

Canadian Quality of Life: Linking the Social Environment Index to Educational Objectives

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ABSTRACT

Since ancient times, students have received teachings of how to live a “good life.” Throughout the dialogues of Plato, Socrates took the view that if we know what the good life is than we will lead it. The modernization of Greek philosophers’ search for well-being has led into progress over the years clarifying how we think about our ‘quality of life’ and how we use it in our lives. Despite the development of international definitions, indexes, and indicators for today’s quality of life, there is a need to integrate quality of life indicators along with its key determinants within a school health perspective. Exploration of the phenomenon of quality of life to maximize educational objectives while achieving the goals of public health requires a holistic approach. Health Promoting Schools is a collaborative process, which draws upon underpinnings of the Ottawa Charter, and reflects socio-ecological levels of influence. Carrying on the philosophy of Socrates, this article concentrates on the dialectical examination of basic ethical issues in today’s Canadian context: What is quality of life? Why should quality of life be addressed in schools? Specifically, why should the social environmental indicators within the quality of life be addressed in schools? Integration of the social environment indicators, identified by Canadians as priority themes influencing quality of life, by educators into curricula will only empower students in this aspect of well-being. This article provides a conceptual and visual model illustrating the links between quality of life indicators and educational objectives to facilitate practical pedagogical strategies.

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Introduction

“It is quality rather than quantity that matters.” Lucius Annaeus Seneca, c. 4 BCE-CE 65, Epistles, 45.

Historical Perspectives: The Good Life

Among the early works of western civilization, the most famous student of Socrates, Plato presented his dialogues and investigations of the need for holistic conceptions of the human life (Stanford University Metaphysics Research Lab, 2008). The focus of Plato’s teachings has been on how to live the “good life.” Other Greek philosophers’ search for human well-being was compounded by the question of change in the world. Heraclitus had claimed that there is nothing certain or stable except the fact that things change

<http://www.wsu.edu/~dee/GREECE/PLATO.HTM>.

The modernization of the notion of Plato’s philosophical ideal of “good life” has extended into the development of international definitions, indexes, and indicators for today’s “quality of life” (Cummins, 2000; Haggerty, Cummins, Ferriss, Land, Michalos,

Peterson, Sharpe, Sirgy, & Vogel, 2001; Osberg & Sharpe, 1998; The WHOQOL Group, 1998). The quality of life (QOL) approach considers a broad range of determinants of health. Key determinants of health include: income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture (Public Health Agency of Canada, 2001). The recent creation of WHO’s Commission on the Social Determinants of Health (CSDH), demonstrates renewed interest in the social determinants of health in Canada and other countries (World Health Organization, 2006). According to Raphael (2008), there are public health roles and activities that would support the social determinants of health including: educating the public, health professionals, and policy makers; and knowledge dissemination. Schools are an essential setting to maximize educational outcomes whereas achieving the goals of public health and health literacy (St.

Leger, 2001; Vamos & Zhou, 2007) are related to QOL.

Throughout the dialogues of Plato, Socrates took the view that if we know what the good life is than we will lead it. This implied that knowledgeable experts would lead the young and foolish with a lack of knowledge. Today, our pedagogical perspectives have been changing from a knowledge-based orientation towards a skills-based orientation. Empowering our youth to be active members of society engaged in addressing social, economic, and environmental determinants of health through society is not well developed in many schools, yet shows great potential for contributing to the health and education outcomes (St. Leger, 2001).

Carrying on the philosophy of Socrates, this paper will concentrate on the dialectical (and conceptual) examination of basic ethical issues in today’s Canadian context: What is quality of life? Why should quality of life be addressed in schools? Specifically, why should the social environmental indicators within the quality of life be addressed in schools? Unlike Platonic dialogues and philosophy

of Socrates, this paper will answer the questions with which it began: *What is Quality of Life (QOL)?*

Meaning of the Quality of Life

Quality of life is defined as *individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns* (WHO, 1996, p. 5). WHO's international definition reflects the view that QOL is a respondent's subjective evaluation of their social, environmental, and cultural context. QOL is a term and construct that is applicable to all of us. Considerable progress has been made over the years clarifying how we think about the QOL and how we use it in our lives (Brown, Friefeld, & Schiller, 1993). Despite interest and good intentions by stakeholders to integrate QOL into education systems, a framework illustrating the links between indicators of QOL and educational objectives is required to facilitate practical pedagogical strategies.

