

Quality *of*



S P O K A N E



INSET

SPOKANE COUNTY Neighborhood Boundaries

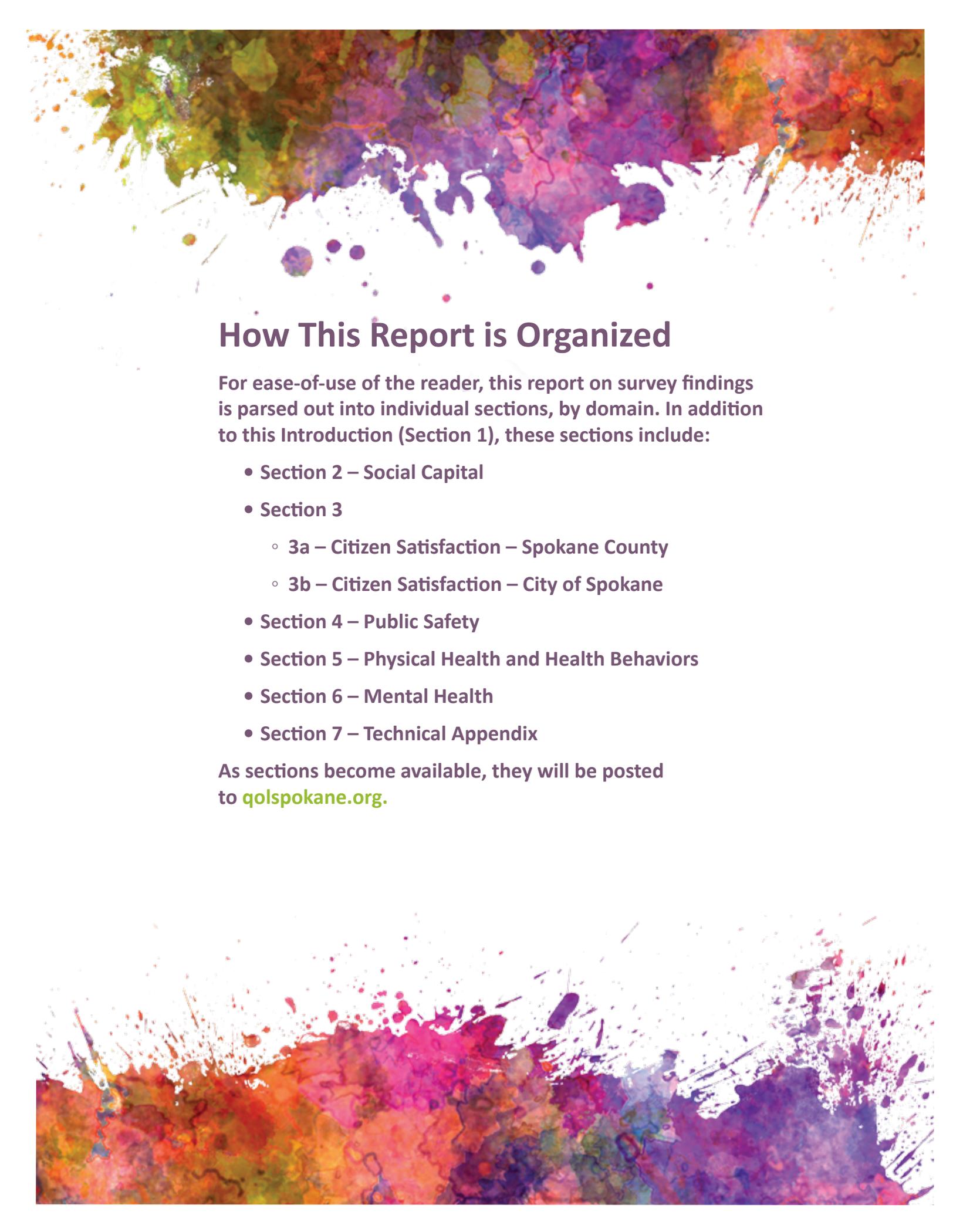


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How This Report is Organized

For ease-of-use of the reader, this report on survey findings is parsed out into individual sections, by domain. In addition to this Introduction (Section 1), these sections include:

- Section 2 – Social Capital
- Section 3
 - 3a – Citizen Satisfaction – Spokane County
 - 3b – Citizen Satisfaction – City of Spokane
- Section 4 – Public Safety
- Section 5 – Physical Health and Health Behaviors
- Section 6 – Mental Health
- Section 7 – Technical Appendix

As sections become available, they will be posted to qolspokane.org.



Introduction

In 1948, the World Health Organization defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”¹ Yet almost 70 years later, most health surveys do not collect data on social well-being and instead focus on disease. To remedy this in Spokane County, the Spokane Regional Health District, together with community partners, designed and administered Spokane County’s first Quality of Life survey in 2015.

