



## Community Quality of Life in Low-Income Neighborhoods: Findings From Two Contrasting Communities in Toronto, Canada

Dennis Raphael , Rebecca Renwick , Ivan Brown , Sherry Phillips , Hersh Sehdev & Brenda Steinmetz

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# COMMUNITY QUALITY OF LIFE IN LOW-INCOME NEIGHBORHOODS: FINDINGS FROM TWO CONTRASTING COMMUNITIES IN TORONTO, CANADA

By Dennis Raphael, Rebecca Renwick, Ivan Brown,  
Sherry Phillips, Hersh Sehdev, and Brenda Steinmetz

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## ABSTRACT

An inquiry into community quality of life was carried out in a framework that recognizes the role that community structures play in individual health and well-being. Through use of focus groups and key informant interviews, community members, service providers, and elected representatives in a housing-geared-to-income Toronto community considered aspects of their community that affect quality of life. Findings about the importance of access to amenities, caring and concerned people, community agencies, low-cost housing, and public transportation were similar to those obtained in another Toronto community. Differences between these communities were apparent and related to the physical and demographic make-up of the community and the presence of community agencies and services. The relationship of these findings to the social determinants of health and social capital literature was considered, as were implications for community developers.

## OVERVIEW AND PURPOSE

There is increasing interest in the role that community structures play in promoting health and well-being among citizens (Boutilier, Cleverly, & Labonte,

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Dennis Raphael, York University; Rebecca Renwick and Ivan Brown, University of Toronto; Sherry Phillips, Lawrence Heights Community Health Centre; Hersh Sehdev, North Kingston Community Health Centre; Brenda Steinmetz, Health Canada.

Funding for the *Community Quality of Life Project* was provided by the Jessie Ball duPont Fund of Jacksonville, Florida; the *Community Quality of Life Project* was a partnership of the Lawrence Heights and South Riverdale Community Health Centres and the University of Toronto. The project was carried out with the assistance of the North York and Toronto Departments of Public Health, the Metropolitan Toronto District Health Council, and the Canadian Mental Health Association National Office. The North York Community House and the Somaliland Women's Organization were community collaborators.

2000; Raphael, 1999; Robert, 1999). These community structures may involve local services (Acheson, 1998); the presence of affordable housing, healthy food, and public transportation (Marmot & Wilkinson, 1999; Wilkinson & Marmot, 1998); community activities that support quality of life (Renwick & Brown, 1996); or the sense of social cohesion that exists among community members (Wilkinson, 1996). Attention is also being paid to how political decision-making supports or hinders the establishment and maintenance of these health-enhancing community structures (Coburn, 2000; de Leeuw, 2000; Teeple, 2000). Much of this interest, including the research reported here, has been driven by theoretical work on the social determinants of health as well as the importance of lay perceptions of these social determinants of health.

The World Health Organization (WHO, 1986) defines health as the ability to have and reach goals, meet personal needs, and cope with everyday life. Health is supported by the presence of supportive environments. The WHO framework emphasizes the social or non-medical determinants of health. The *Ottawa Charter for Health Promotion* (WHO, 1986) outlines peace, shelter, education, food, income, a sound environment, and social justice as necessary for health. More recently, a WHO task force identified social determinants of health of social status, stress, social exclusion, social support, unemployment, food, and transport (Marmot & Wilkinson, 1999; Wilkinson & Marmot, 1998). A concern with these social determinants of health informed the conduct of the study and provided a template against which findings could be considered.

Another guiding theme in this research was the view that community quality of life would best be understood by seeing it through the eyes of community members by using a naturalistic approach (Bryman, 1988; Lincoln, 1994; Lincoln & Guba, 1985). Community quality of life is seen as consisting primarily of the understandings and meanings individuals assign to community features. Such an approach is consistent with recent developments in public health (Raphael & Bryant, 2000) and community development (Park, 1993). More detailed rationales for the community quality of life approach are available (Raphael et al., 1999; Raphael et al., 2001).

The community quality of life approach, therefore, is a process by which community features that influence well-being can be identified with the objective of improving them. This paper illustrates the approach by presenting detailed findings from a study of one low-income community. It then considers whether these factors were common to those identified in another Toronto low-income community. Finally, it explores the value of the approach for community developers. The study described here was one of two carried out as a collaboration among community agencies and the University of Toronto.

### **Selection of Neighborhoods**

To illuminate community factors seen as influencing health and well-being in low-income neighborhoods, two very different settings were selected.

**Table 1. Characteristics of Selected Neighborhoods**

<i>Characteristic</i>	<i>Lawrence Heights</i>	<i>South Riverdale</i>
Municipality	Suburban North York	Urban Toronto
Services/Agencies	Limited	Plentiful
Economic Diversity	Homogeneous	Heterogeneous
Cultural Diversity	Very Mixed	White/Chinese
Physical Setting	Isolated	Integrated
Political Representation	Liberal (traditional capitalist)	New Democratic (social democratic)

The use of this maximum variation sampling approach (Patton, 1987) served to illustrate factors that were common across diverse settings as well as factors that differentiated these settings. The key differences are presented in Table 1.

