



Frequently Asked Questions

What is the purpose of the survey?

Spokane Regional Health District (SRHD) and its partners conduct the Quality of Life (QoL) Survey to collect information from adult residents in Spokane County regarding their well-being and lived experiences within their communities, and social determinants of health—that is, the physical, social and economic conditions that affect people’s quality of life and overall health (e.g., neighborhood crime and safety, access to healthy food and high-quality health care, positive and supportive relationships, and the availability of jobs and housing, etc.).

The QoL Survey represents a cross-sector effort in Spokane County to improve the community’s health through, 1) routinely measuring and monitoring residents’ health and well-being, and the various factors influencing these outcomes; and 2) identifying disparities in quality of life and other community-identified issues for improvement.

In the survey, residents report on their economic well-being, satisfaction with local government infrastructure and services, satisfaction with their neighborhoods, the number and quality of their relationships, how they spend their time, feelings of safety and perceptions of law enforcement in their community, as well as their physical and mental health and health behaviors. In addition to the main QoL Survey items, each survey year includes a section on an emergent topic of interest to community partners (e.g., access and affordability of child care, social media use, and the impacts of COVID-19).

Why did SRHD conduct the survey?

The World Health Organization (WHO) has long-recognized health as a complete state of physical, social, and emotional well-being, and not simply the absence of disease.¹ Evidence continues to show that population health is influenced by social determinants of health—that is, the social, economic, and physical conditions in which people are “born, live, learn, work, play, worship, and age.”² Examples of social determinants include access to

resources for meeting individuals’ basic needs (e.g., access to high-quality education and jobs, safe and affordable housing, healthy food, and health care), the built environment, and social and community contexts (e.g., patterns of social interaction, relationships, and a sense of safety and belonging in one’s community). Citizen Quality of Life surveys are becoming standard practice for cities across the U.S. to assess such factors and to gain insight into the health and well-being of their citizens.

Spokane Regional Health District (SRHD) organized the Quality of Life (QoL) Survey to inform interested stakeholders about the health status and concerns of citizens and disparities in quality of life within Spokane County, and to show how such factors are linked to health in our community. Stakeholders have included SRHD, Spokane County, City of Spokane, Providence Health Care, Kaiser Permanente, MultiCare Health, Empire Health Foundation, Better Health Together (BHT), Innovia Foundation, Arcora Foundation and Eastern Washington University.

Asking residents directly about their experiences living in Spokane County—about their quality of life and the many factors that contribute to it—provides important information on emerging issues and needs within the community to address through resources, programs, and policies. It also provides a way to monitor the reach, potential efficacy and equity of existing programs, services, and policies; this includes not only how well they may be working, but also for whom they may be working and where. Lastly, it improves our understanding of the factors that relate to other important indicators of community health and well-being.

1 World Health Organization. Definition of health. <http://www.who.int/suggestions/faq/zh/index.html>. 1948.

2 Social Determinants of Health. Healthy People 2020 website. Updated Oct 27, 2021. Accessed Nov 29, 2021. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>external icon.



How are these data used?

To achieve the common goal of improving the health and well-being of the Spokane County population, SRHD and its community partners have used these data to:

- Identify and prioritize issues affecting the community and subpopulations of interest (e.g., neighborhoods, voters, council/commissioner districts)
- Inform strategies and services for targeted programs (e.g., resource allocation)
- Inform decision-making around program needs and public policies
- Inform changes to existing programs, services, and policies (e.g., budgeting decisions)
- Inform cross-sector collaborations, collective impact initiatives, and strategic planning
- Support requests for grant funding and needs assessment
- Establish evaluation and program impact measures
- Better understand how local government services and social determinants of health (SDOH)—things like the availability of jobs, stable and affordable housing, and public safety—impact residents’ quality of life and well-being

When does the survey take place?

Spokane Regional Health District (SRHD) and its partners established the first QoL Survey in 2015. SRHD typically conducts the QoL survey biennially (every other year). An additional follow-up QoL Survey, however, was collected consecutively in 2020 to evaluate the impacts of COVID-19 in Spokane County. There have been four surveys to date (2015, 2017, 2019, and 2020).

Who completed the survey?

The target population of the QoL Survey is adult residents in Spokane County ages 18 years and older. A random sample was selected to reflect the Spokane County population with various sociodemographic characteristics, including age, gender, race, ethnicity, as well as where and how long residents had lived in the County. To identify survey participants, a random sample of addresses within Spokane County was drawn from a mailing house vendor-

augmented version of a United States Postal Services (USPS) computerized sequential delivery file. Any adult member of a household ages 18 years and older was eligible to complete the survey; participation was not restricted to the person who was listed in the mailing address file. Only one response per household was collected, however.

To increase the representation from underrepresented and marginalized groups, SRHD used additional recruitment strategies. In 2019, a convenience sample was also recruited from Spokane Public Library locations and combined with the random mailings sample. In 2020, oversampling was used to recruit more adults under the age of 40 years-old, and more residents who were Black, Indigenous, and People of Color (BIPOC).

The QoL Surveys rotated between large and small samples (see Table summary below). For larger samples, up to 15,000 adult residents were invited to complete the survey and approximately 3,000 participated, an average response rate of 24%. For smaller samples, nearly 5,500 people were invited to complete the survey and approximately 1,700 participated, for a response rate of 30%. For the 2019 convenience sample recruited from public libraries, the response rate was similar, at around 30% (i.e., 487 hardcopy surveys completed and returned out of 1600 distributed).

