

Waterloo Region Quality of Life Index: 2000 Update

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**Dan Vandebelt, Researcher
Gloria DeSantis, Project & Research Supervisor
Trudy Beaulne, Project Supervisor**

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or

Gloria DeSantis, Executive Director
Social Planning Council
of Cambridge & North Dumfries
24 Queen's Square, Cambridge,
Ontario N1S 1H6
Phone: 519-623-1713
Fax: 519-621-6220
E-mail: spccam@sentex.net

Trudy Beaulne, Executive Director
Social Planning Council
of Kitchener-Waterloo
68 Queen Street N.,
Kitchener, Ontario N2H 2H2
Phone: 519-579-3800
Fax: 519-578-9185
E-mail: spckw@waterlooregion.org



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Acknowledgements

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Even a small project such as this enlists the help of numerous people and organizations across the community. We have received qualitative and quantitative data from the following organizations:

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1.0 Introduction and Definition of Quality of Life¹

To a great extent, quality of life is subjective and its perception can vary from person to person. However, a community's social, cultural, political, economic, and physical resources all contribute to that perception. With a population nearing half a million residents, people in Waterloo Region can benefit from feedback on its progress in a number of areas that influence what life is like for people who live and work here. This report is an update to the 1998 *Waterloo Region Quality of Life Index*, using local numbers to explore trends in a set of selected areas since 1990.

How are we doing in Waterloo Region? As we found for this 2000 update, the trends reported in 1998 more or less continued. This is good news, but, we must exercise a degree of caution in assuming all is well. Other information, not tapped by the selected indicators, tell us a different story.

Observations, key informant accounts and a range of other community activity provide context for the objective measures of quality of life. Whether it is in the areas of health, social, economic or physical environment, some people are not benefiting from positive changes we see happening around us. As we examine the data used to measure the various aspects of quality of life, it is imperative that we ask who is benefiting and who is not benefiting from the changes we see reflected in these figures and trend lines. This commentary will be presented in this report as well.

Before going further, a definition is essential. The *Quality of Life in Ontario Project (1998)* defines quality of life (QLI) as:

“The product of the interplay among social, health, economic, and environmental conditions which affect human and social development” (Shookner, Spring 1998; p. 3).

Quality of Life Indexes are but one tool that may be able to shed some light on how we might attempt to measure our progress toward a healthier community. It can also be used to measure how government policies are impacting the well-being of our community as well as how informed citizens can make healthier lifestyle choices.

For the Waterloo Region Quality of Life Index we have used the methodology developed by the Social Planning Network of Ontario for the ongoing Quality of Life in Ontario Project. Both the Provincial and this Waterloo Region projects examine three indicators in each of four sectors.

Social:	Child Welfare Admissions to Care Social Assistance Beneficiaries Public Housing Waiting Lists
Economic:	Unemployed in Labour Force Employed in Population 15+ Years Bankruptcies
Environmental:	Hours of Moderate/Poor Air Quality Toxic Spills Tonnes Diverted to Blue Boxes
Health:	Low Birth Weight Babies Long Term Care Facility Waiting List New Cancer Cases

These indicators are not intended to be exhaustive and definitive measurements of the well-being of our community. These particular indicators have been chosen to give us a snapshot of where we are at in each of

¹ Quality of Life is but one of many terms referred to in the literature. Other labels include social well-being, community well-being, sustainable development, etc.



these four main sectors relevant to the quality of life. The collected data, over time, can show us emerging trends, progress, and concerns. We have included commentary on what the trends in each indicator mean as there is often much context that is needed to better understand the complexity of each indicator.

We have taken the data for each indicator and created a rate by dividing by an appropriate denominator (for example, the social assistance beneficiaries are divided by the total population of Waterloo Region, or the hours of moderate/poor air quality is divided by the total number of air quality testing hours). Because we have 12 indicators we made the base year (1990) value for each indicator to be 8.3 (one-twelfth of 100). We then took the percentage changes in the rates for each year and multiplied those by the base year indicator value of 8.3 to arrive at the individual indicator values for each year. In calculating sector composite QLI values, if data was not available for the current year the most recent value was used for that indicator. For a more detailed description of the methodology used in this report please see the original Waterloo Region Quality of Life Index (1998).

This report includes a short overview of each of the twelve Quality of Life indicators, a summary of the four sectors (Social, Economic, Environmental, Health), and a summary discussion about Quality of Life in Waterloo Region at present. This is intended to be an update to the original discussion paper (*1998 Waterloo Region Quality of Life Index*) published two years ago. For more detail about Quality of Life indexes or about the commentary on, and limitations of the individual indicators, please see the original 1998 discussion paper.

This update report is intended to continue the public discussion about quality of life in Waterloo Region. There are many local efforts that can impact these indicators and improve the quality of life for all members of our community. Many of these efforts are already being made, and several more could be explored.

With this understanding in mind, the following goals were established for the Waterloo Region QLI Project:

- To define and measure the quality of life in Waterloo Region from 1990 to 1999.
- To explain some of the factors which affect quality of life and how these have changed over time.
- To stimulate awareness and discussion among community people, organizations and government decision-makers about the evolution of quality of life in our Region.
- To help those in leadership positions to make more informed decisions about local and regional policies affecting our social, health, economic, and environmental well-being.
- To support ongoing dialogue toward establishing a consensus on how best to define and manage desired change within our Region.
- To participate in the integration of a variety of efforts which exist at the government and non-government levels – as well as within each of these – that seek to enhance the quality of life in Waterloo Region.

This report is intended for a range of audiences, from policy makers, to service providers, to residents in our community. The two Social Planning Councils within Waterloo Region are committed to working with the community to further define and help resolve factors that inhibit our rise to a higher quality of life. Government and non-government organizations alike can play roles in responding to community trends. As well, the two Councils will serve as a resource to organizations and groups that wish to take this information and organize community action. This Quality of Life Index is offered as one building block in the work toward the creation of a healthier society.

2.0 Indicators

2.1 Social Indicators

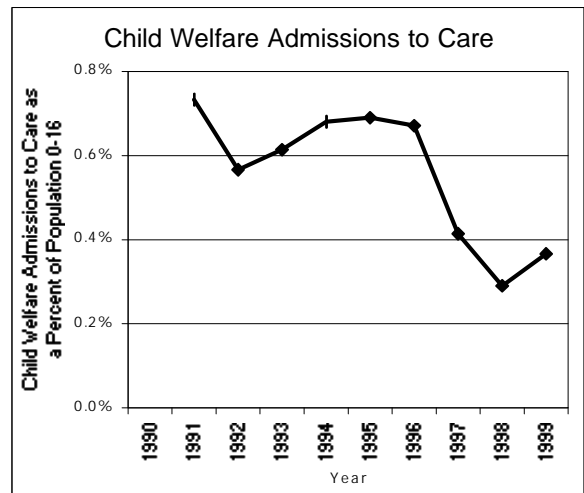
While it appears that all three of the social indicators have improved over the last few years, each area begs extensive questions about the inability of singular lines to show quality of life for all of Waterloo Region. The rate of Child Welfare Admissions to Care has decreased since 1996 but it is important to realize that because of other factors such as the shortage of foster homes and children staying longer in care, there are more children in care now than at any time in the past decade. The rate of Social Assistance Beneficiaries has decreased since 1996 as well, but numerous reports suggest that while some of those people are not receiving assistance anymore because of finding employment, many others may still be in need but not be eligible because of more restrictive eligibility requirements (Workfare Watch, 1999). And while the rate of Public Housing Waiting Lists have decreased since 1991, recent reports note increasing homelessness, a housing affordability crisis for many people, and increasing waiting lists for supportive housing and even other subsidized housing units (Dietrich, et al. 1999.). A recent provincial report referred to this phenomenon as an emerging “social deficit” (Shookner, Fall 1999, p.7).