Over the last three decades, various government agencies and public policy institutes have proposed resources and indexes to measure the quality of life (QOL) throughout the globe (Haggerty, Cummins, Ferriss, Land, Michalos, Peterson, Sharpe, Sirgy, & Vogel, 2001). The Committee for Societal QOL Indexes (CSQOLS) reviewed and evaluated 22 of the most commonly used QOL indexes from around the world and described the future agenda for research and public policy. These indexes vary greatly in their coverage and the definitions of QOL. The committee recommends a domain structure that all indexes can utilize to improve communication among researchers, policy-makers, practitioners, and stakeholders.

Canadian Quality of Life (QOL)

An individual's well-being collectively describes how one feels about their environment. According to the Atlas of Canada (2008), quality of life (QOL) is a term used to measure well-being. Overall QOL is a composite assessment of the quality of the *social,*

environmental, and economic environments. Indicator data (domains) are compiled and categorized into three separate environment groups (indexes), then combined to show overall and visually depicted on QOL maps <http://atlas.nrcan.gc.ca/site/english/maps/peopleandsociety/QOL>.

The Canadian Policy Research Networks (CPRN) with its partners has undertaken a project to create a comprehensive national portrait of Canadian QOL. An additional map, prepared in partnership with the Canadian Policy Research Networks (CPRN) Quality of Life Indicators Project provides a set of national indicators formulated after consultation with nearly 350 participants in 9 provinces across Canada over a two-week period in 2000 (Michalaski, 2002).

Social Environment Index

According to the Atlas of Canada (2008), the *social environment* represents the external conditions under which people engage in social activity within their community. These indicators (domains) include: social opportunity, leisure and recreation, education, access to health services, health status, and participation in democratic processes. All of these indicators are used to assess the important aspects of the quality of an individual's social environment.

Why QOL in School Health?

According to the Public Health Agency of Canada, the current question is "what can Canada now do to maintain and enhance the health status of its population?" (Health Canada, 2008). By studying QOL and the relationships between social, economic, environmental, and cultural factors, researchers have known that these variables and health are closely linked (Health Canada, 2004). Canada's Determinants of Health Working Group identified best ways of investing resources to improve the health of the nation, recognizing the importance of personal health decisions and associated community supports for the adoption of those positive personal health practices (Health Canada, 2008). It was found

that that key factors in youth health include a caring family, other supportive people outside the family unit, personal skills, and a sense of purpose and meaning. "Although we are now beginning to understand what can be done, this understanding is not being followed by concrete action" (Health Canada, 2004, Youth Health, 4.3) The need for a broad approach is consistent with the Ottawa Charter for Health Promotion: 1) building personal skills; 2) creating healthy environments; 3) reorienting health services; 4) strengthening community action; and 5) building healthy public policy (WHO Health Organization Regional Office for Europe, 2006). These five important guiding strategies can be undertaken in the school setting to meet the changing needs of our youth with coordinated efforts by educators, allied-health professional, and community-stakeholders as part of our effective school health programs (Vamos & Zhou, 2007; WHO Expert Committee on Comprehensive School Health and Promotion, 1995; WHO Health Organization Regional Office for Europe, 2006).

Examining Canadian QOL and its indicators within a school health perspective along with its determinants has been receiving an increasing level of attention. According to Quality of Life Research Unit (2008), a QOL approach among adolescent health achieves the following aims: (1) considers a broad range of determinants (including psychological and societal, which may not have been considered to date); (2) considers determinants of health at a range of levels and interrelationships (personal factors, school and community factors, and structural factors); (3) considers multiple perspectives (adolescents, parents, service providers, etc.); and (4) linked to health promotion perspectives suggesting promotion of positive healthy behaviours among adolescents. These aims are compatible with a health promoting schools (HPS) approach involving collaboration, general well-being and learning through curricula, improving the physical and social

environments of school community (environment/ethos), and developing partnerships with parents, allied-health professionals, community, and agencies (community) (Davis & Cooke, 2007). HPS is viewed as a settings approach to health promotion reflecting broad social and environmental determinants of health (Rowlings & Jeffreys, 2006).

