

2022

Quality of Life Survey

SPOKANE COUNTY

Executive Summary

June 2023



Data Center

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Introduction

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”^{1,2}—moves beyond narrow measures of health. Although physical health is an important part of QoL, there are several other areas to consider. These include the social, behavioral, emotional and environmental conditions of health. QoL is important because it tells us how *well* people are living, not just how long.

Spokane Regional Health District (SRHD) organized the Quality of Life (QoL) Survey to inform the community 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. Measuring and monitoring the community’s collective QoL helps SRHD and its partners, including health care, local government, and community-based 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 recruits a random (representative) sample of adults. The survey includes questions about residents’ quality of life, lived experiences in their communities, and social determinants of health—or the physical, social and economic conditions that affect quality of life and health.



Full survey data and results
at countyhealthinsights.org.



For more background and technical information about the QoL Survey’s design and methods, please refer to the [QoL FAQ](#).

Focus of This Summary

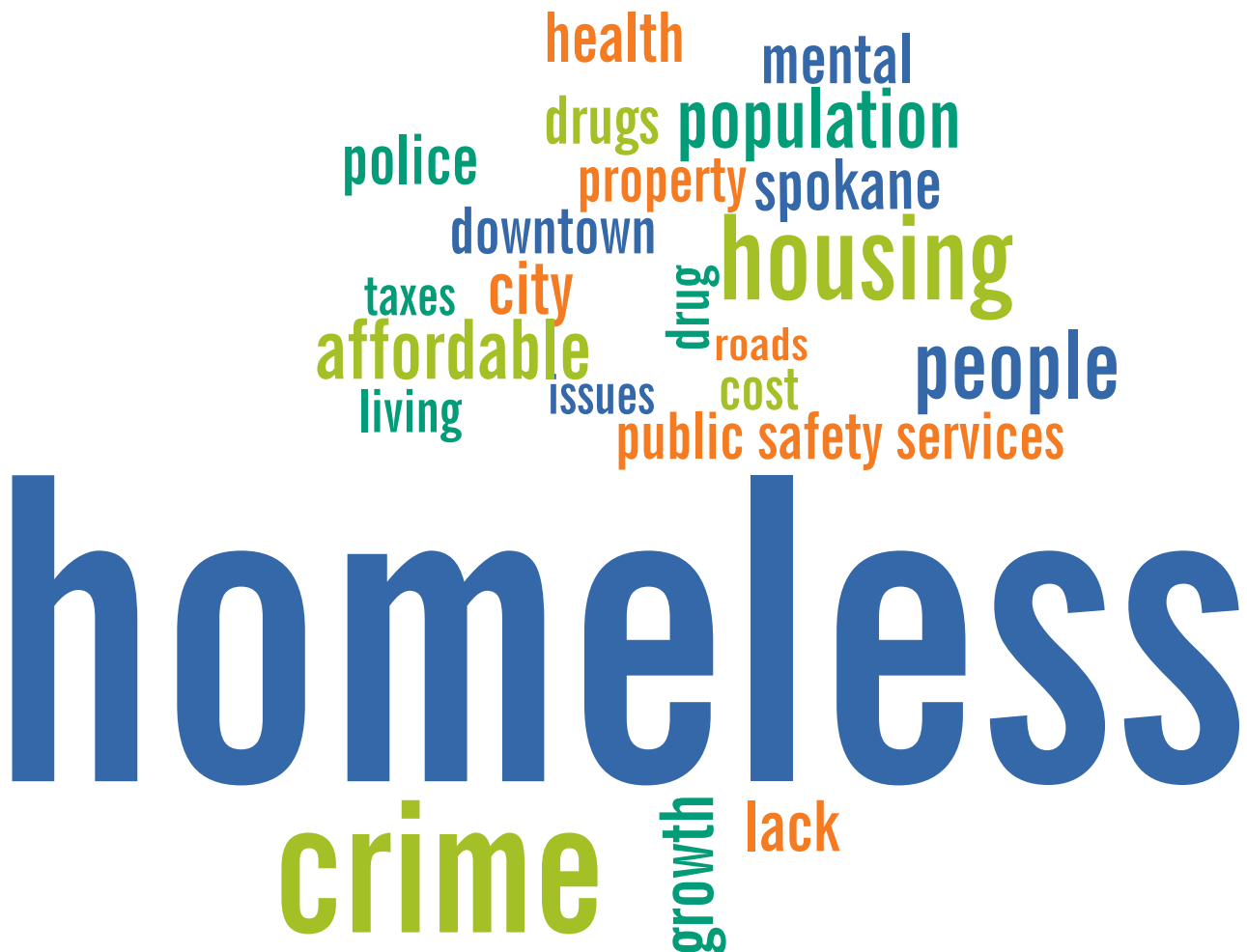
This executive summary provides a snapshot of 2022 QoL Survey findings regarding Spokane County residents' quality of life, social connectedness (social capital), and a selection of factors that may underlie these important well-being outcomes. These factors include public safety and crime, housing and homelessness, mental health, and discrimination. These issues were selected because they are the priority areas that have emerged from recent community-wide assessment efforts by SRHD and its partners.

For example, the findings from the 2021-2022 Spokane County Community Health Needs Assessment (CHNA) identified high housing costs and homelessness, domestic violence, poor mental health among adults, and racism and discrimination as top priorities for health improvement in Spokane County.³ The 2022 QoL Survey underscored these same issues and provided additional insight beyond what

is typically captured in traditional population health data sources. 2022 QoL participants nearly unanimously cited homelessness, crime (including but not limited to violent crime) and housing as top issues of concern when asked, "What is the most important issue facing the Spokane area today?"

