

2024

The Social Life *of* Parents & Caregivers *of Young Children in Spokane County*





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Introduction

This report summarizes the results of the Parent/Caregiver Loneliness and Isolation (PCIL) Survey, completed by 196 adult caregivers of young children ages 0 to 5 years old in Spokane County. The survey was administered electronically (online) over the course of 2 months from April 1 to May 31, 2024. The survey was available in English, Spanish, Russian, Ukrainian, Arabic, Pashto, and Vietnamese.

This assessment examines the experiences of loneliness, isolation (social disconnectedness), and support among caregivers of young children ages 0 to 5 years in Spokane County. Trends of increased loneliness and declines in social participation in the United States prompted a 2023 US Surgeon General’s Advisory.¹ The advisory emphasizes the urgency of loneliness as a public health threat and the need for societal-level approaches to building social connection for improved community health. According to the advisory, recent estimates suggest nearly half of US adults experience loneliness, a prevalence that exceeds even the most serious chronic health conditions and with comparable risks for mortality.^{2,3} Parents or caregivers are at greater risk for mental health issues, including stress, loneliness, and isolation, relative to non-caregivers.^{2,4,5}

Being pregnant, postpartum, or caring for young children under the age of 5 years old is an especially vulnerable and isolating period, and this subpopulation of caregivers may therefore be at heightened risk of loneliness and reduced social participation.^{6,4}

To develop targeted interventions and strategies for building social connection and resilience among families in Spokane County communities, it is important to understand the extent of loneliness and isolation experienced by caregivers of young children within Spokane County and their available support and access to resources.

The primary questions addressed in this report include:

1. What is the overall prevalence of social isolation and loneliness among caregivers of young children ages 0 to 5 in Spokane County?
2. What are the positive experiences of caregivers of young children regarding social support, social or cultural participation, and access to caregiver resources in the community?
3. To what extent do experiences of loneliness, isolation, and social support differ by caregiver characteristics? (The survey asked respondents a series of demographic questions that identified these characteristics, including race, household income, whether participants were caring for a child with special medical or educational needs, and whether participants had fewer cumulative positive adult experiences (PAEs).⁷

The strengths of this assessment included a large, relatively diverse local sample of adult caregivers. Respondents were diverse with regard to their race, ethnicity, income, and work

circumstances, which included a mix of both stay-at-home caregivers and those employed outside the home. Several respondents also reported caring for a child with special medical or educational needs. The sample size allowed the authors to stratify the data to examine associations between caregiver characteristics and their experiences with loneliness, social disconnectedness, and support.

Another strength was the use of a robust, well-validated measure for the primary outcome of loneliness, the short form of the Center for Epidemiologic Studies–Depression Scale (CES-D).^{8,9} In some areas, it was not feasible to use a full, validated measure due to timing considerations. For these outcomes, the authors selected a subset of questions or adapted questions from existing, validated scales, such as the Revised Social Connectedness Scale (SCS-R).¹⁰

Limitations of the assessment were the use of a convenience sample of participants recruited through outreach to local partners, as opposed to a random sample of adult caregivers. Therefore, results from this report should not be generalized beyond the participants included in the analysis to represent all caregivers in Spokane County. For example, this report may not have fully captured the perspectives of caregivers in Spokane County who are culturally and linguistically diverse, as most respondents reported English as their first or native language, nor the perspectives of single caregivers, as most respondents were either married or living with partners.

The results of this assessment will be shared with internal programs at Spokane Regional Health District (SRHD), community partners, and service providers to inform interventions and strategies for addressing isolation and loneliness and increasing support and connection at the community level for caregivers with young children in Spokane County.

SRHD programs will use the findings of this report to guide messaging for a positive community norms campaign around support for parents and caregivers and the importance of positive adult experiences, in addition to positive childhood experiences for promoting caregivers’ well-being.⁷ These findings will also inform SRHD’s ongoing Healthy Outcomes from Positive Experiences (HOPE) work, which focuses on collaborating with community partners to promote healthy, thriving children and families in Spokane County through building positive experiences and healthy relationships.¹¹

The intended campaign and ongoing work align with recommendations in the August 28, 2024, advisory from the surgeon general, *Parents Under Pressure: The US Surgeon General’s Advisory on the Mental Health & Well-Being of Parents*, which calls for a well-rounded, community-based response to addressing the multiple complex factors that play a role in parents’ and caregivers’ isolation and mental health-related issues.⁵ As Surgeon General Vivek Murthy states within the report, “Raising children is sacred work. It should matter to all of us.”⁵



*“Raising children is sacred work.
It should matter to all of us.”⁵*

—Vivek H. Murthy, MD, MBA,
Surgeon General of the United States and Vice Admiral,
United States Public Health Service

Executive Summary

In total, 196 adult caregivers of young children between the ages of 18 and 67 years old ($M = 32.30$ years) completed the survey. Almost all respondents were women; less than 1 in 10 respondents were men. Nearly one-third of respondents (29.6%) were Black, Indigenous, or other People of Color (BIPOC), most of whom identified their race as Hispanic (14.8%) or Multiracial (12.2%). Nearly half of respondents had completed a bachelor's degree or higher professional degree, but nearly half of respondents (45.4%) also reported a low annual household income of less than \$50,000. Most were working full time for wages (39.8%) or were stay-at-home caregivers (26.5%). Additionally, nearly 1 in 4 respondents (23.9%) were caring for a child with special health care or special educational needs. Nearly 1 in 4 respondents (23.0%) reported they spoke a language apart from English, but most still spoke English as their preferred language (ie, more than 90% preferred to speak English at home or English as their written language). Many had lived in Spokane County for a long time; 39.8% of respondents had lived in Spokane County for 20 years or longer.

The median number of children in the households surveyed was 2. Most respondents reported having one child ages 0 to 5 years old in the household. Nearly half of respondents (42.9%) also had a school-aged child between the ages of 6 and 17 years old in the household. Nearly all respondents were either the biological or adoptive parents of the children in their households. The 3 most prevalent sources of regular child care reported for young children ages 0 to 5 were child care centers or preschools, primary caregivers, or a relative, friend, or neighbor. However, some respondents (12.8%) reported not having any regular source of child care for their children.

Just over a quarter of respondents (28.5%) reported accessing caregiving support resources, such as community centers or caregiver support groups, in the community. Respondents who did not use these resources described challenges to access, which primarily included a lack of information about what is available, a lack of time to take advantage of these opportunities, or incompatibility with schedules. For example, programs offered during the workday were not accessible for full-time working caregivers. Many respondents also reported feeling they did not need these resources because they were satisfied with their existing supports. Among those who did access resources in Spokane County, the most-reported resources included specific community-based organizations (ie, Vanessa Behan, CAPA), public libraries, community centers, food banks, and parenting support groups or classes, such as postpartum or lactation support, online forums, and Facebook groups.

Although loneliness among the survey respondents was relatively infrequent (approximately 1 in 5 respondents reported experiencing loneliness "occasionally" or "almost all of the time" in the past week), more than half of

respondents (53.1%) experienced loneliness on at least 1 or 2 days in the past week. This result aligns with other prevalence estimates of loneliness from national surveys of the general population of US adults, and it underscores a call to action for public health regarding the subpopulation of caregivers in Spokane County. There was also a disparity in the experience of loneliness, such that respondents with a below-average number of cumulative positive adult experiences reported more frequent loneliness ($p < .0001$) than those who reached or exceeded the average.

Regarding social disconnectedness, many respondents did not feel disconnected or isolated from the world or from their peers, and most felt they participated in a group or were actively involved in others' lives. However, there was a statistically significant difference in social disconnectedness between respondents with a lower-than-average number of positive adult experiences and those at or above the average. Respondents with below-average cumulative positive adult experiences reported greater social disconnectedness ($p < .0001$). There were no significant group differences in either loneliness or social disconnectedness by respondents' income, race or ethnicity, or if respondents were caring for a child with special needs.

Most respondents reported high availability of emotional support, both in general (eg, having someone to listen) and specific to caregiving (eg, sharing private caregiving worries or fears), from others outside of their household. The majority (81.1%) were also satisfied with the overall level of support or help they received from others outside their household. Other types of support, however, were less frequently available to respondents. Specifically, informational support (ie, receiving information or advice), practical support (ie, receiving practical help or resources, like a ride to the doctor), and companionship (ie, having someone to relax or spend time with) were less frequently available than emotional support. Regarding caregiving-related support, nearly half of respondents (45.9%) reported "none of the time" or "a little of the time" when asked how often they had someone available to help with daily chores and child care when sick. There were also significant group differences in the availability of general and caregiving-specific support. Caregivers with a child with special medical or educational needs reported on average lower availability of either type of social support ($ps = .043$) than those who were not caring for a child with special needs, and those with a below-average number of positive adult experiences reported less availability of either type of support ($ps < .0001$) relative to those at or above the average.

