

2025

# Quality of Life Survey

Spokane County

## Report

*January 2026*





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# Executive Summary



## Key Findings

The 2025 Quality of Life Survey was conducted by Spokane Regional Health District and community partners to assess the quality of life and key factors contributing to quality of life across Spokane County. The goal of the survey is to routinely measure and monitor residents' health and well-being and to identify disparities in quality of life and other issues needing improvement. Through multiple years of survey assessments, broader trends can also be examined. This population health survey provides critical information to guide public health improvement efforts. By identifying local strengths and needs, as well as trends over time, data can be used by the community to inform program planning and resource allocation, performance measurement, and program evaluation.

The Quality of Life Survey is sent to a random sample of 15,000 households in Spokane County. It includes questions about residents' quality of life, health, and social determinants of health—the physical, social, and economic conditions that affect people's health. For the 2025 survey, data were collected between March and July from 2,863 adults living in Spokane County. The survey was completed online or by mail. Statistical weights were applied to ensure the findings reflected the adult population in Spokane County by age, sex, race, ethnicity, marital status, and education.

## Quality of Life

- Forty percent of participants rated the quality of life in Spokane as “Very good” or “Excellent.”
- The proportion of “Fair” or “Poor” quality of life ratings has increased since the 2020 Quality of Life Survey.
- Housing stability, feeling safe walking alone at night, and sense of belonging to one's neighborhood or community were the strongest predictors of better quality of life ratings.

## Social Capital

- Spokane County residents rated the following social capital components highest: relationships with their children, neighborhood satisfaction, relationships with spouses or partners, and feeling safe using their local parks during the day.
- Residents rated these social capital components lowest: providing unpaid help, religious service attendance, volunteering, and receiving support from relatives.
- Social capital levels varied by age, education, household income, employment, marital status, and disability.
- Sixty-three percent of respondents reported a strong sense of belonging to their neighborhood.

## Housing

- Most respondents reported having stable and secure housing. However, nearly 1 in 4 respondents reported an unstable housing situation change within the last 5 years, most commonly doubling up or skipping a monthly rent or mortgage payment or not paying the full amount.
- Ratings of “Poor” housing affordability have increased since the 2020 Quality of Life Survey.
- Homelessness and housing were priority issues of concern for residents.

## Public Safety

- Most respondents reported feeling safe in their neighborhood or community.
- Most were satisfied with law enforcement, fire, and EMS services, but opinions differed on the local court or criminal justice system.
- There was a desire for stronger enforcement to reduce open drug use and property crime, and a perception that the courts were too lenient while law enforcement was strained.
- Drug crime, social disorder, and property crime were perceived as the most serious crime problems.
- Safety was a prevalent concern for residents, who cited illegal drug use and property crime as safety concerns.

## Mental Health and Access to Care

- Approximately 1 in 4 Spokane County residents reported frequent mental distress (ie, 14 or more days of poor mental health in the last month).
- The proportion of those with frequent mental distress has increased since the 2019 Quality of Life Survey.
- More than one quarter of respondents (28.8%) reported receiving treatment for mental health in the last 12 months.
- Among those with frequent mental distress, top reasons for not accessing needed mental health treatment included cost, not knowing where to go, insurance not paying enough for services, and concerns about counselors keeping their information confidential.
- Other reasons included lack of available providers, scheduling issues with providers or lack of care coordination, difficulty fitting treatment into everyday life and schedules, and physical and mental health challenges.



## Physical Health and Access to Care

- Most respondents rated their physical health and dental health as “Very good” or “Excellent.”
- In the last 12 months, 37.1% of respondents experienced some level of stress due to difficulty accessing health care that they or their families needed.
- Top barriers to respondents’ access to medical care included long waits for appointments, insurance not covering treatment, not being able to get an appointment that worked with their schedules, providers not accepting their insurance, and not being able to pay even with insurance.
- Respondents’ top barriers to accessing dental care were related to finances and insurance, including not having insurance, insurance not covering needed treatment, not being able to pay even with insurance, and providers not accepting their insurance plan.

# Introduction

## Project Background

The year 2025 marked a decade of the Quality of Life (QoL) Survey in Spokane County, and it is the sixth survey conducted to date. Spokane Regional Health District (SRHD) conducted the first QoL Survey in 2015, with additional surveys in 2017, 2019, 2020, 2022, and 2025. The QoL Survey represents a cross-sector effort by SRHD and its partners to accomplish the following:

- Assess and monitor the quality of life and well-being of Spokane County residents and the factors that contribute to quality of life within the community;
- Identify disparities in quality of life and social determinants of health (eg, housing, economic stability, safety, and access to health care), both at the county and neighborhood levels; and
- Identify community members' priorities for public health improvement.

The QoL Survey is a population health survey applying rigorous methods to provide information that is not readily available elsewhere and that can be generalized to the adult population in Spokane County. For example, the QoL Survey is the only source of direct, local information on social capital within the community.

Unlike other traditional public health data sources that provide information on rates of chronic disease, births, deaths, and leading causes of death and injury, the QoL Survey provides an opportunity to assess more than the health status of residents and how long they live, but *how well* they live. The survey also comprehensively assesses social determinants of health that may provide context for health outcomes at the county level. The methods and ability to customize the survey to local needs allow for disaggregating the data in ways that address limitations within other public health data sources. With the full QoL Survey sample of approximately 3,000 participants, it is possible to examine results by neighborhood or other subcounty geographies, and by demographic groupings like race, ethnicity, and disability. In other data sources, this detailed information is sometimes not readily available, or



the numbers may be too small to report while maintaining reliability of the estimates and protecting confidentiality.

The information from the QoL Survey is used for public health improvement efforts by SRHD and its community partners. To date, community partners and funders of the survey have included local government, health care organizations and health plans, community-based organizations, place-based initiatives, and local businesses.

This report summarizes key findings from the 2025 QoL Survey regarding Spokane County residents' quality of life and the factors most closely associated with quality of life. Trends were also examined across the 6 QoL assessments spanning a decade.

# Acknowledgments



## Funders

The following organizations provided direct funding to the project: Spokane Regional Health District, Health Sciences & Services Authority (HSSA) of Spokane County, MultiCare, Providence Health Care, Kaiser Permanente, Premera, Inovia Foundation, and The ZONE.

## Community Partners

We would like to thank The ZONE, Manzanita House, and Spokane Public Library staff for their support with outreach and recruiting participants for the convenience sample. We also thank the SRHD Health Equity team for their guidance and feedback on language translations, as well as The ZONE and Manzanita House for their support with back translations of open-ended survey responses.

# Survey Methodology

## Samples

We sent invitations to participate in the QoL Survey to a random sample of 15,000 unique addresses in Spokane County. Addresses were selected at random from a mailing house vendor-augmented version of the United States Postal Service's computerized sequential delivery file. Duplicates were removed from the mailing list and new addresses added as needed before invitations were mailed. Oversampling was used to increase representation of adults ages 40 years and younger and racial and ethnic marginalized or minoritized groups within the mailing list. We also supplemented the random mailings sample with a convenience sample to enhance the geographic representativeness of survey responses. The convenience sample was recruited through The ZONE and local Spokane Public Library branches (Central, Hillyard, Liberty Park, and Shadle libraries).

## Survey Administration

Survey administration for the random sample followed a "push-to-web" model. Adult 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. Any member of a household who was 18 years or older was eligible to complete the survey; participation was not limited to the person who was listed within the mailing address file. Respondents first received an invitation letter encouraging them to complete the survey online. The second mailing included a follow-up postcard with the survey link and QR code, sent only to those who had not responded to the first mailing. A third letter was included along with the hardcopy survey packet and business reply envelope to provide the option to complete the survey by mail. A final reminder postcard was sent to those who had not yet responded to encourage any remaining responses. Data collection and data entry for the 2025 survey occurred from March 10 to July 31.

For the convenience sample, we distributed hard copy surveys to partners and completed surveys were periodically collected by our SRHD Data Center staff. The 2025 Quality of Life Survey was professionally translated into Spanish, Russian, Dari, and Arabic. Participants recruited through the random mailing could request a printed copy of the survey in another language, and those recruited through convenience sampling could access digital or printed versions of the survey in any of the available languages.

## Response Rate

We received 2,901 responses with 2,863 valid for analysis from the random mailing and convenience samples. Of the 15,000 addresses selected for the random mailing sample, 12,678 (84.5%) were deliverable addresses, 2,663 surveys (17.8%) were completed and received by our team, 2,658 (17.7%) provided enough information for statistical weighting, and 2,628 (17.5%) were valid for analysis. For the library convenience sample, the response rate was 20.1%. Of the 900 surveys printed and distributed, we received 181 completed surveys, and 179 were valid for analysis. We received 57 completed surveys from The ZONE convenience sample, of which 56 were valid for analysis; however, because this survey was also distributed online, the response rate for this sample was unknown.

## Participants

The following table summarizes the demographic characteristics of the 2025 survey sample. Statistical weighting was applied to these data to ensure that all reported results were representative of the Spokane County adult population of 426,413 regarding key demographics of age, sex, race, ethnicity, marital status, and education. See the Appendix for a tabular summary of subgroup proportions across the county population, unweighted survey sample, and weighted sample.

**Table 1. Demographic Characteristics of Survey Respondents, Spokane County, 2025**

**N = 2,863**

Demographic	n (%)
Age (in years)	57.32 (17.07) [19.00, 100.00] <sup>†</sup>
Missing (n)	71
<b>Age group</b>	
18 to 39 years old	546 (19.6%)
40 to 54 years old	633 (22.7%)
55 to 64 years old	478 (17.1%)
65 years and older	1,135 (40.7%)
Missing (n)	71
<b>Gender</b>	
Cisgender man	1,007 (36.4%)
Cisgender woman	1,734 (62.6%)
Transgender/Gender diverse	27 (1.0%)
Missing (n)	95
<b>Race</b>	
AIAN	26 (1.0%)
Asian	81 (3.0%)
Black/African American	32 (1.2%)
Multiracial	140 (5.1%)
NHOPI	5 (0.2%)
White	2,421 (88.8%)
Other	21 (0.8%)
Missing (n)	137
<b>Ethnicity</b>	
Hispanic/Latine	144 (5.2%)
Not Hispanic/Latine	2,605 (94.8%)
Missing (n)	114
<b>Education</b>	
HS/GED or less	384 (13.7%)
Some college, no degree	575 (20.5%)
2-year college degree	368 (13.1%)
4-year college degree	737 (26.2%)
Graduate/professional degree	745 (26.5%)
Missing (n)	54
<b>Children in the household</b>	
Yes	1,369 (48.0%)
No	1,482 (52.0%)
Missing (n)	12

Demographic	n (%)
<b>Employment</b>	
Employed	1,424 (51.0%)
Retired	1,058 (37.9%)
Student or caretaker	128 (4.6%)
Out of work	82 (2.9%)
Unable to work	102 (3.7%)
Missing (n)	69
<b>Annual household income</b>	
Less than \$20,000	186 (7.2%)
\$20,000 to \$34,999	226 (8.7%)
\$35,000 to \$49,999	274 (10.5%)
\$50,000 to \$74,999	471 (18.1%)
\$75,000 to \$99,999	406 (15.6%)
\$100,000 to \$149,999	494 (19.0%)
\$150,000 to \$199,999	252 (9.7%)
\$200,000 or more	292 (11.2%)
Missing (n)	262
<b>Marital status</b>	
Married	1,715 (61.3%)
Never married/Not married, living with partner	463 (16.6%)
Divorced/Separated	373 (13.3%)
Widowed	245 (8.8%)
Missing (n)	67
<b>Time living in Spokane County</b>	
Less than 10 years	640 (22.4%)
11 to 19 years	339 (11.9%)
20 years or longer	1,877 (65.7%)
Missing (n)	7
<b>Disability</b>	
With a disability	516 (19.1%)
Without a disability	2,193 (80.9%)
Missing (n)	154
<b>LGBTQIA+ identity</b>	
LGBTQIA+	166 (6.0%)
Cisgender/Heterosexual	2,592 (94.0%)
Missing (n)	105

<sup>†</sup> Mean (SD) [Min, Max]; AIAN = American Indian or Alaska Native; NHOPI = Native Hawaiian or other Pacific Islander.

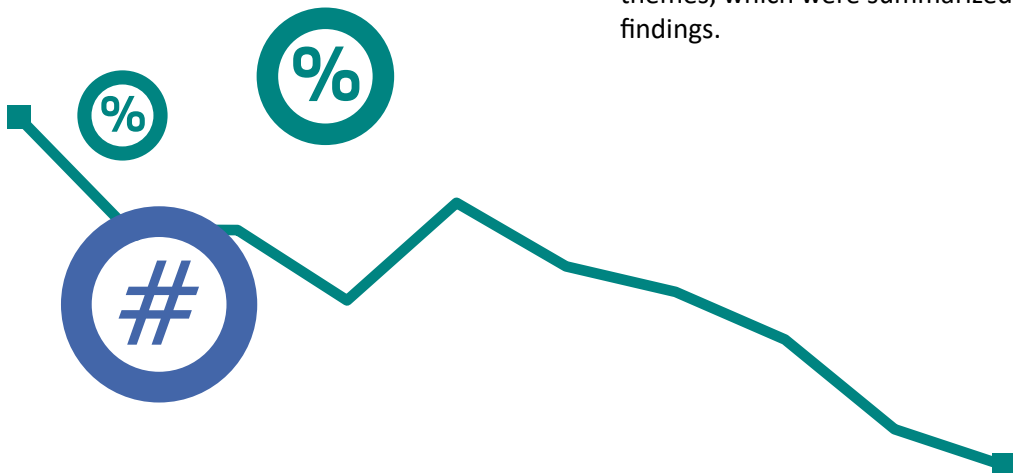
## Weighting

To ensure the findings from the 2,863 survey respondents were representative of the Spokane County adult population of 426,413,<sup>1</sup> we applied a post-stratification weighting method called iterative proportional fitting (raking).<sup>2,3</sup> We compared demographic characteristics of our sample of 2,863 respondents with known adult population totals in Spokane County, and each respondent was assigned a probability weight. In this process, responses from underrepresented population groups are weighted higher or have greater influence on the results, and those from overrepresented population groups are weighted lower, to have less influence on the results. Specifically, we compared known population totals from the U.S. Census American Community Survey (ACS) 5-year estimates (2019-2023) with the marginal distributions in our survey sample for the following key demographics: age, sex, race, ethnicity, marital status, and education. First, design weights were calculated for each participant, accounting for their probability of being selected for the survey. Design weights consider the sampling method, random or convenience sample, and the number of adults living in the respondent's household. These design weights were then incorporated into the final, raked weights. Whereas design weights adjust for potential biases in initial selection for the survey, raked weights adjust for bias in who typically responds to the survey.

## Data Analysis

All quantitative analyses were conducted using R (version 4.4.3).<sup>4</sup> Several packages were used for analysis, including the tidyverse package for data processing, the survey package for applying statistical weights and running inferential analyses, and the VGAM package for model selection.<sup>5-7</sup> Weighted frequencies were reported in descriptive analyses. Chi-square tests and ordinal logistic regression were used for inferential analyses. A two-tailed, alpha probability level of .05 was chosen for tests of statistical significance. Probabilities obtained from chi-square analyses were adjusted for multiple comparisons using the Bonferroni correction, which is a conservative approach to reduce the likelihood of false positive results.<sup>8-11</sup> Survey submissions were excluded from the final analysis sample if the respondent completed less than half of the survey questions and provided no weighting information. Additional survey submissions were excluded if the respondent's mailing address was found to be located outside of Spokane County or if they showed suspicious patterns of responding (eg, straight lining across all survey questions).

A qualitative analysis was conducted on responses to the open-ended survey question, "What is the most important issue facing the Spokane area today?" Open-ended responses were first read in full to gain an understanding of the tone, context, and topics mentioned in each response. Two coders then worked independently and used a descriptive coding method to assign code(s) to topics that were identified in the qualitative responses. A provisional codebook developed from past QoL assessments was used to assign codes. New or recurring topics not captured in the existing codebook were noted and proposed as additions. During initial coding, coders documented emerging patterns and potential themes. Both coders met to review the codes and check for agreement, reconcile discrepancies, and ensure inter-coder agreement. Finally, patterns and relationships among codes were analyzed to identify major themes, which were summarized and expanded upon in the findings.



# Limitations

Respondents were asked to rate the quality of life in Spokane County more generally, as opposed to their own personal quality of life. Although many respondents likely considered their own quality of life and well-being when answering the question, it was intended to be a broad measure that reflected their overall perceptions of the region. The wide range of questions included in the survey allowed for an in-depth look at the factors underlying residents' own quality of life and well-being.

