

FINAL REPORT

American Health Values Survey

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50 College Road East

08540-6614

PRESENTED BY:

NORC at the University of Chicago

Larry Bye, Alyssa Ghirardelli &

Angela Fontes

601 Montgomery Street

Suite 2015

San Francisco, CA 94104



at the UNIVERSITY *of* CHICAGO

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Executive Summary

The American Health Values Survey was conducted by NORC at the University of Chicago in order to develop a typology of Americans based on their health values and beliefs. The survey examined values and beliefs related to health at both the individual as well as societal levels. The work was informed by Action Area 1 of the Robert Wood Johnson Foundation Culture of Health Action Framework, which emphasizes making health a shared value by building an enhanced sense of health interdependence and community as well as increased civic engagement.

The survey assessed the importance of health in day-to-day personal life (i.e. the amount of effort spent on disease prevention as well as appropriate seeking of medical care); equity, the value placed on the opportunity to succeed generally in life as well as on health equity; social solidarity, the importance of taking into account the needs of others as well as personal needs; health care disparities, views about how easy/hard it is for African Americans, Latinos and low-income Americans to get quality health care; and, the importance of the social determinants of health. In addition, the survey also explored views about how active government should be in health; collective efficacy, the ease of affecting positive community change by working with others; and health-related civic engagement e.g. the support of health charities and organizations working on health issues.

More than 10,000 interviews were completed with U.S. adults aged 18 or higher. A dual-frame sampling design was used, combining an address-based sample (ABS) with a sample from AmeriSpeak, an NORC probability-based national household survey panel. Data were collected through the use of multiple methods, including self-administered web and mailed questionnaires as well as telephone interviews. Data were collected between June 2015 and February 2016 in both English and Spanish.

Key Findings

Six groups of American adults were identified for the typology—three supportive of an active role for government in health, two skeptical, and a sixth conflicted in their attitudes.

The most supportive of the groups, Committed Activists, represent 18% of U.S. adults. Americans in this group combine broad concerns about equity and social solidarity with a recognition of the existence of health care disparities and the importance of the social determinants of health. They are civically engaged on health issues and down-the-line believers in the effort to address health equity and improve population health. Personal health is important to these Americans in their day-to-day lives. Personal health is less important to one of the other supportive group, Equity Advocates, which represent 16% of U.S. adults. Like Committed Activists, this group possesses a strong concern about equity, social solidarity and health care disparities. It is also highly civically-engaged on health. Unlike the Committed Activists group, however, it is less likely to view the social determinants as highly important. The third supportive group, Health Egalitarians, is characterized by a more narrow focus on health equity but not broader equity and social solidarity concerns. Personal health is also less important to this group, which is the largest, encompassing 23% of the U.S. adult population. There is likely the potential to mobilize all three of these groups in support of the health equity/population health agenda.

For the more skeptical segments, a focus on building healthier communities at the local level may earn significant support as long as there is private sector leadership for the effort. This is most true for Private Sector Champions, a group conflicted about the health equity/population agenda. It represents 14% of U.S. adults. Those in this group is more likely than Americans generally to want health to be a top Federal priority but at the same time less likely to believe that government can afford to be doing more in health. The group is more likely to care about health at the community level and the most in favor of the private sector assuming responsibility for this work. The remaining two groups are down-the-line skeptics about the equity/population health agenda. These Americans are less concerned than Americans generally about equity, social solidarity, health care disparities and the social determinants of the health. They are also far less likely to support an active role for government in health. Self-Reliant Individualists, representing 12% of the population, place a high value on personal health in daily living. Disinterested Skeptics, representing 17% of Americans, place a lower value on personal health in daily living. They are also less likely to be civically engaged on health matters.

The study has a number of implications for the development of public communication and engagement efforts promoting equity/population health. It sheds light on the size, composition and receptivity of key general population audiences and provides guidance on the selection of appeals and communication channels that might be used to reach them. Next steps with the work include fielding the survey in five sentinel communities across the nation—Baltimore, Maryland; Stockton, California; Maricopa County, Arizona; Mobile, Alabama; and a nine county region in Nebraska. The purpose of the work is to see whether and how the typology might vary across different U.S. localities. Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

Background/Study Objectives

The Robert Wood Johnson Foundation Culture of Health (CoH) vision embraces a very broadly integrated and comprehensive approach to health—one where wellbeing lies at the center of every aspect of American life (Chandra et al., 2016). Action Area 1 within the CoH Action Framework emphasizes making health a shared value by building an enhanced sense of health interdependence and community as well as increased civic engagement. But how receptive are rank-and-file Americans to this vision? What types of Americans are most supportive of the Action Area 1 vision and what types are less supportive? What are the differences between the supportive and less supportive groups? In order to begin to answer these questions, the Foundation commissioned the American Health Values Survey. The goal was to construct a typology of U.S. adults based on their values and beliefs. The hope is that increased understanding of American health values and beliefs can inform the development of new efforts to promote population health and equity in the United States.

Methodology

Instrument Development

The development of survey items for the study was based on the identification of values and beliefs central to Action Area 1 within the CoH Action Framework. These mostly relate to health at the societal level—the importance of equity and social solidarity, reducing health disparities, addressing the social determinants of health, ensuring an active role for government and increasing civic engagement.

Since the broader CoH vision includes a concern about health at the individual level, we also decided to include measures on the importance of personal health, including the amount of effort spent on disease prevention and appropriate seeking of medical care and the degree of self-efficacy in these areas. We also decided to include measures of trust in science and the health care system and a measure of interest in religion/spirituality.

These were the measures used to construct the typology. Other measures were included in the survey, but only to build more multi-dimensional profiles of the groups, thus allowing us to better understand the differences. The other measures included standard demographic questions as well as items on political participation and affiliation, state of personal health, health insurance coverage, and health care system use.

A description of all the survey constructs and measures appears in the next section.

Literature Search

A literature review was first conducted to identify previous work on the topics identified for the survey. We also looked at the literature on market segmentation and recent work in political typology construction. The literature review was helpful in the refinement of the concepts and constructs to be measured in the survey and in the search for appropriate existing measures. It was also helpful in identifying where we needed to develop new measures. Databases and search engines included in the process were EBSCOhost Online Research, Elsevier ScienceDirect, PsycINFO, PubMed, and Google Scholar.

Technical Expert Panel

Following completion of the literature search, a technical expert panel (TEP) was assembled. Experts on many of the subject areas of the survey, as well as typology construction and health-related public opinion research, were asked to join the panel. The TEP suggested additional literature to review and made a major contribution to the refinement of survey constructs and identification of the most important measurement issues facing the study. TEP members also made recommendations about the best existing measures to use and suggested approaches for the development of new measures. The project team sincerely appreciates the contribution of the TEP members and colleagues listed below:

- Eileen E. S. Bjornstrom, University of Missouri
- Erika Blacksher, University of Washington
- Robert Blendon, Harvard School of Public Health
- Paula Braveman, University of California, San Francisco
- Mollyann Brodie, Kaiser Family Foundation
- Richard Carpiano, The University of British Columbia
- Michael Slater, Ohio State University
- Scott Keeter, Pew Research Center

We also wish to thank Anita Chandra and her colleagues at RAND for their consultation in the measure development process.

Focus Group Research

Focus group interviews followed the TEP work in order to gain insights into how the survey population (U.S. adults) viewed the major issues to be explored in the survey. The interviews were conducted in Philadelphia, PA and Sunnyvale, CA. Two group interviews were conducted in Spanish and four in English, with two of the English groups composed of respondents with lower education levels and two with higher levels. The literature search and TEP work informed the development of the focus group research protocol. Following the focus group research, survey questionnaire items were developed for cognitive testing.

Cognitive Testing

Cognitive testing was conducted to refine the draft set of measures following focus group sessions. The testing focused on assessing the comprehension and broader performance of the draft items. A representative mix of sixteen adults was interviewed by telephone. Respondents resided in Cincinnati, OH; Omaha, NE; Jackson, MS; Greensboro, NC; and Houston, TX. During each cognitive interview, the interviewer read a question in the draft survey instrument aloud to the respondent, and then probed for feedback using follow up questions. The probes were designed to capture insights regarding specific cognitive processing among respondents once a question was posed. The probes applied to the draft survey items inquired about comprehension of the question, logic of the order of any series of items as part of an overall question, cohesiveness and comprehensiveness of any listed series and decision making among response options. Data from the interviews and interviewer debriefing sessions informed the finalization of the survey questionnaire.

Additional information about the survey measures is provided in the report appendix as is the survey questionnaire.

Survey Constructs and Measures

The survey constructs and measures are described below.

Value and Belief Constructs and Measures Used to Create the Typology

Importance of personal health: Items focused on how much priority is given to healthy practices in day-to-day living, the amount of effort spent on disease prevention (limiting portion sizes, exercise in leisure time, weight management and stress reduction) as well as care seeking (getting appropriate screenings/preventative care and speaking up about concerns when going to the doctor).

Definition of health: Respondents were asked an open-ended question about how they personally defined health.

Self-efficacy: Items focused on self-efficacy related to disease prevention, care seeking (knowing when and where to get care) and management of any medical conditions.

Religious/spiritual interest: A single item focused on amount of effort given to prayer or meditation.

Trust in science and the health care system: We made use of three measures devised by University of Chicago researcher Eric Oliver focused on trust/distrust in the wisdom of ordinary people versus that of experts and intellectuals, the relative effectiveness of alternative compared with Western medicine and the agreement/disagreement with idea that ordinary people can decide for themselves what is true without the need for experts.

Equity/social solidarity: We asked about the value placed on general opportunity to succeed in life as well as the value placed on health equity and social solidarity (i.e. the value for the country if people took into account the needs of others as well as their own.)

Beliefs about health care disparities: We asked whether it was easier or harder for African Americans to get quality health care or whether there was not much difference. These same questions were also asked about Latinos and low-income Americans. The comparison groups were White Americans (for the race/ethnic groups) and those who are financially better off (for low-income Americans).

Importance of the social determinants of health: The social determinants items focused on the influence on health of community of residence, employment, education, community safety, access to healthy food and housing quality.

Importance of other determinants of health: The other determinants items focused on smoking, other personal health practices, health care and insurance access, genetic makeup and air and water quality.

Beliefs about the role of government in health: We asked what priority the federal government should place on meeting the health needs of the American people; whether or not government generally should be doing more or less in health; the priority society should give to building healthy communities and

healthy supports within them (i.e. ensuring availability of healthy food, safe outdoor places for activity and decent housing) and whether this should be the responsibility of government or individuals and groups in the private sector.

Collective efficacy: We developed an item asking how easy it is to affect positive community change by working with others.

Civic engagement: We asked about whether the respondent had acted in the last year to support health charities and candidates/organizations working on health issues; voted based on a health issue preference; attended public meetings; or contacted media or elected officials.

Constructs and Measures Used To Describe the Segments

Health status: We asked respondents to rate their state of health as well as about smoking, height and weight (BMI), presence of chronic disease and functional limitations due to health.

Health coverage and system use: We asked about whether the respondent had insurance coverage, source of coverage, presence of a usual source of care and date of last checkup.

American Communities Project (ACP) county types: In order to construct a geographical variable we made use of a geo-demographic typology of U.S. counties developed by the American Communities Project (ACP). The ACP used 40 demographic variables to classify all U.S. counties within one of 15 types. For our analysis we made use of a collapsed, 7- segment version of the typology: Big Cities, Urban Suburbs, Sprawl (a collapsed category composed of Middle Suburbs & Exurbs), Minority Centers (composed of the African American South, Hispanic Centers & Native American Lands), Faith Driven (composed of Evangelical Hubs, Working Class Country & Latter-Day Saints Enclaves), Greying America (composed of Greying America, Rural Mid America & Aging Farmlands), and Books & Barracks (composed of College Towns and Military Posts (Chinni, 2010)). Zip code information was used to assign the respondents to one of the areas.

Other demographics: We included items on gender, age, race, ethnicity, education and income.

Political characteristics: We asked about voter registration status, frequency of voting, party affiliation and self-described political ideology.

Sampling and Data Collection

We used a dual-frame sampling design, combining an address-based sample (ABS) with a sample from AmeriSpeak, a probability-based on-line national survey panel operated by NORC (Dennis, 2016). Data collection was completed on-line with panel members. The ABS sample was selected from a sampling frame based on an extract of the United States Postal Service Computerized Delivery Sequence File (CDS), a listing of all households in the U.S. A multi-mode approach for collecting data was implemented for the ABS sample. The sampled addresses were mailed materials inviting potential respondents to complete the questionnaire online. If participants did not respond, a self-administered questionnaire was mailed. If neither mode elicited any response, the address was matched to a telephone number and telephone interviewing was conducted. All data were collected in English and Spanish.

Data were collected between June 2015 and February 2016. The number of completed interviews from the ABS was 6,789 (CASRO (Barron, Khare, & Zhao, 2008) response rate: 22.4%) with an additional 3,785 interviews completed from the AmeriSpeak sample (cumulative response rate: 19.4%). The total number of completed interviews was 10,574.

Additional information about sampling and data collection methods is presented in Appendix A of the report.

Analysis Approach

K-means clustering was used to develop the segments within the typology. K-means is a frequently used classification approach (Maibach, Maxfield, Ladin, & Slater, 2014) that seeks to identify a set of mutually exclusive segments based on the input variables. In k-means, randomly selected cluster centroids are selected, and observations are partitioned into k clusters based on each observation's distance from the cluster mean (centroid), with the goal of identifying the optimal solution where observations within the cluster are similar, and the difference between cluster means is greatest. As there was no a priori assumption as to the number of segments, solutions with between five and twelve segments were examined. Several statistical metrics were used to evaluate the solutions (e.g. the cubic clustering criterion and Pseudo F statistic) and the model was refined in multiple rounds to select the solution that best fit the data. Differences in the demographic and other purely descriptive measures across the segments within each of the solutions were also examined to assess the face validity of the alternative solutions. In this process, we looked for whether the differentiation of the groups was consistent with known differences between our attitudinal and belief measures and the demographic, health and political characteristics of Americans. After evaluating the alternatives, the six-segment solution was selected because of its strong performance against these metrics as well its relative simplicity.

More information about the analytical methods and process is presented in the Appendix A.

Study Team

Larry L. Bye, NORC Senior Fellow, directed the project and was directly involved in instrument development, data analysis and reporting work. Alyssa Ghirardelli, NORC Research Scientist, served as project manager and assisted with instrument development, analysis and reporting work. Dr. Angela Fontes, NORC Senior Research Methodologist, led data analysis efforts. Ned English, NORC Senior Research Methodologist, provided oversight of sampling and weighting methodology. Heather Morrison, NORC Senior Survey Director led data collection efforts. Kathleen Santos, NORC Statistician, assisted with sampling, weighting and data collection monitoring. Dr. Michael Davern, NORC Executive Vice-President of Research, provided general oversight and guidance to the effort.

Additional NORC staff provided task coordination, data management, analytical support and other assistance on the project including Survey Directors Sari Schy and Gillian Lawrence, Survey Specialist Rachel Bavley, Research Assistant Kristin Dwan and Research Analysts Danielle Noriega and Mike Benz.

Results

This section of the report presents the main findings from the study¹. The first portion provides an overview of the typology and the groups within it. The second portion presents detailed findings on how the groups differ in terms of their health values and beliefs. The third portion presents detailed findings about how the groups differ in terms of their demographic, health and political characteristics.

A. Typology Overview

An overview of the typology and the groups is presented in this section of the report.

Six segments or groups of American adults emerged based on their unique health value and belief profiles. Three of the groups are supportive of an active role for government in health and clearly supportive of efforts to improve population health and health equity in the United States. Two of the groups are skeptical about these efforts and a sixth is conflicted in its attitudes. For at least one of these latter three segments, the Private-Sector Champions group, a focus on building healthier communities at the local level may earn significant support as long as there is private sector leadership for the effort.

Here is a thumbnail sketch of the six groups, beginning with the most supportive:

- *Committed Activists*: One of the groups most supportive of an active role for government, these Americans combine broad concerns about equity and social solidarity with a belief in health care disparities and the importance of the social determinants of health. Personal health is important to this group. These U.S. adults tend to be more civically engaged on health issues and down-the-line believers in the health equity/ population health agenda.
- *Equity Advocates*: Also supportive of an active role for government in health, this group resembles the Committed Activists group in its strong concerns about equity, social solidarity and health care disparities. It is highly civically engaged on health. Personal health is less important to Americans in this group, however.
- *Health Egalitarians*: This third group is supportive of an active role for government but, compared to the two above groups, is focused more narrowly only on health equity. Personal health is also less important to this group, which is the largest of the six groups in the typology.
- *Self-Reliant Individualists*: These Americans are down-the-line skeptics about the health equity/population health agenda. They are less concerned than Americans generally about equity and social solidarity, disparities and the social determinants of the health and far less likely to support an active role for government in health. This group places a high value on personal health.
- *Disinterested Skeptics*: Like Self-Reliant Individualists, this group is highly skeptical about the health equity/population health agenda. Unlike Self-Reliant Individuals, these Americans place

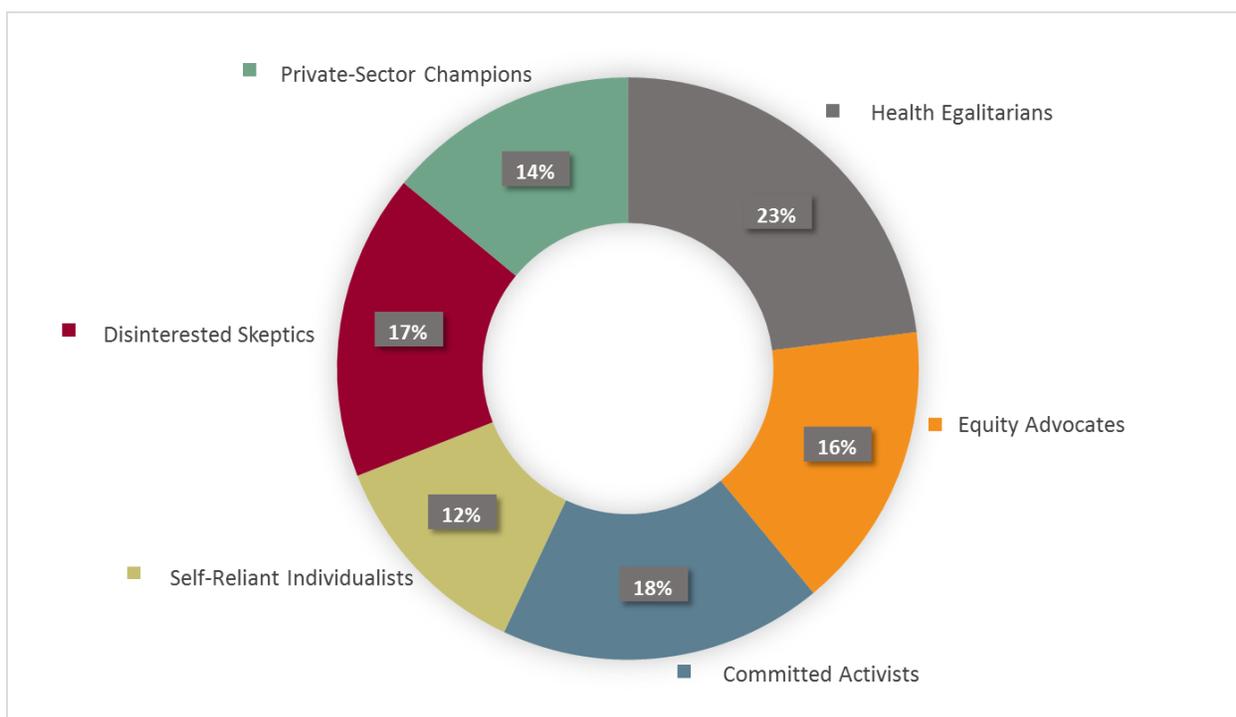
¹ In addition to the results presented in this report, weighted frequency distributions for all the study variables have been provided to the Foundation in a separate Topline Report.

lower value on their own personal health. They are also less likely than Americans generally to be civically engaged on health.

- *Private-Sector Champions*: This group is conflicted about the health equity/ population health agenda, sharing some of the characteristics of the three supportive groups and some of characteristics of the two highly skeptical groups discussed above. These Americans care about local community health and are most likely to be supportive of efforts to improve it, as long as the private sector assumes significant responsibility.

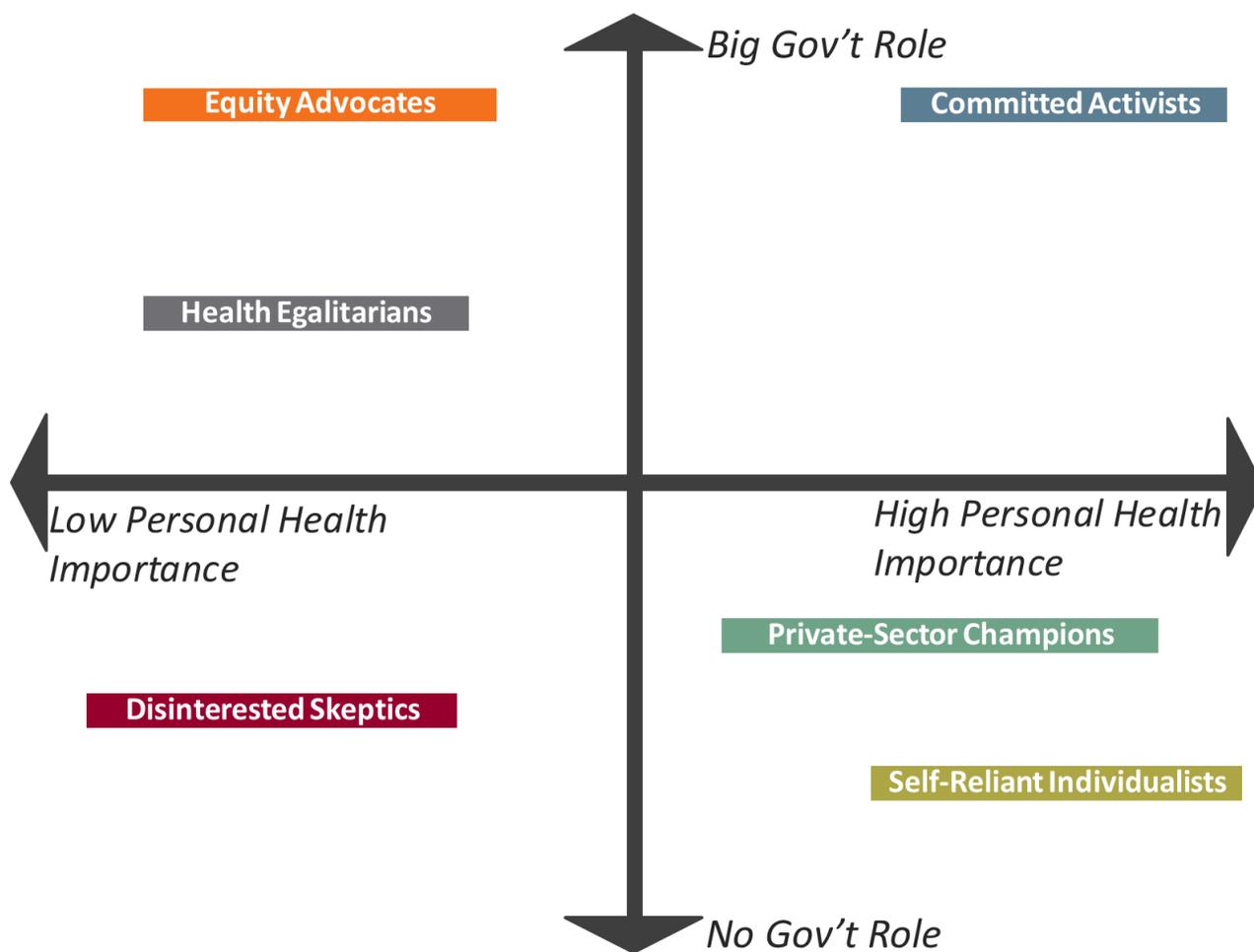
Exhibit A below presents information about the size of the groups within the adult population of the U.S.

Exhibit A: Size of Typology Groups



Two of the most important dimensions along which the groups vary are depicted below in Exhibit B. The vertical axis represents views about how active government’s role should be in the health policy area. The horizontal axis represents how important personal health is in day-to-day living.

Exhibit B: How Groups Vary on Two Critical Dimensions



Detailed Profiles of the Groups

Characteristics of each of the groups are discussed below. The largest of the groups, Health Egalitarians, is profiled first, followed by the others in clockwise order as they appear in Exhibit A. In each case, the referenced comparisons are between the results for Americans generally (i.e. the total sample) versus those for the group being discussed.

Health Egalitarians

Health Values and Beliefs: At the individual level, personal health is less important for these Americans; they are less likely than Americans generally to have a strong activist orientation to disease prevention and care seeking and to put health first in daily living. They are much less likely to be frequent prayers/meditators. They are also less likely to feel high self-efficacy about disease prevention, care seeking and the management of any medical conditions they may have.

At the societal level, they are more likely to strongly embrace health equity as a value but less likely to believe that race/ethnic-based health care disparities exist. They are also less likely to believe that the

other social determinants are important influences on health. Nevertheless, the majority believes that government generally should be doing more in health. They are also more likely to believe that building healthier communities is a high priority and that government should play a role. They are a bit less likely than the average American to be civically engaged on health.

Other Characteristics: Except for being slightly more likely to smoke, they resemble the total sample on our health measures. They also resemble the total sample in terms of being insured, but are more likely to get coverage through Medicaid or one of the other government programs benefiting those with low-incomes or disabilities. They are more likely than Americans generally to have employer-sponsored insurance (ESI) coverage. Otherwise, they resemble Americans generally in how they use the health care system. Most are female. They are younger and have lower-than-average income and educational levels. They are slightly more likely to be White. They are a bit less likely to live in Faith Driven America but otherwise are distributed geographically like the population as a whole. Politically, this is the segment least likely to be registered and to always vote. They are slightly more likely to be Democrats and Independents and most likely of the segments to be ideologically moderate.

Equity Advocates

Health Values and Beliefs: As with the Health Egalitarians, personal health is less important for these Americans. They are less likely to have a strong activist orientation to prevention and care seeking. They are less likely to be frequent prayers/meditators. They are also a bit less likely to feel high self-efficacy. They are highly trusting of science and the health care system—the most trusting of the segments.

At the societal level, this segment is more likely than the total sample to be strongly concerned about equality of opportunity to succeed and social solidarity as well as health equity. Agreement is broadest within this segment on the existence of both race/ethnic and income-based health care disparities. Except on healthy food access, however, they are less likely to believe that the other social determinants are important influences on health.

This segment is more likely to believe that health should be a top federal priority and that government generally should do more in health. Adults within it are overwhelmingly more also likely to say that building community health should be a top/high priority and that government should play a role in the area. They are less likely to have a high sense of collective efficacy yet are more likely to be civically engaged on health across almost all the forms of engagement.

Other Characteristics: Except for being less likely to smoke and slightly more likely to have a usual source of medical care, they are like Americans generally in terms of their health characteristics. They are as likely to be male as female and more likely to have higher incomes and education. They are more likely to be African American and slightly more likely to be non-White. The majority are college graduates, one of the two segments highest in education level. They are also bit more likely to be younger. They are more likely to live in Big Cities and Urban Suburbs and less likely to live in Faith Driven, Sprawl and Books and Barracks counties.

Politically, these Americans are more likely to be registered and slightly more likely to almost always vote. They are overwhelmingly more likely to be Democrats, more than any segment. They are also much more likely to ideologically liberal, more than any segment.

Committed Activists

Health Values and Beliefs: Personal health is very important to these Americans. The majority puts health first in daily life almost always. They are also more likely to have a strong activist orientation to prevention and care seeking. They are more likely to report frequent prayer or meditation. This is the most health-conscious of all the segments. They are also more likely to feel high self-efficacy. In terms of trust, this is one of the segments that is most open to the view that alternative medicine is more effective than Western. They are also more likely to believe in trusting the wisdom of ordinary people over that of experts. On the other trust measure, they resembled the sample as a whole.

At the societal level, they are overwhelmingly more likely to strongly believe in equality of opportunity to succeed, health equity and social solidarity; these values are held more broadly within this segment than in any of the others. These adults are more likely to believe that disparities exist and that the other social determinants are very strong influences on health. This perception is also more broadly shared in this segment than in any of the others. They also tend to be more likely to recognize the very strong importance of all the non-social determinants we asked about on the survey including stress, air and water quality, care access and genetic inheritance.

They overwhelmingly believe that government generally should do more in health and that health should be a top federal priority. In addition, they are more likely to believe that building community environments should be a top/high priority and that government should play a role in it. This segment is more supportive of an active role for government than any segment. Adults in this segment are more likely to report a high degree of collective efficacy and to be civically engaged in almost all the ways we measured it. In fact, this group ranks at the top in collective efficacy and civic engagement.

Other Characteristics: These Americans are less likely to report good health and more likely to report chronic disease and limitations due to health. They are a bit more likely to report a recent checkup. They are more likely to smoke and a bit more likely to be obese. They are more likely to be on Medicaid, most of all the segments, and also on Medicare. They are less likely to have ESI.

This segment is overwhelmingly female, the most of any segment. It is also more likely to be older. Members are more likely to be African American, Hispanic and of some other (non-White) racial background; they are most likely of any segment to be non-White. This segment ranks the lowest on income and one of the lowest on education. Members are less likely to live in Big Cities, Sprawl and Faith Driven America and more likely to live in Minority Centers.

Politically, they are more likely to be Democrats and a bit more likely to be liberal.

Self-Reliant Individualists

Health Values and Beliefs: This segment is more likely to almost always put health first in daily living. It is more likely to hold a strong activist orientation to both prevention and care seeking. These Americans resemble U.S. adults generally in the frequency of prayer/meditation. They are also more likely to feel high self-efficacy about health, the most of any segment. On trust, this segment is the most likely to believe that ordinary people can decide for themselves what is true without the need for experts. They are less likely, however, to believe in the wisdom of ordinary people over that of experts and that alternative medicine is more effective than Western.

On the societal level, these Americans are much less likely to strongly believe in equality of opportunity to succeed, social solidarity and health equity. They are the least likely to hold these values of all the segments. They are also the least likely to believe that race/ethnic disparities exist and one of least likely to believe that income-based disparities exist. They are also much less likely to believe that the other social determinants are very strong influences on health. In terms of non-social determinants, they are more likely than Americans generally to recognize the importance of smoking and other personal practices but less likely to recognize the importance of care access, environmental quality and stress.

These adults are the least likely of any to believe that health should be a top priority for the federal government and that government generally should do more on health. They are overwhelmingly less likely to believe that building healthy communities is a top/high priority. They are also less likely to favor a government role in community health. They are, however, supportive of a private sector role in this area. Overall, this segment is the one most opposed to a government role on health.

The segment is more likely to civically-engaged through support of health charities and voting based on health concerns but less likely to have contributed time or money to a candidate or issue organization. Their views on collective efficacy are like those of the sample as a whole.

