It follows that many factors which affect health fall outside of the health care system. It is these social, economic and environmental factors which play a critical role in determining the health of the population.

These determinants are consistent with the social development model in their attention to income and social status, employment and working conditions, and physical environment, while adding new dimensions to our understanding of human health. Indicators selected for inclusion in the QLI will provide a way of monitoring the improvement or deterioration of conditions in the community which are known to have an impact on health status.

DEVELOPING THE QUALITY OF LIFE INDEX

This project has been developed by the Ontario Social Development Council (OSDC), working in partnership with the Social Planning Network of Ontario (SPNO) and in association with the Centre for Health Promotion at the University of Toronto (HP/UT) and the Ontario Healthy Communities Coalition. (See Appendix 1: Partners and Associates)

As social development organizations across Ontario, we have worked with these models, tested them against our own mandates, and found them to be compatible. It is in this spirit that the QLI was conceived and designed to include social, health, environmental and economic indicators in a cross-sectoral framework. We chose to call it the Quality of Life Index as an integrating concept that could be readily understood by the public. We also decided to use a composite index to focus attention on a single, all-inclusive issue - our community quality of life.

This research and development project has local, provincial, national and international implications. It will require an investment of time and resources over a three year period to develop the methodology which can be used to produce a provincial report annually, with quarterly updates, using data sets from provincial sources with municipal breakdowns. This enables comparisons across communities, as well as to a provincial average. The QLI can also be used by local groups interested in quality of life issues, with the core data set supplemented by additional indicators of local importance.

Funding for the first phase of this project (January to July, 1997) has been provided by Health Canada to develop and test the Quality of Life Index, and to prepare the first report on the Quality of Life in Ontario. The report is being released in October, 1997.

A preliminary set of indicators was identified by a working group of Social Planning Councils and the Ontario Social Development Council, organizations with experience and expertise in social research. These indicators, reflecting the social, health, environmental and economic dimensions of the quality of

life in our communities, form the composite index that is the QLI.

The following criteria were used for choosing the indicators to be tested:

- , relevant to quality of life
- , time sensitive
- , available on a regular basis (monthly or quarterly)
- , from credible sources

Following field trials to collect data for each of these indicators, twelve were ultimately selected for inclusion in the Quality of Life Index.

QUALITY OF LIFE INDICATORS

SOCIAL

Social assistance
Children in care
Social housing

HEALTH

Low birth weight babies
Elderly long term care
Suicides

ECONOMY

Unemployed
Working
Bankruptcies

ENVIRONMENT

Air quality
Environmental spills
Blue box recycling

Ontario Social Development Council & Social Planning Network of Ontario, September, 1997

LITERATURE REVIEW

An extensive literature review was conducted to learn from the knowledge and experience of others. The Quality of Life Index (QLI) is using a cross-sectoral model encompassing social, health, economic and environmental measures. Consequently, our review of the literature has spanned quality of life, human and social development, social indicators, health promotion, determinants of health, population health, and sustainable development. We have integrated these concepts into our own model, the Quality of Life Index.

Lessons learned from the literature:

- * The overall level of health attained by Canadians is an important measure of the success of our society. Good health enables individuals to lead productive and fulfilling lives. For the country as a whole, a high level of health contributes to increased prosperity and overall social stability.
- * Our overall high standard of health is not shared equally by all sectors in Canadian society. There are differences in health status by age, sex, level of income, education, and geographic area. The rich are healthier than the middle class, who are in turn healthier than the poor. The well-educated are healthier than the less educated, and the employed are healthier than the unemployed (Health Canada, 1996).
- * Quality of life provides a conceptual framework, consistent with sustainable human development and determinants of health, for the interdependence of social, health, economic and environmental conditions in communities.
- * A composite index including key indicators of social, health, economic and environmental conditions can contribute to progress toward improving our quality of life and becoming a more sustainable society.
- * The QLI should have the capability to be future oriented and predict the direction of trends.
- * Local development allows us to create the conditions that will enable citizens to gain more control over their quality of life.
- * If the QLI is to have broad public credibility, it must be careful to include both positive and negative measures to provide a balanced perspective on quality of life.
- * By creating a summary "quality of life" index, some type of standardization would emerge that would enable people to compare local outcomes across the country.

- * A core set of indicators is needed for comparative reporting by municipalities.
- * Criteria for selecting a final set of indicators must be clearly stated.
- * Communities must be involved in the selection and analysis of indicators.
- * A quality of life/sustainability report should evaluate whether the indicator results are showing progress towards or away from desirable goals. It should also suggest how or whether the indicators could be improved, and may contain recommendations about the kinds of policies or programs that are needed to make progress towards the community's goals.
- * Assessment of indicator performance should be carried out periodically.

