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# **An Annotated Bibliography on Indicators for the Determinants of Health**

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## Preface

One of the guiding principles of population health is that decisions must be based on sound evidence. For this reason, the shift towards population health planning has increased interest in monitoring progress and measuring the impacts and outcomes related to the conditions that determine the health of a population. This current interest in indicators in the population health field coincides with growing worldwide interest in the use of social indicators and indicators of sustainability. Both across the country and around the world, researchers have been developing, proposing and using indicators to monitor social and environmental conditions that determine health.

This annotated bibliography was developed in the winter of 1999 for the Atlantic and Manitoba/Saskatchewan Regional Offices of the Health Promotion and Programs Branch as an initial step in developing a system for assessing the impacts of their work. Although it was developed for internal use, it has now been updated, revised and translated for public distribution.

The bibliography was produced using documents provided by the two regional offices and supplemented by a scan of recent and significant initiatives. The intent was to capture the diversity of approaches and to create a menu of indicators that are being used for monitoring the determinants of health and related constructs, such as quality of life, social progress, healthy cities and social health. It was not an exhaustive search and was limited to documents available in English.

The study and use of indicators that relate to the determinants of health are widespread and have been developing over many years in the social and environmental sciences. Many relevant models, initiatives, networks, list-serves and web sites were found. An exhaustive literature review and annotated bibliography would have been more costly and time-consuming than originally anticipated, and much work in this area has already been done. For example, the **Report on the Health of Canadians** identifies many indicators for use at provincial, regional or national levels. Hancock, Labonté and Edwards synthesized literature on indicators for use at the community level, and the Ontario Healthy Communities Coalition reviewed many tools for monitoring progress at the community level in their “tool kit.”

These and many additional documents are described in this bibliography, which provides an overview of the work done to date and sets the stage for future developments in this rapidly expanding field.

## Annotated Bibliography on Indicators for the Determinants of Health

B. C. Ministry of Health and Ministry Responsible for Seniors. 1995. **Health Indicator Workbook: A tool for healthy communities.** Victoria BC: Office of Health Promotion.

This workbook is aimed at the general public and uses the analogy of a garden to describe the process of gathering information about the health of a community. The workbook explains why each indicator is important, what it means for the community, how it is measured, where to find the data, and how to make comparisons. Categories of indicators are production, consumption, physical environment, management, growth and development, and support.

Availability unknown. For information contact the Ministry of Health and Ministry Responsible for Seniors, PO Box 9050, Stn Prov Govt, Victoria BC V8W 9E2. Telephone: (250) 952-3456. <http://www.gov.bc.ca/hlth/>

Brink, S., and A. Zeesman. 1997. **Measuring Social Well-being: An Index of Social Health for Canada.** Ottawa: HRDC Research Paper R-97-9E.  
<http://www.hrdc-drhc.gc.ca/arb/research/abr-97-9e.html>

This paper describes the application to the Canadian context of the Index for Social Health (ISH), first developed in the United States, and provides an overview of social performance. Each indicator of the Index represents an area that affects quality of life: health, employment, income, education, security and psychological well-being. Performance on each indicator reflects the strength of social institutions, such as community, school and family. These indicators are social in that they do not occur in isolation, nor is their impact confined solely to individuals directly represented by each statistic.

The ISH was modified for use in Canada where it was applied nationally and for each province over 24 years from 1971-1994. The work shows that the ISH improved with the Gross Domestic Product in the 1970s but the two measures diverged from the early 1980s to the present. Analysis by indicators associated with age groups shows their impact on the ISH. This paper also shows results for each of four life stages and in all 10 provinces.

The ISH gives a profile of the social performance for the year compared to best performance ever. Each indicator, viewed individually, shows a social problem improving or worsening, but by contributing to the Index, it provides a picture of overall social well-being. This paper provides a good argument for grouping indicators by age group or life stages: children, youth, adults and elderly. Definitions and sources of data are included in the appendix. Most data are from Statistics Canada. The following indicators are used in the ISH:

Children: infant mortality rate, number of children injured as a result of assault, abuse, battering or neglect, number of children under 18 living under the low-income cut-offs.

Youth: suicide rates for ages 15 - 19, juvenile offenders involved in federal drug offences, dropout rate for secondary school students.

Adults: unemployment rate, average weekly earnings.