Lawrence Heights is a culturally diverse low-income neighborhood located in suburban north Toronto. Its population of 7,000–8,000 live in rent-geared-to-income public housing in low-rise apartment buildings, townhouses, and single-family homes. It was, at one time, physically cut off from the neighboring middle-class area by a large wire fence that encircled the neighborhood. Large sections of the fence have been removed, yet the area remains isolated from other neighborhoods with only four roadways leading in and out of it.

Twenty-five years ago, most residents were of European descent and spoke English as their first language. Many had moved to Ontario from other parts of Canada, seeking jobs. Most families had two parents. No services were located within the community. Among those now living in Lawrence Heights, there is a higher than average percentage of women, children, and youth, sole-parent families, seniors, and people who are unemployed than in the Toronto area as a whole. The community has become more culturally and linguistically diverse. Some of the original residents remain, but many have recently come from the Caribbean, Latin America, South Asia, and East Africa. There are businesses in the general area now, although none operate in Lawrence Heights itself. Public and Catholic schools, a community recreation center, a library, and local offices of several social services organizations are now in the immediate area. A large shopping mall is within walking distance.

South Riverdale is a downtown community in the eastern section of Toronto. It contains mixed residential, industrial, and commercial/retail areas. With a population of approximately 85,000 people—20% of whom are of Chinese ancestry—South Riverdale is diverse in social class. As compared to Toronto as a whole, it has a significant low-income and a high recent immigrant population.

Within Toronto, South Riverdale has the largest concentration of pollution sources from industry, traffic, and waste disposal. Citizen groups have been instrumental in shutting down large incinerators and carrying out the largest lead-contaminated soil removal in North America. It is well served by public transportation and government-supported seniors- and low-income housing. It has an extensive network of service and community organizations, including churches, health centers, community centers, libraries, and emergency food services dispersed throughout the community.

## **METHODOLOGY**

### **Participants in the Lawrence Heights Study**

Community members, service providers, and elected representatives were hypothesized to hold similar perceptions of community factors affecting quality of life, but differing ways of conceptualizing them. Through triangulation, areas of congruence and divergence in perceptions can be identified to contribute to understanding community quality of life.

Lawrence Heights low-income children, youth, adults, and seniors, service providers including teachers within the community, and local elected representatives provided insights on the quality of life. Almost all of the adult groups included New Canadians. The 18 community focus groups involved 146 community members in eight groups of adults, three groups of seniors, and seven groups of children and youth. Twelve service providers and six elected representatives were individually interviewed. Appendix I provides details concerning participant groups.

### **Study Process and Questions**

University ethical protocols of informed consent, voluntary participation, and confidentiality and anonymity were adhered to for community members. Focus groups of 45 to 60 minutes were moderated by the university-based authors. Community workers from outside the community helped identify recently arrived New Canadians and involve them in the study.

Elected representatives were interviewed by the university-based authors, and service providers were interviewed by university undergraduates for a course requirement. For these 45- to 60-minute interviews, confidentiality and anonymity could not be guaranteed to participants as readers of reports could possibly infer their identities.

Community members were asked: "What is it about your neighborhood or community that makes life good for you and the people you care about?"

and "What is it about your neighborhood and community that does not make life good for you and the people you care about?" Questions about means of coping and desired services were also asked. Service providers and representatives answered similar questions about community residents, agency and political mandates, and community characteristics. The sets of generic questions used with each study group are available in a manual (Raphael et al., 1998), other articles (Raphael et al., 1999; Raphael et al., 2001), and reports on the web (<http://www.utoronto.ca/qol/community.htm>).

### **DATA ANALYSIS AND MEMBER CHECKING**

Focus groups and interviews were tape-recorded and used to generate detailed notes and quotations. The constant comparative method of Glaser and Strauss (1967) as updated by Lincoln and Guba (1985) was used to analyze data. The first author and the project manager carried out the primary data analysis.

According to Glaser and Strauss, the constant comparison method involves four stages: (1) comparing incidents applicable to each theme that emerges from the data; (2) integrating themes and their properties; (3) delimiting the theory; and (4) writing the theory. In this application, the theory is limited to describing the factors influencing quality of life as expressed by participants in a manner that retains the integrity of their constructions but allows for the identification of higher-order concepts.

The points made by participants were reviewed and placed into themes at a higher level of abstraction. To illustrate, comments about the importance of the local recreation center, health center, and the settlement house were placed within a theme of community services. References to day-care centers, parent drop-in services, and teen mom support groups were also placed in this category but could also constitute a parents' support services theme. This process of categorizing and forming themes was repeated until the best fit between the data and the interpretive themes was achieved.

How themes are developed depends upon the conceptual frameworks of the researchers in addition to the actual data—in this case, the social determinants of health. By being transparent in the approach and by presenting examples of the data, readers can come to their own conclusions concerning the trustworthiness and credibility of the data analysis process carried out in the study.

Findings for each group or individual were written up as three- to four-page narratives identifying the session themes, illustrated by quotations. These narratives were provided to the respondents who contributed to each session for (member) checking. Changes suggested by the respondents and made were limited to a few changes in nuance.

Congruence of themes across participant type (seniors, children, youth, adults, representatives, service providers) was identified. Some higher-order themes were created that integrated lower-order ones. For example, themes of local community health care center, community center, and recreation center were integrated into a higher-order community agencies and resources theme.