The complete literature review is contained in a companion document, "Quality of Life Index Project: Literature Review" available from the Ontario Social Development Council.

THE QUALITY OF LIFE INDEX IN 1997

The following indicators are included in the Quality of Life Index for 1997:

<u>SOCIAL:</u>	Children in care of Children's Aid Societies Social assistance recipients Social housing waiting lists
<u>HEALTH:</u>	Low birth weight babies Elderly waiting for placement in long term care facilities Suicide rates
<u>ECONOMIC:</u>	Number of people unemployed Number of people working Bankruptcies (individual and business)
<u>ENVIRONMENTAL:</u>	Hours of poor air quality Environmental spills Tonnes diverted from landfill to blue boxes

We have collected data from provincial sources for each of these indicators, using the base year of 1990 and the most currently available statistics, though there are variations for some indicators in the availability of data for these years. The Summary of QLI Indicators report provides more details.

Calculating the Index

In order to calculate one number - the Quality of Life Index - out of a number of indicators, we developed a method of calculation which is described here and illustrated in the following table:

- # The QLI is pegged at 100 in the base year.
- # Twelve indicators are included in the Index, each assigned a value of 8.33 for the base year.
- # Each indicator is considered of equal value in the QLI. No weighting factors are used at this time.
- # We took into account the growth in population since 1990 by converting the data for each indicator into a rate per 10,000 population.
- # Changes in indicators are calculated based on % increase or decrease from the rate in the base

year.

- # The impact of changes has either a positive or negative impact on the quality of life. This is factored into the calculation of the index.

CALCULATING THE QUALITY OF LIFE INDEX

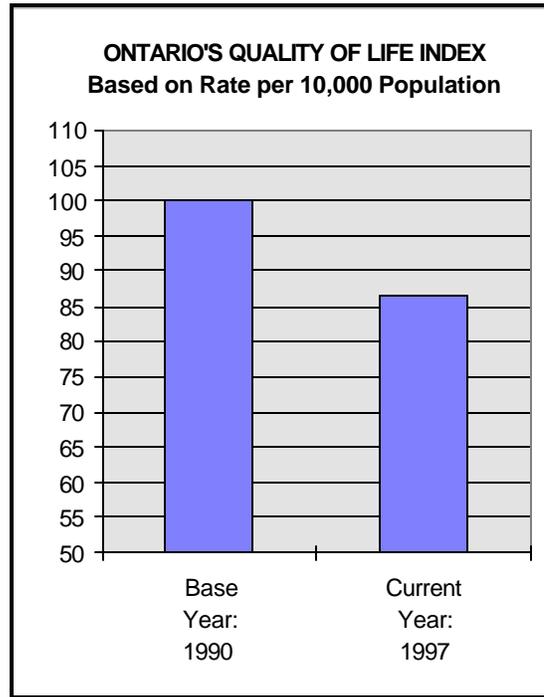
INDICATORS	BASE RATE/10,000	BASE QLI	CURRENT RATE/10,000	% CHANGE	QLI IMPACT	CURRENT QLI
<i>Social Indicators:</i>						
1: Social Assistance Recipients	780 ('90)	8.3	1,015 ('96)	30%+	Neg.	5.8
2: Children in Care of CAS	17 ('94)	8.3	18 ('96)	6%+	Neg.	7.8
3: Social Housing Waiting Lists	43 ('90)	8.3	61 ('95)	42%+	Neg.	4.8
<i>Economic Indicators:</i>						
4: Labour Force Working	5,053 ('90)	8.3	4720 ('97)	6.6%-	Neg.	7.8
5: Labour Force Unemployed	339 ('90)	8.3	455 ('97)	34%+	Neg.	5.5
6: # of Bankruptcies Reported	19 ('90)	8.3	31 ('96)	63%+	Neg.	3.1
<i>Health Indicators:</i>						
7: # Suicide Deaths	0.95 ('91)	8.3	0.92 ('95)	3.2%-	Pos.	8.6
8: Long Term Care Waiting List	13 ('96)	8.3	14 ('97)	7.7%+	Neg.	7.7
9: # Low Birth Weight Babies	7 ('90)	8.3	9 ('94)	28.6%+	Neg.	5.9
<i>Environmental Indicators:</i>						
10: # Hours Poor Air Quality	0.5 ('90)	8.3	0.4 ('95)	20%-	Pos.	10
11: # Effluent Discharge Spills	5 ('91)	8.3	4.5 ('95)	10%	Pos.	9.1
12: Tonnes Diverted to Blue Boxes	361 ('90)	8.3	448 ('96)	24%+	Pos.	10.3
QLI COMPOSITE INDEX		100				86.4

