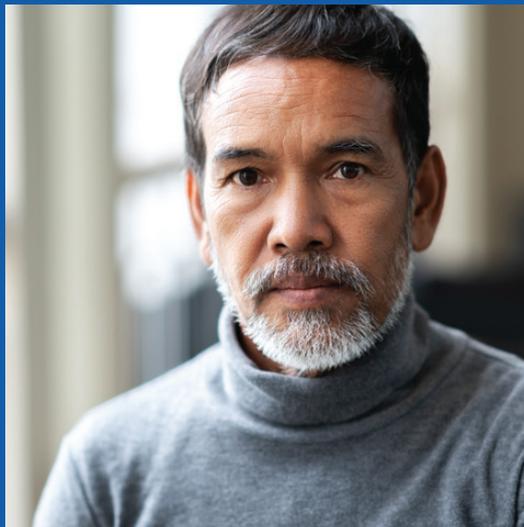


Life in the GTA: A Window on Well-Being



Life in the GTA:

A Window on Well-Being

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Foreword



In an illustration you may have seen, four people are at sea, their boat on the verge of sinking. Two are in the stern, frantically trying to bail out the water that's quickly filling the vessel. The others are lounging in the bow, still high out of the water. One smiles and says to the other, "Sure glad the hole isn't at our end."

Of course, they are all in the same boat. They are all in immediate danger, even if some are sinking more quickly than the others. But if they all helped repair the leak, perhaps together, they could keep their boat afloat.

When it comes to well-being, we — residents of the Greater Toronto Area (GTA) — are all in the same boat. Poor well-being among our community members has profound implications for our city, its prosperity, and its future as a healthy home for our children and grandchildren.

The YMCA of Greater Toronto and the Wellesley Institute share a long-term commitment to improving well-being for all. Together, we undertook the following assessment of well-being across the GTA.

It provides a baseline that we will use to monitor trends and patterns in well-being across neighbourhoods in the years to come.

In our view, this research is much more than a report on the status quo. It will become a road map for our region's future. It will form the foundation for an evidence-based approach to building healthy communities where everyone can feel and function their best. It will develop into a guide for how we can work together to help our communities sail forward.

Few charities undertake this type of research, but we have pursued it with the intention of acting. As neighbourhoods grow, new social challenges emerge, and the needs of individuals and families develop, we believe we can do much more than bail our communities out of immediate danger. We are eager to ensure more people in more communities can access the resources they need to improve their well-being and we hope the research that follows will inspire more stakeholders to do their part. After all, we're all in the same boat.



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We would also like to acknowledge Forum Research for the role they played in the collection of the survey data with particular thanks to Lorne Bozinoff and William Schatten.

Finally, we are grateful to the 8,270 residents of the GTA who so generously contributed their time to participate in our survey.

Disclaimers

Better Outcomes Registry & Network (BORN) Ontario

All inferences, opinions and conclusions drawn in this study are those of the authors and do not necessarily reflect the options or policies of BORN Ontario.

All requests made to BORN Ontario for data access will be managed in accordance with privacy legislation such as the Personal Health Information Protection Act (PHIPA). Requests will be considered based on purposes of performance measurement, quality improvement, health policy work and research.

Canadian Institute for Health Information (CIHI)

Parts of this material are based on data and information provided by the CIHI. However, the analyses, conclusions, opinions and statements expressed herein are those of the author and not necessarily those of the CIHI.

Offord Centre for Child Studies

To learn more about the Early Development Instrument (EDI), please visit <https://edi.offordcentre.com>.

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Executive Summary

For most of us, our well-being depends on the same things: having family, friends, good health, a good job, a meaningful life. But do we all have a fair chance at well-being? This report provides a first look at how well-being is distributed among residents of the GTA and its regions and provides a unique perspective on the characteristics of those neighbourhoods in which people are thriving and those in which they are not.

In this report, we explore the well-being of GTA residents using initial baseline data from the YMCA of Greater Toronto - Wellesley Institute Well-Being Monitor (GTA Well-Being Monitor). The GTA Well-Being Monitor is a long-term research initiative established by the YMCA of Greater Toronto and the Wellesley Institute to track neighbourhood level trends and patterns in well-being across the GTA. It incorporates 41 specific neighbourhood level well-being indicators organized within eight broad domains of well-being. In this report, we rely on two types of data:

- Survey data collected by Forum Research through a telephone survey of 8,270 residents in the GTA, aged 16 and older. Seven respondents were selected for each of the 1,176 census tracts in the GTA that are served by the YMCA of Greater Toronto.
- Secondary data collected through the 2016 Canadian Census and other sources (e.g., BORN Ontario, CIHI, Statistics Canada, and others).

Our findings reveal that those groups in the GTA that face challenges with social and economic inclusion (e.g., low income, unemployed, LGBTQ2S+, and racialized groups) are more likely than others to report low levels of well-being and accompanying low levels of general health, mental health and sense of belonging. Furthermore, our findings show the importance of positive health behaviours – as people

who exercise, volunteer, abstain from smoking, and eat more fruits and vegetables also tend to have better well-being.

Our results also show that those GTA neighbourhoods that have relatively large percentages of people with low levels of well-being also have, among other things, higher levels of chronic disease, premature mortality, and children at risk.

This research supports recommendations that others have made for improving well-being including: giving greater attention to fostering mental health; promoting economic growth and reducing unemployment; encouraging community involvement, such as volunteering; and improving built environments to better facilitate social

interaction. We believe that this work is an important step towards strengthening our understanding of well-being in the GTA. With the knowledge we acquire, we will be better able to target our efforts, and work towards a city where all residents have a fair opportunity at achieving well-being for themselves and their families.

Introduction

While there is increasing recognition of the challenges posed by social and economic inequalities globally and locally,^{1,2} it is often difficult to see how these inequalities play out in terms of people's lived experiences. In this report, we explore the well-being of GTA residents using initial baseline data from the YMCA of Greater Toronto - Wellesley Institute Well-Being Monitor (GTA Well-Being Monitor).

The GTA Well-Being Monitor is a unique long-term research initiative that will enable researchers and policy makers, for the first time, to assess trends and patterns in well-being in the GTA at a neighbourhood level. As Figure 1 shows, its geographical coverage includes all of the GTA, except Oakville and Burlington (which are not served by the YMCA of Greater Toronto).

As will be seen, our research shows that well-being is not evenly distributed within the population in the GTA. Groups that are most likely to experience social and economic exclusion also are more likely to report low levels of well-being, general health, mental health and a sense of belonging. Moreover, GTA neighbourhoods that have relatively more people with low levels of well-being are also more likely to have poorer living conditions, poorer health, and higher proportions of children at risk.

What is Well-Being?