Another potential limitation was the response rate for the random sample, which was substantially lower than some of the previous assessment years. Despite efforts to encourage participation, such as providing the option to complete the survey by mail with prepaid business reply envelopes, including a QR code to facilitate online completion, and socializing the survey through a press release and social media to increase the public's awareness, the response rate was below 20%. The survey length may have presented a barrier to participation. However, the issue of low response is not unique to this survey. It may also partly reflect the national trend of declining participation and response rates for community surveys and polls.<sup>12</sup>

Additionally, although we used approaches like oversampling and a convenience sample to recruit underrepresented participants for the survey, there was still notable underrepresentation of certain groups in the responses we received. For example, adults under the age of 40, males, persons who were single or had never been married, and those with a high school diploma or GED were underrepresented (see Appendix). We applied statistical weights to account for these differential response rates and make the results generalizable. Applying weights can increase the variability of estimates and obscure true effects or differences of interest due to reduced statistical power to detect them, but the benefit of generalizability outweighed these concerns.

Finally, some analyses used oversimplified and broad group comparisons, such as people with and without disabilities, or family caregivers compared with non-caregivers. Although such comparisons may highlight general differences, the results do not reflect the unique and diverse experiences within each community. In most of these cases, the number of survey responses was too small to show more detailed breakdowns while preserving statistical reliability and protecting participant confidentiality. However, this should be considered when interpreting results.



# Quality of Life

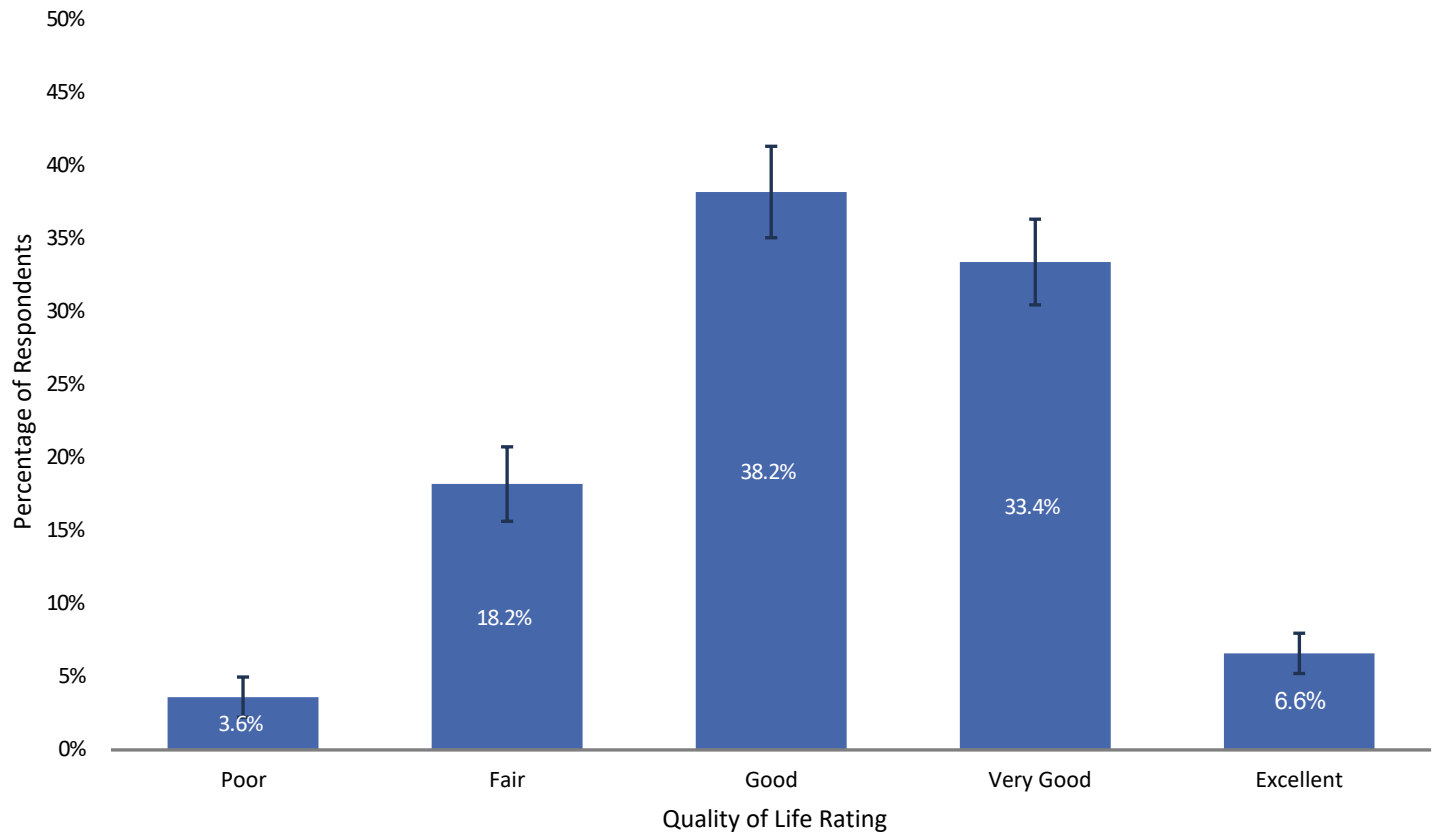


## Quality of Life in Spokane County

Quality of life was measured with responses to the question, “How would you rate the quality of life in Spokane?” Response options included “Poor,” “Fair,” “Good,” “Very good,” or “Excellent.” In the 2025 survey, 40.0% of respondents rated the quality of life in Spokane County as either “Very good” or “Excellent” (Figure 1). In contrast, more than 1 in 5 residents (21.8%) rated the quality of life as “Fair” or “Poor.”

### Most adults in Spokane County rated the quality of life as “Good” or better.

Figure 1. Weighted Distribution of Quality of Life, Spokane County, 2025

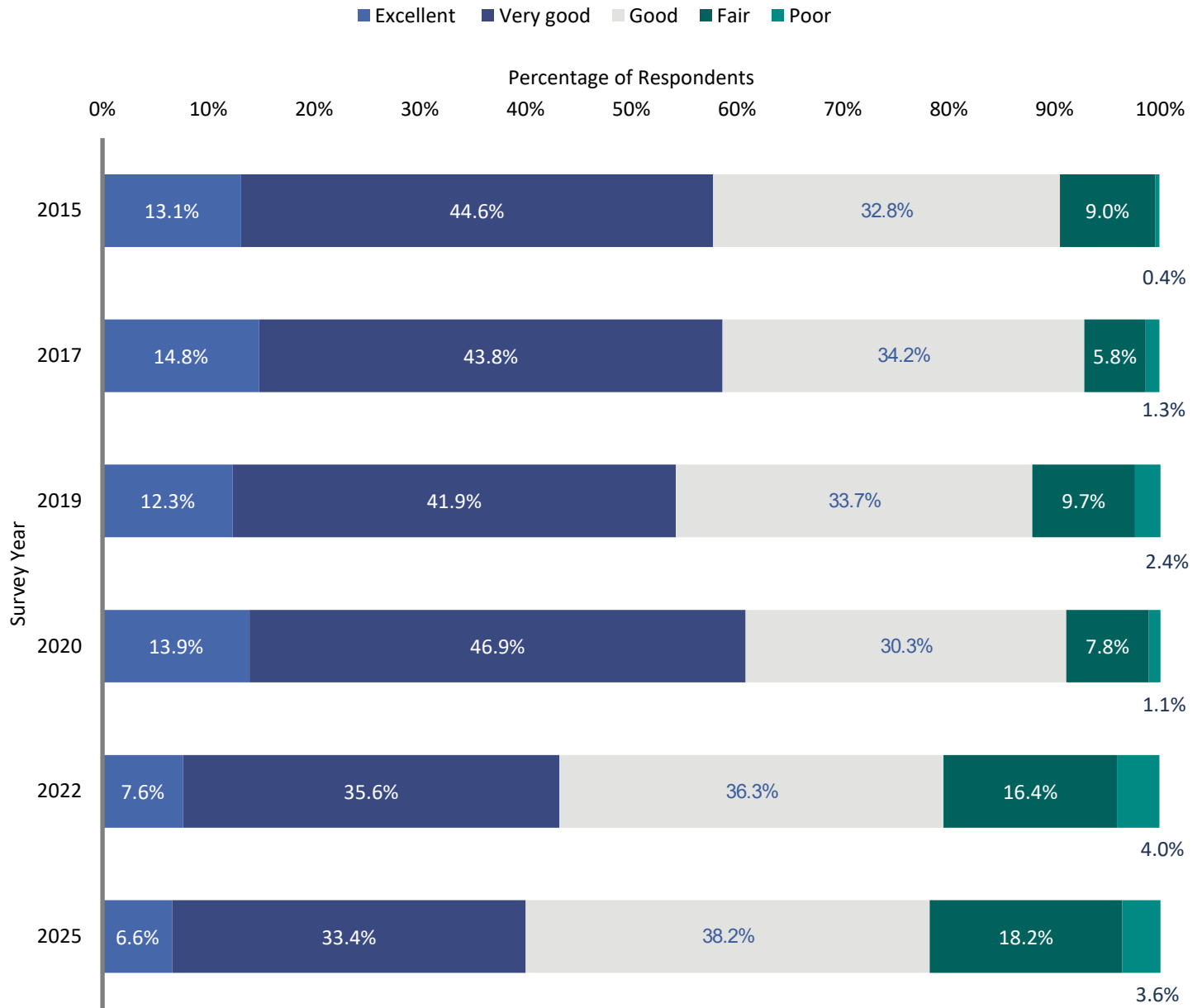


Standard error bars are included to show the uncertainty of the estimate or how much each survey sample’s proportion could be expected to deviate from the true population proportion.

The proportion of adults rating the quality of life in Spokane County as “Poor” or “Fair” has increased relative to previous assessment years, with a notable shift occurring after 2020 (Figure 2). In the 2020 survey, 8.9% of respondents rated the quality of life as “Fair” or “Poor,” compared with 21.8% of respondents in 2025. The proportion of adults reporting “Very good” or “Excellent” quality of life has also decreased relative to previous assessment years. In the 2020 survey, 60.8% of respondents rated the quality of life as “Very good” or “Excellent,” compared with 40.0% in 2025.

# Quality of life ratings in Spokane County have worsened since 2020.

Figure 2. Weighted Distribution of Quality of Life Ratings by Survey Year, Spokane County, 2015-2025



## What Factors Predict Better Quality of Life Ratings?

In the 2025 survey, factors that strongly predicted higher quality of life ratings in Spokane County were housing stability, safety, and sense of belonging to one's neighborhood or community. These three factors significantly predicted quality of life ratings after adjusting for other respondent characteristics of age, sex, race, education, employment, marital status, disability, and self-rated physical and mental health. Specifically, those who reported that their current housing situation was "Very/somewhat stable and secure," had nearly three times the odds of reporting a higher quality of life relative to those who reported "Very/somewhat unstable and insecure" housing (OR = 2.64, 95% confidence interval [CI]= 1.80, 3.88). Residents who felt "Very/somewhat safe" walking alone at night in their neighborhood had nearly three times the odds of reporting a higher quality of life compared with those who did not feel safe (OR = 2.52, 95% confidence interval [CI]= 1.86, 3.41). Respondents who felt a "Very/somewhat strong" sense of belonging to their neighborhood or community had nearly twice the odds of reporting a higher quality of life compared with those who reported a "Very/somewhat weak" sense of belonging (OR = 1.90, 95% confidence interval [CI] =1.43, 2.51).

## What Is the Most Important Issue in Spokane County?

To understand residents' perceptions about the most important issues affecting Spokane County, survey respondents were asked, "What is the most important issue facing the Spokane area today?" Qualitative analysis of their responses indicated that they believed homelessness, housing, crime (especially drug and property crime), addiction, and illegal drugs were the most pressing issues affecting the county (Figure 3).

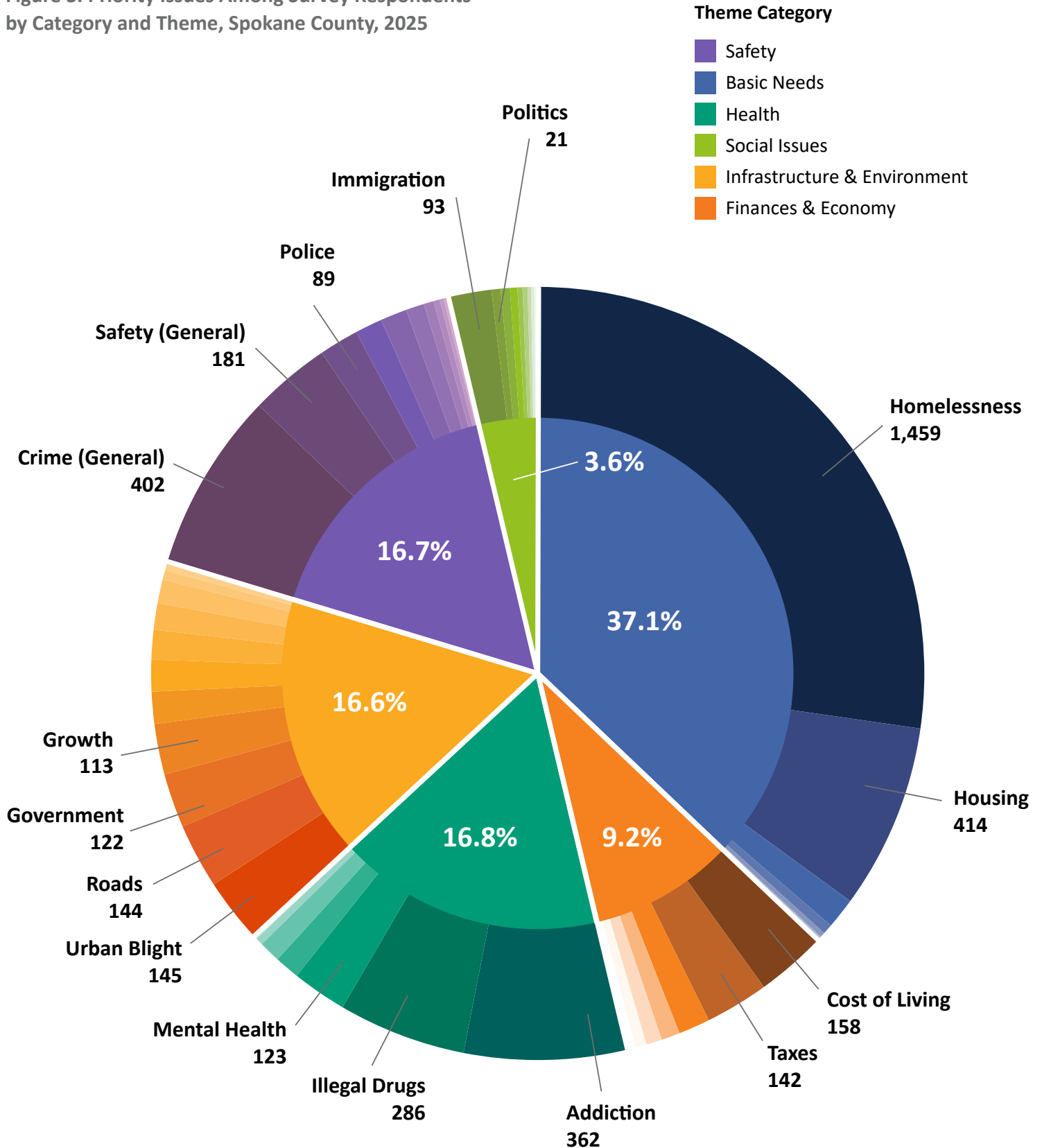
Other slightly less prevalent but closely related concerns included safety, high cost of living, deteriorated and unmaintained vacant areas (included in Figure 3 as urban blight), poor condition of roads and other infrastructure issues, taxes (both high taxes and irresponsible tax spending), and mental health. Notably, the themes of crime, addiction, illegal drugs, urban blight, safety, and mental health were most often raised within the context of describing concerns about homelessness.

The emotional tone of responses spanned compassion and advocacy for systemic solutions to fear and anger over the current state of Spokane County. Participants' responses ranged from demands for better systemic solutions, to expressing a desire to move away due to the increase in homelessness, crime, and drug use, which they saw as major contributing factors to the area's decline and impact on their overall quality of life. In-depth summaries of these results are embedded throughout relevant sections of this report to contextualize the survey findings.



Of all issues reported by respondents, most were related to basic needs such as concerns about homelessness and housing, followed by issues related to health, safety, and infrastructure.

Figure 3. Priority Issues Among Survey Respondents by Category and Theme, Spokane County, 2025



Percentages displayed in this figure are out of the total number of themes reported, rather than the number of respondents. Respondents could discuss multiple issues within their responses and therefore could have multiple themes coded. Total respondent counts are displayed under each theme.

# Social Capital

Social capital is defined as “the degree of connectedness and the quality and quantity of social relations in a given population”<sup>13</sup> that is conducive for health and well-being. People who can get help, information, or resources from within their social networks, and who feel a sense of belonging to a larger group or a community, have more social capital.

## Measuring Social Capital

In the QoL Survey, social capital is measured using a composite social capital score. This score is calculated from residents’ responses to 15 multiple-choice survey questions designed with a rating scale response format. The questions asked about different individual- and community-level aspects of social capital, including psychological and social aspects and community engagement aspects (Figure 4).