Other Characteristics: These adults are more likely to say their health is good. They are less likely to be smokers. The segment is the most likely to report a usual source of care and the least likely to be insured through Medicaid and related programs. They are more likely to have ESI. Most members of the segment are male. They tend to be slightly older, with higher income and education levels. It is the segment most composed of Whites. Politically, it is more likely to be Republican, more than any other segment. It also the most likely to be conservative and to be registered and always vote.

Disinterested Skeptics

Health Values and Beliefs: This segment does not place high importance on personal health. Adults in this group are much less likely to almost always put health first in daily life and to have a strong activist orientation to prevention, care seeking and condition management. This is the least health conscious of the segments. Its members are least likely to report frequent prayer/meditation and are less likely to feel highly self-efficacious, the least of any group.

At the societal level, this segment is less likely to strongly believe in equality of opportunity to succeed, social solidarity and health equity. They are less likely to believe that disparities exist and much less likely to believe that the other social determinants have a very strong influence on health, less than any group. They also were less likely to recognize the influence of all the other types of health determinants we asked about including genetic inheritance and personal behaviors like smoking.

This group is much less likely to believe that health should be a top federal government priority and that government generally should do more in health; much less likely to rate building of healthy communities a top/high priority; much less likely to believe that government has a role to play at the community level, but more likely to believe that the private sector should play a role. This segment is the least likely to feel a high sense of collective efficacy and to be civically engaged.

Other Characteristics: These adults are a bit less likely to report being limited by health, a recent checkup, a usual source of medical care and being insured through Medicaid. They are more likely to have ESI. This is a majority-male segment, the most male of the segments. It is slightly younger. On race/ethnicity, the segment looks like the nation generally. Adults in it are slightly less likely to live in Rural America; otherwise they are distributed like U.S. adult population generally. Politically, the segment is slightly less likely to be registered and always vote. It is more likely to be Republican and conservative.

Private-Sector Champions

Health Values and Beliefs: Personal health is important to these Americans. They are like the nation as a whole in terms of how often they put health first in their daily lives but are more likely than Americans generally to have a strong activist orientation to prevention and care seeking. They are much more likely to frequently pray or meditate. They are also a bit more likely to feel high self-efficacy.

They have the least amount of trust in science and the health care system of any of the segments. They are among the segments most accepting/open to the idea that alternative medicine is more effective than Western, to place trust in the wisdom of ordinary people rather than intellectuals and experts and to believe that ordinary people are capable of deciding what is true without the need for experts.

They are less likely to believe that health care disparities exist; but, overwhelmingly more likely to believe that the other social determinants are important influences on health. They also highly rated all the non-social determinants we included in the survey. Although more likely to say that health should be a top federal government priority, these adults are much less likely to believe that government generally should do more in health. They are more likely to say that building healthy communities in general should be a top or high priority; they are also more likely to say this with regard to ensuring healthy food availability. They are far less likely to believe that government has a role to play at the community level but most likely of all to believe that the private sector should play a role.

Other Characteristics: These adults are slightly more likely to smoke, have some limitations due to health, report a checkup in the last year, and be covered by Medicaid as well as Medicare. Otherwise, however, they are like Americans generally in their health characteristics. The majority of the group is female. Members are more likely to be over age 65; this is the oldest segment. They also tend to have lower than average income and education levels. This is one of the segments with the lowest level of education. They are somewhat more likely to reside in Minority Centers. Politically, these adults are more likely to be Republicans and conservative. They are also slightly less likely to be registered to vote.

B. Detailed Findings: How Values and Beliefs Differentiate Groups in Typology

This section of the report discusses how the groups differ across all the value and belief measures included in the survey, the measures used to create the typology. It also discusses sample-wide survey findings.

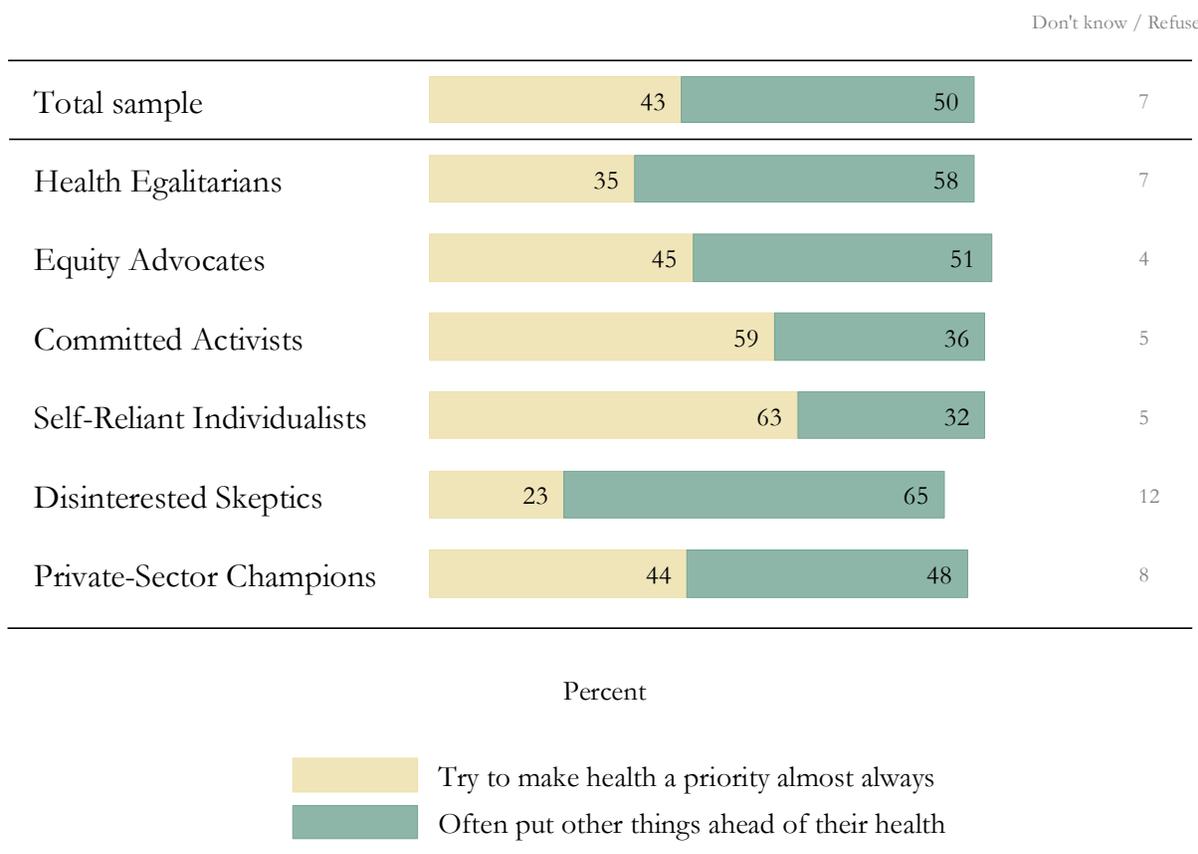
1. Importance of Personal Health

Overview: A number of the study measures focused on individual-level health values and beliefs. One of the most important had to do with the importance of personal health for study respondents. These results are presented in the displays below. Overall, 50% of Americans try to make health a priority almost always in their daily life. Large numbers also have an activist orientation to disease prevention and medical care seeking. We found that personal health is more important to Self-Reliant Individualists, Private-Sector Champions and, especially, Committed Activists; they are more likely than Americans generally to have a strong activist orientation to prevention and care seeking and to put health first in daily life. The reverse is true of Health Egalitarians, Equity Advocates and, especially, Disinterested Skeptics.

1.1 Health as a Priority in Day-to-day Living

Figure 1.1: Health as a priority in day-to-day living

Some people say that they make their health a priority in what they do almost always. Other people say that they try to make health a priority but because of time and other considerations they often have to put other things ahead of their health. Which group do you agree with most?



About four-in-ten U.S. adults (43%) say that they try to make health a priority almost always in day-to-day living. Committed Activists and Self-Reliant Individualists were much more likely to say this, while Health Egalitarians and Disinterested Skeptics were much less likely.²

1.2 Activism about Prevention

Overview: We assessed degree of activism around prevention by asking about the amount of effort spent on exercise, limiting portion sizes, stress reduction and other related activities. These results are presented in the displays below. Across these measures large numbers of respondents reported making quite a bit or a great deal of effort in their daily lives. We found that Self-Reliant Individualists, Private-Sector Champions and, especially Committed Activists, were more likely than adults generally to have an activist orientation to prevention. Health Egalitarians, Equity Advocates, and Disinterested Skeptics were less likely to have an activist orientation.

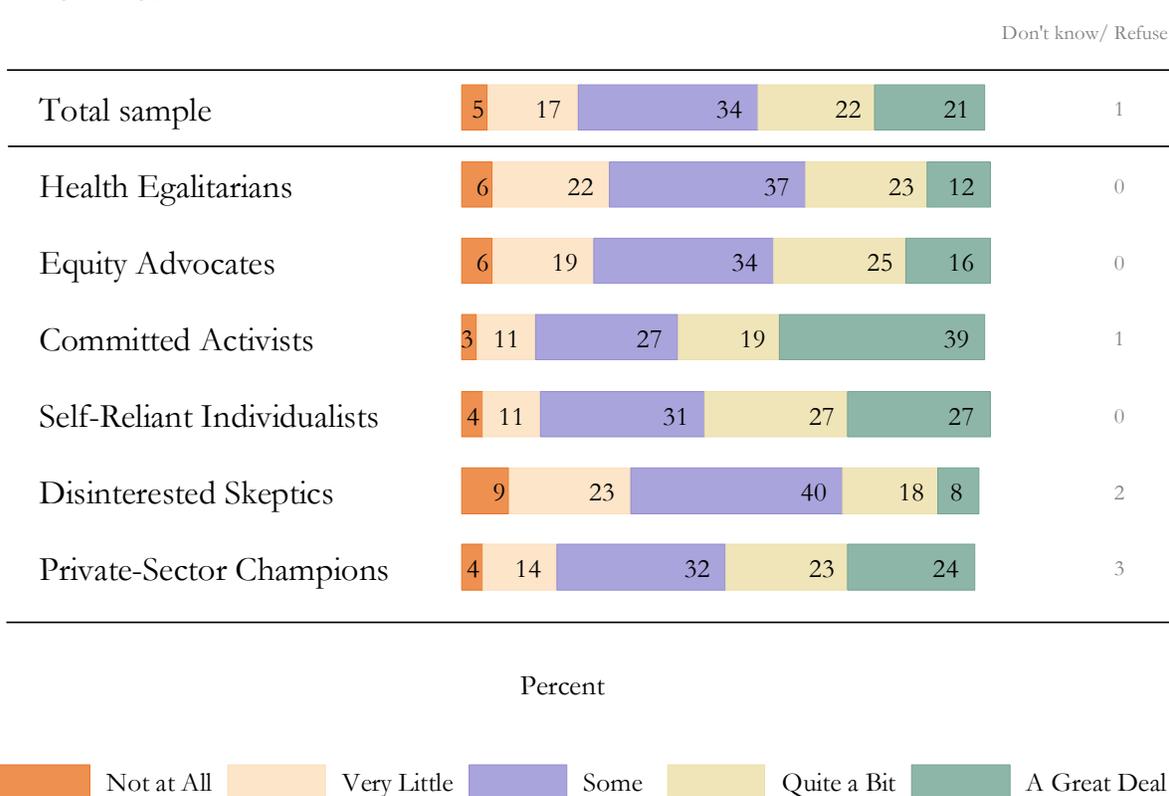
²Note that small “slivers” denoting very small groups on some of the displays are too small to fit percentages. Slivers represent no more than 2%. All horizontal bars total to 100%.

1.2.1 Effort Put Into Exercise

Figure 1.2.1: Effort put into exercise

I am going to read you a list of things that some people do because they think these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it. Do you put in no effort at all, very little effort, some, quite a bit or a great deal?

Exercising during your leisure time.



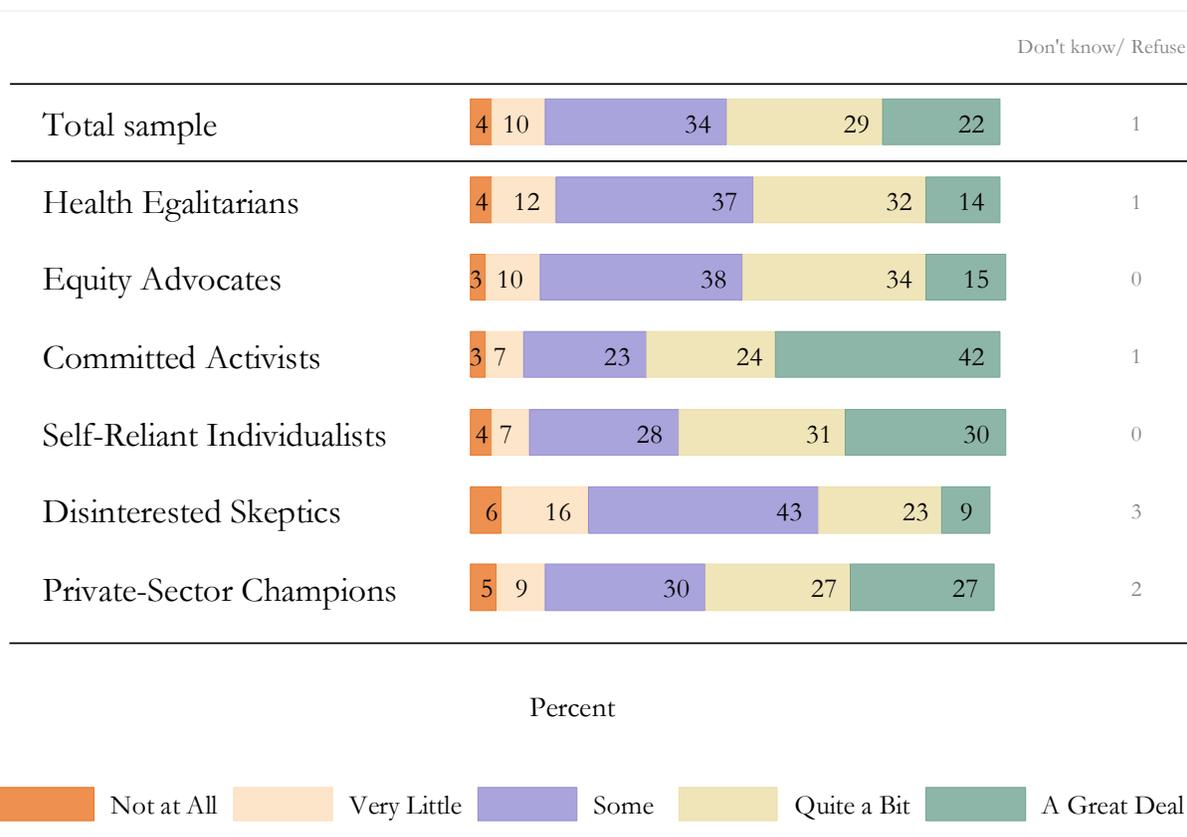
Twenty-one percent of Americans put a great deal of effort into exercising during leisure time. An additional 22% put quite a bit of effort into the activity. In order to look at differences in prevention interest, we focused on the “great deal” response in order to compare the groups and construct the typology. Self-Reliant Individualists, Private-Sector Champions and, especially Committed Activists, were more likely to put a great deal of effort into exercising during leisure time, while Health Egalitarians, Equity Advocates, and Disinterested Skeptics were less likely.

1.2.2 Limiting Portion Size

Figure 1.2.2: Limiting portion size

I am going to read you a list of things that some people do because they think these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it. Do you put in no effort at all, very little effort, some, quite a bit or a great deal?

Limiting portion sizes of food and drinks



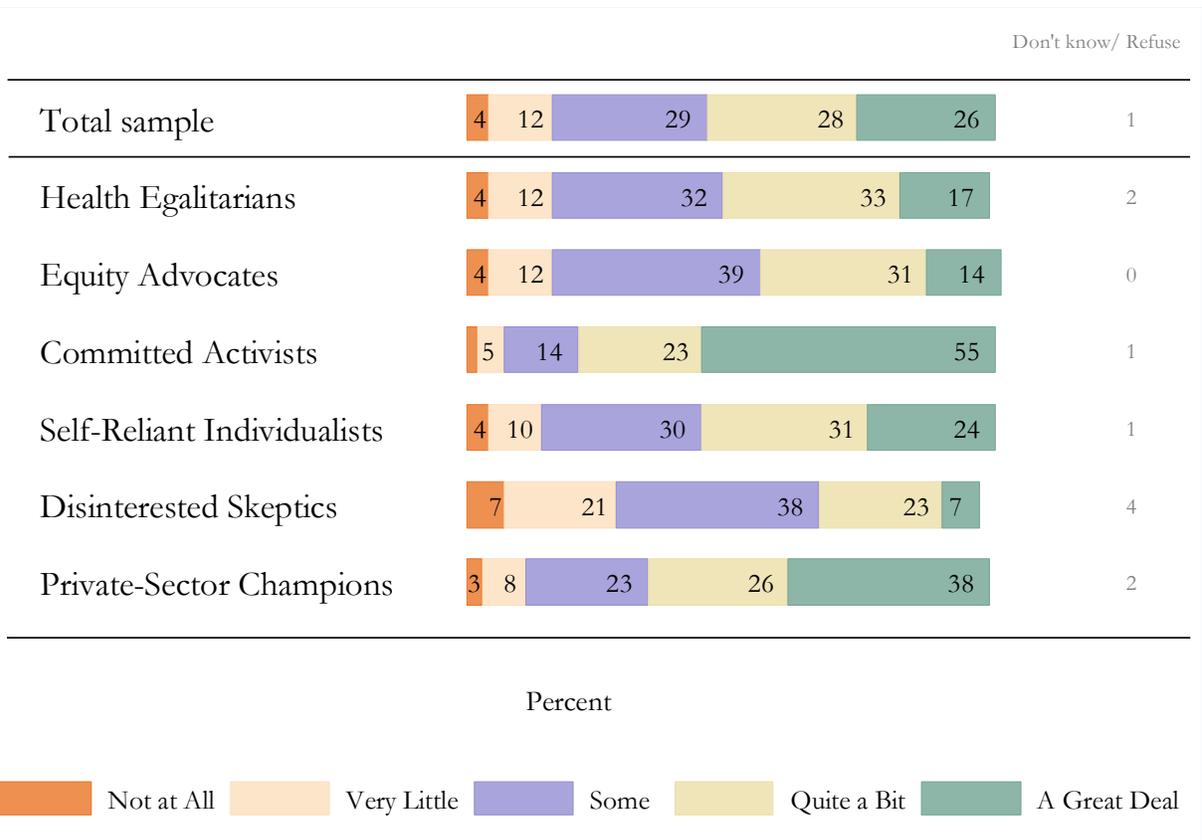
Twenty two percent of American adults say that they put a great deal of effort into limiting portion sizes of food and drinks. An additional 29% say they put in quite a bit of effort. Committed Activists, Self-Reliant Individualists, and Private-Sector Champions were more likely to say that they put a great deal of effort into limiting portion sizes, with Committed Activists being the most likely. Health Egalitarians, Equity Advocates, and Disinterested Skeptics were the least likely to say they put this amount of effort into limiting portion sizes.

1.2.3 Stress Reduction

Figure 1.2.3: Stress reduction

I am going to read you a list of things that some people do because they think these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it. Do you put in no effort at all, very little effort, some, quite a bit or a great deal?

Actively trying to reduce stress



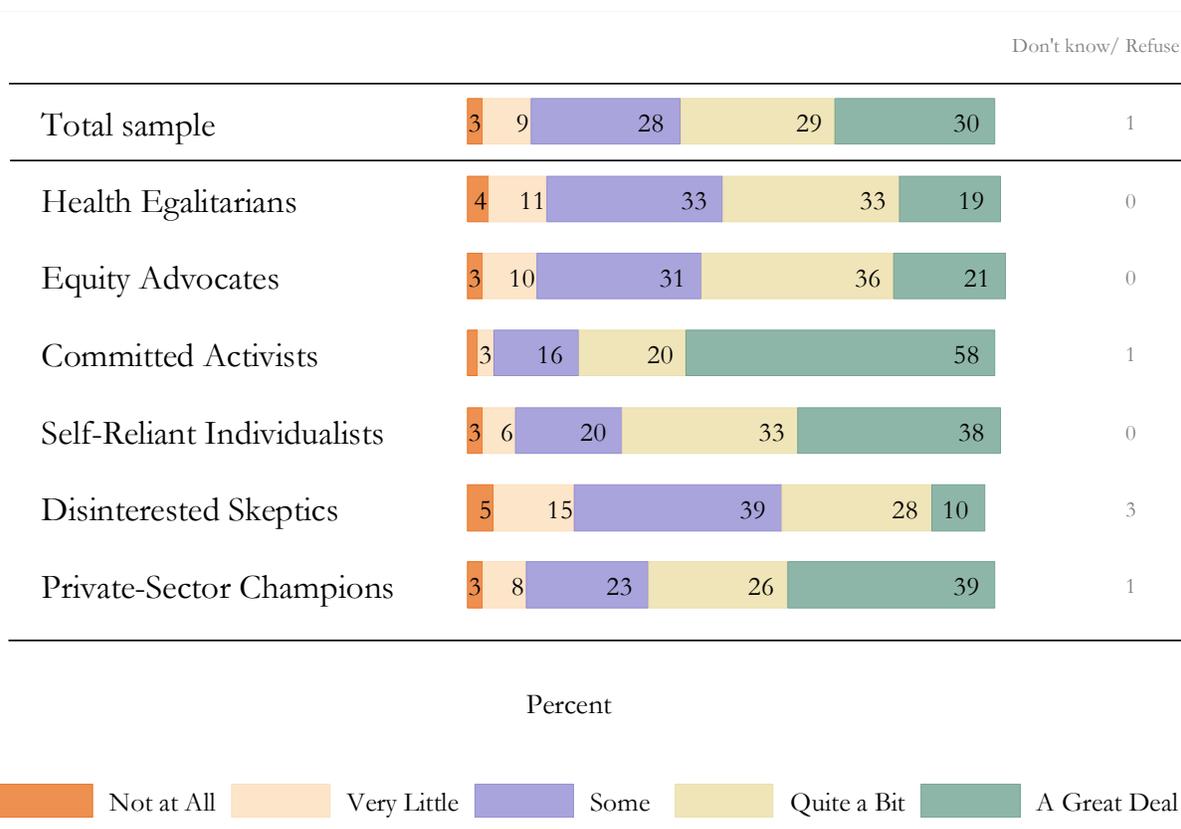
One-fourth (26%) of Americans put a great deal of effort into actively trying to reduce stress with about an equal number saying they put in quite a bit of effort. Self-Reliant Individualists resembled Americans generally on this issue. Private-Sector Champions were more likely to say they put in a great deal of effort and Committed Activists were much more likely. Those in the remaining groups were less likely.

1.2.4 Weight Control

Figure 1.2.4: Weight control

I am going to read you a list of things that some people do because they think these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it. Do you put in no effort at all, very little effort, some, quite a bit or a great deal?

Working to reach or maintain a healthy weight



Thirty percent of Americans put a great deal of effort into working to attain a healthy weight. About an equal number say they put in quite a bit of effort. Health Egalitarians, Equity Advocates, and Disinterested Skeptics were far less likely to put in a great deal of effort. Committed Activists, Self-Reliant Individualists, and Private-Sector Champions were more likely to put a great deal of effort into this activity.

1.3 Activism about Medical Care Seeking

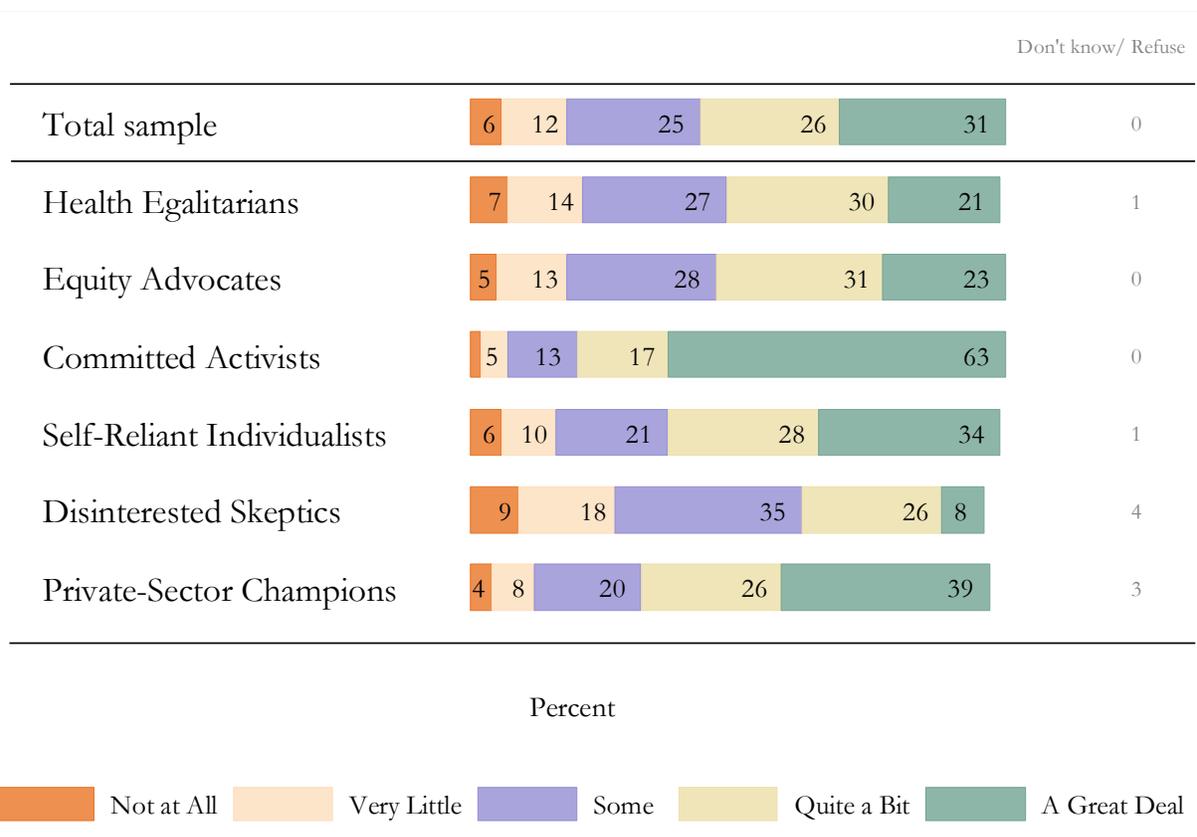
Overview: Two items were included on care seeking, the amount of effort put into getting appropriate screenings and speaking up to the doctor even when s/he does not ask. These results are presented in the two displays below. In general, we found that large numbers of Americans are making at least quite a bit of effort in the appropriate seeking of medical care. Self-Reliant Individualists, Private-Sector Champions and, especially Committed Activists, were more likely than Americans generally to have an activist orientation to medical care seeking. Health Egalitarians, Equity Advocates, and Disinterested Skeptics were less likely.

1.3.1 Effort Put Into Getting Screenings

Figure 1.3.1: Effort put into getting screenings

I am going to read you a list of things that some people do because they think these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it. Do you put in no effort at all, very little effort, some, quite a bit or a great deal?

Getting appropriate screenings or preventative care



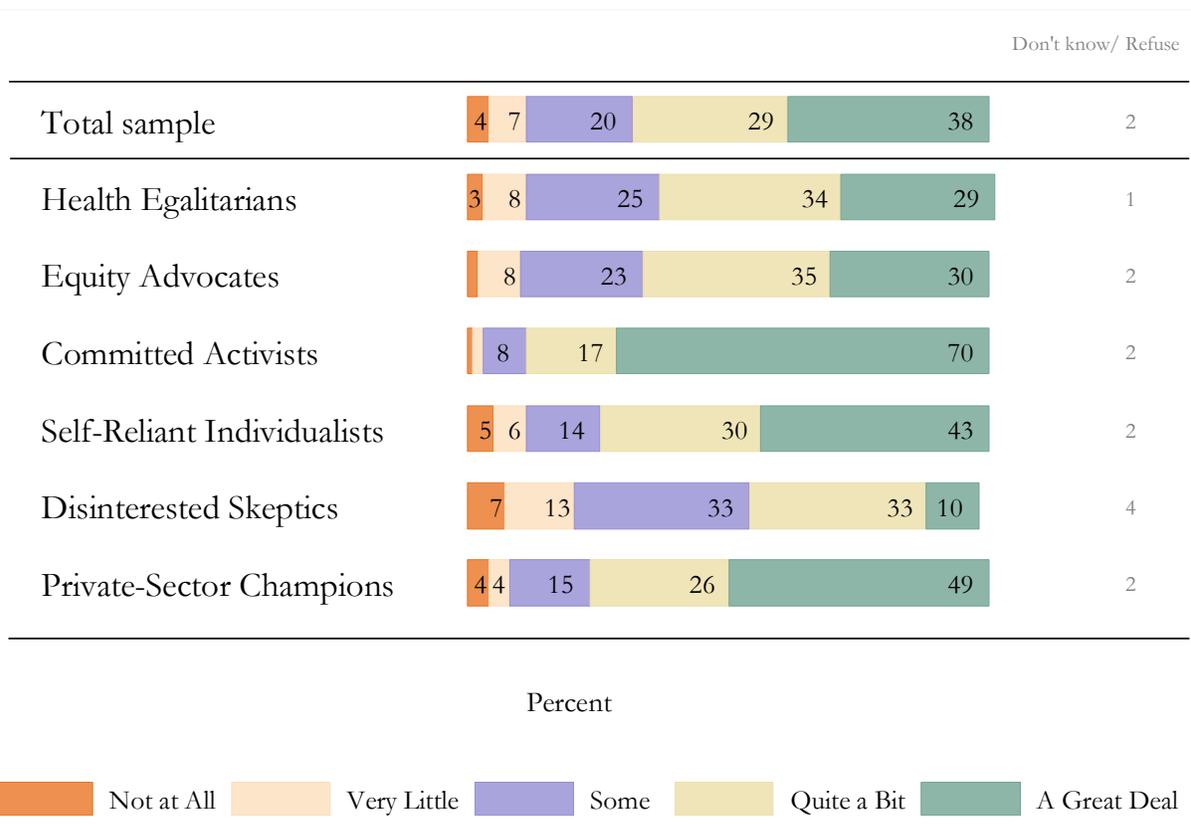
Thirty one percent of American adults make a great deal of effort to get appropriate screenings or preventative care. An additional 26% make quite a bit of effort. As with prevention action, we chose to compare the groups using the “great deal” response category. Self-Reliant Individualists and Private-Sector Champions were more likely to say they put in a great deal of effort with Committed Activists being much more likely than the total sample to say this. The difference with regard to Self-Reliant Individualists was quite small. Health Egalitarians, Equity Advocates and, especially, Disinterested Skeptics were less likely to put in a great deal of effort.

