

It is important to contextualise the **THRIVE** Strategy direction within broader macro-economic trends. The Community Foundation of Southeastern Alberta's Vital Signs 2016 report provides a very comprehensive look at key indicators of community wellbeing, and this section serves to provide a summative overview of trends relevant to this strategy.

**** Please refer to THRIVE - Medicine Hat & Region Strategy to End Poverty & Increase Wellbeing for full the report and associated references. www.thrivemedicinehat.ca**

POPULATION TRENDS

The **City of Medicine Hat population count** as of June 1, 2015 was 63,018, which represents an increase of approximately 3% or 1,838 since 2012.



The **Indigenous population** has been growing 20 times faster than the general population over the past 5 years (2006-2011) totaling 3,660 in 2011, or 4.8% of residents.



HOMELESSNESS

Medicine Hat became **the first city to end homelessness** in 2015, where no one in our community will have to live in an emergency shelter or sleep rough for more than 10 days before they have access to stable housing and the supports needed to maintain it.



HEALTH

SUICIDE ATTEMPTS
as per Vital Signs 2016



During 2004 to 2013 mental and behavioural disorders accounted for **4.7%** of all deaths.

Medicine Hat's emergency department (ED) visit rate for mental and behavioural disorders was similar to the provincial ED visit rate per 100,000 population



INCOME AND EMPLOYMENT

Vital Signs 2016 reported the prevalence of **low-income** across age groups using the Low-Income Measure as follows:



\$ 13.65/HR In 2016 the living wage in Medicine Hat was \$13.65/hour for a Two-Parent, Two-Children, Two-Income Family.

HOUSING

Housing realized an increase in vacancy rates in October 2016



Despite the increase in vacancies, average rent was



The Medicine Hat Community Housing Society (MHCHS) reported that in September 2016, its **affordable and social housing waitlist** was sitting at 338 applications.



SAFETY

IN 2016, MHPS responded to approximately

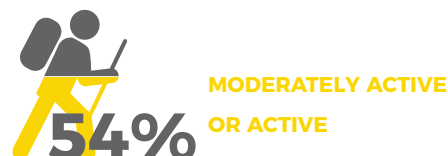


Medicine Hat Police Service (MHPS) reported **property crime violations** per 100,000 persons totaled



RECREATION

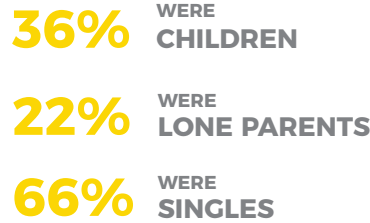
The **proportion of the population moderately active or active** (ages 12+) is increasing but still only at 54% in 2013.





FOOD SECURITY

There were 1,873 households or 3,621 unique individuals who accessed the Medicine Hat & District Food Bank in 2015-2016.



Of these 3,621 individuals, 30% had no income, and 25% were on social assistance. Importantly, 51% were new clients.



EARLY CHILDHOOD DEVELOPMENT

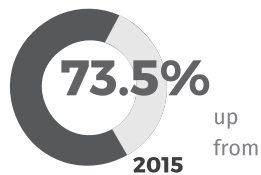
The ECMap 2014 study using the Early Development Instrument (EDI), which is a standardized tool that measures the **development of populations of five-year-old children**, found that kindergarten-aged children in Medicine Hat were experiencing great difficulty with:



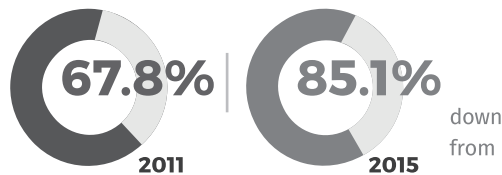
EDUCATION

Education is human capital that is both good for individuals and the economy. **High school completion rates** are part of the picture to be considered with poverty and wellbeing issues. The **completion rates** (3 year) reported by the three school boards are as follows from the Vital Signs 2016 report:

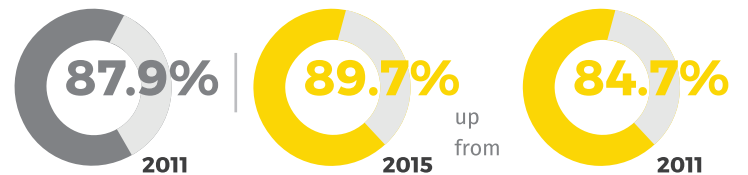
SCHOOL DISTRICT 76



PRAIRIE ROSE SCHOOL DIVISION



MEDICINE HAT CATHOLIC SCHOOL DISTRICT



TRANSPORTATION

Vital Signs 2016 reports the **main mode of transport** to work as



Owning and operating a car is costly. The 2016 **annual cost for mid-size car** in Alberta consisted of



In Medicine Hat, the 2016 **monthly transit pass** for adults was

