

**Final Report:
Medicine Hat General Population
Quality of Life Survey**

“Personal Well-being Index”

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Version 1.0



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Executive Summary

During late 2006 and early 2007 a Quality of Life study was conducted in Medicine Hat. The purpose of the study was to learn what Medicine Hat residents mean when they say that Medicine Hat is a good place to live. What factors make it “good”? Survey results indicated that, overall, residents felt that they enjoyed a good quality of life in Medicine Hat.

Subsequently, the City of Medicine Hat contracted Howard Research & Management Consulting Inc. to conduct a general population survey to further assess quality of life of residents. In January 2009 a random sample of 400 residents of Medicine Hat age 18 years and older were administered a telephone survey to assess: a) their quality of life along eight domains, and b) indicators that they considered important to their quality of life.¹

What is Quality of Life?

Quality of life (QoL) is a complex, multidimensional concept. Its origins are in the very beginnings of western philosophy and it continues to be a popular notion in modern health and social science literature. There are at least a hundred definitions of quality of life in the academic literature. However, two major perspectives on indicators of QoL are offered—one is standard of living; the other is personal well-being.

1. Standard of living describes the environment where people live. QoL is indicated through statistics such as average income, air quality, and crime rates. For example, *Medicine Hat Vital Signs 2007* is a report on the standard of living experienced in Medicine Hat.
2. Personal well-being describes how people experience where and how they live. QoL is indicated through statements and statistics that capture perception such as: How would you rate your personal health? How safe do you feel walking in your neighbourhood? Do you feel you have enough resources to meet your basic needs? Do you trust your neighbours? Do you have enough friends? Do you experience enough personal privacy?

What we know for sure is that where people live and how well off they are economically do not necessarily predict how they will experience the quality of their lives.² People living in less economically advantaged environments do not necessarily see themselves as experiencing a poor quality of life. For example, a recent study of Canadian cities indicates that people living in richer cities (Toronto, Calgary, Ottawa) are less satisfied with their lives than people living in smaller, poorer ones (Charlottetown, Quebec City, St. John's). The researcher's conclusions: income doesn't matter much to well-being. In fact, significant evidence is suggesting that people who experience a high quality of life also experience significant satisfaction with their social connectedness (family, friends, sports teams, cultural activities, etc.).³

¹ **Note:** A sample size of 400 produces a sample with a confidence interval of $\pm 5\%$, 19 times out of 20.

² Social science research since the early 1970s consistently shows that there is little correlation between objective and subjective indicators of quality of life.

³ Barrington-Leigh, Christopher Paul. (2009). *Geography, reference groups, and the determinants of life satisfaction*. Unpublished doctoral thesis, University of British Columbia, British Columbia. See also: Hadely, Terry. (2006, March 14). *Community engagement more important to happiness and productivity than material*



Obviously “standard of living” is not the same as “personal well-being.” Figure A provides some examples of how these two concepts differ.

Figure A. Examples of standard of living and well-being indicators of QoL

Standard of Living	Well-being
<ul style="list-style-type: none"> • Domestic product • Income distribution • Consumption expenditures • Unemployment rate • Access to housing • Home ownership rates • Health of the community • Quality of air • Birth weight • Cost of living • Education rate • Residential average selling price • Business licenses issued • Traffic flow • Charitable donations • Recreational facilities • Voter turnout • Average hourly wage • Vacancy rates • Women’s shelter usage • Number of physicians • Use of the food bank 	<ul style="list-style-type: none"> • Physical well-being <ul style="list-style-type: none"> - physically healthy / ability to get around • Emotional well-being <ul style="list-style-type: none"> - free of worry and stress • Spiritual well-being <ul style="list-style-type: none"> - hope for the future • Material well-being <ul style="list-style-type: none"> - financial status - employment • Social Inclusion <ul style="list-style-type: none"> - social supports - community integration and participation • Interpersonal relations <ul style="list-style-type: none"> - relationships (family, friends, peers) • Personal Development <ul style="list-style-type: none"> - education - productivity • Self-determination <ul style="list-style-type: none"> - autonomy and personal control - goals and personal values - choices • Rights <ul style="list-style-type: none"> - human (respect and dignity) - legal (citizenship, access, due process)

Approach to Quality of Life

This project focused on measuring personal well-being, rather than standard of living, of residents of Medicine Hat. To do so, a framework consisting of eight domains of quality of life, as suggested in the quality of life literature, was adopted.⁴ The eight domains and their associated indicators are presented in Figure B.

wealth. Presentation made for the Vancouver Board of Trade. Retrieved January 19, 2009 from http://www.boardoftrade.com/vbot_speech.asp?pageID=174&speechID=896&offset=&speechfind=

⁴ See Schalock, R.L., Gardner, J.F. & Bradley, V.J. (2007) *Quality of Life for People with Intellectual and Other Developmental Disabilities: Applications Across Individuals, Organizations, Communities, and Systems*. American Association on Intellectual and Developmental Disabilities, Washington, DC.