Well-being can be described simply as: judging life positively and feeling good.^{3,4} Research confirms what many of us already know – much of our sense of well-being is a function of our health, our social relations, having a decent job, income, and possessing a sense of purpose or meaning. The World Health Organization (WHO) describes well-being as being shaped by an individual's experience of their life (e.g., psychological functioning and affective states) as well as by a comparison of their life circumstances (e.g., health, education, work, social relationships, built and natural

environments, housing and work-life balance) with social norms and values.⁵

Why Focus on Well-Being?

Interest in well-being has been increasing over the past decade, stemming in part from a growing body of evidence about its social and economic importance.^{6,7,8} Well-being is linked to:

- greater longevity – a high sense of well-being is estimated to add four to ten years to life compared to having low well-being;
- decreased risk of disease, illness and injury
- better immune functioning and speedier recovery;
- greater likelihood of contributing to communities;
- increased future income; and,
- increased productivity at work.

Growing international interest. There is a rich body of international work led by organizations such as the World Health Organization (WHO), the Organisation for Economic Co-operation and Development (OECD), and the United Nations (UN), as well as by national statistical agencies (e.g., Statistics Canada and the Office for National Statistics in the United Kingdom) that is focused on measuring and monitoring well-being.^{9,10} These efforts are due, in no small part, to a recognition that widely employed economic yardsticks, such as the Gross Domestic Product (GDP), offer only a limited understanding of people's lives and overall well-being.

The need for better understanding of well-being at a local or regional level. Recent research suggests that there are important local area variations in well-being that are not well studied. Canadians have a relatively high level of well-being compared to most countries, as measured by their reported level of satisfaction with their lives.¹¹ However, within Canada the people of Ontario have the second lowest level of life satisfaction of all the provinces¹² and those in the

Toronto region (Census Metropolitan Area [CMA]) have the second lowest levels of any major urban centre in the country.¹³

Trends in the GTA point to decreasing levels of well-being in the future. The GTA not only has lower levels of well-being than most other regions in Canada, its current social, economic and demographic trends point to the potential for a downward trajectory in well-being going forward. The 2016 census reveals that the GTA is experiencing growing social and economic exclusion with: stagnating incomes, increasing poverty, increasing levels of immigration, growth in “visible minority” populations, and an aging population with growing numbers of people living alone. As our communities face growing challenges of inequality, there is value in taking a deeper look at well-being across the GTA.

Measuring Well-Being in the GTA

Our approach to measuring well-being in the GTA focuses on people’s first-hand reporting of how satisfied they are with their life – an approach that is widely employed in well-being research.

Following the WHO, subjective well-being is considered to “comprise all the various evaluations, positive and negative, that people make of their lives, and the affective reaction of people to their experiences.”¹⁴

We consider well-being (as measured by life satisfaction) to be largely influenced by a person’s general and mental health, as well as their social connections (as measured by reports about sense of belonging to their local community). The social determinants of health (e.g., income and social status, healthy behaviours, and physical environments) also play a role in determining one’s well-being with those who are higher on the “social ladder” being more likely to have higher levels of well-being.¹⁵

In addition, we also measure well-being at a neighbourhood level to better understand geographical variations and facilitate the development of policies and place-based service delivery to support the well-being of GTA residents.

Figure 1: Geographical coverage of the GTA Well-Being Monitor





The YMCA of Greater Toronto - Wellesley Institute Well-Being Monitor

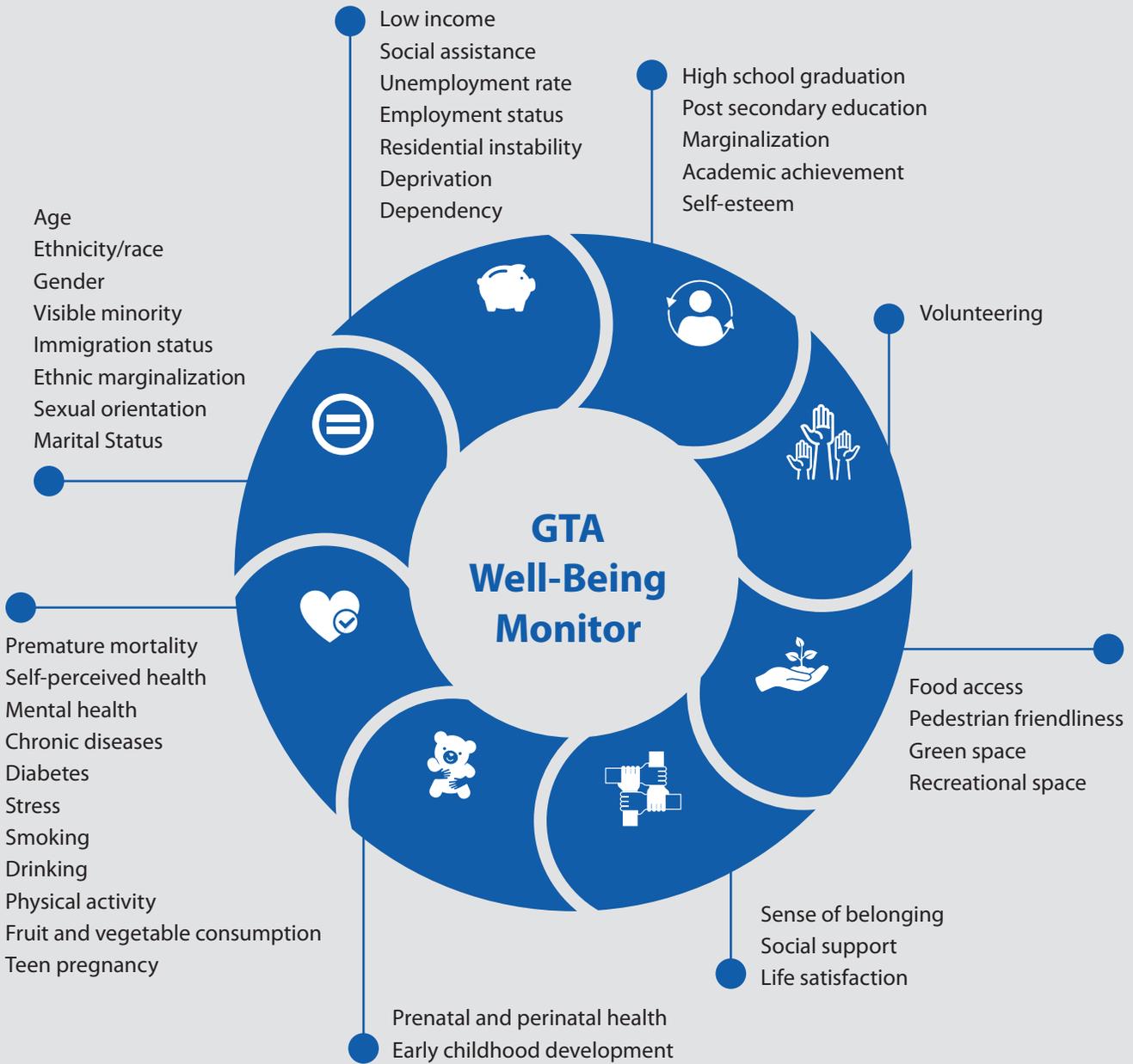
The YMCA of Greater Toronto and the Wellesley Institute established a partnership in 2017 to begin collecting comprehensive data on individuals and the neighbourhoods in which they live across the GTA. Our research will help build knowledge of patterns and drivers of well-being in the GTA at a regional and neighbourhood level, and support the development of strategies to help to improve well-being, with a particular focus on those who have the lowest levels.