Quality of Life and Health

Quality of life has many definitions but it is generally understood to be the group of factors that directly or indirectly impact life satisfaction. Health is a key component of quality of life. Health and quality of life are both strongly influenced by social determinants which are defined as “the conditions in which people are born, grow, live, work and age.”² Said another way, health and

quality of life are affected by income, employment, education, access to health care, and larger-scale circumstances like the built environment. Earlier reports in Spokane County clearly show differences in health by social determinants, but additional information was needed to confirm these disparities in quality of life.

What are social determinants of health?

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.





Why was this survey done?

- *Quality of life and health are closely linked, but there were limited data on quality of life in Spokane County.*
- *Information was needed to confirm disparities in quality of life and find potential areas for improvement.*

What were the key findings?

- *Quality of life is linked to income, education, employment, health and neighborhood, as well as age and race/ethnicity.*
- *There are notable disparities in quality of life between demographic groups.*

How can these findings be used?

- *Readers can use these findings to understand the extent of disparities in Spokane County.*
- *Neighborhood organizations can use these findings to further understand social contexts of neighborhoods and plan appropriate interventions.*
- *Local government and coalitions can use these findings to guide collective action to improve the social, physical and economic environment in which people live.*



Methods

The survey was administered following a “push-to-web” model used extensively within Washington and other states. Survey invitations were mailed to a random sample of 12,000 addresses within Spokane County. Respondents were encouraged to respond to the survey online (pushed to web) before being given the option of completing a hardcopy survey. In total, 3,833 persons responded (32%) and 3,334 records (28%) were valid for analysis. The survey

was weighted to account for the sampling design and differential response rates among subgroups. Weights were created using iterative proportional fitting (raking) across five margins: age, race/ethnicity, sex, education and home ownership. Data were analyzed by weighted frequencies and using multiple regression. Please see Section 7, Technical Appendix for detailed methodology.



Measuring Quality of Life

Quality of life was assessed in two ways in this survey, a direct and an indirect method. In the direct method, respondents were asked: “How would you rate the quality of life in Spokane?” Please note respondents were asked to rate the quality of life in Spokane as a whole, not their own personal quality of life. In the indirect method, a quality of life score was calculated based on the respondent’s answers to several questions.

The quality of life score was necessary because of individuals’ tendencies to misjudge quality of life. Research shows that people cannot construct a complete picture of their own quality of life because of the many contributing factors.³ Furthermore, people tend to judge their quality of life on things they can remember easily or things that happened recently, and less so by important, but less noticeable, parts of their lives.⁴

The quality of life score used 45 questions grouped into six domains (see figure 1). These domains were: community vitality, social relationships, physical and mental health, lived experience, financial stability and time use.^{5,6,7} For example, the social relationships grouping uses questions specific to trusting others, satisfaction with relationships with spouse or partner and children (where applicable), and volunteering. Scores were derived by assigning numeric values to each response category of a question and then combining those values together to create a quality of life score (see Section 7, Technical Appendix for domain questions and methods). Please note that general health was included in the quality of life score and, as a result, the association between general health and quality of life score cannot be tested.

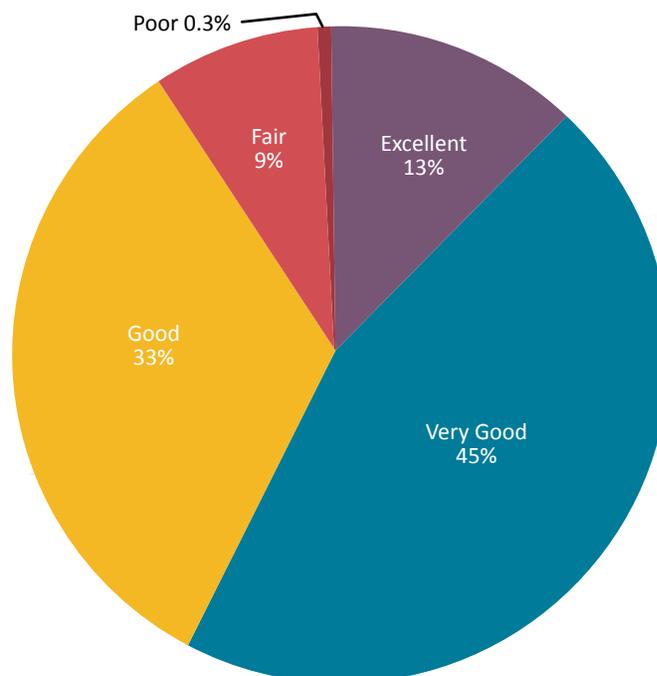
Figure 1. Quality of Life Framework

QUALITY OF LIFE FRAMEWORK	
Domains	Example Factors
Community Vitality	Participation in organized activity, feeling safe walking alone at night, sense of belonging.
Social Relationships	Number of close friends, volunteering for a community organization, trust of others.
Physical and Mental Health	Rating of general health, exercise, number of missing teeth.
Lived Experience	Neighborhood satisfaction, condition of sidewalks and bike paths, quality of park system.
Financial Stability	Employment status, trouble paying bills, rating of financial situation.
Time Use	Number of work hours, feeling rushed, caring for children or elderly.