In order to meet Lincoln and Guba's concept of trustworthiness (1985), team members spent close to two years within these communities (prolonged engagement); worked closely with each other (peer debriefing); and carefully considered emerging themes (persistent observation). As noted, member checking and triangulation also were implemented.

## THE STRUCTURE AND CONTENT OF COMMUNITY QUALITY OF LIFE IN LAWRENCE HEIGHTS

Community features supporting quality of life converged among the study groups. But since groups expressed their perceptions in somewhat different ways and community workers could be working with specific age groups, results are presented by respondent group. Illustrative comments are also provided.

### Children and Youth's Perceptions of Community Quality of Life

There was much agreement about community factors that support quality of life. There were some differences however, between white and non-white and children and youth.

*Access to amenities.* Having access to shopping and things to do was seen as an important aspect of neighborhoods. Youth appreciated the nearby mall, yet wished for more variety and input as to what was available there.

*Community health center.* The two groups consisting of primarily African-Canadian youth spoke highly of the center. They saw its value for people of different cultures and provision of help with a range of problems in addition to providing medical care.

*Leisure and recreation activities.* The most consistent finding from the youth and children groups was the importance of leisure and recreation activities. Having things to do is an important concern. Recreation centers are important because they provide a range of activities, such as clubs, athletics, and social events.

*Neighborliness.* Almost all groups felt people within the community care about and help each other. In most cases youth were positive about their neighbors, but the children's groups were less so. Many concrete instances of helping behavior as well as ideas about cultural solidarity and commitment were provided.



*Parkland and open space.* The presence of open areas, trees, and parks was a positive aspect of the community. Youth were more positive about this than were the children.

*Public transportation.* Public transportation was an important aspect of the area for all youth groups—it was not raised by the children. While the subway was spoken of positively, there was criticism of the bus service and concern about service cutbacks.

*Schools and education.* Many positive points were raised about schools and education. Education was important for getting ahead, and schools provided extracurricular activities. Nonetheless, there were many complaints among the groups of youth about the lack of school facilities and lack of respect by teachers.

### **Adults' Perceptions of Community Quality of Life**

Adults shared many of the perceptions of children and youth, but there was greater dissatisfaction concerning the degree to which these features were present.

*Access to amenities.* Most of the adult groups spoke of the importance of being near to things. The area was convenient for schools, parks, shopping, and public transportation. However evening service was a problem as some buses stop running at relatively early hours. Some New Canadian groups reported good access to traditional food delivered from outside the neighborhood or purchased from local stores.

*Community agencies and resources.* There was agreement that community agencies and resources provide support and assistance. However, in many cases, more services were desired and those available could be improved.

*Local schools.* Many positive experiences with the local schools were related. The local schools were seen as receptive to newcomers and providing extra help when needed.

*Neighborliness.* There was divergence of opinion concerning neighborliness in the community. Each group spoke of the importance of having people with similar backgrounds and languages in the community. However, groups reported mixed experiences with neighbors. Some experienced assistance from neighbors, but others reported frequent disagreements.

*Parkland and recreation activities.* Almost all groups identified parkland and recreation activities for children as important. Most groups were happy with the local parks and playgrounds and recreation activities. But some felt there should be more for older children and that little recreation was available during the winter.

*Services in own language.* All groups spoke of the importance of services being in their own language. However, only one group said that this was the case at present.



## Seniors' Perceptions of Community Quality of Life

The two groups for whom English was their first language were generally satisfied with the presence of community factors supporting quality of life. This was not the case with the newly arrived from Latin America group of Spanish-speaking seniors.

*Access to amenities.* The English-language groups spoke about the local mall and how easy it was to shop. Like the youth, having the mall nearby was a means to meet people and socialize.

*Community health center.* All three groups viewed the community health center positively. It provided health care and supported community activities. It helped people with health and tenants issues and in obtaining benefits. Staff were helpful and friendly.

*Community recreation center.* The two-English speaking groups spoke of the importance of the community recreation center. The center helped people in the community by providing activities for children, adults, and seniors.

*Community involvement and volunteer work.* These same groups spoke of involvement as important. Seniors felt happier for being involved and benefited from helping others.

*Involvement with the seniors group.* The importance of involvement in the group was highlighted. The tenants' group worked on community and housing issues. The recreation group was seen as a great way to see people and have fun. The Hispanic group helped in coping and provided opportunities to meet people and discussions in Spanish.

*Neighborhoodness.* The same two groups were positive about their neighbors and provided examples of mutual aid. The Spanish-speaking group saw some neighbors as having personal problems involving family violence.

*Public transportation.* The groups spoke of the importance of public transportation. While happy with the subway, cutbacks to evening and weekend bus service made it necessary to have a car or take a taxi at those times. Table 2 provides typical comments of community members.

## Service Providers' Perceptions of Quality of Life

There were many commonalities among service providers concerning neighborhood factors supporting quality of life.

*Access to amenities.* Most service providers mentioned easy access to amenities such as stores, libraries, parks, and recreation activities as positives for residents. These were important for youth, as they provided places to go. Local stores provide employment opportunities.

*Affordable housing.* Affordable housing in Lawrence Heights was particularly important as residents have low incomes.