The framework for the GTA Well-Being Monitor is based on the Canadian Index of Well-being and the Urban Heart @ Toronto Health Equity Assessment and Response Tool.¹⁶ As Figure 2 shows, the Monitor incorporates 41 specific neighbourhood level well-being indicators organized within eight broad domains of well-being and relies on two types of data:

- Baseline survey data collected by Forum Research through a telephone survey of 8,270 residents in the GTA, aged 16 and older. Residents were selected to ensure that there were seven respondents in each of the 1,176 census tracts in the GTA that are served by the YMCA of Greater Toronto.
- Secondary data collected through 2016 Canadian Census and other sources (e.g., BORN Ontario, CIHI, Statistics Canada, and others).

This report presents findings for a subset of the well-being indicators collected via the GTA Well-Being Monitor. Further details about the monitoring framework, methodology and secondary data sources are provided in the Appendices to this report.

Figure 2: The YMCA of Greater Toronto – Wellesley Institute Well-Being Monitor Framework



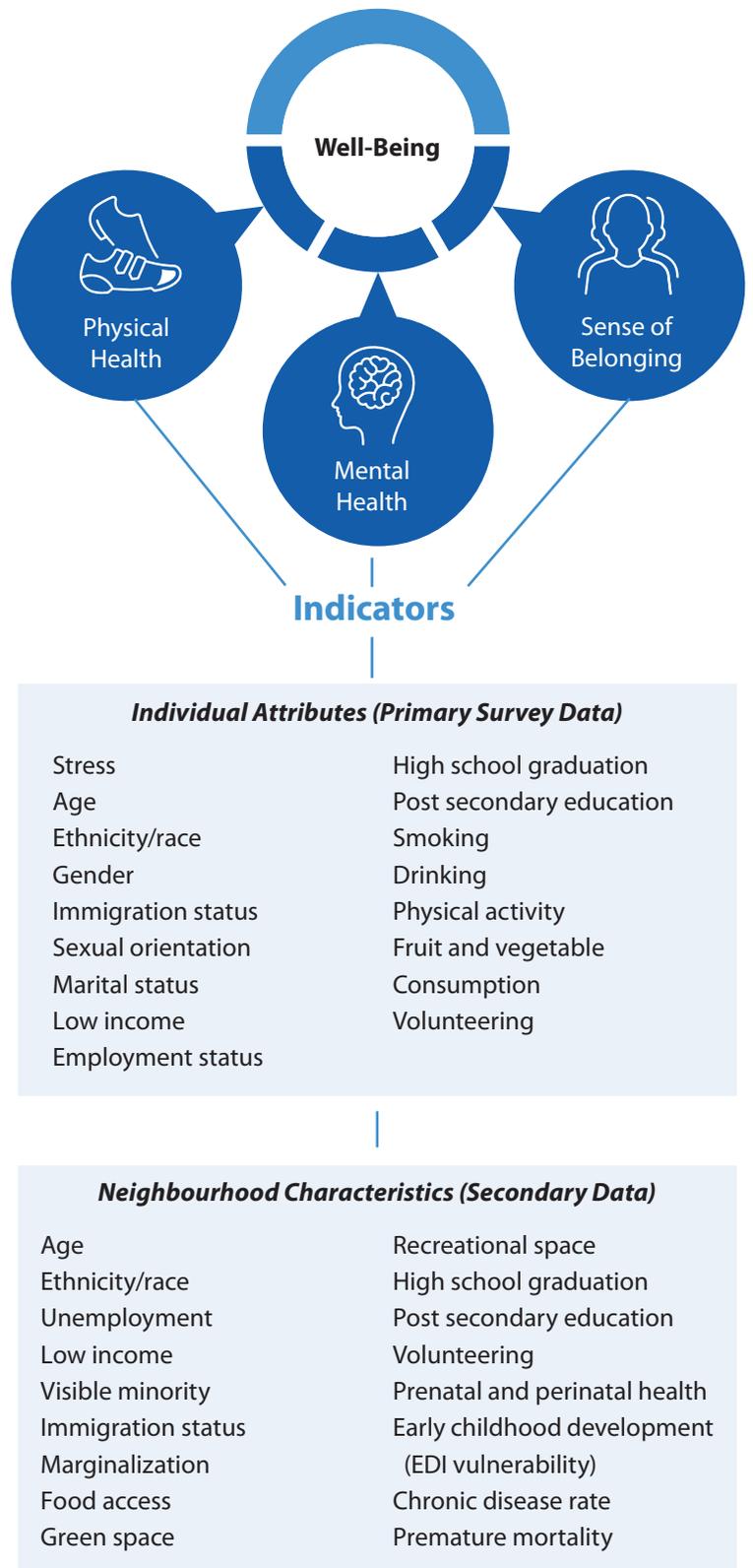
Profiles of Well-Being in the GTA

The GTA Well-Being Monitor shows that groups in the GTA who experience challenges with social and economic inclusion (e.g., those with low levels of income, the unemployed, visible minorities and immigrants) report disproportionate levels of low well-being. It also reveals that GTA neighbourhoods with large concentrations of people with low levels of well-being have notably poor performance on a variety of social, economic and health indicators (e.g., chronic disease, children at risk, and premature mortality).

In this chapter, we examine the relationship of subjective well-being (as measured by reported life satisfaction) to three broad types of factors: health and social connections (measures of overall health, mental health and sense of belonging to one's local community); individual attributes that are widely recognized to operate as social determinants of health (e.g., income, gender, ethnicity/race); and the characteristics of the neighbourhoods in which they live (e.g., income, gender, ethnicity/race); and the characteristics of the neighbourhoods in which they live. Figure 3 provides an illustration of the conceptual model that we have employed for our analyses in this report.

We begin by showing how well-being is distributed within the population of the GTA and how the GTA's regions vary in terms of the well-being of their residents. Next, we highlight the strong relationship that well-being has to an individual's health and sense of belonging to their local community. Finally, we explore how neighbourhoods with large concentrations of people with low levels of well-being differ from those where more of the population has a high level of well-being.