The priorities that emerged from a qualitative analysis of QoL participants' open-ended responses to the question above are summarized in Figure 1 below. Word size within the figure corresponds with survey response frequencies, with larger words representing more commonly reported issues. These issues primarily included housing and homelessness, public safety and crime, and mental health. Other less prevalent concerns included affordable living and costs, city growth, drugs (e.g., opioids), police and road conditions.

Figure 1. What is the most important issue facing the Spokane area today?



Quality of Life

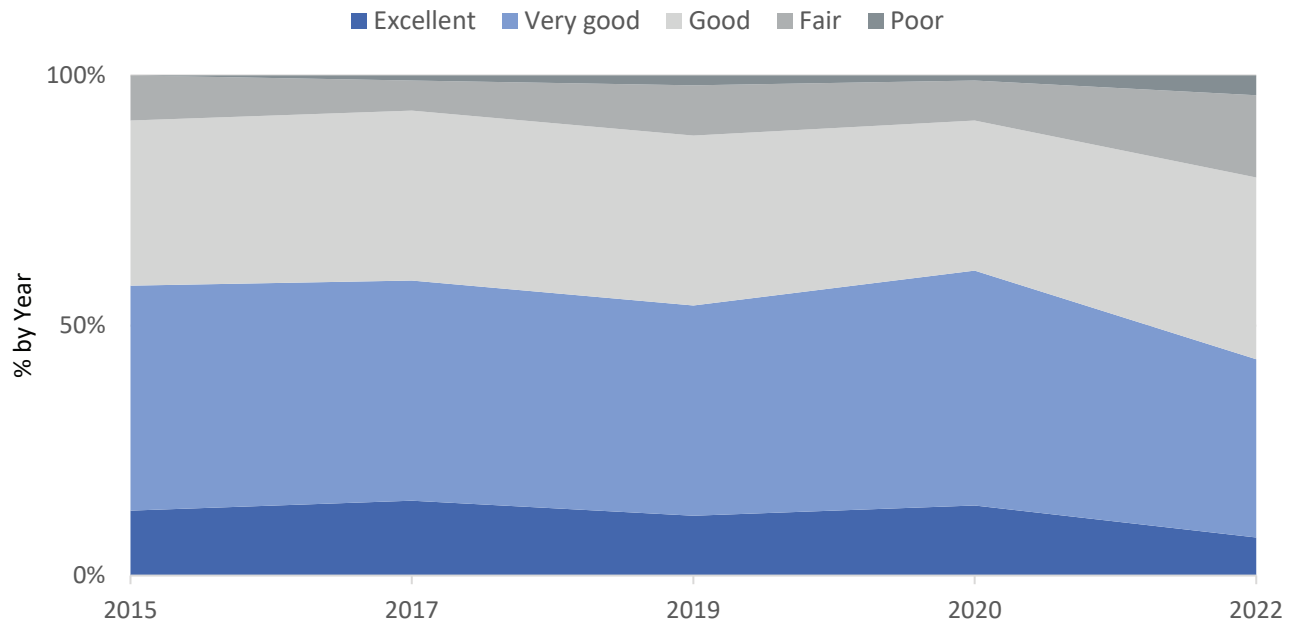
The QoL Survey begins by asking respondents, “How would you rate the quality of life in Spokane?” Responses to this question are referred to as self-rated QoL.

How was the quality of life in Spokane County?

In 2022, 43.3% of adults reported an “Excellent” or “Very good” quality of life in Spokane.

The proportion of adults reporting an “Excellent” or “Very good” quality of life decreased in 2022, down from 61% in 2020 (see Figure 2).

Figure 2. The proportion of adults reporting “Excellent/Very good” quality of life in Spokane sharply decreased in 2022.



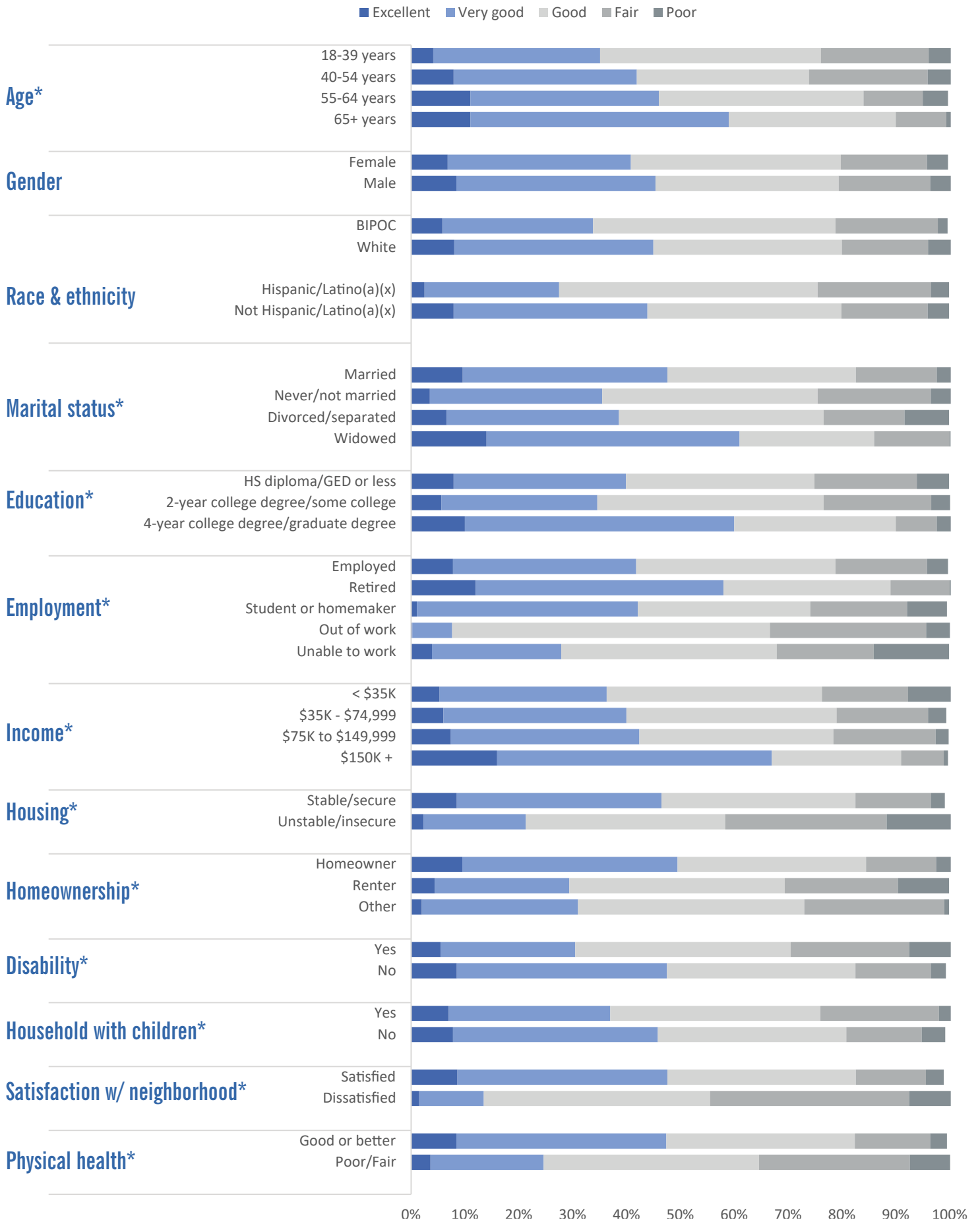
What factors were associated with quality of life?