2.1.1 Child Welfare Admissions to Care

Definition: The number of children removed from their homes in Waterloo Region and taken into care by child welfare authorities as per the Child and Family Services Act.²

Commentary³: In general, an increase in the rate of child welfare admissions to care would be viewed as a negative reflection on quality of life. The rate chart shows a decrease in the rate of admissions between 1990 and 1998 with temporary increases in 1992 through to 1994. In 1999 there was an increase from the low in 1998.

In general, though the trend for rate of admissions shows a decline, all of the other indicators (i.e. days of care, children in care and number of foster homes) have been increasing over the same period. The reasons for the decline in admissions are that children are definitely staying longer in care and the frequency of a particular child entering and leaving care has gone down. The trend to children staying in care longer is partially due to a greater percentage of children being placed in care because of court orders, in contrast to the past where voluntary placements (e.g. respite-type care) were higher and resulted in parents putting their children in care more frequently and for shorter periods of time.



Source: Family & Children’s Services of the Waterloo Region
Prepared by: The Social Planning Councils in Waterloo Region

Although there is always a shortage of foster homes, Family & Children’s Services have coped with the greater number of children through group care homes and higher occupancy rates of existing homes.

It is expected that child admissions will increase due to recent legislative changes (as of March 31, 2000) including changes in definitions that will lead to more encompassing terms for what constitutes grounds for protection which, in turn, is expected to result in more investigations.^{4 5}

² In 1998, Family & Children’s Service of the Waterloo Region changed their reporting system from a calendar to a fiscal year. All data reported here is based on a full 12 months of admissions.

³ This commentary is taken directly from conversations with Family & Children’s Services staff.

⁴ Provincially, the rate of child welfare admissions increased since 1993 and leveled off since 1998.

⁵ For more commentary on these indicators please see the original 1998 Waterloo Region Quality of Life Report.

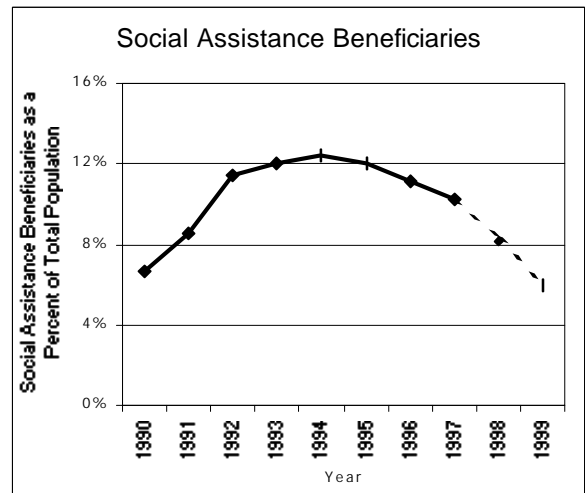


2.1.2 Social Assistance Beneficiaries

Definition: Social Assistance data includes both Ontario Works, OW, (formerly General Welfare Assistance, GWA, and part of Family Benefits Allowance, FBA), as well as Ontario Disability Support Program, ODSP, (formerly part of FBA). Ontario Works is considered short-term assistance for employable singles, couples and families, while the ODSP is of a more prolonged nature for disabled persons. Beneficiaries includes both clients and their dependants.

Commentary: In general, an increase in the rate of people on social assistance is expected to be a negative reflection of quality of life. The chart shows a steady increase from 1990 to 1994, after which, the numbers gradually decrease until the present⁶. There is a similar trend provincially.

This downward trend, which began in 1995, could be perceived as having a positive reflection on quality of life, yet two competing explanations are possible. First, if fewer numbers of people are on social assistance because they have secured long-term jobs then this is good news. But if fewer numbers of people are a result of more restrictive eligibility rules that exclude people in need, then this is not a positive trend.⁷

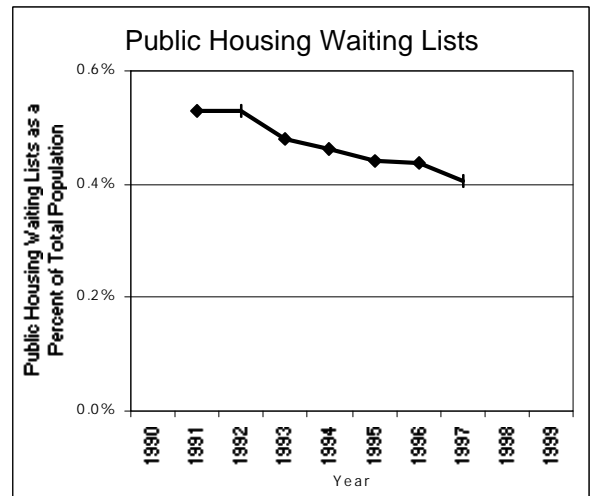


Source: Regional Municipality of Waterloo, Social Services Department, and Ontario Ministry of Community & Social Services
Prepared by: The Social Planning Councils in Waterloo Region

2.1.3 Public Housing Waiting Lists

Definition: The average number of applicants on public housing waiting lists in a year (annually averaged monthly totals). In Waterloo Region public housing includes the South Waterloo and the North Waterloo Housing Authorities which have responsibility for a total of approximately 3050 units. It does not include cooperatives or other subsidized/affordable housing such as municipal and non-profit housing.

Commentary: An increase in the rate of people on public housing waiting lists should be seen as reflecting a negative quality of life. In general, a downward trend since 1991 is evident.⁸ No new data are available since the 1998 report.



Source: South & North Housing Authorities
Prepared by: The Social Planning Councils in Waterloo Region

In the early part of the decade upper levels of government supported the building of several thousand social housing units (public housing as well as non-profit and cooperatives). This may have affected the decrease in public housing waiting list rates. The construction of affordable housing ended, however, in 1994 when the Provincial and then Federal governments decided to get out of the business of housing (The Interfaith Social Assistance Reform Coalition, 1998.). In spite of growing homelessness (Dietrich, et al., 1999), a very low vacancy rate (ONPHA, et al., 1999.), and growing numbers of tenants in unaffordable housing (*ibid*), public housing waiting lists have continued to decrease since 1994, presumably because people choose to wait for the newer non-profit and cooperative units.