Seniors: number of persons 65 and over below the low-income cut-offs, percentage of income spent on health care expenses by persons 65 and over.

All ages: homicides, persons receiving social assistance, gap between rich and poor, access to affordable housing, highway deaths related to alcohol.

Coleman, R. 1998. **Measuring sustainable development: Application of the Genuine Progress Index to Nova Scotia. Progress report and future directions.** Halifax NS: Prepared by GPI Atlantic. <http://home.iSTAR.ca/~cliffe/gpi/>

GPI Atlantic is a non-profit research group dedicated to creating an indicator of genuine progress for Nova Scotia and Atlantic Canada. The goal of the Genuine Progress Index (GPI) is to integrate social, economic and environmental realities to demonstrate their interdependence. The work began with consultations in the region to identify shared values. Based on these shared values, the GPI working group has identified 20 indicators to be used in calculating the Index.

The measures used for these indicators are population-level statistics which are already available, primarily from Statistics Canada. The intent is to try to express all the measures as the dollar value of the costs or financial benefits to the economy. While this will not be possible in all cases, it is what the research group intends to work toward. The Index will eventually be an aggregate "bottom line" of all these indicators; however, sectoral accounts will be compiled as well.

The shared values are security (safety, health, livelihood security), equity (intergenerational, intragenerational, geographical), environmental quality (natural resources, conservation/degradation, ecological footprint), freedom, knowledge and a caring society.

The indicators for the Genuine Progress Index are valuations of unpaid production in household and voluntary work, indexes of income distribution and wealth distribution by quintile, valuations of leisure time, a profile of changes in women's status in the Nova Scotia work force, costs of crime, transportation cost analysis, greenhouse gas emissions, soil accounts, forestry accounts, fisheries accounts, valuations of durability, net external borrowing and lending, costs of air pollution, human freedom index, ecological footprint

analysis, non-renewable energy resources, water quality, health care and educational attainment.

Coleman, R. 1998. **Module one: The economic value of civic and voluntary work in Nova Scotia.** Halifax NS: Prepared by GPI Atlantic.

<http://www.gpiatlantic.org/custsites/gpiatlanticOS.nsf/22013e60bdcae7d38425655c00744dfc/172b7e93b4137f00425667a00725704?OpenDocument>

This is the first of four modules describing measurements for the first Genuine Progress Index indicator: the valuation of unpaid production in household and voluntary work. The four modules for this indicator are:

- C the value of civic and voluntary work
- C the value of unpaid household work and child care
- C the value of unpaid overtime and the cost of underemployment
- C the aggregate value of total productive work and residual valuation of leisure time.

The report describes the amount of volunteer work that takes place in Nova Scotia, addresses issues encountered in assigning a monetary value to volunteer work, and describes a system for ongoing monitoring. The economic value of civic and voluntary work is calculated based on only two measures:

- C the percentage of the population over age 15 engaged in voluntary work
- C the annual number of volunteer hours contributed.

This information is collected on an occasional basis by Statistics Canada. The value of Nova Scotia voluntary work in 1997 was estimated at \$1,745 million, which is the dollar value that will be used to calculate the Genuine Progress Index.

Doyle, Y., D. Brunning, C. Cryer, S. Hedley, and C. Russell Hodgson. 1997. **Healthy Cities Indicators: Analysis of Data from Cities across Europe.** Edited by P. Webster and C. Price. Copenhagen: World Health Organization Regional Office for Europe.  
<http://www.who.dk/healthy-cities/hcpub.htm#Indic>

This document analyses baseline indicators that were endorsed by the World Health Organization (WHO) Healthy Cities Project and provides insight into the way indicators are understood by different countries, the availability of data, and the reliability and validity of the indicators. It includes a useful checklist on the validity of indicators. The 53 indicators cover health, demography, health services, the environment and socioeconomic status. The report presents the results of a study of these indicators in 47 European cities.

Dubois, L., and C. Mustard. 1998. **Inégalités sociales, nutrition et santé des populations : Une synthèse des données du Canada, des États-Unis, du Royaume-Uni et de la France.** Ottawa: Paper prepared for the National Health Research and Development Program, Health Canada.

This paper looks at the information already available in health surveys, which can be used to study factors linking socioeconomic environments, nutrition and population health, and focuses on surveys in Canada, the United States, France and the United Kingdom. The paper describes current surveys that contain population-level information related to nutrition and the relevant indicators, and concludes that several sources of data are available to assess population nutritional status.

