

How To Carry Out a Community Quality of Life Project: A Manual

*A Health Promotion Approach to
Understanding Communities*

Lawrence
Heights



Community
Health Centre

South
Riverdale

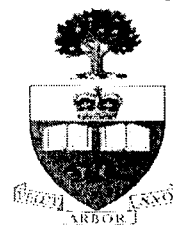


Community Health Centre



Community Quality of
Life Project

University



of Toronto

Reports and Documents Available from the *Community Quality of Life Project*

This document is one of a number that resulted from the *Community Quality of Life Project*. Most of these reports can be downloaded from <http://www.utoronto.ca/qol>.

The People, Places, and Priorities of Riverdale: Findings from the Community Quality of Life Project.

The People, Places, and Priorities of Riverdale: Conclusions from the Community Quality of Life Project.

The People, Places, and Priorities of Riverdale: Community Report.

The People, Places, and Priorities of Riverdale: Write-Ups of the Group Discussions and Individual Interviews.

The People, Places, and Priorities of Lawrence Heights: Findings from the Community Quality of Life Project.

The People, Places, and Priorities of Lawrence Heights: Conclusions from the Community Quality of Life Project.

The People, Places, and Priorities of Lawrence Heights: Community Report.

The People, Places, and Priorities of Lawrence Heights: Write-Ups of the Group Discussions and Individual Interviews.

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This *Manual* was written by Dennis Raphael, Brenda Steinmetz, and Rebecca Renwick.

How to Carry Out a Community Quality of Life Project

MANUAL OVERVIEW

The purpose of this manual is to provide a guide for carrying out community quality of life projects. It is based on the experience of carrying out two large community quality of life projects in Toronto, Canada, and contains examples from these projects.

Five principles guide the community quality of life approach. The approach adheres to World Health Organization concepts of health and health promotion. It also emphasizes the social determinants of health and well-being and uses a quality of life model to consider the effects of these determinants. The approach calls for a strong respect for the community and its members. And, it calls for seeing the world through their eyes and reporting it in their words.

To understand a community through the eyes of its members, specific methods are used. In group discussions and individual interviews, community residents, service providers and elected representatives are asked to consider aspects of their neighbourhoods and communities that either enhance or diminish their quality of life. The community portrait that emerges identifies strengths to be protected and community needs that should be addressed.

In brief, the steps involved in carrying out a community quality of life project include focusing and planning, carrying out data collection and analysis, and reporting and communicating results.

Finally, a community quality of life project is concerned with acting on findings and contributing to community action. Carrying out a community quality of life project is only the first step in working to improve the quality of life of community members.

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1

An Overview of the Community Quality of Life Approach

The purpose of this manual is to provide a guide for carrying out community quality of life projects. In this chapter we provide an overview of the community quality of life approach.

What is a Community Quality of Life Project?

A community quality of life project attempts to understand a community through the eyes of its members. It does so by developing and implementing a process by which community members consider aspects of their neighbourhoods and communities that either enhance or diminish their quality of life. A community quality of life project can also examine how community members cope and manage and the kinds of services and programs that would enhance their well-being. The views of community members can be supplemented with information provided by service deliverers, elected representatives, or others. These views are then combined with available objective information to provide a community portrait. The community portrait identifies community strengths to be protected and community needs that should be addressed.

Why Carry Out a Community Quality of Life Project?

One reason for undertaking a community quality of life project is for a health or social services agency to fulfill a mandate of identifying and striving to meet community needs. Another reason is the gathering of information to inform the planning activities of institutions, for example, municipal governments, public health and health care authorities, and educational institutions. A third reason is to gain an understanding of a community

and its members that would provide a context for the development and provision of community-relevant information and services. A fourth reason is the gathering of information by community action groups to use in advocacy and political action. No doubt, other reasons for gathering information about communities from the perspective of community members could easily be imagined.

What Are the Features of the Community Quality of Life Approach?

The process that is described within this manual is based upon some very specific values and principles. These values and principles include a commitment to: 1) adhere to World Health Organization concepts of health and health promotion; 2) emphasize the social determinants of health and well-being; 3) use a quality of life model concerned with enhancing human health and well-being; 4) respect the community and its members; 5) ground the inquiry in an approach that sees the world through the eyes of, and in the words of, community members. Chapter 2 presents details concerning these aspects.

What Does a Community Quality of Life Project Look Like?

A community quality of life project is collaborative and respectful of the community within which it takes place. It involves working closely with a community and its members. It is sensitive to community members' needs and to the practical and political concerns of the collaborating service agencies and providers. It is explicitly concerned with improving the quality of life of members of the community.

A community quality of life project involves speaking directly to people who live within a community. Depending upon the form that a project takes, it will organize and implement group discussions, community forums, or individual interviews. The specific people spoken with depends upon the purpose and focus of each project.

In addition to hearing from residents of a community, a community quality of life project also involves talking to others such as agency workers, elected representatives, and community leaders. The form that these discussions take will vary, depending upon the project. Collecting this information provides a context for understanding community members' perceptions and allows for examination of areas of convergence and divergence. Objective information about the community is used to provide a context for the project.

The findings from a community quality of life project will be in the form of written narratives or stories that contain the views and perceptions of those who live in, work in, or represent a community. These narratives will contain quotations from participants that allow the reader to understand the findings from the viewpoint of participants. The

findings may be reported in a variety of ways. Possibilities include a *Community Report*, written for very wide distribution, a *Conclusions Report* that provides a summing-up of findings, while a *Findings Report* provides extensive details of the findings. A *Write-Ups* document provides the narratives that resulted from each community quality of life information gathering session.

And finally, a community quality of life project is concerned with acting on findings and contributing to community action. Carrying out a community quality of life project is only the first step in working to improve the quality of life of community members.

Contents of the Community Quality of Life Manual

The pages that follow provide a guide to carrying out a community quality of life project. Chapter 2 provides information about the values and principles that guide our approach. Chapter 3 provides guidelines for focusing and planning a community quality of life project. Chapter 4 describes the steps that will help to lay the groundwork for a community quality of life project. Chapter 5 suggests various means for carrying out data collection. Chapter 6 considers how to analyse and present community quality of life findings. Chapter 7 presents suggestions for communicating the results of a community quality of life project. Chapter 8 outlines possible avenues by which the results of a community quality of life project can be applied. Chapter 9 provides helpful resources. The appendices provide examples of approach letters, meeting notices, consent forms, information letters, and newsletters.

The material contained in this document is based upon our experiences carrying out two community quality of life projects in Toronto, Canada. The examples given are drawn from these two projects. Funding for those projects, and for the development of this manual, was provided by the Jessie Ball duPont Religious, Charitable, and Educational Fund of Jacksonville, Florida.

The reports from the Toronto projects are available. Information on how to receive them is presented in the inside cover of this manual.

2

Guiding Principles of the Community Quality of Life Approach

Five principles guide the community quality of life approach. The approach adheres to World Health Organization (W.H.O.) concepts of health and health promotion. It also emphasizes the social determinants of health and well-being and uses a quality of life model to consider the effects of these determinants. The approach calls for a strong respect for the community and its members, and for seeing the world through the eyes and words of participants themselves. We consider each principle in turn.

World Health Organization Concepts of Health and Health Promotion

The World Health Organization defines health as being much more than avoiding illness. According to the *Ottawa Charter for Health Promotion*, health is the ability to have and reach goals, meet personal needs, and cope with everyday life. There is an emphasis upon both social and personal resources, as well as physical capacities. Promoting health is viewed as not just the responsibility of the health sector, but as a concern of those from all walks of life.

Health promotion is about helping people to have more control over their lives, and thereby improve their health (Figure 1). It occurs through processes of enabling people, advocacy, and by mediating among sectors. In essence, health promotion action involves helping people to develop personal skills, creating supportive environments, strengthening communities, influencing governments to enact healthy public policies, and reorienting and improving health services. The full *Ottawa Charter* is presented as an appendix.

Health promotion is the process of enabling people to increase control over, and to improve their health (Ottawa Charter, 1986)

Figure 1: W.H.O. Definition of Health Promotion

The Social Determinants of Health

It is also apparent that health is influenced by society and how it functions. The last 20 years has seen enormous interest in how non-medical factors influence health and well-being. Many factors affect health beyond the provision of medical care. While many focus on health effects of lifestyle issues such as tobacco or alcohol use, exercise, and diet, there is much interest on societal and environmental factors that affect health and well-being.

The *Ottawa Charter for Health Promotion* outlines peace, shelter, education, food, income, a sound environment, and social justice as being necessary for health. These factors are normally considered as being the broader social determinants of health. A focus on the broader determinants of health also addresses issues such as how a society distributes economic resources, the presence or absence of social safety nets, levels of employment, and an emphasis upon healthy public policy.

The community quality of life approach focuses on social determinants of health that exist at the community level. Some of these community-level factors may be direct reflections of societal-level determinants such as may exist where a nation does not have any, or has inadequate, social assistance programs. There are also determinants that have a unique community-specific character. These may relate to the people who live within a community, the places and services within a community, or the specific problems within a community.

The community quality of life approach inquires into community-level issues. Since every community is unique in its characteristics and patterns, the approach inquires into issues in an open-ended way. This avoids prejudging which community issues may or may not support the quality of life of community members.

Quality of Life Approach

The community quality of life approach focuses on the perceptions of community members of what does and does not make life good for them. These perceptions are considered in relation to a specific model of human functioning, the Quality of Life Model of the Centre for Health Promotion. Community factors affect people's level of quality of life, and the model directs attention to what these factors may be.

In this model, quality of life is defined as the degree to which a person enjoys the important possibilities of his or her life. This translates simply into: How good is your life for you? The model considers quality of life in three main areas. The area of *Being* reflects "who one is" and has physical, psychological, and spiritual components. *Belonging* is

concerned with the fit between a person and his or her environments: physical, social, and community. And *Becoming* refers to the activities that a person carries out to achieve personal goals, hopes, or aspirations. Becoming involves practical or day-to-day activities, leisure pastimes, and those activities that help one to cope and grow. Figure 2 describes the nine domains of quality of life of the Centre for Health Promotion Quality of Life Model.

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| <i>Physical Being:</i> | Physical health, mobility, nutrition, fitness, and appearance. |
| <i>Psychological Being:</i> | Independence, autonomy, self-acceptance, freedom from stress. |
| <i>Spiritual Being:</i> | Personal values and standards, and spiritual beliefs. |
| <i>Physical Belonging:</i> | Physical aspects of the immediate environment. |
| <i>Social Belonging:</i> | Relationships with family, friends, and acquaintances. |
| <i>Community Belonging:</i> | Availability of societal resources and services. |
| <i>Practical Becoming:</i> | Home, school, and work activities. |
| <i>Leisure Becoming:</i> | Indoor and outdoor activities, recreational resources. |
| <i>Growth Becoming:</i> | Learning things, improving skills and relationships, adapting. |

Figure 2: Centre for Health Promotion Quality of Life Domains

Respecting the Community

The community quality of life approach strives to use a collaborative or participatory approach by which control is shared with the community. It may take the form of working closely with other community agencies and organizations. Or it may involve sharing or giving control of the project to community members. The community and its members are seen as partners in the project rather than as subjects simply to be studied.

The approach recognizes that many inquiry projects have mainly benefitted the people doing the project rather than the people who provide information. In the community quality of life approach the emphasis is on producing useful knowledge that will improve the quality of life of community members. There is also a concern with providing community members with some immediate benefits for their participation. This may involve payment or provision of meals, transportation costs, and child care.

There is also an emphasis on action. The completion of a community quality of life project is merely the first stage in the process of identifying community strengths and needs. It is followed up by action to protect these strengths and address community needs.

What people do and believe is a result of their personal perceptions of events. These perceptions are influenced by specific contexts of time and place. To learn about people's perceptions it is necessary to see the world through their eyes.

Qualitative methods such as focus discussion groups and in-depth interviews are the best way to do this. Results are reported using words, not numbers.

Figure 3: Characteristics of the Naturalistic Approach to Inquiry

Seeing the World Through the Eyes of Community Members

The community quality of life approach sees the community through the eyes of community members. It does so by using what is called a naturalistic or qualitative approach. Characteristics of this approach are highlighted in Figure 3. It uses open-ended questions to learn from community members about their quality of life. The words of community members are the actual data that are used in analysis and in reporting of findings. Their words are not turned into numbers to be used in statistical analyses.

The methods used include focus groups, community forums, and open-ended interviews. The means by which data are analysed involves identification of themes and categories. Findings are reported in the forms of written narratives and summaries of themes.

Always keeping in mind these five guiding principles, the next chapter looks at focusing and planning a community quality of life project.

A Note On Traditional Approaches to Assessing Community Characteristics

One of the defining aspects of the Community Quality of Life Approach is its emphasis on community members and others' perceptions of neighbourhood characteristics. It is our belief that this aspect has been neglected in the past. This manual is one way of rectifying this deficiency.

But focusing on perceptions is by no means the only way of considering community characteristics. Approaches that collect demographics, various social indicators, and other objective information about a community are important. These objective indicators provide a context for understanding community perceptions and may also fill in some missing pieces of the community quality of life puzzle. The Resources Chapter provides a reference on how to collect these kinds of data.

3

Focusing and Planning a Community Quality of Life Project

Focusing and planning a community quality of life project involves answering the following questions: What do we want to do? What do we want to learn? With whom are we going to do it? And how are we going to do it? We consider each question in turn.

What Do We Want to Do?

If you have made it this far, you probably want to carry out a community quality of life project to understand how community members see aspects of their communities. You want to do so working within a framework that has a broad definition of health and its determinants. You want to use community members' own words and you aim to use findings to work towards improving community members' quality of life.