A formula was used to assign a composite score, which ranged between 0 and 1; higher scores close to 1 reflected more, or higher, social capital.

Social capital composite scores were also categorized into low, medium, or high levels based on quartiles. The low social capital category included respondents who had composite scores in the bottom 25% of all responses; the medium social capital category included respondents with composite scores in the middle 50%; and the high social capital category included those scoring in the top 25%.



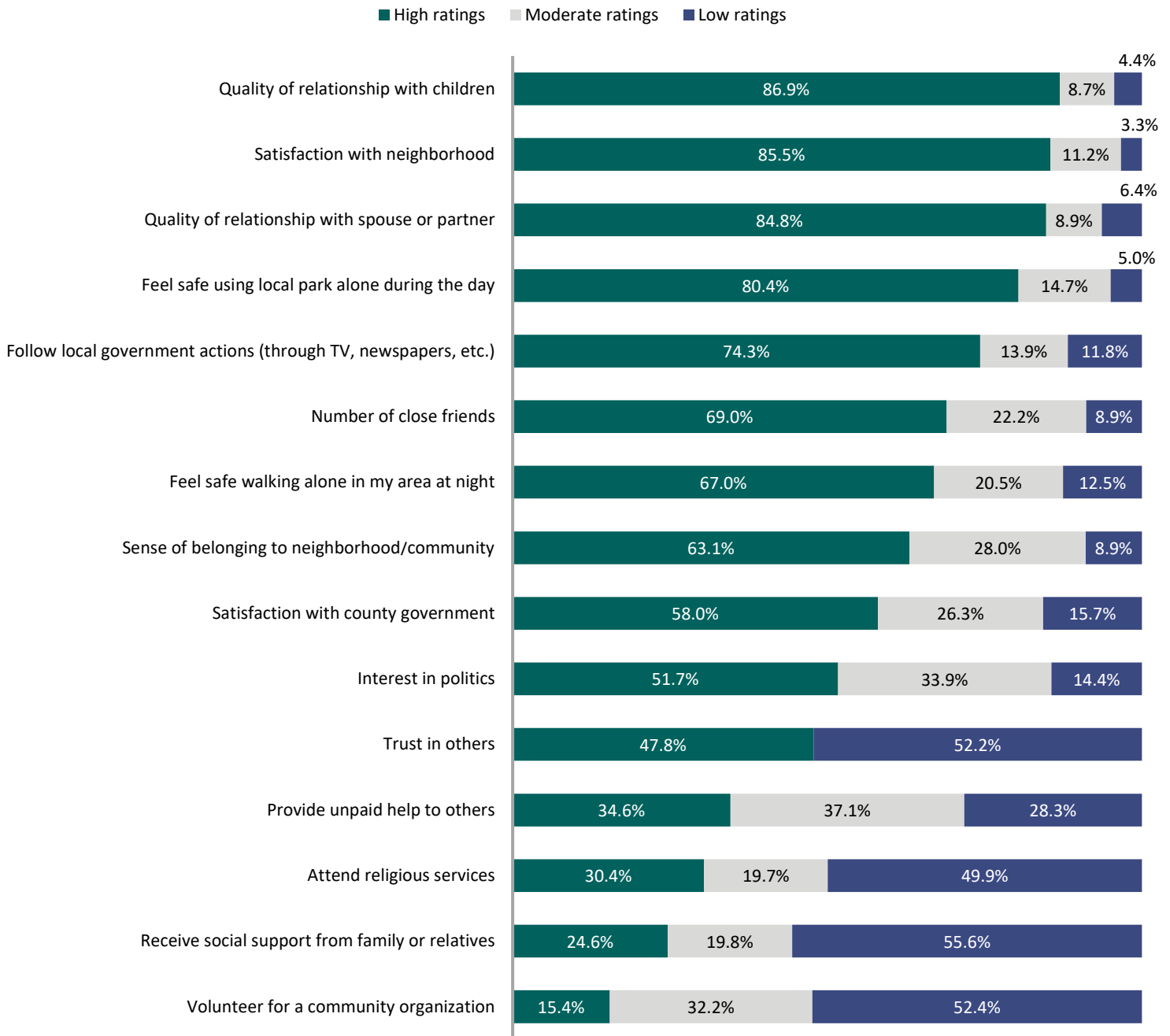
## Social Capital in Spokane County

Social capital composite scores varied among residents; scores ranged from 0 to 0.92, with an average of 0.54 ( $SD = 0.14$ ). Residents gave the highest ratings to these aspects of social capital: the quality of their personal relationships (with children and spouses or partners), satisfaction with their neighborhoods, and feeling safe using their local parks and green spaces alone during the day. Residents gave the lowest ratings for general trust in others, community involvement (eg, providing unpaid help, volunteering), and receiving social support from their families and relatives (Figure 4).



**Spokane County residents rated the quality of their personal relationships, satisfaction with their neighborhoods, and feeling safe using their local parks and green spaces highest, and they rated community involvement and receiving social support from family lowest.**

Figure 4. Proportion of Respondents With High, Moderate, or Low Ratings on Each Aspect of Social Capital, Spokane County, 2025



High ratings were defined as follows: had excellent or very good relationship quality; were satisfied with their neighborhood; felt safe using their local park; followed local government at least once a month; had at least three close friends; felt safe at night; had a strong sense of belonging; were satisfied with government; were interested in politics; believed “most people can be trusted;” and provided unpaid help, attended religious services, received family support, or volunteered at least once a month during the last 12 months.

Low ratings were defined as follows: had fair or poor relationship quality; were very dissatisfied with their neighborhood; felt very unsafe using their local park; did not follow local government; had no close friends; felt very unsafe at night; had a very weak sense of belonging; were very dissatisfied with government; were not interested in politics; believed “you can’t be too careful” in trusting others; and did not provide unpaid help, attend religious services, receive any family support, or volunteer during the last 12 months.

## Differences by Demographics and Social Determinants of Health

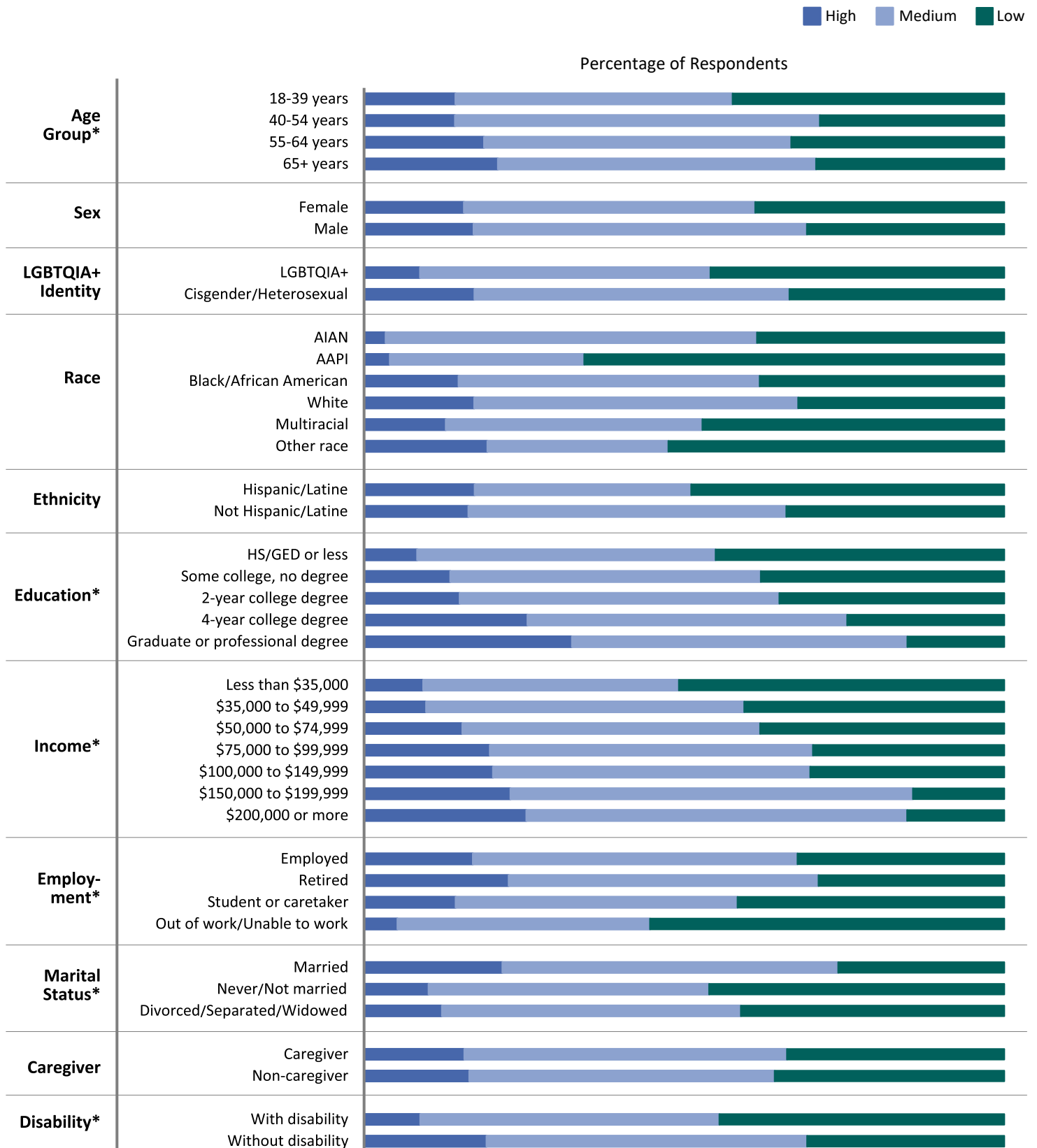
There were significant differences in respondents' social capital levels based on their age, education, household income, employment, marital status, and disability. Older adults ages 65 years and older had higher social capital than adults under the age of 40. The proportion of adults with high social capital increased with each step increase in educational attainment and household income. There was a greater proportion of low social capital among adults who were either out of work or unable to work relative to those who

were employed, retired, students, or stay-at-home caretakers. Married residents tended to have higher social capital relative to those who were single, never married but living with a romantic partner, separated, divorced, or widowed. Respondents with a disability had lower social capital scores than those without a disability. Social capital levels were not significantly associated with respondents' sex, race, ethnicity, LGBTQIA+ identity, or caregiver status. See Figure 5 for a summary of these group comparisons.



# In Spokane County, residents with the highest social capital included those who were older, had more education, had higher household incomes, were retired or employed, were married, or did not have a disability.

Figure 5. Proportion of Respondents With High, Medium, and Low Social Capital Composite Scores by Sociodemographic Group, Spokane County, 2025



\*Indicates a statistically significant result. AAPI = Asian American and Pacific Islander. Caregiver was defined as having a child under 18 living in the home, working at home as a caretaker, or being responsible for the care or guardianship of an older adult or of a child other than one's own.

# Sense of Belonging

Sense of belonging is one of the many components of social capital. As trends of increasing social isolation and loneliness remain a public health concern in communities across the U.S.,<sup>14</sup> it is important to assess this issue at a local level. In the 2025 QoL Survey, respondents' strong sense of belonging to their neighborhood or community was one of the strongest predictors of higher quality of life ratings in Spokane County. Sense of belonging was generally high among Spokane County residents; nearly two-thirds of respondents (63.0%) reported a "Somewhat" or "Very" strong sense of belonging.

## Differences in Sense of Belonging by Neighborhood

Sense of belonging significantly differed by Spokane County neighborhood (Figure 6).

Figure 6. Proportion of Respondents Reporting a Strong Sense of Belonging by Spokane County Neighborhood, 2025

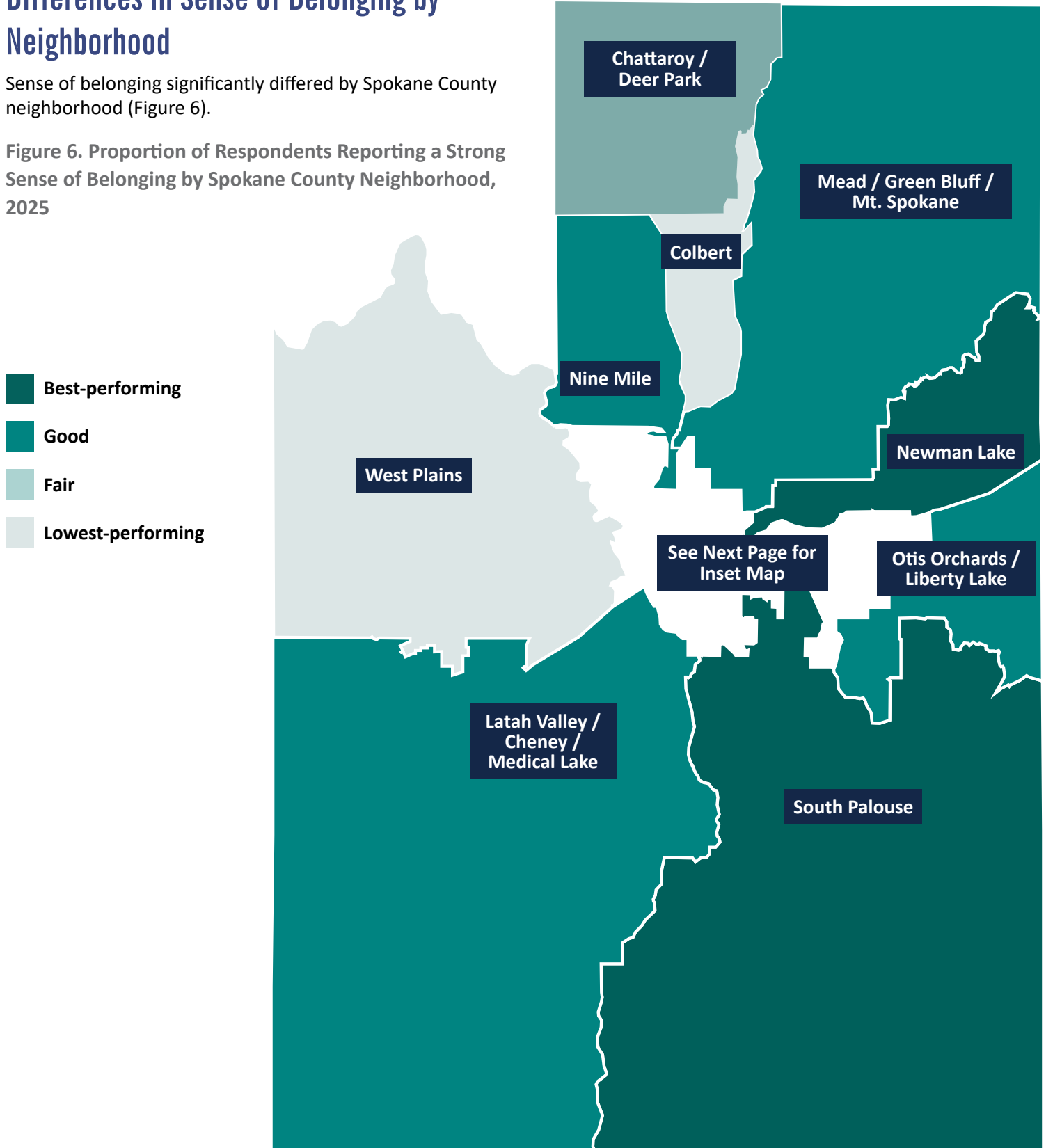
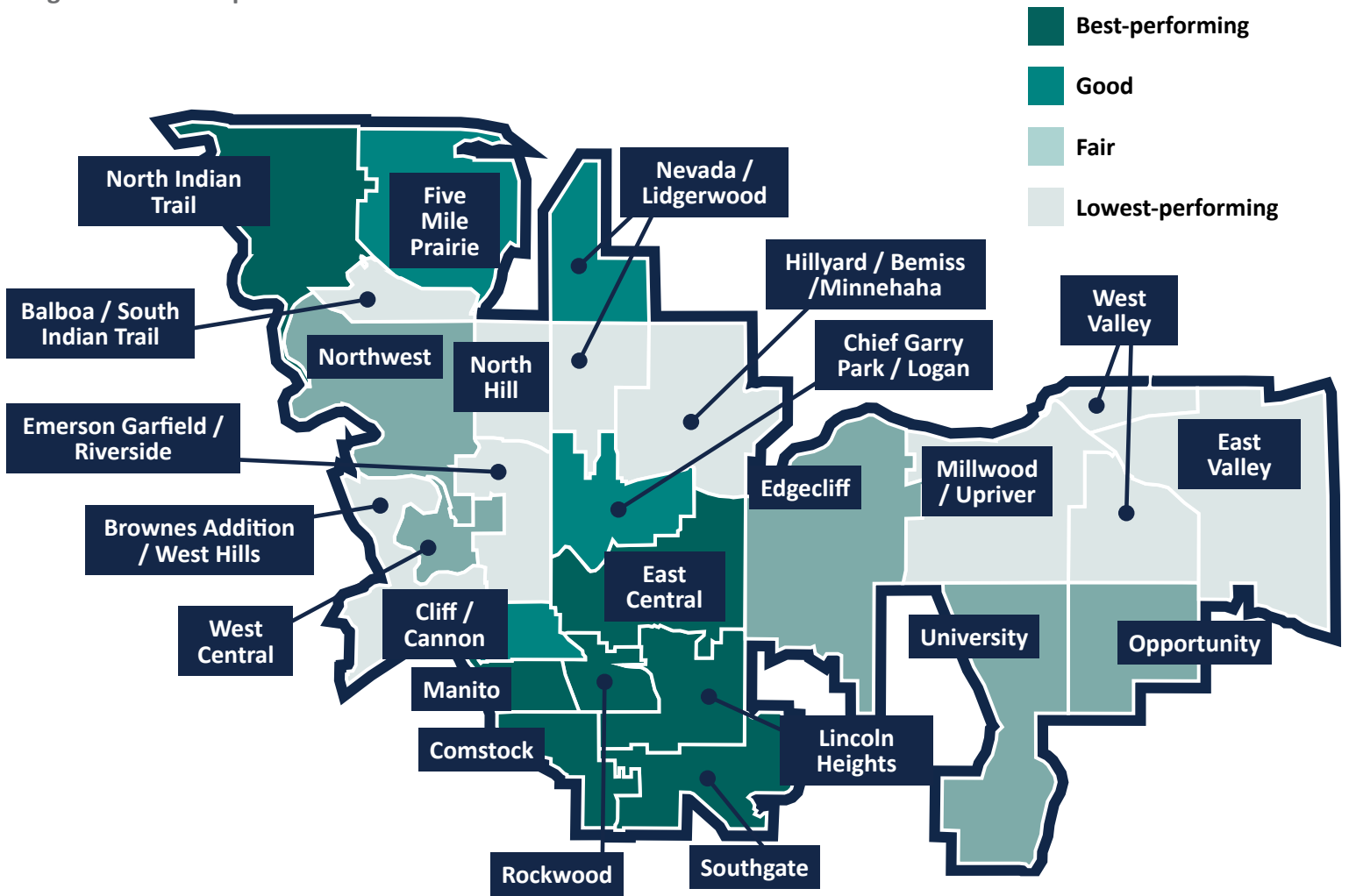