Coordinated Access, a coordinated waiting list for most of the public housing, non-profits, and housing cooperatives in Waterloo Region has been operating for a little more than a year. With over 6500 units within their responsibility, the waiting list for Coordinated Access is currently at 4058 households.⁹

⁶ The 1999 ODSP figure was received from the Ministry of Community & Social Services and was not verified locally before this report. The 1999 figure is therefore considered an estimate only.

⁷ For more commentary on these indicators please see the original 1998 Waterloo Region Quality of Life Report.

⁸ Provincially, public housing waiting lists have been increasing since 1990.

⁹ Much of this commentary is directly from conversations with Housing Authority staff.



2.2 Economic Indicators

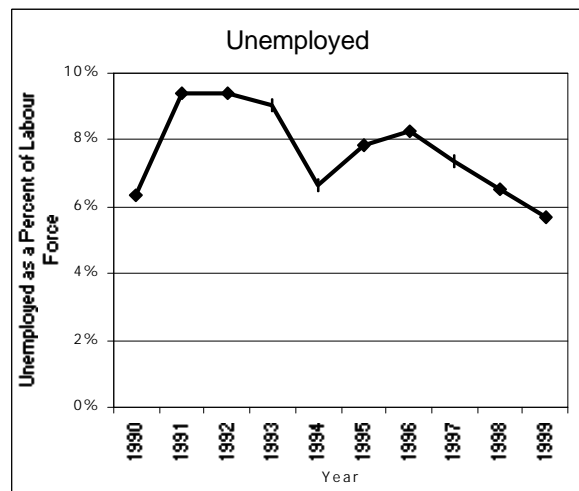
All three economic indicators have shown a positive trend since 1996, which was the overall lowest point in the past decade. Unemployment rates have decreased to pre-1990 levels of under 6%, employment rates increased to near 1991 levels though still well below the 1990 rate of 69%, and bankruptcies appeared to crest and are decreasing from their highest point in the 1990s. These indicators suggest that the Waterloo Region economy¹⁰, as a whole, is doing well.

However, this economic buoyancy must be tempered by reports of increasing homelessness (Dietrich, et al., 1999.), growing numbers of working poor (Yalnizyan, 1998), increased food bank usage (Canadian Association of Food Banks, 1998), and other disadvantaged groups of people that have not been able to share the benefits of our healthy local economy. Indeed, as many people are doing better economically, costs for goods and services can increase such as for food or fees for recreational services. This serves to make it more difficult for those with fewer economic resources and may raise the bar even higher to exclude those for whom this was not a problem before.

2.2.1 Unemployment

Definition: Statistics Canada defines the unemployed as annual averages of people who are actively looking and available for work during the month. Being unemployed does not necessarily result in an individual collecting Employment Insurance or Social Assistance benefits.

Commentary: In general, an increase in the rate of unemployment should be seen as being a negative reflection of quality of life. The local unemployment rate rose sharply from 1990 to 1991 and steadily fell to the lowest point in 1999. There was a sharp drop in 1994 with a temporary climb in 1995 and 1996. Not only did the rate of unemployment decrease but the actual number of people actively looking for work decreased over this period. Similar trends are evident in the unemployment rate provincially.



The high unemployment rates in 1991, 1992 and 1993 reflect the effects of the recession. Several social and health problems have been linked with unemployment (Brunswig, et al., 1998, p. 18).

In spite of the current low rates it is noteworthy that studies have shown even higher unemployment rates for a similar time frame if one was to use a “family unemployment rate” instead of the “individual unemployment rate” (Noreau, 1996). It has also been shown that employment surveys that use a year as a time frame instead of a week or a month reveal almost double the unemployment rates (*ibid*).

It is important to remember that unemployment data does not include discouraged workers who have given up hope of finding a job and have stopped looking for work, nor does it include people who are underemployed.¹¹

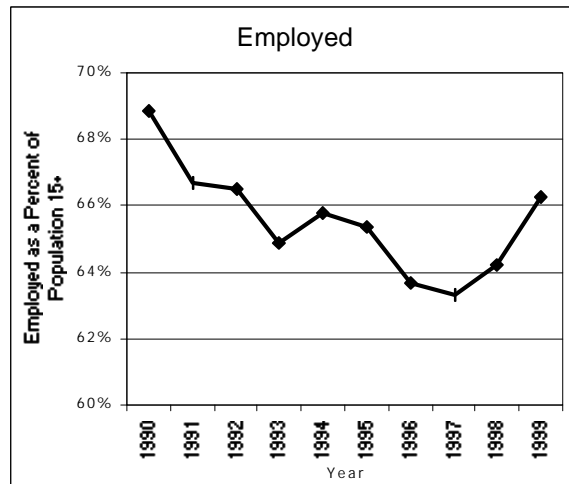
¹⁰ Please note that all the economic indicators included here are based on the Kitchener Census Metropolitan Area (CMA) and do not include Wilmot and Wellesley Townships. Bankruptcy data is based on postal delivery areas and includes some adjacent rural areas.

¹¹ For more commentary on these indicators please see the original 1998 Waterloo Region Quality of Life Report.

2.2.2 Employment

Definition: Statistics Canada defines those working in the labour force as annual averages of people who work for pay or profit for an employer or are self-employed at the time of the survey.

Commentary: In general, an increase in the rate of people working should be seen as a positive reflection on quality of life. The employment rate graph line shows a general decline from 1990 to 1997, then an increase in 1998 and 1999. However, the actual number of people employed generally increased from 1990 to 1999. Provincially, the employment rate has also increased over the last three years but has rebounded further to greater than 1990 levels.



Source: Statistics Canada
Prepared by: The Social Planning Councils in Waterloo Region

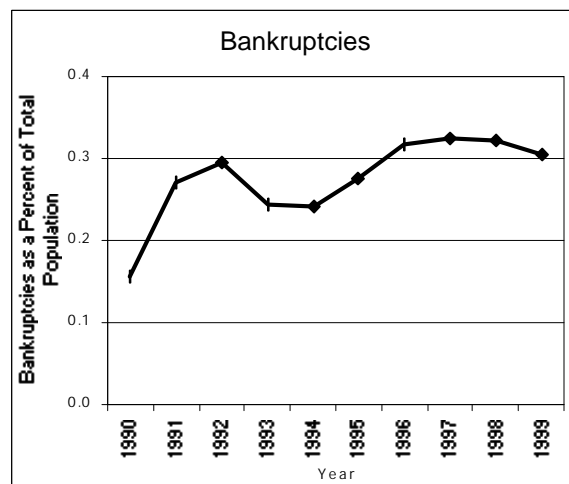
Even though the number of jobs has increased through the entire decade, the falling employment rate may indicate that up until 1997 the number of jobs has not kept pace with the growth in population and the consequent growth in the labour force.

These data do not specify what type of jobs people have, their full-time or part-time status, or their access to benefits, we must be careful about what we conclude. Differences between men and women's earnings and job prospects, employment difficulties for youth, barriers for people with disabilities, or lower skill-bases for some individuals tend to be masked by these calculations. Questions must continue to be asked as to the quality and equity of employment growth.¹²

2.2.3 Bankruptcies

Definition: Bankruptcies include the number of consumer and commercial bankruptcies and proposal for bankruptcies for each year, as reported to Industry Canada. There is no distinction between bankruptcies of small companies and large companies.

