American Health Values Survey
Key Trends from Wave 1 and Wave 2

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Project Description

As part of the Robert Wood Johnson Foundation's focus on building a Culture of Health in America, NORC at the University of Chicago conducts the American Health Values Survey (AHVS), a national survey of U.S. adults. The purpose of the study is to better understand how adults in the U.S. differ in their health values and beliefs at individual, community and societal levels. Each wave of the survey is cross-sectional and includes a new sample of individuals at each administration of the survey. The first wave of the survey was administered in 2015-2016 and a second wave in 2019-2020. This brief presents significant findings comparing the two waves of the survey as well as key new findings from the 2020 survey. The data were weighted to account for nonresponse and respondent characteristics (age, sex, race, education, and region). The weights were then normalized to allow for comparison of the two waves.

The AHVS questionnaire was developed after an extensive literature review, the convening of a technical expert panel, focus group research, and cognitive testing. It includes measures that assess the personal importance of health, how individuals define health and how it manifests in everyday behaviors. There are also measures of what adults in the U.S. believe about the social determinants of health, the role of government in addressing them and what they most value for their own communities.

The data collection period for Wave 1 was from June 2015 through February 2016 and for Wave 2, December 2019 through July 2020. For both waves, data was collected using a multi-mode survey design from two samples, an address-based list sample (ABS) and the NORC probability-based panel, AmeriSpeak. The Wave 1 dataset from both samples included a total of 10,574 respondents. There were 6,789 respondents from the ABS group and 3,785 from the AmeriSpeak group. Below is the number of respondents by mode for the Wave 1 dataset:

- Web-based: 5,304
- Telephone interview: 2,001
- Self-administered questionnaire: 3,269

The Wave 2 dataset from both the samples included a total of 8,261 respondents. There were 4,552 respondents from the ABS group and 3,709 from the AmeriSpeak group. New items were asked of a random one half of the sample with 4,069 receiving one series of questions and 4,192 receiving another series. Below is the number of respondents by mode in the Wave 2 dataset:

- Web-based: 5,576
- Telephone interview: 609
- Self-administered questionnaire: 2,076

This study possesses the same limitations as do most surveys, including the challenges associated with potential measurement and nonresponse bias. Another limitation is that, given the desire to examine a very broad range of topics to develop a typology of U.S. adults, in-depth exploration of each of the issues is not possible. Another potential limitation is the chance for sampling error from the two separate probability-based sample sources and the possible variation in their sampling methods. We attempted to reduce the potential for sampling error by increasing the total sample size and by adopting appropriate weighting and post-stratification methods following data collection.

2016-2020 TRENDS

GOVERNMENT ACTIVISM FOR HEALTH

Importance of Improving the Health of People Living in the U.S.

There has been a sizeable increase in the percentage of adults in the U.S. in 2020 who say health should be top federal government priority and that government generally should do more in health.

- Those reporting that improving the health of the American people should be a top priority ***increased*** from 32% to 43%, the largest increase among a series of measures assessing the importance of different federal government priorities.
- Addressing climate change as top priority ***increased*** from 25% to 35%, also a large increase from 2016 to 2020.
- There were ***decreases*** in those reporting a top priority of reducing unemployment (37% to 26%), improving the quality of education (52% to 43%), and reforming the tax system (34% to 25%).
- The percentage of adults reporting that the government should do more to make sure that Americans are healthier, even if it costs taxpayers more, ***increased*** from 47% to 61%.

Responsibility for Healthy Communities

Support for government involvement in the building of healthy communities has also increased. Many who want government involvement at the local level also want the private sector to be involved; the number of adults favoring joint action (government and private sector) has increased from 2016 to 2020.

- Support for making communities healthy places to live (including by making sure they have healthy, affordable food; safe places to be physically active; and decent housing) through government action and joint government/private action ***increased*** between 5 and 22 percentage points, from roughly 60% to 74%.
- This seemed to be driven mostly by a ***decrease*** in the percentage who said that private individuals, businesses and other groups on their own should be responsible.

EQUITY AND SOLIDARITY VALUES

More adults in the U.S. in 2020 highly value the importance of health equity and equality of opportunity in general; slightly fewer said that the country would be better off if everyone were as concerned about the needs of others as their own needs (social solidarity).

- Those reporting that our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy ***increased*** from 58% to 62%.