1.3.2 Speaking Up To Doctor

Figure 1.3.2: Speaking up to doctor

I am going to read you a list of things that some people do because they think these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it. Do you put in no effort at all, very little effort, some, quite a bit or a great deal?

Speaking up about your concerns when you go to the doctor even when he or she does not ask



Almost four-in-ten Americans (38%) make a great deal of effort to speak up about concerns when going to the doctor even when he or she does not ask. Another three-in-ten say they put quite a bit of effort into this activity. Health Egalitarians, Equity Advocates, and Disinterested Skeptics were less likely to make a great deal of effort. Self-Reliant Individualists, Private-Sector Champions and, especially, Committed Activists, were more likely than those in the total sample to report this degree of effort.

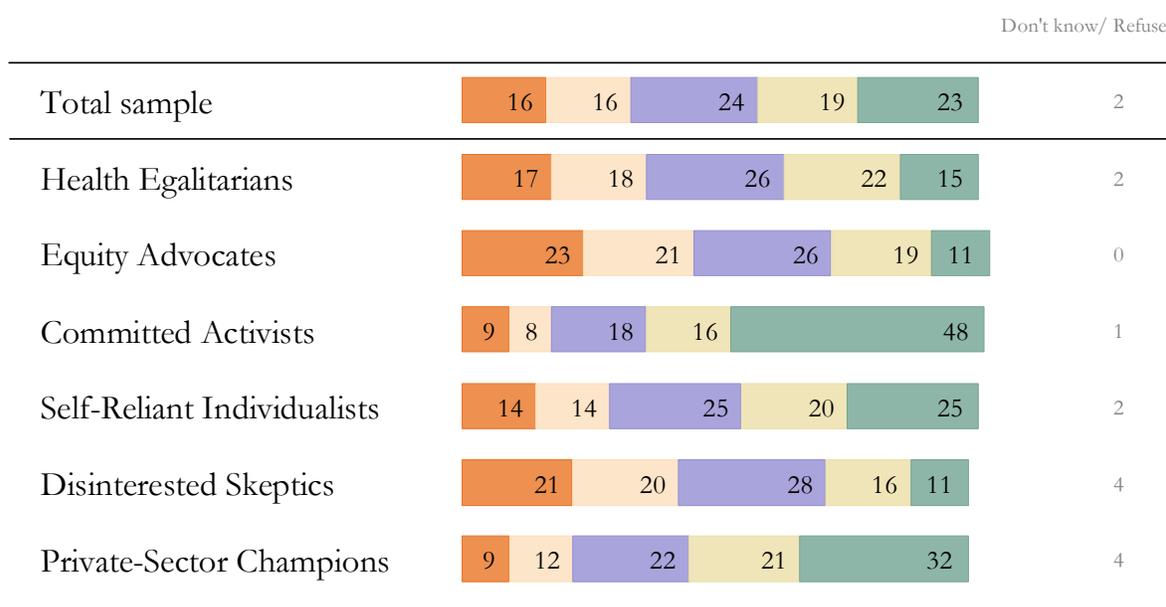
2. Religious/Spiritual Activity

2.1 Effort Put Into Prayer/Meditation

Figure 2.1: Effort put into prayer/meditation

I am going to read you a list of things that some people do because they think these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it. Do you put in no effort at all, very little effort, some, quite a bit or a great deal?

Praying or meditating



Percent



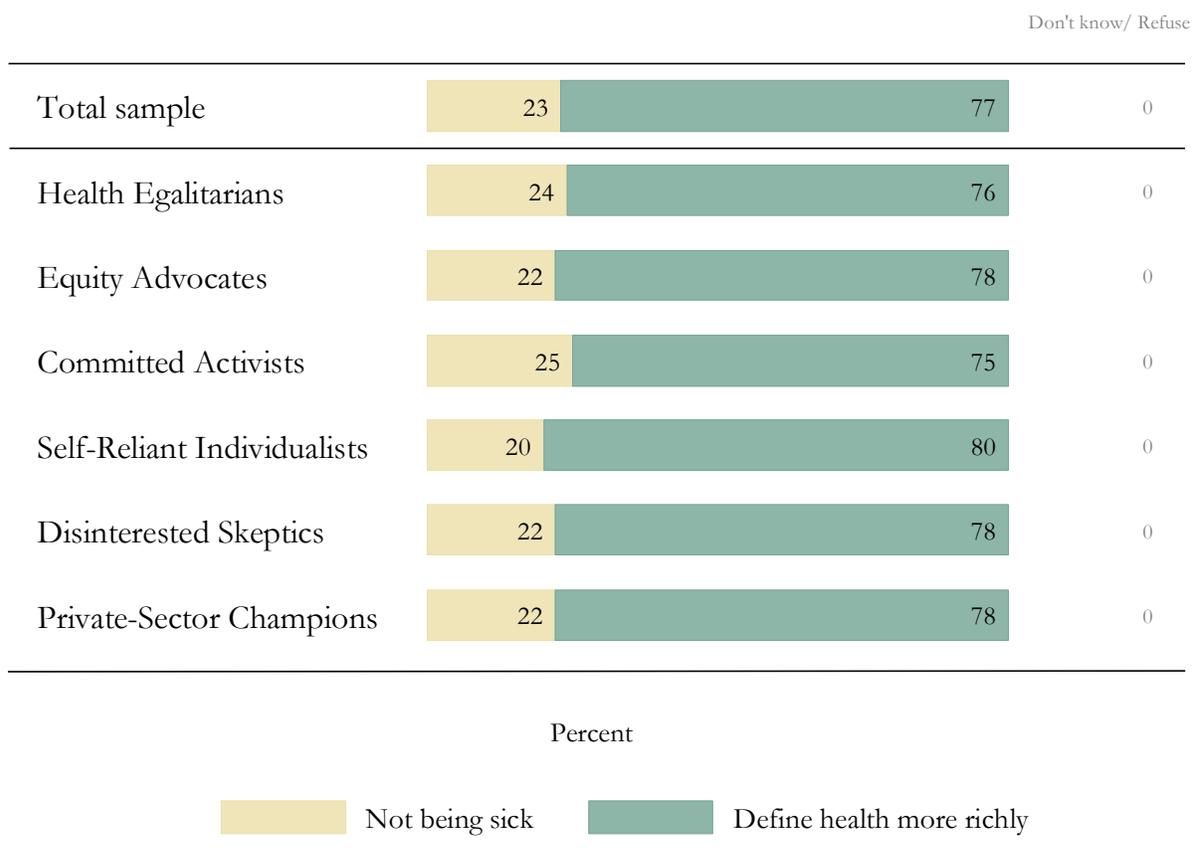
We included one question on interest in religion/spirituality. We found that 23% of Americans put a great deal of effort into praying or meditating with an additional one-in-five saying that they put quite a bit of effort into these activities. As with the other measures reported on above, the “great deal” category was used to compare the groups and build the typology. Self-Reliant Individualists resembled those in the total sample. Committed Activists and Private-Sector Champions were more likely to put a great deal of effort into praying or meditating, while those in the remaining groups were less likely.

3. Definition of Health

3.1 How Health is Defined

Figure 3.1: How health is defined

Health means different things to different people. When you hear/see the word “health,” what does it mean to you?.



One of the survey items measured how Americans define health. The question was asked in an open-ended fashion. Responses were coded using categories developed for previous funded RWJF surveys. We found that the vast majority (77%) of U.S. adults define it as more than the absence of illness, additionally mentioning lifestyle (e.g. physical fitness, healthy weight maintenance) and wellbeing (e.g. mental, emotional or spiritual wellbeing, independence). This was true across all of the groups; there are almost no differences between the groups on this dimension. As a result, this variable was not included in the cluster analytical procedures used to develop the typology.

4. Self-Efficacy for Health

Overview: At the individual level, we also explored self-efficacy related to care seeking, prevention and management of personal medical conditions. These findings are presented in the displays that follow. Overall, we found that the majority of Americans have high self-efficacy for care seeking but fewer have high self-efficacy for condition management (48%) and prevention (41%). Compared with Americans generally, Self-Reliant Individualists, Private-Sector Champions and, especially, Committed Activists have high self-efficacy; they are more likely to be very confident that they know when and where to get

medical care, how to manage health problems, and how to prevent health problems in the first place. The reverse is true of Health Egalitarians, Equity Advocates and, especially, Disinterested Skeptics.

4.1 Care Seeking Self-Efficacy

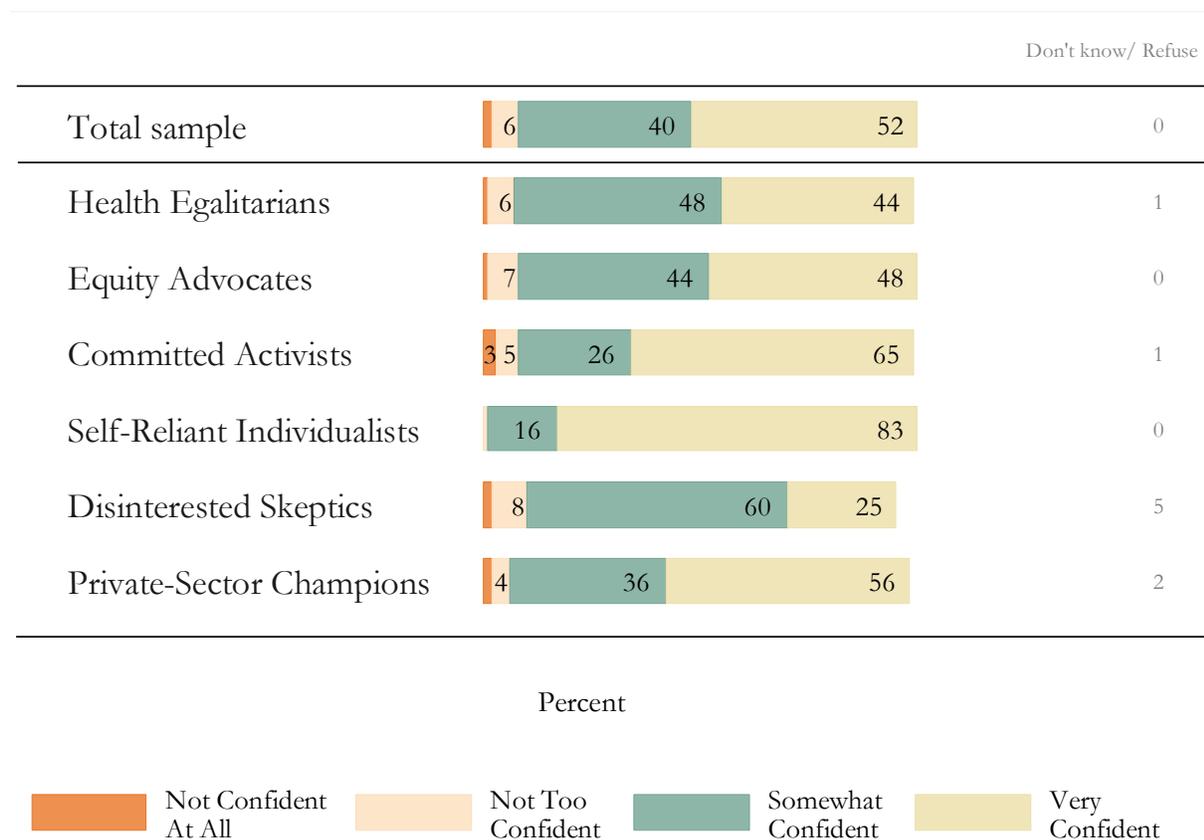
Overview: The majority of Americans are very confident they know when and where to get medical care. While Committed Activists, Self-Reliant Individualists, and Private-Sector Champions were even more likely to be very confident, Health Egalitarians and Equity Advocates were slightly less likely and Disinterested Skeptics were much less likely. These results are presented in the next two displays.

4.1.1 Know When to get Medical Care

Figure 4.1.1: Know when to get medical care

In general how confident are you that you know the following. Are you not confident at all, not too confident, somewhat confident or very confident?

You need to get medical care for a health problem and when you can handle it on your own



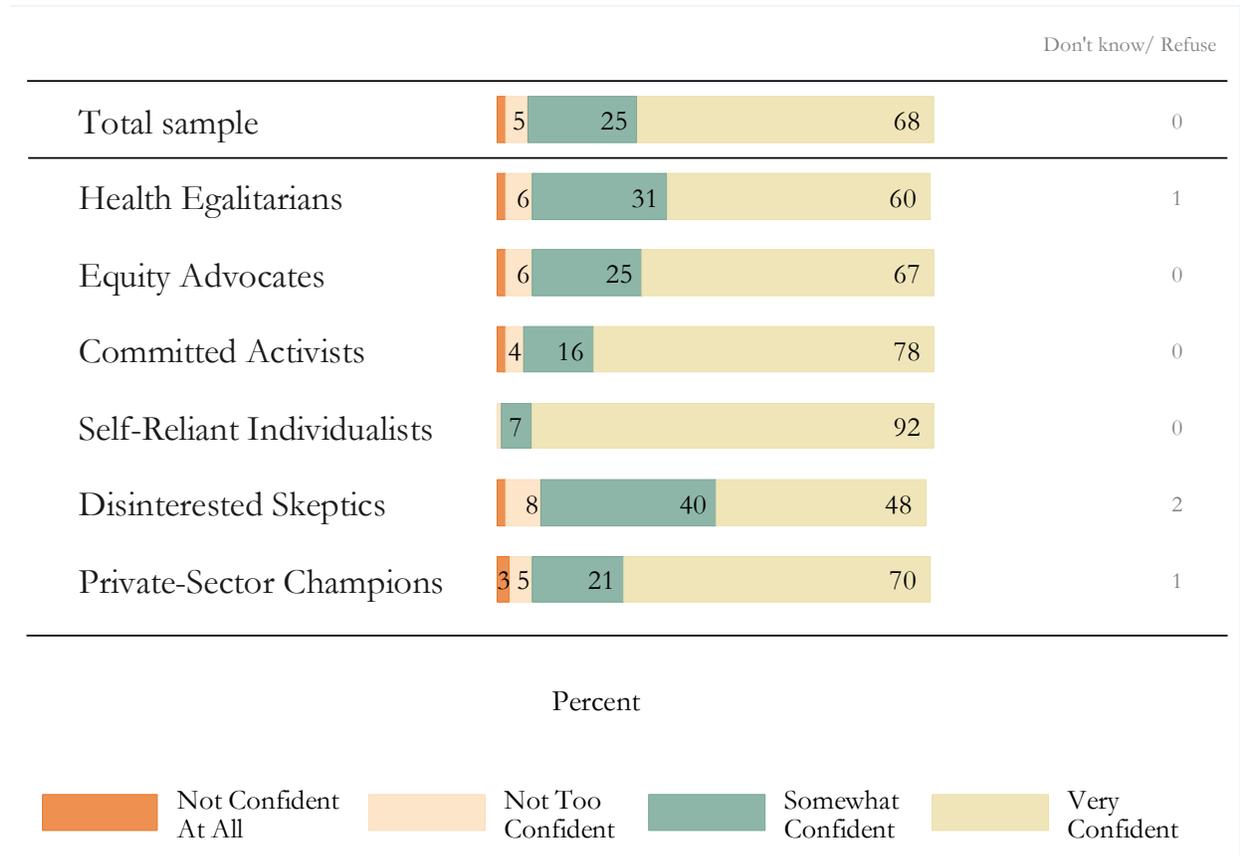
Over half (52%) of American adults are very confident they know when they need to get medical care for a health problem and when they can handle it on their own. The majority of Committed Activists, Self-Reliant Individualists, and Private-Sector Champions were also very confident, while Health Egalitarians and Disinterested Skeptics were less likely to be very confident. Equity Advocates were also less likely but the difference with the total sample was very small.

4.1.2 Know Where to Get Medical Care

Figure 4.1.2: Know where to get medical care

In general how confident are you that you know the following. Are you not confident at all, not too confident, somewhat confident or very confident?

Where to get medical care when you need it



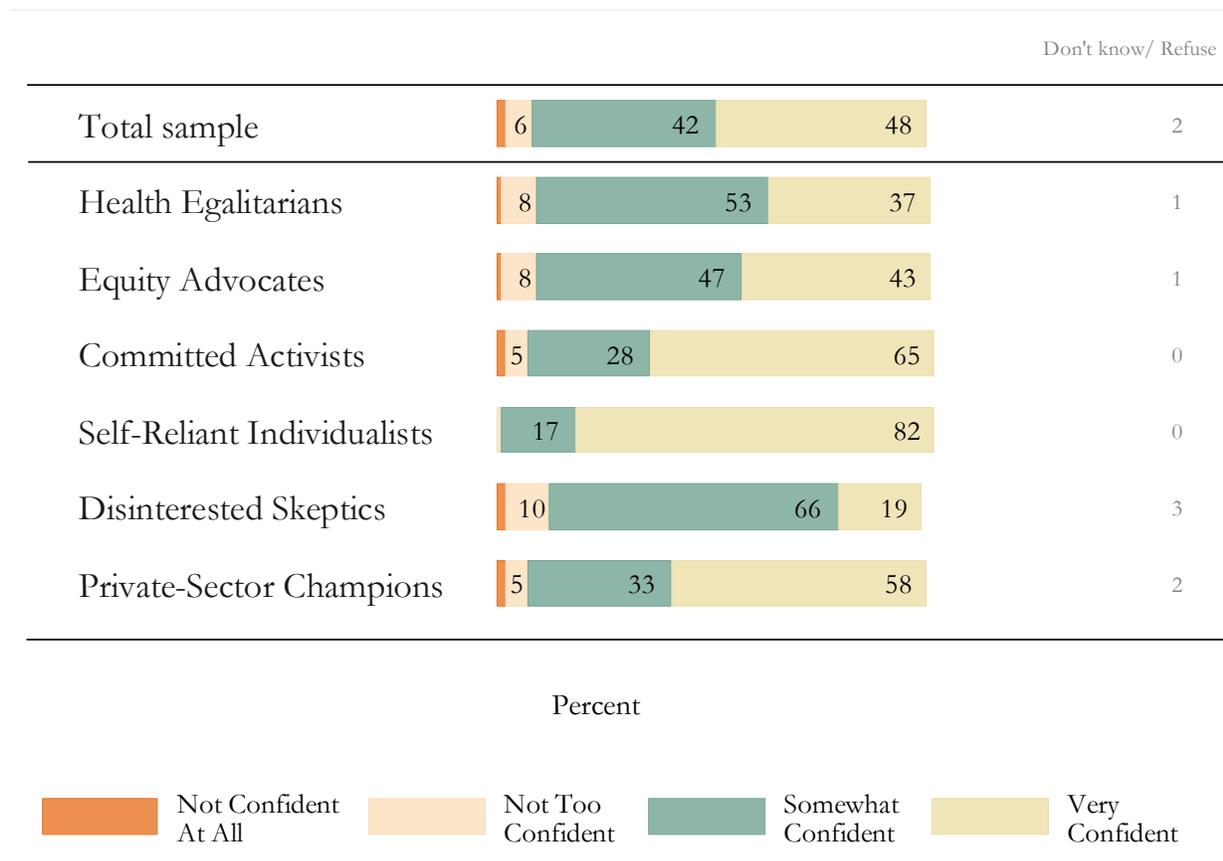
Over two-thirds (68%) of Americans are very confident they know where to get medical care when they need it. Committed Activists, Private-Sector Champions and, especially, Self-Reliant Individualists were more likely to say that they were very confident, while Health Egalitarians and Disinterested Skeptics were less likely to be very confident than the total sample. Equity Advocates had similar levels of confidence to those in the total sample.

4.2 Condition Management Self-Efficacy

Figure 4.2: Know how to manage your health problems

In general how confident are you that you know the following. Are you not confident at all, not too confident, somewhat confident or very confident?

How to manage any health problems you may have



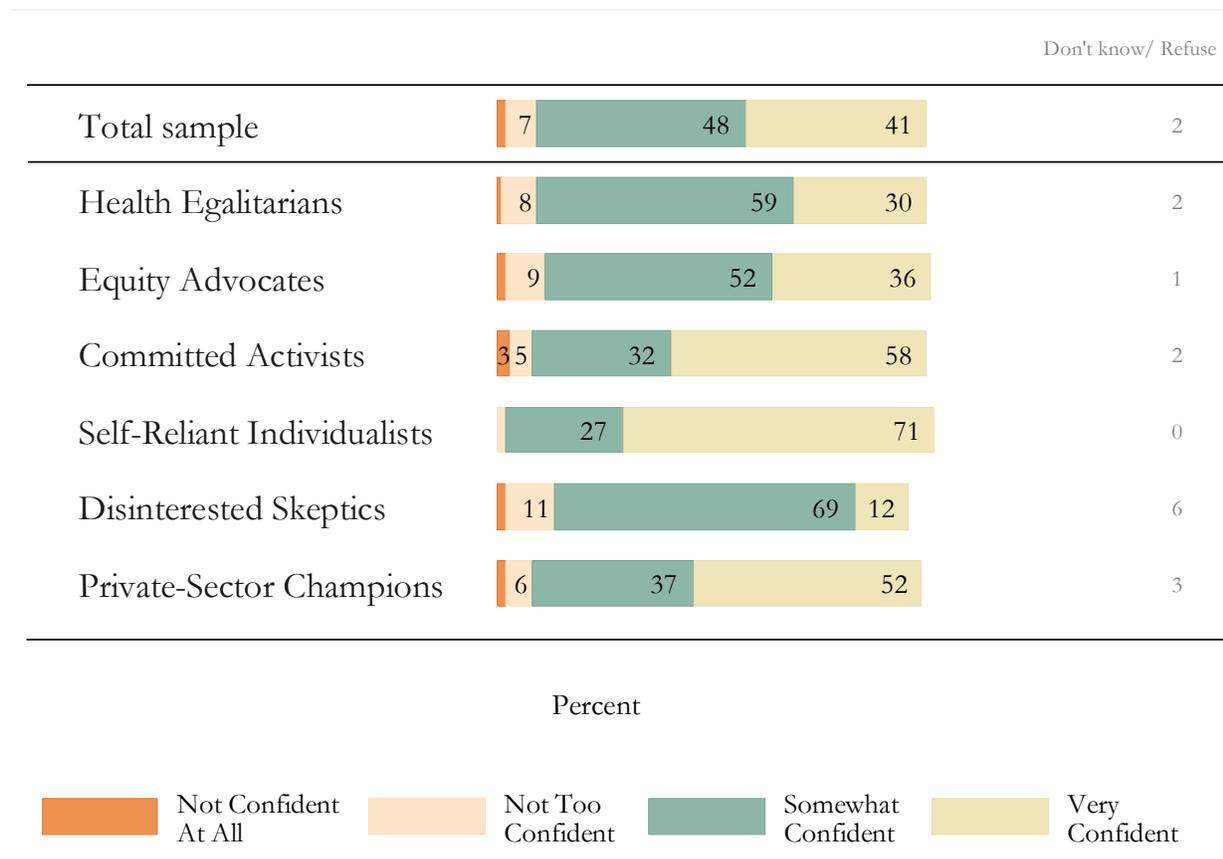
Nearly half (48%) of American adults feel very confident that they know how to manage any health problems they may have. Committed Activists, Self-Reliant Individualists, and Private-Sector Champions were more likely to be very confident, while Health Egalitarians and Equity Advocates were less likely. In addition, only 19% of Disinterested Skeptics were very confident they know how to manage any health problems they may have.

4.3 Prevention Self-Efficacy

Figure 4.3: Know how to prevent health problems in first place

In general how confident are you that you know the following. Are you not confident at all, not too confident, somewhat confident or very confident?

How to prevent health problems in the first place



Forty-one percent of American adults are very confident they know how to prevent health problems in the first place. Health Egalitarians and Disinterested Skeptics were less likely than the total sample to be very confident. Equity Advocates were slightly less likely. Committed Activists, Self-Reliant Individualists, and Private-Sector Champions were more likely to be very confident they know how to prevent health problems in the first place.

5. Trust in Science and the Health Care System

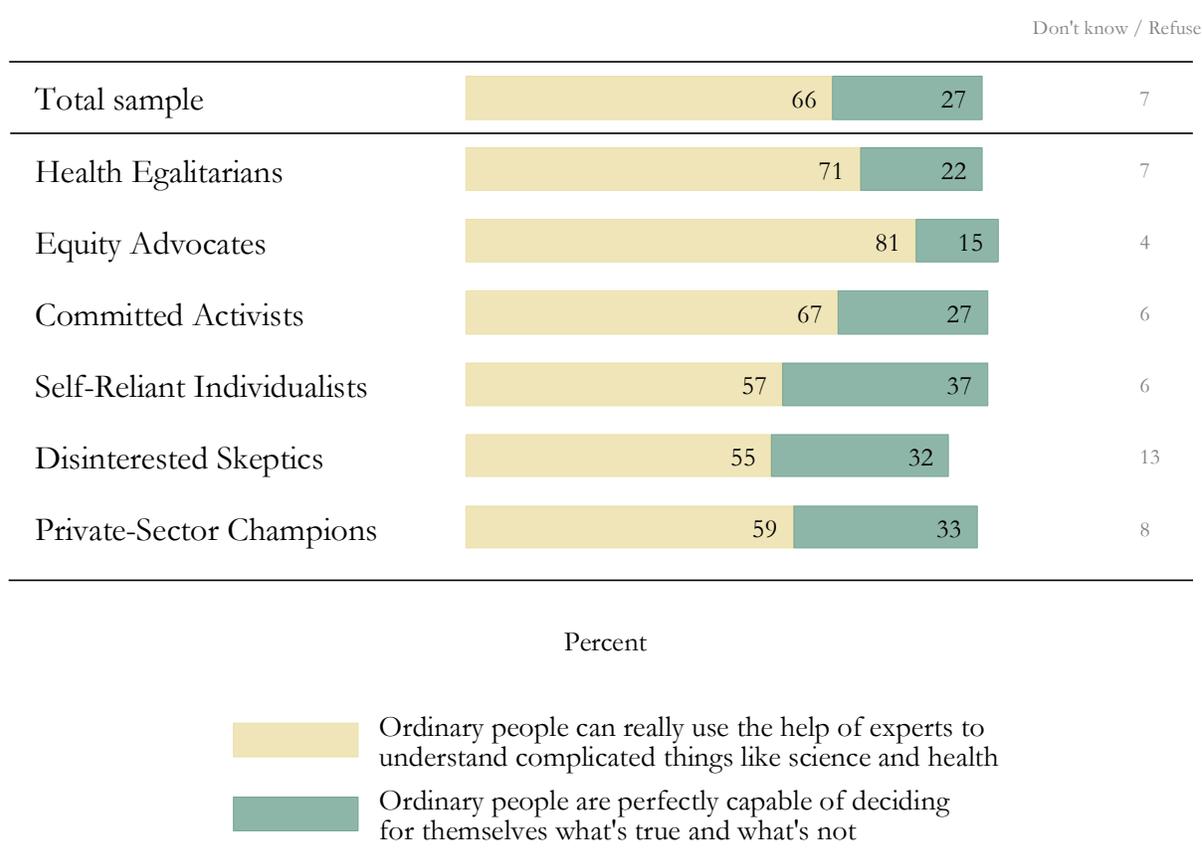
Overview: The next displays focus on our measures related to trust in science and the health care system. With the exception of one of our measures—one having to do with the superiority of alternative medicine to Western medicine—we found that Americans have a great deal of trust in science and the health care system. On this measure, the majority of Americans were at least open to the view that alternative medicine was more effective. Equity Advocates scored highest across the three trust measures that we included in the analysis. They are least open to the idea that alternative medicine is more effective than

Western, to placing trust in the wisdom of ordinary people over that of intellectuals and experts, and to believing that ordinary people are capable of deciding what is true without the need for experts. The Private-Sector Champions scored lower on trust across all three measures; Committed Activists and Disinterested Skeptics followed, scoring lower on two of the three measures. Equity Advocates scored higher on trust across all three measures. Health Egalitarians and Self-Reliant Individualists gave mixed responses across the measures.

5.1. Belief that Ordinary People Can Decide What is True Without Experts

Figure 5.1: Belief that ordinary people can decide what is true without experts

Would you say that ordinary peopleCan really use the help of experts to understand complicated things like science and health OR are perfectly capable of deciding for themselves what's true and what's not



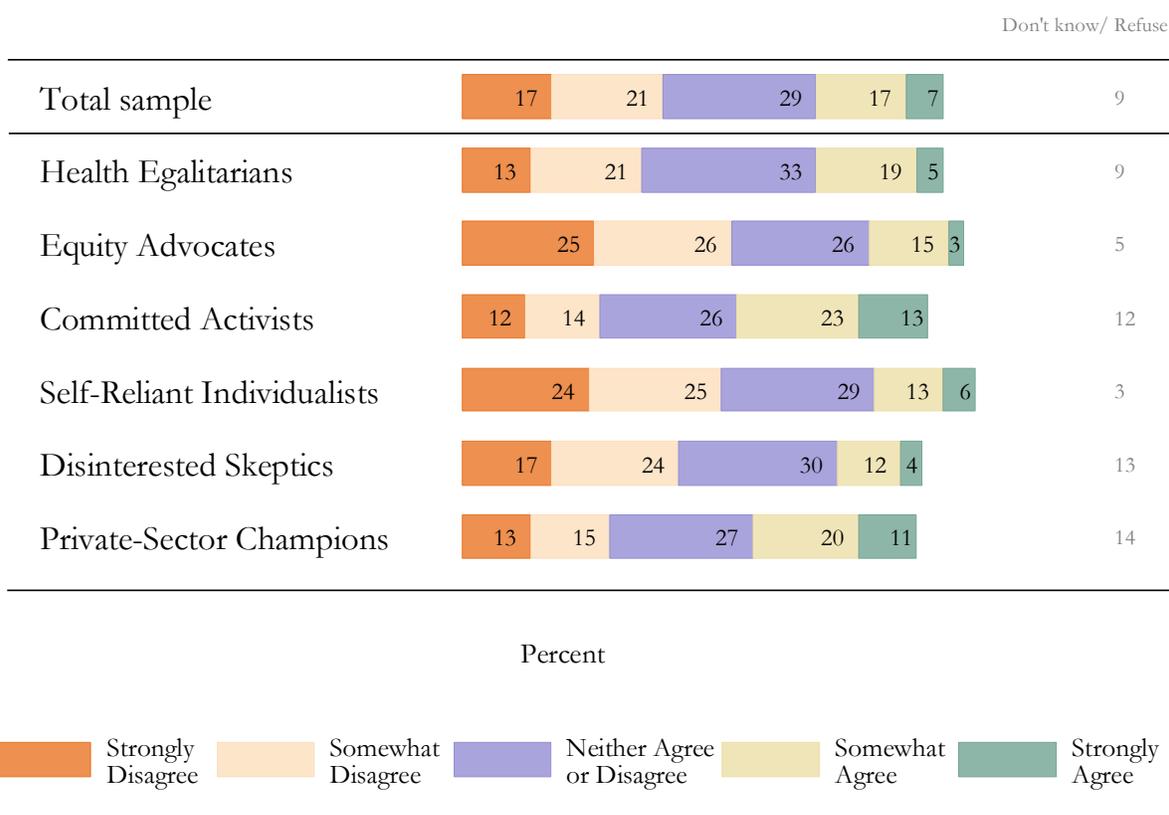
Almost two-thirds (66%) of American adults believe “ordinary people can really use the help of experts to understand complicated things like science and health.” Health Egalitarians and especially Equity Advocates are more likely to believe this while Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are less likely. Committed Activists hold views similar to the total sample.