Residents with *better* quality of life were significantly more likely to be:

- Older (age 55+ years) as compared to younger (age < 40 years)
- Married or widowed as compared to never married or not married¹
- A four-year college graduate or someone with a higher professional degree as compared to a person with lower educational attainment
- Employed or retired as compared to being out of work
- In a high-income household (annual income of \$150,000 or greater)
- With stable housing
- Without a disability
- Somewhat/very satisfied with their neighborhood or community
- With “Good” or better physical and mental health as compared to “Fair” or “Poor”

* The “never been married” group included adults who identified as either single or in a relationship, while the “not married” group included adults who were not currently married but were living with their partner.

Figure 3. Age, marital status, education, employment, household income, housing stability, home ownership, disability, children in the household, neighborhood satisfaction, and physical and mental health were closely linked with residents' quality of life in 2022.



Note. BIPOC = Black, Indigenous, and People of Color. * Denotes a statistically significant association at p < .05.

Social Capital

Being socially connected is a critical component of health and well-being. Having meaningful connections with others is among the strongest predictors of happiness.⁴ People with high-quality relationships are less likely to develop illness and experience other negative health events, ranging from the common cold to stroke, cancer and depression.^{5,6} At a community level, having a sense of cohesion and belonging through mutual trust, shared goals or resources, and social connections is related to population health and promotes resilience in the face of stressful, traumatic events.⁷

Social capital is defined as “the degree of connectedness and the quality and quantity of social relations in a given population”⁸ that is conducive for health and well-being. People who can get help, information or resources from their social networks and who feel a strong sense of belonging to a larger group or community have more social capital. Over the last two decades there has been a steady decline in social connectedness and an increase in loneliness among U.S. adults, a trend which preceded the COVID-19 pandemic but was also worsened by it.^{9,10} As social interaction and connectedness within communities may be limited by various factors, such as social media use, crime and low supply of affordable housing, there are implications for our communities’ health and quality of life.

How socially connected were adults in Spokane County?

In 2022, nearly two-thirds (65.5%) of adults reported a “Somewhat strong” or “Very strong” sense of belonging to their neighborhood or community.

Regarding trust in people, another key aspect of social capital, the results were more evenly split. Nearly half (49.9%) of residents indicated higher levels of trust in others when asked the question, “In general can you trust people?” by selecting, “Most people can be trusted.” Conversely, 50.1% indicated low trust by selecting, “You can’t be too careful.”

What factors were associated with residents’ social capital?

In the QoL Survey, social capital was measured using a composite, or combined, score. This score is calculated from residents’ responses to 15 survey questions. These questions capture different individual- and community-level aspects of social capital. Social capital questions included the following:

- Psychological questions (e.g., feelings of safety, sense of belonging to one’s community)
- Social questions (e.g., number of close friends, trust in others)
- Civic engagement (e.g., volunteering, religious service attendance, interest in politics)