Table 1. QoL Survey Response Rates for Mailings by Year

	QoL Survey Year			
	2015	2017	2019	2020
Number of survey invitations mailed	12,000	5,495	14,500	15,000
Number (%) of deliverable addresses	10,107 (84%)	4,096 (75%)	10,839 (75%)	12,687 (85%)
Number (%) of valid responses	3,334 (28%)	1,674 (30%)	3,108 (21%)	3,365 (22%)



How was the survey completed?

Survey administration followed a “push-to-web” model. Respondents from the random mailing list (one per household) were encouraged to complete the survey online through a link and unique code provided through a series of invitation mailings. In 2015, 2017 and 2019, residents first received up to three letters encouraging completion of the survey online. Each letter was sent only to those who did not respond to the previous invitation. To encourage participation, a fourth and final letter was sent with the hardcopy survey to provide the option of completing the survey by mail. In 2020, postcards were used to encourage faster response times. Residents received two postcard invitations for the online survey prior to the mailing of the survey with a final letter.

What are some of the key findings to date?

Quality of life in Spokane County was generally high and was linked to resident characteristics of age, race, education, income level, employment status and general health. Survey findings have consistently shown significant disparities in quality of life and social capital between groups divided by age, race, class, and place, highlighting the impacts of social determinants of health (SDOH) on communities within Spokane County. For example, adult residents who were younger than 65 years-old, were Black, Indigenous, and Other People of Color (BIPOC), had lower educational attainment, resided in lower-income households, and who were either out of work or unable to work had the lowest quality of life. Survey findings have also supported health as a critical component of quality of life; residents who reported being in excellent health were more likely to have a high quality of life relative to those in poor health.

Findings have revealed significant disparities in quality of

life and social determinants of health (SDOH) between Spokane County’s neighborhoods. Neighborhood satisfaction was one of the key factors consistently associated with residents’ quality of life and social capital. Although residents’ satisfaction with their neighborhoods was generally high, satisfaction levels varied by neighborhood. For example, residents living in the city of Spokane’s central and northeast neighborhoods (e.g., West Central, Hillyard/Whitman) reported the lowest neighborhood satisfaction and were also more likely to feel unsafe walking alone in their neighborhoods at night, whereas other Spokane city neighborhoods (e.g., Comstock) reported the highest satisfaction. Most residents felt a strong sense of belonging to their neighborhood or community, but this also differed by neighborhood. For example, some neighborhoods within the city of Spokane (e.g., Hillyard/Whitman, Emerson/Garfield, and Nevada/Lidgerwood) had a weaker sense of belonging relative to others across the County.

Findings have demonstrated trends in quality of life and its associated factors over time. For example, the proportion of Spokane County residents with excellent/very good quality of life in 2019 has slightly decreased across the survey years (54% of residents in 2019 as compared to 58% in 2015). Regarding sense of belonging, a key component of social capital, the proportion of residents who reported a strong sense of belonging to their neighborhood or community has slightly declined as well (63% of residents in 2019 as compared to 70% in 2015). Residents’ feelings of stress due to financial concerns, the workplace, work/life imbalance, politics, and discrimination have also increased. Conversely, the proportion of residents who were satisfied with the Spokane County government, and with local government infrastructure and services, more generally, has increased across the survey years.



How can others interpret these data?

Although the QoL Survey was offered to a random sample of residents in Spokane County, intended to represent the population, not everyone who received a survey completed it. It is important to consider how the characteristics of residents who completed the survey and the experiences captured in the survey (particularly those reported at the neighborhood or subcounty levels) are similar or different from other residents living in your community. For example, some of the residents who completed the survey from your community may be whiter, older, or of a higher-income than most residents, so the results may reflect better outcomes than the community's lived experience.

Other things to keep in mind when interpreting these data:

- Because this is a cross-sectional survey (assessing different groups of people at a single point in time, rather than the same people over time) these data cannot be used to draw causal conclusions about the effects of particular programs/policies, or factors that lead to outcome improvements.
- Forms of bias can affect residents' survey responses, including providing desirable rather than truthful responses, or relying on more recent events. Because the survey was self-administered and anonymous, and careful attention was paid to the ordering and neutrality of question wording, these sources of bias may be less of a concern.

How can others use these data to address these findings?

All readers can use these findings to understand and communicate about the extent of disparities in Spokane County. Some of the following guiding questions, as examples, may be useful:

- What might these data tell you about issues specific to your own community?
- Who are the populations most at-risk?
- What are some possible causes of these disparities?
- Whose voices have been included, and whose voices do we still need?
- Who are partners that can help to address these issues?

Neighborhood organizations and place-based initiatives can use these findings to plan targeted resources, programs and interventions.

Local governments can use these findings to guide decision-making, policies and actions to improve people's lives and address social determinants of health within Spokane County.

Data Notes

The Quality of Life (QoL) Survey was weighted to account for the sampling design and differential response rates among subgroups. Iterative proportional fitting (IPF) or raking incorporating the design weights was then applied to account for any imbalance between the survey participants and the Spokane County population in core demographics including age, gender, race, ethnicity, education, and marital status. The population estimates that are used for these weighting procedures are pulled from population proportions from the American Community Survey (ACS) (five-year estimates).³

For confidentiality purposes, if fewer than 50 respondents from a subpopulation or geographic area (i.e., any sub-county analyses including city, neighborhood or commissioner district) responded to a particular survey question, that data point is either: 1) suppressed and not presented, or 2) aggregated through top- or bottom-coding, or in the case of neighborhood analyses, data were combined with an adjacent neighborhood(s).

³ American Community Survey (ACS). census.gov. Revised June 9, 2023. <https://www.census.gov/programs-surveys/acs>.