A desire for more practical support and companionship was also underscored by the questions about social contact and network size. Most respondents reported having at least some (on average, 3 or 4) friends or relatives they saw or heard from in a typical month or felt close enough with to

ask for help. However, more than half of respondents desired more people within their friend and family networks that could fill these roles. Most also reported having friends or relatives who they felt at ease with enough to discuss private matters, and more than half of respondents were satisfied with the number of people providing this emotional support. When asked about the frequency of connecting with their cultures and community, nearly half of respondents reported attending public cultural events or participating in private or small group gatherings at least a few times a year.

Regarding positive adult experiences, the sample average reflected a high number of cumulative positive adult experiences among survey respondents, like what has been reported in other studies.¹² Participants reported an average of 9 out of the 11 listed positive adult experiences. Respondents experienced safety within their homes and neighborhoods, had good neighbors, and held comforting beliefs. The least endorsed positive experiences included engaging in self-care, talking to someone outside of the home about their feelings, and having a predictable home routine. In sum, this survey highlighted some positive experiences among caregivers of young children in

Spokane County. For example, social disconnectedness was an uncommon experience among the survey respondents; many reported readily available emotional support from others outside their households and were also satisfied with the level of emotional support they received and the number of friends or relatives providing that support. Many respondents also reported social or cultural participation (eg, attending public events), and the majority reported a high number of cumulative positive adult experiences. However, despite these sources of strength and resiliency, a sizable number of respondents experienced loneliness at least some of the time, and there was a desire for more practical or informational help, both in general and related to caregiving tasks. Resources in the community were either unknown or not viewed as accessible and there was a desire for more information and flexibility. Lastly, there were disparities in caregivers' social outcomes based on their children's needs, income level, and adult experiences. Specifically, caregivers who are caring for a child with special needs, who are from lower-income households, and who report fewer cumulative positive adult experiences may need more targeted strategies and supports for building their social connections and well-being.



Results

Participant Demographics

Age and Gender

The average age of respondents was 32.30 years old ($SD = 6.48$). Most respondents (80.6%) were between 25 to 39 years old. Only 11.7% were ages 40 years and older. Most identified as women (89.0%), whereas 8.7% of respondents were men.

Race and Ethnicity

Nearly one-third of respondents (29.6%, $n = 58$) were Black, Indigenous, or other People of Color. Participants responded to the race question by selecting all that applied. The individual race categories are reported alone or in combination and therefore do not add up to 100%. Most respondents (78.6%) identified as White, either alone or in combination. Slightly more than 1 in 10 respondents (12.2%) were Multiracial (ie, selected 2 or more races), 14.8% identified their race as Hispanic, and 5.1% identified as Black or African American. Other racial identities among respondents included Asian or Asian American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and Middle Eastern. Another 15.3% of respondents were of Hispanic or Latino(a/e) ethnicity.

Table 1. Survey Respondents' Race and Ethnicity

Race/Ethnicity	Percentage
American Indian or Alaska Native	3.6%
Asian or Asian American	4.6%
Black or African American	5.1%
Hispanic as Race	14.8%
White	78.6%
Multiracial	12.2%
Other race (eg, NHOPI, Middle Eastern)	3.6%
Hispanic or Latino(a/e) ethnicity	15.3%

Note. Race categories were reported either alone or in combination, so percentages in this table do not add up to 100%. NHOPI = Native Hawaiian or other Pacific Islander.

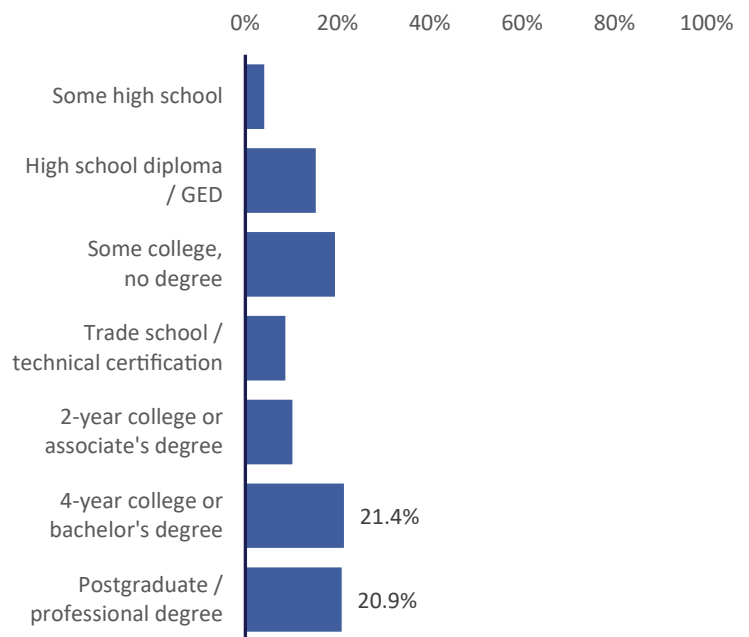
Language

The percentage of respondents who reported English as their first or native language was 87.0%, and 23.0% of respondents spoke another language apart from English. The most common languages spoken other than English included Spanish (12.2%) and Russian and Ukrainian (4.6%). Most respondents preferred English as their language spoken at home (92%) and as their written language (96%). Other languages spoken included Afrikaans, Farsi, Chinese, Japanese, Swedish, German, Hawaiian, Hmong, Portuguese, Tigrinya, and Marshallese.

Education, Work, and Income

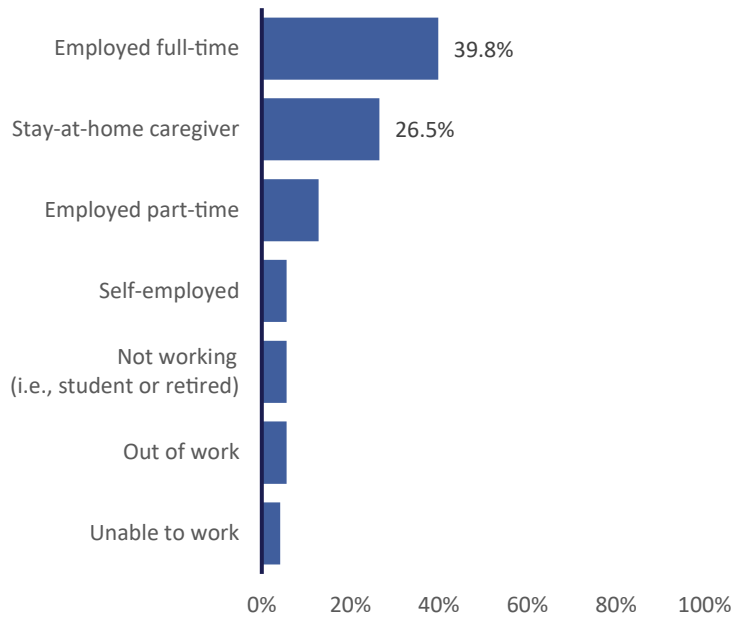
Respondents had high educational attainment. Nearly half (42.3%) completed a 4-year college degree or higher professional degree. Another 19.4% completed some college without a degree, and 15.3% held a high school diploma or GED equivalent.

Figure 1. Highest Grade or Year of School Completed by Respondents



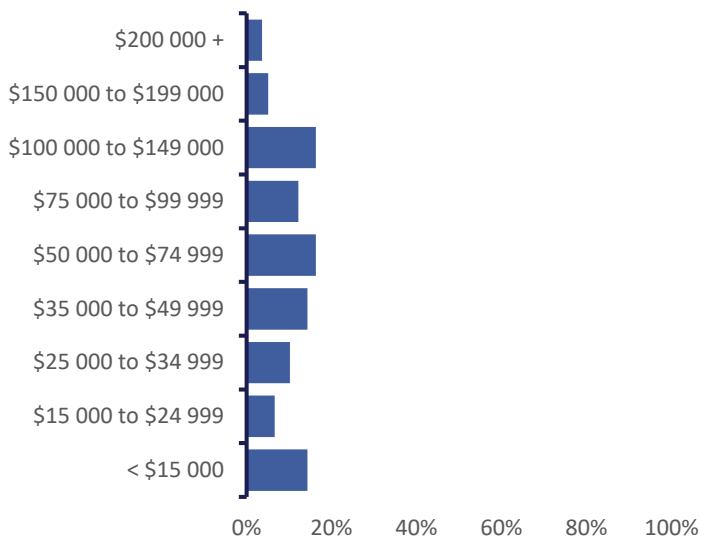
Most respondents (58.2%) were working at the time of survey completion, whether full time, part time, or self-employed. Among respondents, 39.8% were working full-time, 12.8% were working part-time, 26.5% were stay-at-home caregivers, and 15.3% were not working (ie, they were a student, out of work, unable to work, or retired).