Having said that, there are probably specific interests or objectives that you might have. These may be related to the specific mandate under which your agency operates. A community quality of life project carried out by a child protection agency to promote community cohesion may have different priorities than an agency concerned with providing supports to frail seniors living in the community.

One useful way to help focus your project is to consider it as involving three overlapping circles as shown in Figure 4. One circle is concerned with the tenets and components of the Health Promotion Approach, and another is concerned with the

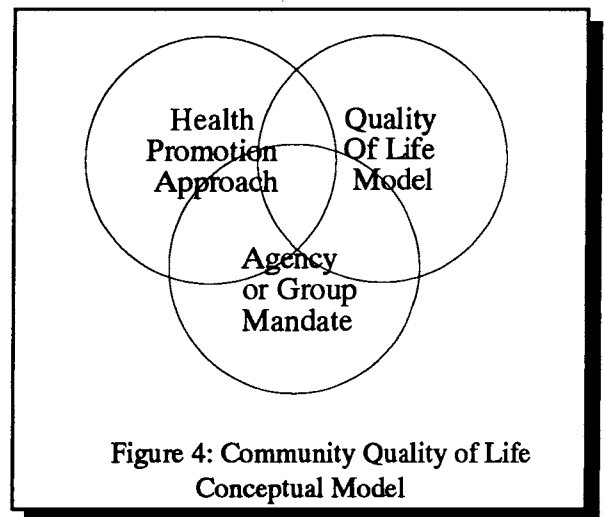


Figure 4: Community Quality of Life Conceptual Model

components of Quality of Life. The third circle is concerned with the mandate of your agency, organization, or group. By making explicit the principles guiding your community quality of life project, you are guided in the questions you will ask, whom you will ask them of, and how the project will be carried out. Once you make explicit the mandate of your agency, group, or organization, you can proceed to answer the next question: What do we want to learn?

What Do We Want To Learn?

Organizations and Agencies with Broad Mandates

This question gets at the heart of the purpose of doing a quality of life assessment. For agencies with a broad mandate to improve the health of an entire community, the answer is likely "As much as we can." In the two community quality of life projects we carried out, the pivot agencies were community health centres with broad mandates to both provide primary care to community members and develop community-based health promotion programs. In these cases the casting of a wide net elicited a range of information about community issues that impact quality of life and could be the focus of concerted community action.

Casting a wide net would also be appropriate for health workers interested in considering the quality of life of persons with specific conditions such as HIV/AIDS or arthritis. Clearly, their lives will be impacted by a wide range of community factors. And social service agencies would similarly be interested in the wide range of factors that affect the health and well-being of people who might be unemployed, disabled, users of food banks, or otherwise marginalized by society.

Organizations and Agencies With More Limited Mandates

Others users of a quality of life approach may be working within a more limited mandate. Health planners may be primarily interested in the delivery of culturally sensitive health services and less interested in issues, for example, of crime and safety, community activities, or employment and poverty. However, a case can still be made that these issues should be considered as being important to understand the context of people's lives and how it impacts upon an agency meeting its mandate. Whatever the focus is, it is important that the emphasis upon community members' perceptions is maintained and that the project use open-ended questions. Any project can add specific questions on to the community quality of life core questions.

What is it about your neighbourhood or community that makes life good for you and the people you care about?

What is it about your neighbourhood and community that does not make life good for you and the people you care about?

What are some of the things in this neighbourhood or community that help you cope or manage when you or your family have problems?

What would you like to see in this neighbourhood that would help you cope or manage when you have problems? Are there services you would like to see? What programs would you like to see?

Figure 5: Questions Asked of Community Members in a Community Quality of Life Project

The Quality of Life Questions for Community Members

Figure 5 contains the questions that are asked of community members in a community quality of life project. These questions were developed over a period of two years. They were extensively tested with a range of groups and individuals. In fact, they were used in a large health promotion planning exercise by local health authorities prior to their application in the two Toronto community quality of life projects. Within these two projects, the questions were also found to be excellent way of eliciting information from a wide range of groups and individuals. These groups included children as young as 11 years, seniors as old as 80, and adults in

general. The questions were also translated for groups carried out with New Canadians in languages other than English. The questions worked well in discussion groups, individual interviews, and in larger group meetings. These questions, by avoiding the words “health or healthy” do not limit people to talking about health and medical services, but rather lets them explore a wide range of issues and themes. While certainly, questions can be added to these questions, their use as is, should form the basis of a community quality of life project.

The Quality of Life Questions for Service Providers and Elected Representatives

Community members are usually the main focus of a quality of life project. But it is also useful to hear from others who may be knowledgeable about the community. In the two community quality of life projects completed in Toronto, information was gathered from service providers and the elected representatives of each community. The main reason for doing so was to gain additional perspectives from those who were expected to know the community well. Whether their perspectives were insightful or not was also important to ascertain in addition to the actual content of their contributions. It is useful to know whether service providers and elected representatives are sensitive to the issues that

community members identify. It is also a way to learn about the agencies that serve the community and how they act to improve the quality of life of community members. Similarly, speaking to the elected representatives provided another perspective on the community and helps contribute to understanding a community.

What is it about this neighbourhood or community which makes life good for people like those who attended the community discussion?

What are some of the problems which this community has that affects people like those who attended our discussion?

How do these issues relate to the mandate and programs of your agency?

How does your agency attempt to improve the quality of life of community members like those in our discussion group?

Can you give some examples of things your agency is doing that are working well? And perhaps not so well?

What are some barriers to carrying out these efforts? What helps you carry out these efforts?

Figure 6: Questions for Service Providers in a Community Quality of Life Project

Figure 6 provides the questions to ask of service providers. Note that the questions are specifically focused on the kinds of people who provided information in the community members component of the project. In the Toronto projects, for each community member group that was carried out, we interviewed the service provider affiliated with that group. In some cases, when the service provider's work focused on the community at large, the questions were made to reflect this by deleting the phrase "people like those who attended our community discussion." Elected representatives can provide insights into a community from a policy and governmental perspective. In the two Toronto communities, the local city councillors, regional councillors, members of the provincial parliament, and mayors were contacted and agreed to participate. School trustees in both communities also took part in interviews. Figure 7 provides the questions to ask these individuals.

With Whom Are We Going To Do It?

Once the scope and focus of the community quality of life project has been determined it is time to ask who specifically in the community will be involved. A decision has to be made as to whether a community quality of life project will focus on a particular geographical entity or a specific population or client group. For example, in the Toronto studies, the geographic focus was defined as the catchment area for the participating community health centres. For some projects the focus may be a specific client group that is already known. For other projects it may be those who are not engaged with an agency or its services. There may also be reasons to focus on specific age groups or, for that matter, a specific gender or ethno-racial group. In the Toronto projects, the focus was on

What is it about this neighbourhood or community which makes life good for its members?

What are some of the problems that this community has?

How do these issues relate to your role as an elected representative?

How do you attempt to improve the quality of life of community members?

Can you give some examples of things you have done that have been successful? And perhaps not so successful?

What are some barriers to these efforts? What helps you carry out these efforts?

Figure 7: Questions Asked of Elected Representatives in a Community Quality of Life Project

populations that were identified as being at-risk within a community. These included adults on low incomes, seniors, youth, and New Canadians.

Other possible groups that could be a focus of a project would be those with specific medical or health conditions (e.g. arthritis, cancer, diabetes, epilepsy, heart disease, HIV/AIDS, osteoporosis). There might be a focus on persons with specific developmental, physical, or sensory disabilities. Housing workers might be interested in the views of tenants. And any community agency may wish to learn more about the specific people it is serving. Whatever the specific group focus, the emphasis remains on community-level factors that support or inhibit quality of life.

How Are We Going to Do It?

This question get at the availability of financial and human resources. For the Toronto projects, funding was received to hire a full-time project manager for 15 months and part-time assistants when needed. Our project was quite large and complex. We carried out, in each of the two communities, approximately 15 community discussions and 12 service provider interviews, as well as interviews with six representatives. These projects involved four different groups of community members (adults, youth, seniors, and New Canadians) and elicited information from three different sources: community members, service providers, and representatives. This led to the development of rich community portraits and numerous reports.

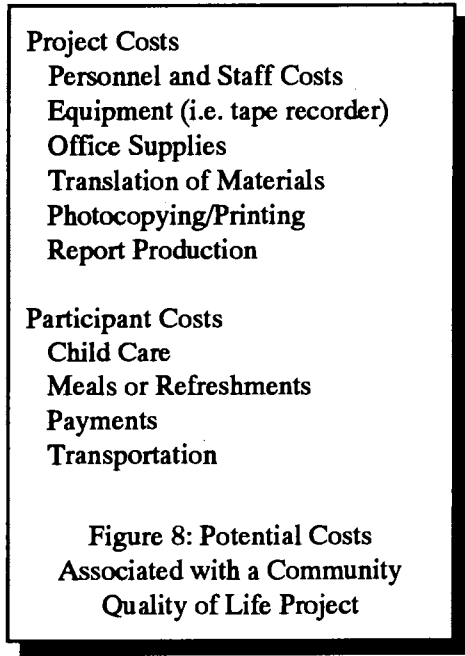
A community quality of life project could also be carried out on a much smaller scale. The focus could be on one source of information such as community members, or service providers, or representatives. Another way of reducing the scope of a study is to focus on one population such as youth, or seniors, or adults on low income, or newcomers. The scope of a study will determine how much can reasonably be expected to occur with available resources.

It probably would be of value to carry out even one session with community members or a client group. If the group was especially well-informed, the information provided would be an excellent means of producing a snapshot of a community that could form the basis for follow-up activities.

Resources Necessary to Carry Out a Community Quality of Life Project

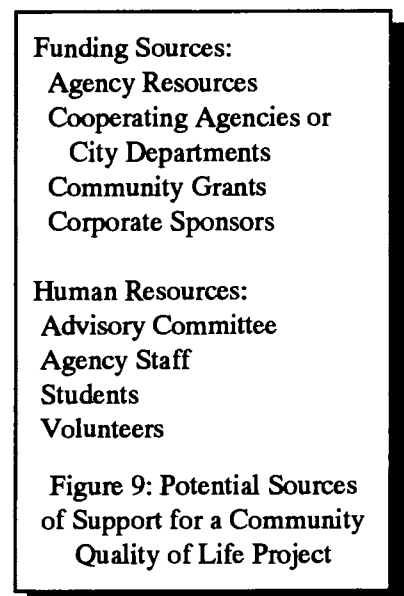
Resources required fall into two main categories: personnel and equipment. These are summarized in Figure 8. The community quality of life framework is predicated upon the assumption that carrying out a project can become an ongoing part of an agency's activities. Therefore it should be possible for an agency to carry out small scale projects using its own human resources. Similarly, an agency may be able to allocate resources for materials, printing, and provision of essentials such as child care or transportation costs if required.

However, it is also recognized that many agencies and organizations may be stretched to their capacity and would require outside support to carry out even a small scale project. Similarly, a community organization may wish to carry out a large scale project that would clearly be beyond the capacity of any one agency. In that case external or additional supports might be necessary.



Sources of Support

Figure 9 suggests potential sources of support that should be considered. These include, in addition to agency resources, potential supports that may be available within a locality or community. In the Toronto community quality of life projects, additional support was received from a university-based health promotion unit, and from two food suppliers. In terms of human resources, many universities and colleges require practicum placements for students, and involvement in a project could be built into such placements. Volunteers are also a potential source of support.



Budget Planning

There are no set rules for budgeting. Anyone planning a community quality of life project must consider the time and effort for: 1) organizing data gathering; 2) preparing the groundwork for the project; 3) carrying out the project (i.e., collecting data); 4) analyzing and writing up the findings; and 5) preparing a suitable report for action on the project. The following chapters provide further details concerning what is involved in the implementation of a community quality of life project.

4

Preparing the Groundwork for a Community Quality of Life Project

Since a community quality of life project aims to be collaborative and participatory it is important to work closely with community members and agencies. This will accomplish two main purposes. First, it will assure that the project is pursuing worthwhile and important goals. Community members and agencies are in an excellent position to advise and guide a community quality of life project. Second, it will help ensure access to community members and others who will serve as information providers. It is often difficult to carry out community-based projects as community members and others may be suspicious and wary of such projects. This is perhaps related to the lack of any tangible benefits from having participated in such projects in the past. The following steps will help lay the groundwork for your project.

Step 1. Establish an Advisory Committee for the Project

It is a good idea to set up a committee that can advise and support the project, especially if you are planning a relatively large scale project. The members of the committee can be either agency members, community members or both (Figure 10). The Advisory Committee can ease access to community members and service providers by lending credibility to the study. They also will have knowledge of the community and can suggest how to go about collecting, analysing, and reporting study findings.

Community Health Centres
Community Members
Community Settlement and
Services Agencies
District Health Councils
Ethno-Racial Organizations
Mental Health Associations
Public Health Departments
Universities and Colleges

Figure 10: Potential Sources
of Members of An Advisory
Committee

Step 2. Obtain Objective Information about the Community

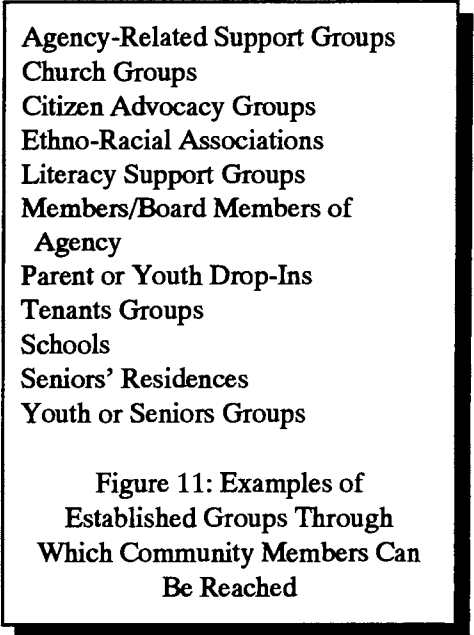
You should be able to obtain information about the demographics of the community through the local public health department or municipal government. Usually, community agencies have information that describes the people and the local aspects of the community. This information provides a context for identifying key issues and, later on, for interpreting some of the findings.