EXISTENCE OF HEALTH CARE DISPARITIES

Disparities in Access to Health Care

There has been a sizeable increase from 2016 to 2020 in the percentage of adults in the U.S. who believe in the existence of health care disparities affecting African Americans and Latinos and also a small increase in the percentage of those seeing disparities affecting low-income people. Table 1 presents the increase in those who believe certain groups have a harder time getting the care they need compared to Whites.

Table 1. Beliefs about Health Care Disparities

	Harder to Get Health Care 2016	Harder to Get Health Care 2020
African Americans	30%	38%
Latinos	32%	39%
Low-income Americans	65%	69%

IMPORTANCE OF SOCIAL DETERMINANTS OF HEALTH

There has been a decrease from 2016 to 2020 in the percentage of U.S. adults who point to the strong effects of the most important social determinants of individual health. One decrease has been the belief that the quality of food available in the community has a strong effect on health (53% down to 46% reporting a very strong effect). Belief in the effect of education on health also decreased (45% down to 37%). Decreases in the effects of having a job, community safety, housing quality and the community a person lives in were not as large, but noticeable and significant, ranging from 3 to 4 percentage points.

A change was also identified in the recognition of the strong role other determinants of health play among U.S. adults. One was the decrease in the belief that stress has a very strong effect, down from 65% to 55%. The belief that personal health practices (other than smoking), genetic makeup inherited from parents and air/water quality are very strong determinants of individual health also decreased, between 5 to 7 percentage points. Access to health care, having health insurance and smoking all remained about the same from 2016 to 2020.

BELIEFS ABOUT INDIVIDUAL HEALTH

Importance of Personal Health

There has been a small decrease in the percentage of adults in the U.S. reporting that they make their personal health a priority in daily life (43% to 38%) and in the reported amount of effort they put into some health promoting behaviors (stress reduction, maintenance of healthy weight and proactive communication with health care providers).

Self-Efficacy for Seeking and Managing Health Care

There has been a decrease in the percentage of U.S. adults reporting in 2020 that they are very confident in their knowledge about when and where to seek medical care (52% to 46% for when and 68% to 62% for where), how to manage personal health problems (48% to 43%) and how to prevent disease in the first place (41% to 36%).

TRUST IN SCIENCE AND THE HEALTH CARE SYSTEM

Trust in Experts

On three key measures of trust in science and the health care system, the level of trust increased from 2016 to 2020.

- Trust in the wisdom of ordinary people over opinions of experts and intellectuals:
  - ***Increase*** in those who ***strongly disagree*** from 30% to 37%
- Belief that ordinary people can really use the help of experts to understand complicated things like science and health:
  - ***Increase*** from 66% to 74%
- Belief that ordinary people are perfectly capable of deciding for themselves what's true and what's not:
  - ***Decrease*** from 27% to 20%

NEW FINDINGS FROM THE 2020 SURVEY

EQUALITY OF OPPORTUNITY IN GENERAL

The vast majority of adults in the U.S. believe some people have less opportunity to succeed in American society than others.

- When asked if everyone has about the same opportunity to succeed in American society or that some people have less opportunity than others, 74% of U.S. adults reported that some have less opportunity than others.
- Majorities agree that undocumented immigrants, those with low incomes and African Americans have less opportunity to succeed. Table 2 presents the percentage of those who agree that each group has ***less*** opportunity.

Table 2. Beliefs about Who Has Less Opportunity to Succeed

	Somewhat Agree	Strongly Agree
People with low incomes	34%	39%
Undocumented Immigrants	22%	38%
African Americans	29%	25%
Women	34%	16%
Latinos	28%	20%
American Indians/Alaska Natives	24%	23%
LGBTQ people	27%	18%

THE PROBLEM OF INCOME INEQUALITY AND HOW TO ADDRESS IT

About 6 in 10 U.S. adults agree that the country should do whatever is necessary to reduce the large differences in income that exist in the nation, 35% strongly. About half of U.S. adults (51%) also believe that the reduced life spans of lower-income Americans is a serious national problem, and that the nation needs to take action to address it (56% agree).

However, there remains a substantial percentage of adults who believe that we do not need to address the large income inequities that exist in our county.