Figure 2. Respondents' Occupational Status



Nearly half of respondents (45.4%) were in lower-income households, defined as reporting an annual household income less than \$50 000. Nearly one-third of respondents (31.1%) were in households earning less than \$35 000 annually. One-quarter of respondents (25.0%) reported a higher annual household income of \$100 000 or more.

Figure 3. Respondents' Household Income



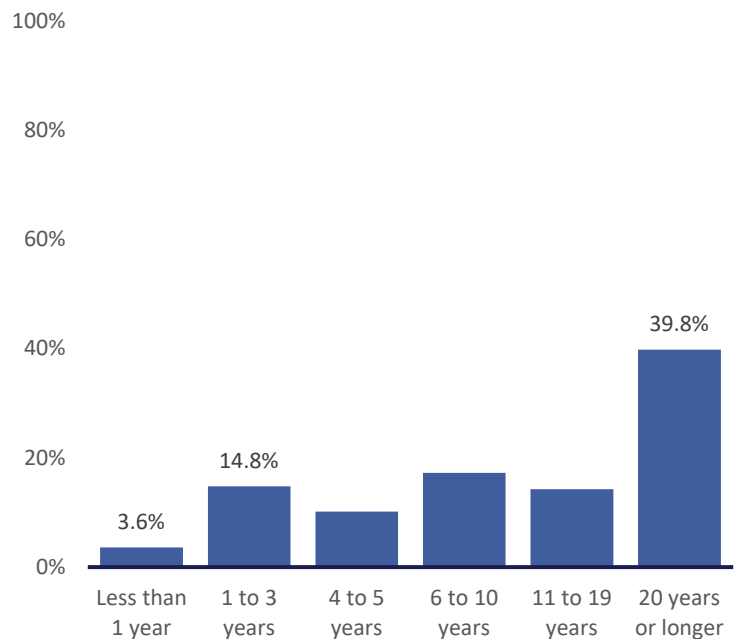
Marital Status

Nearly two-thirds of respondents (62.8%) were currently married and living with their spouse. Another 16.3% were single (never married) and 12.2% were not married but living with a partner. Fewer than 1 in 10 respondents (7.1%) were divorced, separated, or widowed.

Time in Spokane County

Nearly half (39.8%) of respondents reported living in Spokane County for 20 years or longer. An additional 28.6% had moved to Spokane County more recently, within the past 5 years. Less than one-fifth of respondents (18.4%) had moved to Spokane County within the last 3 years.

Figure 4. Number of Years Respondents Had Lived in Spokane County



Child Care Access, Needs, and Experiences

To assess respondents' experiences with child care, the survey included a series of questions about the children living in respondents' households, including questions about their health care and educational needs, and the child care respondents were able to access.

Number of Adults and Children in the Household

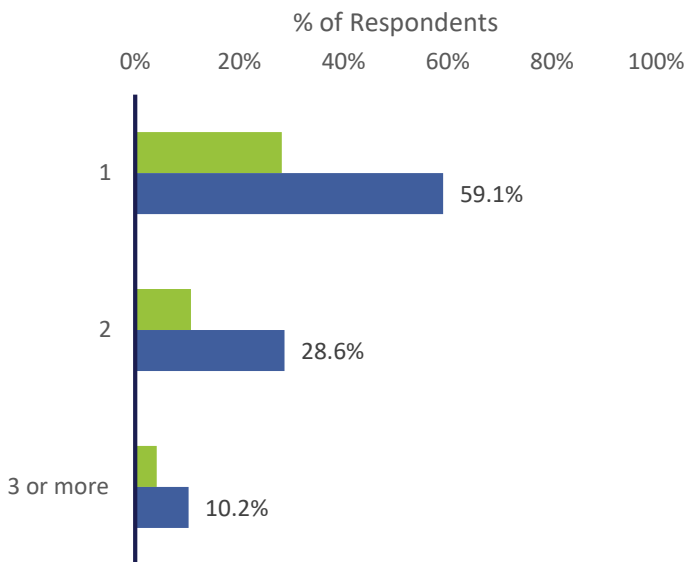
Regarding adults in the household, 84.7% of respondents reported having at least 1 other adult ages 18 to 64 years old in the household, and 6.1% reported at least 1 other adult ages 65 years and older in the household. In addition, 15.3% of respondents reported being in a single-caregiver (1 adult) household.

The median number of children in respondents' households was 2 (M = 2.15, SD = 1.38), but this number ranged between 1 and 10. Most respondents (59.1%) reported having 1 child ages 0 to 5 years old, while 28.6% reported having 2 children ages 0 to 5 years. Only 10.2% reported 3 or more children ages 0 to 5 years old in the household (this number ranged from 3 to 9).

Nearly half of respondents (42.9% or n= 84) reported also having at least 1 school-aged child ages 6 to 17 years old in the household. Of these 84 respondents, nearly two-thirds (65.5%) reported 1 school-aged child, 25.0% reported 2, and 9.5% reported 3 or 4.

Among all respondents, 10.2% were pregnant at the time of survey completion.

Figure 5. Number and Ages of Children in Respondents' Households



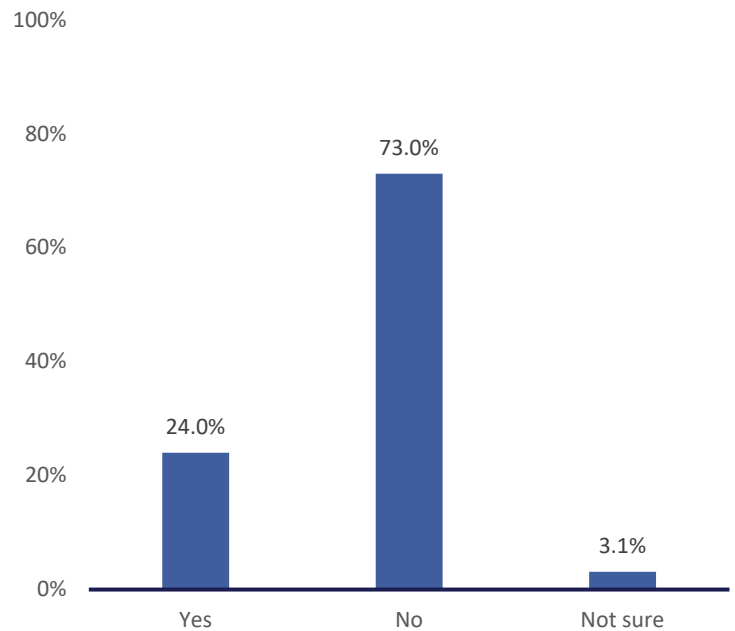
Caregiver Relationship to Children in the Household

Among respondents, 96.9% were either the biological or adoptive parent of child(ren) ages 0 to 5 in the household. Other less common caregiver relationships included a stepparent, foster parent, grandparent, older sibling, aunt or uncle, another relative, or other non-relative.

Children with Special Health Care or Educational Needs

Nearly 1 in 4 respondents (23.9%, or n= 47) reported caring for a child with either special health care needs or special educational needs.