Figure 3: A conceptual model of well-being



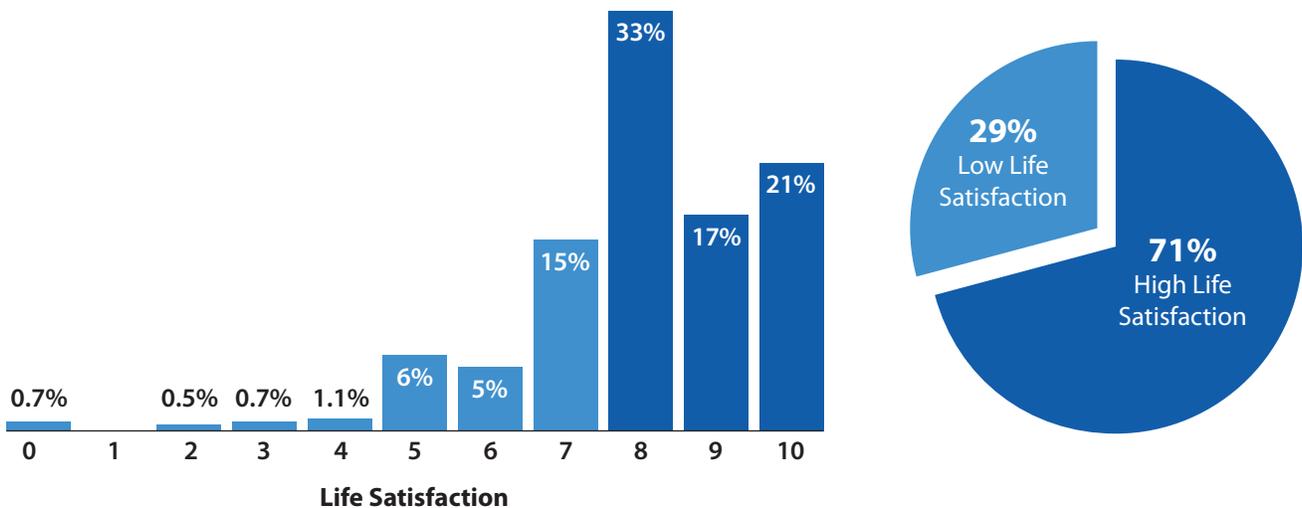
Distribution of Well-Being in the GTA

As noted earlier, the measure of well-being used in this research employs people's reports of how satisfied they are with their life. Figure 4 shows the distribution of well-being among survey participants who were asked to rate their life satisfaction using an 11-point scale (0 to 10), in which 0 represented "very dissatisfied" and 10 represented "very satisfied." As can be seen, 71% of people rate their life satisfaction at a score of eight or more.

For the purposes of our discussion below we have categorized participants into two groups:

- A high life satisfaction group which consists of the 71% of survey respondents who rated their life satisfaction at a level eight or higher; and,
- A low life satisfaction group which is comprised of the 29% of participants who rated their life satisfaction at a level of seven or below.

Figure 4: Distribution of well-being in the GTA



Regional Variations

Most of the variation in well-being among the five regional municipalities in the GTA, lies with the City of Toronto and Halton.ⁱ As Figure 5 shows, the Halton region has the highest average satisfaction while Toronto has the lowest.ⁱⁱ The average well-being of residents in York, Durham and Peel is very similar to each other and falls between the levels for Halton and Toronto.

Focusing on the percentages of the populations that fall into high vs. low life satisfaction groups, Toronto has both the lowest level of average life satisfaction as well as the largest concentration of people in the low life satisfaction group (35%) when compared to the regions of York (30%), Peel (31%) and Durham (31%). By comparison, only 20% of those from Halton fall into the low life satisfaction group (see Figure 6).

Figure 5: Regional variations in average life satisfaction

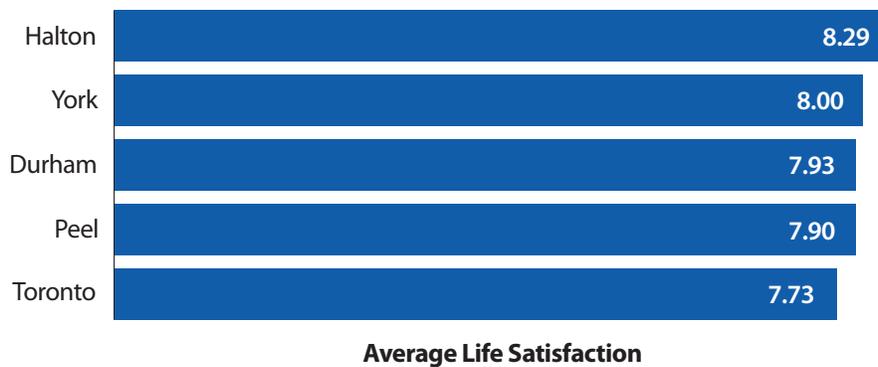
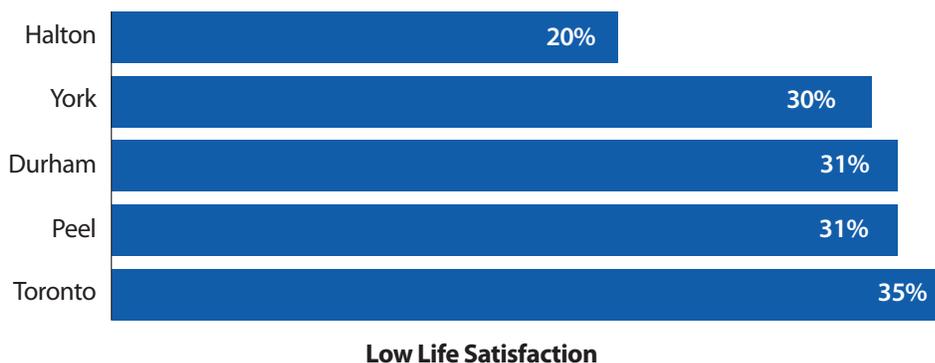


Figure 6: Regional variations in the proportion of population with low life satisfaction.



ⁱ Note that our data for Halton does not include Oakville or Burlington because these communities are not served by the YMCA of Greater Toronto.

ⁱⁱ This finding may reflect the fact that in our study Halton excludes the cities of Burlington and Oakville and, as such, has a relatively smaller urban population.



Health and Social Connections

Individuals who have low levels of life satisfaction are much more likely than others to also report having low levels of general health and mental health. They are also less likely to report having a strong sense of belonging to their local community (see Table 1).ⁱⁱⁱ

- 67% of those with low life satisfaction report having low general health compared to only 33% of those with high life satisfaction.^{iv}
- 59% of people with low life satisfaction report low mental health have low life satisfaction, compared to only 20% of those with high life satisfaction.^v
- 40% of people with low life satisfaction report a low sense of belonging compared to 21% of those with high life satisfaction.^{vi}

ⁱⁱⁱ Details about the survey questions employed to collect these data are provided in Appendix A. Well-being was assessed by asking people to rate their current life satisfaction on an 11-point scale (zero to 10), where zero represented “very dissatisfied” and 10 represented “very satisfied.” High satisfaction is defined as a score of eight or more, which was reported by 71% of survey participants. Low satisfaction is defined as a score of seven or below, which was reported by 29% of survey participants.