Figure 6. Inset Map



Neighborhoods with fewer than 30 respondents were combined with an adjacent neighborhood to improve the reliability of the estimate. Partner feedback was sought on these groupings. Neighborhoods were categorized into quartiles based on the proportions of “Very strong” or “Somewhat strong” responses received from respondents living in each neighborhood. Neighborhoods with the highest proportion of residents reporting a “Very” or “Somewhat” strong sense of belonging to their neighborhood or community were placed in the best-performing quartile (the top 25% of neighborhoods). These results are based on unweighted data and may not fully represent the neighborhood populations. Interpret with caution.

# Housing



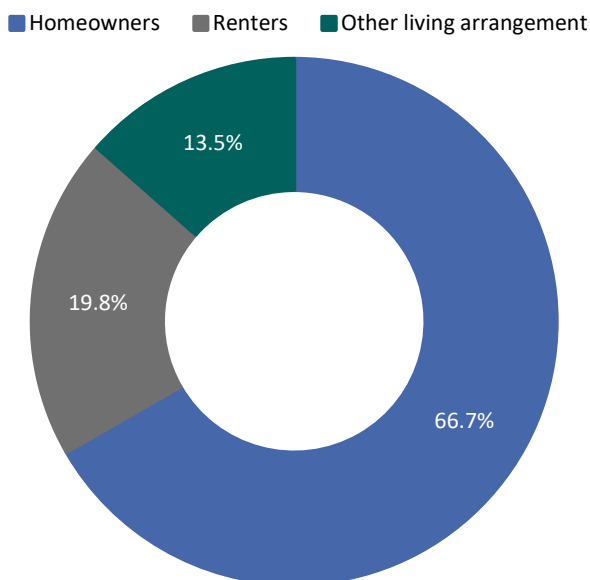
The availability and affordability of housing have been ongoing challenges in Spokane County. Housing was a priority issue for public health improvement in both the 2021-2022 and 2024-2025 Spokane County Community Health Needs Assessments.<sup>15,16</sup> In the 2025 QoL Survey, homelessness and housing were priority issues mentioned by respondents, and housing stability was the strongest predictor of higher quality of life ratings.

## Housing Stability in Spokane County

Most survey respondents reported having stable housing. Two-thirds of respondents (66.7%) owned their homes, 19.8% rented, and 13.5% had some other living arrangement (Figure 7). When asked, “How do you feel about your current housing situation?” most residents (81.3%) said their housing was either “Very stable and secure” or “Fairly stable and secure.”

### Most survey respondents were homeowners.

Figure 7. Respondents’ Current Housing Situation, Spokane County, 2025



## Unstable Housing Situations

Nearly 1 in 4 respondents, 23.9%, reported experiencing at least one unstable housing situation within the last 5 years. The most common housing situation changes were doubling up (ie, living with friends or family on a long-term basis to stay housed), reported by 14.3% of respondents; skipping a monthly rent or mortgage payment or not paying the full amount (8.3%); having to move due to being unable to afford rent or mortgage payments (7.3%); and couch surfing, or living with friends or family on a short-term basis to stay housed (5.4%). Nearly 4% of respondents had lived in subsidized housing or applied for housing assistance in the last 5 years (3.7%), or they had to move due to being unable to pay bills, including heat, water, or other utilities (3.5%).

## Differences by Neighborhood

Although housing stability varied by neighborhood, these differences did not reach statistical significance. See Figure 8 for a detailed summary of the proportion of respondents who reported secure and stable housing by Spokane County neighborhood.



Figure 8. Proportion of Respondents Reporting Stable, Secure Housing by Spokane County Neighborhood, 2025

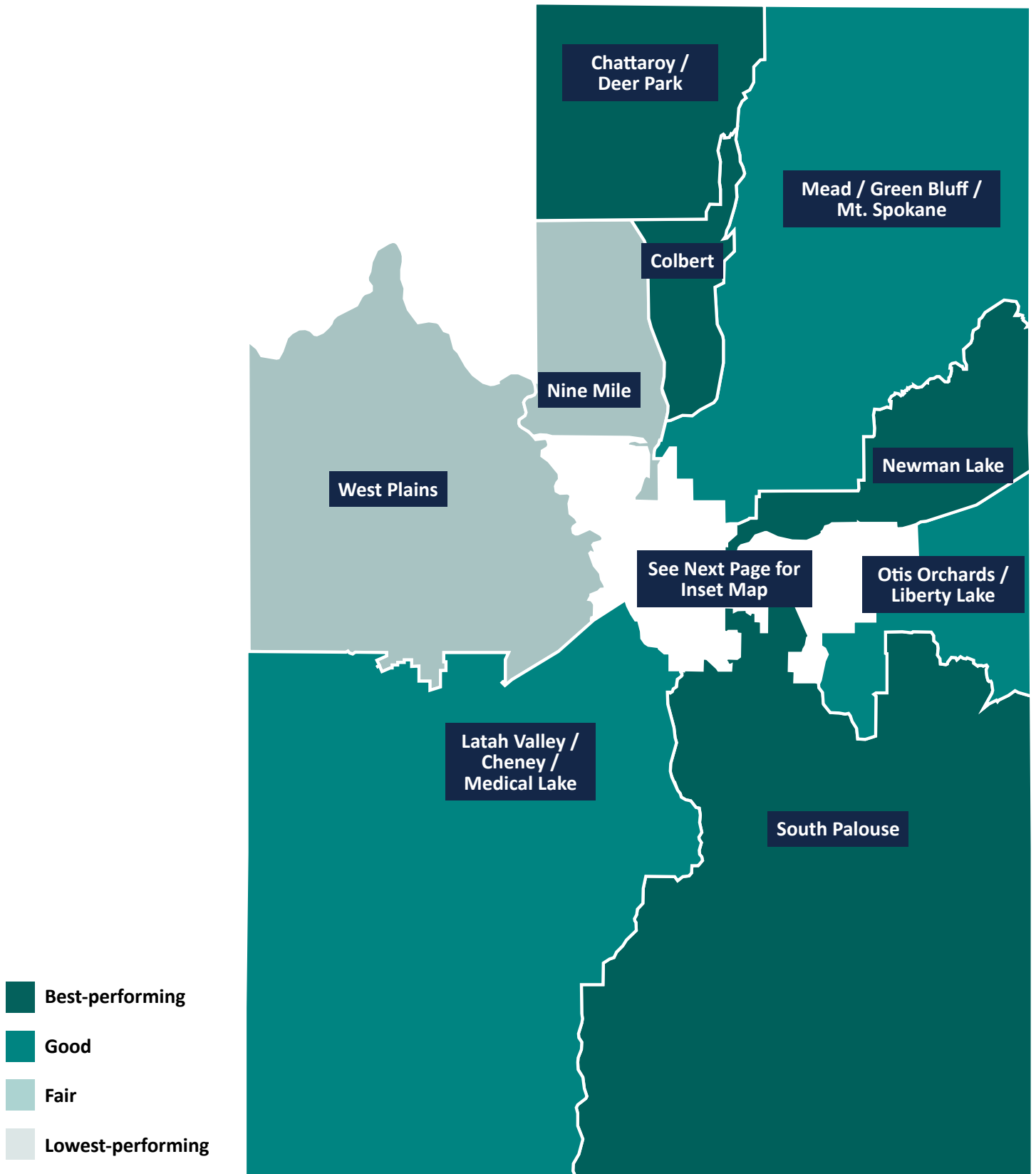
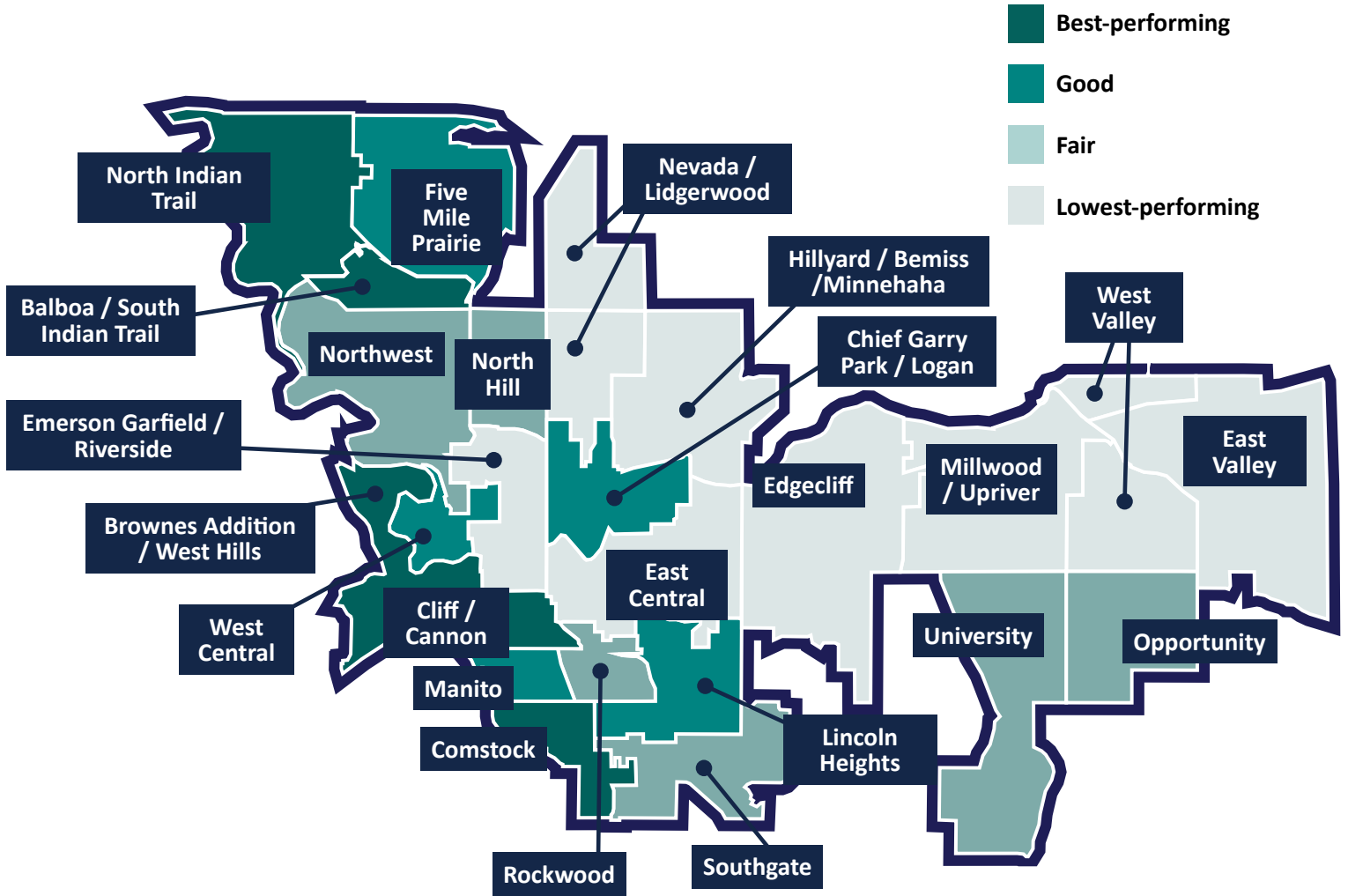


Figure 8. Inset Map



Neighborhoods with fewer than 30 respondents were combined with an adjacent neighborhood to improve the reliability of the estimate. Partner feedback was sought on these groupings. Neighborhoods were categorized into quartiles based on the proportions of “Very stable and secure” or “Fairly stable and secure” responses received from respondents living in each neighborhood. Neighborhoods with the highest proportion of residents reporting “Very” or “Fairly” stable housing were placed in the best-performing quartile (the top 25% of neighborhoods). These results are based on unweighted data and may not fully represent the neighborhood populations. Interpret with caution.

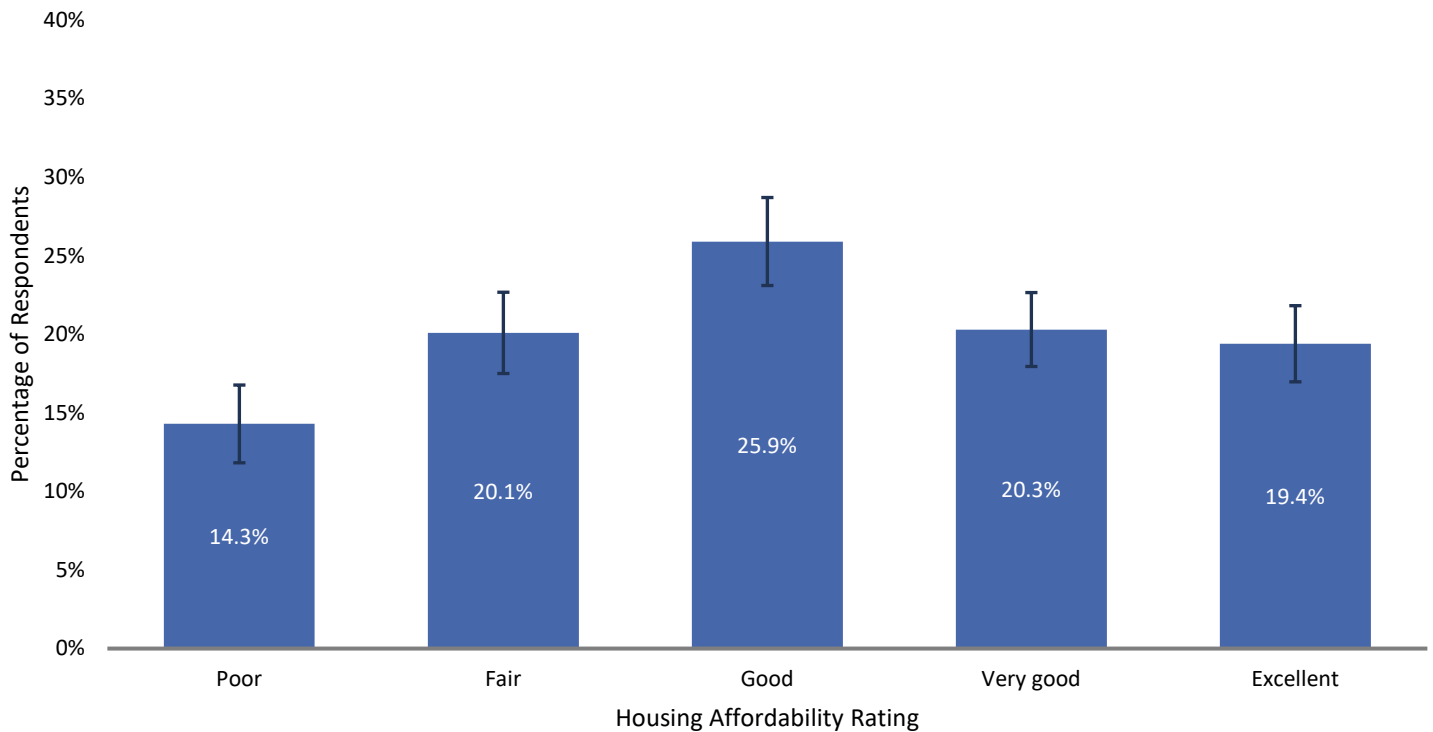
# Housing Quality and Affordability

Most survey respondents reported high-quality housing, with 82.7% rating the quality of their current housing situation as “Very good” or “Excellent.” Fewer than 1 in 5 respondents (17.3%) reported “Fair” or “Poor” housing quality. Although most Spokane County residents reported being securely housed and being satisfied with the quality of their housing, their views on affordability varied. Even among

respondents who did not experience an unstable housing situation in the last 5 years, many felt their current housing was not affordable. Specifically, more than one-third of all respondents (34.3%) rated the affordability of their current housing as “Fair” or “Poor.” Figure 9 summarizes responses to this rating question.