Figure B. Eight domains of quality of life

Domain	Domain Indicators
Emotional Well-Being	Contentment Self-concept Lack of stress
Interpersonal Relations	Interactions Relationships Supports
Material Well-Being	Financial status Employment Housing
Personal Development	Education Personal competence Performance
Physical Well-Being	Health and health care Activities of daily living Leisure
Self-Determination	Autonomy/personal control Personal goals Choices
Inclusion	Community integration & participation Roles Supports
Rights	Legal Human (respect, dignity, equality)

2009 Medicine Hat Quality of Life Study (Personal Well-being)

The 2009 Medicine Hat Quality of Life Study (assessing personal well-being) consisted of designing and administering 49 quality of life questions to the general population of Medicine Hat and analyzing the results obtained. As well, a set of 20 survey items was developed to assess indicators that residents of Medicine Hat considered important to the maintenance and improvement of their own personal quality of life.

The survey was administered via telephone to a random sample of 400 residents of Medicine Hat, who were 18 years of age or older, in January 2009. The overall response rate for the survey was 22%, with a cooperation rate of 77%.⁵ Both of these rates, and the cooperation rate in particular, are considered very good in the current survey climate where it is not uncommon for response rates to general population surveys to be in the range of 15% to 17%.

⁵ Response rate refers to the number of completed interviews divided by the total number of eligible households where contact was attempted. The cooperation rate refers to the number of completed interviews divided by the number of eligible households where contact was made (thereby excluding non-contacts – busy, answering machine, no answer – from the calculation). A much lower response rate when compared to cooperation rate suggests that individuals within the sample were difficult to contact.



Note: Reliability of the instrument used to measure quality of life was tested. Reliability scores for all domains achieved at least an acceptable level and in some cases a good or very good level, indicating that items within each domain comprise a reliable index.

Indicators of Importance to Quality of Life for Medicine Hat Residents

The 2007 study identified indicators of quality of life that residents of Medicine Hat felt were important in each of the 10 areas presented below. Over time (from 2007 to 2009) residents continued to feel that the same indicators were important to their quality of life.

Areas containing indicators that residents considered important to their quality of life over time (2007 – 2009) included:

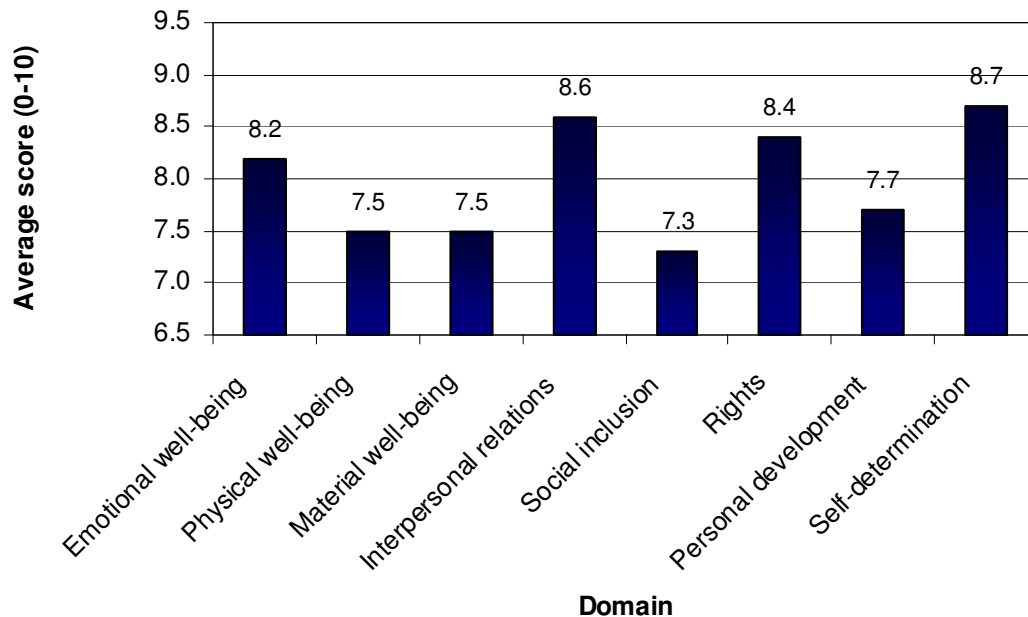
- Prosperity and independence
- Health
- Safety
- Neighbours and relationships
- Hopefulness/emotional well-being
- Environmental concerns
- Municipal government
- Recreation and culture
- Social supports/inclusion and poverty
- Education