Resident-Rated Quality of Life in Spokane – Direct Measurement

In Spokane’s Quality of Life survey, individuals were asked: “How would you rate the quality of life in Spokane?” Overall, 58% of residents rated the quality of life in Spokane as *excellent* or *very good* (see figure 2).

Figure 2. Resident Rating of Quality of Life, Spokane County 2015*



Note: Percentages do not sum to 100% because of rounding.

By age

Persons in older age groups rated quality of life more highly compared to younger persons (see figure 3). For example, 70% of people 60 years old and older rated quality of life as *excellent* or *very good*. In contrast, just 50% of those ages 20-39 rated quality of life as highly.

By self-reported general health

Self-reported general health—how people rate their own health—was strongly linked to quality of life ratings (see figure 3 and Factors Relating to Quality of Life section later in this report).⁸ Of persons with *excellent* or *very good* self-reported general health, 68% rated the quality of life in Spokane as *excellent* or *very good*. Conversely, of those with *poor* health, only 31% rated the quality of life here as *excellent* or *very good*.

By income

Persons with higher incomes rated the quality of life in Spokane as higher (see figure 4). For those with annual household incomes of \$50,000 or more, 68% rated quality of life as *excellent* or *very good* compared to those with an income less than \$25,000 (42%).

By education

Persons with higher educational attainment rated quality of life more highly (see figure 4). Of persons with a high school or GED diploma, or who did not complete high school, 47% rated the quality of life in Spokane as *excellent* or *very good* versus 73% of persons with a 4-year college degree or higher.

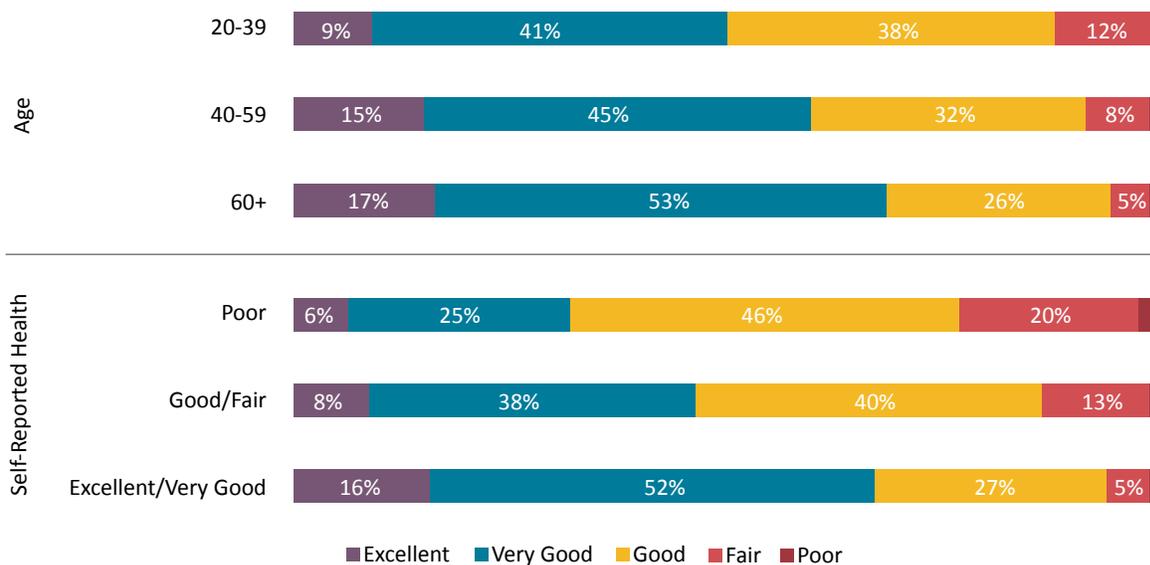
By race/ethnicity

The data provided some evidence that quality of life ratings were lower among American Indians and Alaska Natives and blacks than whites, but the sample was too small to be sure. Available data showed that 47% of American Indians and Alaska Natives and 20% of blacks rated quality of life in Spokane as *excellent* or *very good*. In contrast, Asian (69%), Hispanic (60%), and white (58%) subgroups were more likely to rate the quality of life in Spokane as *excellent* or *very good*.

By sex

Women and men rated quality of life in Spokane similarly with 54% of women and 61% of men rating quality of life in Spokane as *excellent* or *very good*.