The paper classifies indicators of nutritional status as either outcome indicators (such as cardiovascular disease, cancer rates and weight) or determinants indicators (such as fat, fibre, mineral intake levels, breast feeding rates, attitudes and behaviours, and food insecurity).

Available from the Information Officer, NHRDP, 1512A Jeanne Mance Building, P.L. 1915A, Ottawa, Ontario K1A 0K9. Tel: (613) 952-8086.

Federal/Provincial/Territorial Advisory Committee on Population Health. 1999. **Toward a Healthy Future: Second Report on the Health of Canadians.** Ottawa: Report prepared for the Ministers of Health.

Federal/Provincial/Territorial Advisory Committee on Population Health. 1999. **Statistical Report on the Health of Canadians.** Report prepared for the Ministers of Health.

<http://www.hc-sc.gc.ca/hppb/phdd/report/subin.html>

*Toward a Healthy Future* and the accompanying *Statistical Report* provide a comprehensive and detailed statistical overview of the health status of Canadians and the major determinants of health. These reports, first designed as a resource for the Federal/Provincial/Territorial Advisory Committee on Population Health, also serve the broader purpose of helping policy-makers and program planners to identify priority issues and measure progress toward population health.

The report considers indicators of health status and of the determinants of health. The section on determinants reviews hundreds of indicators and is organized according to the following sub-sections:

- C Socioeconomic Environment (income, education, employment, working conditions, social support and social environment)
- C Healthy Child Development
- C Physical Environment (natural and built environments)
- C Personal Health Practices (physical activity, healthy eating, healthy weights, tobacco use, use of alcohol, illicit drug use, substance use and abuse, use of safety equipment, gambling, sexual practices, HIV testing, and multiple risk behaviours)
- C Health Services (expenditures, delivery, access and utilization, medication expenditure and use, unmet needs, and alternative health services)

- C Biology and Genetic Endowment (birth defects, reproductive technologies, brain development, and aging).

Federal-Provincial/Territorial Ministers Responsible for the Status of Women. 1997. **Economic Gender Equality Indicators**. <http://www.swc-cfc.gc.ca/publish/egei/egeibck-e.html>

The Economic Gender Equality Indicators are a selected set of benchmarks for looking at gender equity. They focus on three determinants of health – income, education and employment – and look at differences between the experience of men and women in each of these areas. They include income from a variety of sources in addition to earnings, unpaid as well as paid work, and education and job-related training.

These indicators are designed for use by government and other actors involved in the public policy process to raise awareness of women's and men's realities, stimulate public policy discussion, encourage a search for explanations and responses, and monitor change over time.

Among the report's key findings are that the gender gaps in earnings and income narrowed across Canada between 1986 and 1995, and that the income tax system continued to make a contribution towards gender equality. Women made inroads into male-dominated educational fields, and graduates improved their chances of getting "good" jobs. As well, paid and unpaid work were more evenly shared in 1992 than in 1986. Significant gaps still remain: women received less income and employer-sponsored training, yet they still put in a longer work day than men.

The report also highlights the need for detailed analysis of the diversity of the patterns and trends behind the averages for women and men. One critical factor is the difference children make: they have a much larger impact on women's work than on men's, which in turn can affect their economic security and autonomy. The report provides an example of an analytical method to assess the impact of factors such as age, education, occupation and the presence of young children on income and earnings. Additional resources are provided in an appendix as a starting point for further research and analysis.

Hancock, T., R. Labonté, and R. Edwards. 1999. **Indicators that Count! - Measuring population health at the community level**. Ottawa: Report prepared for the National Health Research and Development Program, Health Canada.

This report provides an excellent overview of the state of the art of indicators for measuring population health at the community level. The report is based on an Internet scan, a literature

review, consultations with individuals and organizations active in the field, and key informant interviews with policy-makers, academics and members of the media.

The report identifies key issues, describes several indicator initiatives in some detail, lists criteria for selecting indicators, and suggests a core set of indicators. It includes over 200 references to work in the field.

The authors consider the quality and range of indicators and the type of indicators that have “punch” with the media and the public. Their framework for organizing the discussion has three broad categories of indicators: health determinants (inputs), processes of change, and health outcomes (outputs):

Population health determinants (the authors’ classifications are in parentheses): sustainable ecosystems (sustainability), environmental viability (viability), livable built environments (livability), communal conviviality (conviviality), social equity (equity), economic adequacy (prosperity).