5.2 Belief that Alternative Medicine is More Effective than Western

Figure 5.2: Belief that alternative medicine is more effective than Western

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree or strongly agree.

Alternative medicine is more effective than western medicine for treating most illnesses.



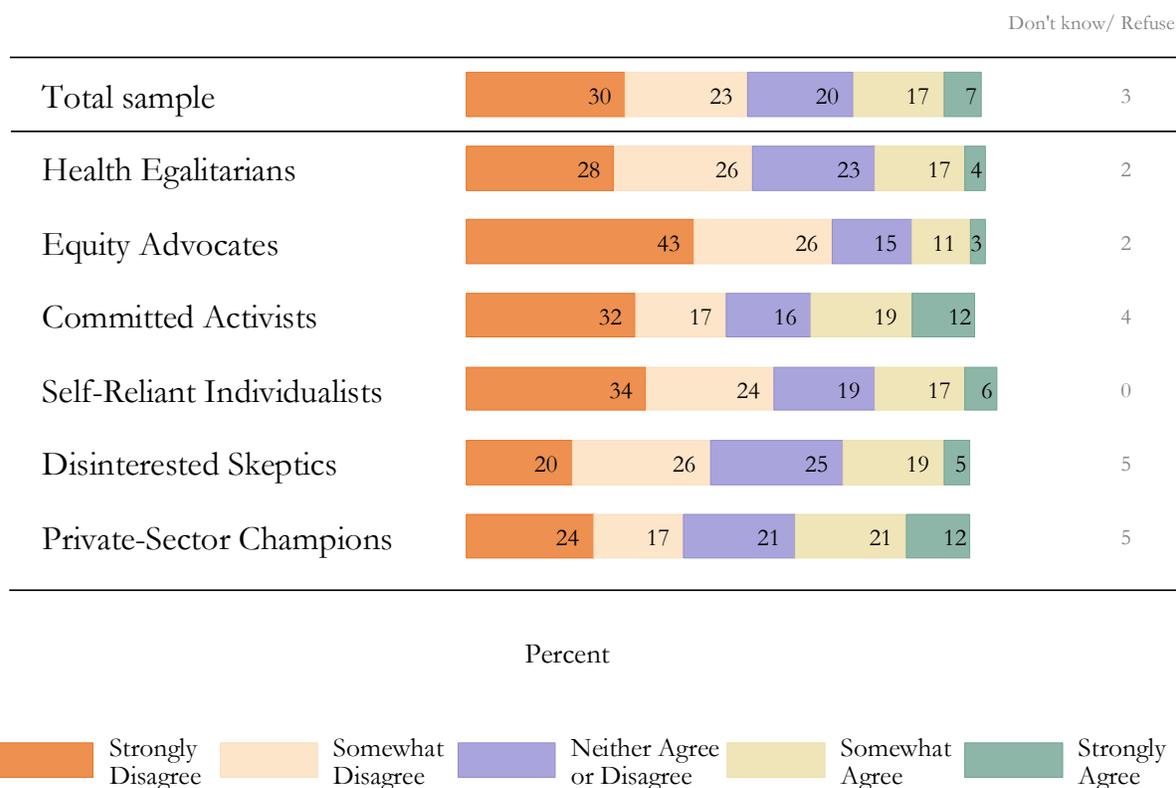
About one-in-four (38%) of American adults either somewhat or strongly disagree with the idea that “alternative medicine is more effective than Western medicine for treating most illnesses.” Sixty two percent either agree or are not sure. This was the response category we used to compare the groups and construct the typology. Equity Advocates and Self-Reliant Individualists are more likely to disagree. Health Egalitarians, and especially Committed Activists and Private-Sector Champions, are less likely to disagree. Disinterested Skeptics resemble the total sample.

5.3 Belief That It is Better to Put Trust in Wisdom of Ordinary People and Not Experts

Figure 5.3: Belief that it is better to put trust in wisdom of ordinary people and not experts

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree or strongly agree.

I'd rather put my trust in the wisdom of ordinary people than the opinions of experts and intellectuals.



The majority (53%) of American adults somewhat or strongly disagree that “I'd rather put my trust in the wisdom of ordinary people than the opinions of experts and intellectuals.” As with the measure reported above, this was the response category we used to compare the groups and construct the typology. Equity Advocates and Self-Reliant Individualists are more likely to disagree, while Committed Activists, Disinterested Skeptics and Private-Sector Champions are less likely. The views of Health Egalitarians are similar to the total sample.

6. Equity/Solidarity

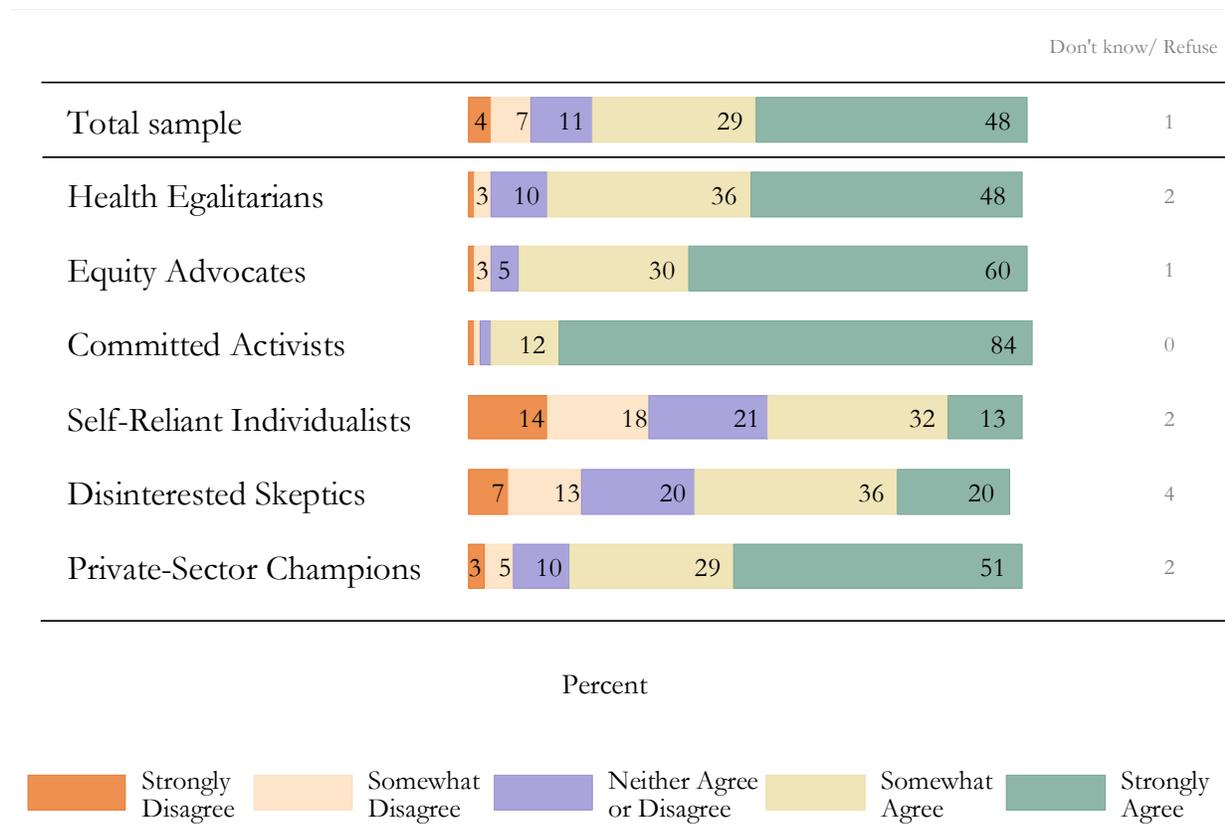
Overview: Many of the survey measures focused on societal-level health values and beliefs including those related to equity and social solidarity. The social solidarity measure was a single item that asked about whether it would be better for the country if people were as concerned about the needs of others as they are about their own needs. Both equity and solidarity are central to the Culture of Health vision. We assessed beliefs and values in this domain by asking about the importance of equality of opportunity to succeed generally in life, health equity and social solidarity. These results are presented in the displays that follow. Overall, we found that almost half of Americans (48%) strongly embrace equality of opportunity to succeed, about the same proportion scored high on social solidarity (50%) and the majority (58%) strongly supported the idea of health equity. Health Egalitarians, Equity Advocates, and Committed Activists differ in interesting and fairly nuanced ways on these issues. Health Egalitarians are more likely than those in the sample generally to strongly embrace health equity as a value. The same was not true, however, with regard to equality of opportunity to succeed in life and the importance of social solidarity. Equity Advocates are more likely to embrace all three values within the equity/solidarity domain. Committed Activists do as well and overwhelmingly so; collectively these values are more broadly shared within Committed Activists than any of the other groups. Self-Reliant Individualists and Disinterested Skeptics are quite similar to one another on these issues, but very different from Health Egalitarians, Equity Advocates, and Committed Activists. Self-Reliant Individualists and Disinterested Skeptics adults are less likely than Americans generally to strongly believe in equality of opportunity to succeed and the importance of social solidarity and health equity. Private-Sector Champions are conflicted; they are sometimes more likely to value equity/solidarity and sometimes not, depending on the measure. On the social solidarity and one of the two health equity measures, they were more likely to score high. On the equality of opportunity measure their views resembled the total sample.

6.1 Equality of Opportunity to Succeed

Figure 6.1: Equality of opportunity to succeed

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, or strongly agree.

Our country should do whatever is necessary to make sure that everyone has an equal opportunity to succeed.



Almost half of Americans (48%) strongly agree that, “our country should do whatever is necessary to make sure that everyone has an equal opportunity to succeed,” our survey measure assessing views about equality of opportunity to succeed generally. An additional three-in-ten somewhat agree. As with the other agree/disagree variables, we selected the “strongly agree” category for use in the cluster analysis. Equity Advocates and Committed Activists were more likely to strongly agree while Self-Reliant Individualists and Disinterested Skeptics were less likely. The views of Health Egalitarians and Private-Sector Champions resembled those in the total sample.

6.2 Health Equity

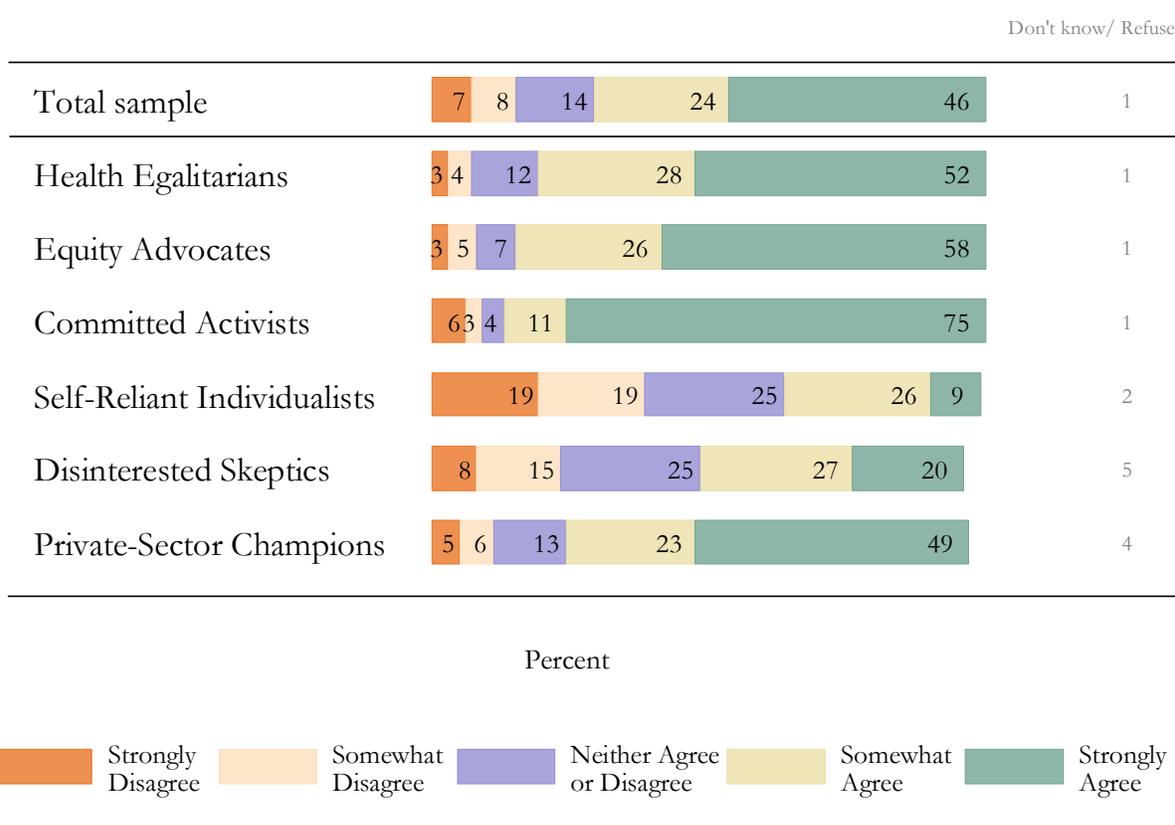
Overview: Two measures were included on health equity, one that emphasized social justice and one that did not make explicit reference to it. Overall, the majority of Americans embrace the value of health equity, at least when the issue is not explicitly posed in terms of social justice. We found that Health Egalitarians, Equity Advocates, and Committed Activists are more likely to highly value health equity whereas Self-Reliant Individualists and Disinterested Skeptics are less likely. Private-Sector Champions are somewhat more likely to value it, scoring higher than the total sample on one of the two health equity measures. These findings are presented below.

6.2.1 Unjust if Some Have More Opportunity to be Healthy

Figure 6.2.1: Unjust if some have more opportunity to be healthy

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, or strongly agree.

It would be unjust if some people have more of an opportunity to be healthy than other people.



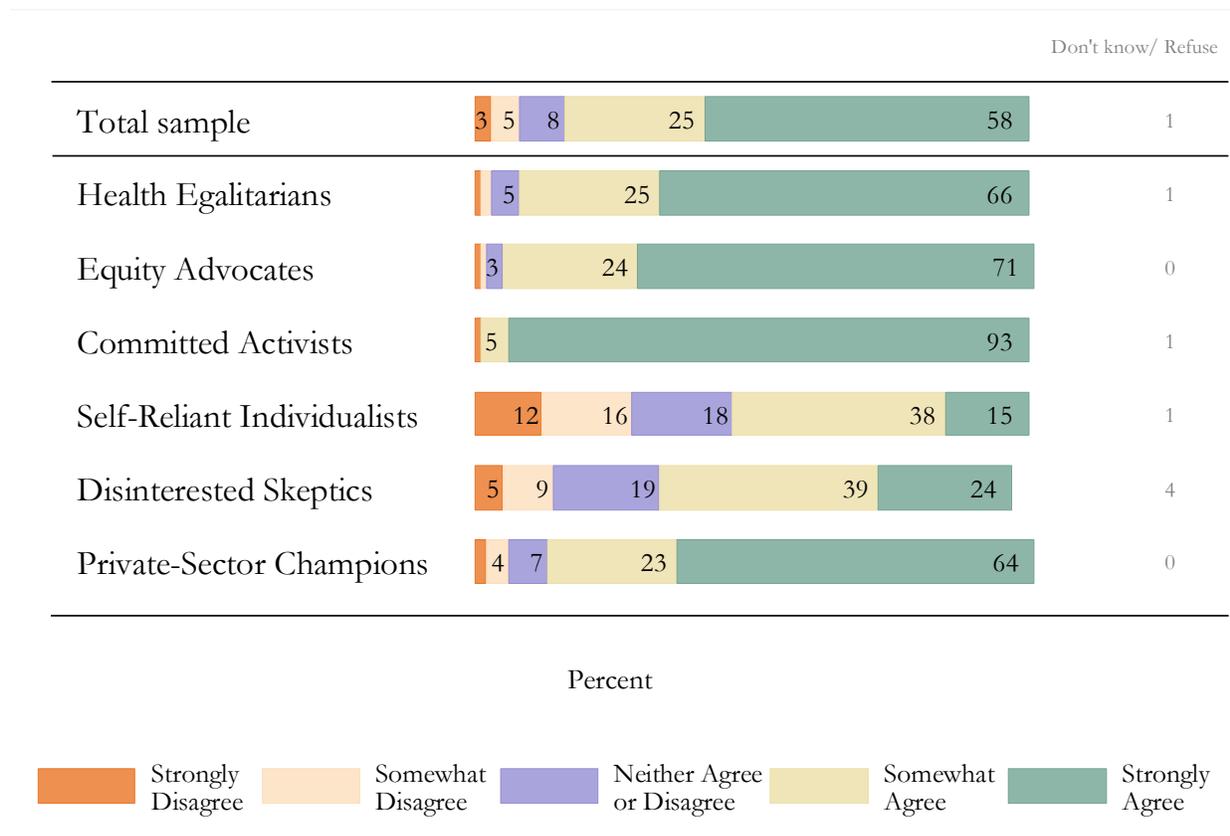
Forty-six percent of American adults strongly agree that, “it would be unjust if some people had more of an opportunity to be healthy than other people.” Health Egalitarians, Equity Advocates and, especially, Committed Activists were more likely to strongly agree, while Disinterested Skeptics and especially Self-Reliant Individualists were less likely to strongly agree that it would be unjust. Private-Sector Champions resembled the views of those in the total sample.

6.2.2 Everyone Should Have Opportunity to be Healthy

Figure 6.2.2: Everyone should have opportunity to be healthy

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, or strongly agree.

Our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy.



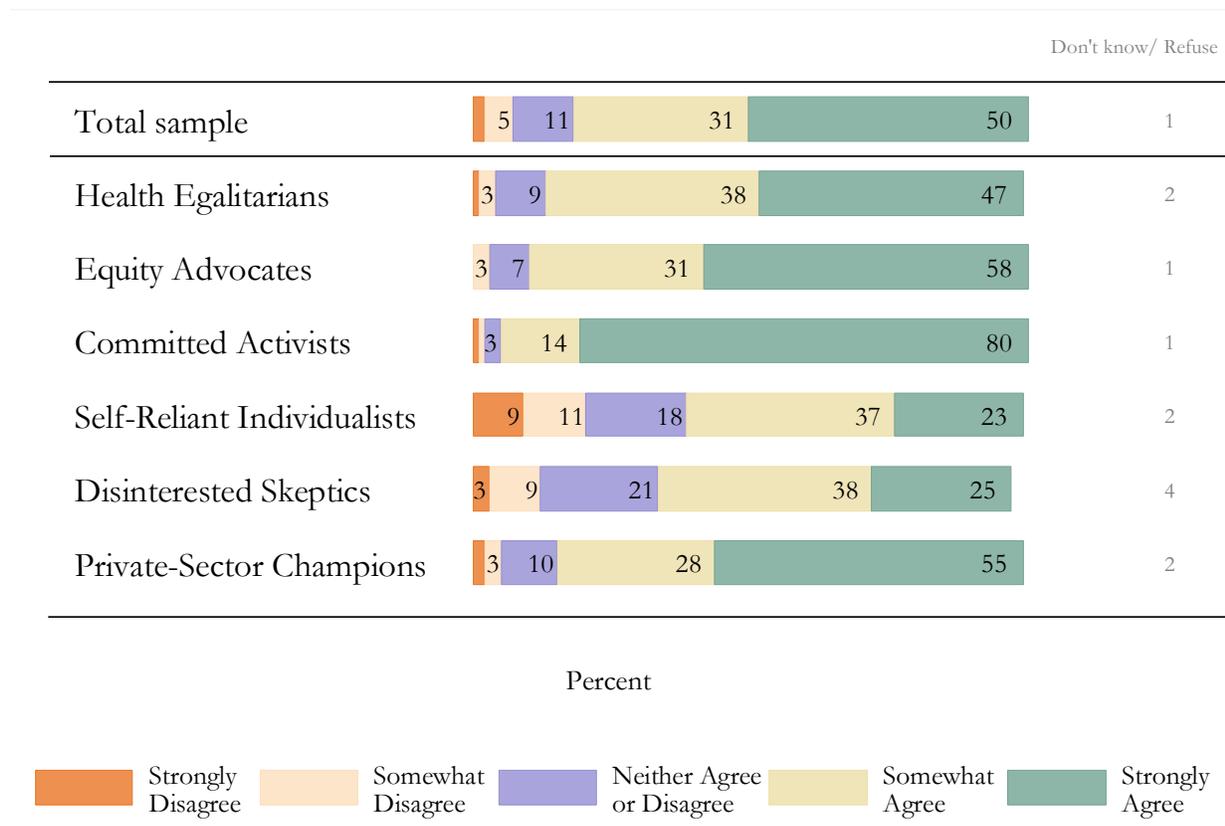
The majority of Americans (58%) strongly agree that, “our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy.” Interestingly, this measure, which did not include the social justice concept, drew higher levels of agreement than the previous one, which did. Almost all Committed Activists (92%) strongly agreed with the statement and Health Egalitarians, Equity Advocates, and Private-Sector Champions were more likely to strongly agree than the total sample. Self-Reliant Individualists and Disinterested Skeptics were far less likely to strongly agree.

6.3 Social Solidarity

Figure 6.3: Importance of the needs of others

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, or strongly agree.

It is best for the country if people are as concerned about the needs of others as they are about their own needs.



Almost half (50%) of American adults strongly agree that, “it is best for the country if people are as concerned about the needs of others as they are about their own needs.” We viewed this as a measure of the importance of social solidarity. While Equity Advocates, Private-Sector Champions and, especially, Committed Activists were more likely to strongly agree, Self-Reliant Individualists and Disinterested Skeptics were far less likely. Health Egalitarians were slightly less likely to strongly agree than the total sample.

7. Disparities and the Social Determinants of Health

Overview: The findings on health disparities and the social determinants of health are presented in the displays that follow. Each was an important survey focus. We found that only about one-third of Americans believe that disparities in access to health care exist based on race/ethnicity but two-thirds accept that they exist based on income. With regard to the social determinants, large majorities of Americans believe that they are strong influences on individual health.

Health Egalitarians, Equity Advocates, and Committed Activists differ greatly on these issues. As pointed out above, Health Egalitarians are more likely than those in the sample generally to strongly embrace health equity as a value but, as the data below show, they are less likely to believe that race/ethnic-based disparities exist. They are also less likely to believe that the other social determinants are strong influences on health. Agreement is broader among Equity Advocates than any of the other groups on the existence of both race/ethnic- and income-based disparities. They are less likely, almost across the board, to believe that the other social determinants are strong influences on health, however. Committed Activists are more likely to believe that disparities exist and that the other social determinants are strong influences on health. They are more broadly concerned about the social determinants than any of the other groups. Self-Reliant Individualists and Disinterested Skeptics are quite similar to one another on these issues, but very different from Health Egalitarians, Equity Advocates, and Committed Activists. They are less likely to believe that race-ethnic and income-based disparities exist and that the other social determinants are strong influences on health. Private-Sector Champions share some similarities with Health Egalitarians, Equity Advocates, and Committed Activists and some similarities with the Self-Reliant Individualists and Disinterested Skeptics. They are like Self-Reliant Individualists and Disinterested Skeptics with regard to their views on disparities and like Committed Activists with regard to their views on the importance of the social determinants.

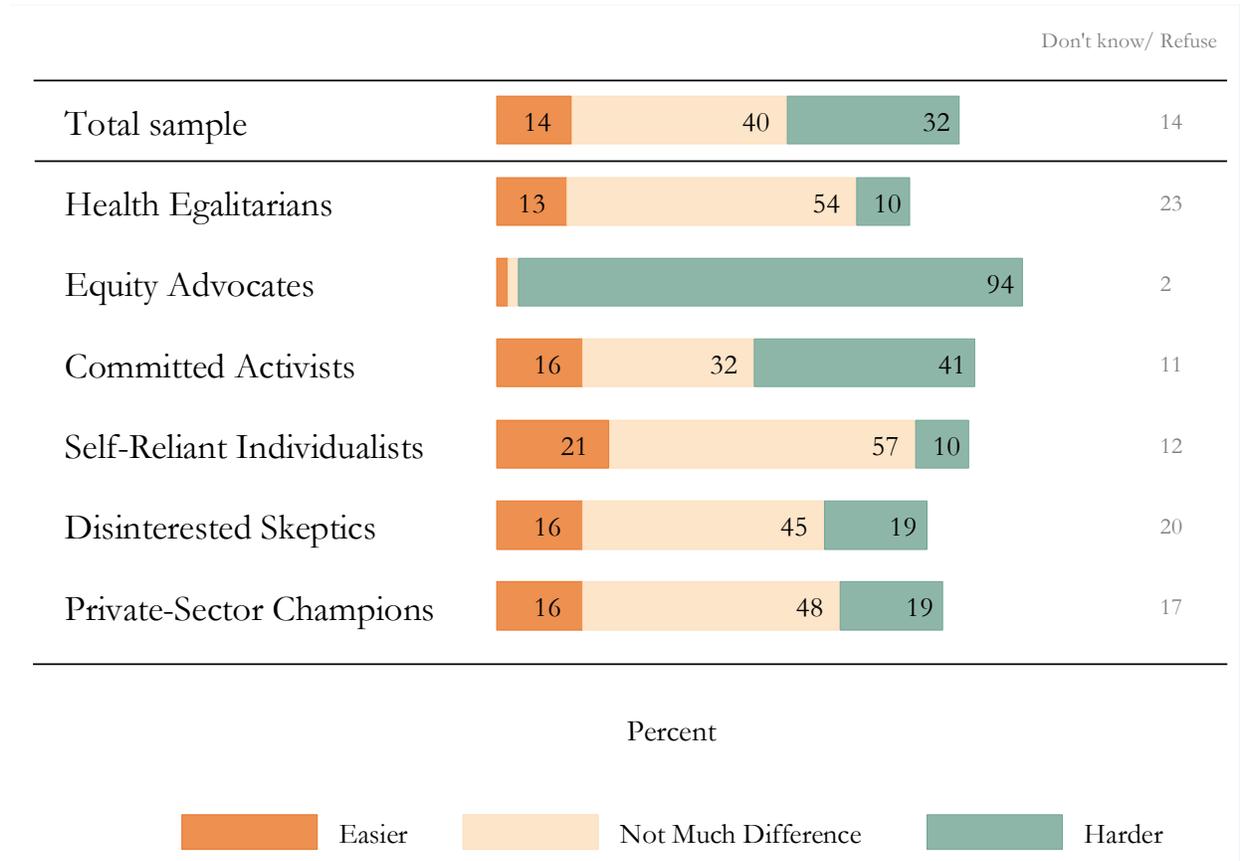
7.1 Perceived Existence of Race/Ethnic Disparities

Overview: Only about one-third of Americans believe that race/ethnic-based disparities exist with regard to health care access. Equity Advocates and Committed Activists are more likely than Americans generally to believe they exist. The other groups were less likely.

7.1.1 Perceived Existence of Disparities for Hispanics

Figure 7.1.1: Perceived existence of disparities for Hispanics

When Latinos need healthcare, do you think it is easier or harder for them to get the care they need than it is for White Americans, or is there not much of a difference?

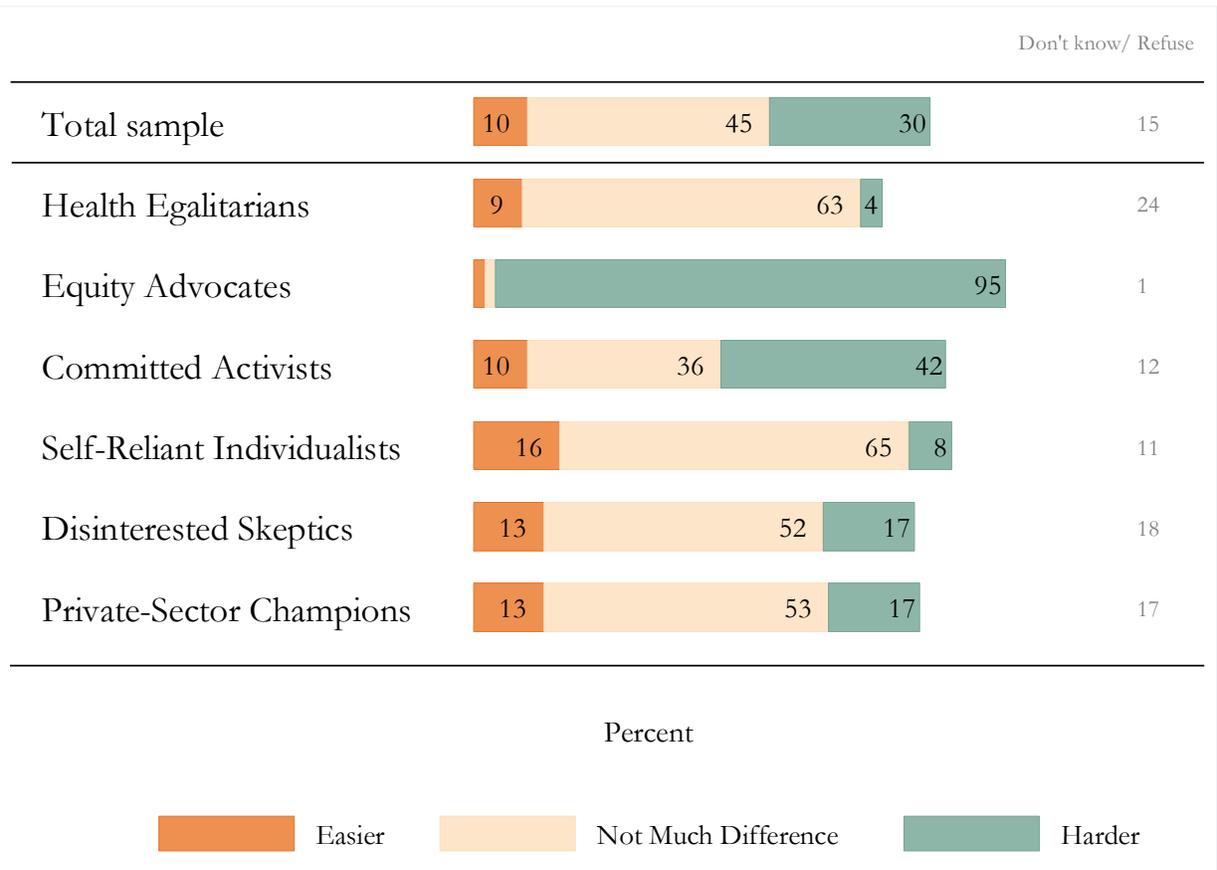


Only one-third (32%) of Americans believe that it is “harder” for Latinos than Whites to receive health care. All groups, except Equity Advocates and Committed Activists, were less likely to believe this. Adults in these two groups were more likely to believe it; in the case of Committed Activists there was almost unanimity on the issue.

