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## **Quality of Life in Rural Illinois: A Cross-Sectional Assessment**

by Adee Athiyaman and Norman Walzer<sup>1</sup>

### **Introduction**

During the 1990s, rural Illinois experienced substantially different population and economic trends than did neighboring states (Walzer, Gruidl, and Sutton 2002). Specifically, Illinois lost large cohorts of both its more elderly and very young populations. Population trends like these often are symptomatic of underlying economic, social, political, and environmental circumstances influencing the well-being of individuals. As aptly observed by Marsella,

Levi, and Ekbal (1997), for many persons, “developed” does not mean “happier.” An individual may be exposed to better conditions of employment, housing, and so on, measured objectively, but may feel subjectively that their quality of life is becoming diminished (World Bank Institute 2006). Put simply, the interaction between a person’s economic and psychological well-being influences how that individual will perceive their quality of life.

### **Concept of QOL**

Quality of Life (QOL) judgments rest in the eyes of the beholder. In 1946, Max Weber theorized that quality of life is a measure of an individual’s need satisfaction resulting from the interplay of “life choices” and “life chances.” Life choices are those physical and social circumstances that can be controlled such as employment and education, while life chances are things such as sexuality, neighbors, and age that cannot be influenced but must be confronted.

Weber’s conceptualization of life choices and chances is inextricably linked to everyday life and, in turn, to one’s QOL. For example, an individual’s work may provide opportunity to acquire material possessions (life choice), resulting in need fulfillment and positive perceptions of life quality; however,

that same individual’s age, sex, and siblings are life chances that cannot be controlled, which may have either reinforcing or negating influences on QOL perceptions (LaGory, Fitzpatrick, and Ritchey 2001).

Recognizing that individuals do have QOL perceptions and that choice and chance factors may influence these perceptions raises the question of whether public policy actions might be implemented to positively influence an individual’s QOL ratings. Can information be found in the QOL ratings of sampled Illinois residents that might be useful for setting policy for the improvement of QOL perceptions? This paper explores these inquiries.

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## Rural Life Poll

QOL measures were obtained in 2006 from an Illinois Institute for Rural Affairs Rural Life Poll (RLP) (Sutton 2005). This RLP obtained responses from a sample of 640 residents living in rural Illinois concerning their perceptions about such different topics as community life and the use of technologies at home and at work. Those responding to the RLP were mostly female (53%), between the ages of 36 and 65 (55%), with household incomes not exceeding \$50,000 (67%). **Table 1** lists the measures contained in the RLP that relate to the conceptual framework examined in this paper.

**Table 1. Measures Related to QOL in RLP, 2005**

| <i>Concept</i>          | <i>Definition</i>   | <i>Measures</i>   |
|-------------------------|---|---|
| Quality of Life         | A general sense of well-being—For policy development purposes, it is often categorized into community-specific QOL or public QOL and family-related QOL or private QOL. | During the past five years has the . . .<br>1. QOL in your community become . . .<br>In the next five years will the . . .<br>1. QOL in your community be . . .<br>Measured on a 5-step “Much Worse” to “Much Better” scale.  |
| Life Chances            | Individual’s physical and social circumstances—These include an individual’s financial circumstances and personal characteristics such as gender, age, and income.      | Compared with a year ago, is your financial situation today . . .<br>Measured on a 5-step “Much Worse” to “Much Better” scale.<br>Are you . . .<br>Male      Female<br>In what year were you born?  |
| Life Choices            | Decisions to behave in a certain manner such as accepting and nurturing social support, and avoiding health-compromising behavior                                       | Please indicate whether you AGREE or DISAGREE with the following statement about your community:<br>1. Family ties and friendships make this community special to me.<br>Check the response that best reflects your status . . .<br>I always seek medical services when I need them . . . |
| Allocational Policies*  | Government spending on economically neutral areas such as police and fire   | How satisfied are you with each of the items below in your community?<br>Law enforcement<br>Solid waste disposal . . .  |
| Developmental Policies* | Government policies aimed at improving the community’s economic position  | How satisfied are you with each of the items below in your community?<br>Retail shopping<br>Entertainment . . .   |

**Note:** See Appendix 1 for a complete list of “policy” measures.

The first stage of the analysis focuses on comparing life chance indicators with the QOL ratings provided by the residents surveyed. In all, 15 life chance categories were identified. They were male and female aggregated by three age brackets (born before 1949, born between 1949 and 1965, and born after 1965), and the same three age brackets compared with three categories of financial status (worse, same, or better than the previous year). These 15 life chance categories were then compared with QOL perceptions of the previous and next five years (see **Table 2**).