Commentary: In general, an increase in the rate of bankruptcies should be seen as having a negative reflection on the quality of life. The rate of bankruptcies increased from 1990 but leveled off after 1996 and showed a small decrease in 1999. There was a temporary drop in 1993 and 1994. Provincially, there has been a much sharper decrease in the rate of bankruptcies since 1996 (Shookner, Fall 1999).



Source: Industry Canada from the Social Planning Network of Ontario
Prepared by: The Social Planning Councils in Waterloo Region

A decrease in bankruptcies may translate for individuals and families into greater financial independence. However, upward trends in the local bankruptcy rate, insofar as businesses are concerned, may indicate increased new business starts and not rising rates of bankruptcy in older more established businesses. It is commonly said that most bankruptcies occur among small businesses in the first one to five years. This would be less applicable to individual bankruptcies.

¹² For more commentary on these indicators please see the original 1998 Waterloo Region Quality of Life Report.

2.3 Environmental Indicators

There would appear to be an increasing awareness of, and concern for, recycling, air quality, and toxic spills. The environmental sector has shown progress in some indicators. There is not a clear trend in moderate/poor air quality but the amount of recycling as a percentage of landfilled waste more than tripled between 1990 and 1996. However, the rate of recycling, for instance, must be taken in the context of larger economic and policy issues. It is difficult to describe recycling habits or air quality issues with one trend line. The rate of toxic spills has decreased through the decade.

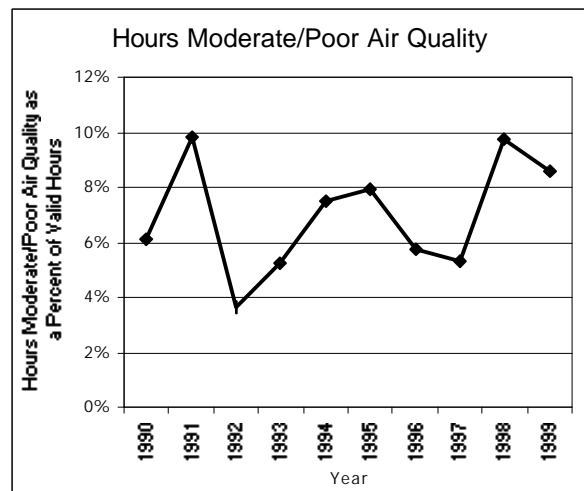
Although there appears to be an increasing concern about environmental issues, questions are being asked about environmental stewardship and funding in Ontario in light of issues like the Walkerton water contamination crisis in May of this year.

Some people have also questioned the breadth of the indicators used here to accurately reflect environmental concern and stewardship and have suggested alternative and additional indicators such as water quality, frog counts, woodlot acreage, use of agricultural and yard chemicals, etc.

2.3.1 Hours Moderate/Poor Air Quality

Definition: The Ministry of Environment reports an Air Quality Index (AQI), which provides the public with air quality information across Ontario. The rate of moderate/poor air quality is based on the total valid testing hours each year. The Kitchener testing site, which is the source of the data that appears here, is one of 33 locations in the Province. It is situated at the junction of West Avenue and Homewood Street in Kitchener. (See <http://www.airqualityontario.com> for more information.)

Commentary: In general, an increase in the hourly rate of moderate/poor air quality should be seen as having a negative impact on the quality of life. Moderate/poor air quality peaked in 1991, dropping to its lowest point in 1992. After that year the number of hours steadily increased, though with another drop in 1996 and 1997, to the current levels near the 1991 peak levels. These local air quality trends do not differ greatly from provincial trends.



Source: Ontario Ministry of Environment
Prepared by: The Social Planning Councils in Waterloo Region

Explanations for these fluctuations are numerous. Either warm or cool and wet summers have a very large impact on the amount of ozone in the air, which is a primary determinant of air quality. Air quality is also obviously difficult to measure as it is not physically confined. It is difficult to determine whether poor air quality in this area is due to high pollution from within the area, or from outside the area such as from the United States. The majority of the ozone/smog in Kitchener is due to long range transport. Furthermore, smog inducing emissions in Kitchener would tend to affect smog downwind of Kitchener, not within it. The data are only based on the one testing site in Kitchener, however, smog is a regional phenomenon covering large expanses at a time. Thus, one test site is considered to be representative of the area

However, regardless of the contributing factors, a possible trend towards increasing levels of moderate and poor air quality over the last ten years is of concern for all people. It is of particular concern for those with cardiac and respiratory (such as asthma) disorders (Hatton, 1998; 2) and may be a contributing factor to the onset of these diseases.^{13 14}

¹³ Personal communication with Frank Dobroff, Air Quality Analyst, Ministry of Environment and Energy, 24 May 2000.

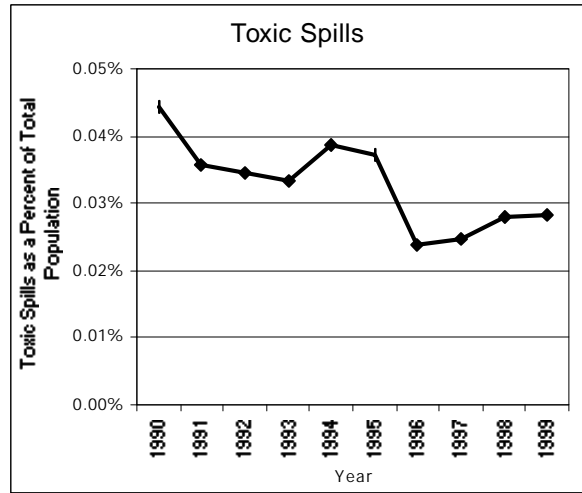
¹⁴ For more commentary on these indicators please see the original 1998 Waterloo Region Quality of Life Report.

2.3.2 Toxic Spills

Definition: The total number of toxic spills reported as required under the Environmental Protection Act to the Ontario Ministry of Environment and Energy. All spills are included regardless of size or degree of toxicity.

Commentary: An increase in the rate of toxic spills should be seen as having a negative impact on the quality of life. In general, a decrease in the rate of spills is evident from 1990 to 1999, although 1994 and 1995 showed higher rates in the downward trend line and the rate has increased slightly from 1996-1997 levels.