## More than 1 in 3 Spokane County residents rated the affordability of their current housing as “Fair” or “Poor.”

Figure 9. Weighted Distribution of Housing Affordability Ratings, Spokane County, 2025

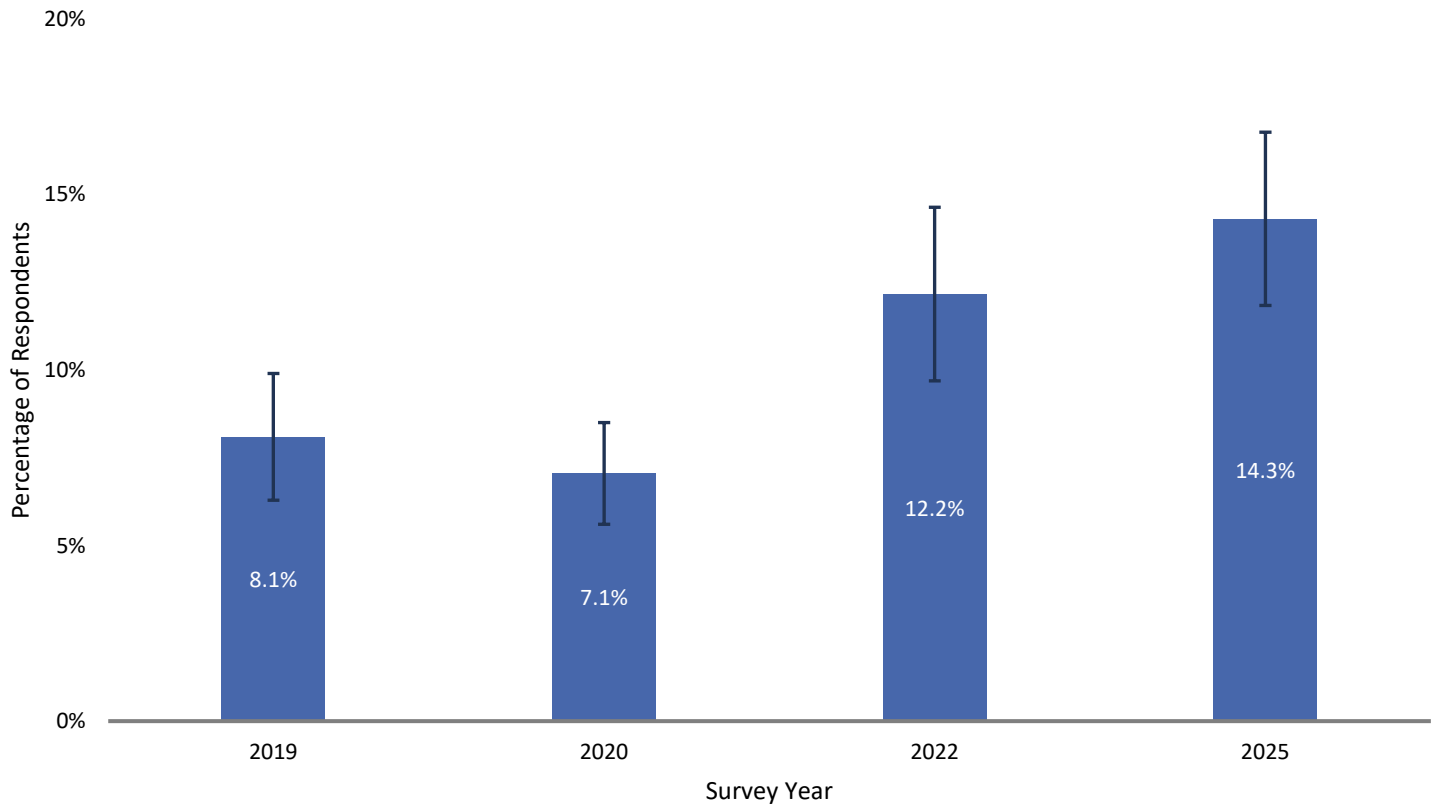


The proportion of adults in Spokane County who rated their housing affordability as “Poor” has increased since the 2020 survey assessment (see Figure 10). Findings from the qualitative analysis supported these growing concerns about affordability. Respondents expressed that rising taxes were creating financial hardship, particularly for seniors, retirees and those on fixed incomes. They saw taxes as an additional

economic burden, layered on top of inflated housing costs, rent, and utilities. Some described feeling taxed into poverty or unable to keep up with the increases in property taxes each year. Some mentioned rent and housing prices were rising faster than wages, and the cost of living was exceeding the limited job opportunities offering living wages, creating poverty.

## The percentage of Spokane County residents who rated the affordability of their current housing as “Poor” has increased since 2020.

Figure 10. Weighted Proportion of Poor Housing Affordability Ratings Across Survey Years, Spokane County, 2019-2025



The housing affordability question was first asked in the 2019 QoL Survey, so the 2015 and 2017 assessments are not included in this figure.

*Respondents expressed that rising taxes were creating financial hardship, particularly for seniors, retirees and those on fixed incomes. They saw taxes as an additional economic burden, layered on top of inflated housing costs, rent, and utilities. Some described feeling taxed into poverty or unable to keep up with the increases in property taxes each year.*



## Other Qualitative Findings

Housing emerged as the second most frequently cited concern in Spokane County, with respondents emphasizing the need for more affordable and low-income housing. Many residents described housing instability driven by the rising cost of living and escalating housing prices, particularly the difficulty of paying for rent. Respondents also expressed frustration with the high cost of housing and the growing inability to purchase a home or consider homeownership in the current economic climate. Beyond overall housing shortages, several comments highlighted the urgent need for housing solutions for the unhoused population, with suggestions including the redevelopment of condemned properties and the construction of tiny home villages.

Population growth has also fueled housing challenges with the demand for homes driving up costs. Some respondents shared their frustration with current planning for growing cities, noting how overbuilding and urban sprawl threatens open spaces and strains existing natural resources. However, opinions were mixed. Some respondents shared concerns about zoning changes that allow higher-density development and stated their preference for multifamily homes over large apartment complexes. Others called for better urban planning and design, such as mixed-use developments that combine residential and small businesses. Some noted a lack of long-term vision, believing state and local governments are reacting to growth instead of proactively planning for sustainable development, citing the North Spokane Corridor as an example of poor planning.



# Public Safety



Public safety is an important contributor to communities' health and overall quality of life. In the 2025 QoL Survey, feeling safe walking alone at night in one's own neighborhood was one of the strongest predictors of higher quality of life ratings in Spokane County. The survey asked about several aspects of public safety and included questions about how safe residents feel and their experiences with crime in their neighborhoods. Survey questions also addressed residents' attitudes and beliefs about local law enforcement and other first response services.

## Feelings of Safety

Results suggested that most residents felt safe in their communities, with two-thirds of respondents (67.0%) feeling "Somewhat" or "Very" safe walking alone at night in their neighborhood, and 80.3% feeling "Somewhat" or "Very" safe using their local park or green spaces during the day.

## Beliefs and Attitudes Regarding First Responders

Residents were also satisfied with law enforcement, with 72.9% of respondents reporting being "Somewhat" or "Very" satisfied with police. Most—3 in 4 respondents—agreed or strongly agreed with the following statements:

"I trust my local law enforcement to protect myself and my family." (75.0% agreed.)

"Local law enforcement officers are responsive to issues in our community." (75.5% agreed.)

Residents were also highly satisfied with local fire and emergency medical services (95.6% were "Somewhat" or "Very" satisfied), and the sheriff (75.4% satisfied). Feelings

were split, however, regarding the local criminal justice and court systems. More than half of respondents (53.5%) were "Somewhat" or "Very" dissatisfied with their local court system. This was also highlighted in the qualitative analysis. One source of frustration was the perception of weak enforcement around homelessness, open drug use, and crime. Respondents felt police are overworked or restricted, and that courts release offenders too quickly, leaving citizens vulnerable. Individuals also expressed concerns about open drug use and the perceived leniency of the judicial system regarding enforcing the consequences of open drug use.

*One source of frustration was the perception of weak enforcement around homelessness, open drug use, and crime. Respondents felt police are overworked or restricted, and that courts release offenders too quickly, leaving citizens vulnerable.*

# Experiences and Perceptions of Crime

Despite many respondents feeling safe in their own neighborhoods and being satisfied with first response services, crime was seen as a problem in the community. Nearly 1 in 5 residents (18.3%) reported being victims of a crime in Spokane County within the last 12 months.

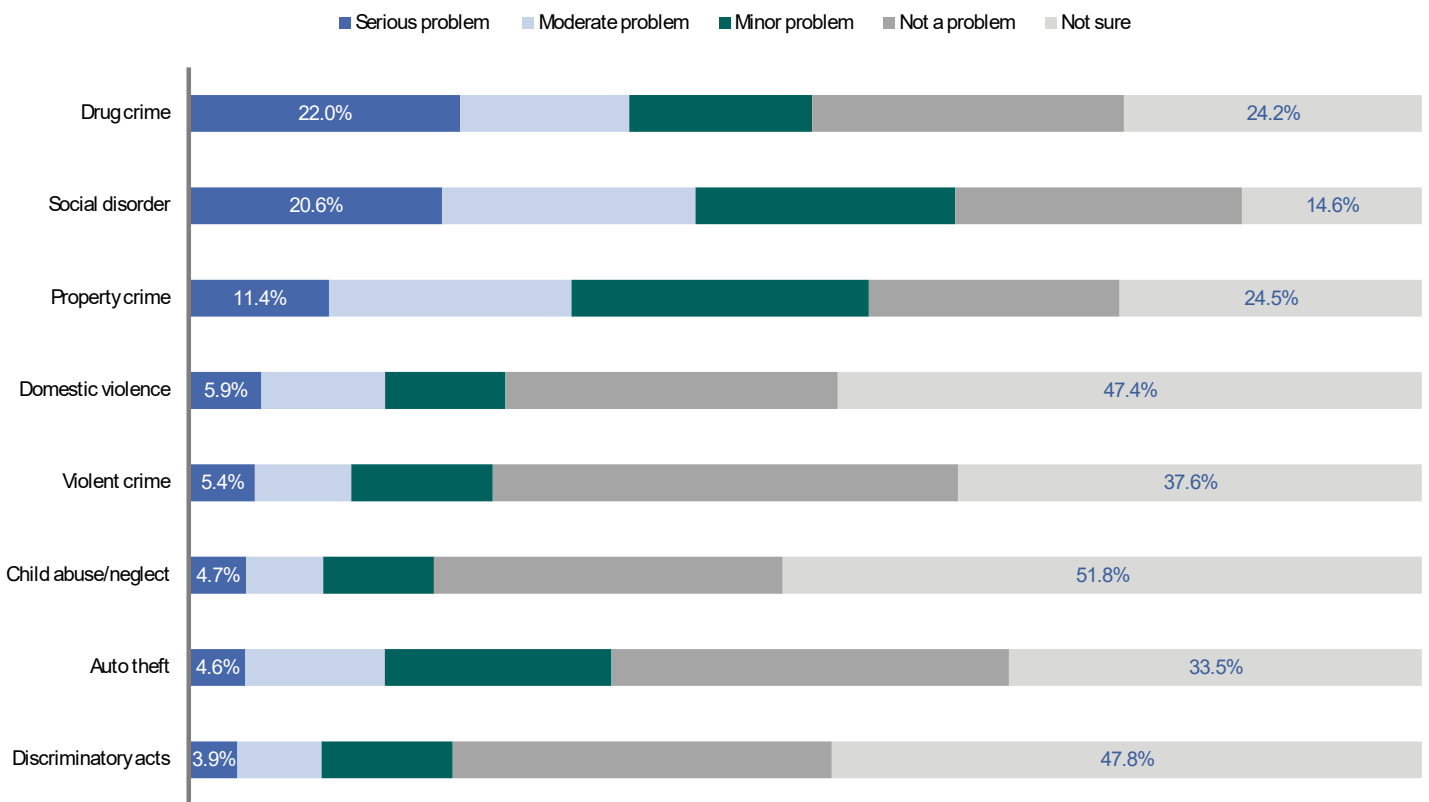
Many residents were not sure of the extent of specific crime problems in their neighborhoods or communities. This was particularly the case for child abuse and neglect, domestic violence, and discriminatory acts; approximately half of respondents selected “Don’t know/Not sure.” Conversely, there was much less uncertainty regarding the severity of property crime, drug crime, and social disorder issues. Consequently, it is important to emphasize that these results

reflect residents’ perceptions, which may not align with actual crime rates, and responses may also partly reflect the visibility or public nature of certain crimes over others, for example, drug crime versus domestic violence.

Among residents who responded to the questions about the severity of crime issues, most perceived drug crime, social disorder, and property crime as especially problematic in their neighborhood or community. Up to 41.1% of respondents reported these problems as either “Moderate” or “Serious.” Twenty-two percent of respondents reported drug crime as a serious problem, 20.6% reported social disorder as a serious problem, and 11.4% reported property crime as a serious problem (see Figure 11).

## Spokane County residents reported drug crime and social disorder as the most serious neighborhood or community problems in 2025, followed by property crime.

Figure 11. Weighted Distribution of Perceived Crime Severity Ratings, Spokane County, 2025



The property crime category excluded auto theft and referred to other property crimes such as burglary, theft, shoplifting, property damage, and arson. Violent crime included assault, sexual assault, and homicide. Drug crime included drug dealing and open drug use. Social disorder included loitering, panhandling, and graffiti.

The qualitative analysis underscored widespread concern about homelessness, housing, drug addiction, and crime in Spokane County. These issues were all seen as interconnected. Homelessness was the most prominent theme, and it was described as highly visible, unsafe, and worsening. Homelessness was frequently mentioned along with drug addiction. Respondents also indicated that homelessness was a considerable concern for businesses in the downtown Spokane area. Opinions on the best ways to address the problem differed, with some calling for a housing-first approach, more mental health care, addiction treatment, and expanding treatment centers and shelters, while others demanded stricter enforcement of consequences for open drug use, property crime, and illegal camping.

### *Residents saw homelessness and drug addiction as causes of crime.*

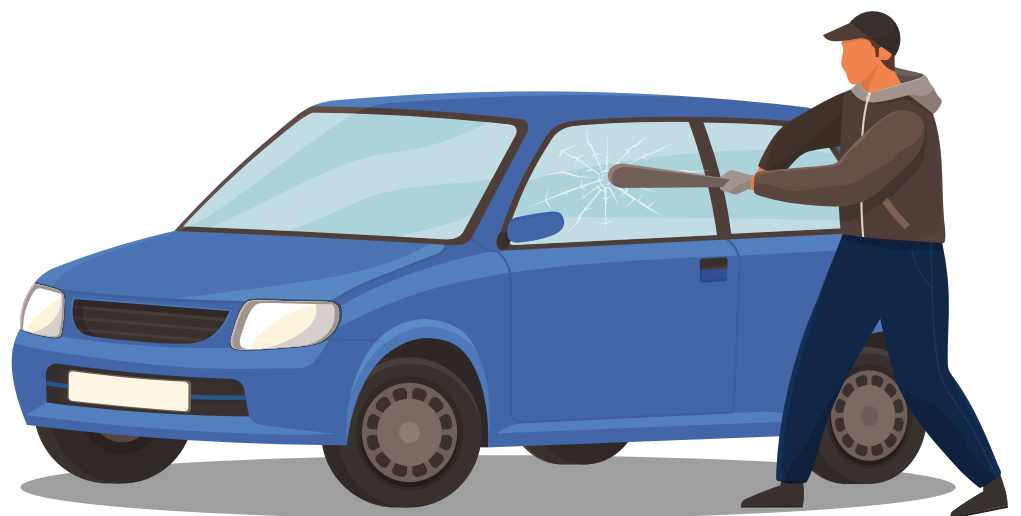
Residents saw homelessness and drug addiction as causes of crime. Drug addiction, specifically, was seen as closely linked to theft, unsafe public spaces, fear among residents, and deterioration and disinvestment in the downtown Spokane area. Businesses and public areas were experiencing the results of property crime, and residents felt these areas were filled with visible signs of deterioration and neglect, especially in the downtown corridor. Businesses were seen as being at risk of closure due to concerns about safety and cleanliness.