**Table 2. Mean QOL Perceptions Based on Life Chances Indicators**

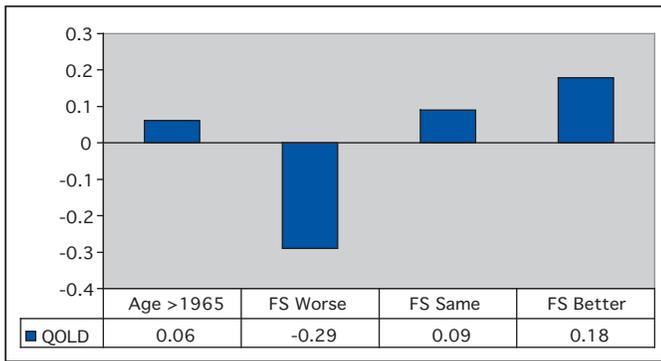
| <i>Life Chance Variable</i> | <i>QOL in Community</i> |                |                     |                |
|-----------------------------|-------------------------|----------------|---------------------|----------------|
|                             | <i>Past 5 Years</i>     |                | <i>Next 5 Years</i> |                |
|                             | <i>Mean Score</i>       | <i>z Value</i> | <i>Mean Score</i>   | <i>z Value</i> |
| Male                        | 2.79                    | 0.66           | 2.86                | -0.33          |
| Female                      | 2.82                    | 0.33           | 2.88                | 0.33           |
| Born before 1949            | 2.79                    | 0.66           | 2.85                | -0.66          |
| Born during 1949-1965       | 2.82                    | 0.33           | 2.87                | 0.00           |
| Born after 1965             | 2.87                    | 2.00           | 3.00                | 4.33           |
| Worse financial situation   | 2.52                    | -9.66          | 2.56                | -10.33         |
| Same financial situation    | 2.90                    | 3.00           | 2.94                | 2.33           |
| Better financial situation  | 2.99                    | 6.00           | 3.12                | 8.33           |
| Grand mean ( $\mu$ 0)       | 2.81                    |                | 2.87                |                |

**Note:** A z Value of 1.96 is statistically significant.

Note in **Table 2** that the mean QOL scores of males and females are quite similar both for the previous and next five years; however, when age is taken into consideration, differences in the mean QOL scores do become apparent. Similarly, the mean ratings of respondents when grouped by financial circumstances can be seen to impact the mean QOL scores.

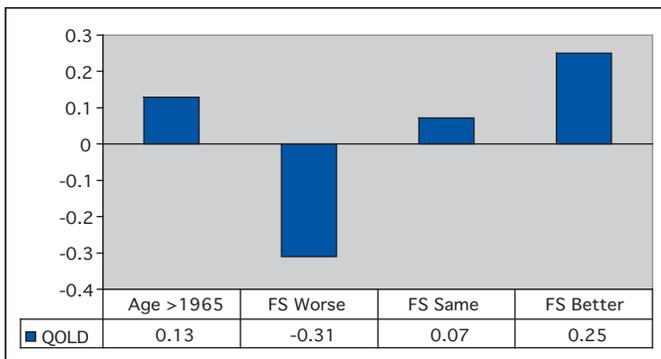
**Figures 1 and 2** highlight the “significance” of the data. Specifically, the figures highlight the statistically significant deviations of QOL from the overall average perceptions.

**Figure 1. QOL in Community During the Past Five Years: Deviations from Grand Mean**



**Note:** Mean overall perception = 2.81 on a 5.0 scale where 5 signifies "Much Better," 3 denotes "Stayed the Same," and 1 signifies "Much Worse"; FS = perceived financial situation; QOLD = deviation from grand mean.

**Figure 2. Perceptions for QOL in the Community in the Next Five Years**



**Note:** Mean overall perception = 2.87 on a 5.0 scale

The analyses rendered no significant differences in the perceptions based solely on the gender of the respondents; however, those persons interviewed who were born after 1965 had a statistically higher mean QOL score than did the other age categories in **Figure 1**. Similarly, those individuals who were suffering worse financial conditions over the past five years were more inclined to report lower QOL ratings than those persons with improved financial status, just as one might have surmised.

Somewhat similar findings were reported for the QOL expectations for the next five years. Note in **Table 2** that older persons and those in perceived lesser financial status provided more pessimistic (lower) mean QOL scores.

**Figures 1 and 2** emphasize that the perceived financial status of the respondents impacts on their community QOL scores. In general, the better the financial status of the person interviewed, the better their QOL perception.

The life chance variable, financial status, co-varies with life choice decisions such as looking after one's health and socializing in the community. Put another way, financial well-being enables an individual to look after his or her health and social well-being issues. Thus, the logical flow of "effects" is from . . .

