



**Medicine Hat Quality
of Life Study**

**Final Results
Report**

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Medicine Hat Quality of Life Study Highlights

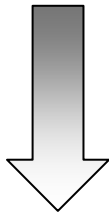
A Quality of Life study was conducted in the City of Medicine Hat in early 2007. An assessment tool was developed specifically for the City to identify what residents mean when they say that the quality of life in Medicine Hat is good. Groups of residents were consulted in development of the tool which was then used in a telephone survey conducted with a representative sample of over 1000 Medicine Hat residents.

Survey Results – Quality of Life Indicators

Survey results indicated that, overall, residents felt that they enjoyed a good quality of life in Medicine Hat. Close to three-quarters of respondents rated their quality of life as either “excellent” or “very good” (71% combined), almost one quarter (24%) rated it as “good”, and 5% rated it as “fair” or “poor” (combined).

Survey respondents said that ten groups of factors (or indicators) influenced their quality of life, but seven more so than others. The factors, in order of importance, were:

Higher Priority



1. Prosperity and independence
2. Health
3. Safety
4. Neighbours and relationships
5. Hopefulness/emotional wellbeing
6. Environmental concerns
7. Municipal government

Lesser Priority

8. Recreation and culture
9. Social supports/inclusion and poverty
10. Education

The higher priority areas are described in more depth below.

Prosperity indicators refer to being able to earn an adequate income to meet basic needs, and having control over making your own decisions. It also includes average cost of living, utilities and property taxes, and opportunity to work in Medicine Hat. Close to 90% of citizens felt that they had an adequate income and that they were in control of their own decisions.

Health indicators that were important to survey respondents were access to quality health services including having a family physician, acceptable emergency response times and wait times for medical services, and appropriate, affordable and available care for seniors. About 90% of survey respondents reported having a family physician, while about 69% felt that Medicine Hat provided good access to quality health services, and 66% felt that emergency response times were satisfactory.



Safety indicators include feeling that you live in a safe place and that the city you live in is a good place to raise a family. Citizens felt that Medicine Hat was that kind of place.

Survey respondents said that neighbours were very important to their quality of life—neighbours you can trust, someone you can confide in and count on in a crisis. About 90% of survey respondents said that they have neighbours like that in Medicine Hat.

Feeling hopeful about one's own future and the job prospects of one's children and grandchildren mattered a great deal to survey respondents. Other related and important quality of life indicators included being able to keep youth and young adults in the community, providing opportunities for the less fortunate to improve their standard of living, and being satisfied with one's job. Ninety-four percent (94%) of survey respondents said they felt hopeful about their futures living in Medicine Hat, 84% said they were satisfied with their jobs, and about 66% expressed hopefulness about their children's and grandchildren's future job prospects. Residents also said that having opportunities for continuous learning influenced their quality of life. Eighty-one percent (81%) of survey respondents felt that Medicine Hat provided these opportunities.

Environmental factors that were important indicators of quality of life to survey respondents included quality drinking water (75% of residents felt that water in Medicine Hat was safe to drink), a physically attractive and clean community (88% felt that Medicine Hat was), support and encouragement for recycling (83% of residents felt that Medicine Hat provided this), and air quality (67% felt that air quality in Medicine Hat was good).

Confidence in police, fire, ambulance and other municipal services was an important quality of life indicator, as was having confidence in local government to manage the growth of the city through wise commercial and residential planning. While between 75% and 85% of respondents said that they were confident in municipal services, 38% said the city wisely manages its growth.

What Residents Liked Most About Living in Medicine Hat

Survey respondents were also asked to respond to several open-ended questions that related to what they liked most about living in Medicine Hat. What respondents liked most (in descending order) was:

1. The small town / small city feel
2. The size
3. The people
4. The city in general
5. Accessibility (that is, that it is convenient to get around)

A Legacy Tool

A research-based assessment tool now exists to facilitate ongoing monitoring of Medicine Hat residents' perspectives on indicators that make the most difference to their quality of life. Quality of life information should be collected approximately every second year to inform municipal planning processes.



What This Report is About

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”?

Why a Quality of Life Study?

We know that Medicine Hat is a unique city and that it is distinguished from other cities by its rich agricultural and oil and gas heritage. It has the lowest municipal property tax and utility charges for single-family homes in the country, and it is common knowledge that the city owns its own utilities and boasts the most sunshine hours of any city in Canada. Medicine Hat’s economy is thriving as witnessed by its burgeoning commercial growth and growing population. From the production of sunflower seeds to unmanned rockets, from Nobel scientists to Canadian Idols, it is clear that both social and economic capital in Medicine Hat are not in short supply. What is less clear is what people mean when they say they like living Medicine Hat because of the quality of life they enjoy there. What does a “good quality of life” mean, and what value is there in knowing what it means?

Since the early 1990’s researchers around the world have worked to assess quality of life beyond using strictly economic measures like the GDP (Gross Domestic Product), the Consumer Price Index, and unemployment rate. The Canadian Policy Research Networks, for example, produced a report card in 2002 based on public dialogues conducted across the country to gather perspectives and values of Canadian citizens from all walks of life. Genuine Progress Indicators have been developed that include things like volunteer work and subtract factors like crime and pollution. These indicators are being used to redefine how economic, environmental and social wellbeing are assessed. Other national and provincial efforts continue to explore alternate ways to more authentically assess quality of life to reflect social and community wellbeing as well as economic prosperity.

Understanding the multiple factors that affect quality of life is important because it allows municipal governments to plan appropriately—that is, to ensure that policies are developed to guide wise action that maintains and even enhances what is working well now, and so that municipal spending responds to what people value.

How This Study Was Conducted

This study used both qualitative and quantitative methodologies to develop a “made in Medicine Hat tool” to assess quality of life of Medicine Hat residents. The study was conducted by Howard Research & Management Consulting Inc., an Alberta-based research and evaluation company.

The study was initiated with a thorough review of the literature on quality of life and its assessment. Various tools and processes were reviewed and a broad set of possible indicators was prepared and categorized into eight domains: 1) emotional wellbeing, 2) interpersonal relations, 3) material wellbeing, 4) personal development, 5) physical wellbeing, 6) self-determination, 7) social inclusion, and 8) rights. A four-stage process was then implemented to ensure the involvement of Medicine Hat residents.



