



CUISR:

Community – University Institute for Social Research

***Determining Saskatoon's
Value Profile***

by Melissa V. Kelsey



Building Healthy Sustainable Communities

Community-University Institute for Social Research

CUISR is a partnership between a set of community-based organizations (including Saskatoon District Health, the City of Saskatoon, Quint Development Corporation, the Saskatoon Regional Intersectoral Committee on Human Services) and a large number of faculty and graduate students from the University of Saskatchewan. CUISR's mission is "to serve as a focal point for community-based research and to integrate the various social research needs and experiential knowledge of the community-based organizations with the technical expertise available at the University. It promotes, undertakes, and critically evaluates applied social research for community-based organizations, and serves as a data clearinghouse for applied and community-based social research. The overall goal of CUISR is to build the capacity of researchers, community-based organizations and citizenry to enhance community quality of life."

This mission is reflected in the following objectives: (1) to build capacity within CBOs to conduct their own applied social research and write grant proposals; (2) to serve as a conduit for the transfer of experientially-based knowledge from the community to the University classroom, and transfer technical expertise from the University to the community and CBOs; (3) to provide CBOs with assistance in the areas of survey sample design, estimation and data analysis, or, where necessary, to undertake survey research that is timely, accurate and reliable; (4) to serve as a central clearinghouse, or data warehouse, for community-based and applied social research findings; and (5) to allow members of the University and CBOs to access a broad range of data over a long time period.

As a starting point, CUISR has established three focused research modules in the areas of Community Health Determinants and Health Policy, Community Economic Development, and Quality of Life Indicators. The three-pronged research thrust underlying the proposed Institute is, in operational terms, highly integrated. The central questions in the three modules—community quality of life, health, and economy—are so interdependent that many of the projects and partners already span and work in more than one module. All of this research is focused on creating and maintaining healthy, sustainable communities.

Research is the driving force that cements the partnership between universities, CBOs, and government in acquiring, transferring, and applying knowledge in the form of policy and programs. Researchers within each of the modules examine these dimensions from their particular perspective, and the results are integrated at the level of the Institute, thus providing a rich, multi-faceted analysis of the common social and economic issues. The integrated results are then communicated to the Community and the University in a number of ways to ensure that research makes a difference in the development of services, implementation of policy, and lives of the people of Saskatoon and Saskatchewan.

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ABSTRACT

This study collected, reviewed, and analyzed literature related to quality of life indicators, then defined patterns about such information to assist quality of life improvement programs. Emphasizing Saskatoon's specific concerns, the analysis focused on youth, adults, and seniors, particularly Aboriginal peoples. A categorical bibliography concludes this study.

INTRODUCTION

In May 2000, Melissa Kelsey, Community Consultant, began meeting with the Community-University Institute for Social Research's (CUISR) Quality of Life (QOL) module team, which consisted of Dr. Allison Williams, University of Saskatchewan (Academic Co-lead); Dennis Chubb (former Community Co-lead); Dr. Ron Labonte, University of Saskatchewan (Team Member); Bill Holden, City of Saskatoon / Community (Team Member); and Aral Gustafson, United Way / Community (Team Member). Between July and November 2000, Kelsey was hired through one of CUISR's Community Sabbatical research positions to conduct a preliminary investigation into Saskatoon's value profile.

OBJECTIVES

1. Collect, review, and analyze existing studies related to known quality of life indicators.
2. Develop and describe patterns in, and preliminary conclusions about, the utility of this data in the formulation of outcome indicators for policy and programs designed to impact quality of life.

Meeting these objectives has provided a beginning for determining a Saskatoon value profile. Based on existing research conducted in the community within the last four years, this task involved a review of approximately 76 different documents, with 59 being actual local research related reports, studies, or documents.

PRIMARY QOL DOMAINS – ANALYSIS, GAPS AND DISCREPANCIES, AND RESULTS

In Saskatoon, present research emphasizes: Health; Safety; Housing; and Belonging.

Gaps and discrepancies include: being reactive versus pro-active; crisis response and deficit-focused versus assessing community assets; approval-seeking versus asking for strategic input from “higher powers”; gender, class, and ethnicity imbalance in research approaches; and gaps in research on “sense of becoming.” Perhaps this indicates a need for a better sense of vision.