Part of this decline, which can be seen across the Province, may be due to changes in provincial regulations about what spills must be reported, (Shookner, Spring 2000) although the rate of spills may also relate some indication of increasing community environmental safety or caring.¹⁵

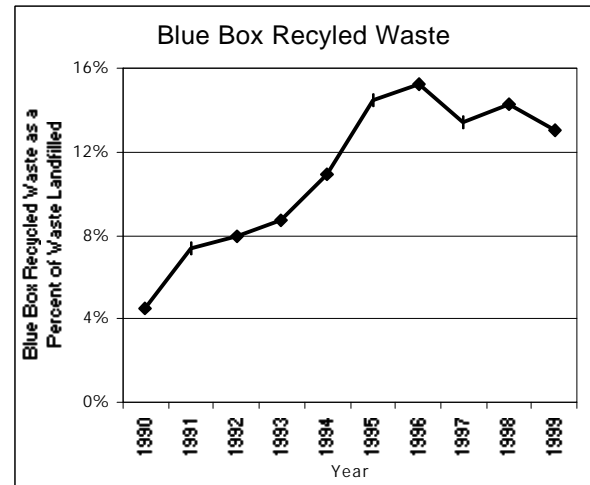


Source: Ontario Ministry of Environment from Social Planning Network of Ontario
Prepared by: The Social Planning Councils in Waterloo Region

2.3.3 Tonnes Diverted to Blue Boxes

Definition: Yearly estimates of metric tonnage of waste diverted from landfill through the curbside Blue Box pickup and through the Blue Box and Cart Recycling Programs, at both the Waterloo and Cambridge sites.

Commentary: An increase in the rate of waste diverted from landfill to blue boxes should be seen as having a positive impact and reflection on the quality of life. In general, there is an upward trend in the rate of tonnes diverted to blue boxes up to 1996, and then it seems to be decreasing slowly from that peak when taken as a percentage of waste landfilled.



Source: Regional Municipality of Waterloo Waste Administration Centre
Prepared by: The Social Planning Councils in Waterloo Region

However, from 1990 when the Blue Box program was introduced in Waterloo Region, to the present, the amount of recycled material has steadily increased, in spite of the impacts of changes like lighter packaging of cans, bottles and other materials. There appears to be an increasing awareness and willingness to recycle in Waterloo Region, which is estimated to have a household blue box recycling participation rate of 90%. The decrease in the rate of recycling since 1996, however, is due to the increase in waste tonnage entering the landfills. As the Region's economy has boomed in the last few years there has been increased spending and consuming, and therefore, increased waste for the landfill. Landfilled waste also increased as the Region reduced "tipping fees" (the cost of dumping waste) in order to reduce the amount of waste that was exported to other municipalities or to the United States. This tended to increase the amount of local waste brought to local landfills and, through the tipping fees, ensured that the recycling and waste program was self-sufficient and not relying on tax revenue.

Approximately a third of waste generated in Waterloo Region is estimated to be diverted from the landfill through municipal programs^{16, 17}.

¹⁵ For more commentary on these indicators please see the original 1998 Waterloo Region Quality of Life Report.

¹⁶ This one third estimate by the Regional Waste Management Division includes blue boxes, backyard composting, scrap metal & tires, yard waste composting; but does not include recently introduced oil, paint, building materials, and textile recovery programs.

¹⁷ The commentary in section 2.3.3 is taken directly from conversations with Waste Administration staff.



2.4 Health Indicators

The health sector indicators have shown some mixed results with notable progress in some indicators. The rate of low birth-weight babies, a measure of ill-health, has continued to decrease from its peak in 1993. The rate of seniors waiting for long-term care has continued to increase dramatically through the decade. The rate of new cancer cases in the population, a new indicator since the 1998 report, appears to have possibly leveled after an increase in the early part of the decade.

With some indicators, notably low birth-weight babies and cancer cases, there is a significant time-lag in gathering, processing, and releasing new data. Consequently, the most recent data for some indicators is two to three years old.

Concerns exist about the supports like long-term care for our ageing population, mental health services especially for children (Vandebelt et al., 2000), and the shortage of family physicians (Primary Care Steering Committee, 1999). However, over the last few years there have been several very positive developments in Waterloo Region such as, promised funding for long-term care beds, extensive local fundraising and commitment to extending hospital facilities in the Region, funding for a Community Health Centre, and an increase in community-based mental health services like Crisis Outreach Services (COR).

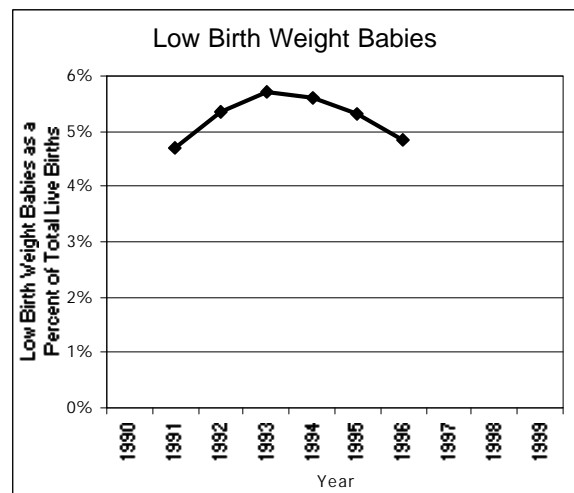
2.4.1 Low Birth Weight Babies

Definition: This is the number of low birth weight babies born in a year. Low birth weight is usually defined as babies weighing less than 2,500 grams. The rate for low birth weight babies was calculated as a percentage of total live births. It is possible that multiple births account for some of the low birth weight data.

Commentary: In general, an increase in the rate of low birth weight babies should be seen as having a negative reflection and impact on quality of life. There was an increase in the number of low-birth weight babies from 1991 to a peak in 1993, and decreasing to 1996.¹⁸

Low birth weight babies is a useful indicator for quality of life studies because it offers information about a current state as well as a future state. In terms of a current state of information, the rate of low birth weight babies can tell us much about lifestyle, social issues and health care of the mother. The Regional Municipality of Waterloo Community Health Department Reproductive Health Program report (April 2, 1998) describes a number of factors that have a negative impact on birth weights and mothers' health including: inadequate nutrition intake, smoking or exposure to second hand smoke, lack of exercise, alcohol and other substance abuse, lack of social support, stressful life circumstances, poverty or lack of prenatal care and education. Expectant teen mothers often have a combination of these factors.

Low birth weight baby information is also useful for describing a future state. Without intervention, low birth weight babies will experience challenges in academic and in physical health to name but two. The Reproductive Health Program has a goal to reduce the low birth weight rate to 4% by the year 2010 (Regional Municipality of Waterloo Community Health Department Reproductive Health Program, April 2, 1998).¹⁹



Source: Regional Municipality of Waterloo Community Health Department, Reproductive Health Program
Prepared by: The Social Planning Councils in Waterloo Region

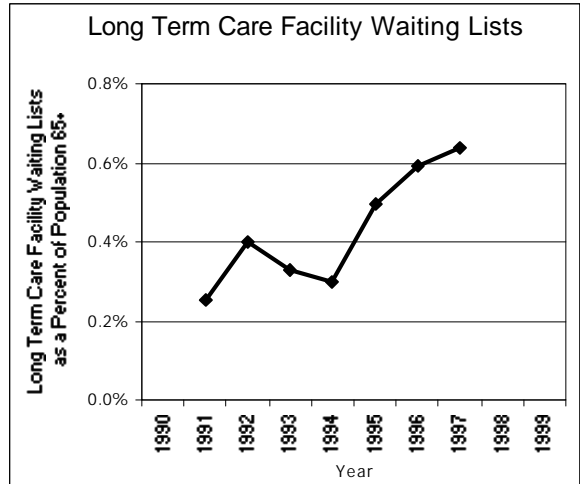
¹⁸ Provincially, the rate of low birth-weight babies showed a similar trend, except for sharp drop from the high in 1990 and 1991.