Stage 1 – In November 2006, a group of 17 Medicine Hat residents representing various sectors (e.g., business, human services, education, environment, handicapped, health care, and seniors) met during a day-long workshop to select indicators they felt were most relevant to Medicine Hat. They also identified where the literature did not capture all the indicators that reflected life in Medicine Hat.

Stage 2 – In December 2006, three more small groups of Medicine Hat residents (this time representing faith, environmental, and cultural interests) met to develop indicators to fill the areas where gaps in indicators existed. These indicators were then added to the list created in Stage 1.

Stage 3 – In early December 2006, approximately 50 residents were asked to review the indicators, identifying which ones were most relevant to describe quality of life in Medicine Hat. Both objective and subjective indicators were considered.¹ Stage 3 led to the development of a survey which was administered during Stage 4.

Stage 4 – A telephone survey was administered to a random sample of approximately 1000 Medicine Hat adults between mid-January and early February 2007. The survey was conducted using a Computer-Assisted Telephone Interviewing system (CATI). A total of 1026 people responded to the survey, rendering an overall response rate of 28% (cooperation rate 52%).² Note that this response rate is higher than that normally achieved by random-digit-dial (RDD) telephone surveys conducted in the current Alberta environment. Response rates to similar RDD phone surveys tend to be closer to 17-20%, meaning that the response rate achieved by the Medicine Hat survey is, comparatively, a very good one. This response rate is likely a result of the promotional activities undertaken by the city to encourage residents to respond to the survey.

Survey data were analyzed according to question as well as by demographic characteristics including gender, age group, location within the city, whether there were children or other dependents under the age of 18 years living in the household, highest level of education, marital status, total household income, and employment status. Cross-tabulations were carried out whereby questions results were broken down by respondent demographic characteristics. In addition, chi-square analyses were conducted to determine if there were statistically significant differences between respondent subgroups.³ These results are presented in a comprehensive Technical Report (contained under separate cover) which also includes a detailed description of study methodology and analyses, as well as materials used in the various stages of the study.

¹ Objective indicators are those that can be measured and represented numerically, and in most cases, information for them can be drawn from existing sources. Subjective indicators are those for which new data need to be gathered—that is, information about what people actually feel is important to their quality of life, including how important the indicator is.

² Response rate refers to the number of completed interviews divided by the total number of eligible households where contact was attempted. Cooperation 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).

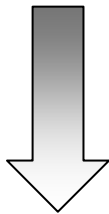
³ If a difference is “statistically significant” it is not likely to arise as a result of chance alone. Throughout this report statistically significant differences are reported at the 0.05 level ($p \leq 0.05$).



Key Findings: What Matters to Medicine Hat Residents About Their Quality of Life

All of the 66 indicators investigated were felt to be important by at least 42% of survey respondents. The proportion of respondents rating each indicator as important ranged from 42% to 97%. As almost all respondents felt that everything was important, this report focuses on what respondents considered to be most important. That is, it focuses on what the greatest proportion of respondents considered to be important. As such, the top 36 indicators (the indicators considered to be important by the greatest proportion of respondents) are presented in this report.⁴ In addition, survey respondents were asked to rate the importance of indicators falling into three other groups: recreation and culture, social supports/inclusion and poverty, and education. However, none of the indicators falling into these three categories were considered to be “most important” by survey respondents, and thus no further explanation is provided for them in this report.

Higher Priority



1. Prosperity and independence
2. Health
3. Safety
4. Neighbours and relationships
5. Hopefulness/emotional wellbeing
6. Environmental concerns
7. Municipal government

Lesser Priority

8. Recreation and culture
9. Social supports/inclusion and poverty
10. Education

Table 1 below presents the summary of results according to specific indicators of quality of life (including their relative ranking among the top 36 indicators), the percentage of survey respondents who felt that each indicator was an important one, and the proportion of those people who thought that Medicine Hat rated well on that indicator. More detailed explanation on the results of each indicator follow the Summary Table.

⁴ The top 36 indicators were chosen because these are the indicators that fall above the average proportion of respondents rating a given indicator as important (77%). This average was calculated using the following formula: (sum across all indicators of proportion of respondents who think indicator is important) divided by (the total number of indicators).



Table 1. Summary of Results

FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-66)	Proportion of respondents who think indicator is important
PROSPERITY AND INDEPENDENCE		
Adequate income to meet basic needs	#2	97%
Having control over one's own decision-making	#3	97%
Getting around the city conveniently	#11	92%
Average cost of living	#20	87%
Average cost of utilities	#22	85%
Opportunity to work in Medicine Hat	#35	77%
Municipal property taxes	#36	77%
Average house price	#43	73%
Average wage	#45	72%
HEALTH		
Access to quality health services	#4	96%
Having a family physician	#5	95%
Emergency response times	#8	94%
Average wait times for medical services	#17	90%
Appropriate, affordable, available care for seniors	#29	78%
SAFETY		
Feeling that your family lives in a safe place	#1	97%
A good place to raise a family	#9	93%
Feeling safe walking at night in your neighborhood	#10	92%
Crime rates (violent, property, drug-related)	#14	91%
NEIGHBOURS AND RELATIONSHIPS		
Being able to trust others in the neighborhood	#12	92%
Having good neighbours	#16	90%
Having someone close by to confide in & count on in a crisis	#21	86%
Living in a city that has a small town feel	#38	76%
Feeling that you are accepted and valued in your community	#49	71%
HOPEFULNESS / EMOTIONAL WELLBEING		
Feeling hopeful about one's future	#7	94%
Feeling hopeful about children's & grandchildren's future job prospects	#18	90%
Keeping youth and adults in the community	#26	80%
Opportunities for the less fortunate (those living in poverty) to improve their standard of living	#27	80%
Being confident that your community can solve difficult problems	#28	78%
Being satisfied with your job	#30	77%
Emotional wellbeing of youth in the community	#31	77%
Opportunity for continuous learning	#33	77%
Being able to choose from a range of occupations	#60	59%
ENVIRONMENTAL CONCERNS		
Quality of drinking water	#13	91%
Physically attractive, clean community	#19	88%
Having a municipal government committed to protecting its natural resources	#23	84%
Support and encouragement for recycling	#24	83%
Level of air pollution in the community	#32	77%



FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-66)	Proportion of respondents who think indicator is important
City's commitment to exploring clean alternate energy sources such as wind and solar power	#34	77%
MUNICIPAL GOVERNMENT		
Having confidence in municipal emergency services (police, fire, ambulance)	#6	95%
Confidence in municipal services	#15	90%
Having a local government that manages growth through wise residential & commercial planning	#25	80%
Commitment of municipal government to provide public transportation options to its citizens	#50	71%
Feeling that you can influence decisions made at City Hall	#55	66%
RECREATION AND CULTURE		
Opportunities for leisure and recreation	#40	74%
Maintenance of green space and vegetated areas along streams and rivers	#42	73%
Availability of open space, parkland and green spaces	#46	72%
Availability of public walking paths and bike trails	#48	71%
The number and/or location of recreational facilities	#57	64%
Being able to support local community events (at least yearly)	#58	63%
Opportunity to be a member in a local club, organization or association	#64	45%
Opportunities to participate in culture, theater and arts activities	#65	43%
Availability of cultural facilities	#66	42%
SOCIAL SUPPORTS/INCLUSION AND POVERTY		
Having housing options for people who are striving to increase their capacity to live independently	#39	75%
Having social and mental health supports in your community	#44	73%
Newcomers being welcomed and accepted in the community	#47	71%
People living in poverty	#51	70%
Having opportunities for newcomers to get employment	#52	69%
Support for individuals who have mental health problems	#53	69%
How long a senior and/or disabled person has to wait to get into a long-term care facility	#54	66%
Support for individuals who have addictions problems or issues	#56	64%
The unemployment rate	#62	59%
The average number of seniors and/or disabled people living in low income household waiting for subsidized housing	#63	50%
EDUCATION		
Confidence in local education systems (elementary to high school)	#37	76%
Access to local, affordable education following high school	#41	74%
Graduation rates from high schools	#59	62%
Class size in schools	#61	59%



Detailed Results

In addition to discussing the proportion of respondents who thought that each indicator was important and, subsequently, detailing the proportion of that group who thought that Medicine Hat rated well along that indicator, this section discusses differences between respondent subgroups. Note that differences between subgroups (e.g., males versus females) within a given demographic category (e.g., gender) are only discussed when these differences were statistically significant.

Quality of Life Overall

Survey respondents were asked to rate their overall quality of life in Medicine Hat. The majority of respondents rated their quality of life as “excellent” or “very good” (71% combined), almost one quarter (24%) rated it as “good”, and 5% rated it as “fair” or “poor” (combined). These responses indicate that, in general, residents of Medicine Hat feel that they enjoy a good quality of life living in the city.

Age of respondents significantly influenced quality of life ratings, as did marital status.⁵ Overall, individuals 18 to 34 years of age were less likely than respondents from other age categories to rate their quality of life as excellent but more likely to rate it as very good. In addition, respondents who were married or living together as a couple were more likely than respondents of a different marital status to rate their quality of life as excellent and equally likely as those who were single (never married) to rate their quality of life as very good. Respondents who were widowed, separated or divorced were more likely to rate their overall quality of life as good, fair or poor than were other respondents.

Prosperity and Independence

Table 2. Prosperity and Independence Indicators

FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-36)	Proportion of respondents who think indicator is important	Proportion of these respondents who think Medicine Hat rates well on that indicator
Adequate income to meet basic needs	#2	97%	88%
Having control over one’s own decision-making	#3	97%	88%
Getting around the city conveniently	#11	92%	79%
Average cost of living	#20	87%	72%
Average cost of utilities	#22	85%	54%
Opportunity to work in Medicine Hat	#35	77%	78%
Municipal property taxes	#36	77%	68%

The second most important factor influencing quality of life to people surveyed in Medicine Hat was having an adequate income to meet basic needs (about 97% of survey

⁵ Note that while results indicated that highest level of education and total household income had a significant influence on how respondents rated their quality of life, the number of cases was too low to determine with confidence if differences between subgroups were actually significant.



respondents felt this indicator was important). Among those respondents who felt that adequate income was an important indicator, 88% felt that they had sufficient income to meet their basic needs. In general, respondents who did not have any dependents living with them, who lived in Downtown/Flats areas, who were single (never married), who had a total household income of under \$30,000 per year, and who were either a homemaker, student, or unemployed were less likely to report that they had adequate income to meet basic needs than were others.⁶

Having control over one's own decision-making was an important factor influencing quality of life for almost all respondents (97%). Of this group, 89% felt that they did have that control. Respondents age 35 to 49 years were less likely than those from other age categories to feel that they had control over their own decision-making.

Getting around the city conveniently was an important quality of life factor to approximately 92% of survey respondents. Females were statistically significantly more likely than males to rate this indicator as important (94% versus 89%). Seventy-nine percent (79%) of this group believed they could get around the city conveniently (18% did not, while 3% were uncertain). Age had an important influence on whether respondents felt they could easily get around the city, as did level of education, total household income, and employment status. Overall, the following subgroups were less likely to find it convenient to get around within the city:

- the youngest respondents (18 to 34 and 35 to 49 years of age);
- those who had graduated from or who had some technical, college or vocational training;
- respondents with a total household income of more than \$81,000 or less than \$30,000 per year; and
- respondents who were employed full-time.

Average cost of living was an important quality of life factor for roughly 87% of the people surveyed. Differences between groups were not significant in terms of how respondents rated the importance of this indicator. Of those who rated the indicator as important, 72% felt that the cost of living in Medicine Hat was reasonable. Respondents between the ages of 18 and 34 years, those with less than a high school education, and those with a total household income of under \$30,000 per year were less likely than other groups to feel that the average cost of living in Medicine Hat was reasonable.

Average cost of utilities was also an important quality of life factor for about 85% of people surveyed. Females, those over 65 years of age, and retired individuals were most likely to rate this indicator as important. About half of this group (54%) felt that the cost of utilities in Medicine Hat was reasonable (39% felt they were not; 7% were not sure). Respondents 65 years of age and older, respondents with less than a high school education, and respondents who were retired or who were either a homemaker, student or unemployed were less likely than others in these demographic groups to feel that the average cost of utilities in Medicine Hat was reasonable.

⁶ Note that the number of cases per cell for location, marital status, total household income, and employment status were too low to determine with confidence if differences between groups were statistically significant. However, in these cases differences were such that the evaluators felt it was important to report them within these demographic groups.