**Table 2. Community Features Supporting Quality of Life Across Community Member Groups****Access to Amenities**

*Things are convenient, like Lawrence Square is right there.* - High School Student

*The group listed a number of conveniences in their neighborhood, including access to shopping, the subway, schools, banks, and the Lawrence Heights Community Health Center.*

- Summary by translator for Somali Women's Group

**Community Agencies and Resources**

*If the women have any problems, North York Community House (NYCH) is the first place they turn to for help, and NYCH will make referrals as necessary, depending upon the type of problem.* - Summary by translator for Tamil Women's Group

**Community Health Center**

*Many people go there, they have a youth group there, kind of like what we are doing now.* - High School Student

*The Lawrence Heights Community Health Center was seen to be very accessible. Support groups were valued. Some participants in the group used the health center for medical care.* - Summary by translator for Spanish-speaking Women's Group

**Community Recreation Center**

*The community center helps the community so that people are not just sitting around in their apartments all day.* - Senior

**Education and School**

*The educational program around here is really good.* - Grade 8 female.

**Involvement with Seniors Group**

*I really like being a part of the group. I find no fault in it.* - Senior

*It's good to get involved as much as you can handle.* - Senior

**Leisure and Recreation Activities**

*We have a center to go play basketball or any sport you like. Sometimes we have sport days. We have parks. There's many things for youth.* - Grade 8 female

**Neighborhoodness and Community Solidarity**

*This community has a lot of benefits to the people who live around here, not money-wise.*

*There's love for people in your community, it's like a family.* - Youth

*Most participants had good relationships with their neighbors, who were generally friendly and quiet. Some neighbors were described as having personal problems, such as alcoholism and family violence, and these were most evident on the weekends.* - Summary by translator for Spanish-speaking Seniors Group

**Parkland and Open Space**

*There's a park close to my house and in the summer it's not a very nice place because at night especially, there's people that rent out these big, big speakers, and my house is literally shaking.* - Grade 6 student.

*It is easy for people to get cabin fever from staying at home. If it wasn't for the parks people wouldn't survive.* - Senior

**Public Transportation**

*The TTC (Toronto Transit Commission) is good during the day for being in a suburb, but if you are handicapped and unable to get around, it is impossible to get services in or out of the community after dark. You need a car or taxi.* - Senior

*Community agencies and resources.* Most service providers saw the services available in Lawrence Heights as important to community well-being. A number of services play a role in settlement and transition. Agencies work closely with the community to identify issues and take collective action. The community-based organization, the Lawrence Heights Area Alliance, has worked for 20 years in partnership with other local agencies and groups.

*Cultural diversity.* The cultural, ethnic, and religious diversity of the Lawrence Heights community was mentioned by many as a positive feature. Educators felt this diversity contributed to a positive learning environment. Some felt that because of the community's diversity, most anyone could feel a sense of familiarity in the neighborhood.

*Cultural sensitivity of service providers.* Service providers who work closely with newcomers felt that cultural sensitivity displayed by service providers was an asset.

*Education and schools.* Educators and some of the service providers identified schools' educational and community programs as a strength.

*Physical aspects of the neighborhood.* Service providers described some of the area's physical characteristics as positive features. There is a lot of green space.

*Public transportation.* Most service providers mentioned public transportation as a community strength. Public transit enables children to get to school and recreation activities.

*Social and community supports.* Service providers spoke about supports from one's cultural community as an important strength. This is some history of resident activism, and the Lawrence Heights Area Alliance plays a role on local advocacy issues. New Canadians support each other with language and medical issues.

## **Elected Representatives' Perceptions of Quality of Life**

There was general agreement about community factors that support quality of life.

*Access to amenities.* Three representatives saw good access to amenities in Lawrence Heights. These include access to the local mall, public transportation, and libraries. Schools, churches, the health center, and the recreation center are within the community.

*City maintenance of the physical area.* Two representatives spoke about maintenance of the area by the city, including road and lane repair and keeping the area clean.

*City of North York support.* The mayor pointed out that the city provides support to the community with grant programs, responsiveness to problems, and a Race Relations Committee.

**Table 3. Community Features Identified by Service Providers and Elected Representatives as Supporting Quality of Life**

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**Access to Amenities**

*It is a well-serviced area. There are schools within the community and shopping is very close. There are two major shopping centers and local businesses nearby. - Service Provider.*

**Affordable Housing**

*The majority of families in this community have low incomes. Therefore they need access to low-cost housing, which is available in Lawrence Heights. - Service Provider*

**Community Agencies and Resources**

*There isn't an abundance, but there's a pretty fair number of social service organizations that all play a role in settlement and transition. - Service Provider*

*As well, I think the sense of community there [in Lawrence Heights] 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. - Elected Representative*

**Cultural Diversity**

*There's lots of different groups but there's also large numbers of their own group. So there's that real sense of community. They can associate with their own group and at the same time associate with other immigrant populations. So that helps with things feeling a little bit more like home, a little bit more comfortable, and a little bit less of a culture shock. - Service Provider*

**Education and Schools**

*We have a very vibrant community of teachers, they are young and dedicated. We are a great team of people working together. - Teacher*

**Physical Aspects of the Neighborhood**

*There is a lot of greenery and parks, the children like the parks. -Teacher*

*It's very unique, there's a lot of space there. And therefore there's a lot of opportunity to do some creative redevelopment in the future. - Elected Representative*

**Public Transportation**

*The children also have access to transportation at a young age which enables them to go to middle school and/or high school. - Teacher*

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*Community agencies and organizations.* All representatives felt community agencies work to improve the quality of life of residents. These include the health and recreation centers, the local settlement house, and the Lawrence Heights Area Alliance.