Population health processes of change: education, governance.

Population health outcomes: positive health (quality of life), health promoting behaviours, negative health (disability, morbidity, mortality and functional measures).

The authors specify that in the selection of indicators, they are referring to spatial or geopolitical communities, such as municipalities, and not to communities of interest. An underlying and recurrent theme throughout the report is that indicators will not help change policy unless the indicators have been selected by people in communities who are prepared to interpret and act on the resulting information. While the indicators must withstand rigorous scrutiny, they must also have meaning and value for people in the community. Indicators must be selected in ways that involve and empower the community through participatory processes that include both the public and researchers.

Available from the Information Officer, NHRDP, 1512A Jeanne Mance Building, P.L. 1915A, Ottawa, Ontario K1A 0K9. Tel: (613) 952-8086.

Hansluwka, H.E. 1985. “**Measuring the health of populations, indicators and interpretations,**” *Social Science and Medicine* 20(12): 1207-1224.

This document provides a history of the health indicator movement, defines indicators and indexes, lists several classifications of health indicators, and raises the following issues:

What is the unit of analysis?

Health indicators may be applied to various levels: the individual, the family, the community, or to a specific program or organization.

What is the subject of measurement?

Health indicators can be used to measure positive or negative conditions: health or ill health.

Who provides the information?

The information may come from professionals or from the population.

What type of measures are used?

The measure may be subjective (i.e., self-perception) or objective.

Health and Welfare Canada. 1992. **User's Guide to 40 Community Health Indicators**. Ottawa: Health Services Systems Division, Health Promotion and Programs Branch. Cat No H39-238/1992E.

This guide for decision-makers in community health, developed in Quebec, describes 40 readily available community health indicators related to determinants of health, health status and consequences of health problems. It is intended to provide accurate information and appropriate guidelines to help interpret data. A summary chart on each indicator provides definitions, interpretations, limitations, methodological information and specific references.

Jackson S.F., R. Edwards, M. Goodstadt, and I. Rootman. 1997. **Report of the International Health Promotion Indicators Project**. Draft document prepared for the World Health Organization's Health Education and Promotion Unit, Geneva.

This paper presents a preliminary set of national-level indicators for health promotion that could be used by the World Health Organization (WHO) for international comparison. The five action components of the Ottawa Charter for Health Promotion (1986) provide the organizing framework for this set of indicators.

The indicators focus on actions rather than outcomes, because information about actions or strategies is more readily available, amenable to comparison internationally, and reflects the appropriate broad level for international indicators. They measure intent and action through broad policy and legislative mechanisms that could be observed or reported at the national level; however, they are not all measurable at this time.

Core indicators are presented for each action area of the Ottawa Charter: build healthy public policy, create supportive environments, strengthen community action, develop personal skills and reorient health services. The key concepts that contributed to the thinking behind the selection of the indicators are outlined. Core indicators for each action area are listed and organized into four types:

- C those representing a country's participation in global or international treaties
- C those exhibited in national government policies or legislation
- C those that are national programs or projects
- C those that represent policy mechanisms for public participation or monitoring.

This set of 33 process indicators in the five action areas of the Ottawa Charter could be used as a model for developing a system for assessing commitment to health promotion; however, they are not specific to the determinants of health.

Available from the first author at the Centre for Health Promotion, 100 College Street, Suite 207, Toronto, Ontario M5G 1L5. Tel: (416) 946-3682.

Jackson, S., S. Cleverly, D. Burman, R. Edwards, B. Poland, and A. Robertson. 1999. **Toward Indicators of Community Capacity: A study conducted with community members of Parkdale, Regent Park, and two sites in Jane-Finch.** Toronto: Report prepared by the Centre for Health Promotion, University of Toronto, for the National Health Research and Development Program, Health Canada.

