

# What is Quality of Life and why is it important?

There is more to a population's health than the absence of disease. Quality of life (QoL)—defined as people's "perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns"<sup>1,2</sup>—moves beyond narrow measures of health. Although physical health is an important part of QoL, there are several other areas to consider. These include social, behavioral, emotional and environmental indicators.

QoL is important because it tells us how well people are living, not just how long. Measuring and monitoring the community's collective QoL helps Spokane Regional Health District (SRHD) and its partners, including community, healthcare and local government organizations, to identify strengths and areas of concern in Spokane County communities. An understanding of communities' strengths and areas of concern helps inform the development of programs and public policy decisions that can improve lives.

SRHD typically conducts the Quality of Life (QoL) Survey every two years. The survey is sent to up to 15,000 households in Spokane County, and it includes questions about residents' quality of life, lived experiences in their communities, and social determinants of health—that is, the physical, social and economic conditions that affect people's quality of life and health.

#### **Key Findings**

- 54% of Spokane County residents reported excellent or very good quality of life (QoL) in 2019.
- The percentage of residents with high QoL has decreased from 58% in 2015.
- Most residents also had high composite QoL.
- QoL was related to residents' age, race, education, income, employment, health, housing security and neighborhood satisfaction.

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#### How is Quality of Life Assessed?

Quality of life is assessed with two measures: self-rated QoL and a composite QoL score.

- The QoL Survey begins by asking respondents, "How would you rate the quality of life in Spokane?" Responses to this question are referred to as **self-rated QoL**.
- The **composite QoL score** is calculated by scoring the responses to 42 of the survey questions. These questions align with six areas of interest that capture aspects of daily life that are critical to QoL. These areas include the following: 1) community vitality, 2) financial stability, 3) physical and mental health, 4) lived experience, 5) social relationships, and 6) time use. A formula is used to assign scores, which range between 0 and 1; higher scores close to 1 reflect better quality of life.

## **2019 Quality of Life Results**

#### **Self-Rated Quality of Life**

More than half of Spokane County residents rated their QoL as "excellent" or "very good" (Figure 1), although the percentage dropped slightly from 58% in 2015 to 54% in 2019 (Figure 2).

However, self-rated QoL differed by residents' age, race, educational attainment, employment, household income, health, housing status and satisfaction with the neighborhood or community in which they lived (Figure 3).

Figure 1. Self-Rated Quality of Life, Spokane County, 2019

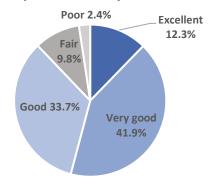
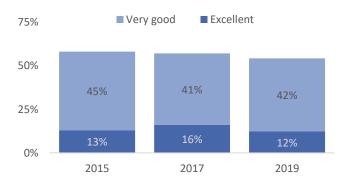
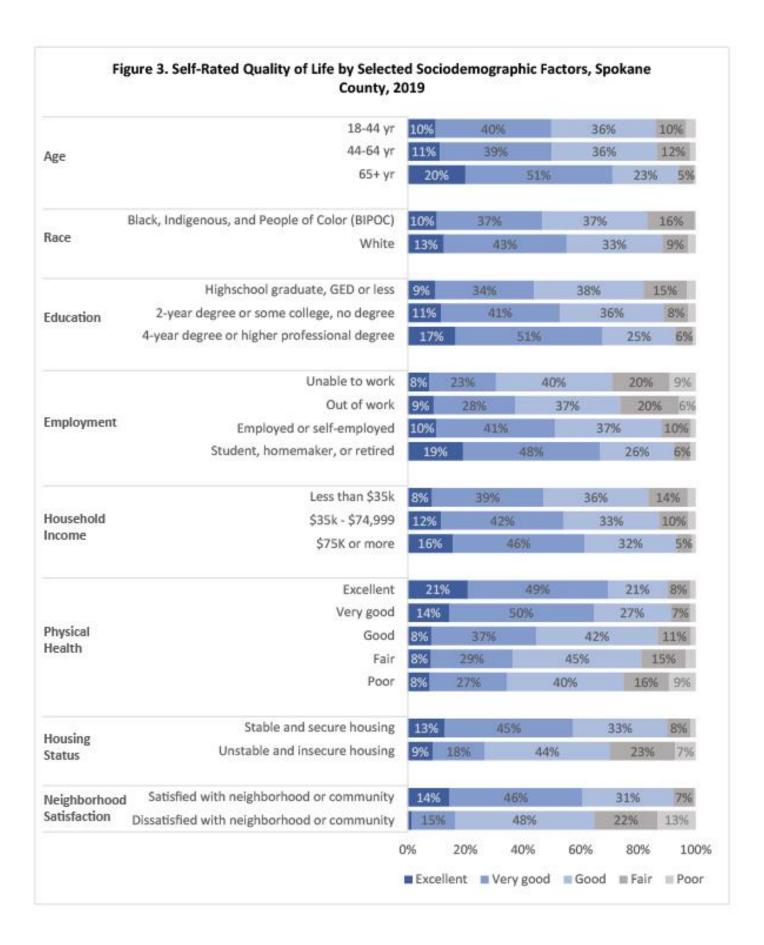