7.1.2 Perceived Existence of Disparities for African Americans

Figure 7.1.2: Perceived existence of disparities for African Americans

When African Americans need healthcare, do you think it is easier or harder for them to get the care they need than it is for White Americans, or is there not much of a difference?

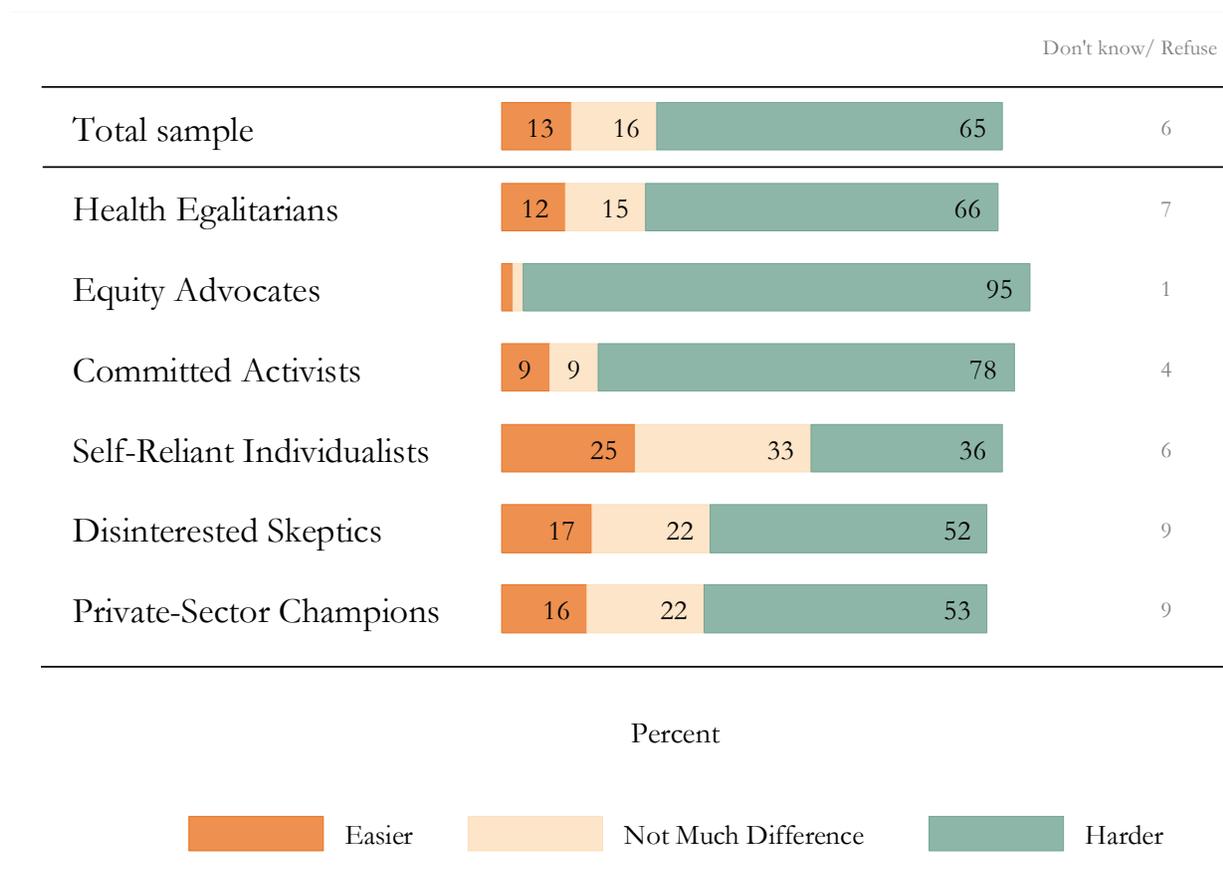


As with Hispanics, only 30% of Americans believe that it is “harder” for African Americans than Whites to receive health care. The group differences on this measure are the same as on the previous measure: Equity Advocates and Committed Activists were more likely to agree that it is harder and the other groups were less likely.

7.2 Perceived Existence of Income-Based Disparities

Figure 7.2: Perceived existence of disparities for low income people

When low-income Americans need health care, do you think it is easier or harder for them to get the care they need than it is for those who are better off financially, or is there not much of a difference?



Unlike disparities based on race and ethnicity, the vast majority of Americans perceive the existence of income-based disparities in health care access. Almost two-thirds of American adults (65%) believe that it is harder for low-income Americans to get health care compared to those who are better off financially. Disinterested Skeptics, Private-Sector Champions and, especially, Self-Reliant Individualists were less likely to believe this. Equity Advocates and Committed Activists were much more likely to believe this, with 95% of Equity Advocates agreeing. Health Egalitarians resembled the total sample.

7.3 Importance of Social Determinants of Health

Overview: Large majorities of Americans believe in the strong importance of the social determinants of health. We assessed attitudes on the impact on health of community of residence, jobs, food quality, safety, housing and education. These findings are presented next. Overall, jobs and food availability were viewed as the strongest determinants followed by education. Among the six typology groups, opinions were polarized about all six determinants, however, and the pattern was similar. Committed Activists and Private-Sector Champions are more likely than Americans generally to believe that each is a very strong

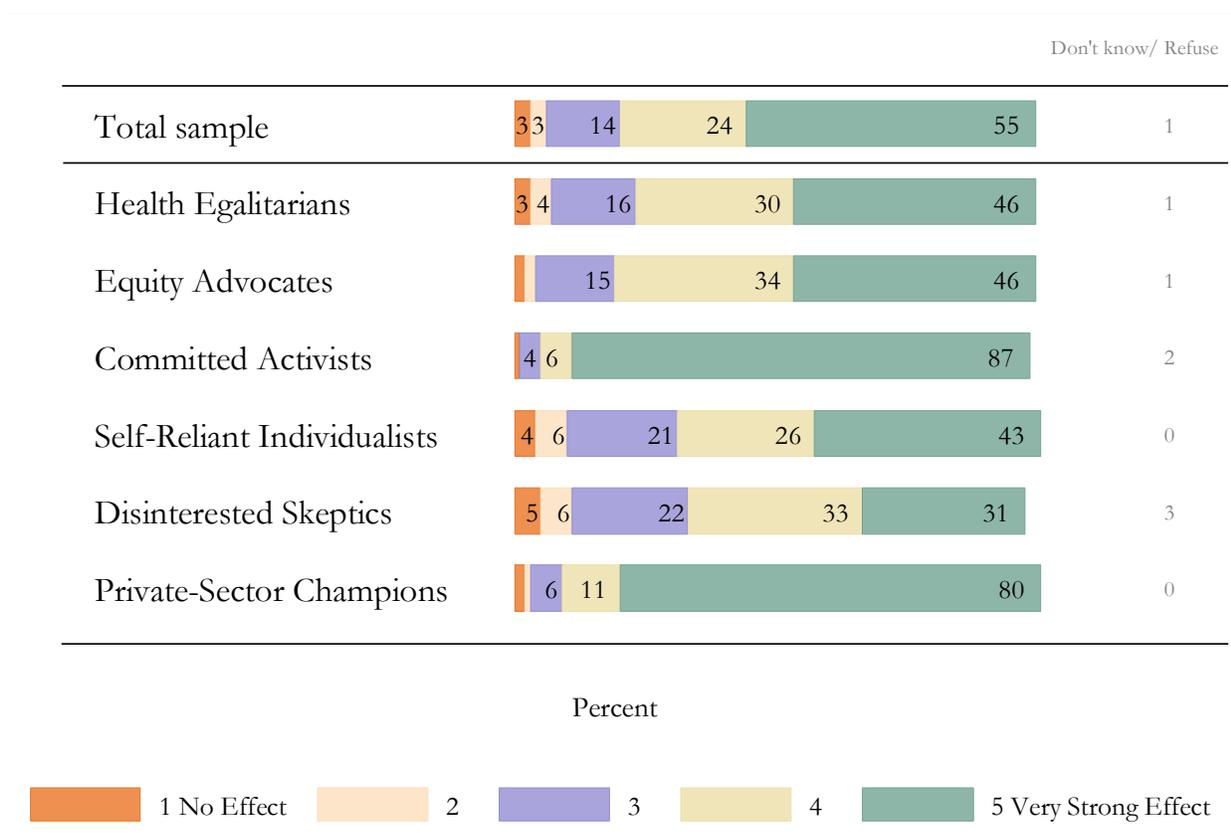
influences on health. Americans in the other groups are less likely to believe they are very strong influences.

7.3.1 Importance of Job

Figure 7.3.1: Importance of job

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Having a job



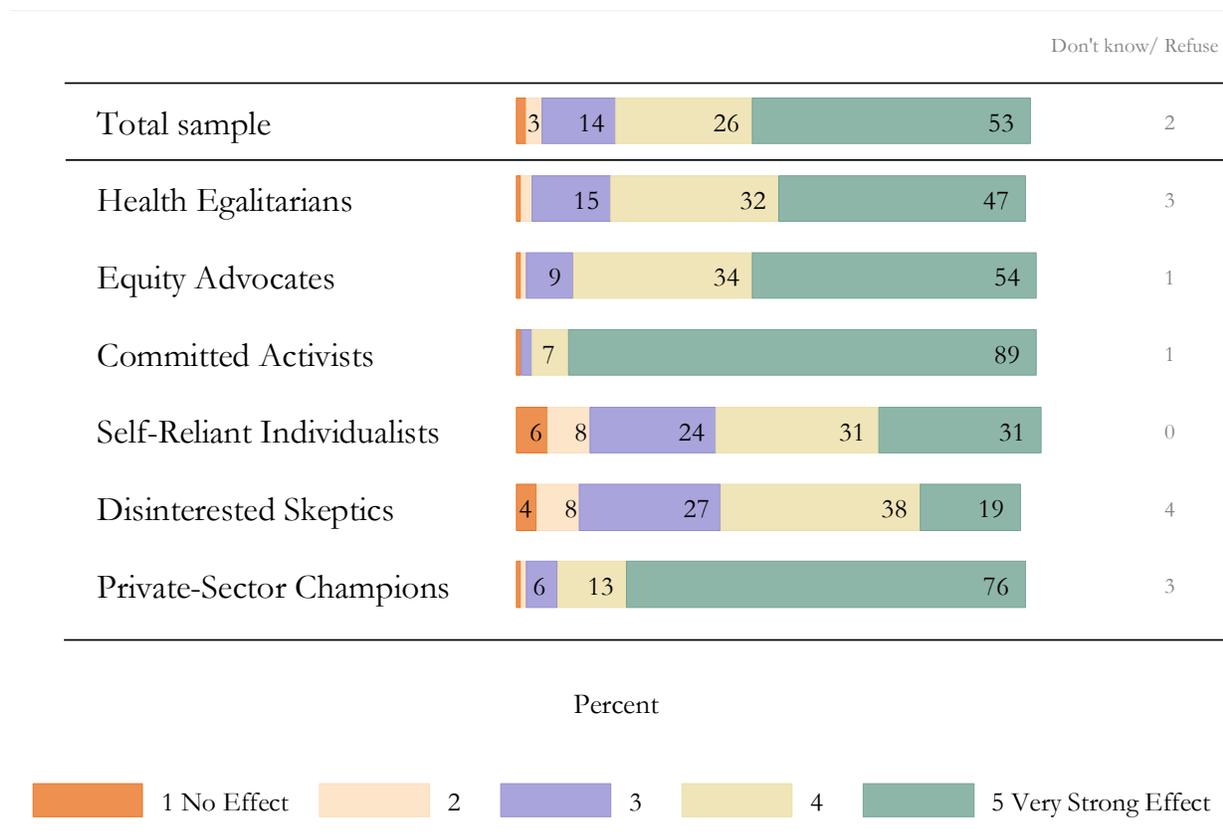
The majority (55%) of Americans believe that whether or not one has a job very strongly affects an individual’s health. An additional 24% believe that it strongly affects health. For the cluster analysis we selected the “very strong effect” category to use in our assessment of group differences. Committed Activists and Private-Sector Champions were more likely to share a belief in its very strong effect while those in the each of other groups were less likely. Disinterested Skeptics were the least likely to share the belief.

7.3.2 Importance of Quality of Food Availability

Figure 7.3.2: Importance of quality food availability

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Quality of food available in the community



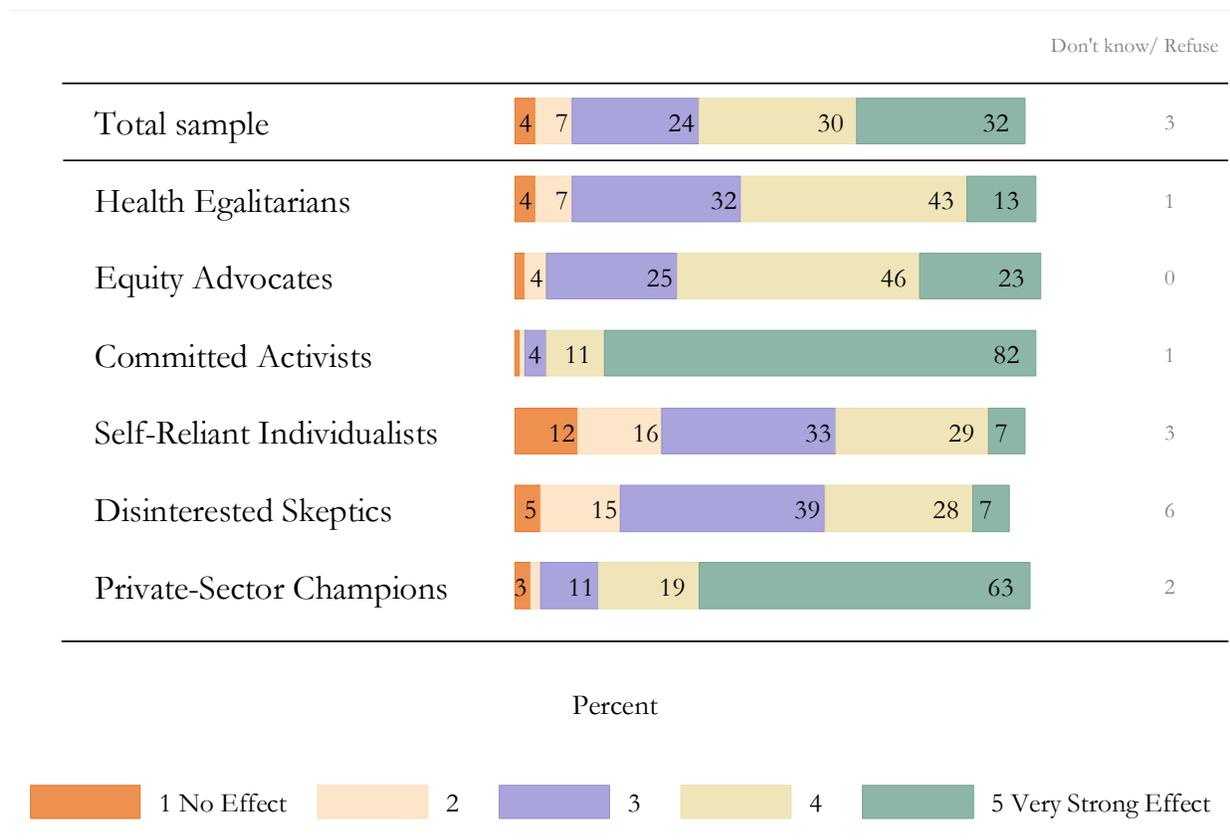
Fifty-three percent of American adults believe that the quality of food available in communities very strongly affects an individual’s health. An additional 26% believe that it strongly affects health. Committed Activists and Private-Sector Champions were much more likely to share a belief in its very strong effect compared to the total sample. Health Egalitarians were slightly less likely, while Self-Reliant Individualists and Disinterested Skeptics were much less likely. The beliefs of Equity Advocates resembled the total sample.

7.3.3 Importance of Community You Live In

Figure 7.3.3: Importance of community you live in

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Community a person lives in



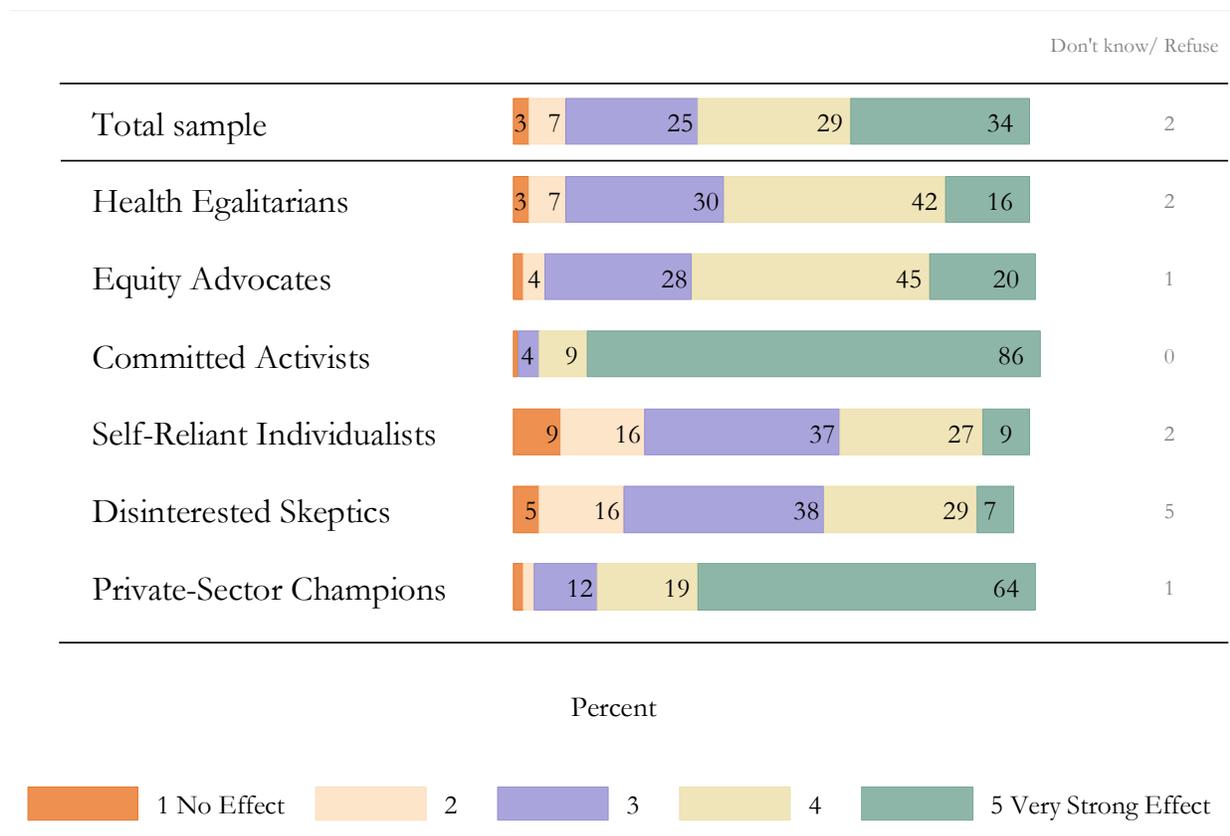
Thirty-two percent of Americans believe that the community in which a person lives very strongly affects health. An additional 30% believe that it strongly affects health. Committed Activists and Private-Sector Champions were the most likely to share a belief in the very strong effect of the community of residence, much more likely than the total sample. Those in the other groups were much less likely to hold this belief.

7.3.4 Importance of Community Safety

Figure 7.3.4: Importance of community safety

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Community safety



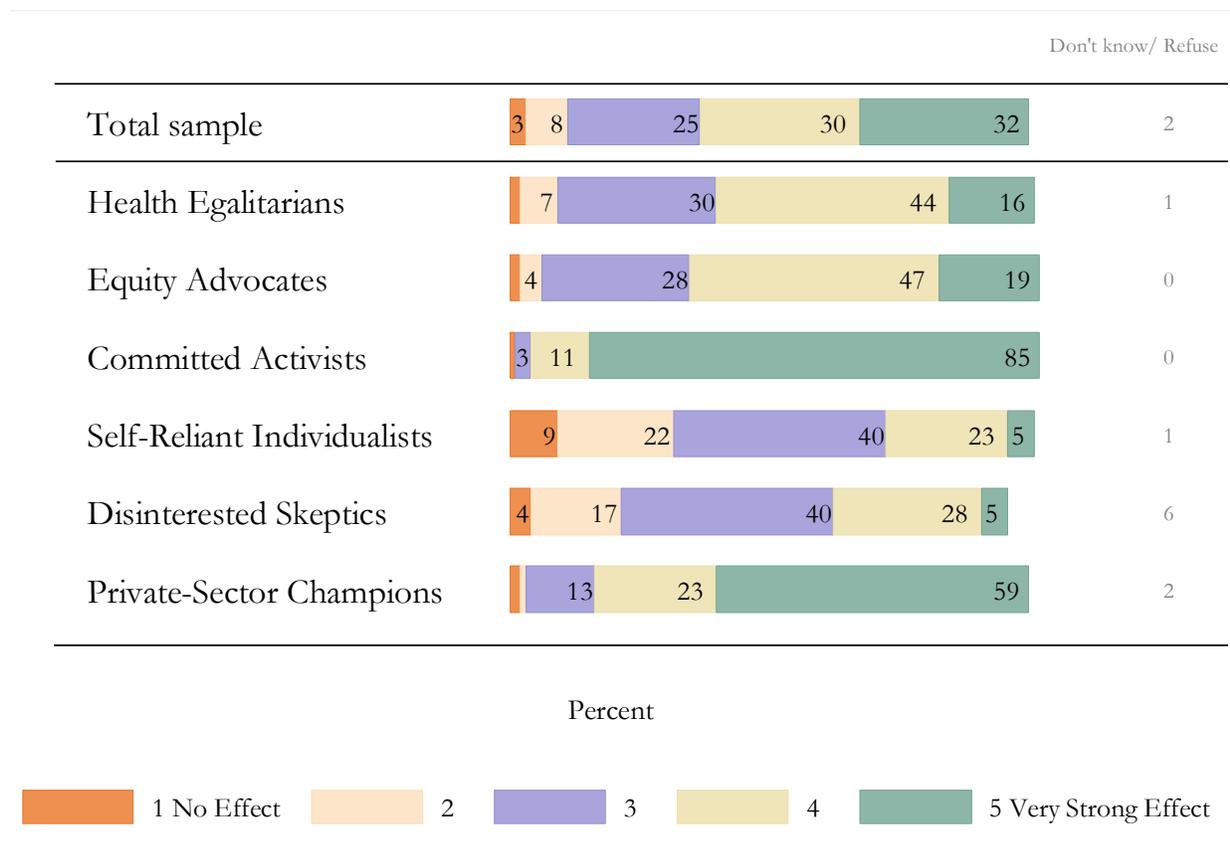
Thirty-four percent of Americans believe that community safety very strongly affects health with an additional 29% believing that it strongly affects health. Committed Activists and Private-Sector Champions were the most likely to share a belief in its very strong effect, much more likely than the total sample. The other groups were less likely.

7.3.5 Importance of Decent Housing

Figure 7.3.5: Importance of decent housing

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Housing quality



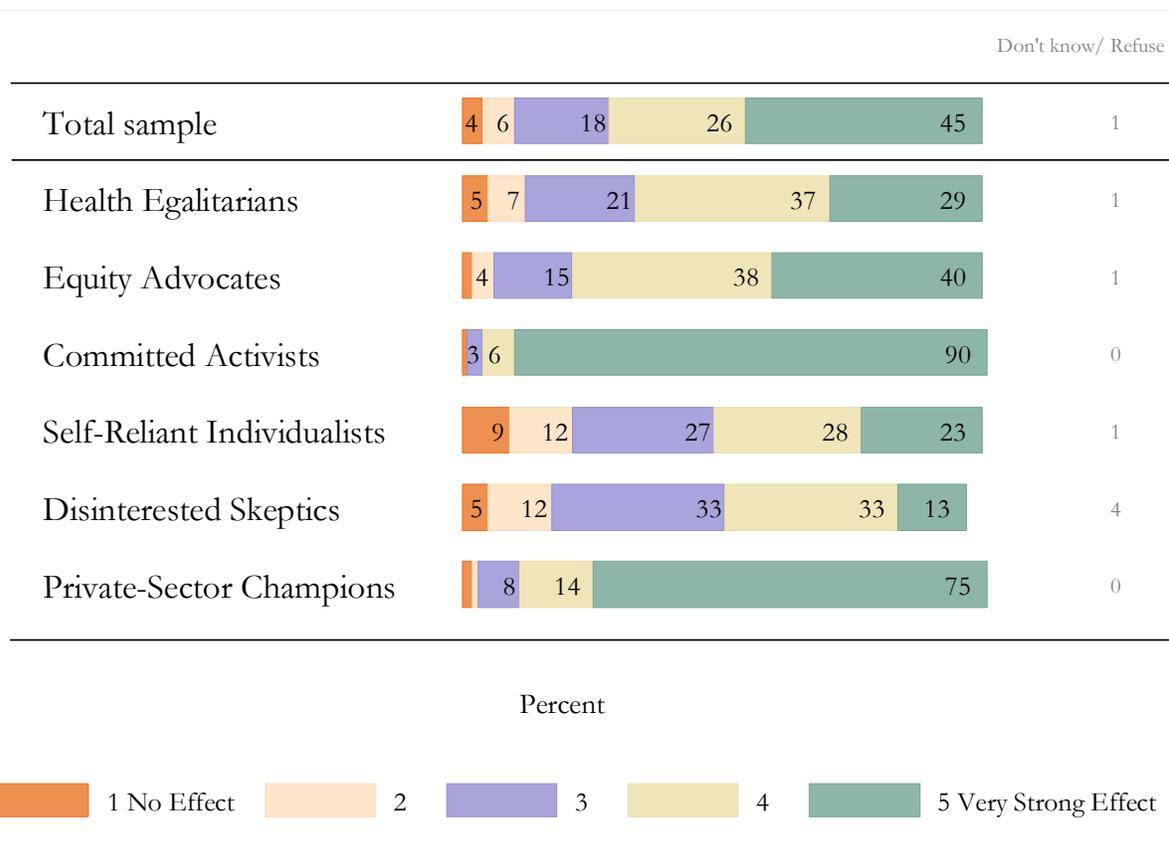
Thirty-two percent of American adults say that housing quality very strongly affects health. An additional 30% believe that it strongly affects health. Committed Activists and Private-Sector Champions were more likely to agree on its very strong effect than the total sample. The remaining groups were less likely, with Self-Reliant Individualists and Disinterested Skeptics being much less likely.

7.3.6 Importance of Education

Figure 7.3.6: Importance of education

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Education



Almost half (45%) of Americans believe that education very strongly affects people’s health. An additional 26% believe that it strongly affects health. Committed Activists and Private-Sector Champions were much more likely to believe in its very strong effect, while Equity Advocates were slightly less likely. Health Egalitarians, Self-Reliant Individualists and Disinterested Skeptics, however, were much less likely to believe education very strongly affects one’s health.

8. Importance of Other Types of Determinants of Health

Overview: This section of the report presents the attitudinal data on a wide range of other health determinants: access to health care and health insurance, genetic makeup, stress, air and water quality, smoking, and other personal health practices. With the exception of genetic makeup, we found that Americans regard them all as about equally strong influences on health. Committed Activists and Private-Sector Champions are more likely than those in the total sample to view all of these as very strong determinants of health. The reverse was true of Disinterested Skeptics; these Americans are less likely to

view each (including genetic makeup) as a very strong determinant of health. Self-Reliant Individualists are more likely to view smoking and other personal practices as very strong influences but less likely to view access, air/water quality and stress as very strong influences.

8.1 Importance of Care Access

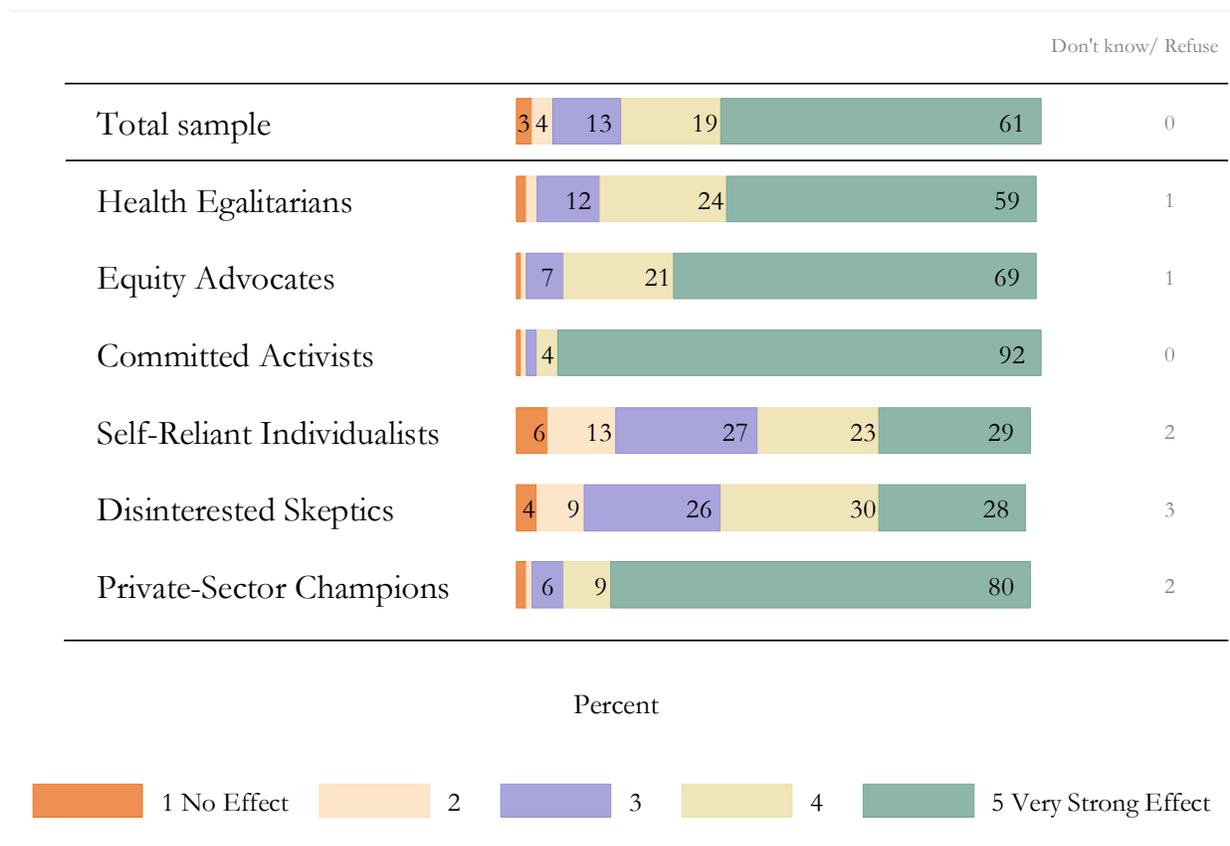
Overview: Unsurprisingly, the majority of Americans believe both health care access and health insurance very strongly affect the health of Americans. These results are presented in the next two displays. Health Egalitarians and Equity Advocates generally resembled the total sample in their belief that health care access and health insurance coverage very strongly affect health. Self-Reliant Individualists and Disinterested Skeptics were less likely to believe these two factors had a very strong effect on health, while Committed Activists and Private-Sector Champions were more likely.