Step 3. Work Through Community or Agency Groups to Reach Community Members

Community agencies or organizations, your own and others, may already have established groups that you may be able to speak with. Figure 11 lists some of the kinds of groups that were involved in the Toronto projects. Every project will have unique means of connecting with community members. Using established groups and agencies can greatly facilitate this process.

It is recommended that an initial visit be made with a group to invite their participation. In some cases, especially where the project is being carried out in close collaboration with the agency and where the trust of community members for an agency is high, the group leader or coordinator may be able to arrange the community quality of life session.

The disadvantage of using established groups is that the individuals you are communicating with are already connected with an agency. If a main focus of a particular quality of life project is understanding a community from those who are knowledgeable about available resources, then this is not an issue. If however, there is interest in reaching individuals who may not be connected with agencies and other resources, as was the case in the Toronto projects, then it may be necessary to try and reach community members in other ways.



- Agency-Related Support Groups
- Church Groups
- Citizen Advocacy Groups
- Ethno-Racial Associations
- Literacy Support Groups
- Members/Board Members of Agency
- Parent or Youth Drop-Ins
- Tenants Groups
- Schools
- Seniors' Residences
- Youth or Seniors Groups

Figure 11: Examples of Established Groups Through Which Community Members Can Be Reached

Step 4. Consider Ways of Speaking with Unconnected Community Members

In the two Toronto community quality of life projects, information was gathered from relatively unconnected community members in two ways. In one community the approach involved community members carrying out interviews with other community members. In the other there was close collaboration with other community agencies to reach people. Figure 12 characterizes these approaches.

Having Community Members Interview Other Community Members

In the community members' interview approach, community members were hired to carry out quality of life interviews with "People who are like you, but don't belong or come out to groups like you do." Community members were recruited who had been involved in group discussions and were interested in interviewing some of their friends and neighbours. Materials were prepared that allowed them to ask the same four questions that were asked in the group discussions. The difference was that responses were limited to four lines for each positive and negative aspect of the neighbourhood or community. A similar process was used to identify ways by which people coped and managed, and for identifying services or programs they would like to see. Up to ten positive and ten negative aspects were elicited. Five each of coping and managing and desired services or programs responses were permitted. Funds were allocated to pay interviewers and interviewees. This interview process was also one part of the collaborative agency approach described below.

Collaborative Agency Approach

In the other community, there was interest in hearing from members of specific ethno-racial groups and persons with physical disabilities. Funds were allocated to have two local organizations recruit participants for the inquiry. For one organization, this involved agency staff carrying out discussions and interviews with agency clients.

A Community Members' Interview Approach involves having community members interview their neighbours or acquaintances who are not connected to an agency or organization and its related services and resources.

A Collaborative Agency Approach involves a cooperating community agency either recruiting known community members, or reaching unconnected community members.

In both cases sufficient resources need to be allocated for such projects.

Figure 12: Two Ways of Reaching Unconnected Community Members

In another organization, agency staff went out into the community to identify members of a specific ethno-racial group. Once contacted, these individuals were involved in group discussions. The main benefit of these projects was that community members who were not connected to services and resources were heard from. In order to do this, it was important that resources be allocated to engage a partnering agency in the process of carrying out a community quality of life project.

Step 5. Build in Incentives for Community Participation

It is important to build in some incentives for having community members involved in the project. It is a common perception that community members are frequently used to simply provide information for data gatherers and then are ignored. Since it is difficult for us to guarantee any tangible benefits to project participants, it is appropriate that something be provided to them at the time of their involvement.

One approach is to provide food and refreshments. This could involve a dinner or lunch. At a minimum it is necessary to provide child care and transportation costs.

Step 6. Meet with Prospective Participants

As noted earlier, it may be necessary to visit with prospective participants prior to actual data gathering. Figure 13 contains a sample script for enlisting participation. We found that it is necessary to have people make a commitment on the spot to attend a discussion group at a later date. This does not assure that all of these individuals will actually do so, but it does provide an opportunity to schedule a time and place, as well as gather their names and phone numbers for follow up and reminder calls.

It is common that many people who have signed up for a session will fail to arrive. It is best to schedule 50% more people than expected. As the date for the session draws close make sure to call and remind people about

My name is ... I am working with [name of agency] to try and find out about some of the things about this community and neighbourhood that makes life good for people like you. We are also interested in finding out about some of the things that are not so good.

The way we are doing this is by speaking with as many people as we can. If you are interested we would arrange to meet with you as a group and talk about these things. Whether you want to be part of this is completely up to you.

The reason we are doing this is that we believe that the more we learn about the community from people who live here, the better we will be able to help keep what is good and try to change what is not so good. It should take about an hour all together and we will provide refreshments.

We feel what you have to say is very important and we would like to hear from you. Are any of you interested in doing this?

Figure 13: Script for Eliciting Participants from Existing Groups

it. Try to do this on the day prior to the session and if possible on the day of the session as well.

Step 7. Prepare for the Session

Once you have secured the cooperation of community members and arranged the date, you will need to prepare for the session. As mentioned, you will need to arrange for child care and refreshments, as well as a convenient location. Ethical practice requires the preparation of information letters and consent forms. You will also need to prepare a question sheet for yourself, and work out a procedure for managing the session. You may also wish to have participants complete a brief information sheet. Samples of an information letter, consent form, and participant information sheet are included as appendices.

5

Collecting the Data in a Community Quality of Life Project

Information in a community quality of life project may be collected from a number of sources, using a variety of methods. As mentioned, in the Toronto studies we collected information from adults, youth, seniors, and New Canadians, as well as service providers and elected representatives. Our primary data collection methods were focused group discussions and in-depth individual interviews. An additional method was community member interviews.

Carrying out Group Discussions with Community Members

The group discussions follow the procedures for carrying out focus groups. Eight to ten participants are usually suggested for a focus group. However, we had excellent discussions with fewer participants and with more. Be flexible.

Materials Needed:

1. Information Letters
2. Consent Forms
3. Question Page
4. Information Sheets
5. Tape Recorder and Tapes

Procedure:

1. Read Information Letter
2. Complete Consent Forms
3. Carry Out Discussion
4. Collect Participant Information

Figure 14: Materials and Procedure for Carrying Out a Group Discussion

Figure 14 outlines the materials needed and the procedure to follow for a group discussion. There should be, if possible, two moderators. One can focus on the questions and responses while the other can take notes. This is a good practice even if you are tape recording the session, as you can be confident that the tape recorder will fail at least once during any project.

Following an introduction, reading of the information letter and completion of the consent forms, the moderator should ask the first question and allow people to answer. Once a

statement is made, there should be follow-up to see if other members share the same view or not, or if they would like to add to what has been said. If necessary, the moderator should be prepared to give examples of answers to questions but these should not be used to lead people into certain answers. Our experience was that very little prompting was necessary; people have plenty to say about community quality of life. Many of our discussions were quite lively, so it is necessary to listen carefully in order to follow up on everything important that has been said.

The group discussions generally take about one hour; however, if the discussion is being translated, allow twice the amount of time. A script for these discussions with probes is provided as an appendix. The Resources Section also provides advice for carrying out focus group discussions.

Carrying out Community Forums with Community Members

If there is very much interest in the project and it is possible to gather a fairly large number of people together, consider organizing a community forum. This would involve advertising the event to enough people to assure attendance. Once people were gathered, read an information letter describing the purpose of the forum. After this brief introduction, break up the larger group into smaller groups. Within these groups you can have either a series of group discussions covering all of the quality of life issues. Or you can have each group consider one of the four main areas of the project: positives, negatives, means of coping, and desired services. After these smaller groups are completed, bring the groups together for a summary session where the findings can be brought together. It is probably not necessary to obtain consent forms but it is important to provide information at the beginning about the purposes, goals, and procedures involved in participation in the forum.

Carrying Out Individual Interviews with Service Providers and Elected Representatives

A community quality of life project may have individual interviews. It has been suggested that these should be with service providers and elected representatives. Figure 15 provides some guidelines for organizing and carrying out individual interviews. The sessions generally last

1. Provide questions, information letter and consent form ahead of time.
2. Arrange a convenient time and place.
3. Review the information letter and secure written consent prior to beginning the interview.
4. Remind interviewees that they will be able to review the write-up.
5. Carry out the interview.

Figure 15: Procedure for Carrying Out Interviews with Service Providers and Elected Representatives

about one hour. A script for the interviews sessions is provided as an appendix.

Arrange to Have Participants Check the Findings

At the end of the group or individual interview session, remind discussion participants and interviewees that you or the organizer will be contacting them at a later time so they can check the write-ups of the session. Once data analysis have been done, and the write-up prepared, arrange to have the group discussion participants meet for a brief session of up to 30 minutes. It probably is not necessary to provide food or refreshments, but transportation costs should be provided. In these sessions, individuals will review the write-up [you may wish to read it to them] and comment on it. They should be asked if there is anything they would like to correct or elaborate upon, and whether any specific content should be changed or deleted. If people are unable to attend the follow-up session, and they wish to provide you with their name and address for mailing, you could send them the write-up. This same process is undertaken for the service providers and elected representatives. Having all project participants review the write-ups provides credibility to the data analysis. This is elaborated upon in the next chapter.

Collecting Information from Community Members Using Community Interviewers

In the Toronto studies, we hired some of the community members who had attended a discussion group to carry out community quality of life interviews with their acquaintances, friends and neighbours. The steps involved in this process are outlined in Figure 16. The goal of this sub-project was to gather information from community residents who were not as well connected to services and resources. A questionnaire using the same questions as those for the group discussions was prepared. The interviewer wrote down the responses, which were limited to four lines. Space was provided for up to ten positive and ten negative aspects. Five responses related to coping and managing and five for desired services or programs responses were permitted.

1. Allocate Resources for Project
2. Identify Potential Interviewers
3. Prepare Materials
4. Carry Out Training
5. Implement Project
6. Analyse Data
7. Prepare Report
8. Provide Feedback to Community

Figure 16: Steps to Carrying Out Community Quality of Life Interviews

In the Toronto studies, we were fortunate to receive some additional funding which helped us carry out this part of the project. Funds were allocated to pay interviewers and interviewees. As well, interviewers were paid to attend a training session for approximately one and a half hours. In the training session, we discussed who potential

interviewees were, issues of confidentiality, the importance of reading the information letter and obtaining consent, how to keep a log of who was interviewed, and things related to asking questions and probing. All the necessary materials were distributed at the session. This included written instructions for carrying out the interviews, copies of the questionnaire, information letters and consent forms, an interview log, and project newsletters and flyers. Money to pay the interviewees was also provided at the training session. Paying the interviewees was seen as a concrete way to let people know that we value what they have to say.

You may wish to collect quality of life information using one, some, or all of the methods described. The next chapter details how this information is analysed.

6

Analysing the Data in a Community Quality of Life Project

In traditional surveys, data collection is completed before data analysis begins. In a community quality of life project however, data collection and analysis is a simultaneous process. Data analysis begins immediately after the first data collection has occurred. Data analysis, with examples from the Toronto project, is the focus of this chapter.

Group Discussions and Community Forums with Community Members, and Individual Interviews with Service Providers and Elected Representatives

Tape recordings of group discussions, community forums, and individual interviews, in addition to notes taken during data collection, provide the raw data from which analysis proceeds. The first decision that is made concerns whether to transcribe these recordings. There are no hard and set rules as to whether these community quality of life data should be transcribed.

Transcription of sessions from audio tapes allows for very detailed analysis that can be facilitated by qualitative data analysis computer programs. This may be of interest to those carrying out a community quality of life study as part of graduate school masters theses or doctoral dissertations. For those who wish to carry out complex data analysis using transcriptions of sessions, a number of excellent guides to qualitative data analysis are available.

However, transcription is time-consuming and expensive and may provide limited added value to the community quality of life process. Another approach, and the one that is recommended in this manual, is to use audio tapes to take notes of session content and to gather quotations. This was the process used for the two community quality of life

projects that form the basis for this manual. These notes and quotations were used to identify session themes. The following five steps describe the process for analysing data from the community member group discussions and individual interviews with service providers and elected representatives.

Step 1: Listen to Audio Tapes and Take Notes

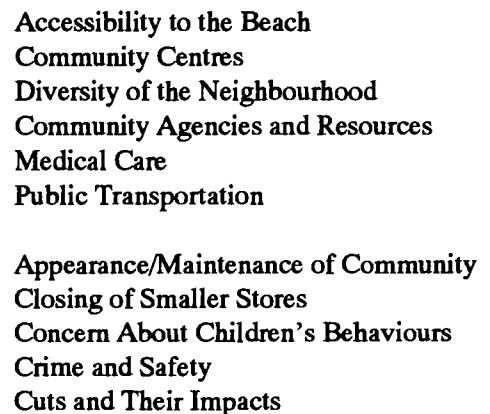
Listen to the tapes and take notes as if you were attending the group session. This step can be done by hand or on a word processor, (using a word processor will be time-saving). If there is something you miss or a very illuminating quotation stop the tape and relisten to the piece. For some sessions, especially if the content is very rich or if the pace of the session is slow you may be writing down almost all of what was said. In other sessions where there may be much irrelevant content, your notes may be fewer.