^{iv} The high general health category includes the 57% of participants who reported that their health is “excellent” or “very good.” The low general health category includes the 42% of respondents who reported that their health was “good,” “fair” or “poor.”

^v The high mental health category includes the 68% of participants who reported that their health is “excellent” or “very good.” The low mental health category includes the 32% who reported that their health was “good,” “fair” or “poor.”

^{vi} The high belonging category includes the 53% of participants who reported that their sense of belonging to their local community was “very strong” or “somewhat strong”. The low belonging category includes 47% of participants who reported that their sense of belonging was “somewhat weak” or “very weak.”

Table 1: Variations in general health, mental health and sense of belonging by life satisfaction

	General Health		Mental Health		Sense of Belonging	
	Low General Health	High General Health	Low Mental Health	High Mental Health	Low Belonging	High Belonging
Low Life Satisfaction	67%	33%	59%	41%	40%	60%
High Life Satisfaction	33%	67%	21%	79%	21%	79%

Social and Economic Status

Given the relationship of well-being to one’s general health and mental health, it may not be surprising to find that it is also related to many of the same factors that are widely recognized as social determinants of health (see Table 2). Our research shows that well-being is most strongly related to:

- **Income:** Life satisfaction increases with household income. Individuals from low income households (below \$34,999) are more than twice as likely to be in the low life satisfaction group (45%), compared to individuals with household incomes over \$100,000 (19%).
- **Education:** Those with higher levels of education are more likely to have high life satisfaction. 37% of individuals with less than a high school degree have low life satisfaction, compared to 32% of high school graduates. In comparison, only 18% of individuals with a postgraduate degree reported low life satisfaction.
- **Employment:** People who are unemployed are much more likely than others to have low life satisfaction. More than half of unemployed individuals (55%) have low life satisfaction compared to only 27% of those who are employed.
- **Ethnicity:** Individuals reporting a North American, Western European or United Kingdom (UK) ethnic or cultural ancestry show higher levels of life satisfaction than most other groups with 28% reporting low life satisfaction.^{vii} In comparison, 42% of those with Latin American 36% with South Asian, and 36% with Black ethnic or cultural ancestry report low satisfaction.
- **Sexual Identity:** Those who identified as LGBTQ2S+ are more likely to have low life satisfaction than those who identified as heterosexual (37% vs. 28%).^{viii}
- **Immigrant Status:** Individuals who immigrated to Canada are more likely than non-immigrants to have low life satisfaction (33% vs. 28% respectively).

It is worth noting that our research does not show substantial age or gender variations in well-being. Males and females have similar levels of life satisfaction, with about 29% reporting low life satisfaction and about 70% (70.4% for females and 70.9% for males) reporting high life satisfaction.

^{vii} These categories are based on respondents’ answers to the following question: to which ethnic or cultural groups did your ancestors belong (for example French, Scottish, Chinese, East Indian)?

^{viii} Based on responses to the question: What is your sexual orientation?

Table 2: Distribution of life satisfaction by demographic characteristics

Demographic Characteristics		Low Life Satisfaction	High Life Satisfaction
Age	16 - 25	28%	72%
	26 - 54	30%	70%
	55+	29%	71%
Gender	Female	29%	70%
	Male	29%	71%
Sexual Identity	Heterosexual	28%	72%
	LGBTQ2S+	37%	63%
	Refused / Don't Know	29%	71%
Ethnicity	Latin American	42%	58%
	South Asian	36%	63%
	Caribbean	27%	73%
	Black	36%	64%
	African	34%	66%
	West Asian	33%	67%
	East Asian	29%	71%
	North American	29%	71%
	Eastern European	34%	66%
	Western European + UK	28%	72%
	Other	24%	76%
Immigration	Immigrant	33%	67%
	Non-Immigrant	28%	72%
Income	\$0 - \$34,999	45%	55%
	\$35,000 to \$59,999	41%	59%
	\$60,000 to \$99,999	29%	71%
	\$100,000 or more	19%	80%

Note: numbers may not add to 100% because of rounding.

Table 2 (continued): Distribution of life satisfaction by demographic characteristics

Demographic Characteristics		Low Life Satisfaction	High Life Satisfaction
Education	Did not complete High School	37%	63%
	Completed High School	32%	68%
	Some College / University	32%	68%
	Completed College / University	30%	70%
	Postgraduate	22%	78%
Employment Status	Employed	27%	74%
	Unemployed	55%	45%
	Homemaker	34%	66%
	Student	29%	71%
	Retired	29%	71%

Note: numbers may not add to 100% because of rounding.

Individual Behaviours

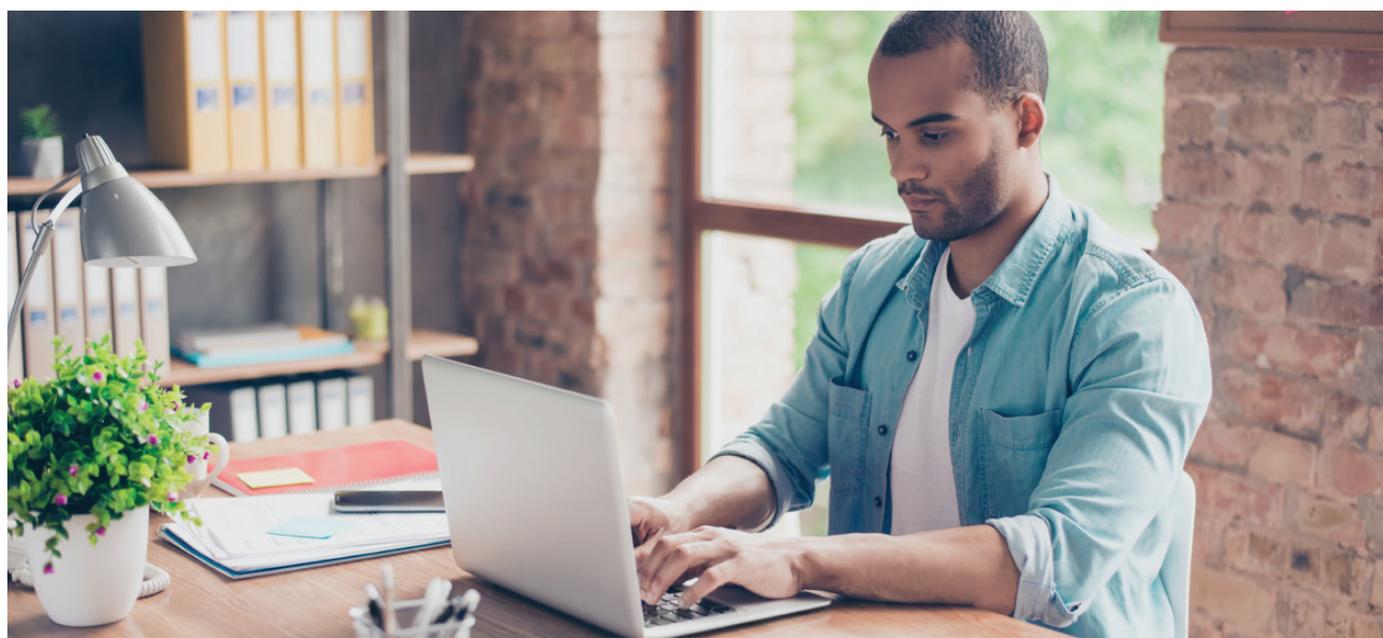
Well-being is also associated with individual behaviours, many of which are linked to good health (see Table 3). These include:

