Government Policies as a Threat to Health: Findings from Two Toronto Community Quality of Life Studies

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This article considers government policies identified by community members, service providers, and elected representatives as threatening the health of community members. These findings are from two extensive studies that employed the concept of community quality of life to identify the entire range of community characteristics influencing the health of community members.1,3 The research was informed by World Health Organization concepts of health, the validity of lay or interactive knowledge, and the importance of considering how government policies influence health. After presenting findings, the paper considers the responsibility of the public health profession to consider and influence government policies that affect health.

Examination of lay perceptions of health determinants is rare. The few studies to do so found many respondents believed the external environment, including housing and pollution, employment and unemployment, and standard of living affected the health of the population.4-6 This paper considers how government policies are seen as affecting the health of community members.

Key concepts informing the research

Health refers both to the health of individuals and communities. When considering individuals, health is the presence of physical, social and personal resources that allow the achievement of personal goals.7 When considering communities, health is the presence of economic, social and environmental structures that support the physical, psychological, and social well-being of community members.8 Community Quality of Life is the concept used to explore factors seen by participants as influencing health. In research communications such as letters of invitation and introductions to data gathering, the following was stated:

Being healthy involves more than avoiding being ill. Being healthy is being able to cope with life. We are interested in community and neighbourhood factors which affect health. These may involve how people within a community interact or the opportunities for employment and recreation. For many, an important factor may be the services which are available.9,10 This was followed by open-ended questions about what factors made life good or not good for people, community resources that assisted with coping, and services that would assist community members.

Social Determinants of Health are the factors such as shelter, education, food, income, services, a sound environment, and social justice essential to the health of...
communities and individuals. Interactive Knowledge is information derived from lived experience. It is collected through qualitative methods such as focus groups and open-ended interviews. Data analyzed and reported are the words and concepts of participants. Policy Decisions are government actions that influence the health of communities and their members.

The Community Quality of Life Approach (CQOL)
The CQOL approach investigates the health of communities and its members in a manner consistent with these concepts. The approach draws upon concepts of health promotion, population health, naturalistic inquiry, and participatory methods. Presentations of the entire range of community factors seen as influencing health are available, as is a guide for carrying out CQOL projects. The focus here is upon government policies identified as threatening health.

METHODS

Selection of sites
The studies were carried out in two contrasting Toronto communities. Community health centres were the lead agencies as they deliver primary health care and health promotion programs to vulnerable populations within well-defined communities. Lawrence Heights is a culturally diverse, subsidized housing community of 8,000 in suburban North York, and Riverdale is an economically and culturally diverse community of 85,000 in downtown Toronto. An Advisory Group representing community agencies established contacts with community members through community centres, schools, churches, and parent drop-in centres.

Data were collected from November 1996 through May 1997. This was 18-24 months into the regime of Conservative Premier Mike Harris whose “common sense revolution” saw significant policy shifts. These included a 22% reduction in social assistance benefits, cuts to social services, cancellation of new housing programs, and downloading to municipalities of transportation and public health costs. These changes were combined with a 30% reduction in personal income taxes, the greatest benefit of which accrued to the well-off.

Participants
Organizing focus groups was a collaborative process involving community health centres, community agencies, schools, and other parties. The service provider associated with each community focus group was interviewed as were the local city and regional councillors, city mayors, school trustees, and members of the provincial parliament.

In Lawrence Heights, 18 focus groups involved 146 community members. Local schools showed great interest and 7 focus groups were carried out with students from grade 6 through 12. Three seniors groups were organized by the recreation and community health centres. Eight adult groups consisted primarily of New Canadians. Twelve service providers and six elected representatives were individually interviewed.

In Riverdale, 14 focus groups involved 102 community members. Three youth groups were organized by a community centre and a local public health worker. Three seniors groups were seen at the health centre, a community centre, and a housing residence. Three New Canadian groups were organized by the local adult education centre and the health centre. Five adult groups were held through the local church, the health centre, and a community centre. Eleven service providers and six elected representatives were interviewed. Details concerning the ages, gender, and self-reported health of community members and the titles of service providers are available.

Studies process and questions
The one-hour focus groups were moderated by two University of Toronto researchers. Elected representatives were interviewed by university staff and service providers by university undergraduates. Community members were asked about community characteristics that made life good or not good for them, means of coping, and desired services. Service providers and elected representatives were asked about the community and its residents, agency and political mandates, respectively, and about supports and barriers to success. The questions are available in the community reports and in a published article.