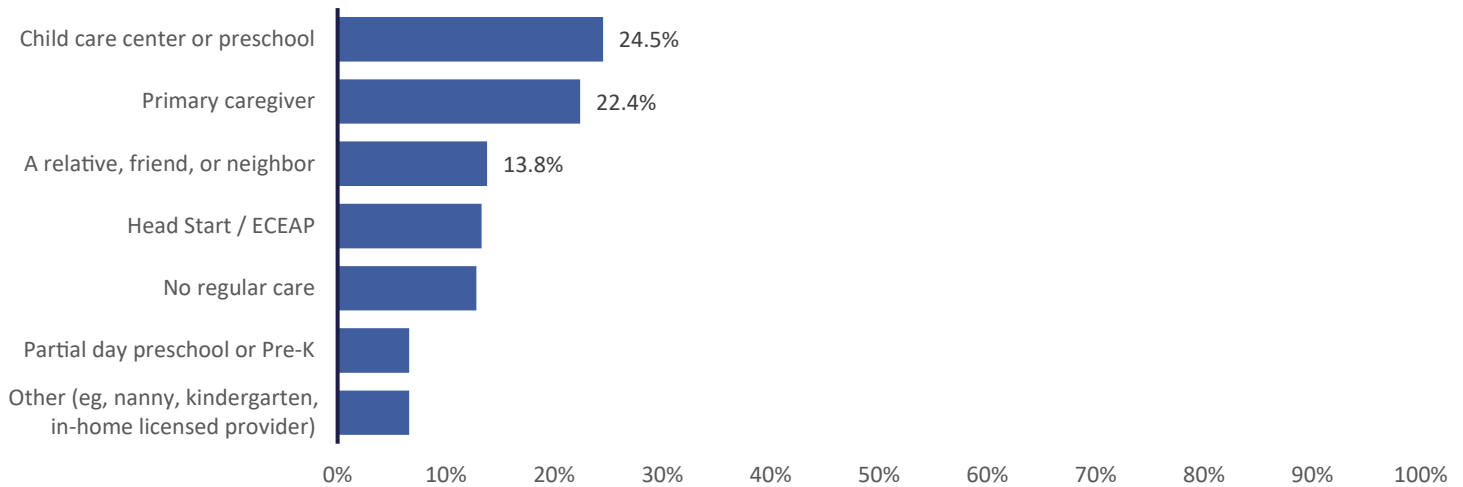
Figure 6. Responses to, "Do You Care for a Child with Special Health Care or Educational Needs?"



Primary Sources of Child Care for Child(ren) Ages 0 to 5 Years

The most common primary sources of child care for respondents' young children were child care centers or preschool (24.5%), the primary caregivers themselves (22.4%), and a relative, friend, or neighbor (13.8%), followed by Head Start/ECEAP (13.3%). However, 12.8% (n=25) of respondents reported not having a regular source of care for their children ages 0 to 5.

Figure 7. Respondents' Primary Source of Child Care for Children Ages 0 to 5



Access to Caregiving Resources in the Community

Less than one-third of respondents (28.5%) reported having accessed a community center, support group, or other caregiver resource in the community while living in Spokane County. From the open-ended responses, the most common resources accessed were Vanessa Behan and CAPA. Other commonly reported resources were public libraries (eg, story time), community centers, food banks, and parenting support groups or classes (eg, postpartum or lactation support, online forums, and Facebook groups). Less commonly reported resources included Catholic Charities, Spokane Fatherhood Initiative, church resources, parks, other culturally tailored resources (eg, ACL Boba Buddies, APIC, and Black Maternal Health Week events), and gym child care centers (eg, MUV and YMCA/YWCA).

The 2 primary challenges to access for those who reported not accessing any resources included the following:

- Not having the information or not knowing about any resources (wishing this information was more readily available)
- A lack of time in busy schedules or the resources not aligning with schedules (eg, events in the morning or mid-day not accessible for working caregivers)

Another common reason for not accessing resources was participants feeling they didn't need them or that their support systems were strong enough already. Other less commonly reported barriers included needing child care to take advantage of these opportunities; being anxious, nervous, or distrustful of others (eg, social anxiety or anxiety in general); not having a car or transportation; or exceeding income requirements for certain resources.

Loneliness and Social Disconnectedness

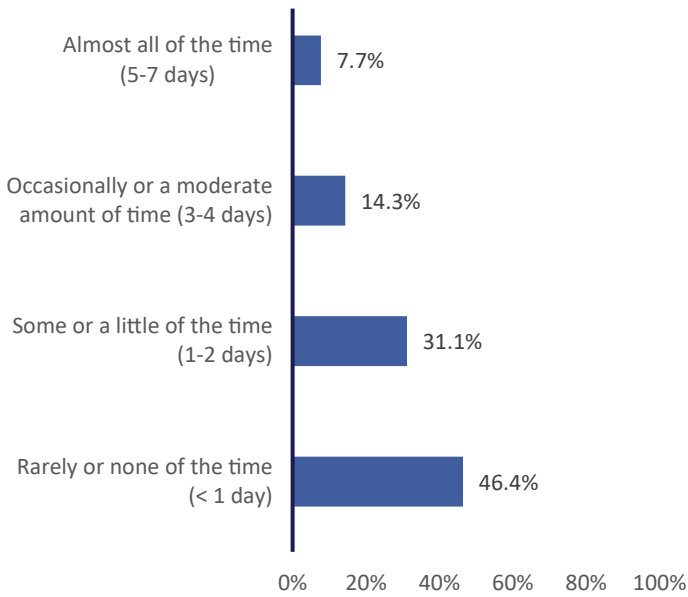
The survey assessed respondents' experience of loneliness and feelings of social disconnection by asking questions about how often they felt lonely and how they characterized their connection with others.

Frequency of Loneliness

Nearly half of respondents (46.4%) reported experiencing loneliness "Rarely or none of the time (less than 1 day)" in the last week. Nearly one-third of respondents (31.1%) reported feeling lonely "Some or a little of the time (1-2 days)" in the last week, and 22.0% of respondents reported experiencing loneliness "Occasionally" or "Almost all of the time"—that is, between 3 and 7 days—in the last week. In sum, more than half of respondents (53.1%) felt lonely at least some of the time, or on at least 1 or 2 days in the last week.

This estimate aligns with the national prevalence of loneliness among the general US population, and it notably exceeds the prevalence of many of the country's leading chronic diseases like diabetes and obesity.¹ The frequency of loneliness reported did not differ based on respondents' time living in Spokane County (ie, those who had been in Spokane County for 5 years or less as compared to those who lived in Spokane County for 6 years or longer) nor by single-caregiver household status (ie, participants reporting no other adults living in their household as compared to those with at least 1 other adult).

Figure 8. Responses to, “During the Past Week, Have You Felt Lonely ...”



Social Disconnectedness

Many respondents did not feel socially disconnected. Approximately half (between 37.2% and 51.0%) of respondents either “strongly disagreed” or “disagreed” with 4 statements about feeling disconnected from the world, their peers, and others. However, 25.0% of respondents “slightly agreed” with the statement, “I feel disconnected from the world around me.” Another 23.0% “slightly agreed” with the statement, “I feel little sense of togetherness with my peers.”

Figure 9. Responses to the Statement, “I Feel Disconnected from the World Around Me.”

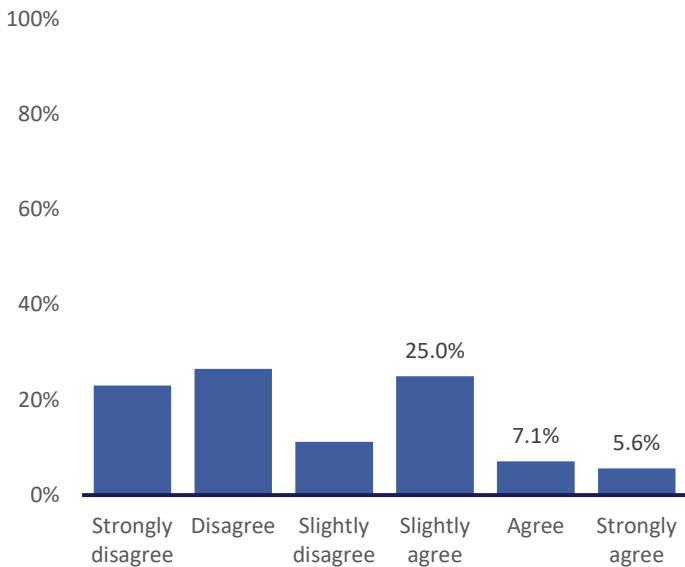


Figure 10. Responses to the Statement, “I Have Little Sense of Togetherness With My Peers.”