¹⁹ For more commentary on these indicators please see the original 1998 Waterloo Region Quality of Life Report.

2.4.2 Long Term Care Facility Waiting Lists

Definition: The average number of people at the end of each calendar year in Waterloo Region who are over 65 years of age²⁰ and are waiting for placement in long term care facilities (i.e. nursing homes & homes for the aged) or chronic care facilities, as tracked by the Community Care Access Centre of Waterloo Region.

Commentary: In general, an increase in long-term care waiting lists would have a negative reflection on quality of life. Except for a temporary drop in 1993 and 1994, the rate of seniors on a long-term care waiting list from 1991 to 1997 has increased dramatically. Other available waiting list data indicates that long term care waiting list rates have continued to increase – to nearly 600 individuals (1.25%) in February 1999.²¹



Source: Community Care Access Centre of Waterloo Region
Prepared by: The Social Planning Councils in Waterloo Region

The impact of repeatedly announced provincial funding for new long term care beds has not yet been reflected in actual spending even though Waterloo Region has been promised over 800 beds.

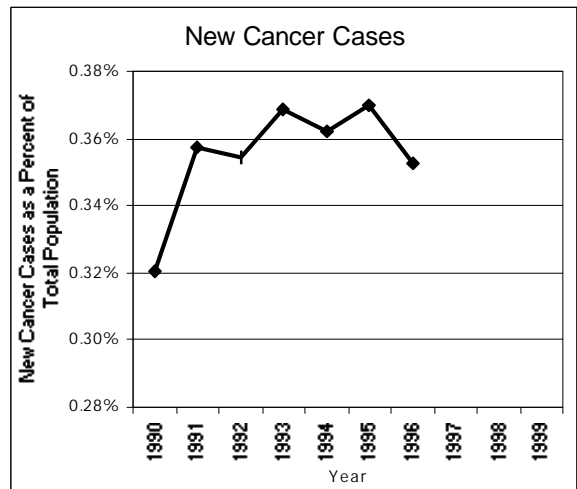
Waterloo Region, similar to Canada as a whole, is experiencing an increase in the proportion of people over the age of 65 and is expected to see a continual increase in that proportion into the first quarter of the 21st century (Ontario Ministry of Health *et al*, 1993), doubling from 11.6% of the population in 1991, to 22.7% by 2031 (Reid, 1997; 93).²²

2.4.3 New Cancer Cases

Definition: The number of new cases of all types of cancer for all ages, as collected by the Ontario Cancer Registry.

Commentary: In general, an increase in the number of new cancer cases would have a negative reflection on quality of life. The rate of new cases increased from 1990, peaking between 1993 and 1995, but decreased in 1996.²³

As one of the leading causes of death cancer affects the quality of life of the patient, family, and friends. The Harvard Report on Cancer Prevention (November 1996) summarizes what is known about cancer and concludes that most cancers are preventable. Nearly two-thirds of cancer deaths in the U.S. can be linked to tobacco use, diet, obesity, and lack of exercise – all of which can be modified through action, both at the individual and societal level. These risk factors can be addressed but change will likely come incrementally through changes to individual lifestyles, development and implementation of government regulations, societal change, and further research. (Shookner, Spring 1999)



Source: Vital Statistics, Ontario Cancer Registry
Prepared by: The Social Planning Councils in Waterloo Region

Numerous reports have indicated that the economically disadvantaged in society have both an increased risk of cancer and lower survival rates following the onset of cancer (*ibid.*).

²⁰ Although long term care waiting lists accept people who are over 18 years of age, the majority of those waiting for placement are 65 years of age and older, with only a monthly average of approximately 3.6% of individuals being below this age, therefore a population of people 65 years and older was used to calculate the percent

²¹ Long term care rates continue to increase across the province as well (Shookner, Fall 1999).

²² For more commentary on these indicators please see the original 1998 Waterloo Region Quality of Life Report.

²³ Provincially, new cancer cases appeared to peak in 1994 (Shookner, Fall 1999.)

3.0 Summary

These 12 indicators suggest that there are areas of progress and areas of dire need. Some people are participating in, what many note is, a very healthy economy and community.

However, there are signs of concern for other people in areas such as children in care, social assistance restrictions, affordable housing, quality and equity of work, bankruptcies, air quality, consumption and waste, and long term care facilities.

Something as multidimensional as the quality of life across a community is difficult to measure. For this reason, it is critical that we examine the commentary on each of these indicators (both in this update and the original 1998 report), continue public discussion about the issues raised, and all take responsibility for ensuring that everyone can benefit from the progress we see in Waterloo Region.

3.1 Summary of the Twelve Indicators

Since the 1998 Waterloo Region Quality of Life report, there have been some indicators that have shown progress and others in which setbacks are evident.

Social

1. The 1998 report noted a gradual increase in child welfare admission rates into 1996 with a drop in 1997. This decrease continued in 1998 with a small rebound in 1999.
2. Previously, there was reported to be an increase in the rate of social assistance beneficiaries into 1995 then a decrease into 1997. The rate of beneficiaries has continued to decrease steadily into 1999.
3. There had previously been an evident decrease in public housing waiting list. No new monthly average data was available for this report.

Economic

4. Although in the last report a clear pattern in unemployment rates was not evident, it has become apparent that except for an increase in 1994 to 1996, unemployment has generally been dropping since 1991.
5. The employment rate had been decreasing until 1997, after which the rate of people working in the labour force increased.
6. The increase in bankruptcies that was evident up to 1997 peaked and began to decrease.

Environmental

7. There continues to be no clear pattern in air quality rates.
8. There had previously been a decrease in toxic spill rates. While the rate of toxic spills increased slightly in 1998 it leveled off again in 1999.
9. There continues to be an increase in the amount of recycled waste diverted through Blue Box program although an increase in landfilled waste since 1996 has pushed the recycling rate down slightly in recent years.

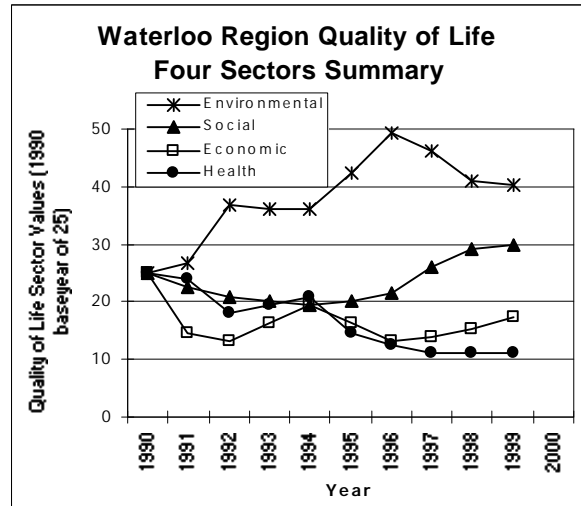
Health

10. Previously, there had not been a clear trend in the rates of low birth-weight babies. It appears now that the rate of low birth-weight babies peaked in 1993 and decreased to 1996.
11. The long term care facility waiting list rates have increased dramatically since 1991. In fact 1999 fiscal year end data suggests that waiting lists have continue to increase.
12. After rising sharply between 1990 and 1991 the rate of new cancer cases did not show a discernable trend.