## Other Qualitative Findings

Safety was a recurring issue of concern in Spokane County. Respondents described a decline in safety, especially in Spokane's downtown and public spaces. Many reported feeling unsafe walking at night, visiting parks, or shopping. Respondents were also concerned about traffic and road safety, including speeding, running red lights, and other reckless driving behaviors.

The growth of Spokane County concerned respondents with its potential to outpace infrastructure, services, and community needs. Respondents expressed concern about insufficient planning to address population growth and urban sprawl, noting impacts on the environment, such as overdevelopment and lack of water conservation. They were also concerned about the loss of undeveloped land, overall sustainability, and increased strain on aging infrastructure. Respondents also highlighted the growing pressure on essential services that are already stretched thin, including law enforcement, fire protection, and health care.

Respondents' frustration went beyond response to crime and public safety. Some respondents expressed concern about how local government manages budgets and allocates taxpayer money. Areas of frustration included neglected roads, strained public safety services (eg, lack of police presence), and projects viewed as wasteful or unwanted developments that did not reflect community priorities. Respondents called for greater transparency and accountability and suggested forensic audits for government spending.





# Mental Health and Care Access



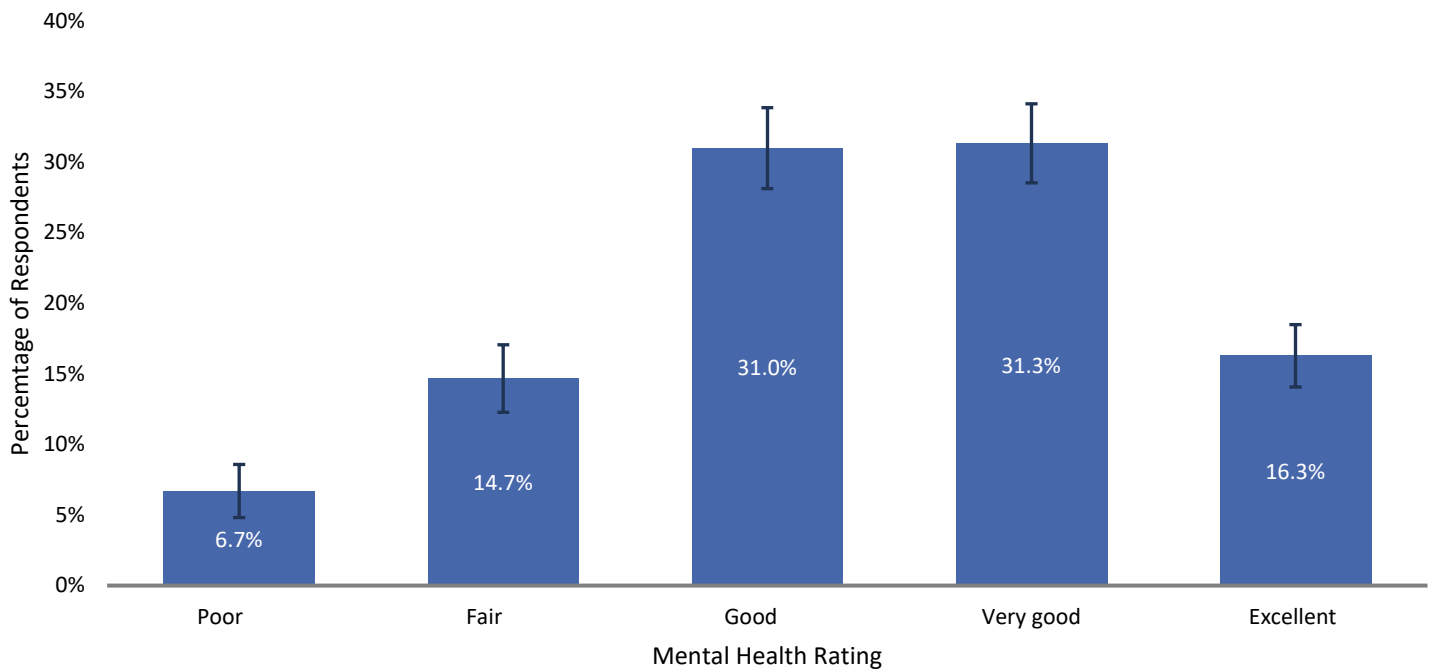
## Mental Health in Spokane County

Participants were asked to rate their general mental and emotional health, with response options including “Poor,” “Fair,” “Good,” “Very good,” and “Excellent.” This commonly used measure of self-rated mental health is not only associated with individuals’ mental health symptoms and severity, but it also predicts physical health problems, health care utilization, and satisfaction with health services.<sup>17</sup> As

such, it provides a broader picture of health in Spokane County above and beyond clinical symptoms and diagnoses. In the 2025 QoL Survey, nearly half of respondents (47.6%) rated their general mental health as “Very good” or “Excellent” (Figure 12). Conversely, 21.4% rated their general mental health as “Fair” or “Poor.”

### Most Spokane County residents rated their overall mental health as “Good” or better.

Figure 12. Weighted Distribution of Self-Rated Mental Health, Spokane County, 2025

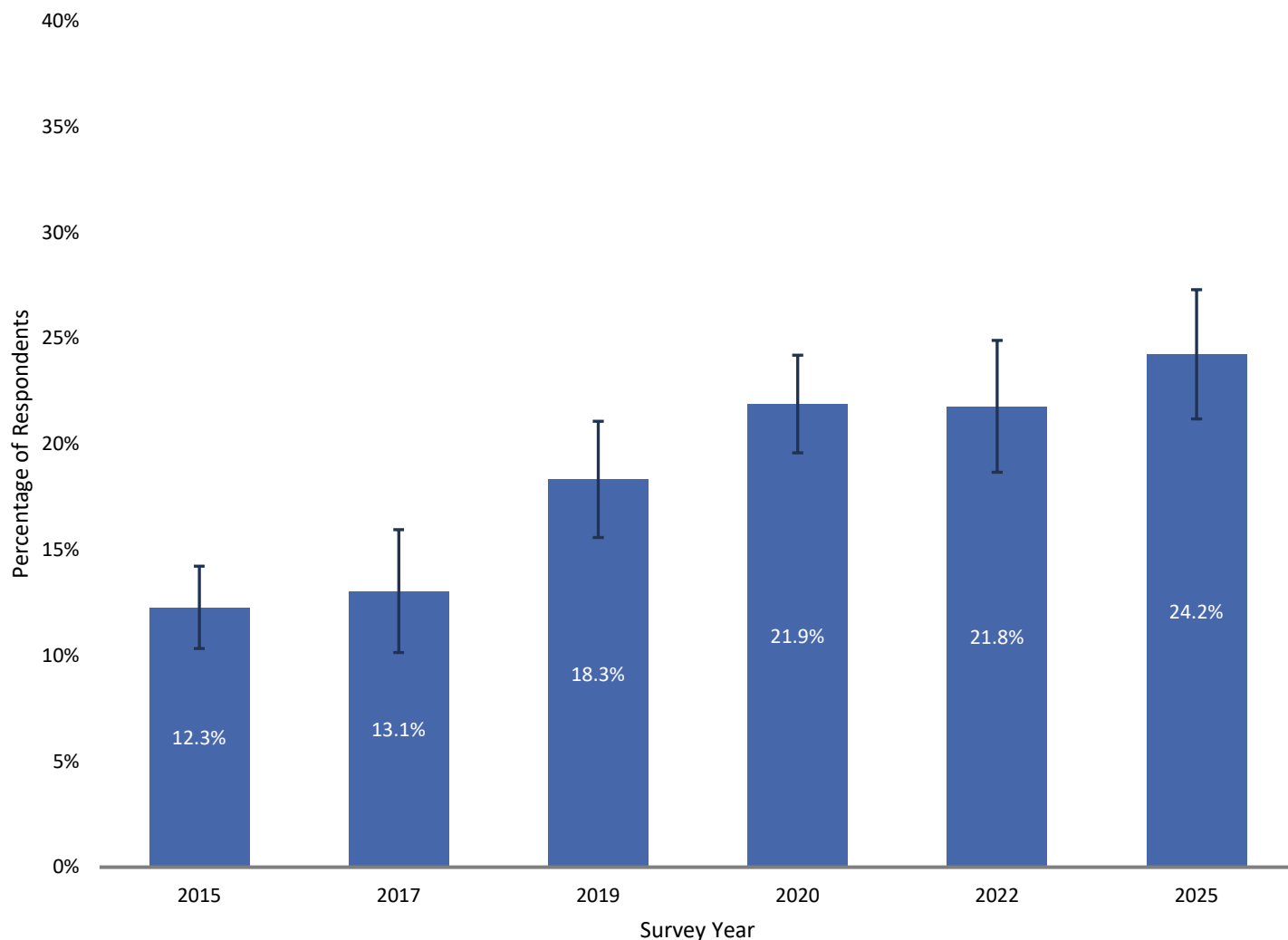


However, nearly one quarter of respondents (24.2%) experienced frequent mental distress, defined as reporting 14 or more days of poor mental health (including stress, depression, or problems with emotions) in the last 30 days. The proportion of adults reporting frequent mental distress has increased across the 10 years of the QoL Survey. In 2015, 12.3% of survey respondents reported frequent mental distress, compared with 24.2% of survey respondents in 2025

(Figure 13). The first significant increase in the proportion of adults with frequent mental distress occurred in the 2019 survey. Notably, 2020 survey responses were collected during the first 6 months of the COVID-19 pandemic. The proportion of adults reporting frequent mental distress has remained similar across the 2019, 2020, 2022, and 2025 survey assessments.

## The proportion of Spokane County adults reporting 14 or more days of mental distress in the last month increased in 2019.

Figure 13. Weighted Proportion of Frequent Mental Distress Across Survey Years, Spokane County, 2015-2025



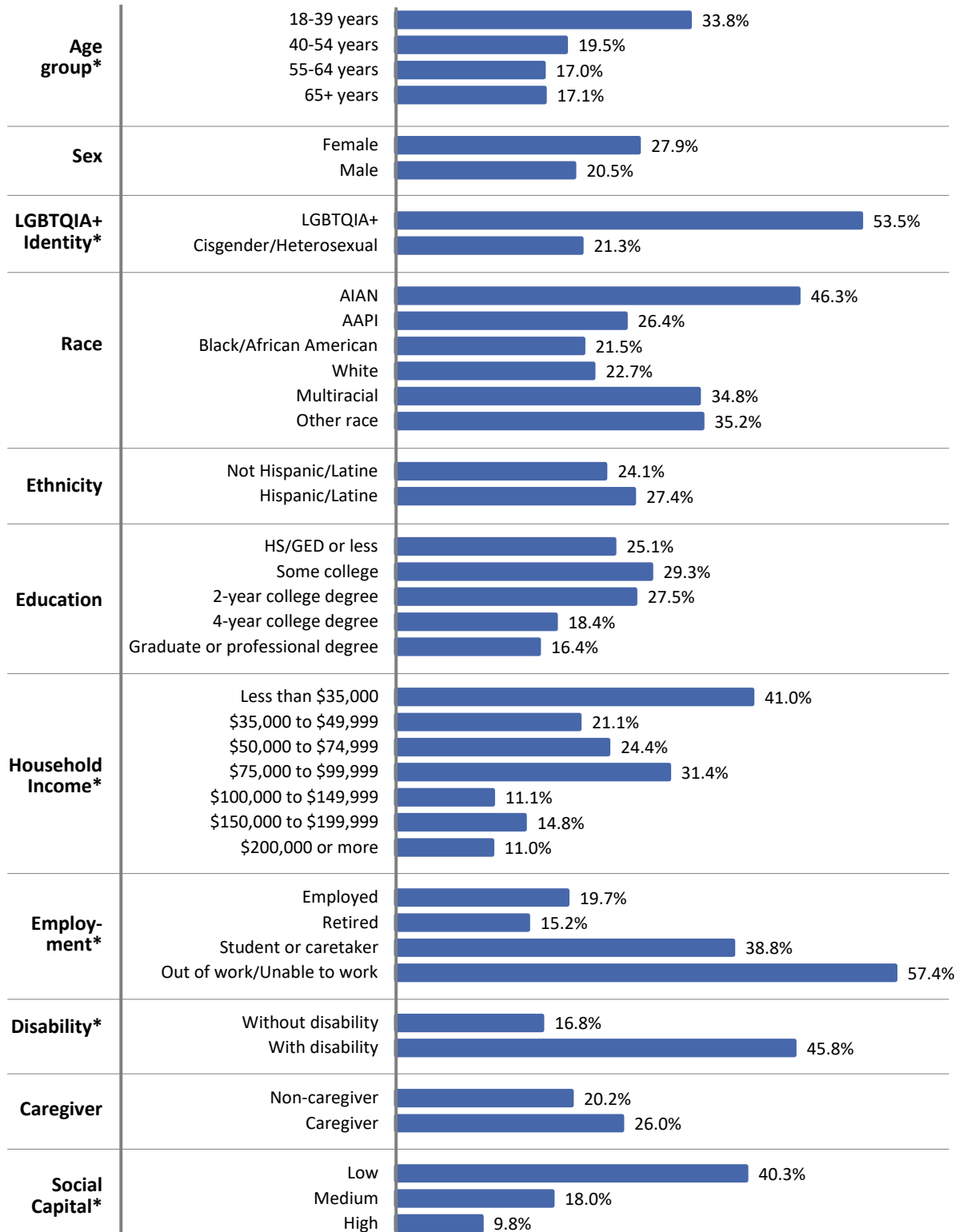
## Differences by Demographics and Social Determinants of Health

Frequent mental distress was significantly associated with age, LGBTQIA+ identity, household income, employment, disability, and social capital. Sex, race, ethnicity, education, and caregiver status—defined as having a child under 18

living in the home, working at home as a caretaker, or being responsible for the care or guardianship of an older adult or of a child other than one's own—were not significantly related to frequent mental distress (Figure 14).

**Spokane County residents who reported 14 or more days of mental distress were more likely to be younger, identify as LGBTQIA+, have a lower household income, be out of work or unable to work, have a disability, or have low social capital.**

Figure 14. Percentage of Respondents With Frequent Mental Distress by Sociodemographic Group, Spokane County, 2025



\*Indicates statistical significance. AAPI = Asian American and Pacific Islander. Caregiver was defined as having a child under 18 living in the home, working at home as a caretaker, or being responsible for the care or guardianship of an older adult or of a child other than one's own.

## Differences by Neighborhood

Frequent mental distress varied by Spokane County neighborhood (Figure 15), although these differences did not reach statistical significance after adjusting for multiple comparisons.