Overall, about 77% of respondents said that having an opportunity to work in Medicine Hat was an important indicator of their quality of life. Differences in how subgroups rated the importance of this indicator were significant for all demographic variables except for location. Respondents from the following subgroups were less likely than other respondents within the various demographic groups to rate the indicator as important:

- males;
- respondents 65 years of age and older;
- respondents without dependents at home;
- respondents with less than high school education;
- respondents who were widowed, separated or divorced;
- respondents with a total household income of under \$30,000 per annum; and
- respondents who were retired.

Of the people who identified the opportunity to work in Medicine Hat as an important factor, 78% reported that they did work in Medicine Hat. Differences between subgroups along this dimension were not significant.

To 76% of respondents municipal property tax was an important quality of life factor (interestingly, the lowest rated quality of life factor among the top 36 indicators). The importance of property tax to quality of life differed by age group, marital status, total household income and location. Respondents who were 65 years of age or older, married or living together as a couple, had a total household income of \$81,000 or more, and those who resided in Southridge were more likely than other demographic groups to rate this indicator as important. Sixty-eight percent (68%) of respondents who felt the indicator was important also felt that property taxes in Medicine Hat were reasonable. Among these respondents, those between the ages of 18 and 34 years, those with less than a high school education, those who were single (never married), and those who were homemakers, students or unemployed, were less likely than others to report that municipal property taxes in Medicine Hat were reasonable.

Health

Table 3. Health Indicators

FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-36)	Proportion of respondents who think indicator is important	Proportion of these respondents who think Medicine Hat rates well on that indicator
Access to quality health services	#4	96%	69%
Having a family physician	#5	95%	90%
Emergency response times	#8	94%	66%
Average wait times for medical services	#17	90%	51%
Appropriate, affordable, available care for seniors	#29	78%	56%

Almost all respondents (96%) said that having access to quality health services was an important indicator of quality of life. There were no significant differences in the importance with which respondent subgroups rated the importance of this indicator. Sixty-nine percent



(69%) of respondents who felt this indicator was important also felt that they had adequate access to quality health services. Respondents 65 years of age or older and those who were single (never married) were more likely than others in demographic groups to indicate that they did have access to quality health services.

Having a family physician in Medicine Hat was an important quality of life indicator to 95% of survey respondents. Females and those 65 years of age or older were more likely to rate this indicator as important. Note that almost all females (98%) and 100% of respondents age 65 years or older rated this indicator as important, compared to 93% of males and 91% of those 18 to 34 years of age. Ninety percent (90%) of respondents who felt this was an important indicator said that they had a family physician in Medicine Hat (10% did not). Those who were single were less likely than respondents from other marital status categories to report having a family physician in Medicine Hat.

In the view of about 94% of survey respondents, emergency response times are an important influence on quality of life. Females were significantly more likely than males to rate this indicator as important, although the difference was relatively small (95% versus 92%). Sixty-six percent (66%) of those reporting that this was an important indicator felt that response times in Medicine Hat were reasonable, while 6% said they were not. However, 28% were unsure. Respondents from the following subgroups were less likely than others in demographic groups to report that emergency response times in Medicine Hat were reasonable:

- respondents 18 to 34 years of age;
- respondents who were employed full time and those who were either homemakers, students or unemployed; and
- respondents who resided in Southridge.

Note also that respondents with at least some college, technical or vocational training were more likely to be unsure about whether emergency response times in Medicine Hat were reasonable compared to those with other levels of education. In addition, as income increased, satisfaction with emergency response times decreased, although the differences between respondents from different income categories were not statistically significant.

Average wait times for medical services was also regarded as an important influencer on quality of life by 90% of survey respondents. Females, respondents 65 years of age or older; respondents who were widowed, separated or divorced, and those who were retired were more likely than others within the demographic groups to report this indicator as important. More than half of this group (51%) reported that wait times for medical services were not reasonable in Medicine Hat (30% felt that they were, 10% were unsure). Overall, as age category increased so did satisfaction with average wait times for medical services (at 38%, those 65 years or older were most likely to report that wait times were reasonable). Those without dependents at home were more likely than those with dependents to feel that average wait times were reasonable, as were those who were widowed, separated or divorced, and those who were retired.

Close to 80% of respondents (78%) felt that appropriate, affordable, and available care for seniors in the community influences their quality of life. Females, those 65 years of age or older, respondents who were widowed, separated or divorced, and those who were retired were more likely than others in demographic groups to rate this indicator as important. Slightly more than half of this group (56%) felt that Medicine Hat provided appropriate,



affordable, and available care for its seniors (17% did not and 27% were unsure). Males were more likely than females to report that Medicine Hat had this kind of care available. In addition, respondents 18 to 34 years of age were less likely to report that this kind of care was not available, but were also more likely than those from other age categories to report that they were unsure about availability of care for seniors.

Safety

Table 4. Safety Indicators

FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-36)	Proportion of respondents who think indicator is important	Proportion of these respondents who think Medicine Hat rates well on that indicator
Feeling that your family lives in a safe place	#1	97%	88%
A good place to raise a family	#9	93%	92%
Feeling safe walking at night in my neighborhood	#10	92%	77%
Crime rates (violent, property, drug-related)	#14	91%	50%

Overall, 97% of respondents said that feeling that their family lives in a safe place was very important. Eighty-eight percent (88%) of this group of respondents felt that Medicine Hat was a safe place for their families to live. Responses to this question differed by gender and total household income:

- males were more likely than females to feel that Medicine Hat is a safe place to live (91% versus 86%); and
- those with a total household income of under \$30,000 per annum were least likely to indicate that Medicine Hat was a safe place to live (86%) when compared with respondents from other income categories.

Similarly, almost 93% of respondents felt that having a good place to raise a family was an important indicator of quality of life. This indicator was considered least important by respondents who were 50 to 64 years old and by those who were 65 years and older when compared to those from other age groups; by those without any dependents at home; and by those who were single (never married), or who were widowed, separated or divorced. Ninety-two percent (92%) of the group who felt that having a good place to raise a family was an important quality of life indicator also felt that Medicine Hat was a good place to raise a family. Respondents with less than a high school education as well as those who with some university were more likely to consider Medicine Hat a good place to raise a family than were those from other education subgroups.

Feeling safe walking at night in one's neighborhood was an important quality of life indicator for 92% of survey respondents. Respondent subgroups that were less likely to rate this indicator as important included those:

- who were 65 years or older;
- without dependents at home;
- whose total household income was less than \$50,000 per annum; and



- who were retired.