Step 2: Identify Themes from the Data

If you have not already done so in Step 1, enter these notes and quotations into a word-processing program such as WordPerfect or Word. Print them out with double-spacing. Along the margin begin to identify some themes that seem to capture the content of what was said. Figure 17 gives examples of themes that emerged from a seniors group in one of the Toronto projects.

A Note on "Staying Honest"

It is important to mention that the themes that you identify will be a function of who you are in addition to the actual content of what was said. There is no way around that, but there are ways of "staying honest" about the themes you identify. One good way to manage this aspect of "staying honest" is to be clear and explicit about who you are and how you approached the project. As we discussed earlier in the manual, the community quality of life approach reflects a commitment to the importance of the prerequisites of health as outlined in the *Ottawa Charter* and to the social determinants of health. These ideas, and concern with peace, shelter, education, food, income, a sound environment, and social justice, serve as "sensitizing concepts" to which our antennae are tuned. In the community quality of life approach, there is also a sensitivity to the people, places, and



- Accessibility to the Beach
- Community Centres
- Diversity of the Neighbourhood
- Community Agencies and Resources
- Medical Care
- Public Transportation

- Appearance/Maintenance of Community
- Closing of Smaller Stores
- Concern About Children's Behaviours
- Crime and Safety
- Cuts and Their Impacts

Figure 17: Positive and Negative
Community Aspects Identified by a
Seniors Group

problems that exist within a community. Combined with this sensitivity is a commitment to trying to be grounded in the perceptions of the members of the community.

Step 3: Reorganize Notes to Reflect Emerging Themes

Once you have identified the themes that emerged within a session, use the word processing program to place similar ideas together. For example, if having access to daycare was mentioned in two or three different parts of the session, place these ideas together under the theme title. You will also find that ideas may come up more than once during a session. That is, in response to questions about positive and negative aspects of the community, means of coping, or desired services. After the content related to themes has been so organized, order the themes in terms of general categories such as a) community strengths; b) community issues; c) means of coping; and d) desired resources and services. If an area was not agreed upon by all members of a group, or was seen as having both positive and negative aspects, you can create a “neutral or contested” category.

Community Involvement

Participants agreed that it is beneficial to be involved in the community. One participant felt that getting involved in the community and meeting people was an essential part of what makes life good: “It’s good to get involved as much as you can handle.” Another participant said: “Since involvement, I’ve been happier.”

Cuts to Service

The group expressed concern about cutbacks. For example, someone wondered: “How do you get help when they keep cutting everything?” Specifically, they mentioned cuts to libraries, bus service, and maintenance service in the community. One person commented that “with the government cutbacks, it is going to have a negative effect on people’s quality of life in all aspects.”

Figure 18: Narratives of Two Themes Identified by a Seniors Group

Step 4: Present These Themes in the Form of a Narrative

Once you have identified the themes and organized them into categories, prepare a written narrative that provides the reader with a smooth flow of the ideas and themes. It is no more apparent than here that you -- the community quality of life inquirer -- are the measurement instrument. It is you that designed, carried out, and are analysing the results from the project. You are expected to provide your reflections -- remaining true to what was said -- about the content of the session. Figure 18 provides an example of narratives that addressed the issue of community involvement and cuts to services among seniors in an activity group at a local community centre.

The full write-up of the narratives from a one hour discussion will probably be about 3 to 5 pages long. You may find that you wish to stop at this level of analysis, or proceed to Step 5.

Step 5: Use the Themes from the Narratives to Create Higher-Order Categories of Findings

Once you have identified the themes from the group discussions and interviews, these can be used to produce higher order themes and categories. That is, themes or ideas that are identical or similar from different groups can be grouped together to provide a higher order category. For example, if numerous groups have mentioned the importance of being able to receive services from community health centres, recreation centres, and community centres, these themes can be grouped together into a higher order theme such as community agencies and resources. Some examples of higher order themes that emerged from the Toronto projects are presented in Figure 19, and Figure 20 contains a write-up of a higher order theme that was in the final report for a community. These narratives and higher order themes form the basis of the reports which are discussed in the next chapter.

Caring and Neighbourly Community
Community Agencies and Resources
Diversity
Education and Schools
Parks and Natural Amenities
Public Transportation
Safety

Poverty
Environmental Issues
Service Cutbacks
Isolation

Figure 19: Higher-Order Themes Identified by Service Providers In One of the Toronto Projects

Community Agencies and Resources

The important role that numerous community agencies and resources play in promoting the quality of life of community residents was discussed in four groups. In the other group, emphasis was placed on community agencies and resources focused on recreational activities. Across all groups, these agencies are seen as helping to bring people together. They are also very important for people with specific health, food, housing, recreational, or other personal needs. Participants see the community as especially blessed with these agencies. and express concern about the effects of service cutbacks to the community and to those with special needs.

Figure 20: Write-Up of a Higher Order Theme From One of the Toronto Projects

Analysing Data from the Community Member Individual Interviews

You will recall that in the Toronto projects some individual interviews were carried out by community members with other community members. It is also possible for service providers to carry out interviews with community members. In this section, we will outline the process for analysing the information collected using this approach. Once the completed questionnaires have been collected, create a form such as the one provided in the appendix using your word processor. This form provides spaces for you to type in the neighbourhood positives, neighbourhood negatives, means of coping and managing, and desired services and programs for each person interviewed. In most cases, these will be pretty clear and require minimal interpretation. Then carry out the following steps, a somewhat similar process to the thematic analysis done for the focus groups and individual interviews:

Step 1. Prepare a list of all the things mentioned for each of the four main questions.

Step 2. Identify the main groupings (themes) that emerge from these listings.

Step 3. Count the number of times that each grouping or theme was mentioned across each group of participants (if more than one).

Step 4. Look to see if a particular group such as seniors or youth are over represented in any particular grouping or theme.

Step 5. Prepare a table of findings that gives the number of grouping mentions for each group.

Step 6. Write up findings in the form of written summaries. Figure 21 gives an example of such a write-up. These results can be compared and contrasted with those from the other sources of data.

A Final Word on Data Analysis: Ways to Ensure You Get It Right

Various procedures have been developed to make sure that what you have written up accurately captured what was said at a session.

Access to Amenities (41 mentions)

This category is concerned with having a variety of restaurants and shopping nearby. These aspects were mentioned by a majority of all groups. All five New Canadians mentioned this issue.

Activities in the Community (23 mentions)

A number of people identified having things to do in the community as being positive. These include neighbourhood festivals, and activities at nearby centres or in their housing complexes or residences. Specifically mentioned was community dinners that allow neighbours to meet each other. This area was most mentioned by adults and seniors.

Figure 21: Example of Write-Ups of Two Community Interview Themes

These procedures: prolonged engagement, peer debriefing, member checking, triangulation of data, and creation of an audit trail are based on Lincoln and Guba's work on establishing trustworthy and credible findings. Use of a collaborative approach also enhances the credibility of data and its analysis.

Prolonged Engagement

The longer the amount of time spent within a community, the more trustworthy and credible the findings. This criteria suggests that all things being equal, more rather than fewer sessions, longer rather than shorter sessions, and more time spent understanding a community and learning about its history will improve the trustworthiness and credibility of findings. There is no formulae for determining how much engagement should occur, but the rule "More rather than less" is useful to keep in mind.

Peer Examination and Debriefing

This is the process by which people carrying out a project consult frequently to verify the emerging patterns and categories resulting from data analysis. These discussions should take place immediately after a session, and as often as possible as data analysis takes place. One approach is to carry out the identification of themes collaboratively. Another is to do them independently and then compare results. Either or both approaches are acceptable. In the community quality of life projects we did in Toronto, meetings initially were held by the two main project workers at least twice a week. Eventually, these became less frequent. But in every case the emerging themes were discussed and the narratives reviewed and revised to the satisfaction of the two project workers. This process provides credibility to the process of constructing categories as the data collection and data analysis proceeds.

Member Checking

To further verify the data analysis process, the written narratives should be provided to session participants. This process verifies that the meanings gleaned from the sessions accurately reflect the perceptions and views of session participants. All participants should be given the opportunity to comment on the findings and the identification of themes that were made. They should also be allowed to suggest changes to these written narratives.

Triangulation of Data

When data is collected through different methods (focus groups, individual/key informant interviews, community interviews) and from multiple sources (community

members, elected representatives, and service providers), it enhances the credibility of the study. When there is agreement in themes among methods and sources, it enhances the possibility that the findings are trustworthy. When there is disagreement it forces us to consider what might be the sources of these differences. All things considered, greater congruence provides greater confidence in the data analysis process.

Audit Trail

It is important to maintain all of the documentation that was produced throughout the project. This would include the raw notes, initial identification of themes, and the drafts of the written narratives. This allows others, if they so wish, to assess the process and procedures of the project and how themes and conclusions were reached.

Participatory Mode

When a community quality of life project works closely with people who know the community it enhances the credibility of the study. Collaboration allows those who know the community to assess whether the process will actually engage the community and suggest corrections and improvement to the process. An Advisory Committee assists in this process and should be drawn upon as data analysis is carried out. It is also possible to consider involving session participants in identifying themes if time and resources permit.

7

Communicating the Results of a Community Quality of Life Project

The form that a community quality of life project report will take will be specific to each project. In the two community quality of life projects that form the basis for this manual, a number of different kinds of reports were produced. Translation of reports into different languages may wish to be considered.

The Community Quality of Life Project
Community Background
Results from Community Members
Coping and Managing
Desired Services and Programs
Results from the Community Interviews
Views of Service Providers
Community Agency Mandates and Activities
Results from the Political Representatives
Political Representatives' Responses to
Community Challenges
Results from the School Trustees
Trustees' Responses to Community and
Educational Challenges
Summary: People, Places, and Priorities
Summary: Models of Quality of Life and
Health Promotion
Towards the Future
Appendices

Figure 22: Chapter Headings from the Toronto
Findings Reports

The Findings Report

A *Findings Report* detailed all aspects of the specific community quality of life project (Figure 22). It provided a background to the study, described its methodology, and presented results. Two summary chapters provided analyses of findings, and one chapter was devoted to pointing towards the future. For the Toronto studies these reports were very detailed.

The format of a *Findings Report* will depend upon the structure of findings. If numerous groups have mentioned common themes you can consider organizing the report sections by themes rather than groups. If

however, each group had its own perspective on issues, you may wish to organize findings by groups.

For example, we found that the positive aspects of neighbourhoods were consistent across service providers so this section was organized by theme. However, the specific problems they identified as being faced by each client group were unique, so problems and issues were presented by service provider rather than project group.

The Community QOL Project
How We Carried It Out
Findings
The People
The Caring Community
The Diverse Community
The Elected Representatives
The Places
The Urban Environment
The Community Services
The Future of Community Services
The Priorities
Environmental Issues
Employment and Poverty
Safety and Security
Towards the Future
The Conditions of Health
Elements of Health Promotion
Health Promotion Actions

Figure 23: Detailed Contents of the *Conclusions Report*

The Conclusions Report

The *Conclusions Report* had an introduction to the study and the content of the *Summary* and *Pointing Towards the Future* chapters of the *Findings Report* (Figure 23).

The Write-Ups Report

The narratives produced from each group discussion and individual interview were provided in the *Write-Ups Report*. This allows readers to see the content obtained within each session as well as many of the actual quotes provided by participants.

What is the Community Quality of Life Project About?
What We Learned About the Community
Community Strength: Its People
Community Strength: Its Agencies and Services
Community Priority: Environmental Problems
Community Priority: Unemployment and Poverty
Community Priority: Crime and Safety
Community Responses
Towards the Future
Special Thanks

Figure 24: Sections of the *Community Report*

The Community Report

The *Community Report* was in an 8 page simple language format. It contained the key findings of the study and supplied quotes from community members, service providers, and elected representatives. Figure 24 outlines its contents further.

Distribution of Reports

In the Toronto projects, complete sets of all reports were provided to cooperating agencies and elected representatives. Additional copies of the *Findings* and *Write-Ups* reports were available to community members and others at cost. The *Conclusions* and *Community* reports were more widely available and an initial 150 *Conclusions* and 1000 *Community* reports were distributed in each community.

Additional Ways to Communicate Your Results

Throughout the Toronto projects newsletters were produced and distributed in the two communities. A short article for a local community newspaper was also prepared. The Appendix contains the newsletters from the two Toronto community quality of life projects.

The form that communicating results takes will be unique to each project. For an agency or organization whose main purpose for carrying out a community quality of life project is internal, there may be less emphasis on wide communication of results. The resources that are available to disseminate findings will also be very influential in making decisions about report production and distribution.

Communicating your results is an important step towards action -- the focus of the next chapter.

8

Moving on to Action

There is no way of assuring that a report and its findings will lead to action. All that can be done is to provide the groundwork and work to increase the probability of such action. In terms of a community quality of life project, there would seem to be some steps that could be followed towards that goal (Figure 25).

It is important to prepare and make available the findings of the reports to those who may be able to act upon them. These individuals include all project participants and other community members and organizations that may not have directly participated.

Municipal departments such as those involved in health, planning, recreation, and social services may find the results to be of interest, as would governmental bodies concerned with maintaining or enhancing community life. Advocacy organizations should be especially interested in findings of such a projects as they identify community needs.