*Community stability and community spirit.* All representatives saw the existence of community spirit as illustrated by active community groups, and a stable and aware close-knit community. While it is difficult for people to be involved since many worry about just getting by, community involvement was an essential aspect of community well-being.

*Lawrence Heights community health center.* The health center was seen by most representatives as essential to the community. The center was especially important for the large number of low-income people and single mothers with

health problems. Additionally, it is important for those unemployed due to health problems.

*Lawrence Heights community recreation center.* The recreation center is an important community asset. It provides a venue for many community members and groups in addition to recreational activities. Its range of activities was seen as especially important for teens.

*Low-density housing/Lay-out of the community.* Three representatives spoke positively of the variety of low-rise buildings and low density of Lawrence Heights. The low density provides open green space and parkland. Table 3 exhibits comments related to the key themes provided by service providers and elected representatives.

### PROBLEMS FACING LAWRENCE HEIGHTS

There was congruence across all participant groups about the issues faced by Lawrence Heights residents: low income, lack of services, effects of provincial policies, and concerns about crime and safety. Some issues were more likely to be raised by particular participant groups. Table 4 provides illustrative comments.

*Crime and safety.* There was a shared concern about crime and safety among the community groups and teachers. Community members saw the neighborhood as safe during the day, and less so at night. Teachers were concerned about children's exposure to violence.

*Cut-backs to services and lack of services.* All of the seniors and one adult group expressed concern about service cuts focused on housing maintenance, libraries, bus service, and community services. For every adult and youth group, lack of services was an issue. Adult groups expressed needs for counseling and recreation services for youth, day care, programs for families, training and ESL classes, and culturally sensitive services. Youth and children identified needs for support and recreation services. Every service provider and most representatives discussed shortages of services.

*Housing.* Lawrence Heights' housing units are managed by the province and municipality. Maintenance concerns were raised in almost every community member group and by most service providers and representatives.

*Isolation of the community/need for redevelopment.* For elected politicians, geographical and social isolation from the surrounding community needs to be addressed. All of the representatives spoke of the need for redevelopment of the site.

*Low income.* Low income was mentioned by every service provider and elected representative. Interestingly, the issue did not arise directly among community members; however, as noted, there was extensive discussion of the need for services.

**Table 4. Problems and Issues Identified by Participants in Lawrence Heights****Crime and Safety**

*I don't feel comfortable, especially at night, because there's really scary people.* - Grade 6 student.

*Generally this area is not considered safe. They call it the jungle. It has a bad reputation. It's not safe, not at night especially.* - Adult

*I drove a kid home and he told me to be careful because there was a lot of crime in his neighborhood. We see the impact of these factors on the children through their behaviors and their perceptions.* - Teacher

**Cut-Backs to Services and Lack of Services in Lawrence Heights**

*How do you get help when they keep cutting everything? With the government cutbacks, it is going to have a negative effect on people's quality of life in all aspects.* - Senior

*There's people in my community that need a lot of help, and I think that there should be places that people can go to talk to a specialist.* - Grade 6 Student

*Child care services close to home are needed. If these women are to be able to study or train, there has to be child care available. They said that there are not schools in the community where they can leave their children in child care while they take ESL classes. Any programs that do offer child care have long waiting lists.* - Somali Translator's Statement Summary from Women's Group

**Housing**

*Unfortunately, most of the participants were dissatisfied with their housing in Lawrence Heights. They felt that the maintenance staff did not care about residents' needs, and this was especially so if you did not speak English. One participant commented that he thought service and conditions would improve with a Spanish-speaking superintendent, but they have not.* - Summary by translator for Spanish-speaking Seniors Group

*The housing stock has begun to deteriorate. It's tired and it's old. The Ontario government has put precious little money into rehabilitating the housing stock.* - Elected Representative

**Low Income in Lawrence Heights**

*People are here by circumstance rather than by choice as they cannot afford private housing. Many of the families are headed by single parents, many of whom are women. There are also a lot of young people who are unable to get jobs. The majority of seniors are basically living on sole support from subsidies.* - Service Provider

*With the cuts we are seeing more and more people in desperate situations, especially since we identify marginalized people as our target population. For example, our case coordinators often have to deal with people who have no food or no more money to last them until their next subsidy check. This is a serious issue for us.* - Service Provider

**Racism**

*On your resume, they look at your name and can tell it's a black name. This is a black person.* - Youth

*Police assume that if you're driving a big car, you're a drug dealer.* - Youth

*These women and their children do experience racism. They are criticized for the way they dress. Here they are discriminated against because of the way they look. So, they feel that it is harder for them to find jobs here. They find that life is stressful every day.* - Summary from translator for Somali-Speaking Women's Group.