However, 77% of this group reported feeling safe walking at night in their neighborhoods. There were significant differences in how respondents rated their feelings of safety by all but one of the demographic variables analyzed. The groups that were least likely to feel safe walking in their neighbourhood at night were:

- female respondents;
- respondents 65 years of age or older;
- respondents with less than a high school education;
- respondents who were widowed, separated or divorced;
- respondents whose total household income was under \$30,000 per year;
- respondents who were retired, homemakers, students or unemployed; and
- respondents who resided in Crestwood/Southview, Downtown/Flats, or SW Hill/Airport.

Crime rates related to violent crime, property crime, and drug-related crime were also an important quality of life factor for 91% of survey respondents. One half of this group also felt that the crime rates in Medicine Hat were low enough (50% felt that crime rates were low enough compared to 31% who did not and 16% who were uncertain). Respondents who were 65 years of age and older, who had less than a high school education, and who were retired were less likely to report that crime rates in Medicine Hat were low enough.

Neighbours and Relationships

Table 5. Neighbours and Relationships Indicators

FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-36)	Proportion of respondents who think indicator is important	Proportion of these respondents who think Medicine Hat rates well on that indicator
Being able to trust others in the neighborhood	#12	92%	89%
Having good neighbours	#16	90%	90%
Having someone close by that you can confide in & count on in a crisis	#21	86%	91%

Being able to trust others in the neighborhood was an important quality of life indicator to almost 92% of people surveyed. Differences in how subgroups rated the importance of this indicator were not significant. Of those who felt this indicator was important, 89% said they trusted their neighbours. Respondents 65 years of age or older were more likely than those in other age categories to report trusting their neighbours, as were retired respondents.

Having neighbours who are open, friendly, warm, and to whom one can talk with across the fence or driveway was an important quality of life factor to 90% of the people surveyed. Almost everyone in this group (90%) said they enjoyed neighbours like that in Medicine Hat. Differences between responses of those from different respondent subgroups were not significant for either component of this indicator.



Overall, about 86% of survey respondents felt that having someone close by that they could count on in a crisis situation was an important indicator of quality of life. Females, those 65 years of age or older, and those with a total household income of under \$30,000 per year were more likely to rate this indicator as important. In addition, respondents who were employed full time were more likely than those from other employment categories to say that this indicator was not important or that it was somewhat important. Among respondents who rated this indicator as important, 91% said they had someone close by that they could confide in and count on. There were no significant differences between subgroups.

Hopefulness / Emotional Wellbeing

Table 6. Hopefulness / Emotional Wellbeing Indicators

FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-36)	Proportion of respondents who think indicator is important	Proportion of these respondents who think Medicine Hat rates well on that indicator
Feeling hopeful about one's future	#7	94%	94%
Feeling hopeful about children & grandchildren's future job prospects	#18	90%	66%
Keeping youth and adults in the community	#26	80%	28%
Opportunities for the less fortunate (those living in poverty) to improve their standard of living	#27	80%	41%
Being confident that your community can manage to solve difficult problems	#28	78%	53%
Being satisfied with your job	#30	77%	84%
Emotional wellbeing of youth in the community	#31	77%	27%
Opportunity for continuous learning	#33	77%	81%

Feeling hopeful about one's future was an important quality of life indicator to 94% of respondents. Females were more likely than males to rate this indicator as important. About 94% of the people who regarded hopefulness as an important indicator also said that they felt hopeful about their own future. Respondents with dependents at home were more likely to report feeling hopeful about their own future when compared to respondents without dependents at home. In addition, respondents with a total household income of \$51,000 to \$80,000 per year were more likely than those from other income categories to feel hopeful about their future, while those from the lowest income category (under \$30,000 per year) were least likely to report feeling hopeful about their future.

Similarly, 90% of respondents said that feeling hopeful about the future job prospects of their children and grandchildren was an important influence on their own quality of life. Respondents with dependents at home were more likely to indicate that this indicator was important than were those without, as were those who were married or living together as a couple when compared to respondents of a different marital status. Of respondents who felt this was an important indicator, 66% said that they did feel hopeful about the future job prospects of their children and grandchildren. When compared to other in the same demographic category, the following groups of respondents were more likely to report feeling hopeful about their children's or grandchildren's future job prospects:



- respondents 65 years or older (followed closely by respondents 18 to 34 years of age);
- respondents with either less than a high school education or who had graduated from high school; and
- respondents who were single (never married).

Eighty percent (80%) of respondents felt that keeping youth and young adults in the community was a factor that influenced their quality of life. Differences in the importance with which respondents rated this indicator were significant within all demographic groups other than gender and location. Respondents from the following groups were more likely to rate this indicator as important:

- respondents between the ages of 35 and 49 years;
- respondents with dependents at home;
- respondents with at least some college, technical or vocational training;
- respondents who were married or living together as a couple;
- respondents with a total household income of \$51,000 to \$80,000 per year; and
- respondents who were either a homemaker, student or unemployed.

Twenty-eight percent (28%) of those rating this indicator as important felt that the city was doing enough to retain youth and young adults in the city. Respondents age 35 to 49; those with dependents at home; respondents with at least some college, technical or vocational training; and respondents who were employed full time were less likely to report that Medicine Hat was doing enough to encourage the younger population to stay in the city.

About 80% of respondents felt that having opportunities for the less fortunate to improve their standard of living was an important factor that influenced their own quality of life. Females were more likely to rate this indicator as important when compared to males, as were respondents with dependents at and respondents who reported a total household income under \$30,000 per year. Forty-one percent (41%) of respondents rating this indicator as important felt that Medicine Hat provided sufficient opportunities for the less fortunate to improve their standard of living (24% felt that the city did not provide these opportunities; 35% were uncertain). Males and those without dependents at home were more likely to indicate that Medicine Hat did provide enough opportunities for the less fortunate to improve their standard of living.

Confidence in the community being able to solve difficult problems was an important quality of life factor to 79% of respondents. Differences in how subgroups rated the importance of this indicator were significant for marital status, total household income and employment status. The largest differences occurred between respondents who rated the indicator as "somewhat important": respondents who were married or living together as a couple, who had a total household income of \$31,000-\$50,000 per year, and who were either a homemaker, student, or unemployed were more likely to rate the indicator as somewhat important.