The form that action takes within each community will be unique. In communities where there is little history of community action, the community quality of life project reports can provide the groundwork for initiating community development activities. In communities that are well-organized, findings can provide the basis for further action. The Resources Chapter provides information about how to organize such activities. In both

1. Prepare accessible reports for a range of audiences.
2. Release the reports with fanfare.
3. Assure wide distribution of reports.
4. Convene the Advisory Group and consult with them on action steps.
5. Form a committee to act upon findings.
6. Follow-up with service providers and elected representatives.
7. Organize community forums to engage the community.
8. Be available to make presentations to interested parties.
9. Try to secure funding for projects to implement findings.
10. Plan to prepare a follow-up report that will document effects.

Figure 25: Steps to Assure Action on Project Findings

cases, well organized and not-so-organized, using the results of your community quality of life project for community action may indeed be the most challenging part of this endeavour.

Conclusion

This manual has presented a guide to carrying out a community quality of life project. It is based upon our experiences carrying out such community quality of life projects in two Toronto communities. The products of these two projects are available and details on how to receive them are provided in the inside cover of this manual. These communities now also face the challenge of assessing the information collected and using it to protect the strengths and to address the concerns that were identified by the projects. For these communities, and for others that may use the community quality of life approach, carrying out a community quality of life project is just the beginning. The hard part is translating the findings into effective community action.

9

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10

Appendices

Appendix A: Material for Forming Project Coalitions and Gaining Agency Cooperation

Approach Letter to Invite an Agency to Be a Partner in a Community Quality of Life Project

Dear Agency Manager or Director
Community Agency

I am writing to invite _____ to join a consortium that has been funded by the _____ to examine the quality of life of people who live in _____. The consortium consists of _____, _____, _____, etc.

The project involves the examination of community-level factors that support or inhabit the quality of life of community members. _____ would be an equal partner in the project. By having its representatives serve on the Project Advisory Committee, it would help shape the research proposal and research plan. We are specifically interested in carrying out a project which will be thoroughly grounded in the experiences and perceptions of community members and those involved in promoting health within this community. For this reason, among others, the participation of _____ would be valued.

The assumptions of this research would be that: a) personal control and self determination are essential components of quality of life; b) quality of life of individuals can be understood only within the context of both their immediate environments and the larger society; and c) meaningful research into these issues must be participatory and collaborative in nature. These views, we believe, are consistent with recent thinking in the health promotion and service delivery fields.

We visualize the project as being built on three main pillars. These are a) the perceptions and meanings possessed by community members and the various strategies by which we will collect this information; b) the theoretical model developed by the Centre for Health Promotion (CHP); and c) the practical realities of conducting community-based health promotion, specifically as practised by _____. We hope that the project will be participatory at all levels.

If _____ feels that participation in this work would be worthwhile, please call me at _____. Similarly, if you have any questions concerning this project please call me. I am attaching a copy of our proposed plan.

Sincerely,

**Sample Approach Letter for Community Agencies To Cooperate With a
Community Quality of Life Project**

Dear Service Provider
Community Agency

Dear:

We are writing to seek your cooperation in a community-based health promotion project that is taking place in _____. This project is a collaboration between the _____ and _____. There are also other partners.

In this project we are collecting the views of community members concerning factors that enhance and detract from their quality of life. The attached newsletter provides details on the overall project.

An important part of this project involves carrying out group discussions (community forums) with community members (seniors, youth, etc.). We would like to schedule a group (forum) during the month of _____. Staff at _____ have suggested _____ as a potential partner in this project. Is there interest on the part of _____ to cooperate in this project? Is there a group of _____ that would be interested in participating? We would be very willing to address a group of _____ about the project and what involvement would involve.

Additionally, we would welcome your assistance in getting the word out to _____ about this project and the upcoming group (forum). We can supply copies of flyers and newsletters and distribute these as you recommend.

We look forward to hearing from you. If you would like further information or wish us to drop by please let us know.

Thank you.

Sincerely,

Appendix B: Material for Conducting Community Focus Groups

Sample Information Letter for Community Focus Groups

Being healthy involves more than avoiding illness. Being healthy is being able to cope with life. We are interested in community and neighbourhood factors which affect health. These may involve how people within a community interact or the opportunities for employment and recreation. For many, an important factor may be the services which are available.

Much has been written about these matters, but usually community members themselves have not been asked what it is about a community which makes for a good quality of life. In this study, which is being carried out by _____ from _____, we ask two main questions:

What is it about this neighbourhood or community which makes life good for you and the people you care about?

What is it about this neighbourhood or community which does not make life good for you and the people you care about?

If you agree to participate in the study you will be asked to talk about these questions in a group of about 8-10 people. If you agree to participate, an interview will be arranged at a convenient time and place. It should take about an hour. If you decide to participate you will be free to quit at any time. You do not have to answer any questions that you do not wish to answer. The sessions will be taped. The information you provide will be confidential and your name will not appear in any report of the study.

Whether you participate is up to you. Although there are no direct benefits to you for participating, the information you provide may help to improve the services provided in this community. We do not feel that there is any risk to you in taking part. Whether you decide to participate or not will not affect the services you receive from any agency.

As a result of this study we will be able to describe what it is that makes for a healthy community. We will provide you with a summary of this report if you desire it.

If you have any questions please contact _____ at _____, tel. # .

Sample Consent Form for Focus Groups

I understand that the _____ is carrying out a study of what it is about a community which affects quality of life.

I understand that I will be asked my opinions about this in a group of about 8-10 people. This should take about an hour. I understand that my participation is voluntary and I am free to quit at any time. I also do not have to answer any questions that I do not wish to answer. I understand that the sessions will be taped, but any information I provide will be confidential and my name will not appear in any report of the study.

I understand that if I agree to participate in this study I will receive a copy of the information letter. If I want, I can also receive a summary of the findings of the study.

I consent to participate in this study.

Signature

Date

If I have any questions I can contact _____ at the _____, tel: # _____.

Questions for Community Focus Groups

Being healthy involves more than avoiding being sick. Being healthy is being able to cope and manage your life. We are interested in things about your community and neighbourhood which affect your health and quality of life. These things may be what people in your community do or the opportunities there are for work and fun. It may also be services and groups that can help people.

1. We'll start with a general question:

What makes life good for you and the people you care about?

2. Now think about things in your community that make life good for you.

What is it about your neighbourhood or community which makes life good for you and the people you care about?

Possible Probes:

What do you like most about living in this community?

What do you get out of living here?

3. We can also talk about some of the things you may not like.

What is it about this neighbourhood or community which does not make life good for you and the people you care about?

Possible Probes:

What do you like least about living in this community?

4. Now let's talk about how you cope when you have problems.

What are some of the things in this neighbourhood or community that help you cope or manage when you or your family have problems?

Possible Probes:

If you needed help with something, who would you call?

What services help you cope when you have a problem?

What would you like to see in this community that would help you cope or manage when you have problems? Are there services you would like to see? Programs?

5. FOR SENIORS ONLY: What services help keep you independent in your community?

6. Is there anything else about living in this community that you would like to mention?

THANK YOU!

Some Information About You

In what year were you born? _____

Are you (circle one): Female or Male?

Compared to other people your age, would you say your health is (circle one):

| | | | | |
|-----------|--------------|------|------|------|
| Excellent | Very Good | Good | Fair | Poor |
|-----------|--------------|------|------|------|

Compared to other people, how many problems do you have? (circle one):

| | | | | |
|---------------|------|----------|------|---------------|
| A Lot More | More | The Same | Less | A Lot Less |
|---------------|------|----------|------|---------------|

Information Gathered from Community Participants

Appendix C: Material for Conducting Service Provider Interviews

Sample Approach Letter for Service Providers

Service Provider
Community Agency

Dear:

As you know, the *Community Quality of Life Project* is being carried out in _____ in cooperation with _____. In the first phase of the project, we held group discussions with community members about factors that enhance and detract from their quality of life.

We are now beginning the next phase of the project, and again we kindly ask for your participation. As a service provider in the area, we are interested in your views on what affects the quality of life of the community. We hope you will agree to participate in a short interview. The questions we will ask are attached. The interview should take approximately 30 to 40 minutes.

We hope to schedule these interviews during _____. Please call me at _____ or fax at _____ to let me know when would be a convenient time for you.

Thank you for your continued support of the *Community Quality of Life Project*. Attached is a copy of our most recent newsletter. If you need any further information, please do not hesitate to get in touch.

With best wishes,

Sample Information Letter for Service Providers Who Are Being Interviewed

Being healthy involves more than avoiding illness. Being healthy is being able to cope with life. We are interested in community and neighbourhood factors which affect health. These may involve how people within a community interact or the opportunities for employment and recreation. For many, an important factor may be the available services.

One part of the study is hearing from those who provide services in the community. In this study, which is being carried out by _____ from _____, we ask you these questions:

1. What is it about this neighbourhood or community which makes life good for people like those who attended the community discussion?
2. What are some of the problems which this community has that affects people like those who attended our discussion?
3. How do these issues relate to the mandate and programs of your agency?
4. How does your agency attempt to improve the quality of life of community members like those in our discussion group?
Can you give some examples of things your agency is doing that are working well?
And perhaps not so well?
5. What are some barriers to carrying out these efforts?
6. What helps you carry out these efforts?
7. Is there anything else that you would like to mention?

You will be asked to talk about these questions in an interview. If you agree to participate, an interview will be arranged at a convenient time and place. It should take about an hour. If you decide to participate you will be free to quit at any time. You do not have to answer any questions that you do not wish to answer. The sessions will be taped.

It is up to you whether you are identified by name or not. In reality though, it could be possible for readers to identify you. Therefore, it is best to keep this in mind during this session. We will however give you an opportunity to review and modify the draft write-up of the session before it is finalized.

Whether you participate is up to you. Although there are no direct benefits to you for participating, the information you provide may help to improve the services provided in this community. We do not feel that there is any risk to you in taking part.

As a result of this study we will be able to describe what it is that makes for a healthy community. We will provide you with a summary of this report if you desire it. If you have any questions please contact _____ at _____, tel. # _____.

Sample Consent Form for Service Providers

I understand that the _____ is carrying out a study of what it is about a community which affects quality of life.

I understand that I will be asked to talk about this in an interview. I have been provided with the questions beforehand. I am free to quit at any time and I do not have to answer any questions that I do not wish to answer. The sessions will be taped. I have the option of not being identified by name, though readers may be able to discern who I am. I will have an opportunity to review and modify the write-up of this session before it is finalized.

I understand that if I agree to participate in this study I will receive a copy of the information letter. I will also receive a summary of the findings of the study.

I consent to participate in this study.

Signature

Date

If I have any questions I can contact _____ at _____, tel. # _____.

Appendix D: Material for Conducting Interviews with Elected Representatives

Sample Approach Letter for Elected Representatives

Elected Representative
Address

Dear:

I am writing to both inform you of a community-based health promotion project that is taking place in your community as well as seek your assistance in its implementation. We are excited about the project and have a strong commitment to carrying it out within a participatory approach.

First, the project is being carried out in cooperation with _____. The contact there is _____. As part of this project we are collecting the views of community members concerning factors that enhance and detract from their quality of life. The attached newsletter provides details on the overall project.

Secondly, at some point -- probably in the new year-- we will be asking you, as well as other representatives, for your views on what affects the quality of life of your constituents. The questions we plan to ask will be forwarded to you well in advance of the interview.

Thirdly, I would like to ask your assistance in getting the word out about this project within the community. This could be done by piggybacking onto any communications you may be planning to the community, allowing us to mention you as an endorser of the project, or simply letting us place flyers and newsletters at your constituency or city office. I am sending similar requests to the other representatives.

Please call me at your convenience (tel. #) to let me know with whom in your office we can liaise with concerning this project.

With sincere best wishes,

Sample Information Letter for Elected Representatives

Being healthy involves more than avoiding illness. Being healthy is being able to cope with life. We are interested in community and neighbourhood factors which affect health. These may involve how people within a community interact or the opportunities for employment and recreation. For many, an important factor may be the available services.

One part of the study is hearing from those who provide leadership in communities. In this study, which is being carried out by _____ from _____, we ask you these questions:

1. What is it about this neighbourhood or community which makes life good for its members?
2. What are some of the problems that this community has?
3. How do these issues relate to your role as an elected representative?
4. How do you attempt to improve the quality of life of community members?
5. Can you give some examples of things you have done that have been successful? And perhaps not so successful?
6. What are some barriers to these efforts?
7. What helps you carry out these efforts?
8. Is there anything else that you would like to mention?

You will be asked to talk about these questions in an interview. If you agree to participate, an interview will be arranged at a convenient time and place. It should take about an hour. If you decide to participate you will be free to quit at any time. You do not have to answer any questions that you do not wish to answer. The sessions will be taped.

It is up to you whether you are identified by name or not. In reality though, it should be fairly easy for readers to identify you, _____, since you are the representative for this area. Therefore, it is best to keep this in mind during this session. We will however give you an opportunity to review and modify the draft write-up of the session before it is finalized.

Whether you participate is up to you. Although there are no direct benefits to you for participating, the information you provide may help to improve the services provided in this community. We do not feel that there is any risk to you in taking part.

As a result of this study we will be able to describe what it is that makes for a healthy community. We will provide you with a summary of this report if you desire it. If you have any questions please contact _____ at _____, (tel. #)

Sample Consent Form for Elected Representatives

I understand that the _____ is carrying out a study of what it is about a community which affects quality of life.

I understand that I will be asked to talk about this in an interview. I have been provided with the questions beforehand. I am free to quit at any time and I do not have to answer any questions that I do not wish to answer. The sessions will be taped. I have the option of not being identified by name, though readers will probably know who I am. I will have an opportunity to review and modify the write-up of this session before it is finalized.

I understand that if I agree to participate in this study I will receive a copy of the information letter. I will also receive a summary of the findings of the study.

I consent to participate in this study.