Research results suggest: the value of integrated approaches, as opposed to one dominant solution; that different results are unique to different sub-populations (i.e. based on age, gender, and ethnicity); a different primary focus under each independent variable (e.g. for youth, focus is on sexual health); and the importance of respecting a diversity of needs and concerns around a wide variety of sub-populations.

REVISED SYNTHESIS OF STUDIES RELATED TO THE QUALITY OF LIFE IN SASKATOON

The following is a summary of listed elements of QOL indicators drawn from the compilation of local QOL-related studies (see **References**). To guide this synthesis, the following questions were asked:

- What do the studies tell us separately and collectively?
- Values are preferred conditions. Therefore, what is the frequency and strength of expression of the different values in the synthesis?
- What do we know about people's QOL from what they tell us?
- What are the most frequently addressed issues to which people refer in relation to their perception of QOL?
- What common themes and values come up most often?
- What QOL characteristics are specific to age, ethnicity, and gender?
- Based on what we know, are our conclusions correct in terms of policy and planning?
- What is important, what are we willing to trade off, and what is it that we want in exchange?

The synthesis that follows is based on the Centre for Health Promotion QOL Model's nine domains:

1. **Physical Being:** Physical health, mobility, nutrition, fitness, and appearance.
2. **Psychological Being:** Independence, autonomy, self-acceptance, and freedom from stress.
3. **Spiritual Being:** Personal values, standards, and spiritual beliefs.
4. **Physical Belonging:** Physical aspects of the immediate environment.
5. **Social Belonging:** Family, friends, and acquaintances.
6. **Community Belonging:** Availability of societal resources and services.
7. **Practical Becoming:** Home, school, and work activities.
8. **Leisure Becoming:** Indoor and outdoor activities, and recreational resources.
9. **Growth Becoming:** Learning things, improving skills and relationships, and adapting.

Three main populations are highlighted—youth, adults, and seniors. The domains that are most prevalent under each of these populations are listed in a synthesised order of proposed value placement in reference to the synthesis as a whole.

YOUTH

Studied youth

Sense of community belonging—availability of societal resources and services

Emphasis was placed on service delivery outcomes, reflected in deficit-focused service delivery due to crisis-focused studies.

Reports discussed resources and services in terms of crisis, while places, institutions, and social sectors were discussed as focused on basic needs (e.g. peer groups within a shared institution; schools; young offenders detention facility; and outreach programs).

Youth often assessed one-to-one relations with a CBO representative. References to “they” in the context of the “system” were made when a negative critique of services was made versus references to an individual “worker” or “teacher,” which took place in the context of a positive service provision review. Value was favoured toward the individual versus the system.

Sense of social belonging—relationships with family, friends, and acquaintances

This focused on why youth left their home environment and the psychological circumstances of familial relationships. Research on relationships with friends indicated less emphasis on the psychological and more on practical issues, such as home, school, and work activities.

This gap was easily identified when comparing studies of in-school youth versus street-involved youth. Youth who were either street-involved, living in poverty, racially discriminated against, abused substances, or were otherwise abused were willing to trade practicalities for survival tools (e.g. working the streets in the sex trade to feed younger sibling versus attending school; feeding an addiction; becoming a single parent for that sense of unconditional love).

Acquaintance relationships were not referred to except in the context of the street-involved. Rather than a holistic community representation of role models, an emphasis on peers as role models was discussed in service delivery reports.

Sense of psychological being—*independence, autonomy, self-acceptance, freedom from stress*

This refers to problematic issues such as suicide, income or lack of income, substance abuse, and mental health. Stress indicators were referred to as “social belonging” (e.g. stress was talked about in terms of school, family, and peer acceptance).

An examination of young, single (mostly female) parents focused on elements of psychological being. A gap in young male parents was evident, as there was little focus on the single father role. When the issue of male single parents was brought up, it was usually in the context of a young mother’s perspective.

Sense of physical being—*physical health, mobility, nutrition, fitness, and appearance*

This indicator assessed themes revolving around violence, criminal activity, substance abuse in the home or individual substance abuse, sexuality, and sexual practises. Self-esteem issues in terms of fitness and body image were also covered.