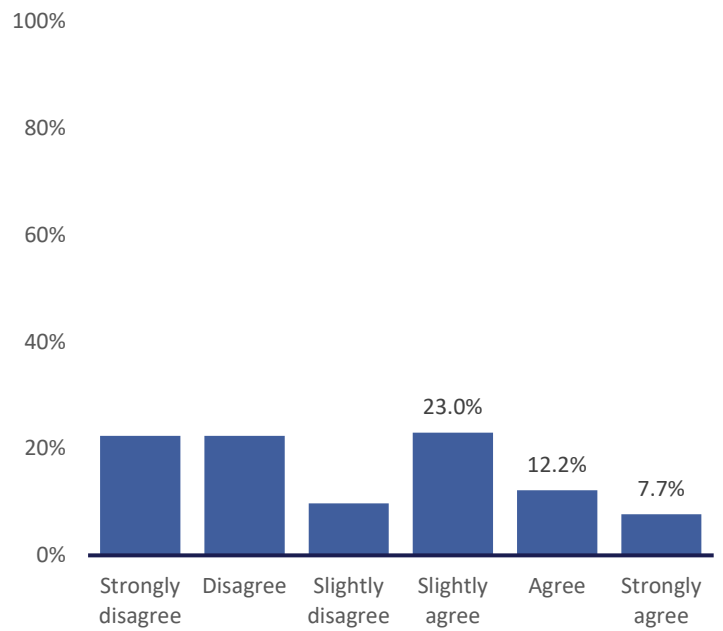
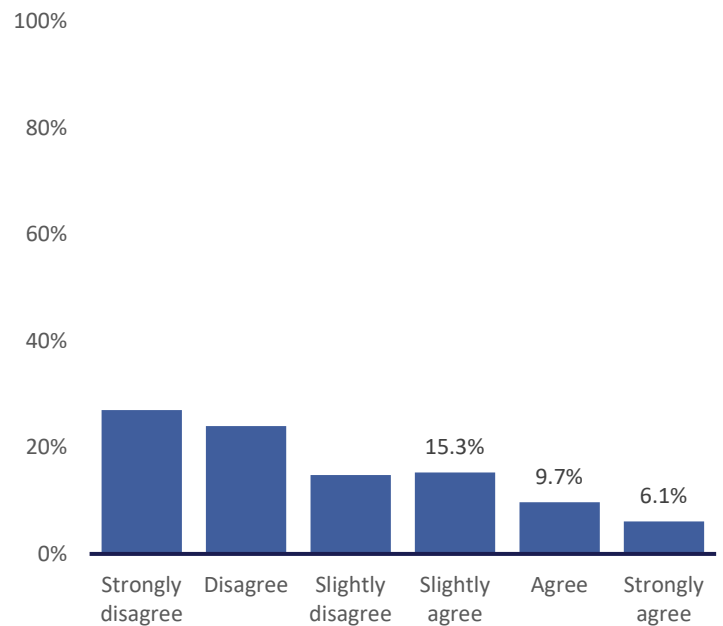


Figure 11. Responses to the Statement, “I Don’t Feel I Participate With Anyone or Any Group.”



A composite scale score for social disconnectedness was created for each participant by averaging their responses across 3 of the 4 items (Cronbach’s alpha = 0.84, suggesting good reliability); higher scores reflected more social disconnectedness. The item “I am actively involved in people’s lives” was dropped from the scale due to low reliability. Social disconnectedness scale scores ranged between 1.0 and 6.0, with a low average score of 2.86 (SD = 1.35).

Social Support

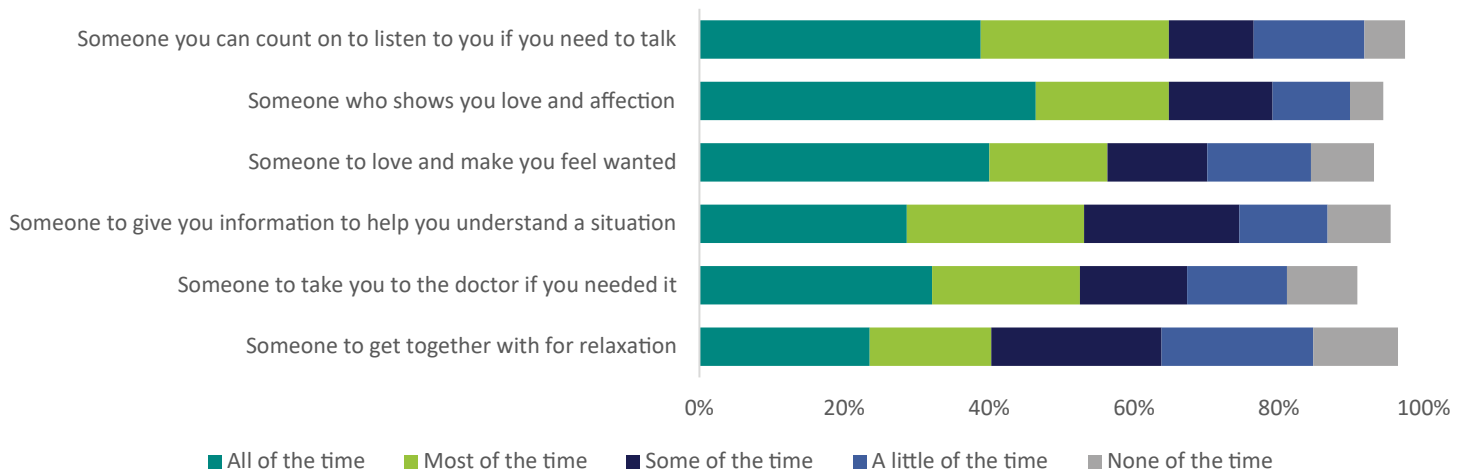
To assess respondents' feelings about the social support they receive, the survey asked a series of questions about the availability of social support and whether respondents were satisfied with the support they received.

Availability of Social Support

Participants generally reported high availability of social support. The survey included 10 questions about how often different types of support, including emotional support, companionship, tangible or practical assistance, informational support, and other types of support were available from people outside of participants' households.

The most commonly available type of general support was emotional support. Nearly two-thirds of respondents (64.8%) reported that they had someone who shows them love and affection or had someone they could count on to listen if they needed to talk "Most of the time" or "All of the time"; whereas only 15.3% and 20.9% of respondents reported availability "None of the time" and "A little of the time," respectively. Practical and informational support, although less frequently available than emotional support, were still widely available types of support for approximately half of respondents.

Figure 12. Respondent's Experiences With General Support Outside Their Household



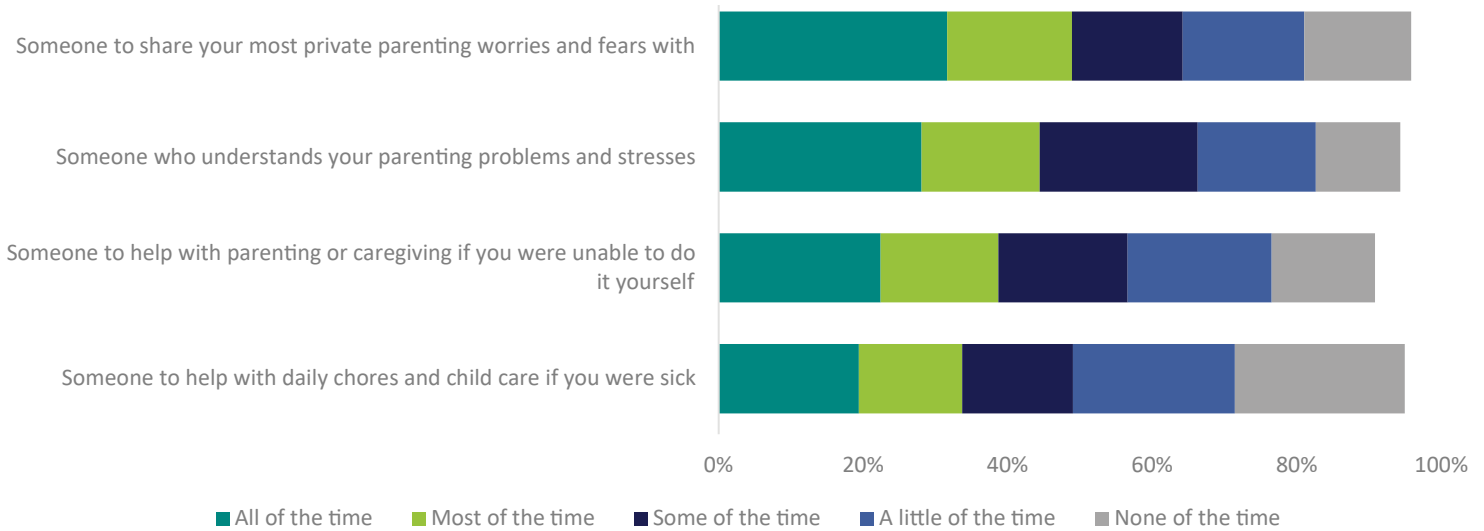
The most commonly available type of caregiving-related support was also emotional. Nearly half of respondents (44.4%) reported having someone who understands their caregiving problems and stresses "Most of the time" or "All of the time," and 49.0% reported having someone with whom to share their most private caregiving fears and worries.