Signature

Date

If I have any questions I can contact _____ at _____, tel. # _____.

Appendix E: Training Materials Needed for Community Members to Interview Other Community Members

Collecting Quality of Life Information From Your Neighbours

The purpose of this project is to understand how people think about things in the community and neighbourhood that affect their lives. We are interested in getting from each person a list of good and not so good things.

There are no right or wrong answers to any of our questions. Listen very carefully to what the person says. Even if the person says something you don't agree with, try and understand what the person is saying from their viewpoint, and write it down. They may also not tell you enough things to fill up all the lines in the questionnaire. That is okay. But do try and have them tell you as many as they can. Give them a chance to think about what you are asking them.

The good things may be very concrete such as the local supermarket, the community health centre or other agencies, or a nearby streetcar stop. These good things may also be more general such as people being friendly, or having lots of green spaces. Finally, these things may be very general such as having lots of services, feeling safe, having responsive politicians, or having a caring community.

The bad things could also be very concrete such as not liking a particular restaurant or hotel, or more general such as having lots of crime or not enough stores. They could also be very general such as the neighbourhood being run-down or unsafe.

What we want you to do is listen carefully to what people have to say. In the spaces provided on the form, write down what they have said simply and clearly. Each idea should have its own number. They may say things you haven't heard before or you haven't thought of. They will also say things you probably have heard or thought about! Write them all down.

If they say something you do not understand, say:

Can you explain that or tell me more about that? Or What do you mean by that?

You might also ask for some examples if something is unclear. Try and write the things down so that someone else reading it would have a good idea of what the person said. Please write clearly so we can read it!

We also want to know about what some people do when they have problems. Each person will think about problems in a different way. For some people it may mean when

they get sick. For others, it may mean when they have a problem with their child. For others it may mean noisy neighbours. If they ask you "What do you mean by problems?", say "What ever you think is a problem. It could be medical, emotional, or something else."

Finally, when you ask them for things they would like to see in the neighbourhood, keep in mind that these things could be very concrete like a particular service such as Meals on Wheels or something more general like friendlier police or service providers.

Ten Steps to Carry Out The Interview

1. Choose people you know who are like you, but don't come out to groups or meetings.
2. Tell them about the project and give them a flyer. You may tell them that you already participated in a discussion group. Try and answer any questions they have.
3. Carry out the interview in a comfortable and safe place. This could be in the lobby of an apartment building, in a quiet coffee shop, or, if you know the person well, in the person's or your home.
4. Once you are ready to do the interview, read them the Information Letter. Then read the Consent Form with them and ask them to sign it (they will sign it again later when they receive the \$5.00). Point out that we are required to do this. Give them a copy of the Information Letter to keep.
5. Once they agree, write down their name and address, and if possible their phone number, on the Interview Log, next to the interview number that is the same as the one on the interview cover sheet. Write the date of the interview and your name on the cover sheet.
6. Ask them the questions and write down their answers.
7. Once the interview is finished, give the person \$5.00 and make sure they sign for it on the consent form (when you are finished, the consent form should have two signatures from the participant). On the Interview Log, check off that you have given them the money.
8. Make sure what you have written is clear and is what the person said. Then, when you are finished, place the completed interview in the special envelope.
9. When all of your interviews are finished, return them with the signed consent forms and the interview log sheet, to us. Use the envelope we have provided.
10. Call and we will make arrangements to pay you.

Sample Information Letter for Community Interviews Carried out by Community Members

The _____ wants to know what it is about this neighbourhood that makes your life good for you. They also want to know about some of the things that you do not like about it. In order to find out about the neighbourhood, they want to hear from people like you. I have been hired to help them.

Whether you participate in this or not is up to you. If you agree, I will ask you some questions about the neighbourhood and I will write down the things you say. You can talk about anything about this neighbourhood that you want. We feel what you have to say is important. That is why we will pay you \$5.00. This should take about 20 minutes. No one except me and the person running this project will ever know who you are. And when I hand this in to this person at the university, your name will be separated from what you said. What you tell me will be kept confidential within the limits of the law.

I will ask you to sign a consent form, and I will leave a copy of this letter with you. When the project is over, the people at the university will write a report about the community and how to improve things. You can get a copy of the report by visiting the _____.

If you want more information, call _____ at _____, tel. # _____.

If you have any personal problems that you would like help with, please call _____.

Sample Consent Form for Community Interviews Carried out By Community Members

I understand that _____ is finding out about quality of life in this community.

I understand that I will be asked to talk about this in an interview. The interview will take about 20 minutes.

My participation is voluntary, and I will be paid \$5.00 at the end of the interview.

The only persons who will know who I am is the person who interviewed me and the person running the project. And when the results of this are written, no one will be able to tell it was me. What I say will be confidential within the limits of the law.

I will receive a copy of the information letter. If I want, I can also receive a summary of the findings of the study by going to _____.

I consent to participate in this study.

Signature

Date

I have received \$5.00.

Signature

Date

Interview Protocol for Community Members Interviewing Community Members

The first question is about the good things in this neighbourhood.

What is it about your neighbourhood or community which makes life good for you and the people you care about?

If people need some help to answer, ask them these questions:

What do you like most about living in this neighbourhood?

What do you get out of living here?

The next question is about some of the things that are not so good.

What is it about this neighbourhood or community which does not make life good for you and the people you care about?

If people need some help to answer, ask them this question:

What do you like least about living in this neighbourhood?

The third question is what you do when you have problems.

What are some of the things in this neighbourhood or community that help you when you or your family have problems?

If people need some help to answer, ask them this question:

If you needed help with something, who would you call or go to?

The next question is about things you would like to see in the neighbourhood or community that are not here now.

What kind of services or programs would you like to see in this neighbourhood or community that are not here now?

I just have a couple of questions that tells a little bit about you.

How many years have you lived in this community? _____ Years

In what year were you born? _____

Circle one: Female or Male?

Compared to other people your age, would you say your health is (circle one):

Excellent Very Good Good Fair Poor

Compared to other people, how many problems do you have? (circle one):

A Lot More More The Same Less A Lot Less

Community Quality of Life Project

**WOULD YOU LIKE TO MAKE
FIVE DOLLARS?**

**AND BE PART OF A PROJECT THAT
WILL HELP YOUR COMMUNITY?**

**WE WANT TO HEAR FROM YOU ABOUT THINGS
YOU LIKE AND THINGS YOU DON'T LIKE ABOUT
THIS NEIGHBOURHOOD.**

**WE WILL PAY YOU FIVE DOLLARS TO TAKE
PART IN A SHORT INTERVIEW WITH ME.**

IT SHOULD TAKE ABOUT 20 MINUTES.

THANK YOU.

Flyer Used to Solicit Community Member Participation in Community Interview Process

Confidential Interview Log

Interviewer's Name:

Interviewer's Number:

| Interview Number | Date of Interview | Name of Person Interviewed | Address of Person | Phone Number | \$5 Given |
|------------------|-------------------|----------------------------|-------------------|--------------|-----------|
| 901 | | | | | |
| 902 | | | | | |
| 903 | | | | | |
| 904 | | | | | |
| 905 | | | | | |

Sample Confidential Interview Log For Community Members Interviewing Other
Community Members

Sample Data Entry Sheet for Community Members Interviewing Other Community Members

| | | | | | |
|------|--------|--------------|-----------------|----------------|--------------------|
| #106 | Female | 19 years old | 10 yrs. in area | Health: "Good" | # Problems: "Same" |
|------|--------|--------------|-----------------|----------------|--------------------|

Positive Things

Negative Things

| | |
|----------------------------|---|
| 1. Many community programs | Recreation centre caters to certain groups |
| 2. Friendly people | Recreation centre has limited spaces for programs |
| 3. Food bank nearby | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

Help With Problems

Desired Services or Programs

| | |
|------------------------------|----------------------------|
| 1. Public health | More young moms groups |
| 2. Young moms' drop-in | More parent/child drop-ins |
| 3. Better Beginnings Program | |
| 4. | |
| 5. | |

TELL US WHAT MAKES LIFE GOOD FOR YOU IN YOUR COMMUNITY

What is it about your neighbourhood or community that makes life good for you and the people you care about?

What don't you like about your neighbourhood or community?

WE WANT TO HEAR FROM YOU!

Date:

Time:

Where:

We will serve lunch.

If you would like to be a part of this group discussion, please register with _____ by _____. Thank you.

Sample Flyer to Solicit Community Participation in Group Discussions or Community Forums

Appendix G: Ottawa Charter for Health Promotion

The first International Conference on Health Promotion, held in November 1986, presented a charter for action to achieve Health for All by the year 2000 and beyond. This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. The following text provides a good framework to understand what health promotion is.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved - individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion Action Means:

Build healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create supportive environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen community action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop personal skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community

settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.

Moving Into The Future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.

Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Call for International Action

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this Charter, Health For All by the year 2000 will become a reality.

Appendix H: Newsletters from the Toronto Community Quality of Life Projects

Community Quality of Life Project

Vol. I No. 1
October 1, 1996

A Health Promotion Approach to Understanding Communities

Toronto Health Workers to Study the Quality of Life of Communities

INSIDE

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- Where Did the Funding for This Project Come From?*
- Who Is Participating in the Quality of Life Study?*
- Where and How Will the Project Take Place?*
- How Does This Project Relate to Healthy Cities and Population Health?*
- The Centre for Health Promotion QOL Model*
- What is a QOL Health Promotion Approach?*

The Community Level Quality of Life Project Newsletter will be published quarterly for the life of the project.

The Community Quality of Life Project is located in the Department of Behavioural Science at the University of Toronto.

For information contact Brenda Steinmetz at (416) 946-3167, fax: (416) 978-2087.

Purpose of the Study

The purpose of the community-level quality of life study is to develop a process by which community-based health workers can come to further understand the needs of communities. Through a process of engaging community members to consider aspects of their neighbourhoods and communities that enhance quality of life, it is expected that needs can be identified, and community solutions developed.

The outcomes of the study will be: a) the development of a process by which community factors that affect quality of life can be identified; b) the development of resource materials that will allow other communities to carry out similar activities; c) evaluation of the value of the quality of life model developed by the Centre for Health Promotion for considering community needs; and d) identification of the strengths and drawbacks to participatory approaches to assessing the quality of life of communities.

Where Did the Funding for This Project Come From?

We obtained funding from the Jessie Ball Dupont Foundation of Jacksonville, Florida. The Foundation is particularly interested in "broad social issues that affect individuals and communities." They are also interested in projects that allow for the voice of people who are usually not heard to be listened to. The University of Toronto is the only Canadian organization eligible for funding.

Who Is Participating in the Quality of Life Study?

A number of Metropolitan Toronto organizations have joined together to participate in the quality of life study. These include four Community Health Centres, two Public Health Departments, the Metropolitan Toronto District Health Council, the Canadian Mental Health Association (National Office) and the University of Toronto.

The persons taking part are: **Sherry Barton** of the Toronto Public Health Department, **Ivan Brown** of the U of T Centre for Health Promotion, **Stella Cho** of the North York Public Health Department, **Frumie Diamond**, **Natalia Klimko** of the Metro Toronto District Health Council, **Cary Milner** of Black Creek Community Health Centre (CHC), **Sherry Phillips** of the Lawrence Heights CHC, **Bonnie Pape** of the Canadian Mental Health Association, **Rebecca Renwick** of the U of T Dept. of Occupational Therapy, **Hersh Sehdev** of South Riverdale CHC, **Trevor Smith** of the North York Community Health Promotion Research Unit, **Dennis Raphael** of the U of T Dept. of Behavioural Science, **Irv Rootman** of the Centre for Health Promotion, and **Karmel Taylor** of Flemingdon CHC.

Brenda Steinmetz is the project manager. **Pat Ambtman** is an Occupational Therapy student who will contribute to the project as part of a full year research course.

Where and How Will the Project Take Place?

The project will take place in two communities: South Riverdale and Lawrence Heights. If resources allow, it will be expanded into the Black Creek and Flemingdon communities. Three groups of individuals are the initial focus: seniors, teens, and persons receiving social assistance.

Through community meetings and interviews community members will be asked: *What is it about your neighbourhood or community that makes life good for you and the people you care about?* and *What is it about your neighbourhood and community that does not make life good for you and the people you care about?*

We will also talk to community workers, the politicians who represent these areas, and to managers of service agencies within each community. The result of this will be a rich portrait of each community based on the perceptions of community members.

How Does This Project Relate to Healthy Cities and Population Health?

The Healthy Cities movement identified the importance of how the characteristics of cities affect the health of its members. Healthy Cities emphasizes the development of healthy public policy at the municipal level. Through a process of intersectoral cooperation and community participation, citizens can begin to influence policy decisions.

The Population Health approach considers both the broad and more immediate determinants of health and how these factors influence the health of entire populations. In this latter approach relatively little emphasis is given to the perceptions of people within their communities. Findings from both the Healthy Cities and

Population Health approaches are valuable and we build upon this work.

An important aspect of our quality of life approach is the focus on the unique perceptions of community members. In one sense we put a "human face" onto the determinants of health approach. The unique aspect of our approach is that we consider these perceptions in relation to a model of human functioning, that is, the Quality of Life Model of the Centre for Health Promotion. Working within this model we consider the impact of community factors on the quality of life and health of community members. This model has been useful in assessing the quality of life of seniors, teens, and persons with disabilities.