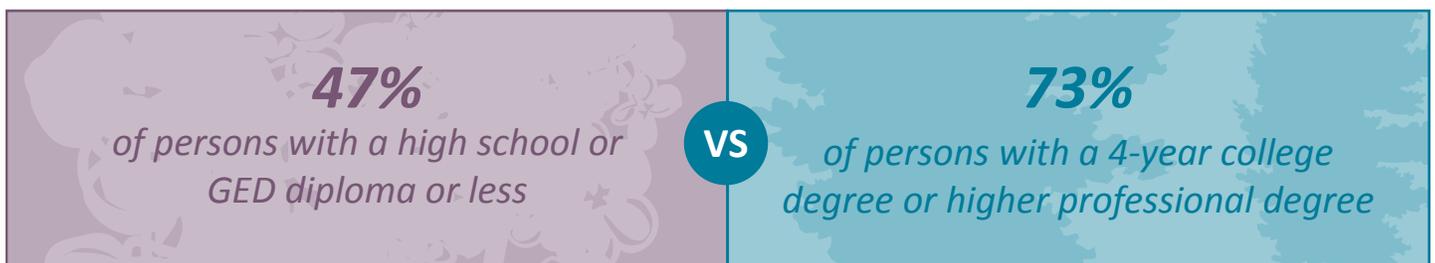
Figure 3. Resident Rating of Quality of Life by Age and Self-Reported Health, Spokane County 2015



Note: Percentages do not sum to 100% because of rounding. While they are represented on this figure, percentages for poor quality of life are not displayed because of their small size.



The following percents of individuals rated the quality of life in Spokane as excellent or very good:

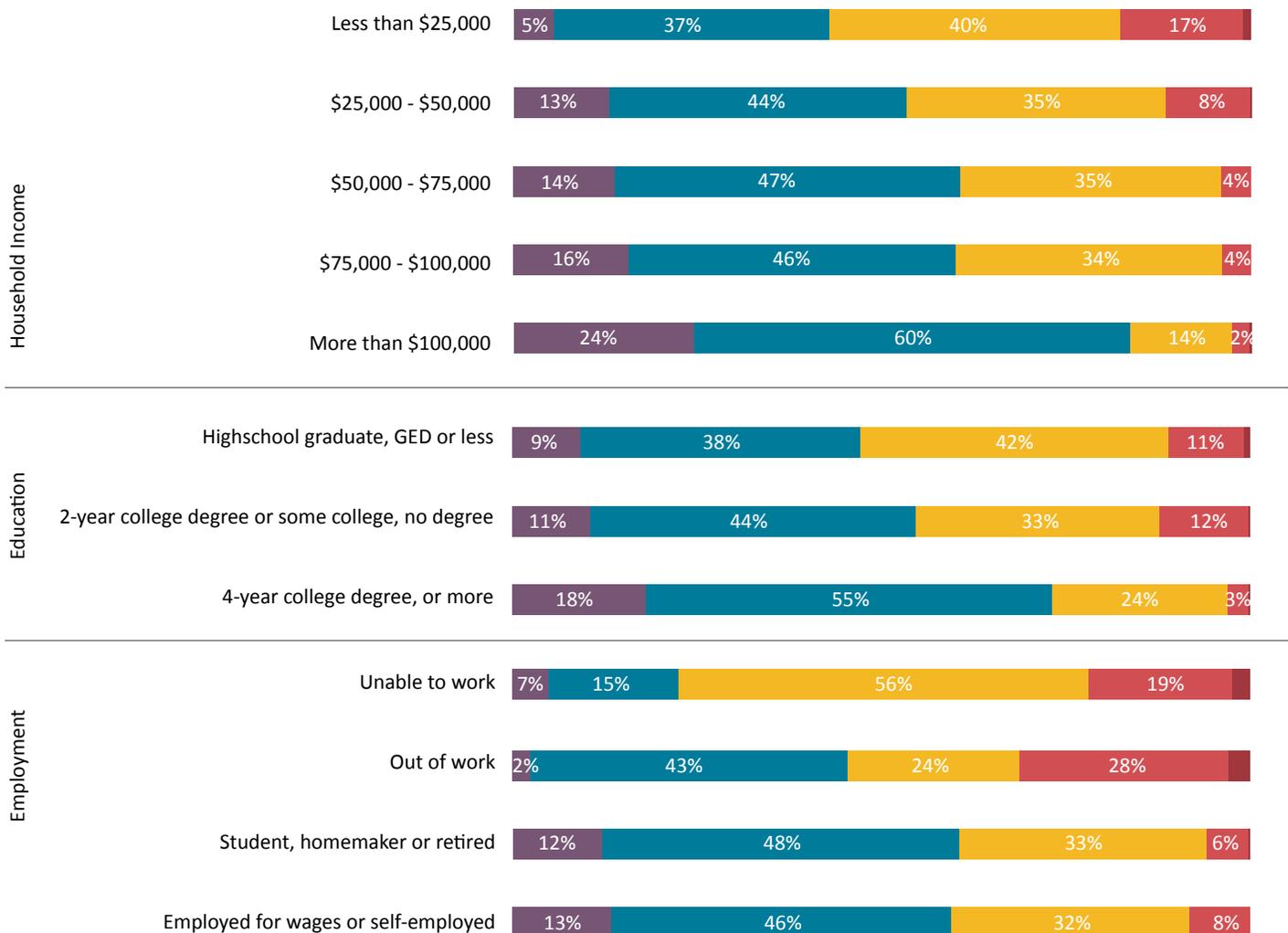


By employment status

Employment status was strongly linked to ratings of quality of life (see figure 4). Of employed/self-employed people, 59% reported *excellent* or *very good* quality of life in contrast to those out of work of whom 45% reported *excellent* or *very good*. This percentage was even lower among persons unable to work—22% of this group rated the quality of life in Spokane as *excellent* or *very good*.