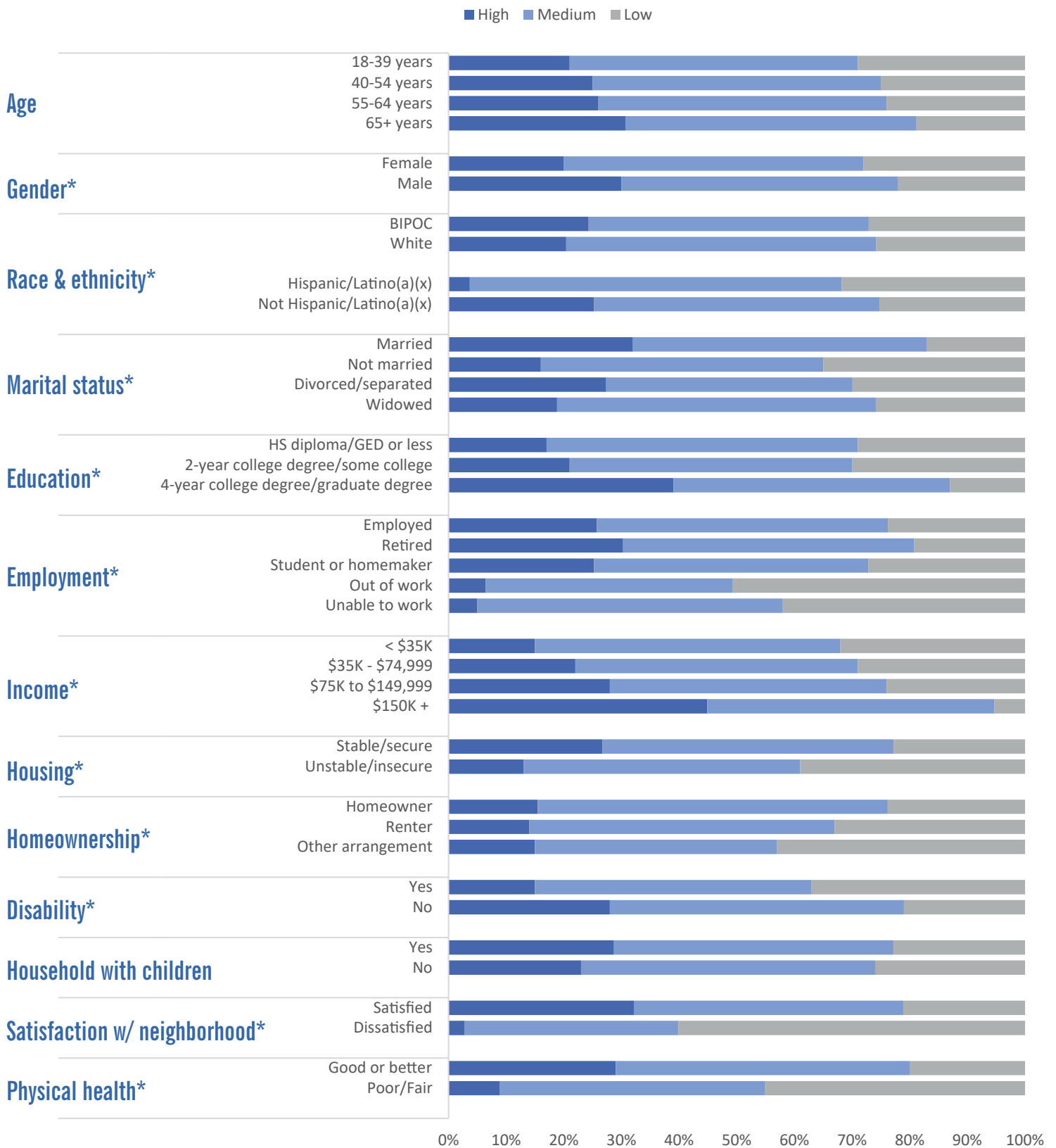
A formula is used to assign a composite social capital score, which ranges between 0 and 1; higher scores close to 1 reflect more, or higher, social capital.

In 2022, adults reporting *less* social capital were significantly more likely to be (see Figure 4):

- Women
- Hispanic/Latino(a/x)
- Separated, divorced or never married or not married, as compared to married or widowed
- With a high school diploma, GED or less, or with some college or a two-year degree, as compared to someone with a four-year college degree or higher professional graduate degree
- Out of work or unable to work as compared to employed, retired or a student or homemaker
- With an annual household income of less than \$150,000
- With unstable housing
- A renter or in some other living arrangement as compared to a homeowner
- With a disability
- Somewhat/very dissatisfied with their neighborhood or community
- In “Fair” or “Poor” physical and mental health as compared to “Good” or better

Black, Indigenous, and other People of Color (BIPOC) in Spokane County were significantly more likely to report caution with trusting people compared to White adults. Among BIPOC residents surveyed, 63.0% responded, “You can’t be too careful,” while only 48.0% of White residents selected this response.

Figure 4. Gender, ethnicity, marital status, education, household income, housing stability, home ownership, employment, disability, neighborhood satisfaction and physical and mental health were significantly associated with residents' levels of social capital in 2022.



Note. BIPOC = Black, Indigenous, and People of Color.

Social capital scores were divided into quartiles, or four equal parts, and categorized as low, medium, or high. High social capital was defined as having a combined social capital score in the top 25% of all scores, Medium social capital was defined as having a score within the middle 50% of all scores (the two middle quartiles combined), and low social capital was defined as scoring in the bottom 25%.