- **Exercise:** Life satisfaction increases with amount of exercise. Those who did not exercise were twice as likely to report low life satisfaction (45%) compared to those who exercised three or more hours a week (23%).
- **Alcohol Consumption:** There is a U-shaped relationship between frequency of alcohol consumption and low life satisfaction. 34% of individuals who never drink reported low life satisfaction compared to 31% who drink once a week or less, 21% who drink two to five times a week, and 25% who drink almost every day.
- **Tobacco Consumption:** 37% of smokers have low life satisfaction, compared to 28% of non-smokers.
- **Fruit and Vegetable Consumption:** The more fruits and vegetables people eat, the higher their life satisfaction. 39% of individuals who consume fruit and vegetables zero to one times per day belong to the low life satisfaction group, compared to 27% of those who consume fruits and vegetables two to three times a day and 24% of those who consume fruits and vegetables four or more times a day.
- **Volunteering:** Life satisfaction is higher among volunteers. 24% of people who volunteered in the past 12 months report low life satisfaction compared to 37% of those who did not.

Table 3: Distribution of life satisfaction by individual behaviours

Individual Behaviours		Low Life Satisfaction	High Life Satisfaction
Alcohol Consumption	Once a week or less	31%	68%
	2-5 times a week	21%	79%
	Almost everyday	25%	75%
	Never	34%	65%
Exercise (Weekly)	Less than 1 hour	33%	67%
	About 1-3 hours	29%	71%
	More than 3 hours	23%	77%
	None	45%	55%
Fruit and Vegetable Consumption	0-1 time a day	39%	61%
	2-3 times a day	27%	73%
	More than 4 times a day	24%	76%
Smoker vs. Non-smoker	Smoker	37%	63%
	Non-smoker	28%	72%
Volunteering (past 12 months)	Volunteered	24%	76%
	Did not Volunteer	37%	63%

Note: numbers may not add to 100% because of rounding.



Neighbourhood Context

Our research reveals important neighbourhood level differences in well-being that should be taken into context when developing and delivering approaches to support the well-being of GTA residents. In this section of the report, we explore variations in well-being among the GTA's 337 "neighbourhoods" which have been defined using classifications currently being employed within the GTA's various regional municipalities.^{ix}

There is substantial variation among GTA neighbourhoods in terms of the average well-being of their residents (see Figure 7). Almost two-thirds of neighbourhoods have an average life satisfaction that ranges between 7.25 to 7.75 on the eleven point scale (0-10). A small number of neighbourhoods, however, perform much better or much worse.^x

Figure 7: Distribution of average life satisfaction among GTA neighbourhoods



^{ix} To explore how life satisfaction varied at a neighbourhood level within the GTA, data were summarized, where possible, to correspond to neighbourhood classifications that are currently employed by the GTA's various regional and municipal level governments (e.g., the City of Toronto's 140 neighbourhoods and Peel Region's 77 Service Delivery Areas). In those instances where regions or cities have not developed formal neighbourhood boundaries, we utilized wards or boundaries that were developed for previous research initiatives. Details about how neighbourhoods were classified for each region or city in the GTA are provided in Appendix C.

^x Survey sample sizes for the 337 neighbourhoods, range from seven to 77 per neighbourhood, with a median sample size of 21.

To better understand what may contribute to neighbourhood level differences in well-being, we compared the 20% of neighbourhoods that have the greatest percentage of people with low life satisfaction to the 20% of neighbourhoods with the smallest percentage of people with low life satisfaction.

As Table 4 shows, neighbourhoods with the largest concentrations of residents with low life satisfaction have:

- Lower levels of household income
- Greater proportions of low income households
- Lower levels of education
- Higher levels of unemployment
- Higher scores on all four components of the Ontario Index of Marginality¹⁷
 - Ethnic Concentration (proportion of recent immigrants and proportion of people identifying as visible minorities)

- Dependency (concentrations of people who don't have income from employment)
- Deprivation (a measure of inability to access and attain basic material needs)
- Residential Instability (concentrations of people who experience high rates of housing instability)

These neighbourhoods also perform worse on a variety of health-related outcomes. They have:

- Higher proportions of children who fall into the Early Development Indicator (EDI) vulnerability cut-off (defined as the portion of the population that, without additional support and care, may experience future challenges in school and society)¹⁸
- Higher levels of prenatal smoking
- Higher percentages of low birth weights
- Higher levels of premature mortality



Table 4: Neighbourhood characteristics associated with low versus high concentrations of life satisfaction in the population

Neighbourhood Characteristics	Top 20% Neighbourhoods	Bottom 20% Neighbourhoods
Average After Tax Household Income	\$101,069	\$79,270
Proportion of Population with Low Income	14%	16%
Education		
<i>Without High School Diploma</i>	15%	18%
<i>High School Diploma Only</i>	25%	27%
<i>Post Secondary</i>	59%	55%
Unemployment Rate	7.76%	8.21%
Visible Minority (Percent of Population)	46%	51%
EDI Vulnerability	28.40	29.50
Food access (grocery stores) per 1,000	0.85	0.92
Recreation facilities per 1,000	0.25	0.31
Green Space	4.33%	4.61%
Percent Low Birth Weight	5%	6%
Percent Prenatal Smoking	3%	4%
Chronic Disease Rate	1.22%	1.54%
Premature Mortality Rate	0.45%	0.61%
Ontario Marginalization Index*		
<i>Residential Instability</i>	2.38	2.80
<i>Deprivation</i>	3.45	1.97
<i>Dependency</i>	3.81	1.58
<i>Ethnic Concentration</i>	3.84	2.35

* Scores range from 1 to 5 based on rankings within Ontario with 1 being least marginalized and 5 being most marginalized. Each group contains a fifth of the geographic units. For example, if an area has a value of 5 on the material deprivation scale, it means it is in the most deprived 20 percent of areas in Ontario. For more information See: Matheson, FI; Ontario Agency for Health Protection and Promotion (Public Health Ontario). 2011 Ontario marginalization index: technical document. Toronto, ON: St. Michael's Hospital; 2017. Joint publication with Public Health Ontario.