3.2 Summary of the Four Sectors

Context is important when we interpret the data presented in this report. The following general observations are offered for the four sectors from which the twelve indicators were measured over the last 10 years:

The **social sector** experienced a negative trend into the mid 1990s, and then increased positively into the latter part of the 1990s. Questions remain about whether the dramatic drop in social assistance beneficiaries after 1996 is due completely to recipients not needing assistance or if it also reflects the exclusion of needy recipients because of tighter restrictions. It also appears that the steady increase in the number of people looking for affordable housing is not reflected in the public housing data as this does not include other affordable housing providers.



The **economic sector** dropped during the recession of the early 1990s, climbing temporarily into the mid 1990s, and climbed again in the latter part of the decade.

The **environmental sector**, apparently the most improved of the four sectors in Waterloo Region, increased dramatically and peaked in the middle years of the decade. The recent decrease in this sector is likely largely influenced by the decrease in waste exporting and other economic factors.

Finally, the **health sector** has generally shown a negative trend since 1990, driven primarily by the dramatic increase in long term care waiting lists. Promised long term care beds to be funded by the Province have not materialized, and is especially concerning given the imminent ballooning of the number of seniors as the population ages. A decrease in the rate of low birth-weight babies from the peak in 1993 is an encouraging promise of present and future health.

Generally, from the indicators measured here, Waterloo Region is doing well. There is economic prosperity, some evidence of individual environmental responsibility and positive changes evident in health and social measures. On the downside, air quality is problematic, more waste is in landfills relative to that being recycled and there are increasing long term care waiting lists. In addition, where there appear to be gains, especially in the social sector, this could be more a result of policy and program delivery changes that actually mask a growing serious community issue of poverty and related issues.

3.3 Context and Future Work

This Quality of Life update is intended to inform and inspire discussion and action. Although the indicators in this Quality of Life project are not exhaustive measures of quality of life these do create a broad stroke picture of what is emerging and impacting people who live and work in Waterloo Region. It is these issues – beneficial and destructive – that we need to continue to discuss and act on. We need to know better who is benefiting and who is hurting. We need to know which policies, programs and/or pressures we want to improve to enhance the quality of life for all citizens of Waterloo Region. We need to build the collective will and energy to build a better community.

After our 1998 Quality of Life report was released we had two public meetings. In general, we heard that the 12 indicators offer a simple overview of quality of life, but more work needs to be done. Both qualitative and quantitative information is important, as was greater depth of locally relevant indicators and knowing what



levels we hope to attain in our quality of life efforts. The discussion offered us some explanations about both conceptual issues and other indicators to consider for future work. [Refer to Appendix C for more details.]

In light of these discussions to date, the Social Planning Councils in Waterloo Region (both Cambridge and Kitchener-Waterloo Planning Councils) have been able to develop a Regional Community Trends project, which will greatly expand the breadth of local indicators of community well-being. Waterloo Region Community Trends will examine data from Statistics Canada and the Federation of Canadian Municipalities, to name just two, as well as local agency data detailing program utilization and client needs. By increasing the amount of commentary about a greater breadth of community trends it is hoped that this project will offer a more concrete foundation for action.

And so, this document closes with a challenge as to how can we integrate readily available data with community residents' ideas on what really constitutes quality of life.



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Appendices

Appendix A - Indicator Data Chart

Indicator Values	Year									
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number of Child Welfare Admissions to Care	n/a	690	545	603	677	703	697	436	313	402
Social Assistance Beneficiaries	24711	32201	43785	46923	49075	48131	45011	42137	n/a	25214 (est.)
Public Housing Waiting Lists	n/a	1532	1575	1473	1452	1422	1446	1378	n/a	n/a
Employed	192200	189800	193200	192400	198600	200700	199000	201600	208100	218800
Unemployed	13100	19600	20100	19100	14100	17100	18000	16000	14400	13300
Bankruptcies	581	1025	1130	953	954	1098	1290	1337	1344	1289
Hours of Moderate/Poor Air Quality	531	861	317	448	658	693	501	458	820	745
Toxic Spills	165	135	132	130	152	149	97	101	116	119
Metric Tonnes of Waste Diverted to Blue Boxes	16355	20073	20659	20623	20931	21321	23551	24328	25564	26797
Low Birth Weight Babies	n/a	285	316	331	328	304	279	n/a	n/a	n/a
Long Term Care Waiting Lists	n/a	99	161	136	125	212	260	284	n/a	n/a
New Cancer Cases	1192	1350	1358	1433	1427	1478	1430	n/a	n/a	n/a

Appendix B - Indicator Denominator Data Chart

Indicator Denominator Values	Year									
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Population 16 and Under	n/a	93880	95838	97796	99755	101713	103671	105629	107587	109546
Total Population	372227	377762	383297	388831	394366	399900	405435	410970	416504	422039
Population 16 and Older	n/a	289225	297494	305764	314033	322303	330572	338841	347111	355380
Labour Force	205600	208900	213700	211500	212200	217800	217200	217300	221000	232600
Population 15 and Older	279200	284700	290500	296500	301800	307000	312400	318300	324200	330100
Number of Valid Air Quality Testing Hours	8718	8760	8778	8553	8743	8759	8775	8571	8416	8653
Total Metric Tonnage of Waste Landfilled	365788	272153	258646	235809	191185	147219	154997	181730	179676	205589
Total Live Births	n/a	6068	5902	5810	5850	5730	5746	n/a	n/a	n/a
Population 65 and Older	n/a	39200	40107	41013	41920	42826	43733	44640	45546	46453

It is critical that the reader refers to the definitions and commentary on this data, which can be found in the body of this report, as well as in the previous Waterloo Region Quality of Life Index report (1998).

Appendix C –Proceedings from the January 1999 Public Meetings

NOTES FROM PUBLIC MEETINGS HELD IN JANUARY 1999 TO DISCUSS THE WATERLOO REGION QUALITY OF LIFE REPORT

Sponsored by the Social Planning Council of Cambridge and North Dumfries
and the Social Planning Council of Kitchener-Waterloo
(January 29, 1999)

A public meeting was held at the David Durward Centre in Cambridge on January 13, 1999. Another public meeting was held at the Kitchener Public Library on January 20, 1999. The following notes form the proceedings of these two public meetings. The purpose of these meetings was to gather feedback from people throughout the Region – including community residents, staff and volunteers from government and non-profit organizations, and funders – about the Discussion Paper released in November 1998. The two Social Planning Councils believe that gathering input around other indicators and processes important to quality of life discussions in the Region is important.

The meeting began with an overview of the report and the work that went into it. Then the two Social Planning Councils facilitated and recorded an open discussion. The results of the two public meetings were remarkably similar, so it was decided to create one set of notes. These follow below.