Public Safety and Crime

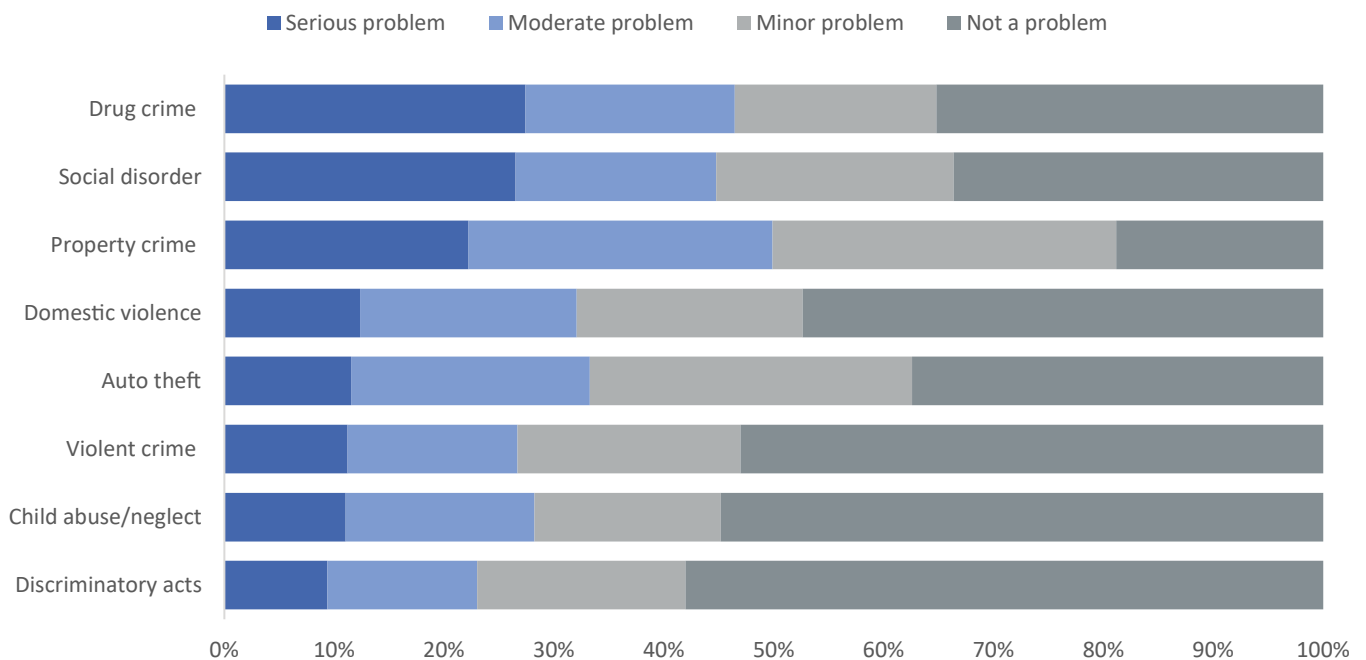
Feeling safe and secure is a fundamental human need.¹¹ Public safety—the protection of the general public’s physical welfare through various approaches, including providing law enforcement and medical emergency responders—is directly and indirectly associated with quality of life and health. Safety concerns may impact people’s ability to engage in healthy behaviors or access community resources for preventing disease,¹² and crime and violence in one’s neighborhood also negatively impacts emotional well-being.¹³ The QoL Survey assessed various aspects of public safety, including residents’ feelings of personal safety, experiences with crime in their neighborhoods, and their satisfaction and beliefs regarding local law enforcement.

Results suggested nearly two-thirds (61.6%) of residents

reported feeling “Somewhat” or “Very” safe walking alone in their neighborhood at night, and many more (79.8%) felt “Somewhat” or “Very” safe using their local parks or green space during the day. There were also high levels of satisfaction with law enforcement, with 70.2% reporting they were “Somewhat” or “Very” satisfied with the police, and 72.9% trusting their local law enforcement to protect themselves and their families.

Despite feeling relatively safe in their own neighborhoods, residents reported crime as a prevalent issue in Spokane County. Nearly 1 in 4 (24.6%) residents reported being the victim of a crime in Spokane in the last year. Figure 5 summarizes the most common types of crime that were experienced.

Figure 5. Drug crime and social disorder were the most reported serious neighborhood and community problems reported by Spokane County residents in 2022, followed by property crime.



Many QoL participants did not know to what extent domestic violence, child abuse and neglect, and discriminatory acts were problems in their neighborhoods or communities. Approximately half (45.1% to 50.1%) of respondents selected a “Don’t know/Not sure” response for each of these issues. In contrast, only up to 30.1% of respondents answered “Don’t know/Not sure” for the other listed issues. Given the high rate of domestic violence and child abuse and neglect in Spokane County relative to Washington state,^{14,15} this survey result may suggest issues like these are more difficult for people to detect or identify within the community.

What factors were related to residents' feelings of safety?

In 2022, Spokane County residents' age, gender, marital status, education, household income, employment, housing stability, homeownership, disability, neighborhood satisfaction, and physical and mental health were significantly associated with residents' feelings of safety walking alone at night in their neighborhood or community.

In 2022, adult residents who were more likely to feel safe walking alone at night were:

- Older (age 55+ years) as compared to younger (age < 40 years)
- Men
- Married as compared to separated, divorced or never married or not married

- A four-year college graduate or someone with a higher professional graduate degree as compared to a person with lower educational attainment
- In a high-income household (annual income of \$150,000 or greater)
- Employed or retired as compared to students or homemakers
- With stable housing
- Homeowners as compared to those in some other arrangement (other than renting)
- Without a disability
- Somewhat/Very satisfied with their neighborhood or community
- In "Good" or better physical and mental health as compared to "Fair" or "Poor"

Housing

Housing is an important social determinant of health that impacts people's ability to meet other fundamental needs, such as physical safety, adequate nutrition and stable employment.¹⁶ As recent national trends suggest, housing has become more scarce and less affordable in many places across the country, and there are implications for communities' quality of life and well-being. The QoL Survey asked residents about the stability, quality and affordability of their current housing, and any moves or other housing changes experienced within the last five years.

2022 results suggested most (85.7%) Spokane County adults were in a stable housing situation at the time of completing the survey, and most (69.1%) were homeowners. Nearly two-thirds (62.6%) reported "Very good/Excellent" quality of their housing, while less than half (43.8%) reported "Very good/Excellent" affordability of their housing.

Nearly 1 in 5 (17.1%) adult residents reported experiencing a move or housing situation change in the last five years. The most common situations reported were living with family or friends or "couch surfing/doubling up" (23.3% of respondents) and having to move for financial reasons (13.7% of respondents).

What factors were associated with housing stability?

Stable housing was associated with being White, in a higher-income household, a homeowner, retired (as compared to unable to work or out of work), without a disability, satisfied with one's neighborhood or community, and in "Good" or better physical and mental health as compared to "Fair" or "Poor."