Conclusion

Our research shows that many people in the GTA are fortunate to have high levels of well-being and accompanying general, mental and social health that contribute to a satisfying and happy life. More critically, it also reveals that there are groups of people who aren't fortunate enough to have such high levels of well-being. Moreover, neighbourhoods with large concentrations of individuals with low levels of well-being have distinctly different characteristics than the neighbourhoods that do not.

What distinguishes those who are thriving with a high level of well-being from those who are not? Our findings point to the important role of factors that are associated with social and economic inclusion. Chief among these are the challenges faced by those with lower levels of income and those who are unable to obtain employment and enjoy the social, psychological and economic benefits that are associated with a job.

In addition, we find lower levels of well-being among specific ethnic or cultural groups such as Blacks, Latin Americans and South Asians, as well as among members of the LGBTQ2S+ population and immigrants. There is increasing recognition that groups such as these often confront issues of discrimination that create headwinds and barriers to educational achievement, employment and opportunities to earn income. Immigrants also face challenges with adapting to a new country, including challenges associated with finding employment that matches their skills, building social connections and cultivating a sense of belonging within their community.

Our research also shows that these individual characteristics operate at a neighbourhood level. Neighbourhoods with relatively large concentrations of people with low well-being have:

- Lower levels of average household income
- Greater prevalence of low-income households
- Lower average levels of education
- Higher levels of neighbourhood unemployment
- Higher percentage of visible minorities and recent immigrants
- Higher levels of material deprivation and residential instability

Our findings suggest that there are important negative consequences to having low levels of well-being. These findings have implications for the health and future prosperity of the GTA. For example, neighbourhoods with the largest concentrations of people with low levels of well-being have higher levels of premature mortality and chronic disease.

Equally troubling, there are signs that children in these neighbourhoods are at risk of developing low levels of well-being. Neighbourhoods with relatively large concentrations of people with low well-being are home to larger proportions of children who fall below the EDI vulnerability cut-off and who, as a result, are at risk of facing future challenges in school and life. In addition, these neighbourhoods have higher levels of prenatal smoking (associated with children's later behavioural and neurodevelopmental impairments) and higher percentages of children born with low birth weights (putting infants at risk for a variety of health issues and longer-term problems such as delayed motor and social development or learning disabilities).

Pathways to Well-Being

Our findings suggest that the path to improving well-being lies in efforts to improve people's general health, mental health and sense of belonging, and in greater attention being paid to ensuring the social and economic inclusion of all residents of the GTA.

The neighbourhood level variations in well-being that are revealed in this study also suggest that there are important opportunities for place-based strategies to support communities. This finding is particularly true for communities which hold large concentrations of people with low levels of life satisfaction. Service providers, for example, should be aware that efforts to address unemployment – either through job placement, skills training or improving levels of educational achievement – have the potential to lift the well-being of the people they serve.

Initiatives to support the building of a sense of belonging to a local community by providing opportunities for social interaction and engagement also have potential for improving well-being. A recent review of evidence, for example, shows that creating spaces such as community hubs, recreational centres and programs/services that support group activity, can play an important role in improving well-being.¹⁹

Finally, there are things that GTA residents can do as individuals. Our research suggests that improving levels of physical activity, reducing tobacco use and engaging in pro-social activities (such as volunteering in the community) can have positive impacts on one's well-being.

The findings from this baseline set of data from the YMCA of Greater Toronto - Wellesley Institute Well-Being Monitor supports many of the suggestions for improving well-being that have been proposed by the UK Commission on Well-being and Policy.²⁰ Its recommendations focused on four main areas:

- Supporting Mental health/Character building (e.g., supporting parents, promoting resiliency in schools, supporting mental health)

- Income and Work (i.e., promoting economic growth, reducing unemployment)
- Community (e.g., promoting volunteering and giving, addressing loneliness, creating built environment that are sociable and green)
- Governance (e.g., measure and make well-being a policy goal, giving citizens well-being data they need)

The YMCA of Greater Toronto - Wellesley Institute Well-Being Monitor is a long-term initiative designed to track trends in well-being at a neighbourhood level within the GTA over time. The first round of data highlighted in this report provides important benchmarks for assessing future performance and trends. Subsequent iterations of the Monitor will allow us to assess whether well-being is improving or declining and to identify those neighbourhoods that are thriving and those that are not. It is our hope that these data will help policy makers and service providers to better target and tailor efforts to ensure that everyone who lives in the GTA has a fair opportunity to achieve the well-being that we all would want for ourselves.

Endnotes

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Appendix A: Summary of Indicators

The YMCA of Greater Toronto - Wellesley Institute Well-Being Monitor employs a set of 41 indicators which are collected at either an individual or census tract (CT) level. Data for the Individual indicators were collected via a survey of the GTA population, while

secondary indicators were obtained from a variety of secondary sources. Table A1 provides descriptions for the subset of indicators that we employed for this report.

Domain	Indicator	Description	Level of Data	Source
Equity	Age	-	Individual, CT	Survey, 2016 Census Data
	Ethnicity/Race	open-ended question, based on census	Individual, CT	Survey, 2016 Census Data
	Visible Minority	% of population	CT	Census Data
	Gender	open-ended question	Individual	Survey
	Immigration Status	% not born in Canada vs. born Canada	Individual, CT	Survey, 2016 Census Data
	Sexual Orientation	open-ended question	Individual	Survey
	Marital Status	close-ended question	Individual	Survey
Economic Opportunities	Low Income	% living with income below the after-tax low income measure (LIM-AT)	Individual, CT	Survey, 2016 Census Data
	Unemployment	% reporting EI in last year/total pop	CT	2016 Census Data
	Employment Status	close-ended question	Individual	Survey

Domain	Indicator	Description	Level of Data	Source
Social and Human Development	High School Graduation	% with high school diploma	Individual, CT	Survey, 2016 Census Data
	Post Secondary Education	% with postsecondary certificate, diploma or degree	Individual, CT	Survey, 2016 Census Data
	Ontario Marginalization Index	<p>Index that focuses on:</p> <ul style="list-style-type: none"> • residential instability (1=least unstable, 5=most unstable) • material deprivation (1=least deprived, 5=most deprived) • dependency (1=least dependent, 5=most dependent) • ethnic concentration (1=least ethnically concentrated, 5=most ethnically concentrated) 	CT	<p>Matheson, FI; Ontario Agency for Health Protection and Promotion (Public Health Ontario). 2011 Ontario marginalization index. Toronto, ON: St. Michael's Hospital; 2017. Joint publication with Public Health Ontario.</p>
Civic Engagement	Volunteering	% volunteered in the past 12 months	Individual, CT	Survey
Physical Environment	Food Access	# of grocery stores per 1000 people	CT	DineSafe Toronto Food Check Peel YorkSafe Halton's Dinewise Durham Region Health Inspections
	Green Space	Amount of green space per square km	CT	City and regional websites for public parks listings
	Recreational Space	# of recreational facilities per 1000 people	CT	City and regional websites for public parks and community centre listings