*Provincial policies.* Most service providers and every elected representative mentioned provincial policies as a problem. It was mentioned indirectly by community members in terms of cuts to services and deteriorating housing.

*Racism and racial tensions.* There was discussion of racism, racial discrimination, or racial tension among a youth group, five adult groups, and some service providers. The issue was especially important to non-white adults and African-Canadian youth. Table 5 provides the key themes identified by participants, together with illustrative quotations.

## **LAWRENCE HEIGHTS COMMUNITY QUALITY OF LIFE MODEL**

Quality of life in Lawrence Heights can be seen as consisting of three main components: People, Places, and Problems. A fuller presentation of this model is available (Raphael et al., 1998).

### **The People of Lawrence Heights**

Lawrence Heights is a low-income community with many working poor and people with disabilities who cannot work. Among the employed, many work more than one job to make ends meet. Others cannot find work and are on social assistance. Clearly, low income is an important issue that affects quality of life.

Many newcomers to Canada live in Lawrence Heights. Such diversity allows residents to find others with similar backgrounds. But many newcomers need to learn English, acquire employment skills, and become familiar with service systems in Canada. In addition to adjustment issues, newcomers must deal with discrimination. There are also tensions among different ethnic and cultural groups. When combined with issues of unemployment and low income, this situation creates significant barriers to quality of life.

### **The Places of Lawrence Heights**

Lawrence Heights consists of government-operated low-rise housing with open green spaces. Lawrence Heights also constitutes a distinct physical entity isolated from the surrounding community. For some, this isolation facilitates the development of community, but the representatives see this isolation as cause for redevelopment of the site.

There was agreement among community members that maintenance of the housing stock and physical area is poor. Some maintenance work is



underway, but the perception of poor-quality housing is shared by many service providers.

The nearby mall provides residents with choices concerning food and other necessities. The nearby subway allows people to get to where they need to go. The health and recreation centers provide health care, community development, and recreation opportunities. Schools, agencies, and libraries work with educational officials and teachers to develop programs to support families, but agency workers felt they could not meet the community's needs due to a lack of resources.

### **The Problems of Lawrence Heights**

Many residents are either the working poor or living on fixed incomes, such as seniors or persons with disabilities. Recent provincial cuts to social assistance rates have created more hardship. Service agencies must struggle to help people simply get by from day to day.

Programs are needed to support families. Language classes and training in employment skills are required but agencies providing these services are experiencing reductions in budgets. Many of the newcomers' needs go unmet. Among community residents there is concern about the effects of future cuts to services. All of the adult and seniors groups spoke of the deterioration of the housing stock. Many residents have seen their benefits cut.

## **UNDERSTANDING COMMUNITY QUALITY OF LIFE IN LAWRENCE HEIGHTS AND SOUTH RIVERDALE**

In our earlier study (using identical methodology) of the downtown Toronto neighborhood of South Riverdale, community members identified access to amenities, caring and concerned people, community agencies, low-cost housing, and public transportation as supporting community quality of life (Raphael et al., 2001). Riverdale service providers and representatives recognized diversity, community agencies and resources, and presence of culturally relevant food stores and services as strengths. Riverdale was seen as well resourced with community agencies and services. While overall a low-income neighborhood, residents were economically diverse. Additionally, there was a significant Chinese-speaking population as well as smaller cohesive communities of Greek- and Southeast Asian-descended residents.

South Riverdale was seen as a relatively stable neighborhood where many had developed personal networks and commitments to local institutions. It had a reputation for community activism and had historically been represented by members of the social democratic New Democratic Party at local and provincial

levels. Upon the completion of these separate studies, the university-based members of the team drew upon their experiences of the two communities as well as the empirical findings to carry out the following analysis. This analysis should serve as a source of hypotheses to be considered in further research.

### **Differences in Degree of Common Community Features Influencing Quality of Life**

*Access to amenities.* Clearly, this is an important component of community quality of life for both communities. Lawrence Heights is an isolated low-income community whose most immediate source of amenities is a single large shopping mall. In contrast, South Riverdale is a community within which a variety of amenities are present within the immediate community.

*Community agencies and resources.* Lawrence Heights has limited services and is surrounded by middle-class areas for whom service provision has not been an historical priority. The local city government provides little support for community infrastructure. In contrast, South Riverdale has a wealth of service agencies that have been built up over generations as a result of ongoing community activism and support.

*Crime and safety.* In both communities crime and safety were concerns. In Lawrence Heights the profile of the problem was higher with concerns about drugs, guns, and violence. In contrast, South Riverdale residents' concerns were limited to youth break-ins and vandalism.

*Low income and poverty.* Both communities have higher than average numbers of low-income people. Lawrence Heights, however, is a community in which low income is required for residence. Therefore, there is virtually no mixing of socioeconomic levels among residents, a concern raised by the elected representatives. In South Riverdale, supported housing is scattered throughout the area, allowing residents of differing social classes to live in close proximity—a phenomenon seen as positive by most respondents.

*Municipal support of community infrastructure.* Municipal support to a community like Lawrence Heights is limited to the local recreation center and road maintenance. South Riverdale, however, has received city of Toronto support for a range of services, such as settlement services, recreation and public health services, and support of local small businesses.