8.1.1 Importance of Health Care Access

Figure 8.1.1: Importance of health care access

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Access to health care



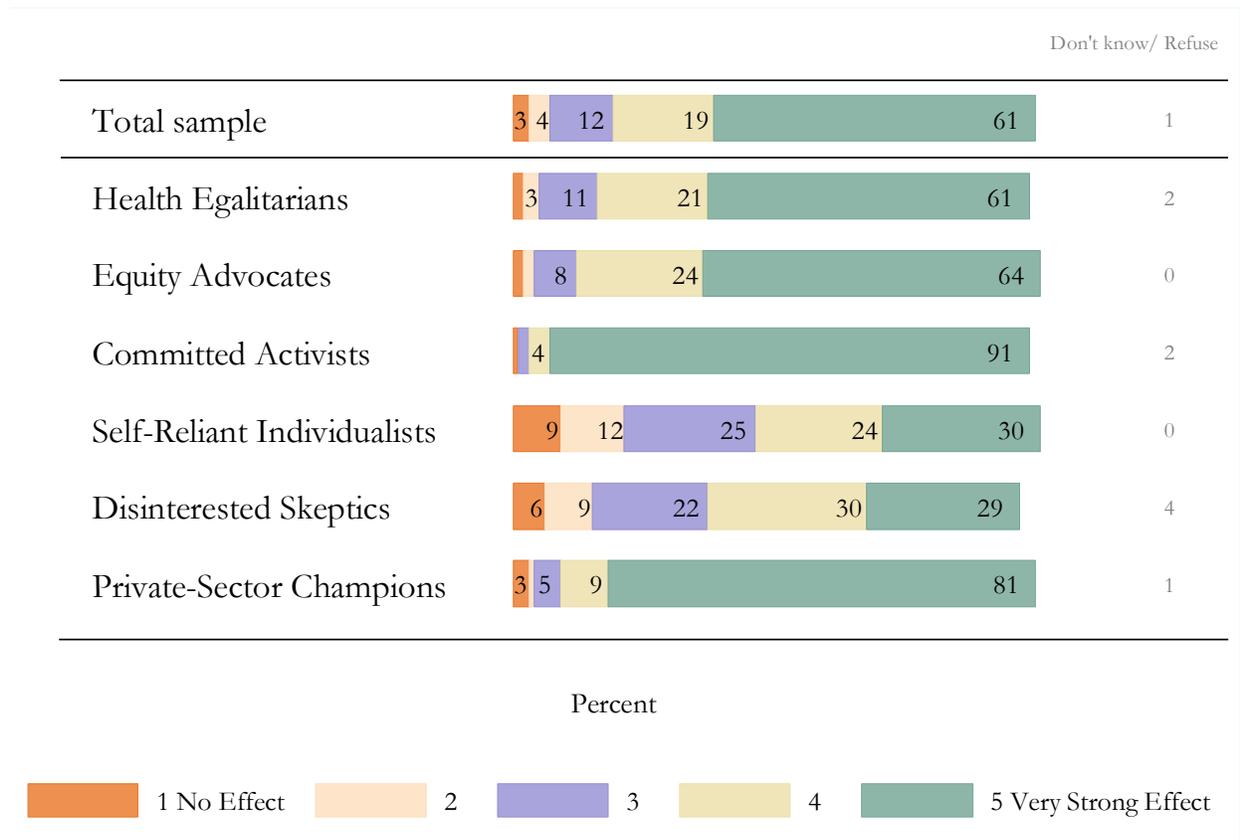
The majority of Americans (61%) believe that access to health care very strongly affects health. An additional 19% believe that its effects are strong. As with the social determinants measures, we selected the “very strong” category for our cluster analysis efforts. Self-Reliant Individualists and Disinterested Skeptics were less likely to give the “very strong” response, while Equity Advocates and, especially, Committed Activists and Private-Sector Champions were more likely. Health Egalitarians resembled the total sample.

8.1.2 Importance of Health Insurance Coverage

Figure 8.1.2: Importance of health insurance coverage

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Having health insurance



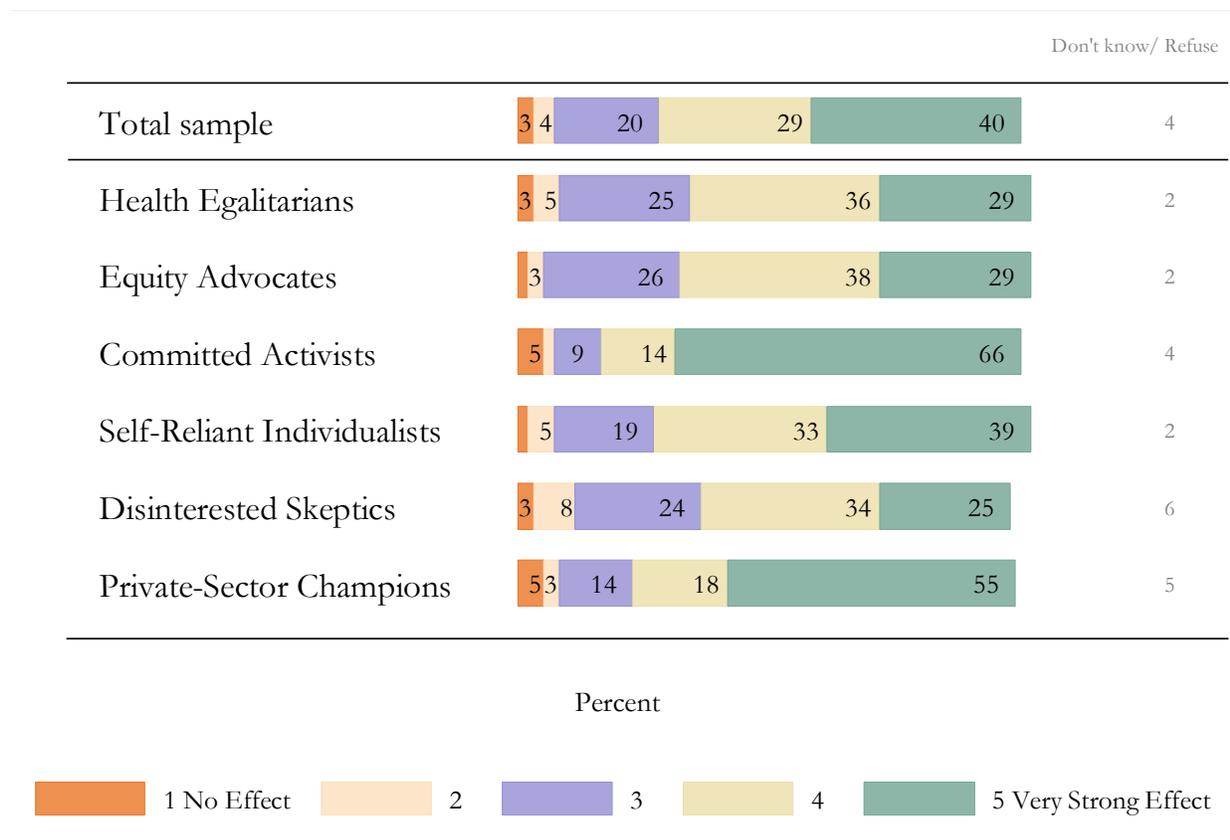
The results were very similar on the question about health insurance coverage. Sixty-one percent of Americans say that having health insurance very strongly affects people’s health. While Health Egalitarians and Equity Advocates held beliefs similar to the total sample, Committed Activists and Private-Sector Champions were much more likely to believe in its very strong effect. Self-Reliant Individualists and Disinterested Skeptics were much less likely to believe this.

8.2 Importance of Genetics

Figure 8.2: Importance of genetic makeup

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Genetic makeup inherited from parents



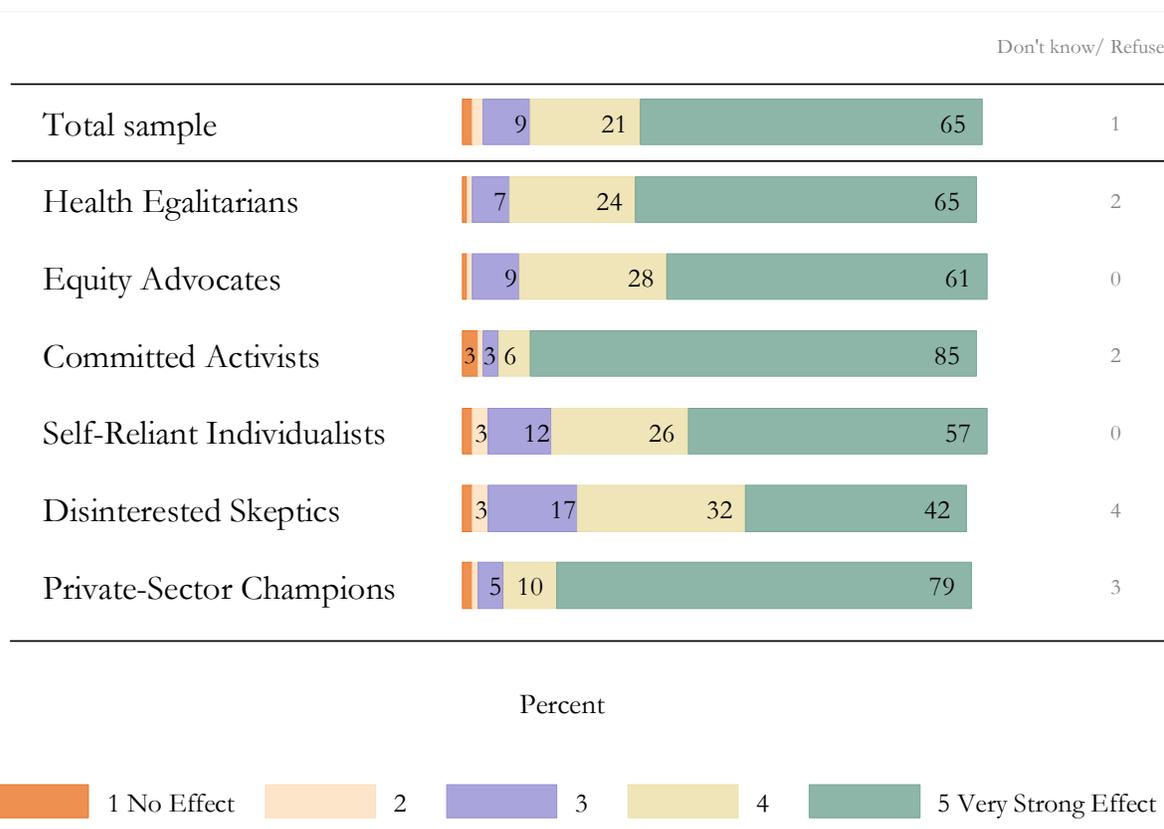
Forty percent of American adults believe that genetic makeup inherited from parents very strongly affects a person’s health. Another 29% believe that it strongly affects a person’s health. Committed Activists and Private-Sector Champions were more likely than the total sample to say that there is a very strong effect. Health Egalitarians, Equity Advocates and Disinterested Skeptics were much less likely. Self-Reliant Individualists resembled the total sample.

8.3 Importance of Stress

Figure 8.3: Importance of stress

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Stress



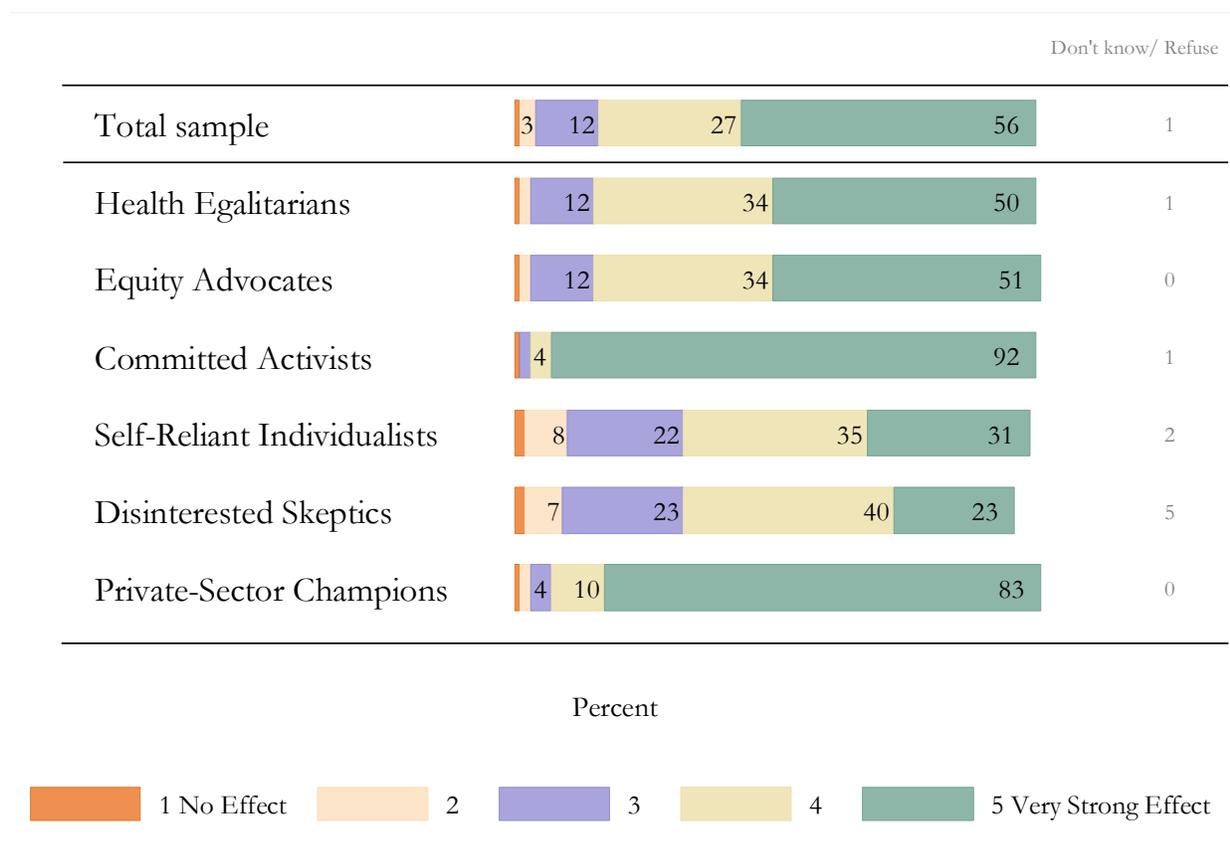
Almost two-thirds (65%) of American adults say that stress has a very strong effect on health. Another 21% say that it strongly affects health. Committed Activists and Private-Sector Champions are more likely to say that the effects are very strong. Equity Advocates and Self-Reliant Individualists are slightly less likely to say this, while Disinterested Skeptics were much less likely. Health Egalitarians resembled the total sample.

8.4 Importance of Air and Water Quality

Figure 8.4: Importance of air and water quality

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Air and water quality



Fifty six percent of Americans believe that air and water quality has a very strong effect on health. Another 27% believe that it has a strong effect. Committed Activists and Private-Sector Champions were much more likely to say that the effect is very strong. Self-Reliant Individualists and Disinterested Skeptics were much less likely to believe that air and water quality very strongly affect health, while Health Egalitarians and Equity Advocates were only slightly less likely than the total sample to believe this.

8.5 Importance of Personal Health Practices

Overview: The vast majority of American adults believe that smoking and other personal health practices have a very strong effect on health. While all groups agreed that smoking very strongly affects a person’s health, Disinterested Skeptics were less likely than adults generally to believe this and Self-Reliant Individualists were more likely. The groups were more evenly split on whether they believed other personal health practices very strongly affect health. While Health Egalitarians, Equity Advocates, and

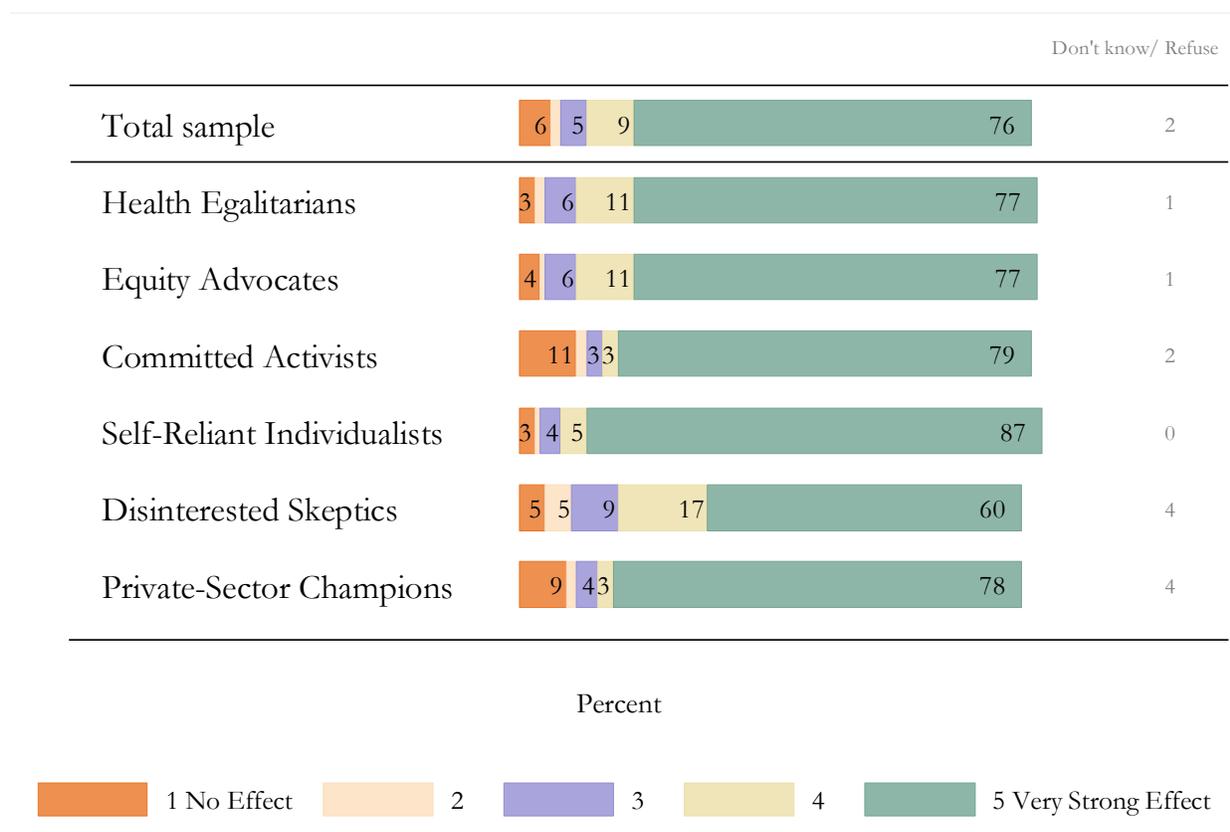
Disinterested Skeptics were less likely than Americans generally to believe this, the others (Committed Activists, Self-Reliant Individualists and Private-Sector Champions) were more likely.

8.5.1 Importance of Smoking

Figure 8.5.1: Importance of smoking

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Smoking



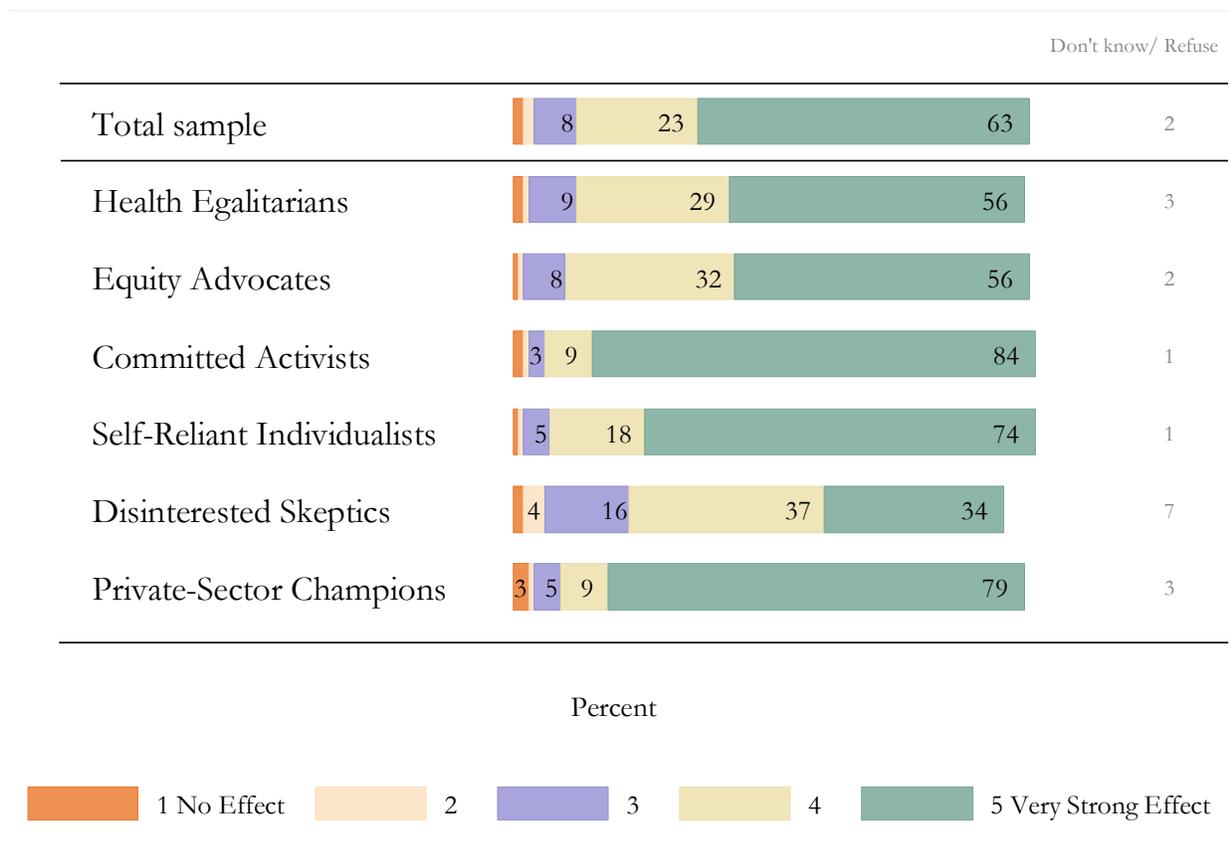
Approximately 76% of Americans believe that smoking has a very strong effect on health. Another 9% believe that it has a strong effect. The overwhelming majority of Americans in all the groups agree that it has a very strong effect. Self-Reliant Individualists are vastly more likely to agree with this view, while Disinterested Skeptics adults are less likely than the total sample to believe this. The remaining groups resemble the total sample.

8.5.2 Importance of Personal Health Practices other than Smoking

Figure 8.5.2: Importance of personal health practices other than smoking

Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health.

Personal health practices (other than smoking)



Sixty-three percent of adults believe that personal health practices other than smoking very strongly affect health. Another 23% believe they have a strong effect. Committed Activists, Self-Reliant Individualists, and Private-Sector Champions are more likely to believe that they have a very strong effect, while Health Egalitarians, Equity Advocates and, especially, Disinterested Skeptics are less likely.

9. Role of Government in Health

Overview: This portion of the report presents findings on attitudes toward the role of government in health. Overall, we found that Americans generally favor an active government role in health although there are significant differences between the groups on the issue. Despite their differences on health care disparities and the other social determinants of health, Health Egalitarians, Equity Advocates, and Committed Activists are similar in their belief that government should play an active role in health. It is not surprising that Committed Activists take such a stance given their consistent views about equity/solidarity, disparities and the social determinants of health. Health Egalitarians and Equity

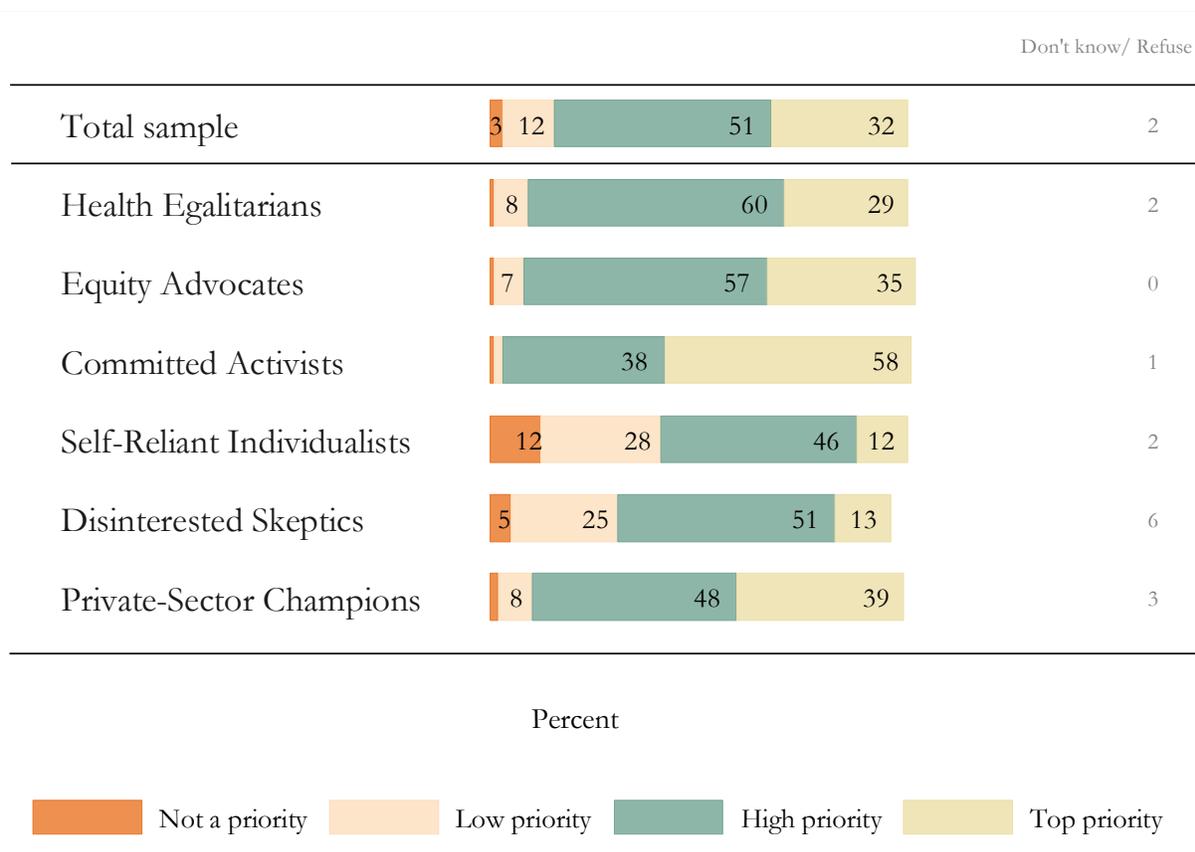
Advocates, however, are less consistent in their views, as pointed out in the previous sections of the report. This is particularly true with regard to Health Egalitarians, where the commitment to health equity alone seems to sanction their support for an active role for government. Regarding Equity Advocates, an across-the-board concern about equity/solidarity, as well as acceptance of health care disparities, seems to drive their support. Self-Reliant Individualists and Disinterested Skeptics are far less likely to support an active government role, which is what one would expect given their consistently skeptical views about equity/solidarity, disparities and the social determinants. Self-Reliant Individualists are the least supportive of an active role for government of any of the groups. Self-Reliant Individualists are also less likely to rate the building of healthy communities as high/top priority. They are also skeptical about government playing a role in community health improvement efforts, preferring to assign responsibility for this to the private sector. Disinterested Skeptics are similar to Self-Reliant Individualists. Private-Sector Champions are genuinely conflicted in their views. In some ways they resemble the public health progressives in Health Egalitarians, Equity Advocates, and Committed Activists; in other ways they resemble their more skeptical counterparts in Self-Reliant Individualists and Disinterested Skeptics. They believe health should be a top federal government priority but do not want government generally to do more in the health area. They are more likely to rate the building of healthy communities generally, as well as healthy food access, as a high/top priority but want the private sector, and not government, to take responsibility for it. It is this support for private-sector-driven action in these areas that makes the group a particularly interesting one.

9.1 Health as Priority for Federal Government

Figure 9.1: Health as priority for federal government

There are many competing needs facing the President and Congress. I am going to mention some that face the nation here at home. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority for the President and Congress to address.

Improving the health of the American people



Thirty-two percent of Americans believe that improving the health of the American people should be a top priority for the President and Congress to address. An additional 51% believe that this is a high priority. We selected the “top priority” response for our cluster analysis work in comparing the groups. We found that Equity Advocates, Private-Sector Champions and especially Committed Activists were much more likely to believe this should be a top priority, although the difference on Equity Advocates was very small. Self-Reliant Individualists and Disinterested Skeptics were much less likely. The views of Health Egalitarians resembled those of the total sample.