Establishing the Base Year

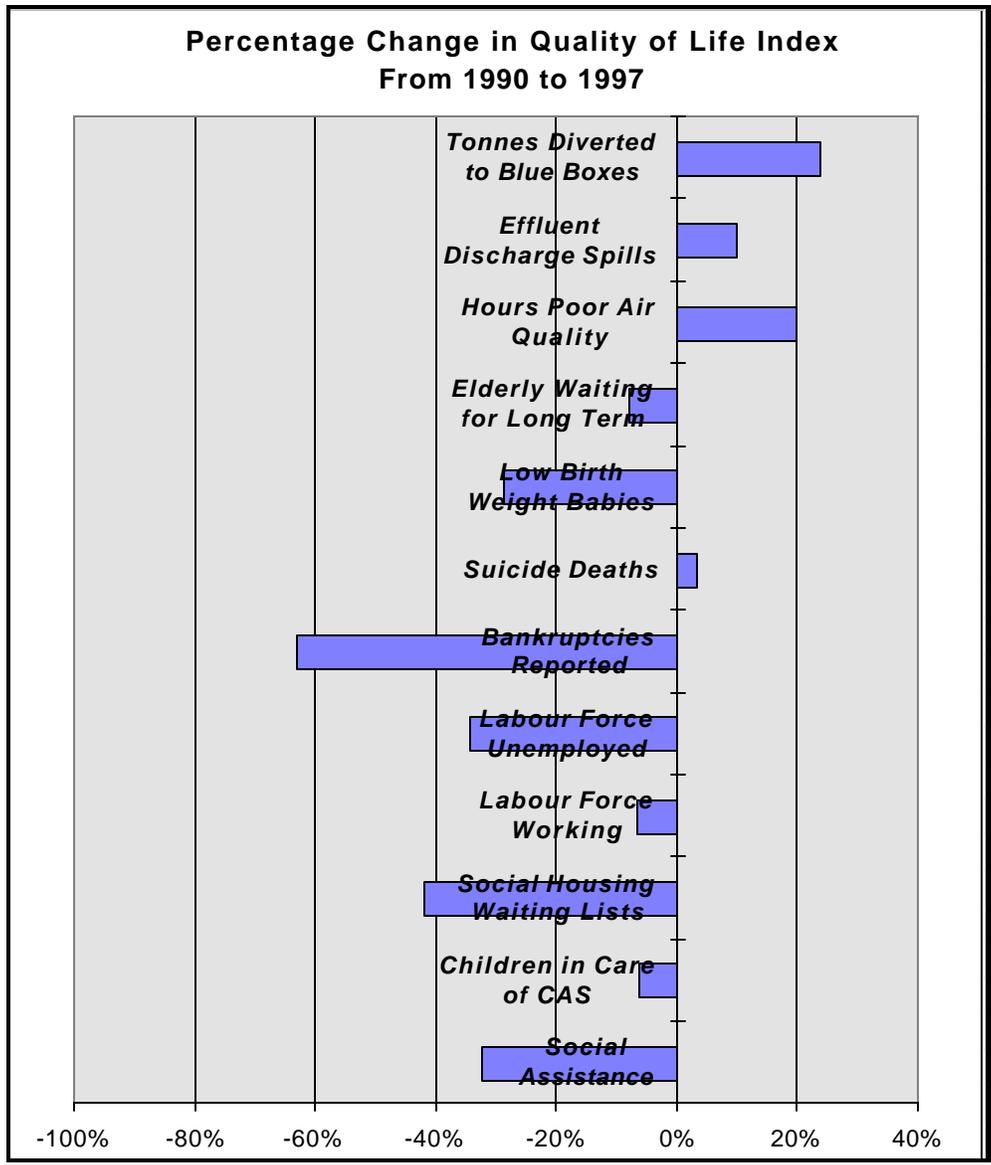
We've chosen 100 as the value of the QLI in the base year because it would be easy for the public to understand. The data for each indicator was collected for 1990. Where data was not available for that year, the first year in which data was collected becomes the base year. Changes in indicators are calculated based on the percentage increase or decrease from this base.

THE QUALITY OF LIFE IN ONTARIO - 1997

The Quality of Life Index has been calculated for 1997, based on provincial data collected for each indicator. Based on these calculations, the quality of life has declined in Ontario since 1990, as illustrated in the following chart.