*Neighborliness.* Neighbors were a source of support for Lawrence Heights but the quality of these relationships was problematic and disagreement existed regarding the benefits of involvement with neighbors. Residents' concern for each other was an important contributor to quality of life in South Riverdale. This concern for others was also institutionalized through the establishment of a range of community resources and supports.

*Understanding of causes behind service deterioration.* In Lawrence Heights—as in South Riverdale—there was widespread concern among residents

about reductions in services, but little overt discussion of the political forces driving these reductions. In contrast, South Riverdale residents were more likely to relate these reductions to federal and provincial policies favoring the well-off at the expense of low-income people. This may be due to most Lawrence Heights representatives being Liberal (a mainstream capitalist party), while most Riverdale representatives were New Democrats (a social democratic party).

### **Differences in Kind in Community Features Influencing Quality of Life**

*Citizen activism.* Lawrence Heights has had few opportunities for community activism. The Lawrence Heights Alliance is the main activist group in the community but was rarely mentioned by residents. South Riverdale has a history of citizen activism. The roots lie in its diverse socioeconomic mix, the representation of the community by social democrats, and the significant environmental threats, such as lead and air pollution from smelters, factories, and incinerators, that helped mobilize community action.

*Cultural mix and stability.* South Riverdale is a predominantly white community with a significant Chinese-Canadian community, and somewhat smaller Greek and Southeast Asian communities. These ethnic communities have established residential stability whereby businesses that provide residents with services, food, and other amenities within their own language have been established. In contrast, Lawrence Heights is much more diverse and residents have not established a stable community. The community itself does not have any businesses that would allow culturally related amenities to be easily available.

*Economic diversity.* Lawrence Heights is defined by its rent-geared-to-income housing. There is a concentration of people whose lives are affected by relatively low income and limited economic resources. The community is isolated from the more well-off communities around it. South Riverdale presents a mix of socioeconomic status. This diversity allows for greater sensitivity on the part of more well-off residents to the problems of less well-off residents and contributes to the greater degree of community activism.

*Housing.* As noted, housing in Lawrence Heights is of one kind—rent-geared-to-income. South Riverdale also provides housing in the form of seniors' housing, co-ops, and rent-geared-to-income projects. However, South Riverdale also has many single-family dwellings such that there is greater diversity of housing within the community. Little complaints were heard about the subsidized housing available.

*Political representation.* As noted, Lawrence Heights representatives are predominantly Liberal, while South Riverdale's are New Democrats. This both reflects and contributes to the political orientation held by community members.

*Racism.* A much greater proportion of Lawrence Heights residents were Canadians of color. In addition, many of these residents were recently arrived from nations from which immigration had been relatively recent. These individuals were much more likely to report incidents of racism than the single largest minority group in South Riverdale—the Chinese.

## DISCUSSION

### **Social Determinants of Health**

In 1986, the WHO outlined peace, shelter, education, food, income, a sound environment, and social justice as prerequisites for health. These concepts are clearly consistent with the views expressed by participants in the study. Actual health outcome data is not part of this study, but an increasing amount of literature suggests that these prerequisites of health are important to population health (Raphael, 1999, 2001). The present study was able to confirm that community structures, such as service agencies and organizations, or supports, such as housing and income, were seen as important to health by study participants.

The perceptions of participants in the present study are also consistent with the social determinants of health identified by a 1998 World Health Organization Task Force (Marmot & Wilkinson, 1999; Wilkinson & Marmot, 1998). In the WHO scheme, key health determinants are social status and income differences, stress, social exclusion, social support, unemployment, food, and transport. These issues were clearly seen by participants as impacting health and well-being in a number of ways.

The presence of community resources and agencies—supported in large part by governments—are seen as serving to strengthen social support, minimize the effects of stress and social exclusion, and mitigate in part some of the effects of low income and status. Public transportation also were seen as supporting health. Again, these perceptions are consistent the determinants of health literature.

### **Government Policies and Community Well-Being**

Many of the topics raised were directly or indirectly related to government policy decisions. In Canada, the federal and Ontario governments have carried out a number of policy decisions that have weakened services and the social safety net (Raphael, 2001). The health supporting role played by the social safety net is becoming increasingly apparent in the community health literature (Bartley, Blane, & Montgomery, 1997), suggesting that policymaking is going in the wrong directions.

### **Social Capital: Sources and Consequences**

The concept of social capital has relevance to some of the obtained findings. Recent theories of social capital stress four key components: social relationships, social organization, norms of reciprocity, and civic participation (Coleman, 1990; Putnam, 2000). There are ongoing debates as to whether social capital is a result of social structure or a precursor to it and whether it is a characteristic of individuals or of environments (Jensen, 1998; Poland, 2000). The question has also been raised as to whether social capital should be a focus for community workers; the argument being that such focus diverts attention from structural issues such as the allocation of economic resources and the provision of supports associated with the welfare state. Assuming the concept's usefulness, how do the findings of the present study relate to concepts of social relationships, social organization, norms of reciprocity, and civic participation?