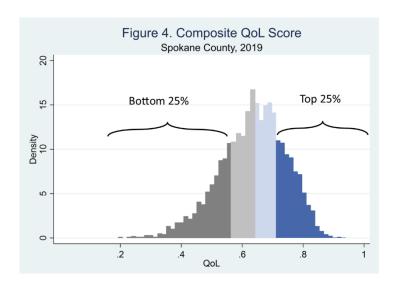
Figure 2. Percentage of Spokane County Residents with High Self-Rated Quality of Life by Year





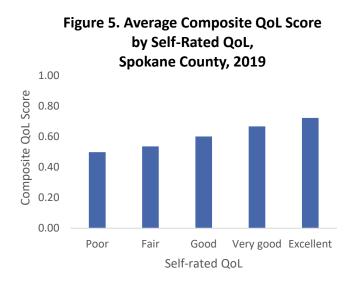
#### **Composite Quality of Life**

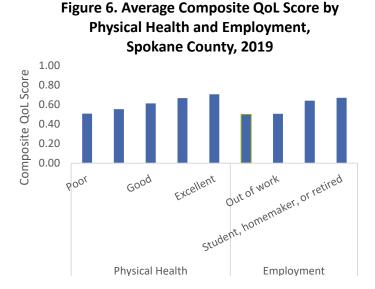
Spokane County residents' composite QoL scores were generally high, reflecting a higher quality of life overall. In 2019, half of respondents had QoL scores above 0.64. Respondents scoring in the top 25% (i.e., highest quality of life) had scores above 0.71, and respondents in the bottom 25% (i.e., lowest quality of life) had scores below 0.56 (Figure 4).



Generally, people with high self-rated QoL also had higher composite QoL scores (Figure 5).

Like self-rated QoL, composite QoL scores differed by residents' age, race, educational attainment, employment, household income, health, housing status, and satisfaction with the neighborhood or community in which they lived. Composite QoL scores also differed by marital status and whether their household had child(ren). Figure 6 illustrates how composite QoL scores differed by physical health and employment. Residents with better physical health also had higher quality of life, and residents who were either out of work or unable to work had the lowest quality of life.





# **Summary of Sociodemographic Factors Related to Poorer Quality of Life, Spokane County, 2019**

Generally, Spokane County residents who rated their QoL as "Poor" or "Fair" and who had lower composite QoL scores were:

- Younger (< 65 years old)</li>
- Black, Indigenous, and People of Color
- Less educated (high school diploma/GED or less)
- In lower-income households (i.e., annual income of < \$35K versus \$75K or more)
- Unable to work or out of work (versus students, homemakers, or retirees)
- In "poor" or "fair" physical or mental health
- In unstable housing
- Dissatisfied with their neighborhood or community

Two additional factors were related to composite QoL scores but not to self-rated QoL. Residents who were not married or never married (versus married or widowed), and those without children in the household had lower quality of life.

There were no QoL differences by gender, ethnicity, or length of residence in Spokane County.

### **Conclusion**

More than half of Spokane County's adult residents reported their quality of life as "excellent" or "very good" in 2019. Both self-rated and composite QoL measures revealed significantly poorer quality of life among residents who were younger, Black, Indigenous, and People of Color (BIPOC), of lower income and educational attainment, unemployed, in poorer health, without stable housing or dissatisfied with their neighborhoods and communities.

Sources: <sup>1</sup> WHOQOL Group. The World Health Organization quality of life assessment (WHOQOL): position paper from the World Health Organization. Soc Sci Med. 1995;41(10):1403-9. <sup>2</sup> The WHOQOL Group. The World Health Organization Quality of Life Assessment (WHOQOL). Development and psychometric properties. Soc Sci Med. 1998;46(12):1569-1585.

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