Data analysis and validation
Focus groups and interviews were tape-recorded and used to generate detailed notes and quotations. The constant comparative method was used to analyze data. The text was broken into units of information that were combined into themes. The process of categorizing and forming themes was repeated until the best fit between the data and the interpretive themes was achieved.

Themes from each session were written as three- to four-page narratives. Congruence of themes across groups was ascertained and higher order themes created from lower ones. Details concerning data analysis and validation of findings through prolonged engagement, triangulation, peer debriefing, and member checking are presented elsewhere.

RESULTS

These studies considered the range of community characteristics that affected health. This paper cannot provide the entire breadth of findings and such analyses are available. It should be noted that the benefits of “community agencies and resources” – virtually all government-funded – was a universal theme across participants in both communities.

Many issues directly or indirectly related to government policy decisions. These arose in response to questions about community aspects that did not make life good for people and when community members expressed desired services. Policy decisions were mentioned by service providers and elected representatives in regards to barriers to fulfilling agency and political mandates, respectively. In some cases, there was explicit identification of governments’ political decisions – or lack thereof, such as addressing poverty – that affected health; in other cases, reference was made to aspects of local environments that the researchers saw as related to government policies. Findings are presented by community, as differences emerged between communities in how issues were framed.
TABLE I
Comments on Provincial Funding Cuts in Riverdale

“All of these services are in danger of being lost because of the cutbacks, and there’s a lot of people in this neighbourhood who are going to suffer, especially underprivileged people like the elderly, the frail elderly that can’t get around, and people with AIDS that need a lot of care.” – Senior

“The cuts to agency budgets have meant that people are working so hard on the specific programs of their agencies, that it’s hard to find staff time to also give to these coalitions. Everybody is suffering from staff burnout and overload because of the agency cuts.” – Service Provider

“We have a great community here and we are in danger of losing some of the agencies that make it such a great community.” – Member of the Provincial Parliament

“The most significant thing the provincial government has been doing has been cutting social services. It’s been a disaster for us. Not only has it increased misery amongst a large population of people with low incomes, it also had an impact on commercial establishments in the ward.” – City Councillor

TABLE II
Effects of Federal Policies in Riverdale

“At the Federal level they’re cutting at the foundations. That predisposes provinces to make the cuts they are doing. The Feds have been very weak in Medicare.” – City Councillor

“The whole global economy, and the era of downsizing and restructuring had led to making sure that the shareholders get their piece of the action, but forget the workers, screw the worker, they don’t count in this society.” – Member of Provincial Parliament

“The first thing that is clear is the products that used to be manufactured here are made elsewhere or are not being made at all. When tens of thousands of jobs disappear, that has a large impact on any community. This global transformation of product production has had the biggest impact.” – Metro Councillor

TABLE III
Cutbacks to Services and Lack of Services in Lawrence Heights

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

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

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

TABLE IV
Low Income in Lawrence Heights

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

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

Riverdale findings

The most common themes were cutbacks to services, poverty and unemployment, and among elected political representatives, the effects of federal policies, and trade policies. Poverty and unemployment were identified by service providers and elected representatives; such issues were indirectly raised by community members. There was general satisfaction with the community resources and services of Riverdale; not so in Lawrence Heights.

Provincial Cut-Backs to Services

In all five adult focus groups, a theme of “Cuts to Services” emerged. This was also the case for two of three seniors’ groups, one of three New Canadian groups, and one of three youth groups. In the two other New Canadian groups and one other youth group, a theme of “Lack of Opportunities for Employment and Training” emerged – a situation which their teachers and community workers attributed to provincial cutbacks to education and social services. Community members discussed cuts to social services, housing, social assistance, transportation, and education.

Virtually every service provider and elected representative saw funding cuts affecting the ability of agencies to support health. Service providers and elected representatives also spoke of the effects of social assistance cutbacks upon low-income community members. Table I provides typical comments.

Poverty and Unemployment

Among two youth groups, themes emerged of “Limited Leisure Opportunities” and “Lack of Jobs.” Each adult group provided at least one theme of either “Negative Perceptions of Low-Income Neighbourhoods,” “Lack of Affordable Housing,” or “Poverty and Unemployment.” Every service provider and elected representative specifically mentioned “Poverty and Unemployment” as affecting health.