Domain	Indicator	Description	Level of Data	Source
Healthy People	General Health	Perception of health on a 5-point scale (CCHS*)	Individual	Survey
	Mental Health	Perception of mental health on a 5-point scale (CCHS)	Individual	Survey
	Smoking	Smoker vs. Non-smoker; Frequency of smoking in past 12 months	Individual	Survey
	Alcohol Consumption	Frequency of drinking alcohol in past 12 months	Individual	Survey
	Physical Activity	Amount of exercise per average week	Individual	Survey
	Fruit and Vegetable Consumption	Frequency of consuming fruits and vegetables per average day	Individual	Survey
	Chronic Disease Rate	Rate of chronic disease per CT**	CT	CIHI 2016-2017
	Premature Mortality	Rate of premature mortality per CT***	CT	CIHI 2016-2017
Healthy Children	Prenatal and Perinatal Health	Prenatal: maternal smoking during pregnancy Perinatal: low birth weight	CT	Better Outcomes Registry and Network (BORN) Ontario. Years Provided: (CY 2016). Resource Type: (Tabulated data). Data Provided on (June 1, 2018).
	Early Childhood Development (EDI vulnerability)	Percent of 5-year-olds developmentally vulnerable on 1 or more domains	CT	Early Childhood Development Instrument (2014-2015)
Community Vitality	Sense of belonging	Sense of belonging to local community on a 4-point scale (CCHS)	Individual	Survey
	Life Satisfaction	Rating of life satisfaction on a 0-10 scale (CCHS)	Individual	Survey

*Canadian Community Health Survey

**All acute inpatient records belonging to people 0-74 years old whose records contained a specified chronic condition divided by the total population of a similar age group within each census tract.

***All acute inpatient records (including newborns) with a discharge diagnosis of died during hospitalization, who were aged 74 and younger, divided by the total population of a similar age group within each census tract.

Appendix B: Survey Methodology

A survey of the general public, aged 16 and older, was conducted over the phone from November 9th to December 21st, 2017 by Forum Research. A total of 8,270 interviews were completed across 1,176 census tracts in the YMCA version of Greater Toronto (7 per census tract). These responses were then weighted using post-stratification methods by gender, age, and income to more accurately represent the GTA population (see next section for more information).

Table B1 shows the distribution of the survey sample across demographic groups in comparison with the actual GTA population.

Ethnicity

The public survey of individuals asked about the self-reported ethnic and cultural ancestry of respondents. The option was given to choose more than one answer, including an open response. 75% of

respondents gave a single answer for ethnic/cultural group. Of the remaining 25%, 29% gave more than two ethnic/cultural identities. In summary, 75% of respondents gave a single answer to the identity question, 18% gave two answers to the identity question, and 7% gave three or more. Among the single answers we have 36 different categories.

Weighting the Public Survey Data

There are always differences between the population and sample distribution in some key demographic variables when analyzing survey results. These differences are due to the sampling design, non-coverage issues or non-response. To avoid biases of point estimates, we adjusted for differences in age, gender and income using rake weighting.



Table B1: Distribution of study sample across demographic groups

		GTA Population* %	Study Sample (weighted)
Gender	Male	48%	43%
	Female	52%	56%
	All others	-	1%
Age	16 - 34	32%	29%
	35 - 44	17%	15%
	45 - 54	18%	21%
	55 - 64	15%	13%
	65+	18%	23%
Region	Halton	3%	3%
	Peel	23%	21%
	York	18%	16%
	Toronto	45%	48%
	Durham	11%	12%
Income	Less than \$25,000	13%	9%
	\$25,000 - \$39,999	11%	8%
	\$40,000 - \$59,999	14%	9%
	\$60,000 - \$99,999	24%	16%
	\$100,000 or more	38%	25%
	Refused/Don't know	-	33%
Education	Less than High School	16%	7%
	High School	26%	13%
	Completed Post-Secondary or higher	58%	78%
Immigration	Born in Canada	55%	63%
	Not born in Canada	45%	36%
	Refused	-	1%
Ethnicity**	Western European	27%	46%
	North American (not Indigenous)	13%	18%
	South Asian	14%	7%
	East Asian	16%	6%
	Eastern European	9%	5%
	Black	9%	5%
	West Asian	5%	3%
	Latin American	3%	2%
	Indigenous	1%	1%
	All others	3%	7%

*In all cases the distribution is based on the YMCA catchment area of GTA (excluding Oakville and Burlington), except Ethnicity which is based on the Toronto and Oshawa CMAs combined. All demographic data is sourced from the 2016 census data.

**Respondents were placed into the most appropriate ethnic group category based on their individual responses. The categories were mutually exclusive and based on the Statistics Canada 2017 list of ethnic origins.

Appendix C: Geographic Coverage and Neighbourhood Classifications

Details about the geographic coverage of the YMCA of Greater Toronto - Wellesley Institute GTA Well-Being Monitor and the approach employed for defining GTA neighbourhoods are provided below.

Geographic Coverage: The Greater Toronto Area Served by the YMCA of Greater Toronto

The Greater Toronto Area (GTA) includes the following Census Divisions: Durham, Halton, Peel, Toronto and York. This research focused on the areas of the GTA that are served by the YMCA of Greater Toronto which excludes Oakville and Burlington census subdivisions from the Halton census division.

Mapping Census Tracts into Local Neighbourhoods

Data were collected at the census tract level. To create neighbourhood level classifications, census tract data were combined to correspond, where possible, to neighbourhoods that have been defined by regional municipalities in the GTA (e.g., the City of Toronto's 140 neighbourhoods and Peel Region's 77 Service Delivery Areas).¹ For Durham Region we employed neighbourhoods that were created through the Health Neighborhoods Initiative. York Region neighbourhoods are based on Early Development Indicator Neighbourhood Boundaries that have been established in the region. In the absence of any existing neighbourhood classifications for Halton, we used ward boundaries.

¹ For more information on the neighbourhood boundaries used in this study see:

<https://www.toronto.ca/city-government/data-research-maps/neighbourhoods-communities/%20neighbourhood-profiles/>

<https://www.peelregion.ca/planning/pdc/data/peel-service-delivery-areas.htm>

<http://opendata.durham.ca/datasets/health-neighbourhoods>

<http://insights-york.opendata.arcgis.com/datasets/early-development-instrument-edi-neighbourhood-boundaries>

<https://www.milton.ca/en/townhall/CouncilCompositionReview.asp>

https://hub.haltonhills.ca/Resource/Geomatics%20Documents/Wards_WARD_85x11P.pdf





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