Figure 4. Resident Rating of Quality of Life by Employment Status, Education, and Household Income, Spokane County 2015.



Note: Percentages do not sum to 100% because of rounding. While they are represented on this figure, percentages for poor quality of life are not displayed because of their small size.

■ Excellent ■ Very Good ■ Good ■ Fair ■ Poor

Factors Relating to Quality of Life

As detailed previously, quality of life was related to a number of factors, including income, general health and education. Some factors were more important than others as they were linked to quality of life, even when accounting for the influence of other factors including: age, race/ethnicity, income, education, employment status, self-reported health and neighborhood. For example, persons with a graduate education were twice as likely to rate Spokane's quality of life as high as compared to those with some college but no degree, regardless of factors such as age, race/ethnicity, income and others listed above.

Similarly, persons with an annual household income of \$100,000 or more were nearly twice as likely to report a high quality of life as compared to those with income of less than \$25,000. People out of work for one or more years were five times more likely to rate Spokane's quality of life as low compared to those who were employed. Those who were unable to work were even more likely to rate Spokane's quality of life as low.

In addition, regardless of age, income, education, employment status and neighborhood, the healthier an individual was, the higher he or she rated quality of life in Spokane. Persons with *excellent* health were three times as likely to rate Spokane's quality of life as high as those with *good* health. Furthermore, persons in *excellent* health were five and a half times as likely as those in *poor* health to rate Spokane's quality of life as high.

Blacks were four times more likely to rate Spokane's quality of life as low compared to whites. The data suggest that American Indians and Alaska Natives were more likely to rate quality of life low and that Asians were more likely to rate quality of life high, but the sample was too small to be sure.

Where people lived was also associated with how they rated overall quality of life in Spokane. Figure 5 shows notable differences in quality of life ratings by neighborhood. Chattaroy/Deer Park, West Plains, and many neighborhoods in Spokane's urban core were in the bottom quarter of neighborhoods in terms of how residents rated quality of life. In contrast, residents from neighborhoods like South Palouse, Manito, and Comstock rated overall quality of life within the top quarter.

Interestingly, residents of Comstock were twice as likely as residents of Cliff/Cannon to rate Spokane's quality of life highly, despite these neighborhood's close proximity to each other. In addition, residents of Cliff/Cannon were three times as likely as residents of Chattaroy/Deer Park to rate quality of life highly.

There were also a number of factors that one might expect to be related to quality of life but upon closer examination were not: marital status, number of children, owning your own home, and having health insurance were not related to quality of life.





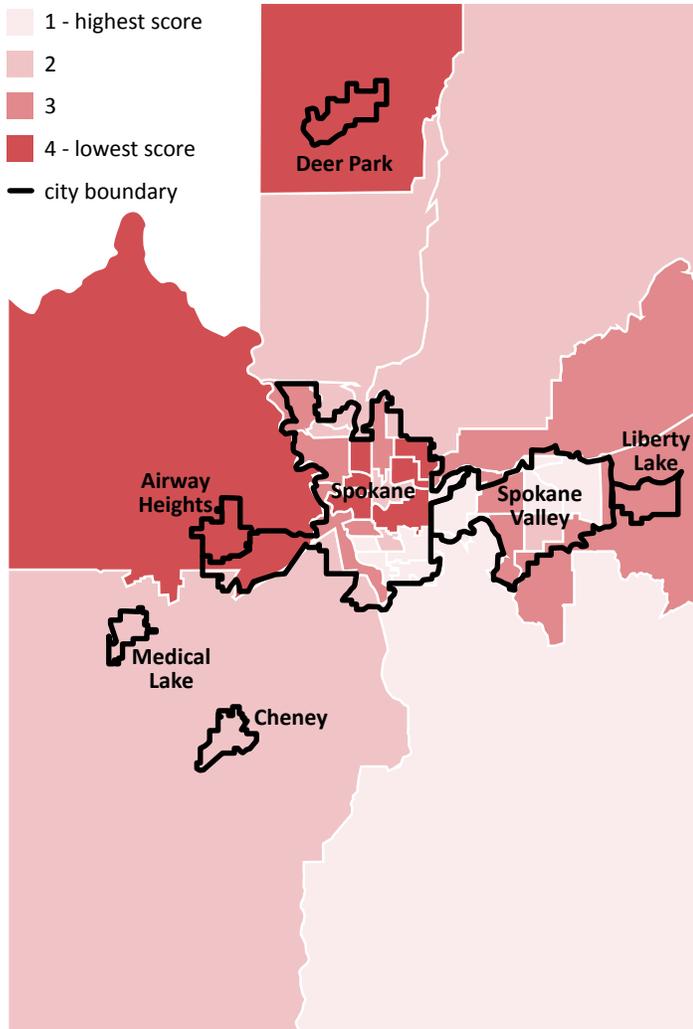
People who rated quality of life in Spokane as high were generally:

- Over 40 years old*
- White or Asian*
- Employed*
- More affluent*
- More educated*
- Healthier by self-report*
- Residents of specific neighborhoods or communities*

The following factors were not related to resident-rated quality of life:

- Sex*
- Being married*
- Having children*
- Owning own home*
- Having health insurance*

Figure 5: Quality of Life by Neighborhood, Spokane County 2015



Key Findings

Health is the foundation of the lived experience. It is not surprising that better health was related to higher quality of life. Higher incomes and education are also common indicators of improved quality of life. Unexpectedly, factors stereotypically thought to be associated with quality of life—being male or female, being married, having children, owning a home or having health insurance—were not associated with resident-rated quality of life in Spokane.

Specific to location, these results suggest that the neighborhood itself is linked to one's quality of life. Even when accounting for other factors including income, education and health, neighborhood of residence was still important. See the conclusion of this report for further information on neighborhood differences.

Key Findings

Even when accounting for other factors...

- Blacks were four times more likely to rate Spokane's quality of life as low than whites.
- People with household incomes of \$25,000 or less were over four times more likely to rate Spokane's quality of life as low than those with household incomes of \$50,000 to \$75,000.
- People out of work were three times more likely to rate Spokane's quality of life as low compared to people who were employed.
- People unable to work were two times more likely to rate Spokane's quality of life as low compared to people who were employed.
- Persons with excellent or very good self-reported health were over two times more likely to rate Spokane's quality of life as high compared to those who reported their health as poor.
- There were notable differences in reported quality of life from some neighborhoods that were very close in proximity to each other. For example, residents of Comstock were twice as likely to report high quality of life as those in Cliff/Cannon.

Quality of Life Score – Indirect Measurement

Quality of life was defined earlier as a broad context of social relationships, employment, income, education, access to health care, and larger-scale circumstances like social and community settings and the built environment.⁹ To more accurately summarize this multi-faceted context, the survey authors also used an

indirect method (i.e. composite score), referred to as quality of life score, based on the respondent's answers to several questions. The indirect method is necessary because of individuals' tendencies to misjudge quality of life.



Factors Related to Composite Quality of Life Score

The results of the direct and indirect method were similar in some respects, but nonetheless different in some important areas. In contrast to quality of life ratings in Spokane County, age was not linked to the quality of life score. Data on quality of life scores among minority groups were limited, but there was some evidence from this survey that Asian and Hispanic subgroups had higher quality of life scores than whites. Married persons also had higher scores than persons who were widowed, divorced, separated, living together but unmarried, or never married. Education was also an independent factor for the quality of life score; persons with two-year, four-year, graduate or professional degrees had a higher score than persons with less than a 12th grade education, a high school diploma or GED, or some college but no degree. Persons with higher incomes had higher quality of life scores as did persons who were employed or self-employed (in contrast to those who were out of work or unable to work). Quality of life scores also differed by neighborhood (see figure 6 for details). In summary, persons who were married, from certain races/ethnicities, were employed, had higher income, had higher educational attainment and/or lived in certain neighborhoods had higher quality of life scores. This was similar to the results from quality of life ratings discussed in the previous section. Please note that the link

between general health and quality of life score was not tested because, per the quality of life framework described above, general health was included in the quality of life score.

Of the six domains contributing to quality of life score, income and education were associated with improved scores in all domains except time use. Increases in income or educational attainment were associated with increases in sub-scores in the community vitality, financial stability, lived experience and social relations domains. While not surprising, this is further evidence that income and education are linked to multiple aspects of life experience. Also worth noting is that the lived experience score for Hispanics was notably higher than the corresponding score for whites and remained significant even when accounting for income and education.

Key findings

The following factors were not related to quality of life score: age, sex, presence of children under 18 in the home, home ownership or having health insurance. In summary, persons who were married, of certain races/ethnicities, were employed, had higher income, had higher educational attainment or lived in certain neighborhoods had higher quality of life scores.