Among those respondents who rated this indicator as important, about half (53%) felt that their community did have the ability to solve difficult problems (19% disagreed; 28% were uncertain). Differences were significant within the categories of gender, age, highest level of education, marital status, total household income, and employment status. Respondents



from the following groups were more likely to report that their community was not able to solve difficult problems compared to others within the same demographic category:

- males;
- respondents who were married or living together as a couple;
- those with a total household income of \$81,000 or more per year; and
- those who were either a homemaker, student or unemployed.

Individuals who were more likely to feel that their community was able to solve problems included respondents 65 years of age or older; and those with less than a high school education.

More than three-quarters of respondents (77%) felt that job satisfaction was an important quality of life indicator. Differences in the importance assigned to this indicator were significant across all demographic groups. The following respondent subgroups were more likely to rate this indicator as not important when compared to other subgroups within the same demographic category:

- males;
- respondents 65 years of age or (30% versus 78% or more for all other categories);
- those without dependents at home;
- those with less than a high school education;
- respondents who were widowed, separated or divorced;
- respondents reporting a total household income of under \$30,000 per annum; and
- respondents residing in Crestwood/Southview, followed closely by those residing in Downtown/Flats.

Among respondents who felt that this indicator was important, 84% expressed satisfaction with their jobs. Respondents who were 65 years of age or older; who did not have dependents at home; who had at least some college, technical or vocational training; and who were retired were the least likely to report being satisfied with their current job.

Overall, 77% of respondents felt that the level of emotional wellbeing of youth in the community was an important indicator of their quality of life. Differences in how respondents from different subgroups rated the importance of this indicator were significant in all demographic categories other than marital status. The following respondent subgroups were more likely to rate this indicator as important:

- females;
- those who were ages 35 to 49 years;
- those with dependents at home;
- those with at least some university education;
- respondents with a total household income of \$81,000 or more per year;
- those who were employed part time; and
- respondents who resided in the SW Hill/Airport area of Medicine Hat (followed closely by respondents from Southridge).

Twenty-seven percent (27%) of survey respondents who felt that this was an important indicator also felt that Medicine Hat was doing enough to ensure the emotional wellbeing of its youth (33% said that the city was not doing enough; 40% were unsure).



Males were more likely to feel that Medicine Hat was doing enough when compared to females as were respondents age 65 years of older, respondents without dependents at home, and respondents who were retired.

Among all respondents, 77% regarded opportunities for continuous learning as an important factor that influenced their quality of life. Differences between subgroups in how respondents rated the importance of this indicator were important across all demographic categories other than location. Respondents from the following subgroups were more likely to report that this indicator was important when compared to respondents from other subgroups within the same demographic group:

- females;
- respondents 35 to 49 years of age, followed closely by those 18 to 34 years of age;
- those with dependents at home;
- respondents with at least some university education;
- respondents who were single (never married);
- those with an annual total household income of \$51,000 to \$80,000; and
- respondents who were homemakers, students, or unemployed, followed closely by those who were employed part time.

Of respondents rating this indicator as important, 81% felt that Medicine Hat offered continuous learning opportunities. The following groups were less likely to report that there were enough of these opportunities in Medicine Hat:

- respondents age 35 to 49 years of age, followed closely by those 18 to 34 years;
- respondents with dependents at home;
- respondents with at least some university education; and
- respondents who were employed part time, followed by those who were homemakers, students, or unemployed.



Environmental Concerns

Table 7. Environmental Concerns Indicators

FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-36)	Proportion of respondents who think indicator is important	Proportion of these respondents who think Medicine Hat rates well on that indicator
Quality of drinking water	#13	91%	75%
Physically attractive, clean community	#19	88%	88%
Having a municipal government committed to protecting its natural resources	#23	84%	41%
Support and encouragement for recycling	#24	83%	83%
Level of air pollution in the community	#32	77%	67%
City's commitment to exploring clean alternate energy sources such as wind and solar power	#34	77%	33%

Quality of drinking water was an important quality of life factor for 91% of survey respondents. Those who were employed full time were less likely than other respondents to feel that this indicator was important. Exactly three quarters (75%) of respondents who felt this was an important indicator also felt that the drinking water in Medicine Hat was safe. Females, respondents age 35 to 49 years, those with dependents at home, and respondents who were homemakers, students or unemployed were less likely than others to report that the drinking water in Medicine Hat was safe.

A physically attractive, clean community was an important quality of life factor to 88% of respondents. Eighty-eight percent (88%) of this group felt that Medicine Hat was such a community. Respondents who were single (never married) were more likely than others to report that they were unsure whether Medicine Hat was physically attractive and clean, and those with a total household income of \$81,000 or more per year were more likely than respondents from lower income categories to report that Medicine Hat was not such a community (however, note that 10% of those in the \$81,000 or more category felt that Medicine Hat was not a clean, physically attractive community).

Having a municipal government that is committed to protecting the natural resources of its community was an important factor influencing quality of life for 84% of survey respondents. Respondents between the ages of 18 and 34 were less likely to rate this indicator as important. Forty-one percent (41%) respondents who said that this was an important indicator felt that the municipal government was doing a good job of protecting and stewarding its natural resources. Males, respondents who had graduated from high school, and respondents from Crestwood/Southview were more likely than others to indicate that Medicine Hat was doing enough to protect and steward its natural resources.

Eighty-three percent (83%) of respondents viewed support and encouragement for recycling as important to their quality of life. The following subgroups were most likely to feel that this was an important indicator:

- females;
- respondents 65 years of age or older;
- respondents reporting a total household income of less than \$30,000 per annum;



- those who were retired; and
- those residing in Crestwood/Southview.

About two thirds (67%) of respondents rating this indicator as important felt that the city provided adequate support and encouragement for recycling. The only significant difference in this dimension was by level of education, with those who had at least some university education more likely to indicate that the city was not providing enough support in this area.

Air pollution was an important quality of life factor for about 77% of survey respondents. Males, respondents 18 to 34 years of age, and those who were single (never married) were less likely than others to report that this indicator was important. Sixty-eight percent (68%) of the group who felt that this was an important indicator also felt that the level of air pollution in Medicine Hat was low enough, while 15% did not and 17% were unsure. Overall, males were more likely than females to report that air pollution was low enough in Medicine Hat as were respondents who resided in Ross Glen compared to those residing in other areas of the city. In addition, respondents age 50 to 64 years were less likely than those in other age categories to report that air pollution was low enough.