However, practical caregiving support was less commonly available. Among respondents, 33.7% said they have someone to help with daily chores and child care if they

were sick "All of the time" or "Most of the time," and 38.7% have someone to help with caregiving if they were unable to do it themselves "All of the time" and "Most of the time."

In contrast, nearly half of respondents (45.9%) reported having someone available to help with daily chores and child care when sick "None of the time" or "A little of the time," and 34.2% of respondents said they have someone to help with parenting or caregiving if they are unable to do it themselves "A little of the time" or "None of the time."

Figure 13. Respondent's Experiences With the Availability of Different Kinds of Caregiving Support



Composite scale scores were created for both general social support and caregiving-related social support by averaging participants' responses across these items (Cronbach's alpha for both composite variables = 0.92). Higher scores on each scale reflected greater availability of support. Scores for both composites ranged between 1.0 (available none of the time) and 5.0 (available all the time), with high average scores for both measures:

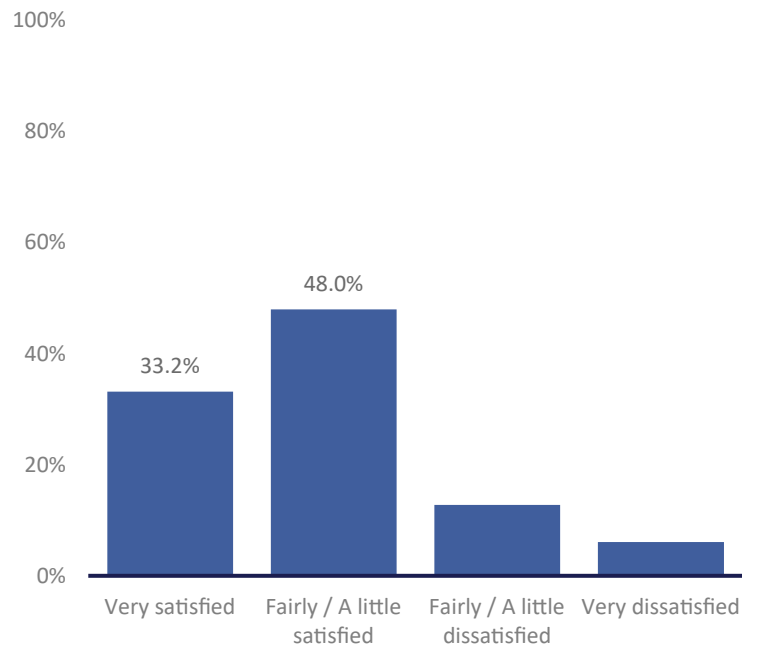
- The average scale score for general social support was 3.61 (SD = 1.13).
- The average scale score for caregiving-specific social support was 3.16 (SD = 1.28).



Satisfaction with Social Support

Most respondents (81.2%) were satisfied with the help or support they receive from others.

Figure 14. Respondents' Satisfaction with the Help and Support They Receive From Others



Social Network Size and Contact

To understand respondents' experiences with their social networks, respondents were asked about the number of friends and relatives they heard from at least once a month. They also were asked to describe their level of satisfaction with the number of friends and relatives they see or hear from monthly, feel close to, or feel at ease with.

Number of Friends or Relatives Available

Most respondents reported having between 3 and 4 friends or relatives they see or hear from once a month (31.1%), who they feel at ease with and can talk to about private matters (39.3%), and who they feel close to, such that they can call on them for help (36.7%).

Figure 15. Responses to, "How Many Friends or Relatives Do You See or Hear From at Least Once a Month?"

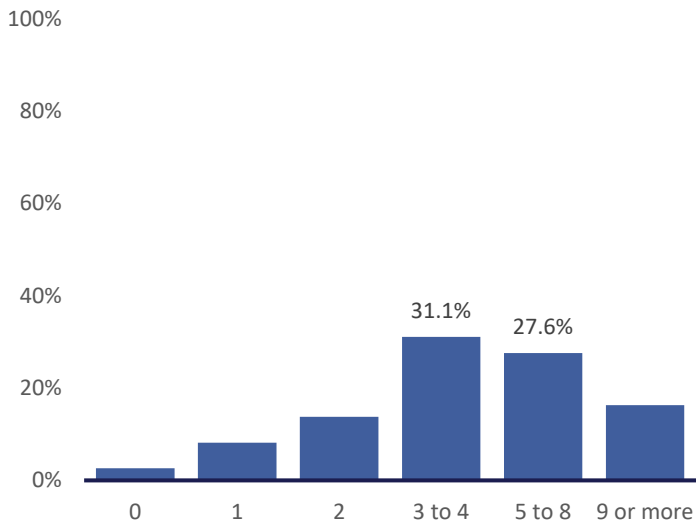


Figure 16. Responses to, "How Many Friends or Relatives Do You Feel at Ease With That You Can Talk to About Private Matters?"

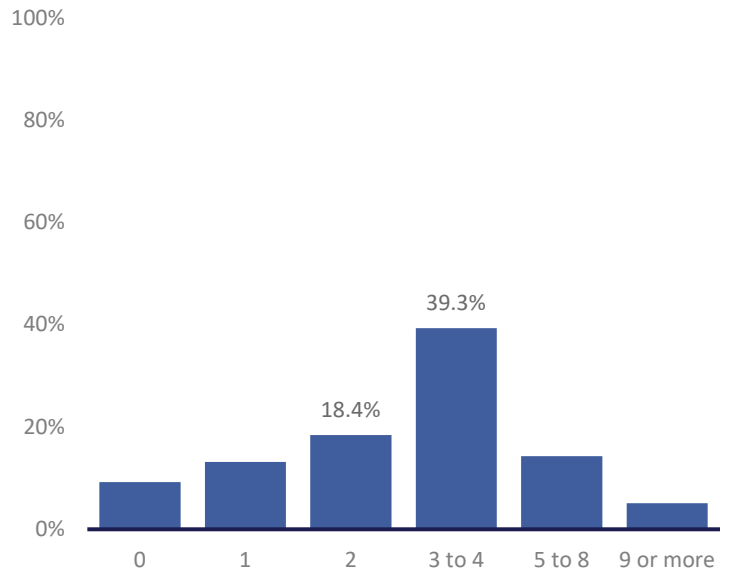
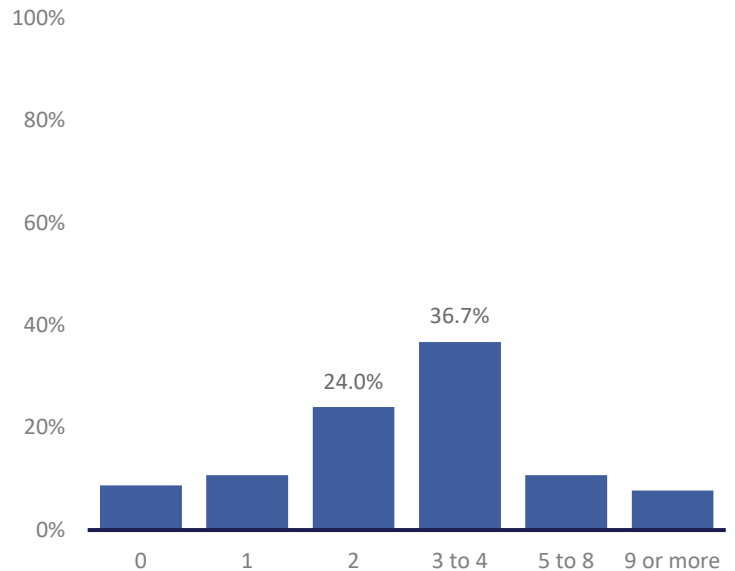