People who had higher quality of life scores were:

Asian, Hispanic

Employed

More affluent

More educated

Married

Residents of specific neighborhoods or communities

The following factors were not related to quality of life score:

Age

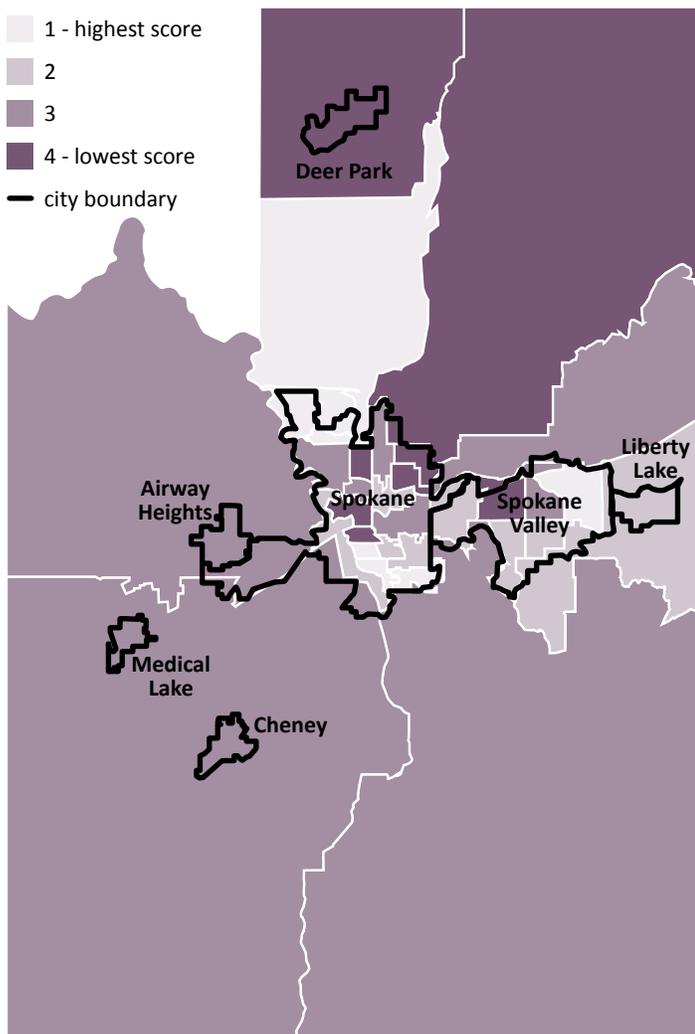
Sex

Having children

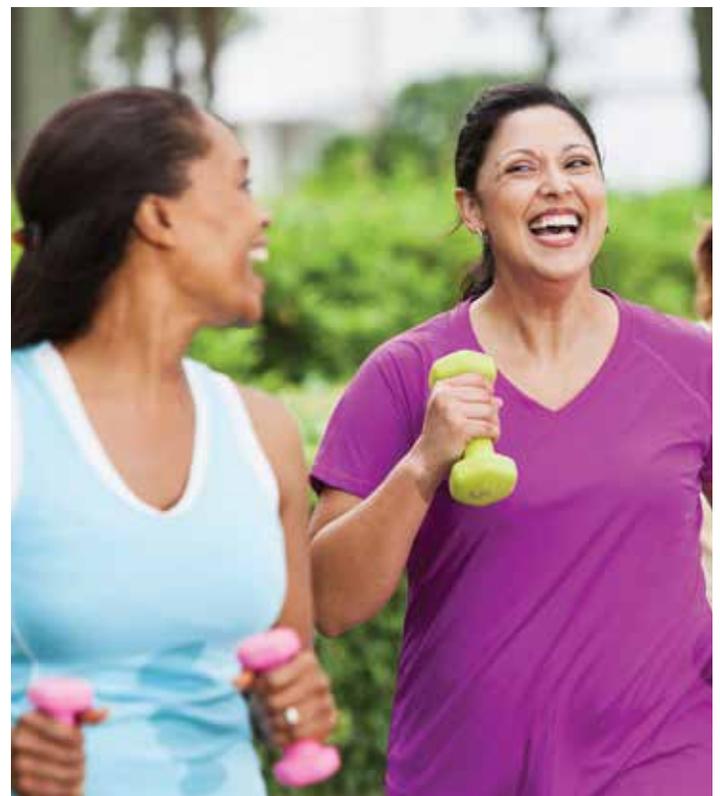
Owning own home

Having health insurance

Figure 6. Quality of Life Score by Neighborhood, Spokane County 2015



There were notable differences in quality of life scores by neighborhood. Even when accounting for differences in the factors listed above, Chattaroy/Deer Park, Mead/Green Bluff/Mt. Spokane, and various neighborhoods in the urban core were in the bottom quarter of neighborhoods in terms of quality of life scores. In contrast, neighborhoods like Manito, East Valley and 9 mile/Colbert were in the top quarter of neighborhoods.