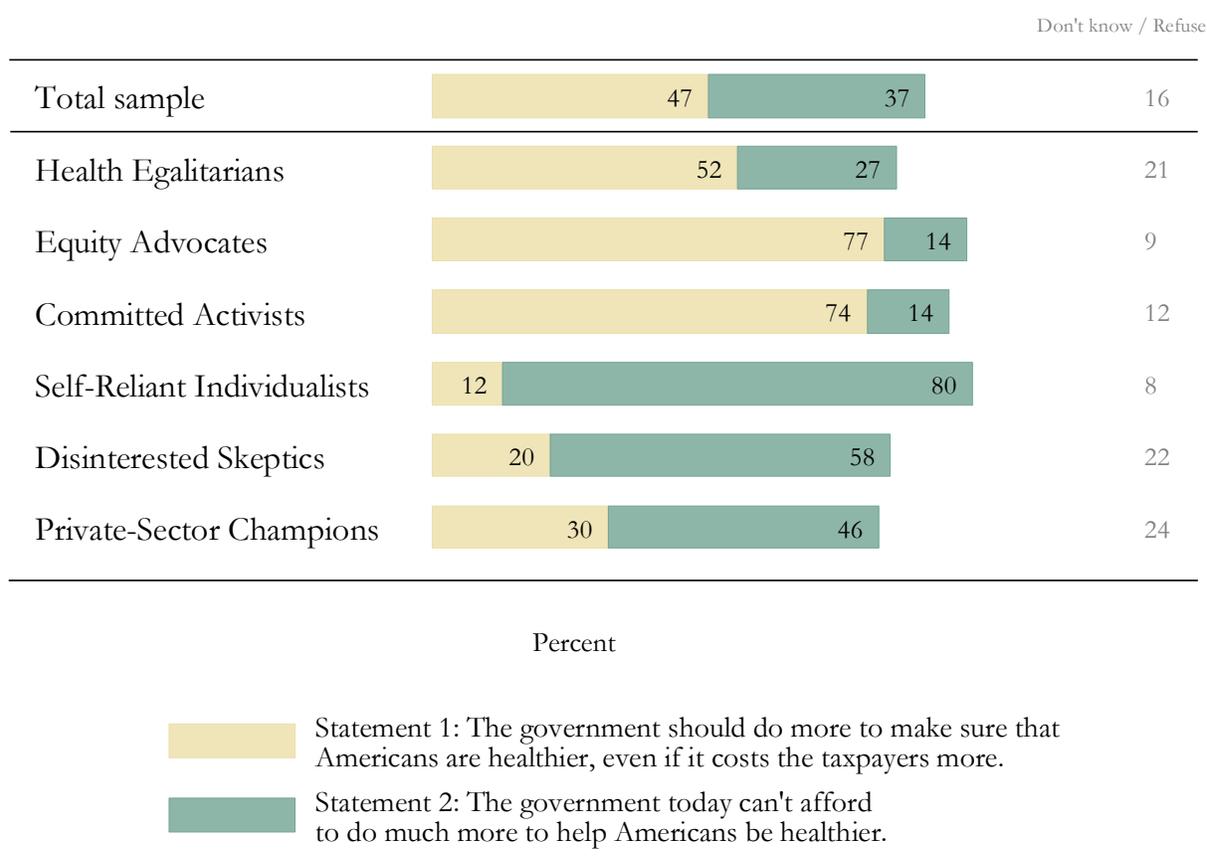
9.2 Government Role Generally

Figure 9.2: Government role generally

The next question has two statements, please tell me whether the *FIRST* statement or the *SECOND* statement comes closer to your own views — even if neither is exactly right.

Statement 1: The government should do more to make sure that Americans are healthier, even if it costs the taxpayers more.

Statement 2: The government today can't afford to do much more to help Americans be healthier.



Nearly half (47%) of Americans believe that the government generally should do more to make sure that Americans are healthier, even if it costs the taxpayers more. Equity Advocates and Committed Activists are much more likely to hold this view and Health Egalitarians are slightly more likely to support it. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions were much less likely.

9.3 Priority of Building Healthy Communities

Overview: The survey explored attitudes toward the building of healthy communities—how much of a priority this should be as well as government’s role in the process. We found that the vast majority of American adults believe that it is either a top or high priority to build healthy communities and to make sure that healthy foods are for sale at affordable prices, that there are safe, outdoor places to be physically active, and that there is decent housing available for everyone who needs it. Health Egalitarians, Equity

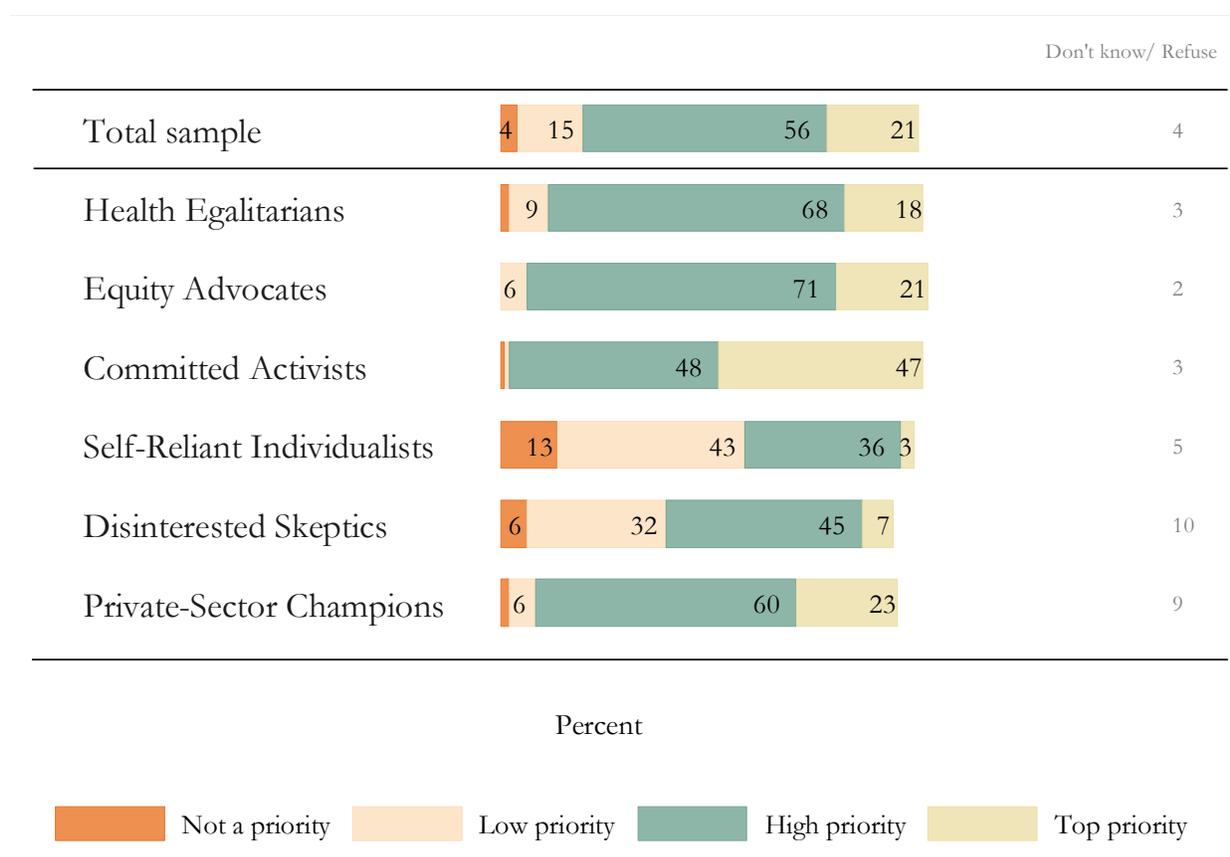
Advocates, and Committed Activists are more likely to believe this. Private-Sector Champions were also more likely on two of the measures—those relating to building healthy communities generally and healthy food access—but only slightly. Self-Reliant Individualists and Disinterested Skeptics were far less likely to regard any of these projects as high or top priority.

9.3.1 Priority of Building Healthy Communities in General

Figure 9.3.1: Priority of building healthy communities in general

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

Making sure that all communities are healthy places for people to live. (Choose one).



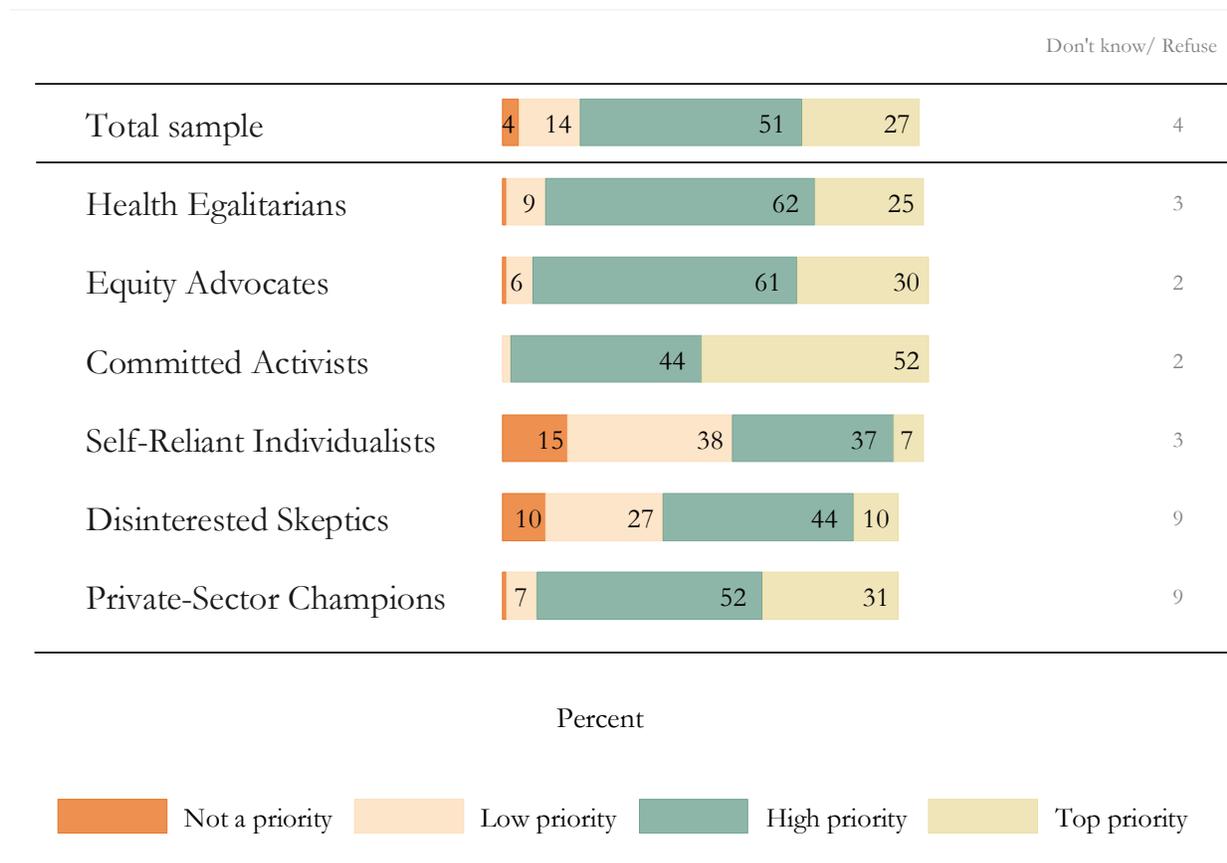
Almost 80% of Americans believe that making sure all communities are healthy places for people to live should be a high or top priority, the combined response category we selected in order to compare the groups in the cluster analysis. Self-Reliant Individualists and Disinterested Skeptics are less likely to believe that the building of healthy communities is a top or high priority while Health Egalitarians, Equity Advocates, Committed Activists, and, to a smaller degree, Private-Sector Champions are more likely.

9.3.2 Priority of Ensuring Healthy Food Availability

Figure 9.3.2: Priority of ensuring healthy food availability

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

Making sure that healthy foods are for sale at affordable prices in communities where they are not. (Choose one).



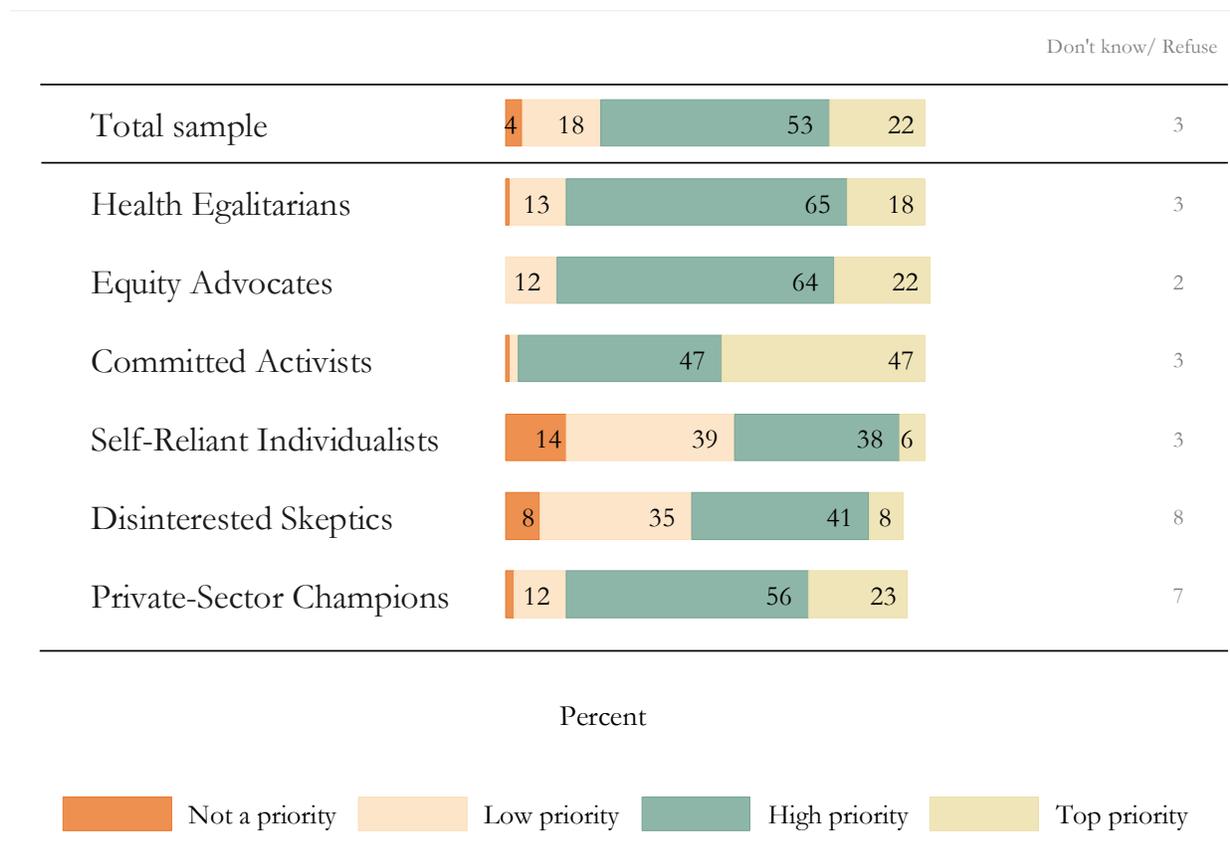
Three-fourths (78%) of Americans believe that making sure that healthy foods are available should be a top or high priority. Self-Reliant Individualists and Disinterested Skeptics are much less likely to agree that this should be a high or top priority. Health Egalitarians, Equity Advocates, Committed Activists and, to a smaller degree, Private-Sector Champions are more likely.

9.3.3 Priority of Ensuring Safe, Outdoor Places for Activity

Figure 9.3.3: Priority of ensuring safe, outdoor places for activity

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

Making sure that there are safe, outdoor places to walk and be physically active in communities where there aren't any. (Choose one).



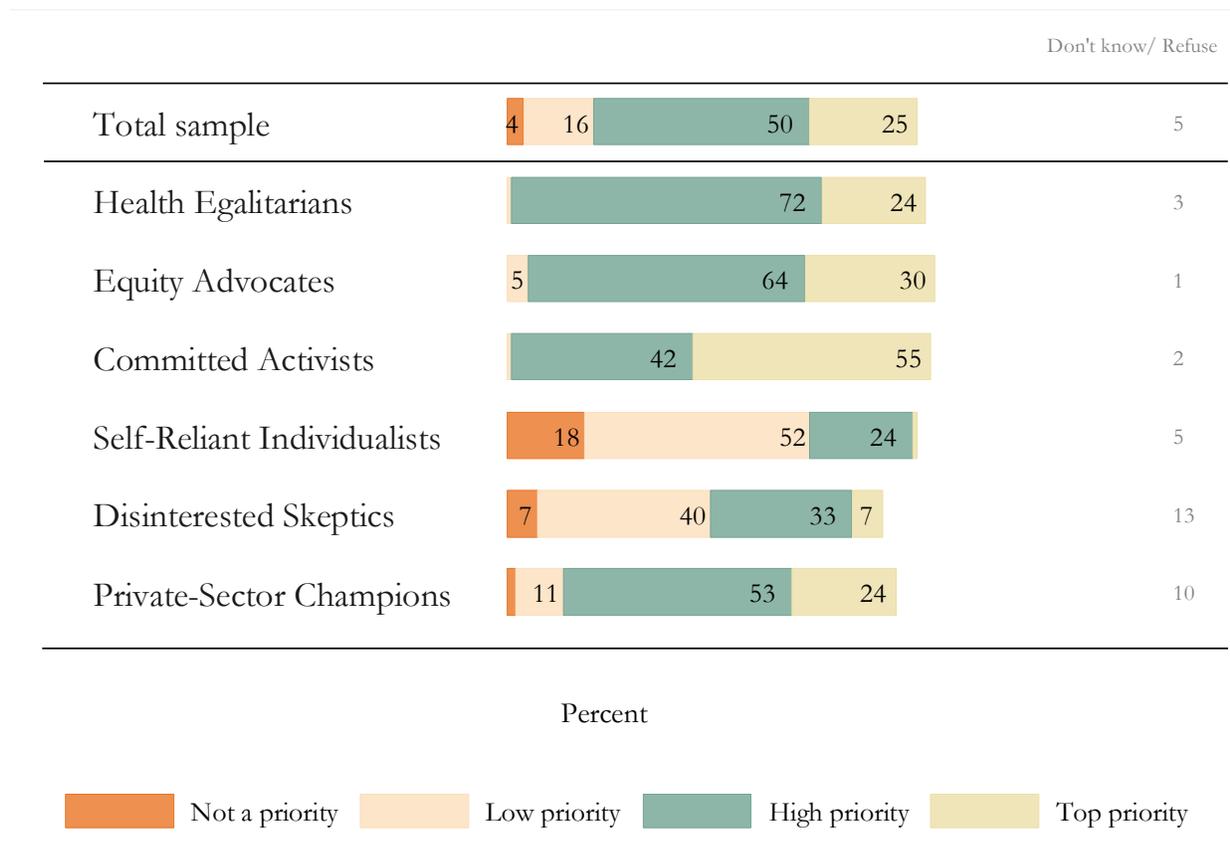
Seventy five percent of American adults say that it should be a top or high priority to make sure that there are safe, outdoor places to walk and be physically active. Self-Reliant Individualists and Disinterested Skeptics are less likely to agree. Health Egalitarians, Equity Advocates, and Committed Activists are more likely.

9.3.4 Priority of Ensuring Decent Housing Availability

Figure 9.3.4: Priority of ensuring decent housing availability

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

Making sure that there is decent housing available for everyone who needs it. (Choose one).



Seventy five percent of Americans believe decent housing for all in need should be a high or top priority in the U.S. Health Egalitarians, Equity Advocates, and Committed Activists are more likely to believe this, while Self-Reliant Individualists and Disinterested Skeptics are much less likely.

9.4 Responsibility for Building Healthy Communities

Overview: In addition to asking about the level of priority to be given to the building of healthy communities we asked about who should take responsibility: the government or private individuals, businesses and groups acting on their own. This was asked about each of the four projects related to the building of healthy communities—the building of healthy communities generally as well as ensuring healthy food availability, places to be physically active and decent housing. Only those who rated each project as a top or high priority were asked about who should assume responsibility for it. We found that the majority of Americans see a role for government across the board, either acting on its own or in concert with private individuals and groups. Health Egalitarians, Equity Advocates and Committed

Activists were more likely to believe that government needed to play a role. Self-Reliant Individualists, Disinterested Skeptics and Private-Sector Champions were less likely; they were more likely, however, to favor private sector involvement. Support was broadest for private sector efforts among Private-Sector Champions. It is a key defining characteristic of the group.

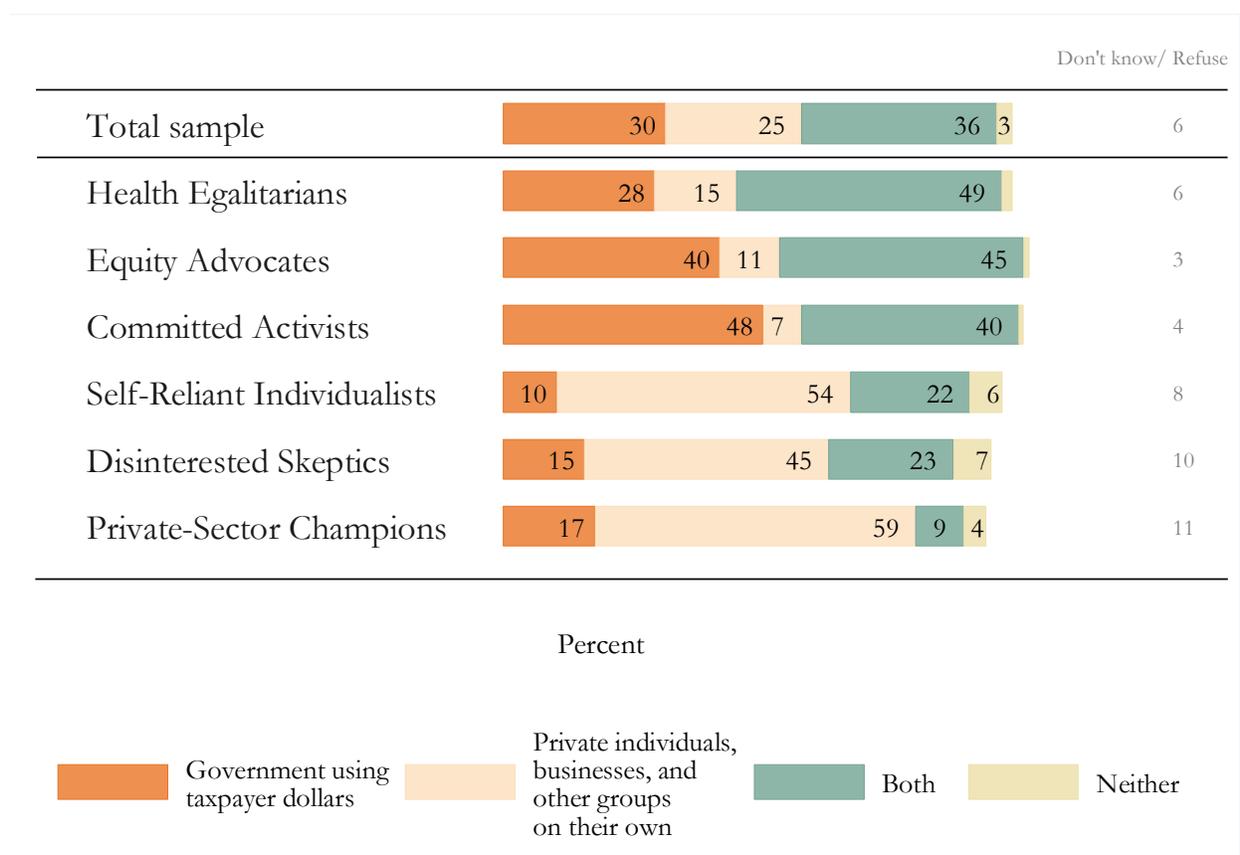
9.4.1 Responsibility for Building Healthy Communities Generally

Figure 9.4.1: Responsibility for building healthy communities generally³

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

Making sure that all communities are healthy places for people to live.

And who should have main responsibility for this? (Choose one).



Sixty six percent of respondents said they believed that the responsibility to make sure that all communities are healthy places should either fall on the government or the government along with the private sector. Health Egalitarians, Equity Advocates, and Committed Activists were even more likely to believe the responsibility falls on the government or both sectors. Self-Reliant Individualists,

³ Only those that said making sure all communities are healthy places for people to live is a high or top priority were asked this question.

Disinterested Skeptics and Private-Sector Champions were much less likely; they were much more likely, however, to favor a role for the private sector with a plurality in each group taking this position. Within the Private-Sector Champions group, almost six in ten (59%) took this position.

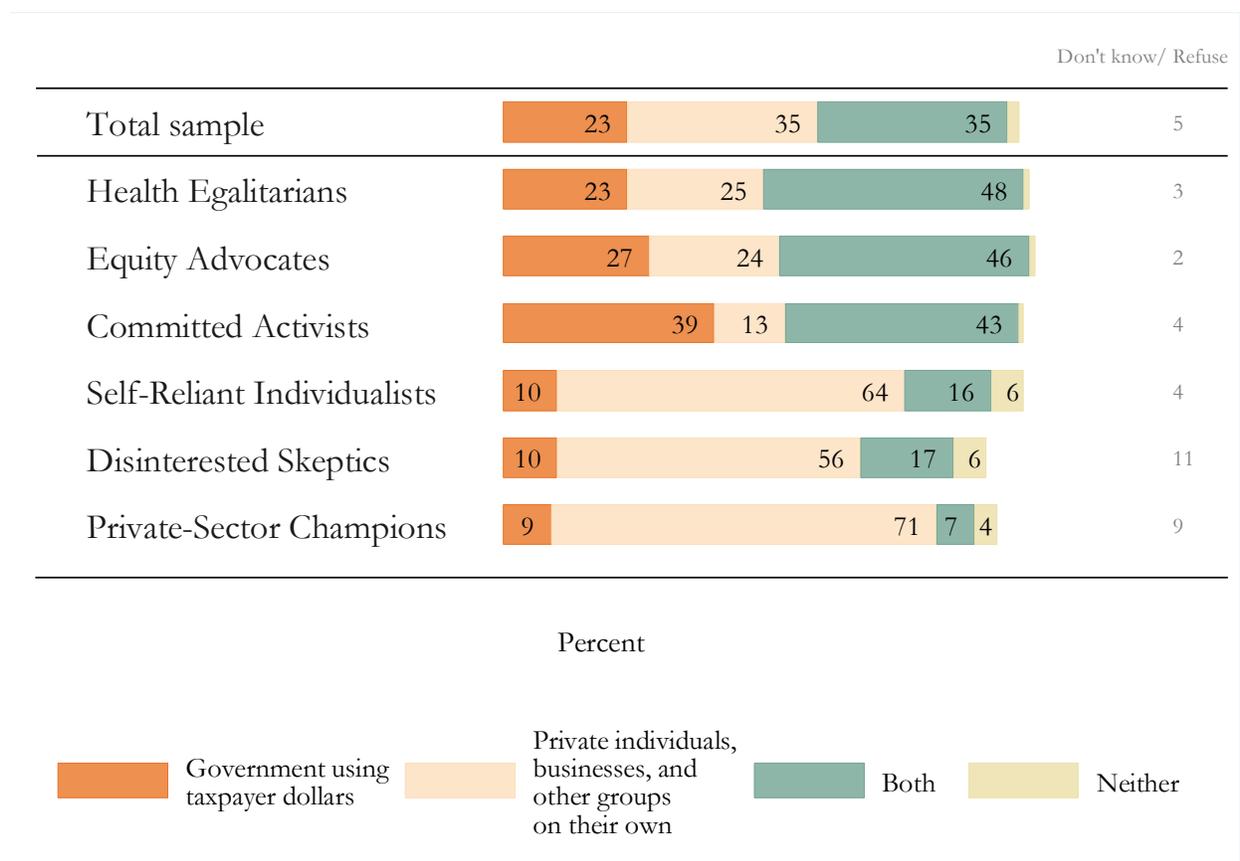
9.4.2 Responsibility for Ensuring Healthy Food Availability

Figure 9.4.2: Responsibility for ensuring healthy food availability⁴

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

Making sure that healthy foods are for sale at affordable prices in communities where they are not.

And who should have main responsibility for this? (Choose one).



Fifty eight percent of respondents said that the government, or the government along with the private sector, should be responsible for making sure that healthy foods are for sale at affordable prices. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions were less likely to agree, while Health Egalitarians, Equity Advocates, and Committed Activists were more likely. Self-Reliant Individualists, Disinterested Skeptics and Private-Sector Champions were more likely to favor a role for

⁴ Only those that said making sure healthy foods are for sale at affordable prices in communities where they are not is a high or top priority were asked this question.

the private sector with large majorities in each group taking this position. The majority was the largest within the Private-Sector Champions group

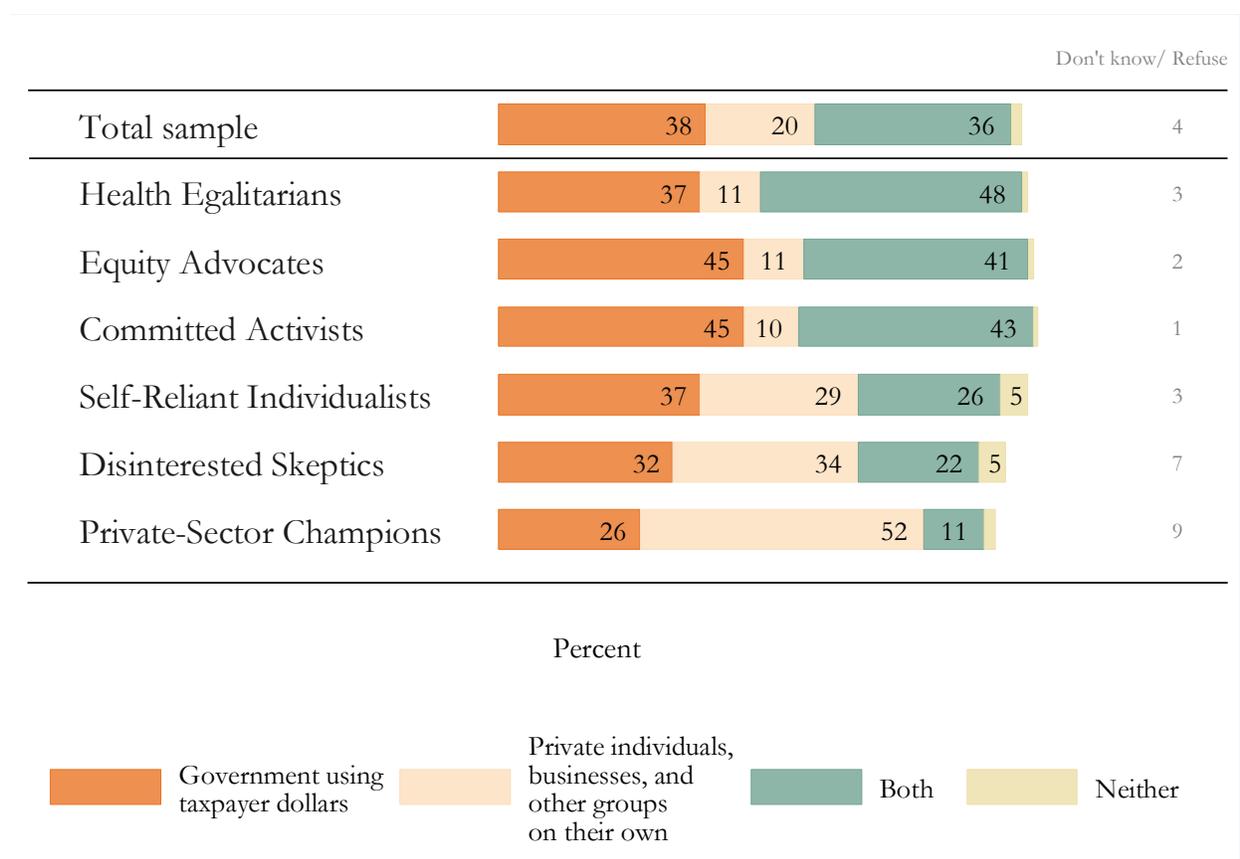
9.4.3 Responsibility for Ensuring Safe, Outdoor Places for Activity

Figure 9.4.3: Responsibility for ensuring safe, outdoor places for activity⁵

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

Making sure that there are safe, outdoor places to walk and be physically active in communities where there aren't any.