Quality of Life (Personal Well-being) Scores

Based on data collected through the 2009 study, average quality of life (personal well-being) scores were calculated for all respondents on a scale from 0 to 10 in the eight domains, where 0 represents low quality of life and 10 represents high quality of life. Overall domain averages were then calculated across all respondents (n=400). Figure C indicates that average domain scores tend to be quite high across all eight quality of life domains investigated, ranging from 7.3 for social inclusion to 8.7 for self-determination.



Figure C. Average quality of life scores across all respondents



Differences in Quality of Life Scores by Respondent Demographic Characteristics

Statistical analyses were used to assess whether there were statistically significant differences in respondents' quality of life scores across the eight domains by seven demographic variables. Where statistically significant differences occurred between groups within a given demographic category, the following trends were observed (where only applicable to some QoL domains, relevant domains are indicated in parentheses):

- Gender: Females had higher quality of life scores than did males (all domains but physical and material well-being).
- Age: Younger respondents (18 to 23 years of age) had the lowest quality of life scores in all domains except emotional well-being, while respondents from the older age categories (60 to 64 years and 65 years and older) tended to have the highest quality of life scores.
- Dependents at home: Respondents with dependents at home had lower quality of life scores than did those who did not have any dependents at home (physical well-being, rights, self-determination).
- Highest level of education: Respondents with the highest levels of education (at least some university) had the highest quality of life scores, while the lowest quality of life scores were attributed to those respondents with some college, technical or vocational school or less than high school (material well-being, social inclusion).
- Marital status: Respondents who were divorced consistently had the lowest quality of life scores across all eight domains, while the highest scores were associated with those who were married/living together, widowed or separated, depending on domain.
- Employment status: Those respondents who were unemployed had the lowest quality of life scores across all eight domains while the group with the highest score



varied by domain (e.g., those employed part-time had the highest score in material well-being, homemakers had the highest score in interpersonal relations, and students had the highest score in personal development).

- **Household income:** Respondents in the lowest income category (less than \$20,000 per year) consistently had the lowest quality of life scores, while the highest scores tended to be associated with respondents who had a household income over \$50,000 per year (although specific income category varied by domain) (emotional well-being, material well-being, interpersonal relations, social inclusion, personal development).

Using these Results

As *Medicine Hat Vital Signs* information is useful for reviewing municipal policies and strategies for planning services to the residents of Medicine Hat, *personal well-being* measurement has significant value in supporting a high quality of life for all citizens of Medicine Hat.

- These results serve as a useful companion document to Medicine Hat's *Vital Signs* report, thereby covering both perspectives on quality of life, that is, standard of living and personal well-being.
- These results serve as the baseline measurement of the general population's quality of life in Medicine Hat. They can be used to compare results of the general population across years or to compare the general population scores with those of special populations (youth, seniors, disabled, working poor, immigrants, and other specific demographic groups).
- These data can likely be considered stable for a number of years, as it is unlikely that any major changes in the population-level quality of life will occur over a short time period (barring any major societal events such as economic disaster, civil unrest, etc.).
- Data are useful in considering different aspects of quality of life for: a) the population of Medicine Hat as a whole, and b) different demographic groups within the population. Domain-level scores can be assessed to determine where groups within the population have comparatively high or low quality of life scores (e.g., "social inclusion" which scored the lowest among all domains).
- This instrument is likely sensitive to changes in peoples' environments, and therefore has the potential to inform planning and programming implemented by the City, supported by the City, or implemented by other organizations and groups providing social services.