In 2022, a small proportion (4.8%) of Spokane County adults reported stress in the last 12 months from leaving a living situation for their emotional or physical safety. Of note, older residents ages 65 years and older, BIPOC residents, separated or divorced and not married residents, those with lower household income (< \$35,000 annually), renters or those with "some other living arrangement," and those who were out of work or unable to work were more likely to report this stressor.

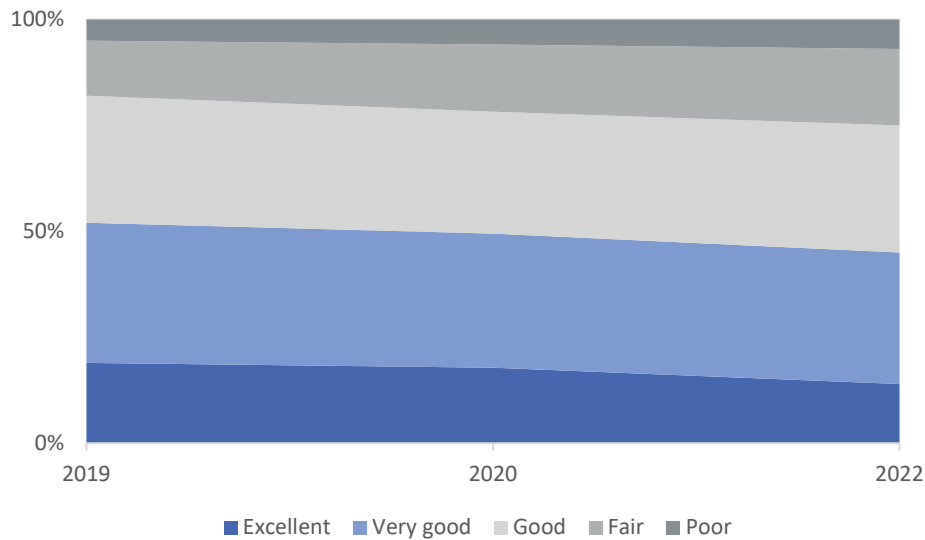
Mental Health and Care Access

Although many measures of population health focus on death rates and disease processes—things that can be directly observed—people’s emotional well-being and how they feel about their own health is also important for painting a more complete picture of health. Regardless of how physically ill or healthy someone is, how they feel about their general health, also called “self-rated health,” is a consistently strong predictor of outcomes like how long someone will live.¹⁷ Collecting data on the mental health of community members and barriers to accessing health care services related to mental health helps public

health organizations and community partners to identify disparities and to develop strategies for improving residents’ health and well-being.

Results suggested the proportion of Spokane County adults reporting “Excellent/Very good” mental or emotional health has declined, at 45% in 2022, down from 52% in 2019 (see Figure 6). More than 1 in 5 residents (21.8%) reported experiencing frequent mental distress, which is defined as 14 or more days of poor mental health in the past 30 days.

Figure 6. The proportion of adult residents in Spokane County reporting “Excellent” or “Very good” mental health has decreased since 2019.



What factors were associated with poor mental health?

Residents who were more likely to experience frequent mental distress were:

- Younger (age < 40 years) as compared to older in age
- Divorced or separated or not married as compared to married or widowed
- High school graduates or had obtained a GED or less schooling, or those with a two-year degree or some college, as compared to those with a four-year college degree or higher professional graduate degree
- In lower-income households (< \$35,000 annually)
- Out of work or unable to work as compared to employed or retired
- With unstable housing
- Renters or those with “some other living arrangement” as compared to homeowners
- With a disability
- Dissatisfied with their neighborhoods or communities

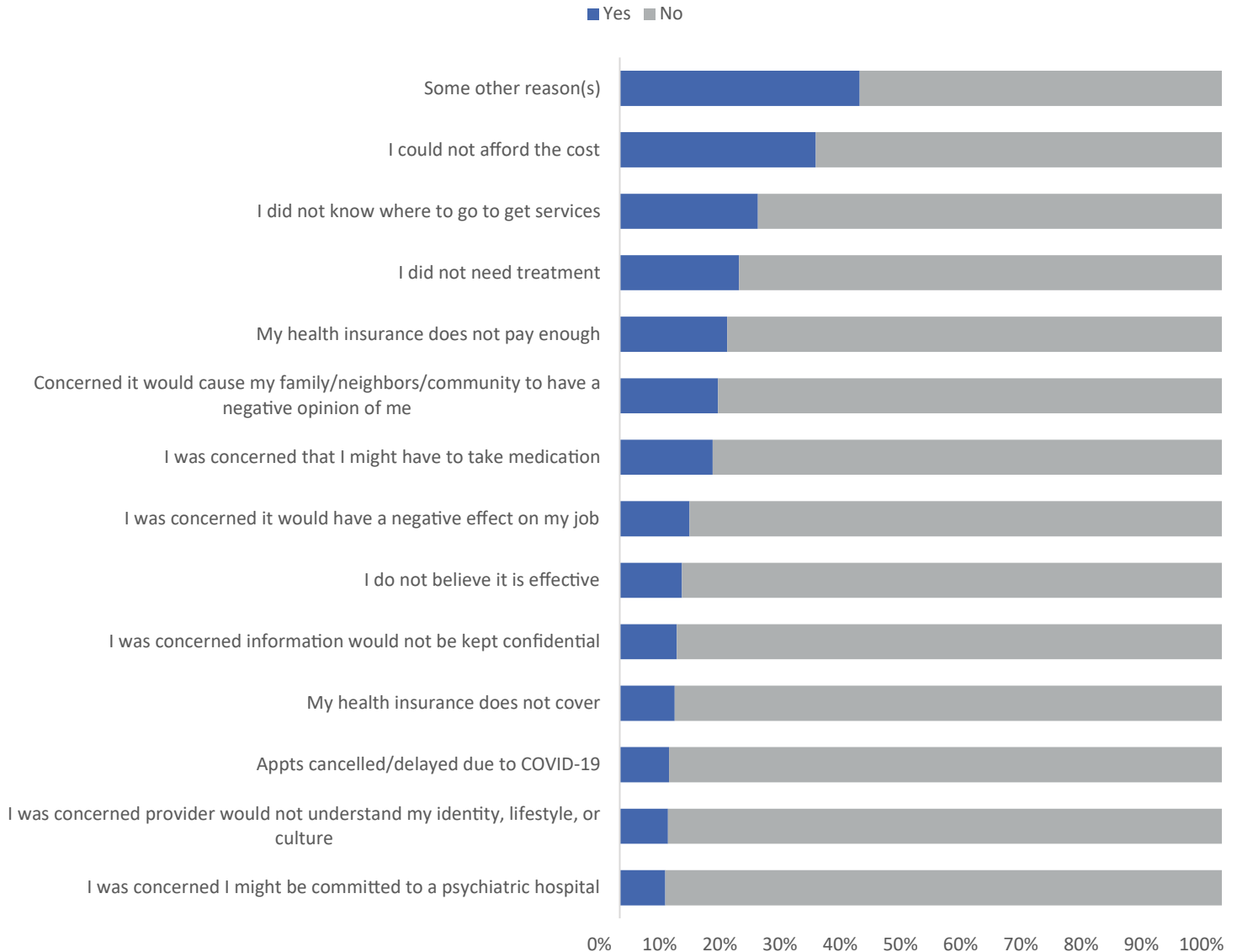
What proportion of residents with poor mental health accessed treatment, and what were common barriers to receiving treatment?