Health, Education, and Schools

Since early times, education systems in conjunction with families and communities have been asked to assume a public health role (St. Leger, 2004). The phenomenon of QOL requires a holistic approach, and an ecological model is suggested as a means to conceptualize QOL (Buboltz, Eicher, Evers, & Sontag, 1980). The health promoting school (HPS) approach is compatible with the ecological model with its emphasis on individual, social, and environmental components (Evans, Roy, Greiger, Werner, & Burnett, 2008). For the ecological perspective (individuals, social networks, organizations, communities, and populations) to be beneficial, theory must be implemented into practice, within a variety of environments, and utilizing research to determine its effectiveness (Eng, 1997). HPS considers levels of influences as it is found in the ecological perspective. HPS can achieve education goals by addressing health themes within and the educational framework (St. Leger, 2001). Recognizing that healthy students are successful learners, schools and their educators have the goal of supporting students' well-being by addressing levels of influence. Achieving health and education outcomes is a result of the broad focus on improving health status and improving academic performance by creating a healthy school community environment and

enabling students to function optimally (Bonaiuto, 2007).

Why Social Environment in School Health?

Recalling the Ottawa Charter, the prerequisites of health are: peace, shelter, education, food, income, stable eco-system, sustainable resources, social justice, and equity (World Health Organization, 1986). Many of the social environment indicators used to assess the important aspects of one's quality of the social environment are reflected in the Charter's prerequisites http://atlas.nrcan.gc.ca/site/english/maps/peopleandsociety/QOL/soc_qol_uc/1.

By having schools provide a role in merging the practical reality of both the education and health sectors, HPS practices can support and shape our youth's health.