Financial Status → Health Management and Social Well-Being → QOL Perceptions

The question then is what allocation and developmental policy variables should be part of the above system to help enhance community QOL perceptions? To address this question, an OLS regression analysis of a "log-log" transformation of the QOL in community variable and a set of 30 "allocational" and "developmental" policy variables or predictors (see **Appendix 1**) was undertaken. Use of this analytic tool allows the effects of each policy variable to be identified when the effects of other variables have been simultaneously considered. (For a full report of this statistical approach, see Athiyaman, 2006).

The regression analyses suggest that within the elderly population, QOL perceptions depend on beliefs about (1) housing in the community, (2) availability of jobs that pay a living wage, and (3) the quality of schools in the community. For instance, a one percent increase in beliefs related to the availability of jobs in the community increases perceptions of QOL in the community by 0.35 percent.

For baby boomers born between 1949 and 1965, the quality of schools and access to childcare or daycare services appear to be especially important. For instance, for those residents who believe the quality of schools has increased in the community, their QOL perceptions about the community also increased by 51 percent. As for the young residents born after 1965, the availability of housing in the community served to enhance their QOL perceptions.

There may be overlap of issues that will blur the relative importance of given policy strategies for all three age cohorts in the minds of policymakers. Nevertheless, it is clear that the QOL perceptions of the elderly are affected by specific issues such as housing in the community and availability of jobs that pay a living wage.

## Further Discussions

QOL is more of a forward-looking indicator of community success that measures how well residents will respond to community governance in the future. Other measures of community performance, such as retail sales and taxation, are more backward-looking measures of past successes. They tell how well the community has done in the past, but not necessarily how well it will do in the future.

This paper highlights perceptions about QOL in rural Illinois. Overall, the perception is that QOL in community is “average.” Since resident dissatisfaction with community life may precede relocation to another community—especially for those who are not linked to a job—it is essential that governments manage QOL perceptions of their residents. How can this be done? A psychological theory called “Theory of Reasoned Action” (Fishbein 1967) provides one approach.

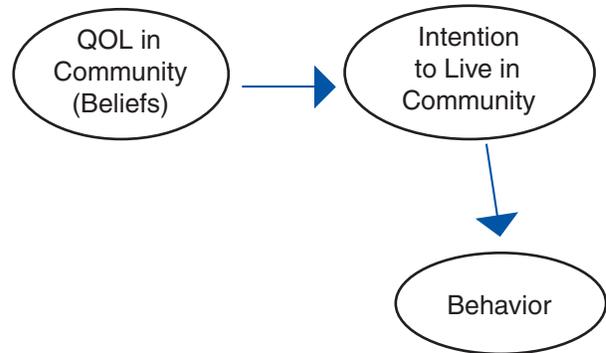
The major psychological concepts that can be used to explain a resident’s decision to live in a community are beliefs, evaluation, and intention (Fishbein 1967). Briefly, an individual associates positive and negative characteristics about an act or behavior. Associated with each of these characteristics is an affective or emotional response. These responses combine linearly to form an assessment about performing the act.

When applied to decisions about residence, the model states that a resident’s assessment of QOL in a community includes one or more salient community characteristics and beliefs about each characteristic. Note that the salient beliefs associated with the community and the effect or feeling attached to these beliefs combine additively to constitute “QOL assessment for the resident community.”

The causal order of the variables is as follows. At the first level, a resident’s assessment of QOL in a community will cause a behavioral intention to live in the community. At the second level, behavioral intention causes actual behavior (**Figure 3**).

This framework allows us to derive strategies to improve QOL in rural Illinois. Since positive QOL dictates community choice, it is essential that community leaders focus on maintaining or enhancing the QOL assessment of residents. Note that the objective is to modify or maintain residents’ beliefs about salient community characteristics.

**Figure 3. QOL and Resident Behavior: Causal Relationship**



Specifically, based on the research and analyses discussed earlier, local officials and community leaders could highlight or promote the following attributes or features of rural Illinois:

- *Housing in Community.* A one percent increase in satisfaction perception about housing availability and quality will increase QOL scores by at least .29 percent and to a maximum of about 0.60 percent. The largest impact of this factor will be felt by residents who feel that their financial situation is stable, and this makes sense intuitively.
- *Jobs that Pay a Living Wage.* A one percent increase in the perception that jobs available pay a living wage will enhance QOL in community by an average of approximately .36 percent. This finding also is consistent with empirical observations because a common complaint in some rural areas has been that wages are relatively low, causing high school graduates to leave the area.
- *Quality Education (K-12).* Perceptions about QOL will increase a maximum of .51 percent if community perception about the quality of education increases by one percentage point. The greatest impact will obviously be on younger residents with families. This group is especially important to the future of rural areas.
- *Retail Shopping Facilities.* Of somewhat lower importance, but still a factor, is retail shopping in the rural area, and a .12 to .18 percent gain in perceived QOL can be obtained if community perceptions are improved. This is especially relevant for the female cohort and for residents in a perceived stable to strong financial situation.