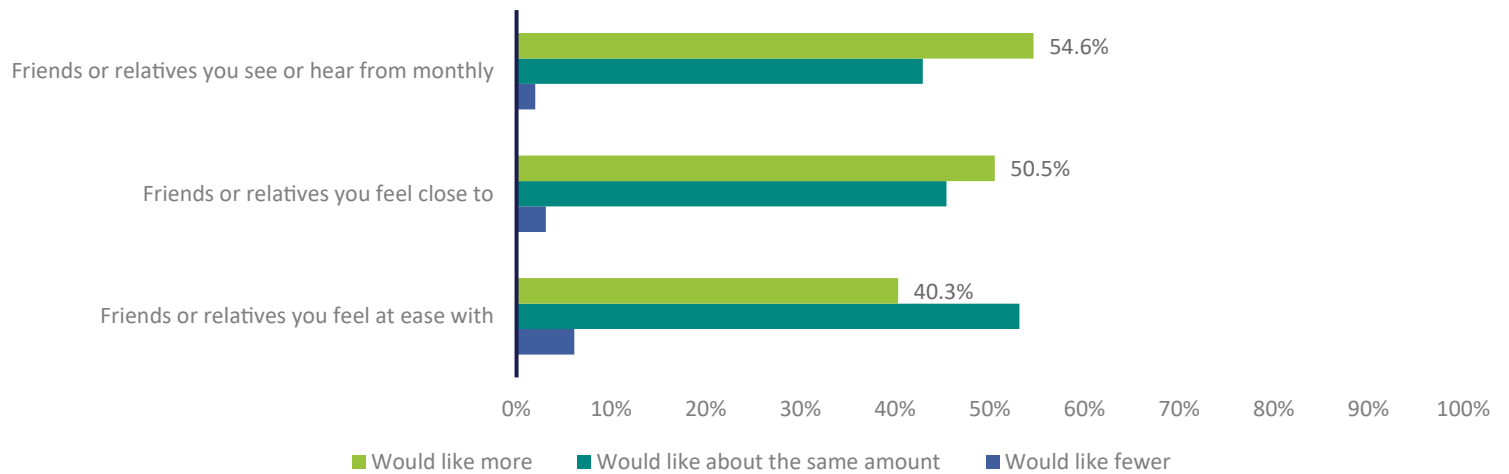
Figure 17. Responses to, "How Many Friends or Relatives Do You Feel Close to, Such That You Can Call On Them for Help?"



Satisfaction with the Number of Friends or Relatives Available

Regarding the number of friends or family that respondents either see or hear from monthly or feel comfortable asking for help, more than half were dissatisfied with this amount, or specifically, desired more (54.6% and 50.5%, respectively). More than half of respondents (53.1%) were satisfied with the current number of friends or relatives that they felt at ease with and could talk to about private matters, although many (40.3%) still desired more.

Figure 18. Respondents' Satisfaction With the Number of Friends and Relatives They Interact With Monthly, Feel Close To, or Feel at Ease With

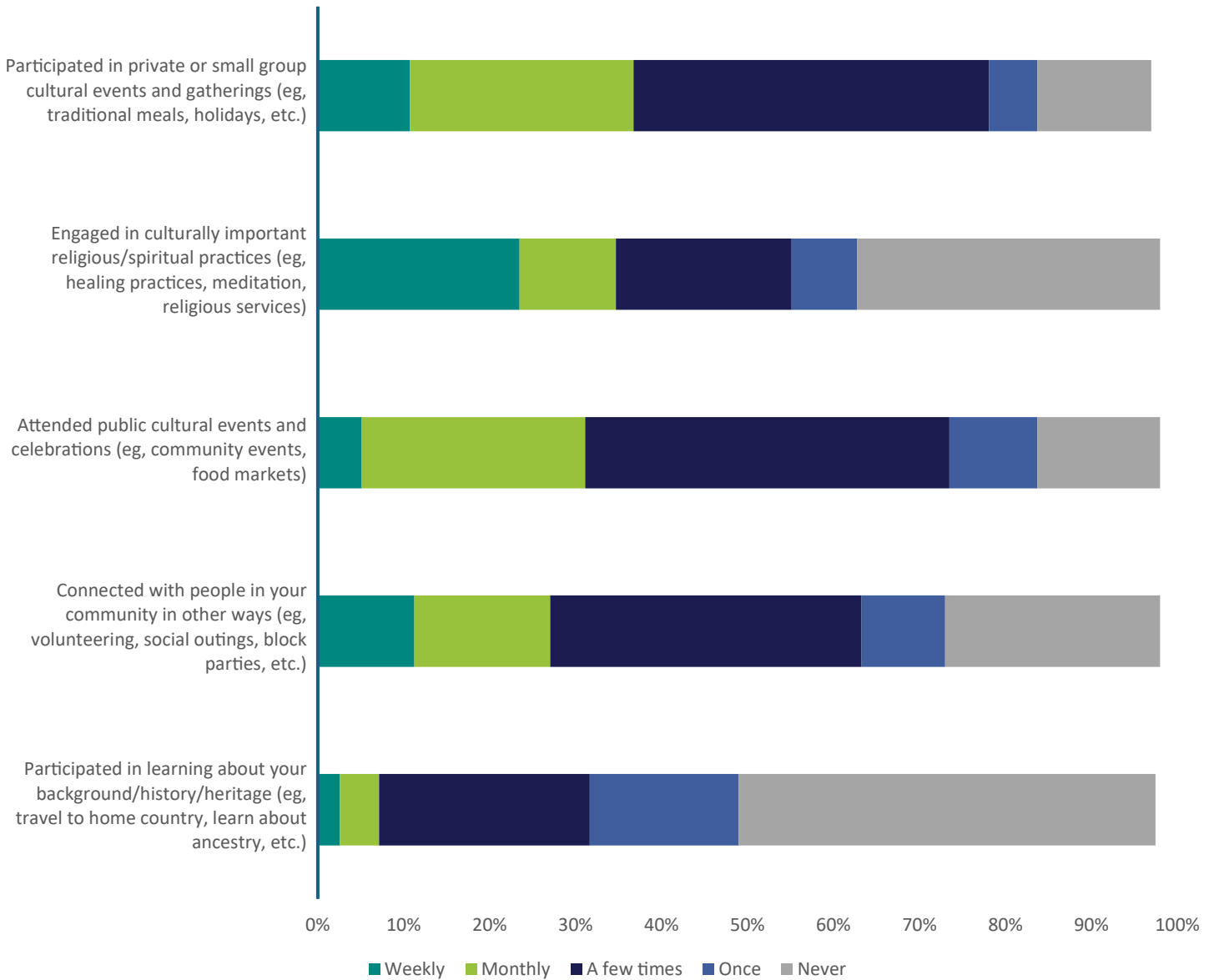


Cultural Participation and Engagement

When asked about the frequency of connecting with their cultures and community, nearly half of respondents reported attending public cultural events (42.3%) or participating in private or small group gatherings (41.3%) “a few times a year.” Participation in important religious or spiritual practices was more split, with 35.2% of respondents reporting they never did this in the past 12 months while

23.5% reported weekly participation. Engagement in religious or spiritual practices did not significantly differ by respondents’ age group or generation (ie, Baby Boomer, Gen X, Millennial, or Gen Z). With regard to participating in learning about their background or heritage in the last 12 months, 48.5% reported they never did this; however, 24.5% of respondents reported engaging in this a few times a year.

Figure 19. Responses to, “In the Past 12 Months, About How Often Did You Do the Following?”



Positive Adult Experiences

Respondents reported on whether they had a series of 11 positive experiences within the last 2 weeks or currently. These items were included and adapted from the Positive Adult Experiences (PAE) scale.⁷ Response options for each item were “yes” or “no.” The “yes” responses were summed for each participant to create a cumulative PAE score, with higher scores reflecting more positive adult experiences. The average PAE score for this survey sample was high ($M = 9.07$, $SD = 2.08$, Median = 10.0), suggesting respondents had most of these positive experiences. More than two-thirds of respondents (67.9%) scored at or above the sample average of 9 positive adult experiences. However, scores ranged between 0 and 11, suggesting the full range of the scale was used.