The city's commitment to exploring alternate energy sources was an important factor influencing the quality of life of 77% of survey respondents. Respondents 35 to 49 years of age, and those who were retired were more likely to rate this indicator as important when compared to others from within the same demographic category. Roughly equal proportions of those who felt this indicator was important agreed, disagreed, or were uncertain that the city demonstrated adequate commitment to exploring alternate energy sources. Differences were significant across all demographic groups except for marital status. Respondents from the following subgroups were more likely to report that the city was not committed enough to exploring alternate energy sources when compared to other subgroups:

- males;
- those without dependents at home;
- those with an annual household income of \$81,000 or more; and
- respondents residing in Southridge.

In contrast, respondents who were more likely to report that the city was doing enough to explore alternate energy sources included:

- respondents age 65 years or older;
- those with less than a high school;
- those who were retired; and
- respondents without dependents at home.



Municipal Government

Table 8. Municipal Government Indicators

FACTORS THAT INFLUENCE QUALITY OF LIFE IN MEDICINE HAT	Ranking among all indicators (1-36)	Proportion of respondents who think indicator is important	Proportion of these respondents who think Medicine Hat rates well on that indicator
Having confidence in municipal emergency services (police, fire, ambulance)	#6	95%	85%
Confidence in municipal services	#15	90%	75%
Having a local government that manages growth through wise residential & commercial planning	#25	80%	38%

For many survey respondents (95%), having confidence in municipal emergency services such as police, fire and ambulance, was an important factor influencing quality of life. Differences in how respondents from different subgroups rated the importance of this indicator were not significant. Of the group who felt this was important, 85% said they had confidence in these types of services in Medicine Hat. Respondents who were 65 years of age or older were more likely to have confidence in municipal emergency services compared to those from other age groups.

Having confidence in municipal services overall (like garbage collection, road repair, water and sewer), was an important influencing factor affecting quality of life for about 90% of respondents. Females were more likely than males to rate this indicator as important. About three-quarters of respondents who rated this indicator as important also said they had confidence in municipal services in Medicine Hat.

Eighty percent (80%) of survey respondents said that having a local government that manages growth through wise residential and commercial planning was an important influence on their quality of life. The youngest respondents (those 18 to 34 years of age) were less likely than respondents from other age groups to rate this indicator as important. Thirty-eight percent (38%) of respondents who felt that this indicator was important also felt that their local government managed growth through wise residential and commercial planning. Forty-three percent (43%) did not think so; while 19% were unsure. Respondents who were less likely than others in demographic groups to feel that their government managed growth through wise residential and commercial planning belonged to the following subgroups:

- respondents age 35 to 49 years;
- respondents who were married or living together as a couple;
- respondents with a total household income of \$81,000 or more per year; and
- respondents who were employed full time.



ADDITIONAL INFORMATION

To give respondents an opportunity to provide more detail on how they felt about living in Medicine Hat and where improvements could be made, four open-ended questions were included in the survey. The first question investigated other factors that respondents felt were important to quality of life, while the latter three focused on what respondents liked most and least about living in Medicine Hat, and what they felt were the most important areas for improvement.

Note: this information is derived from qualitative data and represented as a thematic summary. These data were not subjected to quantitative analysis and thus should not be considered a statistical representation of population opinion.

What Respondents Would Also Liked to Have Been Asked About

Respondents said that they would also liked to have seen questions on the survey about municipal government and City Council, specifically, in the areas of financial management of city resources and opportunities for citizens to have input into decisions made at the municipal level. They also suggested that transportation and options for mobility in and from the city could have been addressed in the survey. In particular, respondents pointed to issues related to the public transit system and access to the airport.

What Respondents Liked Most about Living in Medicine Hat

When asked what they liked most about living in Medicine Hat, survey respondents provided a variety of responses--the top four in descending order):

1. Small town / small city feel;
2. The people;
3. The city in general; and
4. Accessibility / convenience of getting around.

The size of Medicine Hat was an important characteristic, with its small town/small city feel, followed closely by the city's size. Also related to size was that the city was viewed as being easy to get around, with services and facilities close by. The residents of Medicine Hat themselves were viewed as a great asset by many, as was the city's overall feel.

What Respondents Liked Least about Living in Medicine Hat

Survey respondents were also asked what they liked least about living in Medicine Hat. Many respondents cited more than one factor; however, the most common response was "nothing", that is, they liked living in the city. Among respondents who did cite something they liked least, the following are the top five responses (in descending order):

1. City Council (i.e., lack of public input into decisions; efforts to legislate morality)
2. Roads/infrastructure/municipal and residential planning;
3. Municipal services (streets/parks/water/garbage/recycling/upkeep);
4. Traffic and drivers; and
5. Recreation/entertainment/culture.



Of respondents who did not like something about Medicine Hat, the most common factor cited was city council. Particularly, respondents did not like the way decisions were made at the municipal level and felt that there was lack of public input into decisions. In addition, a number of respondents referred to poor planning and lack of foresight on the part of the city, as well as a lack of consideration of the younger population of Medicine Hat.

The second area respondents indicated that they liked least about Medicine Hat included roads, infrastructure, and municipal and residential planning. In particular, respondents were concerned about planning of roadways and problems associated with traffic flow. They also indicated that planning needed to be more mindful of the growing population of Medicine Hat. Public transportation was also a concern for respondents, as was municipal and residential planning to create more accessible facilities and services for residents.

Related categories of concern for survey respondents included: (a) concerns over municipal services such as road maintenance, garbage and recycling, and (b) maintenance of public areas and traffic concerns. With regards to the former, respondent concerns centered around maintenance of roads, parks and other public areas (including keeping areas of clean), and around provision of adequate services such as recycling. In relation to traffic, respondents were concerned with increased volume of traffic, traffic congestion and poor drivers in the city.

It is also important to mention that many respondents were not satisfied with the recreation and entertainment available in Medicine Hat, with a number of responses focusing on the lack of activities for youth and young adults. In addition, respondents felt that commercial activity was quite limited in Medicine Hat and they would like better shopping.

Top Five Areas for Improvement

Survey respondents were asked what the city could do to improve quality of life. The top five responses (in descending order) were:

1. Reasonable utilities and taxes;
2. Municipal government/City Council;
3. Infrastructure/traffic/downtown development;
4. Municipal services (sidewalks/roads/garbage/water/parks); and
5. Improved transportation.