In 2022, 17.5% of Spokane County adults received counseling, 21.2% received medication and 4.8% reported receiving some other treatment for mental health in the last 12 months. Among those with frequent mental distress, defined as having reported 14 or more days of poor mental health in the last month, 30.9% received counseling, 43.2% received medication, and 12.9% received some other treatment. Approximately half of those receiving medication also received counseling.

Among those who reported 14 or more days of poor mental health in the last month, the most common barriers to receiving mental health treatment or counseling were (see Figure 7):

- Not being able to afford the cost (32.6%)
- Not knowing where to go to get services (23.0%)
- Reporting not needing treatment (19.8%)
- Health insurance not fully covering the cost (17.9%)

Figure 7. Not being able to afford the cost, not knowing where to get services, feeling they did not need treatment and insufficient health insurance coverage were the most common challenges to accessing mental health treatment or counseling among adults with frequent mental distress (reporting 14 or more days of poor mental health in the last month).



Discrimination

Experiences of discrimination, whether based on one’s race, religion, gender or other social characteristic, have been consistently linked to poor mental and physical health outcomes including depression, high blood pressure, and obesity; risky health behaviors such as smoking and unsafe sex; and reduced access to health services and treatment.^{18,19} Assessing discrimination provides important insights into community members’ lived experiences. A better understanding of these experiences may inform modifications to existing programs and services as well as the development of new approaches to improving well-being and achieving greater health equity within a population.

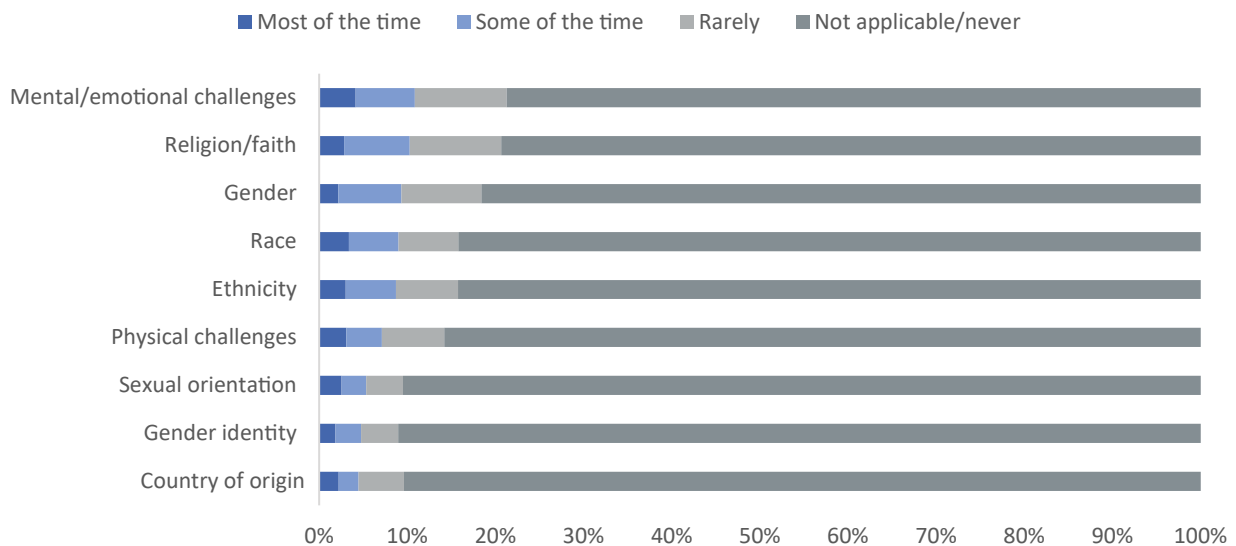
The QoL Survey began assessing residents’ experiences with discrimination in 2017. Respondents were asked about how often they felt “uncomfortable or out of place”

in their neighborhood or community due to various factors such as race, ethnicity, country of origin or religion. Other questions included their level of stress due to discrimination and to what extent discriminatory acts were a problem in their neighborhood or community.