- Nearly 1 in 4 reported that they somewhat or strongly ***disagree*** that the country should do whatever is necessary to reduce large differences in income that exist.
- When asked if our country should do whatever is necessary to reduce large differences in income that exist, ***fewer*** reported that they strongly agree compared to the statement that we should make sure that everyone has an equal opportunity to succeed (35% versus 51%).

Large majorities are willing to make charitable contributions and vote for candidates working to address the shorter life span problem, but not to pay more in taxes. Only about one-third said they would be willing to pay more in taxes.

- Pay more in taxes:
  - 36% willing, 41% unwilling
- Donate to a charity working to address the issue:
  - 61% willing, 18% unwilling
- Volunteer with a community organization working to address the issue:
  - 61% willing, 16% unwilling
- Vote for a candidate who will address the issue:
  - 62% willing, 15% unwilling

Many U.S. adults want the government to have the main responsibility for efforts to promote more income equality as well as equality of opportunity and health equity, or, for government to at least be involved these efforts working alongside private individuals and groups.

- Who should have main responsibility for large differences in income:
  - 45% both government and private sector
  - 34% government
  - 12% private sector (individuals, businesses and other groups)
- Who should have main responsibility for equal opportunity to be healthy:
  - 46% both government and private sector
  - 31% government
  - 15% private sector (individuals, businesses and other groups)

DISPARITIES IN HEALTH OUTCOMES: BELIEFS ABOUT THE CAUSES

About half of U.S. adults agree that unhealthy neighborhoods are an important reason for the poorer health outcomes experienced by African Americans and Latinos. Nearly half also agreed that poor behavioral choices are also an important reason. However, much fewer recognize that discrimination within the health care system is a reason for these groups' poorer health outcomes.

- Fifty-six percent agree that unhealthy neighborhoods are an important reason for the poorer health outcomes experienced by African Americans, and 48% agree that it is for Latinos.
- Fifty percent agree that poor behavioral choices are the cause for negative health outcomes of African Americans, and 46% for Latinos.
- Only 36% agree that discrimination within the health care system is a reason for poor health outcomes among African Americans, and 37% for Latinos.

THE MORAL OBLIGATION TO CARE FOR THOSE IN NEED

The vast majority of U.S. adults strongly agree we have a moral obligation to be compassionate to others (64% strongly agree). The majority also strongly agree we have a moral obligation to take care of the old (55% strongly agree).

Pluralities, but not majorities, strongly agree we have a moral obligation to take care of the sick (47% strongly agree) and to help those who are poor (39% strongly agree, however, 24% disagree or are neutral).

SOURCE TRUSTWORTHINESS

Trust in Information sources About How to Improve Health in America

Health and health care organizations (including the CDC), as well as university scientists and researchers, scored highest in trust across the various non-media information sources we asked about in the survey.

Neighborhood and civic groups as well as environmental organizations also are non-media sources trusted by a majority of U.S. adults. Corporations and business leaders, elected officials, and the two major political parties are least trusted.

In terms of media sources, network television and PBS/NPR scored highest, but a majority of U.S. adults also trust network radio and CNN. Social media sources were least trusted.

Exhibits below present the findings of trust for various sources for health information.

Exhibit 1. Trusted Sources for Health Information in 2020: Health-Related Agencies and Organizations