It is also important to consider how each indicator has changed since 1990. This will shed more light on areas where we are making progress and highlight those where we are experiencing setbacks. The following chart illustrates the percentage of change for each indicator. Closer examination of these changes indicates progress in some areas but setbacks in others. The Summary of Indicators Report discusses the limitations of each indicator and identifies some of the complex issues involved.



Progress

On the environmental front, there appears to be significant improvement in air quality, waste diverted for recycling, and a reduction in effluent spills. These changes are the result of a concerted effort on the part of individuals, community organizations, governments and the private sector to make changes to improve the environment. The biggest gains in waste diverted from landfill to the Blue Box program

illustrate a successful example of the positive effects of such partnerships. To be sure, we still have many environmental problems to tackle, which were recently identified at Earth Summit II in June, 1997.

On the health front, there is a surprising trend. The rate of suicides has remained relatively constant in spite of the major economic problems which have been experienced by many people since 1990. This is not what we would expect to find, based on the literature about unemployment and its effects on health.

Setbacks

On the economic and social fronts, there are significant problems. We have seen a dramatic increase in the number of bankruptcies, both individual and business, through the prolonged recession of the early '90s. The number of people who are unemployed has increased significantly, while the number of people working has decreased, when population growth is taken into account.

The social problems which are symptomatic of the economic problems include lack of access to public housing, large numbers of people forced onto welfare, and an increase in the number of children being cared for by child welfare authorities. These social problems are sowing the seeds for long-term problems which cannot be ignored.

On the health front, we are seeing a serious increase in the number of low birth weight babies born. This is not only a marker for poverty, it also is a warning sign about the number of children who are at risk of a host of problems which would prevent their healthy development over the long term.

Observations

We make several observations about the trends revealed by the Quality of Life Index:

- > There are powerful links between economic and social conditions which must be recognized and addressed together. Will recent improvement in the economy in 1997 transfer to social gains?
- > The number of people working has increased marginally over the period, after a steep drop in the early '90s. But the growth in the labour market has not kept pace with population growth. Many of the new jobs created are part-time, low wage jobs with no benefits, which have replaced better jobs lost due to the economic recession and government downsizing.
- > Health and social indicators provide warning signs that there are problems of both an immediate and long term nature which are worsening and require attention.

> Though we can celebrate some progress on environmental issues, we cannot be complacent that these gains will be sustained. How will the current economic cycle affect the environment?

Access to Information

One of the findings of this project relates to the difficulty experienced in obtaining information about QLI indicators from public institutions, governments and government-funded non-profit organizations with provincial responsibilities for major program areas in health, social services, the environment, the economy and housing. In a number of cases, there was perceived resistance to providing the requested information.

In other instances, it is clear that the information is either not collected, is not collected uniformly across the province, or is not coordinated or gathered together from local communities by anyone. Lack of current data from health units, for example, in spite of their legislative mandates to protect and promote health, suggests the erosion of the capacity of public institutions to fulfill their roles and functions. Frequently, non-profit organizations are being asked for fees to pay provincial ministries to provide required data.

It may be speculated that there are fewer resources and staff available in these organizations to collect, organize, and distribute this information as a result of the significant reductions in Ontario's public spending in the 1990s. While inadequate or non-existent information systems have been long-standing problems for most of these organizations, Metro Toronto Social Planning Council staff report that data availability has declined significantly over the past two years. In the case of some government sources, it has been necessary to file Freedom of Information requests to receive information once routinely available.

The bottom line is that many publicly funded organizations do not have the information technology or information systems necessary to give them the capability of answering basic questions about the number of people served or the range of services provided. This raises serious questions.

How can public institutions manage programs for which they are responsible and conduct the essential planning and evaluation activities necessary to meet a minimal standard of public accountability?

How can they conform to the Ontario government's oft-stated commitment to increase efficiency and effectiveness through better business practices without the capability to answer these most basic of questions about their activities?

How can policy makers, planners and involved citizens get information they need to participate in democratic exercises such as monitoring the well-being of people and communities and taking action to address social inequities?

HOW TO USE THE QLI IN YOUR COMMUNITY

The data which we have collected for this first Quality of Life Index have come from provincial sources. Our community partners are also collecting the same data from local sources in their communities to calculate their own QLI. Any community can participate in this exercise by calculating the QLI based on data from local sources. The Methodology Report provides additional background information.

We encourage you to use your own sources to enhance the core set of indicators in the QLI. You may create additional indicators for your local quality of life based on research and surveys which have been conducted in your community. Many communities have undertaken efforts to identify indicators which can be used to check on social well-being, quality of life, healthy communities, or sustainability.

The provincial QLI provides a benchmark of comparison. As more and more communities become involved in calculating and monitoring their own quality of life, we will build up a province wide database based on a common set of indicators which we can all use to monitor our quality of life.