The Centre for Health Promotion QOL Model

This model defines QOL as: *The degree to which a person enjoys the important possibilities of his/her life.* We look at satisfaction in the three broad areas of *Being, Belonging, and Becoming.* *Being* reflects "who one is" and has three sub-domains. *Physical Being* encompasses physical health, personal hygiene, nutrition, exercise, grooming, clothing, and general physical appearance. *Psychological Being* includes psychological health and adjustment, cognitions, feelings, and evaluations concerning the self such as self-esteem, self-concept and self-control. *Spiritual Being* refers to the personal values, standards of conduct, and spiritual beliefs..

The *Belonging* domain concerns the person's fit with his/her environments. *Physical Belonging* describes the person's connections with his/her physical environments of home, workplace, neighbourhood, school and community. *Social Belonging* are the links with social environments and involves acceptance by intimate others, family, friends, co-workers, and neighbourhood and community.

Community Belonging represents access to resources such as adequate income, health and social services, employment, educational and recreational programs, and community events and activities.

Becoming refers to the purposeful activities carried out to achieve personal goals, hopes, and aspirations. *Practical Becoming* describes day-to-day activities such as domestic activities, paid work, school or volunteer activities, and seeing to health or social needs. *Leisure Becoming* includes activities that promote relaxation and stress reduction. *Growth Becoming* activities promote the maintenance or improvement of knowledge and skills and adapting to change.

What is a QOL Health Promotion Approach?

A health promotion approach draws on the principles of the Ottawa Charter for Health Promotion. It views "health as a positive concept emphasizing social and personal resources, as well as physical capacities." It defines health promotion as "the process of enabling people to increase control over, and to improve, their health."

Health promotion action involves Building Healthy Public Policy, Creating Supportive Environments, Strengthening Community Action, Developing Personal Skills, and Reorienting Health Services.

Our quality of life approach will contribute to the theory and practice of health promotion. Once we identify the aspects of neighbourhoods and communities that are seen as affecting quality of life, we will relate these back to the nine domains of quality of life that are part of our model. We will also inform others concerned with community health about the usefulness of the quality of life model for understanding the health-related needs of communities.

Proyecto de mejoramiento de la Calidad de Vida Comunitaria

INFORMATIVO

Vol. I No.1 Octubre 1, 1996

Un nuevo enfoque de Promoción de Salud para conocer mejor las necesidades de la comunidad

Trabajadores de la Salud de Toronto Metropolitano estudian la Calidad de Vida de Lawrence Heights

CONTENIDO

¿ Cual es el Propósito del Proyecto?

¿ Cómo responderemos a estas preguntas?

¿ Cuáles grupos estan involucrados en el proyecto?

¿ Cómo puedo participar?

¿ Cual es el Propósito del Proyecto?

El Proyecto de Mejoramiento de la Calidad de Vida Comunitaria es un trabajo de colaboración entre el Centro de Salud de Lawrence Heights, el Departamento de Salud Pública de North York y la Universidad de Toronto

El Proyecto esta siendo realizado en Lawrence Heights y South Riverdale. Uno de los objetivos es el de ayudar a los trabajadores de salud comunitaria a entender la vida de las personas de estas comunidades. Queremos saber: ¿Qué es lo que tiene de bueno su vecindario o comunidad que es bueno y hace agradable su vida y el de sus seres queridos? y ¿Qué es lo que tiene su vecindario o comunidad que no es bueno o es desagradable y afecta su bienestar y el de sus seres queridos?

Una vez que hayamos respondido a estas preguntas, vamos a compartir esta información con los políticos y proveedores de servicios y les diremos que pueden hacer para mejorar la vida de las personas de esta comunidad.

¿ Cómo responderemos a estas preguntas?

Responderemos a estas preguntas a través de la información proveída por personas como usted, al compartir sus historias con nosotros. Realizaremos entrevistas, reuniones de grupo o reuniones comunitarias abiertas. También recogeremos las opiniones e ideas de líderes políticos locales y de las personas que trabajan en agencias locales de servicios. Finalmente, recogeremos las opiniones de los políticos locales.

¿ Cuáles grupos estan involucrados en el proyecto?

Muchas son las personas que participan en este proyecto. Están presentes trabajadores del Centro de Salud de Lawrence Heights y del Departamento de Salud Pública de North York. También estamos colectando ideas de personas que trabajan en los Centros de Salud de South Riverdale, Black Creek y Flemindon, el Departamento de Salud Pública de Toronto, la Asociación Canadiense de Salud Mental, el Consejo de Salud del Distrito y la Universidad de Toronto.

Vamos a recoger muchas ideas de estos individuos, sin embargo la parte mas importante es escuchar las voces y opiniones de las personas que viven o trabajan en esta comunidad.

¿ Cómo puedo

participar? Usted puede quiere compartir su opinion y decirnos qué aspectos contribuyen para que exista una buena calidad de vida en las personas forman su vecindario o comunidad. También puede participar como voluntario(a) y ayudarnos a llevar a cabo este estudio. Por favor llame a Brenda Steinmetz al 946-3167. También puede dejar su nombre y número telefónico en las oficinas del Centro de Salud de Lawrence Heights en el 12 de Flemington.

社區生活質素計劃

用健康推廣方法了解社區

多倫多健康工作人員研究南河谷區的生活質素

內容

這計劃是什麼？

我們怎樣回答這些問題？

這計劃有什麼人參與？

我怎樣可參與？

社區生活質素計劃是由一起推行的健康中心，南河谷區，多倫多大學及多倫多

這計劃是什麼？

這計劃是在南河谷區 (South Riverdale) 及羅倫斯區 (Lawrence Heights) 推行的。它會幫助社區健康工作人員了解區內居民的生活。我們想知道在區內和鄰舍有什麼因素使你和你關心的人有良好的生活，及區內有什麼東西破壞你和你關心的人的生活質素？當我們知道這些答案後，我們會告訴社會服務工作者如何改進這社會的生活質素。

我們怎樣回答這些問題？

我們會邀請如你一般的居民提供一些生活的資料。這些將會在個人會談，小組座談及社區會議中進行。我們亦會徵詢社區代表及社區服務工作人員的意見。最後我們也會搜集區內政界人士如林頓，卓玲，戴彼得及賀伯的意見。

這計劃有什麼人參與？

這計劃有很多人參與，例如南河谷區健康中心及多倫多衛生局的健康工作人員。我們亦會向以下機構工作人員徵詢意見：羅倫斯社區健康中心，黑溪社區健康中心，范明頓社區健康中心，北約克公共衛生局，加拿大心理健康會，健康區議會及多倫多大學等。除了搜集這些人的意見外，這計劃最重的部分就是聽取你在區內居住或工作人士的意见。

我怎樣可參與？

如你想告訴我們什麼可改善區內的生活質素或想義務幫助我們推行這計劃，請致電 469-3917

與 **Phyllis Lam** 林太聯絡。你亦可以在南河谷社區健康中心辦公室留下你的姓名及電話號碼。地址是：
1 0 9 1 皇后東街及
1 2 6 披街。

Community Quality of Life Project

Vol. 1 No. 2
January 1997

A Health Promotion Approach to Understanding Communities

Community Quality of Life Study Underway in South Riverdale and Lawrence Heights

Purpose of the Study

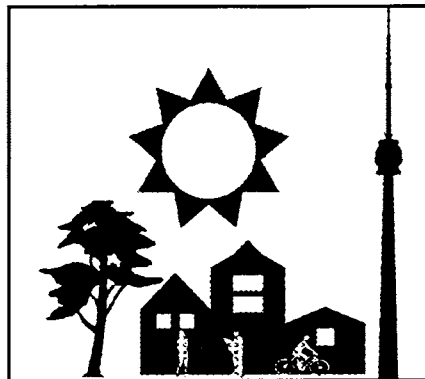
The study will develop a process by which community-based health workers can assess the needs of communities. By having community members in Lawrence Heights and South Riverdale consider aspects of their neighbourhood that enhance quality of life, needs can be identified, and community solutions developed. We will also develop resource materials that other communities can use.

Who Is Carrying Out the Quality of Life Study?

The organizations involved are: the Lawrence Heights and South Riverdale Community Health Centres (CHCs), the North York and Toronto Public Health Departments, the Metro Toronto District Health Council, the Canadian Mental Health Association (National Office) and the University of Toronto. Black Creek and Flemingdon CHCs are assisting as advisors.

Who is Participating?

So far, information has been gathered from individuals participating in the following groups located in South Riverdale: a women's healthy weight group, a seniors' injury prevention and wellness group, two youth groups



Community Quality of Life Project

based at a local community centre, a group of young mothers, and a church discussion group. Others are planned for South Riverdale, including some groups in Chinese.

We have just started groups in Lawrence Heights. The first was a youth group and we have others scheduled for seniors. In Lawrence Heights, some groups will be carried out in Somali and some in Spanish.

Initial Issues Identified in South Riverdale

Even at this early stage of the study, some clear ideas about quality of life in South Riverdale have emerged. These include, among others, the neighbourliness and helpfulness of community members, the availability and responsiveness of community service agencies, the high quality of the local Community Health Centre, and how people volunteer to help others in the

community. There is concern however, that service and funding cutbacks may affect the quality of life in the community. The well-being of children is an especially important concern.

Upcoming Activities

We will be interviewing area politicians, community workers, and managers of service agencies in South Riverdale and Lawrence Heights. We are continuing to meet with groups in the communities.

Importance to Communities

With all of the current changes in Metropolitan Toronto such as the proposed Metro restructuring, cutbacks in services and changes in funding arrangements, the quality of life of communities is especially important. This project will identify quality of life issues that must be considered as these changes occur.

This newsletter is published quarterly.

The Community Quality of Life Project is located in the Department of Behavioural Science at the University of Toronto.

For information contact Brenda Steinmetz at (416) 946-3167 or by fax at (416) 978-2087.

Community Quality of Life Project

Vol. I No. 3
April 1997

A Health Promotion Approach to Understanding Communities

Spring Update: Lawrence Heights and South Riverdale Quality of Life Project

Background to the Project

The Lawrence Heights and South Riverdale Community Health Centres, the North York and Toronto Public Health Departments, the Metro Toronto District Health Council, the Canadian Mental Health Association (National Office) and the University of Toronto are partners in this project.

To develop a process for assessing the health-related needs of communities, we are talking to community members, service providers, and the local representatives. We are also developing materials for others to use.

Some Issues Identified in Lawrence Heights

In our last newsletter, we reported on issues identified in South Riverdale. In Lawrence Heights, some issues include an appreciation of the community health centre and the community centre, the benefits of being involved in the community, and the feeling of safety and security that is due to knowing one's neighbours and neighbourhood. Also discussed were housing and maintenance

issues. As in South Riverdale, the impact of service cutbacks is a concern.

Community Interviewer Component Added to Project

Many community members in our discussions were part of community groups. Our Advisory Committee suggested hiring community interviewers to talk to people who may not be involved in groups.

We are hiring 15 interviewers (five each of seniors, youth, and adults) in each community. Each attends a short training session and then completes five or more interviews. In all, 150 interviews will take place. The issues explored are: positive aspects of the neighbourhood, the negative aspects, how individuals cope with difficulties, and services or other things that would be of benefit.

Funding was provided by the North York Community Health Promotion Research Unit (NYCHPRU), a joint project of the North York Public Health Department and the University of Toronto's Centre for Health Promotion.

A Special Thank You to the Local Representatives

We are very grateful to Peter Tabuns, Jack Layton, Marilyn Churley, Mayor Barbara Hall, Mayor Mel Lastman, Howard Moscoe and Frank Di Giorgio for providing us with their insights concerning the quality of life in our project communities.

They did this in the midst of the tremendous changes occurring in Metro. The information they provided --

summarized in the next Newsletter -- showed intelligence and sensitivity.

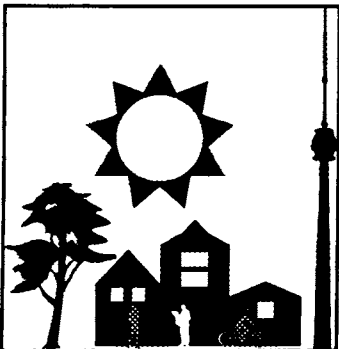
Related Papers Available

The Community Quality of Life Project builds upon work by Karima Kassam in North York. This study, available in both full report and article version, asked Italian-, Punjabi-, and English-speaking seniors about quality of life and related community issues.

The full report (56 pages) *Validating and extending the quality of life model in group health activities with non-English speaking seniors* is available for \$5 from NYCHPRU at (416) 395-7772. For the article version (15 pages, \$3) call Dennis Raphael at (416) 978-7567.

Thanks To Our Corporate Sponsors

We would like to thank *Pizza Pizza* and *Druxy's* for the contributions they have made to the project. Both have donated food for some of our groups and also provide us with a discount for their products as we continue to talk with community members.



Community Quality of Life Project

This Newsletter is published quarterly. The Community Quality of Life Project is located in the Department of Behavioural Science at the University of Toronto. For information contact Brenda Steinmetz at (416) 946-3167 or by fax at (416) 978-2087.

Community Quality of Life Project

Vol. I No. 4
July 1997

A Health Promotion Approach to Understanding Communities

Riverdale Seen By Elected Representatives as "Caring and Concerned" Community

Background to the Project

The South Riverdale Community Health Centre, Toronto Public Health Department, Metro District Health Council, Canadian Mental Health Association, and the University of Toronto are partners in this project.

To identify issues being faced by the community, we have spoken to residents, service providers, and local representatives. This Newsletter provides some of the information given by our elected representatives.

City Councillor Peter Tabuns



Mr. Tabuns felt that quality of life in Riverdale is enhanced by being located within the City of Toronto which is still a "healthy urban area." Residents can draw upon a "broad range of cultural

opportunities, social services, and employment possibilities."