In some service-focused reports, there was indication that youth living on the streets had a sense of pride in being on practical life’s fringes. Survival skills were referred to as life skill credentials. Service-providers referred to these tools as factors on which to build to enhance youth’s self-worth. When studying street-involved youth, these tools were often inadequately measured with normative physical being elements. As one youth mentioned in response to a suggestion to go out and walk to get healthy, “What’s he talking about? That’s all we do is walk; we walk until the day goes by.”

Sense of spiritual being—*personal values, standards, and spiritual beliefs*

Values and moral standards are mentioned mostly in the context of sexuality issues and sexually transmitted diseases. Faith and spiritual beliefs were touched upon in the context of crisis management. Faith and spiritual beliefs were rarely referred to as elements of preventative measures.

Studied Aboriginal youth

Sense of physical belonging—physical aspects of the immediate environment

Studies indicated cross-cultural differences in terms of demographics and ethnicity. Geographical perspectives and perceptions come into play when considering Saskatoon's east and west sides. However, some references were made to de-emphasize the east/west divide. At least one study referred to a division of physical belonging as a geographical factor based on a north/ south inner city perspective.

There was a sense of feeling attached to the neighbourhoods in which Aboriginal people live. Perceptions of attachment varied depending on location. When living near the stroll (21st Street in Pleasant Hill), a sense of community ownership was found. However, the stroll also represented issues of safety in terms of sexual perpetrators and pimp violence.

The compilation did not include studies from an Aboriginal perspective, which creates a major gap in this analysis. Aboriginal youth were mentioned mostly in terms of street-involved and incarcerated youth. No anecdotal qualitative statements were provided specifically about Aboriginal youth.

General comments

Gender

In terms of gender, the represented youth population was quite balanced compared to other populations studied. This was possibly due to the research being conducted in non-voluntary institutions or the education system, which, for the most part, was equally accessible to both genders. Street-involved youth were more likely to be female due to a concentration on the sex trade and sexual abuse. Shelter studies referred to females more often because there were more shelters for females than males. In general, males were studied more in terms of criminal activity, but, overall, females outnumbered male respondents.

Studied CBO representatives serving youth

Themes such as immediacy, crisis response, long-term solutions, non-traditional policies, and grass-root processes (working from the bottom up to assist in policy planning and educate policy makers) were all common in youth studies. Notions of frontline workers possessing first-hand knowledge is strong. Research was referred to as dynamic and changing. Common phrases included “falling through the cracks” and “competition for resources.”

Youth indicators

Youth preferred to be treated as citizens with an equal voice. They wanted to be independent, but stressed a need for a sense of belonging in the mainstream world.

Service providers tended to study youth's sexual and social health, seeking to protect them from harmful choices. Youth desired to belong to a healthy community that was at least partly self-defined.

ADULTS

Studied adults

Sense of social belonging—relationships with family, friends, and acquaintances

Familial relationships were the main theme in many studies on adults. Family roles and responsibilities were referred to more than friendships. Friends and acquaintance relationships were mentioned in the realm of stability or long-term friendships, especially in terms of smaller ethnic groups.

Sense of practical becoming—home, school, and work activities

Themes of domestic activities, paid work, and volunteer work were outlined in many studies that focused on women. Adult women were studied more than men. This may have been an indication of our familial value set.

Sense of physical belonging—physical aspects of the immediate environment

Housing and safety perception were two common themes addressed in the studies. Adult subjects identified the value of space and place. In some instances, housing was referred to as part of the problem, but in others as part of the solution. This was often dependent on the research methods employed in the study. Some studies focused on actual houses, while others broadened the scope by including green space, garbage cleanup, and safety.

Unsurprisingly, adults, like youth, shared similar values based on geography. A sense of belonging was indicated in terms of community boundaries. Adults tended to be more vocal than youth about the stroll and its effects on safety. Inner city respondents defended their community, possibly indicating a greater sense of belonging.