Federal Policies

Three Riverdale elected political representatives spoke of the impact of federal cutbacks in transfer payments and/or federal policies regarding free trade (see Table II).

Lawrence Heights

Within Lawrence Heights, themes emerged of cutbacks to services, especially in housing, low income, and the effects of provincial policies. However, a key difference was the emergence of a theme of lack of services. Elected representatives did not mention federal policies or the effects of free trade, but emphasized provincial policies.

Cutbacks to Services and Lack of Services

All three seniors and one adult group produced a theme of “Concern about Service Cuts.” These concerns focused on
housing maintenance, libraries, bus service, and municipal services. For every group of New Canadians and youth, a “Lack of Services” theme emerged.

Adult needs were for counselling and recreation services for youth, daycare, programs for families, training, ESL classes, and culturally sensitive services. Youth identified needs for support and recreation services. Every service provider and five elected representatives discussed shortages of services. Comments identified with these themes are presented in Table III.

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

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

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

DISCUSSION

Respondents perceived an impact of government policy decisions upon health. It could be argued that participants perceived the effects of policy decisions upon social services, affordable housing, education, poverty and other issues — all of which could affect health — rather than health itself. However, consistent with the broad definitions of health informing these studies, as well as the manner in which the studies were structured, the authors maintain that findings should be viewed as relating directly to health, rather than factors potentially influencing health.

Perceptions concerning the influences of policy decisions upon health were remarkably consistent with emerging findings concerning the determinants of health of populations.17,18 A growing literature indicates that societies with extensive services and strong social safety nets show stronger population health.19,20 The findings of the perceived importance of social infrastructure, including social and community services, educational opportunities, and employment opportunities, are also consistent with the basic core principles of the Healthy Cities movement derived from a decade of work in European cities.8,21,22

The sophisticated understanding many community members had concerning issues affecting health provides support for considering lay knowledge as an important input into public health planning and policy development.6,23 Since the completion of these CQOL studies in December 1997, conditions in Toronto have deteriorated with child poverty increasing to 38% and homelessness skyrocketing, providing validation to participants’ observations concerning the health-related effects of government policies.24,25

In a naturalistic study, findings are limited to the individuals studied. The consistency of perceptions across the range of participants, however, lends credibility to these findings. Note that in the recent provincial election, both Riverdale and Lawrence Heights residents re-elected, respectively, their New Democratic and Liberal members of Parliament. The Conservative candidates received 24% support in the riding in which Riverdale is located, and 22% in the riding in which Lawrence Heights is located.

These findings came from two low-income communities. It is not known whether similar issues would be identified in more affluent communities. Of course, it can also be argued that the health of the entire population is affected by the health of its most disadvantaged segment — an offshoot of the social cohesion hypothesis offered by Wilkinson and others.18,19

The importance of social infrastructure to health is a focus of the Quality of Life Indicators Project of the Federation of Canadian Municipalities.26 This raises the issue of the extent to which public health discourse — the ideas we have about, and the explanations we offer for health and what determines it27, p.155 — and action are concerned with policy decisions that affect the health of communities.

Public health professionals have been more active in advocating policies related to individual health behaviours and less so in addressing social and economic policies affecting health.28 There is, however, increasing focus on social and economic factors that influence health. CPHA annual meetings have passed resolutions concerning the Canada Health and Social Transfer and health, social, and environmental clauses in trade agreements. CPHA has also produced documents on the health effects of unemployment and government policy decisions.29-31 There is increasing public health concern about the health effects of poverty and the need to address poverty at a policy level.32-35

While these is increasing discussion of these issues, three studies indicate that public health practice — with some notable exceptions — remains focussed on programs to ameliorate the effects of policy decisions rather than addressing these decisions directly.36-38 The reasons for the reluctance of public health professionals to address social and economic policy issues may involve health departments having been given limited mandates to deal with ‘health issues’ by their political masters. It may also involve health officials’ commitment to the ideology of individualism under which health problems are viewed as individual responses to environmental conditions and lifestyle decisions, such that societal issues are not part of their mandates39 — a view strongly contradicted by the Montreal Region Medical Officer of Health’s report Social Inequalities in Health.40 Public health workers may feel they do not possess the knowledge to challenge policy decisions that affect health.41,42

Many years ago, Nevitt Sanford challenged his profession to expand the focus of academic psychology by asking: Will psychologists study human problems?43 The question begged by the findings from these community studies is: Will public health practice directly address social and economic policy decisions affecting health?
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