This report describes a participatory action research project that developed a model and qualitative indicators of community capacity. Through interviews and focus groups, residents in four Toronto communities described their communities, the talents and skills of community members, the events and activities they have done together, and what makes it easy or difficult for the community to organize events and activities. The report proposes seven qualitative indicators for community capacity arising from these data:

- C The community is welcoming and supportive to the whole diversity of the community.
- C Residents have positive perceptions of their community.
- C Residents celebrate together.
- C People participate actively in the social, political and economic life of the community.
- C People come together around community issues and work together towards a common purpose and/or joint project in balanced and proactive ways.
- C People from all parts of the community are involved in community activities.
- C Community members have a sense of control and a sense of ownership in relation to planning and implementing local programs and activities.

Although the research does not specifically address determinants of health, these indicators of community capacity may be useful for measuring short-term outcomes at the community level.

Available from the Information Officer, NHRDP, 1512A Jeanne Mance Building, P.L. 1915A, Ottawa, Ontario K1A 0K9. Tel: (613) 952-8086.

Lavis, J.N., C.A. Mustard, J.I. Payne, and M.S.R. Farrant. 1998. **Employment/Working Conditions and Health: Towards a set of population-level indicators**. Ottawa: Paper prepared for the National Health Research and Development Program, Health Canada.

The authors of this paper develop a framework of constructs relevant to employment and working conditions for use in a determinants of health context. They systematically reviewed the studies that assess the strength of the association of the constructs with health and reviewed related population level indicators. They looked at four different constructs: job characteristics, low job position within the firm, job insecurity and unemployment.

The report recommends the use of the following population-level indicators (the strength of their recommendation is in parentheses):

Indicators for which data are routinely collected:

Unemployment rate (strong), long-term unemployment rate (limited), permanent lay-off rate (limited).

Indicators for which routine data collection is recommended:

Insecurity associated with pending job loss (limited), insecurity associated with possible major organizational change (limited), insecurity associated with actual major organizational change (limited) and job strain (medium).

Available from the Information Officer, NHRDP, 1512A Jeanne Mance Building, P.L. 1915A, Ottawa, Ontario K1A 0K9. Tel: (613) 952-8086.

McGrail, K.M., A. Ostry, V. S. Thomas, and C. Sanmartin. 1998. **Determinants of population health: A synthesis of the literature**. Ottawa: Paper prepared for the National Health Research and Development Program, Health Canada.

This paper summarizes the state of knowledge regarding four determinants of health: control, social capital, income inequality, and adult effects of early childhood development.

The chapter on control focuses particularly on control outside the workplace. The authors conclude that the literature on personal control is inconclusive and that no useful measure is available. They therefore suggest that work-based control may be a better health indicator, and recommend that constructs of personal control not be used as indicators of population health.

Social capital is a recent construct introduced to explain how individual action is affected by social norms, rules and obligations. The report reviews several definitions of social capital, including *“the raw material of civil society, created through the interactions and networks formed between individuals based on common principles of trust, mutual reciprocity, and*

*norms of action.*” The authors found evidence of a connection between health and social capital, but the pathway is not well understood. Many indicators of social capital were listed, including indicators of family social capital (such as family structure and control in the family) and community social capital (such as trust, civic engagement, memberships and voting). Any single measure reviewed in the report captures only one aspect of the construct, and so the development of an aggregate index is recommended. The authors conclude this section by saying that much more work needs to be done in the area of indicators for social capital.

For income inequality, the research found strong evidence of a link to health, but the pathway remains unclear. Income inequality is measured at the population level through the Gini coefficient, the Robin Hood Index and Cumulative Income Density. The authors conclude that these are good indicators that are understandable to the general public and have strong popular appeal.

The paper does not have any recommendations regarding indicators for the adult effects of early childhood development.

Available from the Information Officer, NHRDP, 1512A Jeanne Mance Building, P.L. 1915A, Ottawa, Ontario K1A 0K9. Tel: (613) 952-8086.

Messinger, H. 1997. **Measuring sustainable economic welfare: Looking beyond the GDP.** Statistics Canada. St John’s NF: Paper presented at the Annual Meeting of the Canadian Economics Association.

This paper explains the limitations of the Gross Domestic Product (GDP) as a measure of sustainable economic welfare, and describes recent economic trends that have resulted in deviations between macro-economic growth and sustainable economic welfare. Two composite indicators of sustainable economic welfare developed in the United States are reviewed: the Genuine Progress Index (GPI) and the Measure of Economic Welfare (MEW). These two indexes are assessed in terms of their strengths and weaknesses as composite measures of sustainable economic welfare.