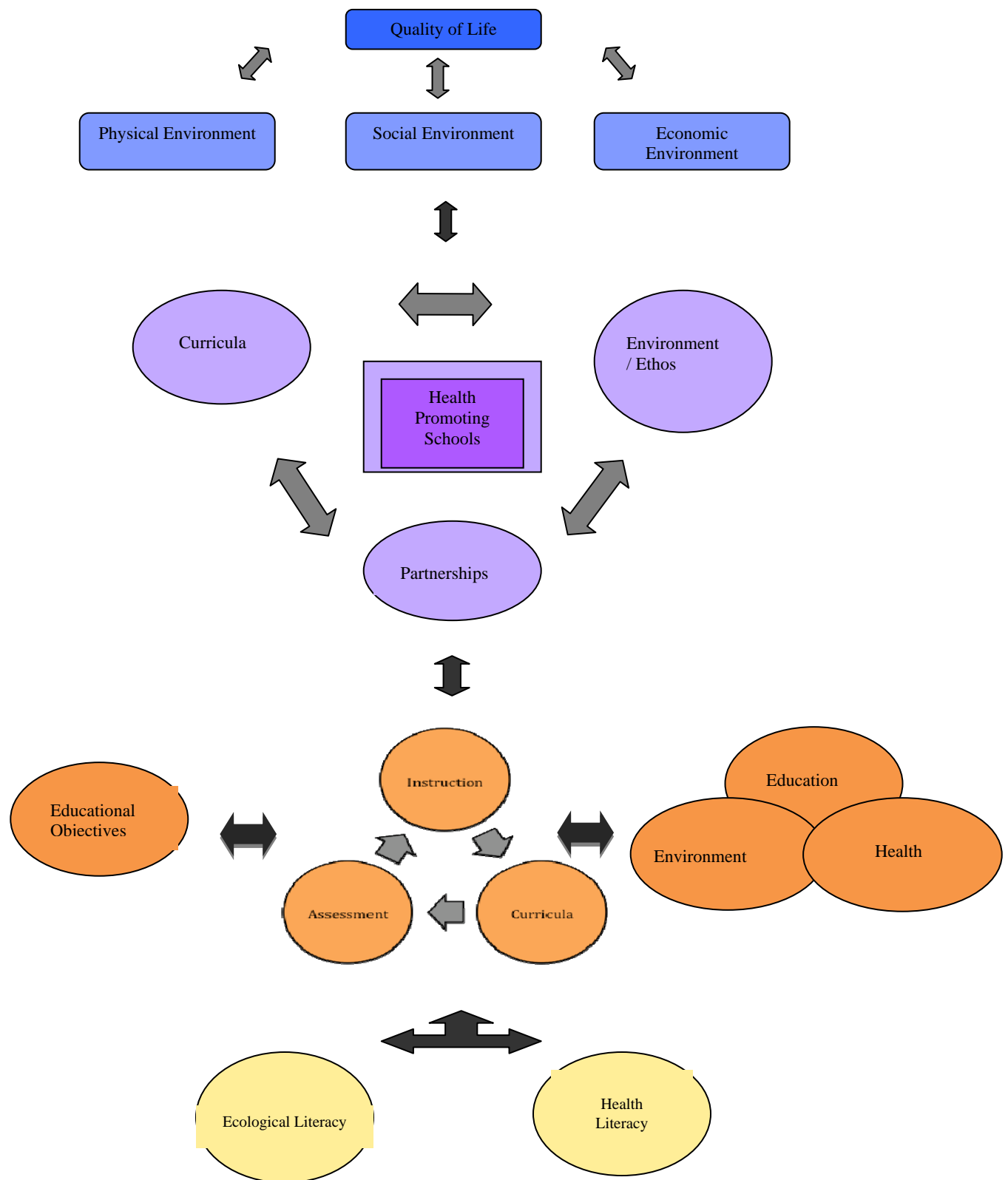
According to the Canada Policy Research Network's Quality of Life in Canada's: A Citizen's Report Card (Michalski, 2002), Canadian citizens revealed democratic rights and participation, health, education, and the environment as the themes in order of priority influencing their quality of life, respectively. These are all social indicators related to the social environment index (Atlas of Canada, 2008). Linking social indicators to educational objectives by schools offers practical 'hands-on' learning experiences utilizing a QOL perspective relevant to the lives of school-aged youth. Skills-based learning can contribute to the achievement of educational and health commitments and the health literacy concept as the outcome of health promoting schools (Vamos, 2008). Exploration and commitment towards the social indicators by educators will only strengthen their students' capacities to develop critical health literacy levels described by Nutbeam (2008) as one's ability to exert greater control over life events and situations. By incorporating key concepts and

skills into their instruction and delivering innovative strategies and aligning curricula and assessment, increased attention can efficiently address the students' aspect of well-being. A conceptual and visual model linking Canadian QOL to educational objectives within a health promoting school framework to address health and learning needs is shown in Figure 1.

Conclusion

We are all interconnected within a global ecosystem. By examining QOL through a historical lens, fundamental Platonian questions remain both relevant and critical. In an ever-changing global environment, individuals across the world continue to evaluate their lives in similar ways. In a time, where youth are often considered disenfranchised, or disengaged, it is vital that the school institution play a critical role in the promotion of and pursuit of quality of life. A greater awareness of how we treat ourselves and the environment will, not only affect our individual quality of life, but the quality of life of our communities, both locally and globally. HPS is a collaborative process, which draws upon underpinnings of the Ottawa Charter and reflects socio-ecological levels of influence. By supporting individuals through an ecological approach, an age-old question begins to unravel. Through an alignment of critical pedagogy within a QOL perspective, we are able to tackle the fundamental human quest within our school systems, of empowering our youth to be health literate and ecologically-literate. At first glance the ancient Greeks and our educators today may have little in common. Through a detailed examination, however, we realize, perhaps they share a most fundamental common goal - to help young people live a *good life* in a world of change.

Figure 1. A Conceptual Model Linking Canadian QOL to Educational Objectives within a Health Promoting School Framework to Address Health and Learning Needs



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