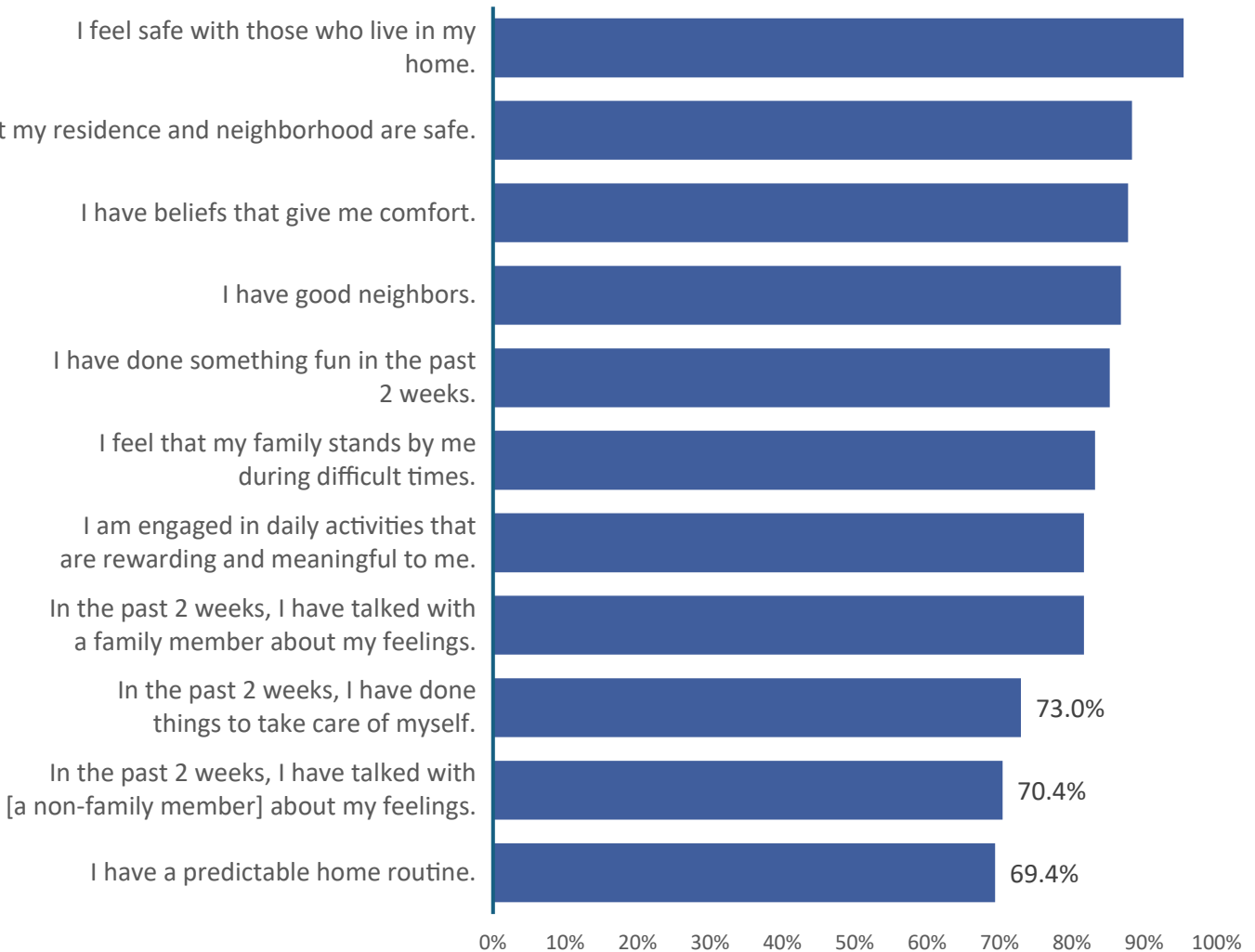
The most-reported positive adult experiences included the following:

- “I feel safe with those who live in my home.” (95.4% of respondents)
- “I feel that my residence and neighborhood are safe.” (88.3% of respondents)
- “I have beliefs that give me comfort.” (87.8% of respondents)
- “I have good neighbors.” (86.7% of respondents)

The least commonly reported positive adult experiences were as follows:

- “I have a predictable home routine, like a set time to exercise and a regular bedtime.” (69.4% of respondents)
- “In the past 2 weeks, I have talked to somebody outside my family about my feelings.” (70.4% of respondents)
- “In the past 2 weeks, I have done things to take care of myself such as reading a book, getting a massage, or going for a walk/run.” (73.0% of respondents)

Figure 20. Respondents’ Exposure to Positive Adult Experiences



Subgroup Differences in Loneliness, Isolation, and Support

Differences in the primary outcomes of loneliness, social disconnectedness, and social support were examined by comparing the following respondent characteristics: income level, caring for a child with special health care needs or special educational needs, race and ethnicity, and the number of positive adult experiences. Pearson's Chi-squared tests or Fisher's exact tests were used to examine associations between respondent characteristics and the categorical outcome of loneliness. Wilcoxon rank sum tests, also known as Mann-Whitney U tests, were used to evaluate differences by respondent characteristics in social disconnectedness and social support composite scale scores.

Outcome Differences by Income Level

For this subgroup analysis, a low-income level was defined as reporting an annual household income from all sources of less than \$50 000 ($n = 89$ respondents). Mid-to-higher income was defined as earning an annual household income of \$50 000 or greater ($n = 107$).

Loneliness by Income Level

Although a greater proportion of respondents from mid-to higher-income households reported "Rarely or never (less than one day)" experiencing loneliness as compared to lower-income respondents, there were no statistically significant differences in loneliness frequency by income level ($p = .093$).

Social Disconnectedness by Income Level

Although the average social disconnectedness scale score was higher for lower-income respondents than mid- to high-income respondents, this difference was not statistically significant ($p = .200$).

Social Support by Income Level

Respondents from lower-income households reported significantly lower general social support than those from mid- to high-income households ($p = .045$). There were no statistically significant differences for caregiving-related support by income level.

Outcome Differences by Caring for a Child with Special Health Care or Educational Needs

Outcomes of respondents who reported caring for a child with either special health care needs or special educational needs ($n = 47$) were compared with the outcomes of those who reported they were not caring for a child with special needs ($n = 143$).

Loneliness by Child with Special Needs

There were no statistically significant differences in the frequency of loneliness between caregivers caring for a child with special health care or educational needs and those who were not ($p > .05$).

Social Disconnectedness by Child with Special Needs

There were no statistically significant differences in social disconnectedness between caregivers caring for a child with special health care or educational needs and those who were not ($p > .05$).

Social Support by Child with Special Needs

There were significant differences in both the availability of general social support and caregiving-related support between caregivers caring for a child with special health care or educational needs and those who were not. Caregivers with a child with special needs reported on average lower availability of either type of social support:

- For general social support (MNo = 3.75, SD = 1.04 vs MYes = 3.30, SD = 1.29, $p = .043$).
- For caregiving-related social support (MNo = 3.33, SD = 1.22 vs MYes = 2.73, SD = 1.37, $p = .043$).

Outcome Differences by Race and Ethnicity

Outcomes among respondents who were Black, Indigenous, and other People of Color (BIPOC) based on their reported race and ethnicity ($n = 58$) were compared with non-Hispanic White respondents ($n = 138$).

Loneliness by BIPOC Status

There were no statistically significant differences between BIPOC and non-Hispanic White respondents in the frequency of loneliness ($p = .800$).

Social Disconnectedness by BIPOC Status

There were no statistically significant differences between BIPOC and non-Hispanic White respondents in social disconnectedness ($p = .700$).

Social Support by BIPOC Status

There were no statistically significant differences between BIPOC and non-Hispanic White respondents in the availability of general social support ($p = .90$) nor caregiving support ($p = .500$).

Outcome Differences by Positive Adult Experiences

Outcomes were compared for respondents who reported below the average number of positive adult experiences for the sample ($n = 62$) and those who either reached or exceeded the average ($n = 133$) (ie, respondents who reported fewer than 9 out of the 11 positive adult experiences listed as compared to those who reported 9 or more positive adult experiences).

Loneliness by Positive Adult Experiences

There were statistically significant differences in loneliness reported among respondents with a below-average number of positive adult experiences (ie, fewer than 9) and those at or above the average. Respondents with below-average positive adult experiences reported more frequent loneliness ($p < .0001$). For example, 19.0% of respondents with fewer than 9 positive adult experiences reported experiencing loneliness 5 to 7 days in the last week, whereas only 2.3% of those with 9 or more positive adult experiences experienced 5 to 7 days of loneliness in the last week.

Social Disconnectedness by Positive Adult Experiences

There were statistically significant differences in social disconnectedness among respondents with a lower-than-average number of positive adult experiences and those at or above the average. Respondents with below-average positive adult experiences reported greater social disconnectedness as compared to those who reported 9 or more positive adult experiences ($M_{< \text{average}} = 3.83, SD = 1.31$ vs $M_{\geq \text{average}} = 2.42, SD = 1.12, p < .0001$).

Social Support by Positive Adult Experiences

There were statistically significant differences for both general and caregiving-related social support between those reporting a below-average number of positive adult experiences and those reporting at or above the average number. Respondents with fewer than 9 positive adult experiences reported lower availability of general support ($M_{< \text{average}} = 2.80, SD = 1.04$ vs $M_{\geq \text{average}} = 4.00, SD = 0.95, p < .0001$) and caregiving support ($M_{< \text{average}} = 2.24, SD = 1.06$ vs $M_{\geq \text{average}} = 3.69, SD = 1.15, p < .0001$) as compared those who reported 9 or more positive adult experiences.

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