"It has some really good natural amenities. It has the Don Valley. It has good parks. It has access to the lake through Cherry Beach, and the Leslie Spit gives access to people to an urban wilderness which is quite noteworthy in North America."

An exceptional aspect of Riverdale is its active and caring nature such that: "People are willing to take stands. They're willing to work to see that their interests are listened to at the political level."

An important aspect of life here is that "There are a broad range of social services and very good recreational services." These services are however, being stretched to the limit by cutbacks and continuing problems of high unemployment and poverty. In terms of the cuts by the provincial government: "It's been a disaster for us. Not only has it increased misery amongst a large population of people with low incomes, it has also had an impact on commercial establishments in the ward. Gerrard Square noted a significant decrease in retailing the month of the cuts."

At City Hall "We can do our best, in terms of local economic development, and help maintain business in the port and downtown." "We have taken action at Council on the impact of social service cuts. We allocated \$4,000,000 to a Survival Fund to communities to provide for food programs, underwrite housing projects." Some monies were set aside for "levers for private investment, supporting youth employment, housing, and food." The community makes all the difference: "The highly organized nature of Riverdale has made a real difference in being able to do anything at all."

Metro Councillor Jack Layton



Mr. Layton felt that Riverdale consisted of a number of communities. For some communities life was very good. For the Vietnamese and Cantonese communities, there is "access to

important services, and access to food outlets." There are neighbours around to whom they can speak their own language. For many new Canadians: "They have been able to realize their dreams in South Riverdale."

Life is good for the gay and lesbian community. "They have been able to buy a house, in a neighbourhood as a couple. That's cool, to be accepted."

"Is life good for the traditional working class in South Riverdale? Probably not at all." Much of this has to do with their having to "undergo all the pressures under the era of globalization." There are problems of increasing economic polarization, as well as problems of bad air and bad water: "Riverdale is named after a river but most people thought of it as an open sewer."

At Metro "We have reduced the incineration of sewage sludge by one half." Metro has been "collaborating with the Don Valley Task Force" to help clean up the Don River. In reaction to cutbacks, "Metro has by and large resisted cutting its own budgets for services. We have mainly backfilled the services that were cut by the province."

Like Mr. Tabuns, Mr. Layton felt that Riverdale's tradition of activism was essential for any effective action on the part of government. "Any achievement that we make usually results from having worked with people in the local community. That's where the best ideas always come from. If you have a good idea, best take it to the local community to have a reality check." The Business Improvement Association is another asset. "They don't generally live here but have a real interest in certain aspects of the community." *MORE ON REVERSE...*

Mayor of Toronto Barbara Hall



Mayor Hall felt that one of the most important aspects of Riverdale was the number of activists and caring persons living there. "It's a community of people who have neighbours who

care about issues and care about them, and have strategies to deal with challenges and problems."

The community agencies and organizations in Riverdale support the community in a variety of ways. "There is a community health centre that views health within a broad definition. It has been the central point for a lot of community issues and organizing." This was especially the case in relation to environmental and other issues. "The Ralph Thornton Community Centre is a place that makes space available for a lot of groups." The Woodgreen Community Centre has been in the neighbourhood for 75 years and "started out as a traditional settlement house but has changed over the years in the kinds of programs and the kind of communities it addresses."

"One of the big problems in Riverdale, particularly in South Riverdale, is the high level of unemployment and poverty. It used to be a very solid working class area with a lot of jobs. There were factories and plants, but many of those have closed." The Mayor commented that "A high level of poverty means there are a lot of young people experiencing some degree of hunger. This puts their health and their learning and their futures at risk."

Riverdale has had "environmental issues that truly affected everyone in the community. There were issues of lead in the soil and issues of air quality." "There also is a continuing problem with pollution of the Don River."

In response to these concerns, the City has funded some youth employment initiatives and has worked with the local Business Improvement Associations. "The small businesses on Queen Street have worked very hard with the City to strengthen the local business strip."

The city helps fund the Task Force to

Bring Back the Don. "It has created a large recreational space for running, walking, cycling trails, and a lot of planting of flowers. We're in the process of building a staircase that will give access to the space from the South Riverdale community."

[This is now completed]

In the end Riverdale is "a community that takes a lot of responsibility for issues. The role for me as Mayor and for other politicians is to become a part of that process and provide resources. This isn't a community where you go and impose something. It is a community where people care about what's happening, have thought about what the problems are, and thought about what the solutions are. If politicians join that partnership then its a community where there can be real, and I emphasize real, solutions."

Member, Provincial Parliament Marilyn Churley



Like others, Ms. Churley felt: "Particularly in South Riverdale, but all across the Riverdale area, for whatever reason, and I haven't quite figured it out, it is a

very active political community that has an awful lot of caring folk who get very involved in not just the issues that are of concern to them, but are of concern to the community."

Riverdale residents get support from local representatives: "People vote for politicians that are progressive and have come from the community and have proven themselves as being from the community."

Community agencies and organizations make life good in Riverdale. The South Riverdale Community Health Centre "offers that kind of help and support that

is absolutely essential to good community living in Riverdale." The Woodgreen, Ralph Thornton, and Eastview Community Centres and the Jimmie Simpson and Pape Recreation Centres, supported by the City of Toronto, help people in many ways.

"They really help to bring the community together. There are free services for people, recreation, seniors' dance clubs and choirs, exercise clubs, Chinese get-togethers, and lots of community events."

Riverdale also has its share of problems. "I think the biggest problem that this community has is a certain amount of poverty and unemployment, particularly in the south area of Riverdale where it is high. We have many young people unemployed." Much of this is seen as caused by the move towards economic globalization. It is worsened by the policies of the federal and provincial governments.

Ms. Churley's statement "We have always had environmental problems in South Riverdale" sums up the battles that have been fought. Some of these involved closing the Commissioners Incineration Plant, the Darling Rendering Plant, the Canada Metals Smelter, and dealing with the pollution of the Don River.

"That's how I got into politics. By fighting pollution in the area. We worked together to fight the older Commissioners Street Incinerator. Then we kept two new huge garbage incinerators from being built. We also got rid of the Darling Rendering Plant which stank up the air for years."

"I learned from having been on the other side of the fence as a community activist how important it is as a politician to work with the community and let the community take leadership and ownership. You're there as a politician to help and facilitate."

The Harris [provincial] government is seen as having "no vision of community." Their "pitting of one group against the other, their down-sizing, their downloading, their policy changes, their cutting" are seen as a direct threat to the people of Riverdale.

"The implications for our lives will be severely damaging. It will hurt poor people most but will also hurt middle class people since what we have been taking for granted will not be there anymore."

"We have a great community here and we are in danger of losing some of the agencies that make it such a great community to live in."

This Newsletter is published quarterly. The Community Quality of Life Project is located in the Department of Public Health Sciences at the University of Toronto.

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Community Quality of Life Project

Representatives See New Development as Benefit to Lawrence Heights Community

Background to the Project

The Lawrence Heights Community Health Centre, North York Public Health Department, Metro District Health Council, Canadian Mental Health Association, and the University of Toronto are partners in this project.

To identify issues being faced by the community, we have spoken to residents, service providers, and local representatives. This Newsletter provides some of the information given by the elected representatives.

City Councillor Frank Di Giorgio



Mr. Di Giorgio commended the work being done at the Community Recreation Centre, as well as by active community groups such as the seniors' groups that

operate out of the Community Health Centre. Moreover, he has "tried to be as accessible as possible whenever they needed my involvement or support." Lawrence Heights was seen as a community which is well served by public amenities such as transportation, shopping and libraries. Additionally, Mr. Di Giorgio viewed the fact that Lawrence Heights is low density, with plenty of open, green space, as one of its unique and positive features. This was also seen to offer "a lot of opportunity to do some creative redevelopment in the future."

However, Mr. Di Giorgio also described how the community is both geographically and socially isolated, that efforts have been made to reduce this isolation, and that more work is needed. "There is this notion of isolation, but notwithstanding the isolation, we've managed to retain a certain amount of harmonious, interactive relationships, but it's not anywhere near the kind of interaction you would like to promote in the longer term. And that's a major objective I think that has to be addressed in the future."

Key to combatting problems such as isolation, unemployment, and crime is the support of a strong, cohesive community and involvement of community leaders. Moreover, Councillor Di Giorgio supports addressing these problems "over the long term, through a redevelopment of the total site." Redevelopment is also seen as a means to provide some employment opportunities in the community.

Metro Councillor Howard Moscoe



Mr. Moscoe also spoke highly of institutions in the community. He recognized the valuable contributions made to the neighbourhood by the Community

Health Centre and the Community Recreation Centre, as well as by area residents. "The Community Health Centre has taken a proactive perspective

in teaching people, educating people, helping them understand what the components of good health are." The Community Recreation Centre was seen as being especially important for teens.

According to Mr. Moscoe, the low rise buildings and the mix of housing types is a useful feature of the area. Other good things are the access to shopping and the community bus.

Additionally, Mr. Moscoe noted that "there's a certain stability." This benefits the community because "people get to know the community. They know where the problems are. They know each other. And it works a little bit better to have that stability."

Problems in Lawrence Heights include low income and unemployment, geographic and social isolation, and deteriorating housing conditions.

In terms of unemployment, Mr. Moscoe described the problems as "the problems that everyone in Ontario Housing has. You have large numbers of single mothers, large numbers of people who have health problems. That's why the Community Health Centre has become so important. Because there are so many people gathered there who can't work because they have health problems. But most people in that community are working poor. They are employed. There are very few prospects for their kids, and the jobs tend to be dead end."

Regarding the isolation, Mr. Moscoe stated: "The physical structure of the community and the school attendance area structure of the community has basically created a ghetto."

MORE ON REVERSE...

Mr. Moscoe remarked that "the housing stock has begun to deteriorate. It's tired and it's old." Of the North Acres seniors complex he said: "The seniors who live there love to live there, but they want some decent housing." He described a plan for redesigning and restructuring the community, using North Acres as the catalyst: "The seniors themselves had participated in the designing and planning of their own building. We were all set to go and then Mike Harris got elected and pulled the plug on it all."

The barriers to creating a healthier community are: "No money, no institutional support from the federal or provincial government anymore, deteriorating physical infrastructure that badly needs some money."

North York Mayor Mel Lastman



Mayor Lastman listed numerous strengths of the Lawrence Heights community, including the city facilities and access to shopping and public transportation.

Additionally, there are schools, churches, and the Community Recreation Centre in the neighbourhood. Other social services are also close by.

Also seen as a strength is that the development is low rise, with lots of open space and parkland. It is viewed as a close knit community with strong community development work being done.

Mayor Lastman felt that the quality of life of community members was enhanced by initiatives such as the area being kept clean, the roads being repaired, and visual improvements to the environment, such as bush cutting, tree trimming, regular trash can emptying and better lighting. Also, the walkways between Lawrence Heights and the surrounding neighbourhoods have not been closed, keeping the links to these neighbourhoods intact.

Mayor Lastman identified many successful neighbourhood programs. For example, for children there are before and after school programs and a breakfast club. Community-based organizations also

contribute to the quality of life in Lawrence Heights. These include the Community Health Centre, the North York Community House, the Lawrence Heights Area Alliance, and the area resource group. Grass roots agencies have access to space in the Lawrence Square mall.

Problems in Lawrence Heights include economic frustration, unemployment and low incomes. Other issues relate to the physical site, geographic isolation, and perceived alienation. The Mayor noted a need for improvements to the Community Recreation Centre and more housing for seniors.

Funding issues can be a barrier to carrying out community initiatives. For example, Mayor Lastman cited budget cutbacks, grant reductions, and potentially limited resources as cities move towards amalgamation. Programs that come from the top down instead of the ground up were also seen as barriers.

Finally, Mayor Lastman identified two main sources of support for carrying out efforts to improve the quality of life in Lawrence Heights: cooperation of all levels of government, and orderly redevelopment of the site.

Member, Provincial Parliament Joe Cordiano



Mr. Cordiano reported that there are "a number of unique communities" within his riding. "When you look at our neighbourhoods, why they work, it is because people have a sense of belonging." He went

on to say: "What makes a neighbourhood is really the fact that you have a number of people who have a community spirit."

Institutions like the Community Recreation Centre were seen to contribute to the quality of life in the neighbourhood. Additionally, Mr. Cordiano stated: "I think the sense of community there stems from the fact that there are recreational services being provided, stems from the fact that there are additional services that are available to people, social services, health care services, social assistance type services, youth programs."

Mr. Cordiano expressed concern over the lack of opportunities for young people today. He felt it "is becoming more of a concern, over the last few years in fact, with the unusually high unemployment rate among young people now in the 90s. It is quite a huge challenge for us."

The problem requires efforts on a number of levels. Mr. Cordiano described some proactive steps that could be undertaken by government such as "an initiative like a youth opportunities act, which would define for young people what government's role is in their lives." Mr. Cordiano also suggested that government consider ways in which parents could help students finance post-secondary education. He suggested a plan that allows "parents to save on behalf of their kids' education and receive tax credits for it."

He focussed on the importance of post-secondary education being accessible and suggested that the government of Ontario consider making "first year tuition available to any student that has a B or better average and qualifies to go on to post-secondary education . . . Because that's a good investment for us in Ontario. We need to be competitive in the future. It's going to be young people who provide us with that opportunity."

Mr. Cordiano also discussed the issues of unemployment and underemployment in Lawrence Heights, particularly among older persons and the "working poor." He saw government collaboration with the private sector as key to reducing underemployment.

Mr. Cordiano referred to increasing unemployment, as well as cutbacks to social services, health care, and education, as all having a negative effect on quality of life. In terms of supports, both individuals and institutions in the community are helpful, as is the neighbourhood's strong sense of community.

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