Figure 15. Proportion of Respondents Reporting Frequent Mental Distress by Spokane County Neighborhood, 2025

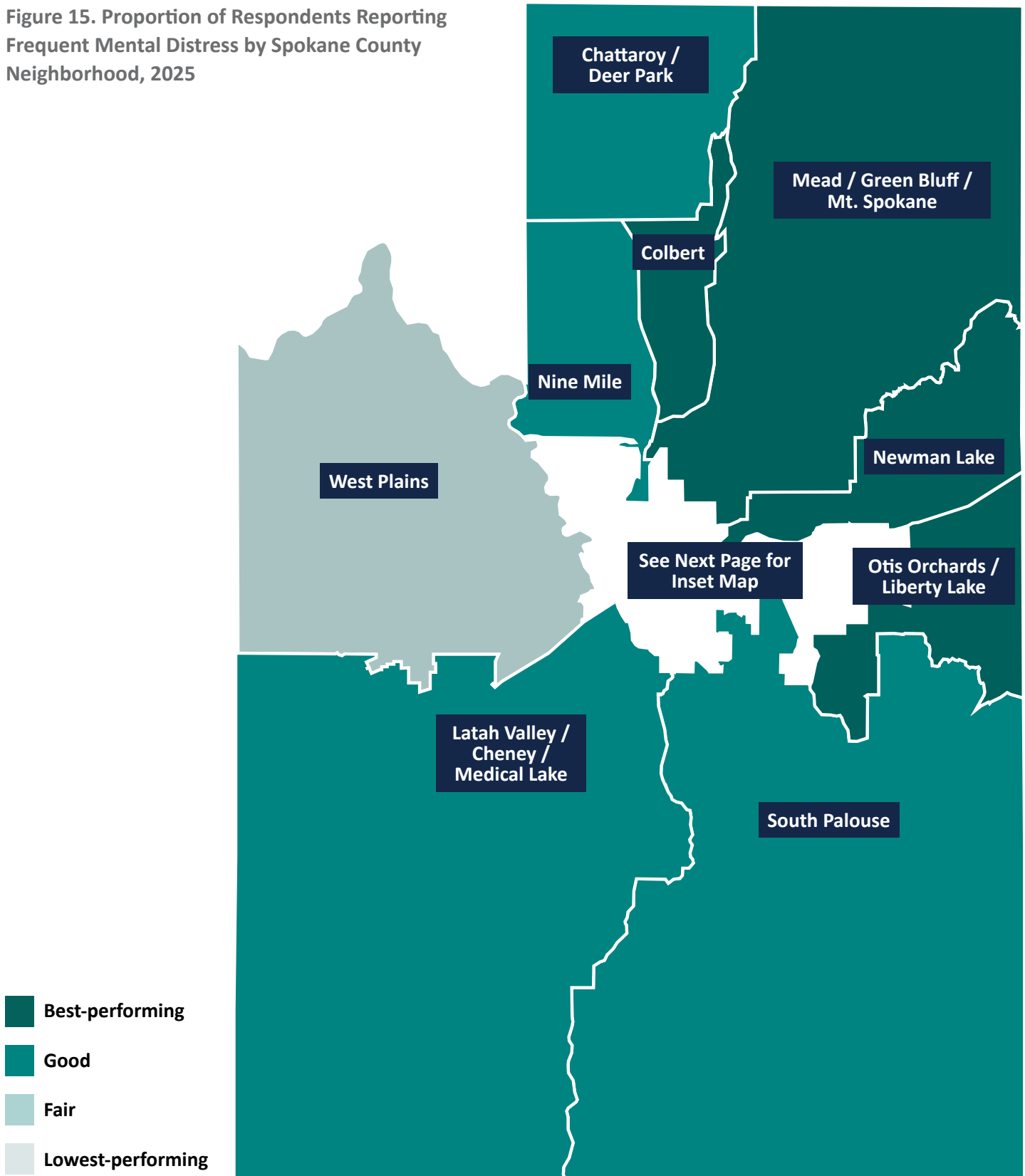
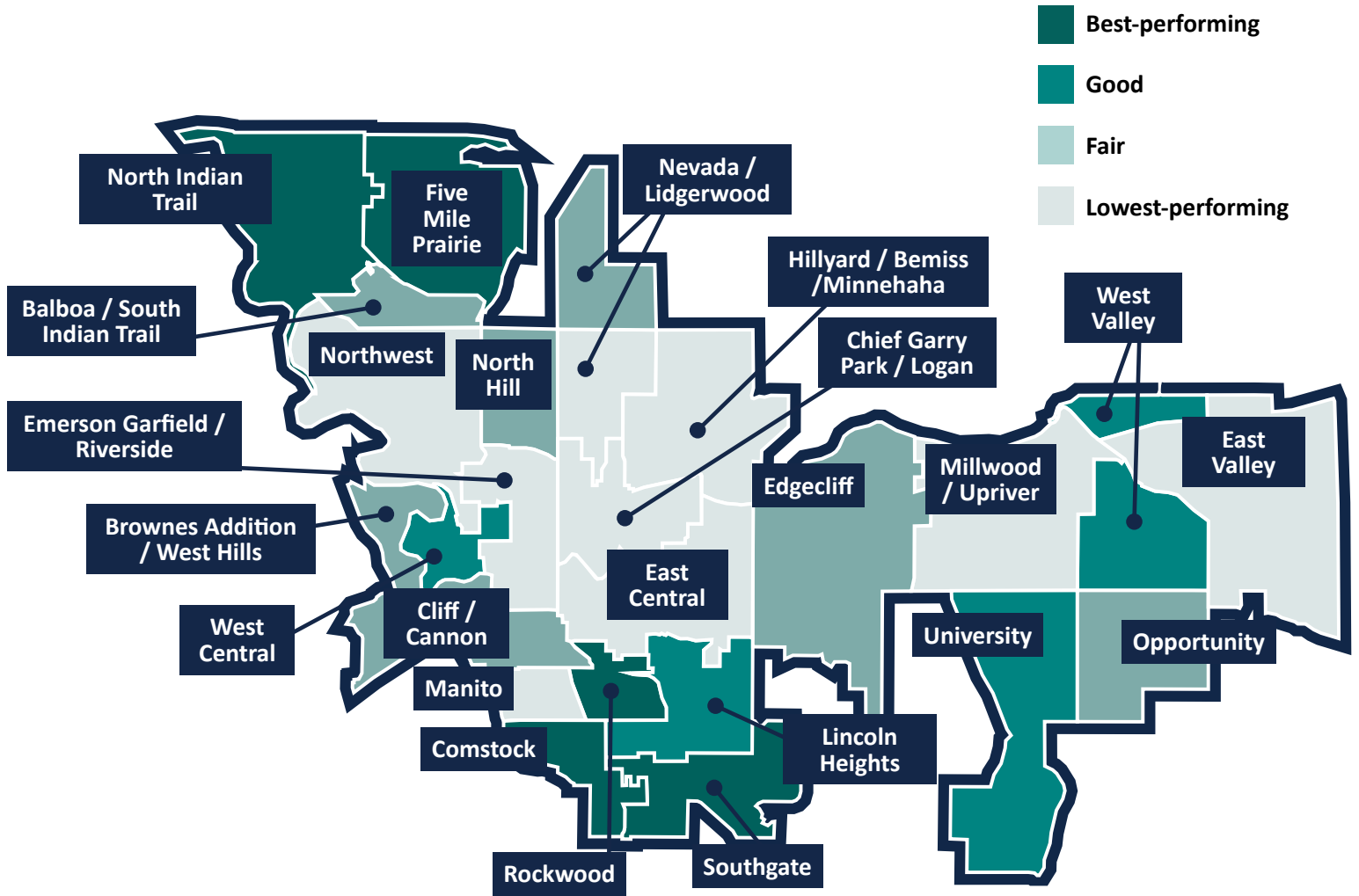


Figure 15. Inset Map



Neighborhoods with fewer than 30 respondents were combined with an adjacent neighborhood to improve the reliability of the estimate. Partner feedback was sought on these groupings. Neighborhoods were categorized into quartiles based on the proportions of respondents living in each neighborhood who reported 14 or more days of poor mental health in the last month. Neighborhoods with the highest proportion of residents reporting poor mental health were placed in the lowest-performing quartile (the bottom 25%). These results are based on unweighted data and may not fully represent the neighborhood populations. Interpret with caution.

## Access to Treatment and Counseling

More than one quarter of respondents (28.8%) reported receiving treatment for a mental health issue in the last 12 months. Treatment included medication, counseling, or any other treatment. Approximately 1 in 5 respondents (20.8%) received medication, 15.9% received counseling, 8.9% received both medication and counseling, and 3.0% received another treatment.

Among the remaining 71.2% of survey respondents who reported they did not receive any mental health treatment in the last year, most (70.5%) reported that this was because they did not need it. Nearly half (46.8%) of respondents who reported frequent mental distress did not receive any mental health treatment. Additionally, one quarter (25.5%) of respondents with frequent mental distress reported they did not access treatment because they felt they did not need it.

*Nearly half (46.8%) of respondents who reported frequent mental distress did not receive any mental health treatment. Additionally, one quarter (25.5%) of respondents with frequent mental distress reported they did not access treatment because they felt they did not need it.*

## Barriers to Accessing Treatment and Counseling

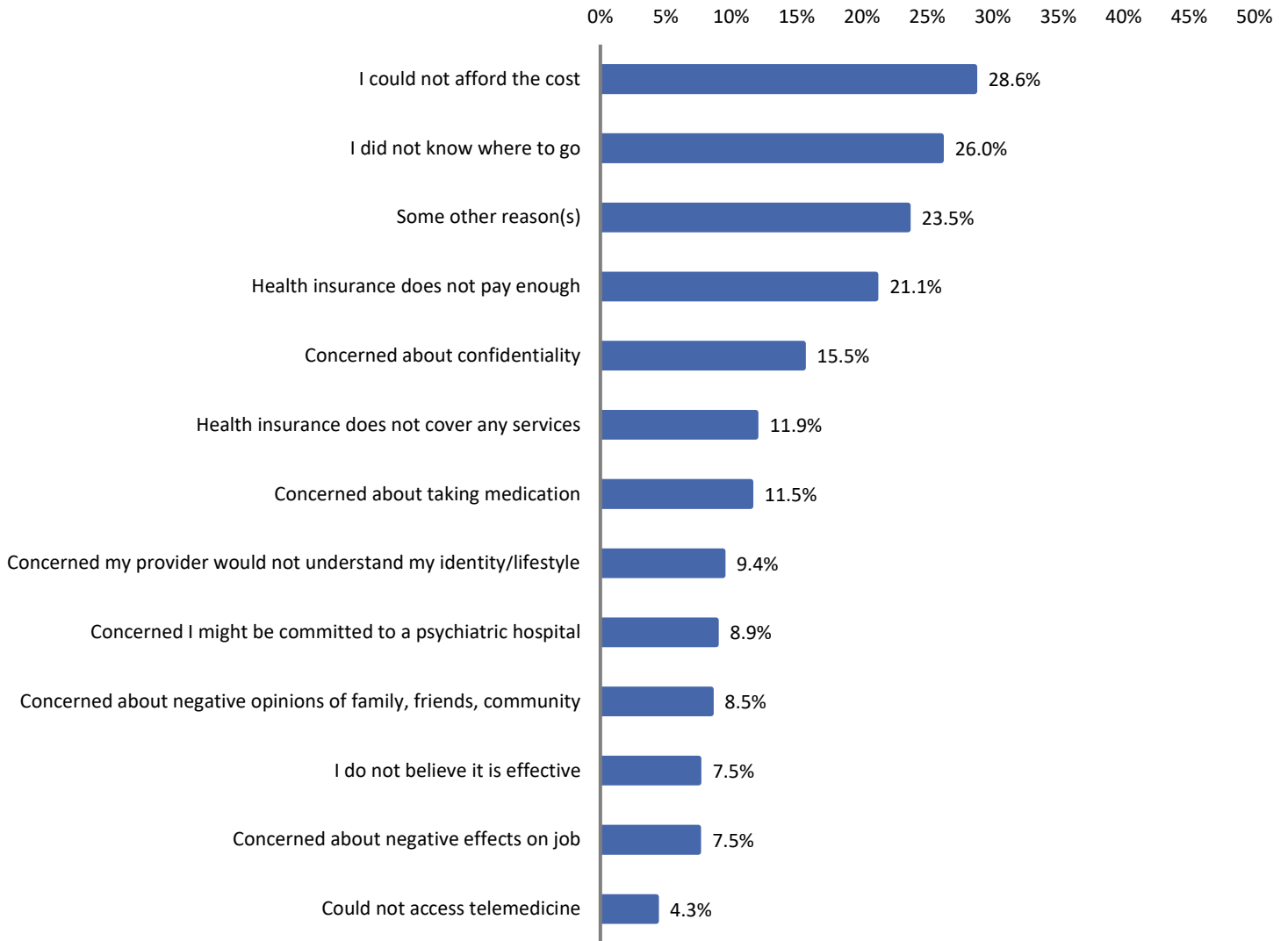
Among all respondents who reported barriers to accessing mental health treatment or counseling, the top reported barriers were cost (15.2% of respondents could not afford treatment), not knowing where to go for help (10.8%), their insurance not paying enough for services (9.2%), and their insurance not covering any services (5.0%). Other common barriers included concerns about providers not keeping their information confidential (4.8%), not believing treatment is effective (4.7%), and concerns about stigma associated with mental health and seeking care, specifically the negative opinions of family, neighbors, or the community (4.3%).

Among those with frequent mental distress, the top reported barriers to accessing treatment included cost (28.6% could not afford treatment), not knowing where to go for help (26.0%), some other unlisted reason (23.5%), their insurance not paying enough for services (21.1%), and concerns that counselors may not keep their information confidential (15.5%). Other prevalent reasons were that their insurance plan did not cover any services (11.9%) and they were concerned about having to take medication (11.5%). Many were also worried about their provider not understanding their identity, lifestyle, or culture (9.4%); being committed to a psychiatric hospital (8.9%); or facing stigma (8.5% had concerns about their family's, neighbors', or community's negative opinions, and 7.5% were concerned about negative effects on their job). Figure 16 summarizes reported barriers to treatment among those with frequent mental distress.



**Among Spokane County residents reporting frequent mental distress, primary barriers to accessing mental health treatment included not being able to afford it, not knowing where to go for help, other challenges beyond those listed, insurance not paying enough for services, and concerns about confidentiality.**

Figure 16. Weighted Proportions of Reported Barriers to Receiving Mental Health Treatment in the Last 12 Months Among Residents with Frequent Mental Distress, Spokane County, 2025



Among all survey respondents, many (11.7%) selected some other barrier beyond the listed options (Figure 15). An open-ended field was provided with this survey question to allow respondents to specify other barriers to accessing mental health services. “Other reasons” for not accessing needed treatment included the following:

- Lack of available providers in the area who are either in network or accepting new patients
- Scheduling issues on the health system side (eg, months- or year-long waitlists, limited options outside of work hours, and lack of communication, follow-up, and care coordination from providers)

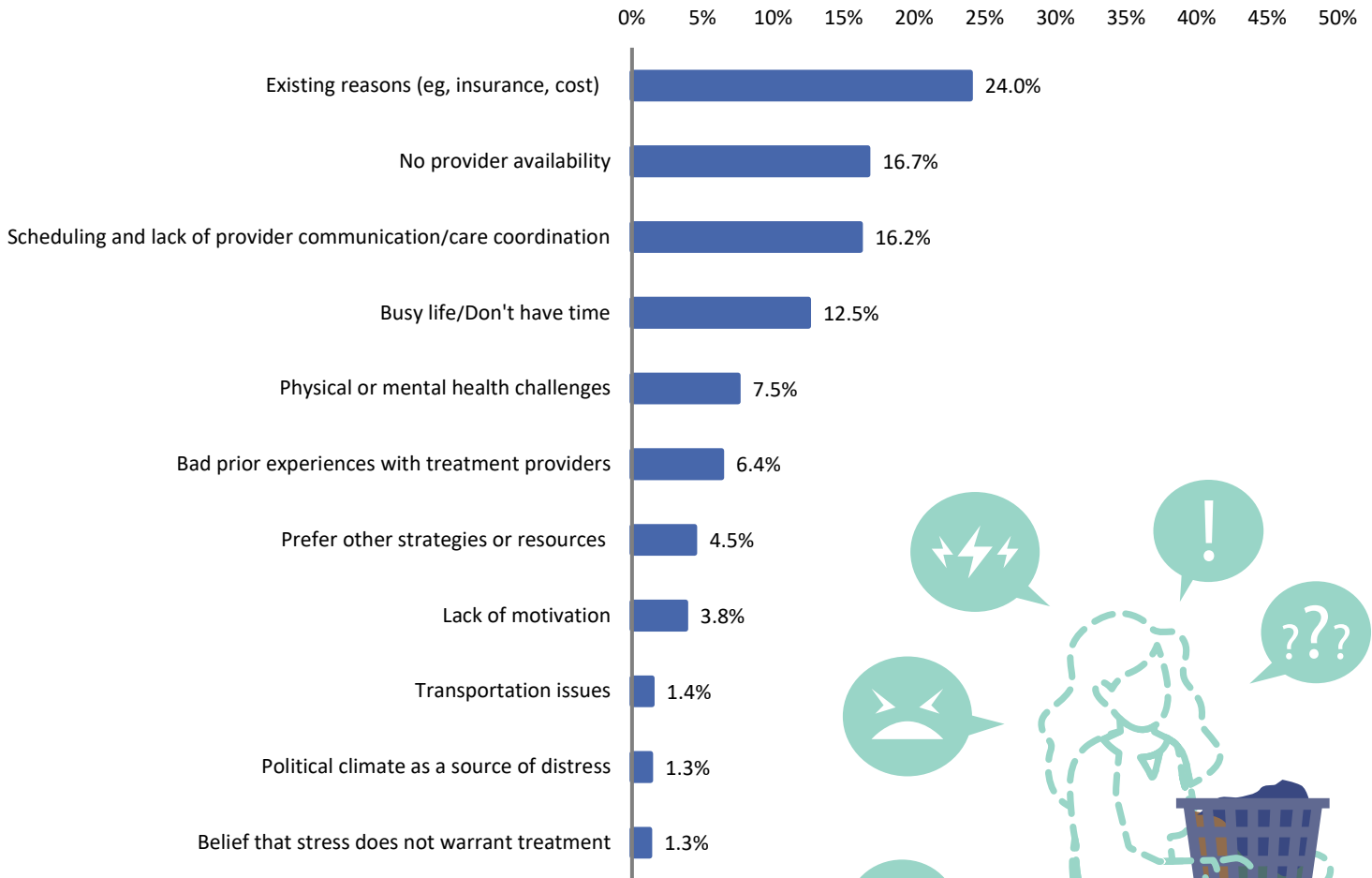
- Scheduling issues on the patient side or difficulty fitting treatment into everyday life (eg, scheduling around family or taking time off from work)
- Physical and mental health challenges including chronic illness, acute health events (eg, stroke), physical disability, depression, anxiety, or dementia
- Previous negative experiences with treatment providers

Several respondents also relied on other coping strategies or sources of support instead of accessing care, such as exercise, diet, support groups, or church, and felt this worked for them. Others reported having low motivation or not wanting to take the necessary time or effort to go through all the steps

of seeking treatment. Some did not feel their mental health struggles were severe enough to warrant treatment because they were either the result of “normal stress” or recent life events they viewed as either temporary or situational (eg, grief, job loss). A few respondents cited the current political climate and administration as the reason for their mental health struggles and did not feel that individual treatment would help.