Conclusion

Quality of life in Spokane, whether measured through direct or indirect methods, was associated with health, race/ethnicity, income, education, employment and neighborhood. Said another way, there were marked disparities between different groups; quality of life was lower among those who were less healthy; among blacks

and American Indians and Alaska Natives; among the poor; among the unemployed and among residents of certain neighborhoods.

These results, taken in context with other studies and policies, can support a number of conclusions.

Figure 7. Healthy People 2020: Social Determinants of Health¹³



First, health is the foundation of a quality life.

In this survey, persons in excellent health were more than five times as likely to rate Spokane's quality of life as high than those in poor health, even accounting for differences in income, education and other factors. In this and other surveys, health is recognized as a key component of quality of life. Thus, efforts to improve quality of life in Spokane County should address the public's health.

Second, improvements in quality of life depend on social determinants.

The factors related to quality of life stated above, specifically income, education, race/ethnicity, general health and neighborhood, fit hand-in-glove with the key areas of the social determinants of health as defined by Healthy People 2020 (see figure 7). As a reminder, social determinants of health are defined as "[the] conditions in the social, physical, and economic environment in which people are born, live, work, and age."¹⁰ There is extensive evidence tying social determinants of health to key health outcomes even as the mechanisms of action are often not known.¹¹ However, "enough is known in many areas... for us to take effective action."¹² For example, these results confirm the importance of improved educational opportunities and economic development as a means to improve quality of life. This survey, in addition to SRHD's report on inequities in Spokane, *Odds Against Tomorrow*, clearly show that health and other life aspects differ by social

determinants. This should serve as a reminder that inequities are present in Spokane County. Thus, efforts to improve quality of life in Spokane should focus on the social, physical and economic environment in which people live.

Third, these results can guide interventions to improve quality of life.

This survey provides a wealth of data, not all of which was presented here, that allows interventions to be tailored to specific subpopulations or neighborhoods with low quality of life. These results do not identify which programs are likely to improve quality of life in Spokane County.¹⁴ That is best done through a systematic decision-making process that considers the information in this report together with best practice solutions, other data, available resources, and organizational and community contexts. For reference, a resource table of best practice solutions related to quality of life is included below and selected research studies are noted here (see figure 8).^{15,16,17}

Issues involving quality of life, inequities and health are complex and inter-related; they will also be complicated to resolve. Given the nature of the issues, a cross-sector, collective action approach is recommended, as are interventions that change policy, systems or the environment.^{18,19} Residents, non-profit organizations and government agencies all have a role in using this information to pursue strategies to improve quality of life in Spokane County.



Figure 8. Selected Compilations of Best Practices Related to Quality of Life

SECTOR	TITLE	ORGANIZATION	URL
Public Health	Healthy People 2020	US Department of Health and Human Services	www.healthypeople.gov/2020/topics-objectives
	The Community Guide	US Centers for Disease Control and Prevention	www.thecommunityguide.org
Clinical Preventive Services	US Preventive Services Task Force	US Preventive Services Task Force	www.uspreventiveservicestaskforce.org
Poverty and Community Development	What Works for America	Federal Reserve Bank of San Francisco and the Low Income Investment Fund	www.whatworksforamerica.org
	Social Programs that Work	Coalition for Evidence-Based Policy	evidencebasedprograms.org
	The Campbell Library of Systematic Reviews	The Campbell Collaboration	www.campbellcollaboration.org
Education	The Best Evidence Encyclopedia	Johns Hopkins University	www.bestevidence.org
	What Works Clearinghouse	US Department of Education	ies.ed.gov/ncee/wwc
	Blueprints	State of Colorado; University of Colorado, Boulder	www.colorado.edu/cspv/blueprints/index.html

Endnotes

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- Michalos A, Smale B, Labonté R, Muharjarine N, Scott K, Moore K, et al. The Canadian Index of Wellbeing: Technical Report 1.0 [online]. 2011. [cited 2016 Jul 7]. Available from URL: https://uwaterloo.ca/canadian-index-wellbeing/sites/ca.canadian-index-wellbeing/files/uploads/files/Canadian_Index_of_Wellbeing-TechnicalPaper-FINAL_0.pdf. p.19-20
- Michalos A, Smale B, Labonté R, Muharjarine N, Scott K, Moore K, et al. The Canadian Index of Wellbeing: Technical Report 1.0 [online]. 2011. [cited 2016 Jul 7]. Available from URL: https://uwaterloo.ca/canadian-index-wellbeing/sites/ca.canadian-index-wellbeing/files/uploads/files/Canadian_Index_of_Wellbeing-TechnicalPaper-FINAL_0.pdf. p.19-20
- Survey authors felt that other domains commonly included in quality of life frameworks, like education and environment, were addressed in existing local surveys, and, as a result, they were not included here. To keep the survey to a manageable length, other framework domains were excluded including democratic engagement and leisure and culture.
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- While it would seem natural to conclude that improving an individual's education, for example, would improve their quality of life, the results of this survey give no evidence that intervening on any of these factors would cause a change in quality of life.
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