Regarding social relationships and social organization, participants certainly communicated the importance of neighbors and institutions that provide supports. In South Riverdale, there was virtual unanimity, however, that much of this involved the presence of community resources such as community centers, service agencies, and churches that provided means of developing and maintaining social connections. These resources were for the most part unavailable in Lawrence Heights. Norms of reciprocity were not explicitly examined but these can be inferred by the history of community activism and community support of responsive service agencies and resources in South Riverdale, and less so in Lawrence Heights. Community activism—present in South Riverdale—certainly reflects aspects of civic participation, as does involvement by community members with these institutions through voluntary activity.

This conceptualization of social capital is primarily descriptive and consistent with that identified by the World Bank (1998) as horizontal associations. Horizontal associations involve social networks among community members. This is a common focus of social capital researchers and community development workers. But it is apparent that much of what passes as social capital in South Riverdale is supported by structures funded by governments. These supports by political institutions for communities fall within what the World Bank calls vertical associations, which allow community structures to develop and enable development of norms of reciprocity. Indeed, it is these supports by governments that are seen as being under threat by current federal and provincial cutbacks to community resources.

### **Forms of Knowledge: Implications for Community Development**

In this inquiry the understandings of community members were the primary source of data. The use of inductive methods—including the constant

comparison method—allows for the emergence and analysis of the complex views held by community members and others concerning communities and their features that influence well-being. The richness of the insights concerning community quality of life and the factors that influence it support the view that lay perceptions are valid means of learning about communities. Such a view is consistent with an emerging literature concerning participatory research and the value of alternative forms of knowledge to that owned by experts and authorities (Park, 1993).

## CONCLUSION

*Social exclusion is defined as a multi-dimensional process, in which various forms of exclusion are combined: participation in decision-making and political processes, access to employment and material resources, and integration into common cultural processes. When combined they create acute forms of exclusion that find a spatial representation in particular neighborhoods (Madanipour, Cars, & Allen, 1998, p. 22).*

A lesson learned from these studies is the importance of community resources and services for low-income communities. The incidence of low income and income inequality has been increasing in Canada; this combined with reductions in services and supports, accelerates this process of social exclusion (Raphael, 2000).

While both communities have a significant proportion of low-income residents, there are many aspects of quality of life related to the structure and lay-out of South Riverdale that limit this process. The physical integration of low-income people into a diverse community, the provision of social services and supports, and the presence of responsive, community-oriented elected representatives are the key ways in which social exclusion is limited. A comparison of these communities identifies a number of hypotheses that can form the basis of further inquiries into processes of social exclusion and their impact on citizens.

Policymakers and service providers can consider the quality of life approach as a means of considering how community structures can affect the health and well-being of community members. Community partners in the studies have used the findings to (a) orient new staff and students at local agencies as to the community and its characteristics; (b) provide validation for agency activities addressing key quality of life issues and identify areas of needed focus; and (c) justify the maintenance of community resources and agencies that are threatened with budget cuts. Concerning the latter, a movement to prevent the closing of a local library in South Riverdale used findings related to the importance of libraries.



The complexity of community quality of life allows community workers to decide at which level they wish to intervene to improve community quality of life. Workers can use local agencies to support the development of social supports and community cohesion, focus on policy issues related to funding of services, or help improve the natural amenities that may exist within a community—among any number of possible interventions.

Such studies can serve to validate community members' lay perceptions of these determinants or, if that is lacking, help to make more explicit some of the political and social forces that affect their lives. In either case, the outcome should be greater empowerment of individuals as they come to make sense of—and work to influence—the factors that affect the quality of life experienced within their communities.

Finally, the extent to which meaningful findings will be obtained from other community quality of life studies will be the ultimate test of the usefulness of this approach for understanding and influencing the community factors that influence quality of life.

### ENDNOTE

Write-ups from the focus groups and interviews and the full *Lawrence Heights and South Riverdale Findings* are online at: <http://www.utoronto.ca/qol/community.htm>.

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## **Appendix I: List of Community Group Discussions and Interviews**

### Group Discussions: Children and Youth

- Grade 6 Group
- Grade 8 Males
- Grade 8 Females
- Community Health Centre Youth Group
- Grade 12 Males
- Grade 12 Females
- Secondary School African-Canadians

### Group Discussions: Seniors

- Seniors Tenant Group
- Seniors Recreation Group
- Spanish-Speaking Seniors Group

### Group Discussions: Adults

- Parent-Child Drop- In
- Spanish-Speaking Women
- Tamil Women's Group I
- Tamil Women's Group II
- Somali Women Group I
- Somali Women Group II
- Somali Mens Group
- Eastern European Group

### Interviews with Representatives

- City of North York Councillor
- City of North York Mayor
- City of North York Public School Trustee
- Metro Separate School Board Trustee
- Metropolitan Toronto Councillor
- Provincial Parliament Member

### Interviews With Service Providers

- Community Health Worker: Community Health Centre
- Community Worker: Settlement and Service Agency
- Coordinator of Person-to-Person Support: Settlement and Service Agency
- Coordinator of Language Instruction Program: Settlement and Service Agency
- Executive Director: Settlement and Service Agency
- Executive Director: Somali Women's Organization
- Program Director: Community Health Centre
- Recreation Worker: Community Centre
- Teacher: Middle School
- Teacher: Secondary School
- Vice-Principal: Elementary School
- Youth Worker: Community Health Centre