You can test the Quality of Life Index in your community to see how it works and how it can be used as a tool for community development. Using methods such as consultations, focus groups and local projects, you can use the QLI to focus attention on problems to be addressed, as well as to celebrate accomplishments. In this way, it can be an instrument for helping communities to strengthen their own capacity to provide a good quality of community life for everyone.

Let us know how you've used it and what has happened as a result. We would also like to know about your experience with collecting data for each indicator from local sources. The experiences of communities in using the Quality of Life Index will help us to refine and improve it over time.

QUARTERLY UPDATES

We intend to update the data for each indicator on a quarterly basis and recalculate the QLI. In this way we will be able to identify trends and maintain a current perspective on how our quality

of life continues to change in a very dynamic and uncertain environment. Quarterly updates will be distributed to groups involved in the Quality of Life Index Project, as well as being posted on the Internet for public access.

COMMUNICATIONS STRATEGIES

The key to the success of this project lies in the communications strategy. The research needed to develop the QLI will only be as useful as the ability of OSDC and its partners to communicate to the public about progress toward improving the quality of life for all people in Ontario. We believe that quality of life is a unifying theme that will bring people from diverse backgrounds and interests together into a united effort to improve the quality of life in their communities. It will also contribute to the discourse about public policies to improve the quality of life for Canadians.

The communications strategy will include distribution of the QLI report and its key messages through the print, broadcast and electronic media. It will include community as well as mainstream media. It will create the anticipation to receive updates and future reports which will spur communities into action to address local problems as well as working toward desirable goals.

THE FUTURE OF THE QLI

This report is part of a three year project designed and developed by the Social Planning Network of Ontario and the Ontario Social Development Council, with financial support from Health Canada.

Over the past several months we have:

- Designed and tested the QLI as a tool for community development
- Reviewed the literature and compiled an extensive bibliography
- Collected data for each of the indicators in the QLI
- Computed the QLI for Ontario
- Refined the methodology for calculating the QLI
- Developed communications strategies at provincial and local levels
- Released the first QLI report for Ontario

Looking ahead to the next year, we plan to undertake the following activities:

- Distribute the report widely
- Implement communications strategies at provincial and local levels
- Evaluate the impact of strategies
- Document community development initiatives arising from QLI
- Compile and release quarterly updates of the QLI
- Release second QLI report in spring of 1998
- Contribute to public policy discourse
- Develop a plan for annual QLI reports
- Release third QLI report in spring of 1999

CONCLUSION

The quality of community life is changing dramatically as we approach the 21st century and governments at all levels make major changes in public policies. The Quality of Life Index has been developed and tested by social development organizations in Ontario with decades of experience in social research and reporting. It is now being used to monitor and measure changes in key aspects of our quality of life, starting with the first report - "The Quality of Life in Ontario - 1997."

The QLI will provide a new way for communities to monitor and measure these changes and focus their attention on issues which affect them. OSDC and the SPNO will continue to update the Index as new data becomes available on a quarterly basis.

Report by:

Malcolm Shookner
Ontario Social Development Council
October, 1997

APPENDIX 1 - PARTNERS AND ASSOCIATES

This project has been developed by the Ontario Social Development Council (OSDC), working in partnership with the Social Planning Network of Ontario (SPNO) and in association with the Centre for Health Promotion at the University of Toronto (HP/UT) and the Ontario Healthy Communities Coalition.

Founded in 1908, the *Ontario Social Development Council* is a province wide, charitable organization. For more than 85 years we have been promoting policies and programs that support people-centred sustainable development, contribute to community and individual empowerment and protect fundamental human rights, dignity and well being. In recent years, OSDC has become active in the healthy communities movement, as a member of the Ontario Healthy Communities Coalition, and has adopted the determinants of health as a framework for public policies and community action.

The *Social Planning Network of Ontario* represents more than 30 local social planning and community development councils in all areas of the province. Their mandate is to promote independent, community-based planning, conduct social research, mobilize community resources to address issues, and promote public policies which will improve the health and well-being of their communities. The SPNO has been working in partnership with OSDC since 1992.

The *Centre for Health Promotion at the University of Toronto* was established to connect researchers with communities working on health promotion. It has established a Quality of Life Research Unit to develop a model and instrumentation to assess quality of life for specified populations. It has also reviewed the literature on measuring quality of life and is working on adapting it to community settings.

The *Ontario Healthy Communities Coalition* provincial associations and local groups committed to building healthy communities. A number of these communities are involved in monitoring progress toward healthier communities by collecting data about local conditions which affect health. The QLI will provide comparative data for communities across the province to supplement these local initiatives.