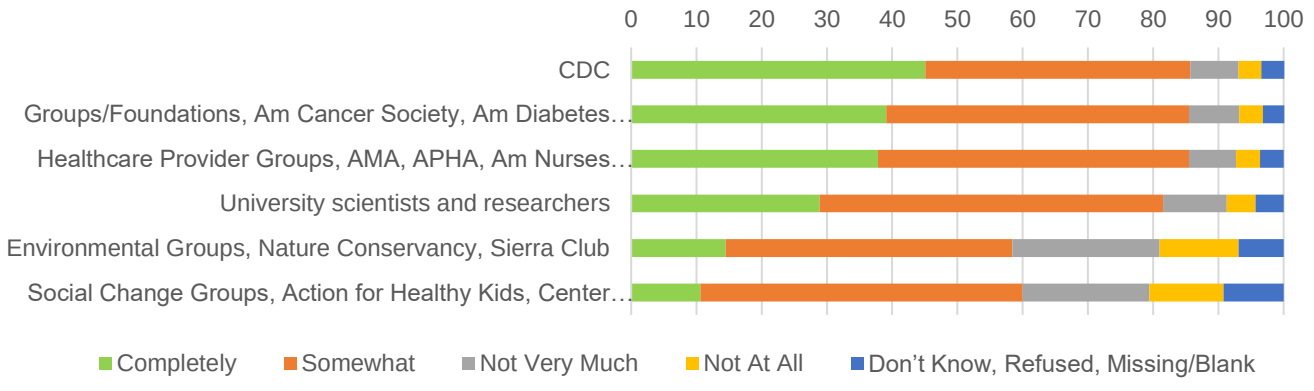


Exhibit 2. Trusted Sources for Health Information in 2020: Social and Political

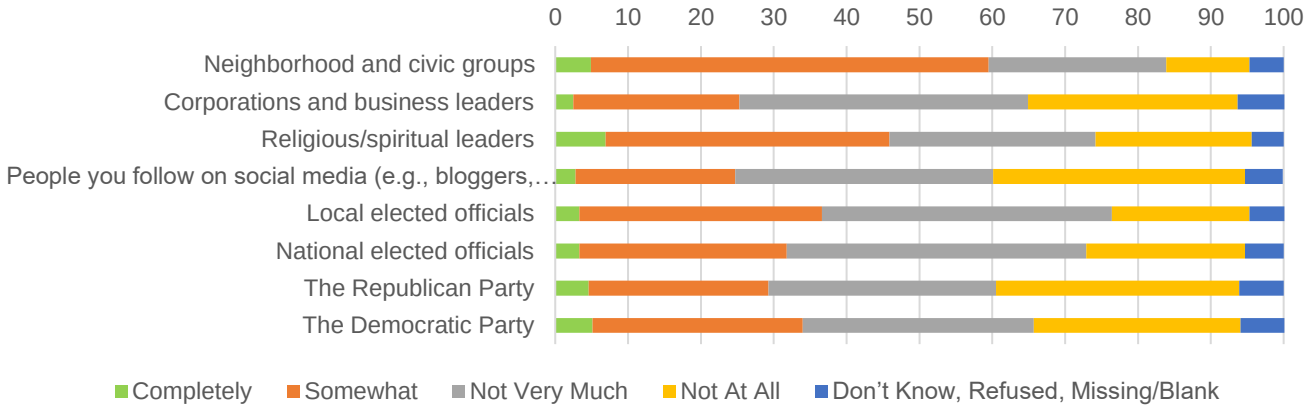
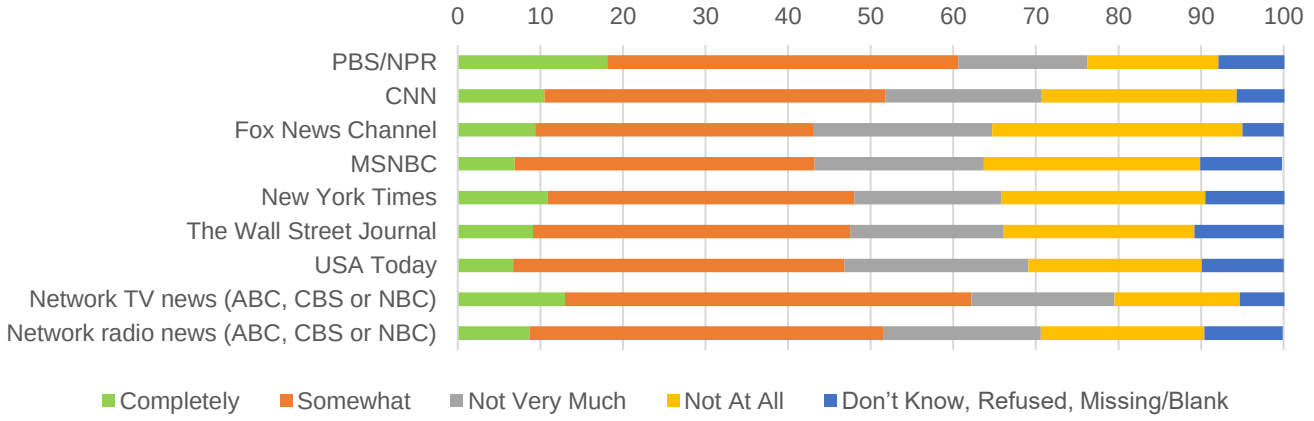


Exhibit 3. Trusted Sources for Health Information in 2020: News



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