Ontario Healthy Communities Coalition. 1998. **Pathways to a Healthy Community: An indicators and evaluation tool kit.**

This tool kit was designed primarily for the Ontario Healthy Communities Coalition’s community animators, but it would also be useful for any community. It draws examples from across North America of resource material ranging from tools that could be used by small volunteer community groups, to those suitable for large-scale projects. The kit clearly differentiates between evaluation and indicators. It describes 19 “best” resources and classifies

them as tools either for evaluation or for indicator initiatives. The resources are described in detail, along with current cost and contact information. The kit also includes an annotated bibliography, which describes many other resources either for evaluation or indicators initiatives, lists web sites, and describes indicators initiatives in Ontario. The tools described are not included in the kit.

Available from the Ontario Healthy Communities Coalition, 1900 - 180 Dundas St. West, Toronto, Ontario M5G 1Z8. Tel: (416) 408-4841.

Pierce County Department of Community Services. 1998. **Pierce County Quality of Life Benchmarks: Annual Report, 3<sup>rd</sup> Edition.**

<http://www.co.pierce.wa.us/services/family/benchmrk/qol.htm>

This report on indicators of quality of life in Pierce County, Washington, provides insight into appropriate indicators for rural communities. Pierce County's benchmarking effort uses information gathered from a variety of sources to track changes in different aspects of residents' lives. The benchmarking process is intended to be used to make very generalized statements about whether life in the County is getting better or worse, or staying the same. The work monitors change in over 80 indicators. Indicators are measured such that higher values indicate an improvement in quality of life.

The goal categories in which indicators are grouped include affordable housing, clean environment, cost-effective infrastructure, cultural and recreational opportunities, educational excellence, effective regional transportation, government, health, healthy economy, natural environment, proper distribution of land, public safety and social environment.

Raphael, D., I. Brown, R. Renwick, and I. Rootman. 1996. **Quality of life indicators and health: Current status and emerging concepts.** Toronto: Centre for Health Promotion, University of Toronto.

This paper reviews various approaches that consider quality of life and health. These include quality of life as an outcome variable (specifically medical and health-based quality of life), in social diagnosis in health promotion, among persons with developmental disabilities, and as a social indicator. Both the quality of life models developed at the Centre for Health Promotion (University of Toronto) and the Lindstrom model are also reviewed.

Issues in measuring quality of life include whether

- C measures are objective or subjective
- C individual or system functioning is measured

- C values are explicit (or not)
- C measures are closely related to social policy (or not).

The document lists many indicators of quality of life as used in the six different quality of life models:

Examples of indicators useful for social diagnosis: unemployment rates, housing density, air quality, adjustment, life satisfaction.

Examples of indicators used among people with developmental disabilities: self-esteem, independence, social relations, safety, safe community, safe workplace, interpersonal relationships, productivity, employment.

Examples of social indicators: labour force, knowledge and technology, education, health, transportation, leisure, housing.

Available from the Quality of Life Research Unit, 100 College St., Suite 511, Toronto, Ontario M5G 1L5. Tel: (416) 978-1102.

Raphael D., J. D'Amico, I. Brown, and R. Renwick. 1998. **The Quality of Life Profile: A generic measure of health and well-being.** Paper published and distributed by the Quality of Life Research Unit, University of Toronto.

The Quality of Life Profile (QOLP) was developed to provide a measure of the quality of life of individuals that considers both the components and determinants of health and well-being. The QOLP emphasizes individuals' physical, psychological and spiritual functioning, their connections with their environments, and opportunities for maintaining and enhancing their skills. The profile consists of 54 items, six in each of nine sub-domains (physical being, psychological being, spiritual being, physical belonging, social belonging, community belonging, practical becoming, leisure becoming, growth becoming). The respondent rates each domain according to *importance, enjoyment, control* and *opportunities*. A profile is created for each individual. This article reports on the preliminary validation of the QOLP instrument and explores potential applications. This instrument is designed for use at the individual rather than the population level.

Available from the Quality of Life Research Unit, 100 College St., Suite 511, Toronto, Ontario, M5G 1L5. Tel: (416) 978-1102.

Raphael, D., B. Steinmetz, R. Renwick, I. Rootman, I. Brown, H. Sehdev, and S. Phillips. 1999. **“The Community Quality of Life Project: A health promotion approach to understanding communities,”** *Health Promotion International* 14(3): 197-210.