- *Reduce the Fear of Shortages of Skilled Labor.* A one percent increase in community perception about shortage of skilled labor could negatively affect QOL by as much as .27 percent. Most likely, this finding is a commentary on the economic future of the rural area because businesses have long complained about the difficulties associated

with finding skilled employees; however, the finding could also reflect a more direct impact on residents if the skilled labor issue involves trades such as carpenters, plumbers, and roofers. For instance, a perception that these services will not be readily available in rural areas in the future could create concerns.

## Conclusion

The findings reported here provide serious food for thought as policymakers and local leaders evaluate ways to market their communities. Current and future residents in rural communities are affected by their perceptions about what has happened in or to their community in recent years but also by their expectations about the future.

Traditionally, RLP respondents have rated QOL in their communities lower than QOL for their families. One hypothesis is that they receive most of the information about what is happening in their community from the news media and other sources, while they know firsthand what has happened, and what is the potential, for their family. Thus, there may be opportunities for community leaders and public officials to help shape QOL perceptions by a more aggressive marketing program.

Specifically, the analysis presented earlier suggests that quality of schools, availability of housing, and other factors are important determinants of how residents perceive their QOL. It follows, then, that local leaders could spend time and resources marketing their community to specific age and income groups along certain lines. For instance,

promoting the high quality of local schools could be one approach to younger families, while elderly residents might respond to different issues.

This report provides some specifics about issues important to various groups. It is vital that local leaders in rural areas understand the importance of the QOL perceptions and decide to market the desirable characteristics in a more aggressive fashion. More and more, themes such as “life is good” are appearing on signs in rural Illinois as part of an economic development strategy. While these efforts should be applauded and expanded, equally important is an understanding that rural residents in various age cohorts may respond differently to specific messages.

More research along these lines would be useful in helping retain, or rebuild, rural populations. Toward that end, the research results presented here can help with these efforts. In conclusion, this report has shown what quality of life factors are especially important to various population groups and insights have been offered into how these perceptions can be managed.

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**Appendix: Variables Examined**

| <i>Variable</i>                                     | <i>Mean</i> | <i>SD</i> |
|---|-------------|-----------|
| <i>Satisfaction with . . . (5 = Very Satisfied)</i> |             |           |
| Housing   | 3.3         | 2.0       |
| Streets   | 3.3         | 1.9       |
| Solid waste disposal                                | 3.3         | 1.9       |
| Law enforcement                                     | 2.9         | 1.8       |
| Parks and recreation                                | 2.8         | 1.7       |
| Library services                                    | 2.8         | 1.4       |
| Education (K-12)                                    | 2.6         | 1.7       |
| Public transit                                      | 2.6         | 1.8       |
| Head Start programs                                 | 2.5         | 1.7       |
| Daycare services                                    | 2.4         | 1.6       |
| Senior services                                     | 2.3         | 1.3       |
| Basic medical services                              | 2.1         | 1.4       |
| Mental health services                              | 2.1         | 1.4       |
| Retail shopping                                     | 2.0         | 1.2       |
| Restaurants   | 2.2         | 1.3       |
| Entertainment                                       | 2.3         | 1.3       |

| <i>Beliefs about issues that could affect the future of the community (3 = Won't Affect)</i> |     |     |
|--|-----|-----|
| Jobs that pay a living wage  | 2.2 | 1.2 |
| Quality of schools   | 2.2 | 1.2 |
| Crime  | 2.3 | 1.3 |
| Security of family farms   | 2.5 | 1.3 |
| Small business closings  | 2.7 | 1.3 |
| Shortage of skilled labor  | 2.8 | 1.2 |
| People leaving community   | 2.7 | 1.3 |
| People moving into community   | 2.8 | 1.4 |
| Decline in quality of environment  | 2.0 | 1.5 |
| Alcohol and drug abuse   | 2.1 | 1.5 |
| Access to health care  | 2.5 | 1.6 |
| Loss of high school graduates  | 2.6 | 1.6 |
| Services for senior citizens   | 2.6 | 1.6 |
| Closing of schools   | 2.7 | 1.7 |

**Note:** Satisfaction variables were explored for covariation with QOL in community in the past, and “future issues” variables were used to explore association with QOL in community in the future.

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