Some General Comments from the Participants

- Thought the report was objective, but perhaps arbitrary in its selection of indicators.
- This framework is one of many frameworks. The Region of Waterloo Community Health Department collects data for 200+/- indicators.
- Perhaps we should take the categories for which data has already been collected (i.e., the 12 indicators in the report) and further break them down into other subcategories. Refer to employment below for an example of sub-categories within one major category.
- Do we prefer more indicators than a composite (too arbitrary)?
- Will more than 12 indicators be too confusing? Yet single indicators don't measure enough.
- Qualitative data is as important as quantitative data (e.g., important to look at impact on children's lives)
- No need to re-invent the wheel - need to look at initiatives around the Region
- Quality of Life for community and individuals - 2 different levels? Two examples include "wealth of the Region" versus retired persons' pension. What might be the definition of quality? Will we ever get full agreement about the definition? Hwy. 7 brings up different people's reactions to quality of life.
- We need good quality data/info. from which to make good decisions.
- Indicators need to be meaningful and valid (e.g., suicide is not a good indicator)
- If we are collectively concerned about quality of life, that's a good starting point.
 - we will get a little closer to a common understanding of quality of life definition
 - then get collective action – there should be accountability and it should be ongoing
- Basic needs should be a priority in the definition of quality of life (e.g., nutritious and affordable food, warm clothes, feeling safe while you're sleeping, etc.)
- Definition and interpretation are both critical.



- Where we live affects us differently
 - For example, living in the city core areas versus the suburbs: “neighbourhood associations played a very positive role in making my quality of life better.”
- It is important to establish a base – that may/may not be 1990
 - important to establish a “bench mark” (what compared to what?)
 - start at “O” relative to what
 - how go about deciding where we should/could be (set goals?).
 - do federal/provincial governments have documents that could help
- How will we know when we have arrived at where we want our Region/community to be? Should we compare ourselves to others in the world or to our own past? Standards are important.
- It doesn't matter if need is worse or better. The need is still there!
- What are we going to use this for? Do we want to compare ourselves with other communities and ourselves?
- What control might we have should be considered? Air quality is a good example. We can't have a major impact on pollution created in U.S.
 - implications for political arena - what can we do locally to impact/influence?
 - be careful about allowing politicians and government staff to set agenda.
 - what about the community's role.... ?
- Indicators should be more “accessible” to ordinary people
 - as important for awareness as action e.g. low birth weight babies not accessible
- We will need to prioritize this list of indicators and consider the present and the future.

Thoughts about Specific Indicators

- transportation
 - need better ability to get around community and we don't necessarily need more cars.
 - Need for better public transportation to get to work
- emotional and mental health – could consider crisis centre data (e.g. telephone crisis calls), counselling services data
- #1 indicator should be wellness including whether one feels like he/she is contributing to society, whether paid or not, whether disabled or not ...
- must get fair pay and/or satisfaction. Must have minimum needs met and minimum wage is not enough
- employment
 - # of people on disability support who want to work
 - minimum wage jobs are not adequate
 - change in types of jobs
 - net gain/loss
 - consider salary levels - \$15.00 an hour versus \$7.00 an hour
 - work - many pieces to consider (e.g. safety, children). Is a family that delivers newspapers simply earning extra money for the child or earning money to put food on the table?
 - important to consider “pockets within” too
 - how can we then impact/help people (e.g.skills development....)
- closing industries and their impacts on families, welfare, transportation
 - consider companies with head offices not in Canada
 - links in a chain
 - need better information/sense of connectedness

many of these
are inter-related



- # of businesses that comply with environmental protection guidelines/standards. But what happens when the standards are changed by the government-of-the-day.
- income levels
- increase in number of people using food banks
- measure the gap between the rich and the poor and is it growing or not.
- An appropriate standard of living is often too hard to find if you're a single mother. Today families need two incomes to survive. There is not enough affordable housing.
- immigration
 - where are people going?
 - connected to "jobs for everyone"
- poverty requires consideration
- safety - including perceived and actual safety (not just crime statistics and victimization rates)
- medical, etc. services for disabled people
 - service availability and effectiveness
- "participation in the community" - go to select areas (e.g. streets....) and count and describe people one sees
- people's feelings of social connectedness
- voluntarism
 - could use list of volunteers at Volunteer Centre (e.g. requests....)
 - meaning of this depends: people interested in "helping" is positive but it could reflect more people looking for work.
 - what might be value (\$?) of voluntarism in Region.
- recreation
 - availability of diverse opportunities etc.
 - participation rate
 - resources committed to recreation
 - what about those who cannot afford to pay (what about crosstab with recreation and low income)
 - ensure broad definition of recreation (not only sports)
- literacy is very important
 - implications for youth
 - high school graduations/drop outs.....
 - many different levels of illiteracy (reading, writing, computers)
- number of wandering dogs picked up - safety issues
- arable land being used for industrial development
- water quality
- frog density – the less the density the greater the pollution
- The degree to which we believe we have control over our lives can be an important indicator. Is 5% to 7% of children who fail, acceptable?
- adequacy of housing
- affordable housing – safe, secure and affordable
- usage rate of shelters
- homelessness
- abuse in homes (family violence)
- If child poverty is an issue, then families are poor too.
 - but remember the important impact that poverty has on the child's development
- violence in public places

- health care and finding a family doctor
- social capital...
- people in rental housing
 - what % paid on shelter
 - seniors - where do they really want to live?

Thoughts about Process and Next Steps

- We should focus on community development as an important piece
 - at risk communities in Region
 - need to intervene/help?
 - need to consider “capacities” as well as needs/deficits
 - small community-based organizations can do much and larger organizations can share resources more.
- A suggestion was made to flesh-out 2 or 3 of the indicators in a very detailed way (e.g., housing and bankruptcies). Develop 3 or 4 strong inter-related indicators (food bank utilization, homelessness/housing, jobs, and employment). Move away from the quality of life study as an “index” and focus on subsets.
- We need to identify missing local statistics. For example, the local Human Resources Development Canada office may have stats on the number of long-term unemployed.
- Need to balance the numbers with the qualitative explanations.
- Continue to act as a stimulus/catalyst
- Resources to do this work is always a question for small organizations.
- Business community should get involved (they need to be aware of how these findings affect them).
- This is but one quality of life tool
 - should be connected to a larger process and other initiatives
 - frameworks need to be integrated (e.g. health frameworks, etc.)
- Need to act now!!
- What are the things that we need to look at when we consider one social indicator?
 - important to bring in people who can offer insight on these indicators (hold focus groups)
 - process is important
- Who else is looking at indicators and what are they looking at?
 - need to bring others/ groups into the discussion, especially to check interpretation of the trends.
- We need to prioritize, focus and make recommendations
- Proceedings
 - The Boards of the two Social Planning Councils will be reviewing these proceedings and making suggestions for further action on quality of life issues in the Region.
 - It is critical to consider the interconnectedness with other local initiatives.

In closing, participants were invited to contact either of the Social Planning Councils if they believe they have information and/or suggestions that would assist the Councils in moving forward on quality of life issues.

Thank you very much for an interesting and informative discussion about quality of life. These proceedings are now being discussed by the two Social Planning Council Boards of Directors.