This paper describes the development and implementation of a community-based process for carrying out community quality of life studies. The project draws on recent developments in health promotion and quality of life and applies these concepts within a community-based health promotion framework. It operates within the naturalistic or qualitative inquiry paradigm and strives to be community-based through use of a participatory and collaborative methodology. Community members, service providers and elected representatives within two Metropolitan Toronto communities were asked to consider community factors that affect community members' quality of life. Their statements and comments were analyzed and expressed as initial order and higher order themes that may eventually form the basis of indicators. The initial order themes listed below provide insight as to the indicators that would be of interest to these urban communities:

Community Strengths: access to amenities, caring churches, community agencies and resources, community health centres, environmental activism, food and its availability, libraries, low-cost housing, neighbourhood cultural diversity, neighbourhood income/class diversity, parks, public transportation, responsive elected representatives.

Community Liabilities: crime and safety, environmental pollution, political situation/cutbacks, poverty and unemployment, unwanted and/or uncharacteristic businesses.

Shookner, M. 1999. **The Quality of Life in Ontario.** Report prepared for the Ontario Social Development Council, Social Planning Network of Ontario.  
<http://www.qli-ont.org/indexe.html>

Quality of life is defined as *"the product of the interplay among social, health, economic and environmental conditions which affect human and social development."* The Quality of Life Index (QLI) is a composite index that includes 12 indicators, three from each of four sectors: social, health, economic and environmental. It was conceived as a community development strategy to monitor the living and working conditions of Ontarians. The purpose of the QLI is to provide a tool for community development that can be used to monitor key indicators that encompass the social, health, environmental and economic dimensions of the quality of life. The QLI can be used to comment regularly on key issues that affect people and contribute to the public debate about how to improve the quality of life in Ontario communities and in the province.

The following indicators were included in the QLI Index for 1999:

Social: child welfare admissions, social assistance beneficiaries, public housing waiting lists.

Health: low birth weight babies, elderly waiting for placement in long-term care facilities, new cancer cases.

Economic: number of people unemployed, number of people working, bankruptcies.

Environmental: hours of moderate/poor air quality, toxic environmental spills, tonnes diverted from landfill to blue boxes.

Smith, K.E., L.E. Bass and J.M. Fields. 1998. **Child Well-Being Indicators from the SIPP**. Washington: Population Division, United States Bureau of the Census, Population Division Working Paper No: 24. <http://www.census.gov/population/www/documentation/twps0024/twps0024.html>

The SIPP (Survey of Income and Program Participation) provides a large, nationally representative sample that links income reciprocity, labour force participation and participation in government assistance programs with indicators of child well-being. It analyses child well-being in four areas:

- C early childhood experiences
- C parent-child interaction
- C school-age enrichment activities
- C children's academic experience.

Sustainable Calgary. 1998. **State of Our City Report 1998**. Calgary. <http://www.telusplanet.net/public/sustcalg/index.html>

This report of a citizen-led review of 24 indicators of sustainability is organized into five areas: resource use, economy, community, natural environment, and health and education. The report provides a one-page summary for each indicator, including the definition, importance, trends, linkages and possible actions. The indicators used are as follows:

Economy Indicators: employment concentration, housing affordability, hours required to meet basic needs at minimum wage, number of people dependent on food banks, unemployment rate.

Resources Use Indicators: energy use, food grown locally, transit usage for work trips, domestic waste, water use.

Natural Environment Indicators: air quality, Christmas bird species count, pesticide use, surface water quality.

Community Indicators: leisure time, crime rate and rate of victimization, sense of community, valuing cultural diversity, voluntarism.

Health and Education Indicators: childhood asthma hospitalization rates, grade three achievement scores, healthy birth weight babies, level three adult literacy, self-rated health.

Webster, P. and M. McCarthy. 1998. **Revised baseline healthy cities indicators**. Copenhagen: World Health Organization Regional Office for Europe.

This document is a follow-up to the study described previously (Doyle et al., 1997). It presents the revised list of indicators for World Health Organization (WHO) Healthy Cities Project and a tool for gathering data on each indicator. The list of 53 indicators applied in the earlier document was reduced to 32 indicators.

Available from the Healthy Cities Project Office, WHO Regional Office for Europe, 8 Scherfigsvej, DK-2100 Copenhagen Ø, Denmark. Tel: +45 39 17 12 24.