**Other barriers to accessing mental health treatment primarily included a lack of available providers in the area, issues with scheduling and lack of communication or care coordination, and difficulty fitting treatment into daily life and busy schedules.**

Figure 17. Weighted Proportions of “Other” Barriers to Receiving Mental Health Treatment in the Last 12 Months Among All Respondents, Spokane County, 2025



**Other Qualitative Findings**

Mental health emerged as one of the more frequently cited themes among Spokane County’s most pressing issues. It was overwhelmingly discussed in relation to the unhoused population, which was often described as experiencing untreated mental illness, frequently co-occurring with substance use and addiction. Behavioral health challenges were also highlighted, with respondents noting the need for more comprehensive, coordinated services that address both mental health conditions and substance use disorders. More broadly, respondents emphasized mental health as a salient issue with the need for increased mental health resources, including greater access to providers and inpatient treatment facilities.

# Physical Health and Care Access



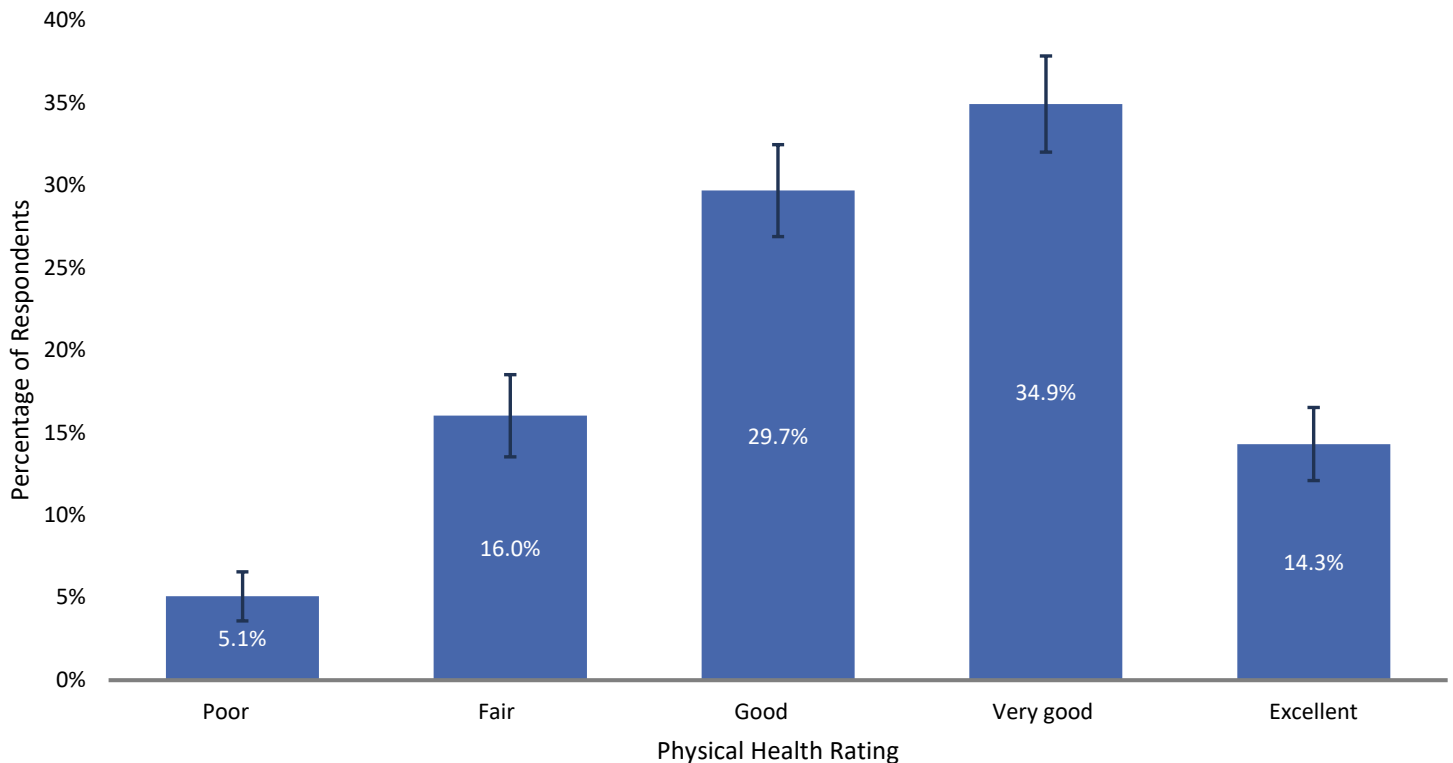
## Physical Health in Spokane County

Self-reported health, or how people view their overall health, predicts morbidity and mortality above and beyond objective measures of health and disease.<sup>18</sup> As such, it is a widely used summary measure of a population’s health status. Survey participants were asked to rate their general physical health, with response options including “Poor,” “Fair,” “Good,” “Very good,” and “Excellent.”

In the 2025 QoL Survey, approximately half of respondents (49.2%) rated their general physical health as “Very good” or “Excellent,” while 21.1% of respondents rated their general physical health as “Fair” or “Poor” (Figure 18).

**Most adults in Spokane County rated their general physical health as “Good” or better.**

Figure 18. Weighted Distribution of Self-Rated Physical Health, Spokane County, 2025

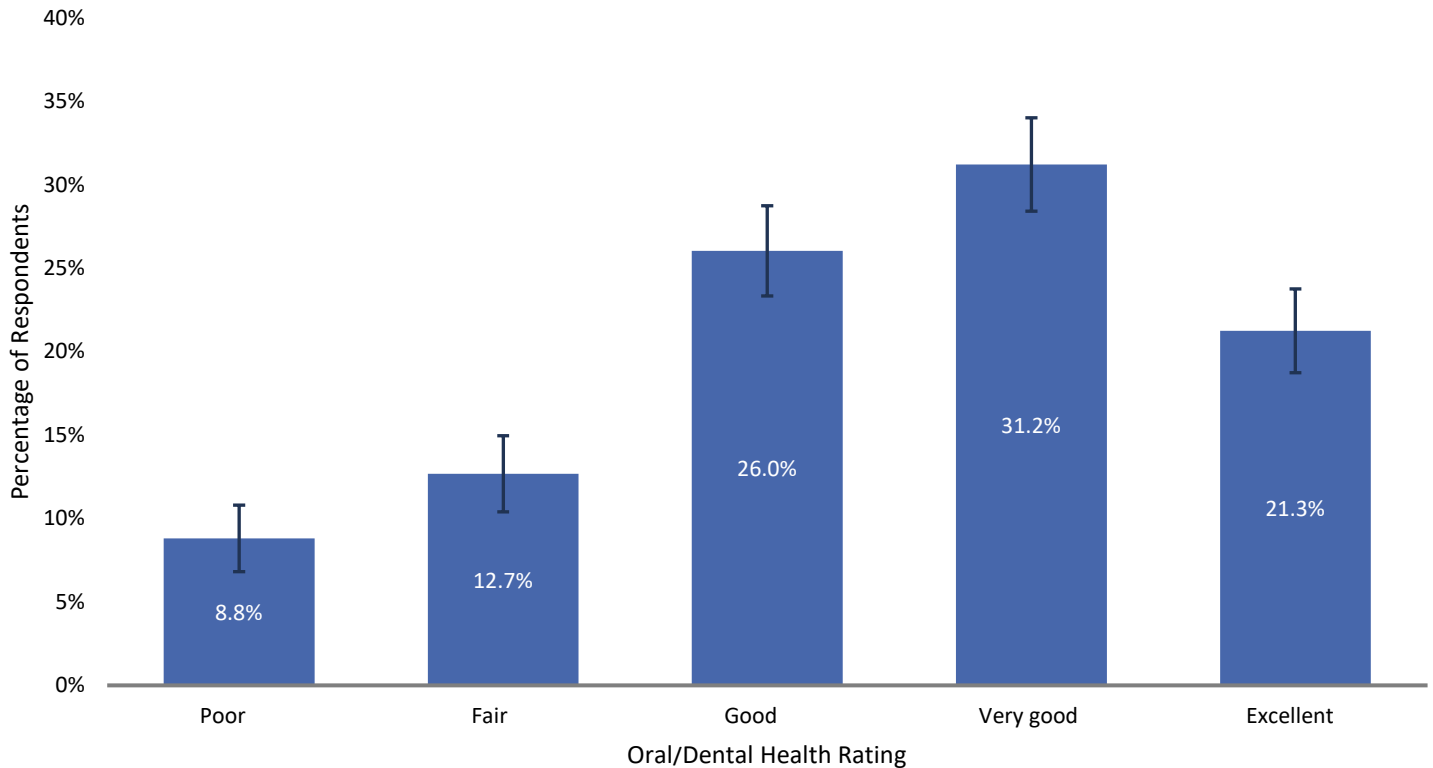


# Oral and Dental Health in Spokane County

Participants were also asked to rate their oral and dental health, from “Poor” to “Excellent.” More than half of respondents (52.5%) reported either “Very good” or “Excellent” overall dental health, whereas approximately one-fifth of respondents (21.5%) reported their dental health as “Fair” or “Poor” (Figure 19).

## Most Spokane County adults rated their dental health as “Good” or better.

Figure 19. Weighted Distribution of Self-Rated Dental Health, Spokane County, 2025



# Barriers to Accessing Medical and Dental Care

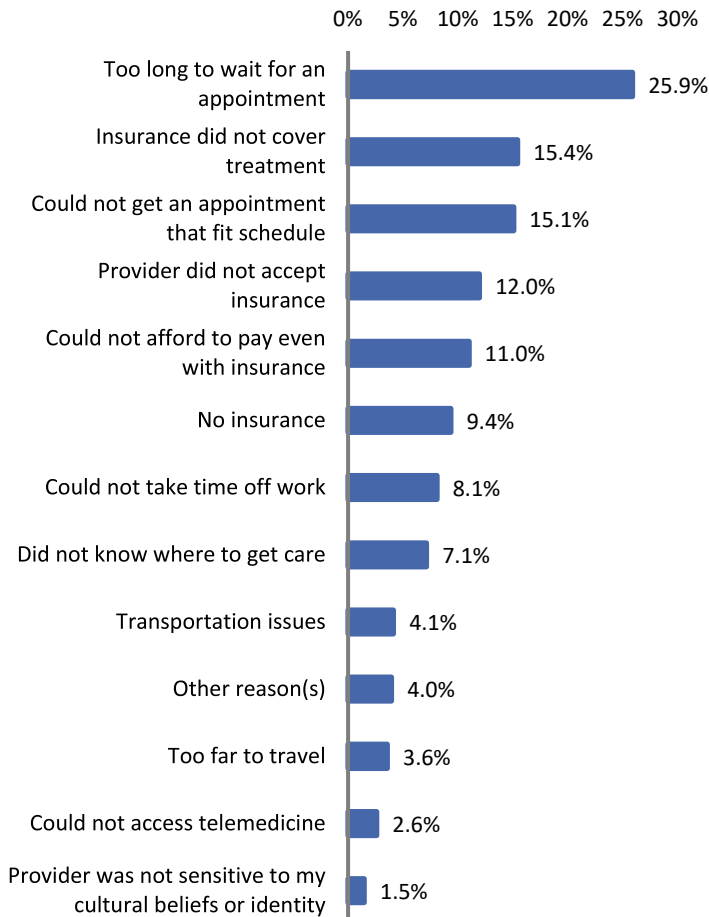
Despite many respondents reporting good physical and dental health, there were issues surrounding access to medical and dental care in Spokane County. Although nearly half of respondents did not have trouble with accessing health care in the last 12 months, more than one-third (37.1%) experienced some level of stress in the last 12 months due to difficulty accessing health care that they or their families needed.

Top barriers were long wait times for an appointment (25.9%), insurance not covering treatment (15.4%), not being able to get an appointment that worked with their schedules (15.1%), providers not accepting their insurance (12.0%), and not being able to afford treatment even with insurance (11.0%). Figure 20 summarizes respondents’ barriers to seeing medical providers.



# Spokane County residents’ top reported barriers to seeing medical providers were long wait times for appointments, insurance not covering services, difficulty finding appointments that fit their schedules, providers not accepting their insurance plans, and not being able to afford treatment.

**Figure 20. Weighted Proportions of Reported Barriers to Accessing Medical Care in the Last 12 Months, Spokane County, 2025**



Top barriers to seeing dental providers were not having insurance (12.2% of respondents), insurance not covering needed treatment (11.8%), not being able to pay even with insurance (10.1%), and providers not accepting their insurance plan (9.1%). Very few respondents reported other, unlisted reasons for having difficulty seeing a dental provider. “Other reasons” for not being able to access needed medical or dental care primarily included lack of available providers in the area. There was an emphasis on the lack of specialists

(eg, urologists, neurologists, endocrinologists, cardiologists, gastroenterologists, pediatric therapists), but also a shortage of primary care physicians. Some mentioned their primary care providers retiring or having multiple providers leave their practice and having to start over repeatedly to establish primary care. Even when providers were available, there were issues finding ones who were accepting new patients, who were within their insurance plan’s network, or who accepted their insurance. Many respondents reported that primary care physicians were not accepting Medicare, for example.

Respondents also described a lack of follow-up from providers and clinics about scheduled appointments or referrals as another reason for not being able to access needed medical or dental care. Mistakes with referrals and referrals that were either delayed or never submitted were a source of frustration. Even when residents had scheduled appointments, the clinics frequently called to reschedule or postpone appointments because the health care provider was unavailable. Relatedly, respondents also cited a lack of reminders and a lack of communication between the clinic office staff and health care providers.

Some respondents reported being judged, dismissed, or mistreated and discriminated against by health care providers. For example, some reported clinicians judged them because of their prior substance use history or physical appearance, and others experienced a lack of sensitivity regarding their gender identity. Others reported that their concerns were not taken seriously, or they were dismissed or pushed into unwanted procedures. Respondents mentioned poor quality of care, and several reported relying on other sources for their medical and dental needs—seeking specialty care in the Seattle area or even out of state and relying on urgent care as their source of local primary care. Several mentioned that the health care system is broken, saying that it is a “conveyor belt” system that emphasizes insurance protocols and billing over personalized patient care and relationships. Some expressed fear and distrust of doctors, dentists, and the medical system, more generally. Lastly, a few mentioned age as a barrier, which affected respondents’ mobility or ability to drive to appointments.



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# Appendix

Table 1. Demographic Characteristics of Survey Sample, Population, and Weighted Sample, Spokane County, 2025

Demographic Variables	Category	Unweighted Survey Sample Proportion	Population Proportion	Weighted Sample Proportion	Difference Between Unweighted Sample Proportion and Population Proportion	ACS Table
Age	18-24	1.8%	11.6%	12%	-9.8%	S0101
	25-39	17.3%	27.7%	28%	-10.4%	
	40-54	23.4%	23.0%	23%	0.4%	
	55-64	17.2%	16.0%	16%	1.2%	
	65-74	23.2%	13.3%	13%	9.9%	
	75+	17.1%	8.4%	8%	8.7%	
Sex	Female	62.8%	50.5%	50.5%	12.3%	S0101
	Male	37.2%	49.5%	49.5%	-12.3%	
Race	American Indian or Alaska Native	1.0%	1.0%	1.0%	0.0%	DP05
	Asian/Native Hawaiian or Other Pacific Islander	3.2%	3.0%	3.0%	0.2%	
	Black or African American	1.2%	2.0%	2.0%	-0.8%	
	White	88.8%	83.8%	83.8%	5.0%	
	Two or More Races	5.1%	8.3%	8.3%	-3.2%	
	Other Race	0.8%	1.9%	1.9%	-1.1%	
Ethnicity	Hispanic	5.2%	5.8%	5.9%	-0.6%	B03002 & B01001i
	Non-Hispanic	94.8%	94.2%	94.2%	0.6%	
Marital Status	Married	61.3%	50.3%	50.3%	11.0%	S1201
	Single/Never Married	16.6%	28.6%	28.6%	-12.0%	
	Divorced/ Separated	13.3%	15.7%	15.7%	-2.4%	
	Widowed	8.8%	5.3%	5.4%	3.5%	
Education	Less than 12th grade	2.2%	6.1%	6.1%	-3.9%	
	High school graduate/ GED	11.4%	25.4%	25.4%	-14.0%	S1501
	Some college, no degree	20.5%	25.2%	25.2%	-4.7%	
	2-year college degree	13.1%	13.9%	13.9%	-0.8%	
	4-year college degree	26.2%	19.2%	19.2%	7.0%	
	Graduate or professional degree	26.5%	10.4%	10.4%	16.1%	





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