What were common forms of discrimination experienced by Spokane County residents?

Although nearly half of all QoL Survey respondents reported they “did not know” whether discriminatory acts were a problem in their neighborhood or community, 23.0% of the remaining respondents reported discriminatory acts as a moderate-to-serious problem.

Figure 8. Mental or emotional challenges, religion, gender and race were the most frequent reasons for residents feeling “uncomfortable or out of place” in their neighborhood or community.



How did discrimination affect the community and who experienced the highest burden?

Among Spokane County adults, 13.4% of reported feeling “Very/Somewhat” stressed due to discrimination in the last 12 months.

Residents who experienced stress due to discrimination in the last 12 months were significantly more likely to be:

- Younger than 65 years of age as compared to older (age 65+ years)

- Black, Indigenous, or Other People of Color (BIPOC) as compared to White
- Hispanic or Latino(a/x) as compared to Non-Hispanic or Latino(a/x)
- With a disability
- In a household with children
- With “Fair” or “Poor” mental health as compared with “Good” or better

How Can These Data be Used to Inform Quality of Life Improvements in Spokane County?

Potential uses for QoL Survey data to improve the lives and well-being of the Spokane County population may include the following:

- Identifying disparities in our communities' quality of life and what the needs are
- Prioritization of issues and resource allocation
- Program development, planning and evaluation
- Development of performance metrics
- Grant proposals
- Demonstrating accountability to the public
- Monitoring disparities and improvements in social determinants of health (SDoH) within our community and examining how these are linked to other metrics of population health
- Monitoring sociodemographic changes and growth in Spokane County
- Analyzing neighborhood-level data to inform place-based initiatives

References

1. 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.
2. The WHOQOL Group. The World Health Organization Quality of Life Assessment (WHOQOL). Development and psychometric properties. *Soc Sci Med*. 1998; 46(12):1569-1585.
3. Spokane County Community Health Needs Assessment 2021-2022. Report prepared by Spokane Regional Health District, Data Center. 2022. <https://countyhealthinsights.org/county/spokane/indicators/providence-community-health-needs-assessment>.
4. Diener E, Seligman ME, Choi H, Oishi S. Happiest people revisited. *Perspectives on Psychological Science*. 2018 Mar;13(2):176-84.
5. Cohen S, Janicki-Deverts D. Can we improve our physical health by altering our social networks?. *Perspectives on Psychological Science*. 2009 Jul; 4(4):375-8.
6. Yang YC, Boen C, Gerken K, Li T, Schorpp K, Harris KM. Social relationships and physiological determinants of longevity across the human life span. *PNAS*. 2016 Jan;113(3):578-83.
7. Aldrich, D. P. (2012). *Building resilience: Social capital in post-disaster recovery*. Chicago, IL: University of Chicago Press.
8. Harpham T, Grant E, Thomas E. Measuring social capital within health surveys: key issues. *Health Policy and Planning*. 2002;17(1):106-11.
9. Cox DA. Survey Center on American Life. The State of American Friendship: Change, Challenges, and Loss: Findings from the May 2021 American Perspectives Survey. <https://www.americansurveycenter.org/research/the-state-of-american-friendship-change-challenges-and-loss/>. Published June 2021. Accessed June 5, 2023.
10. Kannan VD, Veazie PJ. US trends in social isolation, social engagement, and companionship nationally and by age, sex, race/ethnicity, family income, and work hours, 2003–2020. *SSM-Population Health*. 2023 Mar; 21:101331.
11. Maslow AH. A theory of human motivation. *Psychological Review*. 1943 Jul;50(4):370.
12. Timperio A, Veitch J, Carver A. Safety in numbers: does perceived safety mediate associations between the neighborhood social environment and physical activity among women living in disadvantaged neighborhoods?. *Preventive Medicine*. 2015 May;74:49-54.3.
13. Lorenc T, Clayton S, Neary D, Whitehead M, Petticrew M, Thomson H, Cummins S, Sowden A, Renton A. Crime, fear of crime, environment, and mental health and wellbeing: mapping review of theories and causal pathways. *Health & Place*. 2012 Jul;18(4):757-65.
14. Washington State Department of Social and Health Services Research and Data Analysis Community Outcome and Risk Evaluation (CORE). Community Reports, Jan 2023. <https://www.dshs.wa.gov/sites/default/files/rda/riskprofiles/research-4.47-spokane.pdf>. Washington Association of Sheriffs and Police Chiefs (WASPC): Uniform Crime Report (UCR), National Incident-Based Reporting System (NIBRS). <https://www.waspc.org/crime-statistics-reports>. Cited by: Washington State Department of Social and Health Services Research and Data Analysis Community Outcome and Risk Evaluation (CORE). Community Reports, Jan 2023. <https://www.dshs.wa.gov/sites/default/files/rda/riskprofiles/research-4.47-spokane.pdf>. Last updated September 15, 2022. Accessed June 13, 2023.
15. Washington State Department of Children, Youth and Families, Children's Administration FamLink Data Warehouse. <http://clientdata.rda.dshs.wa.gov/Home/ShowReport?reportMode=0>. Updated June 2023. Accessed June 13, 2023.
16. Hatch, ME, Yun, J. Losing your home is bad for your health: Short-and medium-term health effects of eviction on young adults. *Housing Policy Debate*. 2021;31(3-5):469-89.
17. Idler EL, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *Journal of Health and Social Behavior*. 1997:21-37.
18. Johnston DW, Lordan G. Discrimination makes me sick! An examination of the discrimination–health relationship. *Journal of Health Economics*. 2012;31(1):99-111.
19. Krieger N. Discrimination and health inequities. *International Journal of Health Services*. 2014;44(4):643-710.



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