Sense of community belonging—availability of societal resources and services

Themes such as adequate income, access to health and social services, employment, and individual/family educational and recreational programs were all elements of community belonging covered in the synthesis. However, concentration on feedback from clients in crisis was one of the most studied items under services and resources. Service provision was mostly based on a crisis response, and focused especially on women. For the most part, adults were aware of services provided unless they belonged to an ethnic minority community (Aboriginal, refugee, or immigrant). Language and cross-cultural barriers were perceived to be obstacles that must be addressed to enhance quality of life in Saskatoon's adult population.

Sense of psychological being—*independence, autonomy, self-acceptance, freedom from stress*

Mental health studies were valued along with those on substance abuse and gambling. Cognitive therapy was often considered a service delivery model. Stress due to poverty, homelessness, unemployment, and lack of education and family care was often referred to as a need for service. Substance use and abuse and self-medication was understood as another term for coping or survival skills.

Studied Aboriginal adults

There was a barrier to a proper analysis of the list of elements in QOL indicators for the Aboriginal community. This was mostly due to a lack of studies collected from the Aboriginal community.

The collected studies shared by the SDH Aboriginal Community Development Liaison were health-focused. However, the Aboriginal perspective on any issue was defined somewhat more holistically. Therefore, health was often looked at simultaneously with the four principles of the medicine wheel: (1) physical; (2) mental; (3) spiritual; and (4) emotional.



Source: Fyre Jean Graveline. (1998). *Circle Works: Transforming Eurocentric Consciousness*. Halifax, N.S.: Fernwood: 55.

Sense of physical belonging—*physical aspects of the immediate environment*

Physical health was regarded as a strong QOL indicator for the Aboriginal community due to the demographic changes experienced in the past ten years. Substance abuse,

gambling, diabetes, hepatitis C, HIV/AIDS, and other diseases and conditions deemed as socially-influenced tended to be the Aboriginal community's physical focus.

Sense of community belonging—availability of societal resources and services

A common theme in reports on the Aboriginal community was that accessible, cross-culturally appropriate, and meaningful resources were lacking. The poor—non-Aboriginal and Aboriginal alike—often referred to transportation and childcare services as obstacles.

General comments

Gender

As stated earlier, there was more emphasis on the study of women than men, especially in terms of health determinants.

Adult indicators

These conditions were best defined in relation to QOL indicators in a deficit-based model approach. This included how women coped with the everyday stress of living in a state of poverty, domestic abuse, violence, and aggression.

Common themes and study domains for women included: home, school, and work activities; relationships with family, friends, and acquaintances; physical aspects of the immediate environment; and availability of societal resources and services.

The caregiver was valued in the traditional sense. Women's physical and mental health was also valued. In terms of environment, housing, and perception of neighbourhood safety, women's homes were also highly valued in terms of determining QOL.

SENIORS

Studied seniors

Sense of community belonging—availability of societal resources and services

Adequate income, health and social services, retirement, recreational and social outings, and access to community events were all touched upon in the synthesis of studies on seniors. Transportation to appointments and daily shopping needs was a main concern.

Sense of social belonging—relationships with family, friends, and acquaintances

Work and a sense of social belonging was often referred to in seniors' perceptions of self-worth in terms of family, friends, and community initiatives. Seniors were involved in community and wished to be more greatly valued by mainstream society.

Sense of psychological being—independence, autonomy, self-acceptance, freedom from stress

Sence of spiritual being—personal values, standards, and spiritual beliefs

Sense of practical becoming—home, school, and work activities

Studied Aboriginal seniors and elders

Sence of spiritual being—personal values, standards, and spiritual beliefs

Physical being—physical health, mobility, and nutrition

General comments

Gender—focus is once again on women in traditional value roles

The value set on seniors was delivered through a gender- and age-biased lens. The Saskatoon value profile determined seniors as people in need of special care. There was little mention of measuring seniors as providing community assets.

CATEGORICAL BIBLIOGRAPHIC INFORMATION

Community-based organizations provided the documents found in the categorical bibliography that follows. This list of resources are divided into the following sections.

- Analyzed Local Studies
- Local Service-Focused Resources
- Generic Resources: Saskatoon Specific
- Quantitative Resources with Local Content
- CUISR Resources: Quality of Life Module Team Resources

This categorical bibliography could be used as an outline for a future annotated bibliography in a potential CUISR Resource Centre/ Data Warehouse.

ANALYZED LOCAL STUDIES

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