The most common responses offered by respondents were related to either utilities and taxes or to improving municipal government/city council. In general, respondents wanted utilities and taxes to stay at a reasonable level, and thought the city should be more future-oriented in its planning, make better choices, listen more to the citizens and include them to a greater extent in making decisions.

In addition, respondents felt that improvements in the areas of infrastructure/traffic and municipal services would improve their quality of life. Respondents pointed to the importance of good planning for roadways and other infrastructure, as well as to the maintenance of roads, sidewalks and parks and provision of other services such as garbage collection. Provision of high quality drinking water was also a factor cited as important to improved quality of life.



Improved transportation, particularly public transit and access to airports, was another area of importance for improved quality of life of survey respondents. For example, improving bus service on evenings and Sundays and increasing the number of bus routes available was felt to be an important factor to increase accessibility of public transportation.



Appendix A: Proportion of Respondents Rating Each Subjective indicator as “Important”



The following table presents the proportion of respondents rating each subjective quality of life indicator as “important”. The indicators are organized by quality of life domain (see legend).

Domains Legend	
Emotional wellbeing	EW
Interpersonal relations	IR
Material wellbeing	MW
Personal development	PD
Physical wellbeing	PW
Self-determination	SD
Social inclusion	SI
Rights	RI

Question Number	Indicator	Domain	% Rating Indicator as Important
q2.18	Emotional wellbeing of youth in your community (ages 12-19)	EW	77.2%
q2.14	Being satisfied with your job	EW	77.4%
q2.11	Having someone close by that you can confide in and who you can count on in a crisis situation	IR	85.9%
q2.43	Having good neighbours (open, friendly, warm communications across fences or driveways)	IR	89.7%
q2.17	Being able to trust others in your neighbourhood	IR	91.6%
q2.19	Having a city that is a good place to raise a family	IR	92.9%
q2.63	The average number of seniors and/or disabled people living in low income households waiting for subsidized housing	MW	50.4%
q2.65	The unemployment rate	MW	58.5%
q2.21	Having opportunities for newcomers to get employment	MW	69.4%
q2.60	People living in poverty	MW	69.7%
q2.59	Average wage	MW	72.1%
q2.62	Average house price	MW	73.0%
q2.27	Having housing options for people who are striving to increase their capacity to live independently	MW	74.5%
q2.61	Municipal property taxes	MW	76.5%
q2.26	Having opportunities for the less-fortunate (those living in poverty) to improve their standard of living	MW	79.7%
q2.16	Average cost of utilities	MW	85.3%
q2.10	Average cost of living	MW	87.4%
q2.23	Having adequate income to meet your basic needs (that is, food, clothing, housing)	MW	96.9%
q2.57	Availability of cultural facilities	PD	41.8%
q2.20	Having opportunities to participate in culture, theatre, and arts activities	PD	42.5%
q2.36	Class size in schools	PD	58.8%
q2.58	Graduation rates from high schools	PD	61.9%
q2.33	Having access to local, affordable education following high school	PD	74.2%

Question Number	Indicator	Domain	% Rating Indicator as Important
q2.8	Having confidence in the local education systems in Medicine Hat (elementary to high school)	PD	76.3%
q2.48	Having an opportunity for continuous learning	PD	76.9%
q2.51	The number and/or location of recreational facilities	PW	63.7%
q2.53	How long a senior and/or disabled person has to wait to get into a long-term care facility	PW	65.9%
q2.55	Availability of public walking paths and bike trails	PW	70.7%
q2.64	The availability of open space, parkland, and green spaces (parks, lakes, community gardens, parkland)	PW	71.9%
q2.38	Maintenance of green space and vegetated areas along streams and rivers	PW	73.2%
q2.12	Having opportunities for leisure and recreation	PW	74.4%
q2.39	The city's commitment to exploring clean alternate energy sources such as wind and solar power	PW	76.8%
q2.6	Level of air pollution in your community	PW	77.2%
q2.28	Appropriate, available, and affordable care for seniors	PW	78.1%
q2.49	Having a local government that manages growth through wise residential and commercial planning	PW	80.1%
q2.40	Support and encouragement for recycling	PW	83.4%
q2.24	Having a municipal government that is committed to protect its natural resources	PW	84.3%
q2.25	Living in a physically attractive, clean community	PW	88.2%
q2.35	Average wait times for medical services (e.g. cancer therapy, cardiac surgery, diagnostic tests)	PW	89.6%
q2.7	Having confidence in municipal services such as garbage collection, road repair, water & sewer	PW	89.7%
q2.54	Crime rates (violent, property crimes, drug-related)	PW	91.1%
q2.56	The quality of drinking water	PW	91.4%
q2.32	Feeling safe walking at night in your neighbourhood	PW	92.3%
q2.15	Emergency response times (fire, ambulance, police)	PW	93.5%
q2.5	Having confidence in municipal emergency services like police, fire and ambulance services	PW	94.5%
q2.52	Having a family physician in Medicine Hat	PW	95.4%
q2.4	Access to quality health services	PW	96.2%
q2.9	Feeling that your family lives in a safe place	PW	97.0%
q2.37	Being able to choose from a range of occupations	SD	59.2%
q2.31	Feeling that you can influence decisions made at City Hall	SD	65.7%
q2.34	Having an opportunity to work in Medicine Hat	SD	76.7%
q2.47	Being confident that your community can manage to solve difficult problems	SD	79.0%
q2.30	Being able to feel hopeful about your children's and grandchildren's future job prospects	SD	89.6%
q2.29	Feeling hopeful about your future	SD	94.1%
q2.22	Having control over your own decision-making	SD	96.5%

Question Number	Indicator	Domain	% Rating Indicator as Important
q2.45	Having an opportunity to be an active member in a local club, organization or association	SI	45.1%
q2.44	Being able to support local community events (at least yearly)	SI	63.0%
q2.42	Support for individuals who have addictions problems or issues	SI	64.4%
q2.46	Support for individuals who have mental health problems	SI	69.3%
q2.66	The commitment of municipal government to provide public transportation options to its citizens	SI	70.6%
q2.3	Feeling that you are accepted and valued in your community	SI	70.7%
q2.2	Newcomers being welcomed and accepted in the community	SI	70.9%
q2.13	Having social and mental health supports in your community	SI	72.7%
q2.41	Living in a city that has a small town feel (where people know and recognize one another)	SI	75.6%
q2.1	Keeping youth and young adults in the community	SI	80.1%
q2.50	Being able to get around conveniently within the city	SI	91.6%