And who should have main responsibility for this? (Choose One).



Seventy four percent of respondents said that the government, or both the government and the private together, should be responsible for making sure that there are safe, outdoor places to walk and be physically active. Health Egalitarians, Equity Advocates, and Committed Activists were even more likely to hold this view, while Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions were less likely. Once again, adults in the latter groups were more likely to favor a private sector role. A

⁵ Only those that said making sure there are safe, outdoor places to walk and be physically active in communities where there aren't any is a high or top priority were asked this question.

plurality of Disinterested Skeptics and the majority of Private-Sector Champions favored private sector responsibility. Fewer took this position within the Self-Reliant Individualists group.

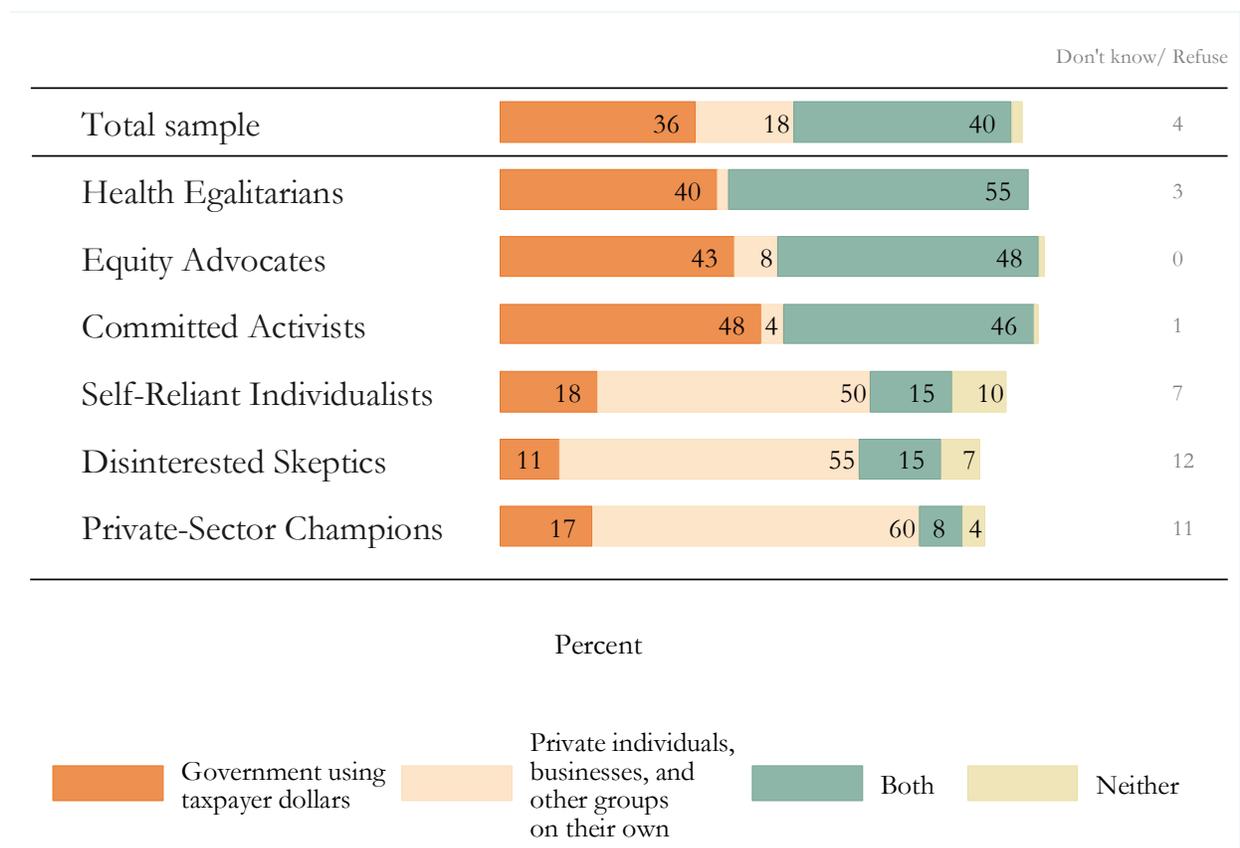
9.4.4 Responsibility for Ensuring Decent Housing Availability

Figure 9.4.4: Responsibility for ensuring decent housing availability⁶

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

Making sure that there is decent housing available for everyone who needs it.

And who should have main responsibility for doing this? (Choose one).



Seventy six percent of respondents said that the responsibility for decent housing should fall on the government or both government and the private sector. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions, again, were less likely to take this position. A majority of Disinterested Skeptics (55%) and Private-Sector Champions (60%) favored private sector responsibility and a near majority (50%) of Self-Reliant Individualists took this position. Health Egalitarians, Equity Advocates, and Committed Activists were much more likely to see a role for government.

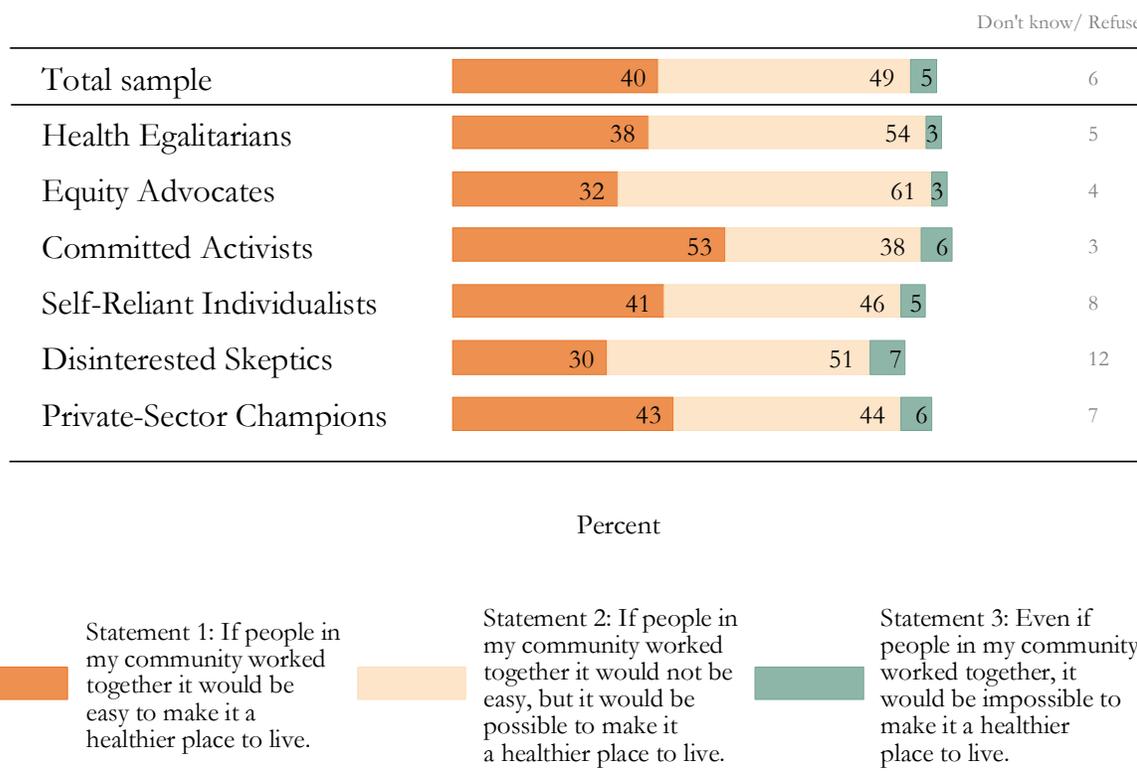
⁶ Only those that said making sure there is decent housing available for everyone who needs it is a high or top priority were asked this question.

10. Collective Efficacy

10.1 Ease of Affecting Community Change

Figure 10.1: Ease of affecting community change

Which of these statements do you agree with most?



Forty percent of Americans agree that change is easy to accomplish if people work together to affect it. Another 49% agree that it may not be easy but is possible. We selected the “easy” category in order to compare the groups in the cluster analysis. Health Egalitarians and Self-Reliant Individualists resembled Americans generally. Equity Advocates and Disinterested Skeptics were less likely to agree. Committed Activists and Private-Sector Champions were more likely although the difference between Private-Sector Champions and the total sample was very small.

11. Civic Engagement on Health

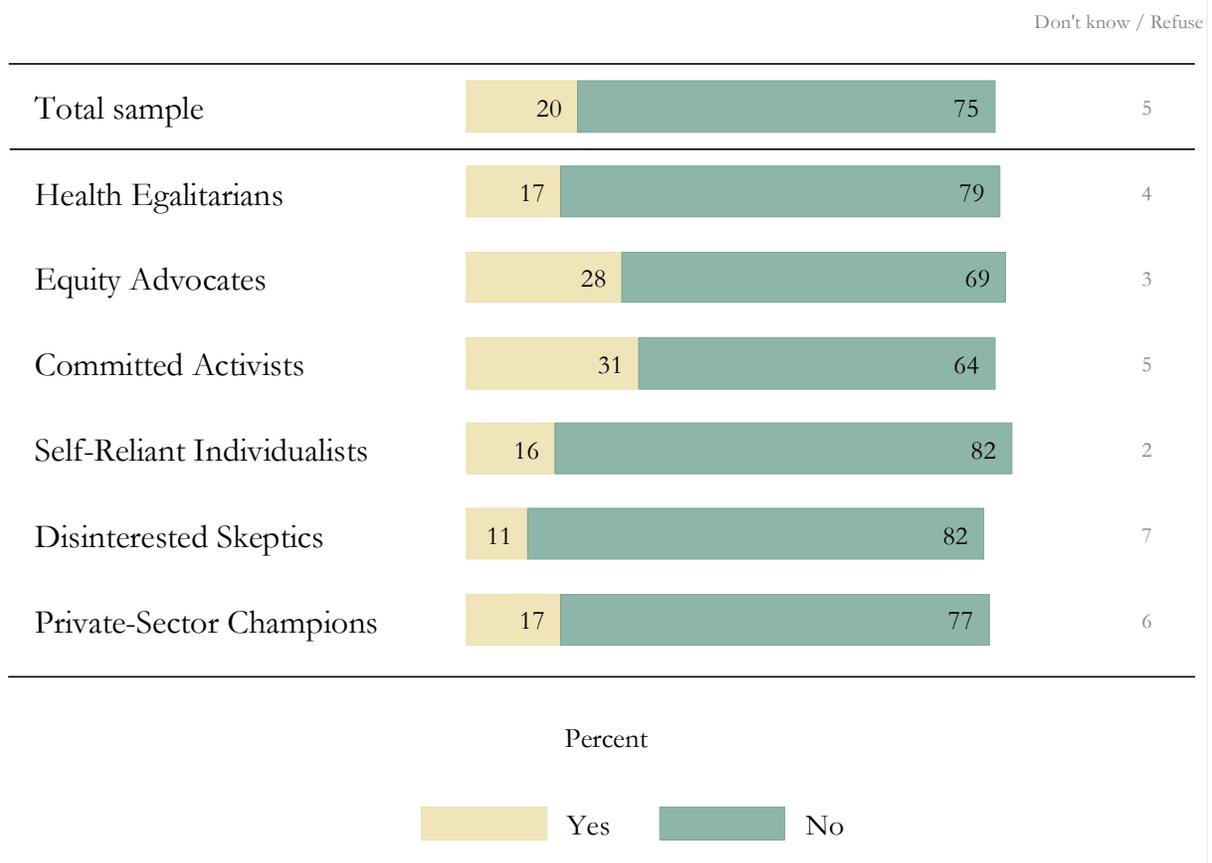
Overview: The groups are differentiated by their health-related civic engagement behaviors (e.g. contributing time or money to candidates based on a health concern, donating to health charities). These data are presented in the displays that follow. We found that Equity Advocates and especially Committed Activists are more likely to report a high degree of civic engagement around health; the same is true of Self-Reliant Individualists, but only on the some of the engagement measures. Health Egalitarians and especially Disinterested Skeptics are less likely than Americans generally to report a high degree of civic engagement.

11.1 Contributed this Year to Political Candidate or Organization

Figure 11.1: Contributed this year to political candidate or organization

There are many activities that a person could do to influence government decisions about health issues. During the past year have you...?

Contributed money or time to a candidate or an organization based on concern about a health issue



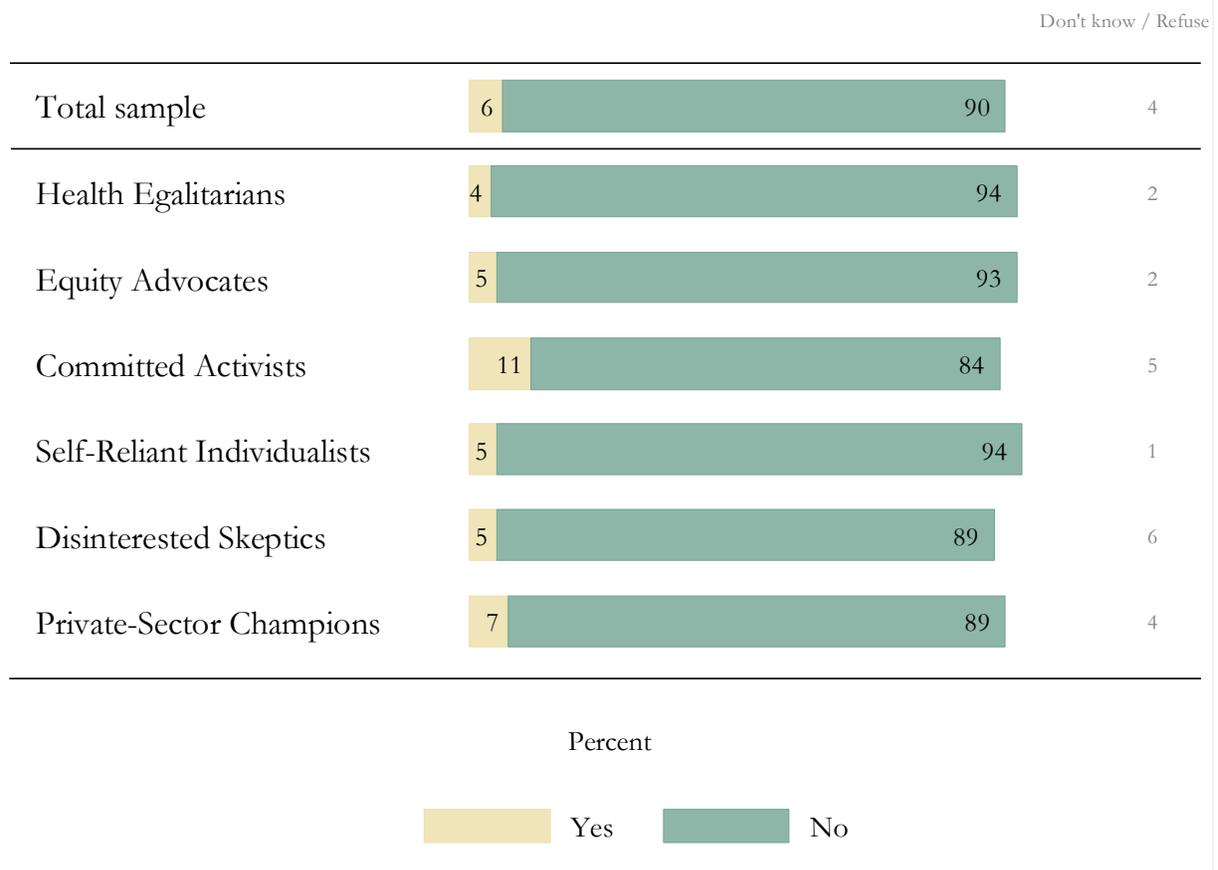
In the past year, 20% of Americans say that they have contributed money or time to a candidate or an organization based on concern about a health issue. Equity Advocates and Committed Activists were more likely to have contributed, while adults in the remaining groups were less likely.

11.2 Contacted Media Outlet

Figure 11.2: Contacted media outlet

There are many activities that a person could do to influence government decisions about health issues. During the past year have you...?

Contacted a newspaper, television station, or talk show about a health issue.



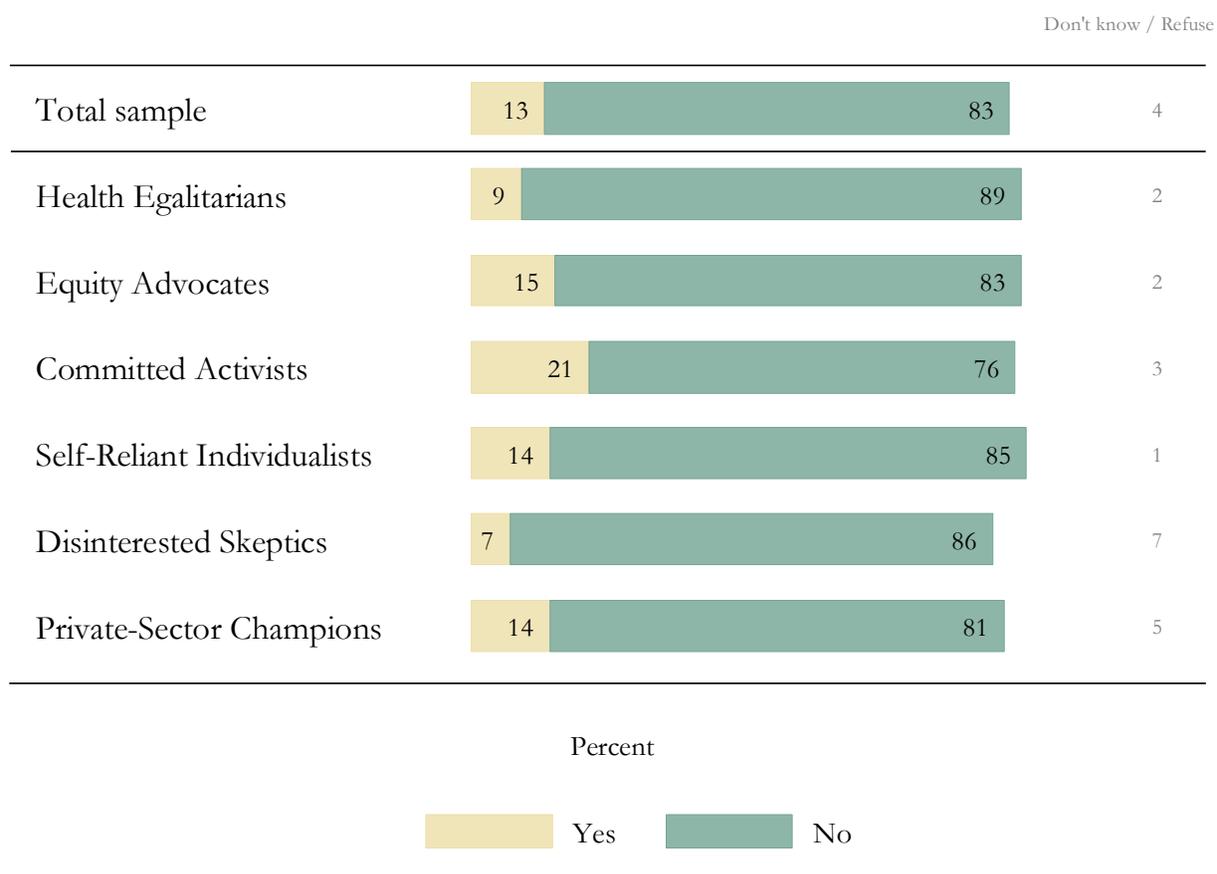
Only about 6% of American adults have contacted a newspaper, television station, or talk show about a health issue in the past year. Committed Activists are almost two times more likely than the total sample to have engaged in this activity. Health Egalitarians are slightly less likely. Those in the rest of the groups resemble the total sample.

11.3 Contacted Public Official

Figure 11.3: Contacted public official

There are many activities that a person could do to influence government decisions about health issues. During the past year have you...?

Contacted your representative or other public official about a health issue.



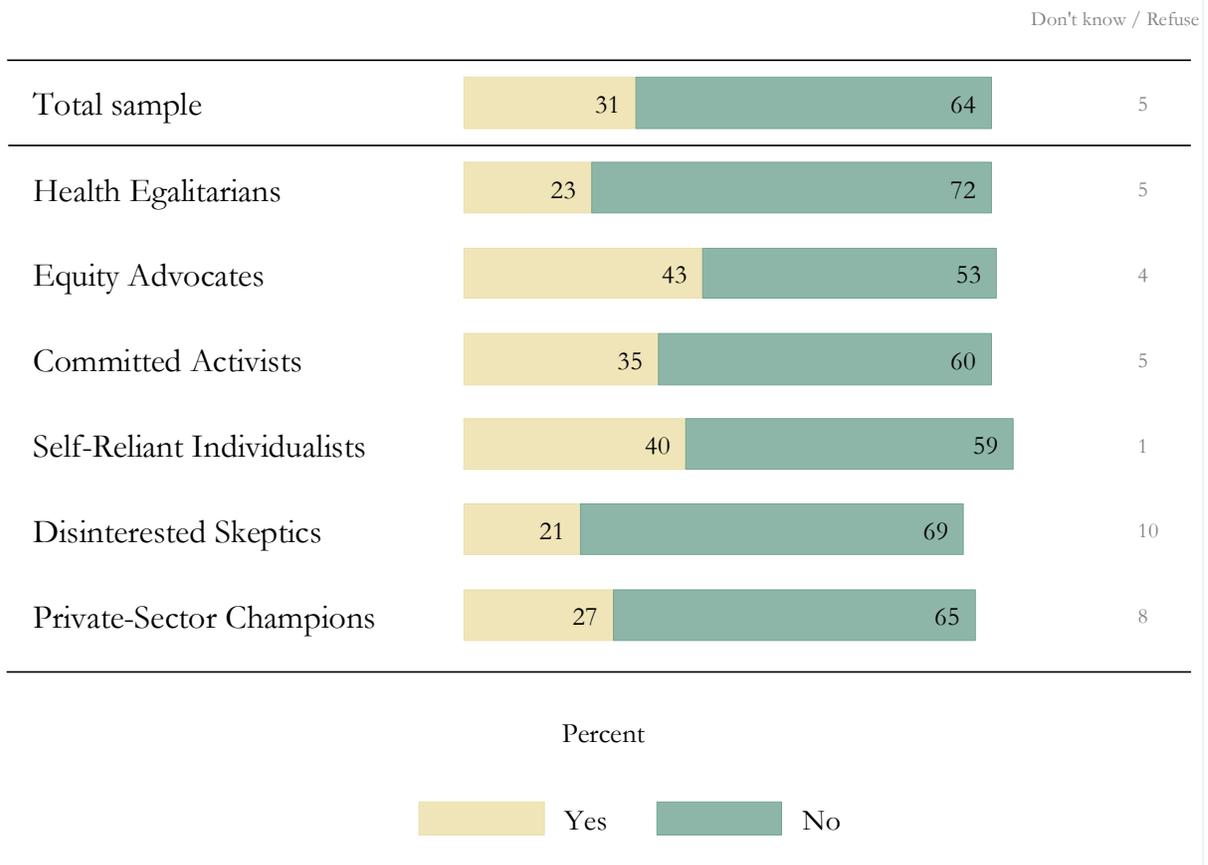
Thirteen percent of U.S. adults say that they have contacted a public official about a health issue in the past year. Self-Reliant Individualists and Private-Sector Champions resemble those of the total sample. Health Egalitarians and Disinterested Skeptics are less likely to have done this, while Equity Advocates and especially Committed Activists were more likely.

11.4 Voted For/Against Candidate

Figure 11.4: Voted for/against candidate

There are many activities that a person could do to influence government decisions about health issues. During the past year have you...?

Voted for or against a candidate for public office because of his or her position on a health issue



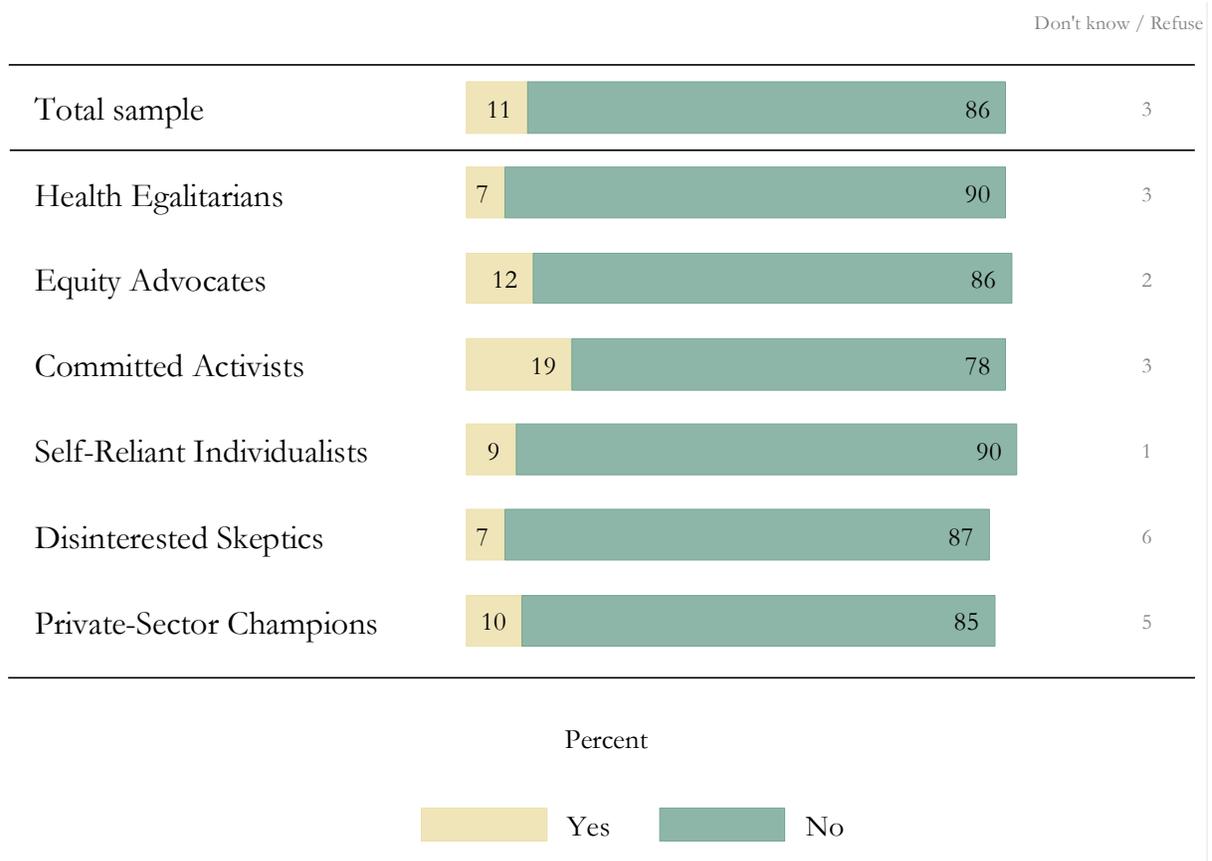
In the past year, 31% of American adults say that they have voted for or against a candidate because of his or her position on a health issue. Equity Advocates, Committed Activists, and Self-Reliant Individualists are more likely to have done so. Health Egalitarians, Disinterested Skeptics, and Private-Sector Champions are less likely.

11.5 Participated in Forum or Meeting

Figure 11.5: Participated in forum or meeting

There are many activities that a person could do to influence government decisions about health issues. During the past year have you...?

Participated in a forum or town meeting about a health issue.

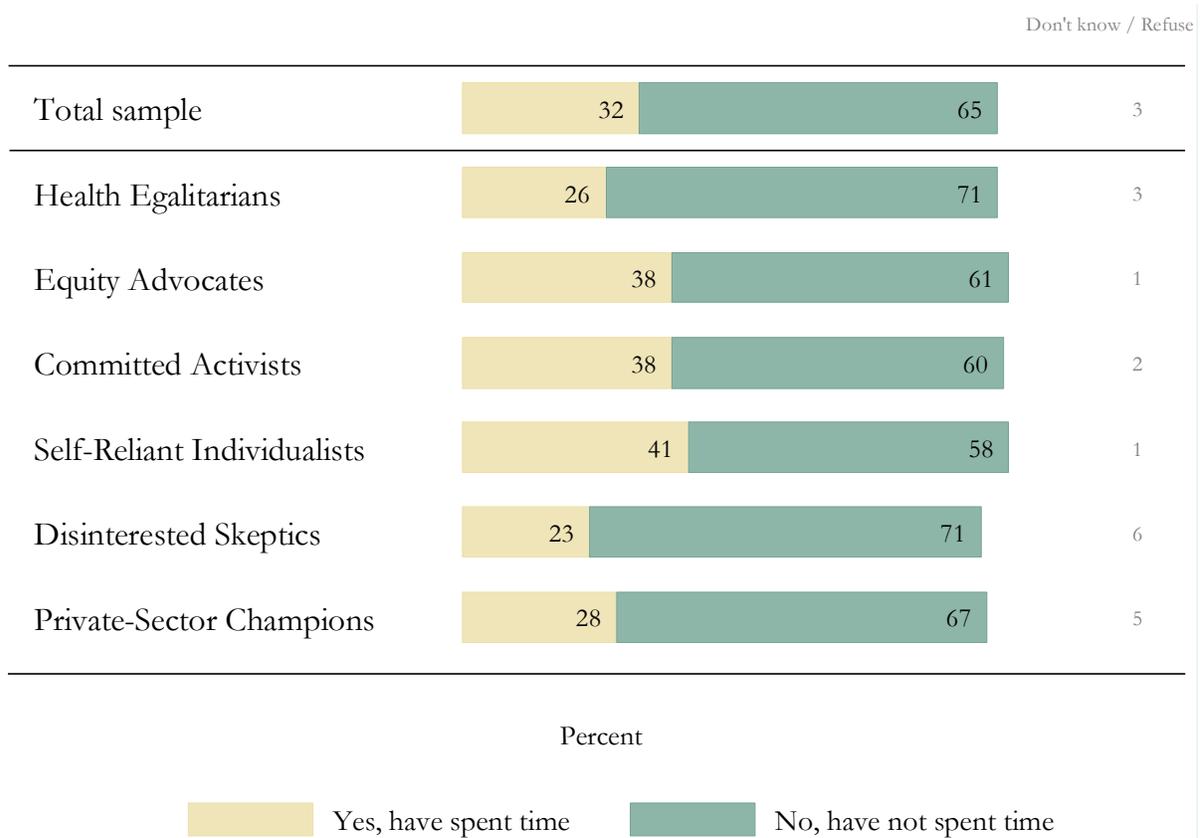


Eleven percent of Americans have participated in a forum or town meeting about a health issue in the past year. Committed Activists are much more likely to have done so, while Health Egalitarians and Disinterested Skeptics are less likely.

11.6 Participated in Volunteer/Charitable Activity

Figure 11.6: Participated in volunteer/charitable activity

Thinking about the past 12 months, have you spent time participating in any sort of health-related volunteer or charitable activity in your community, or is this something you have not done?

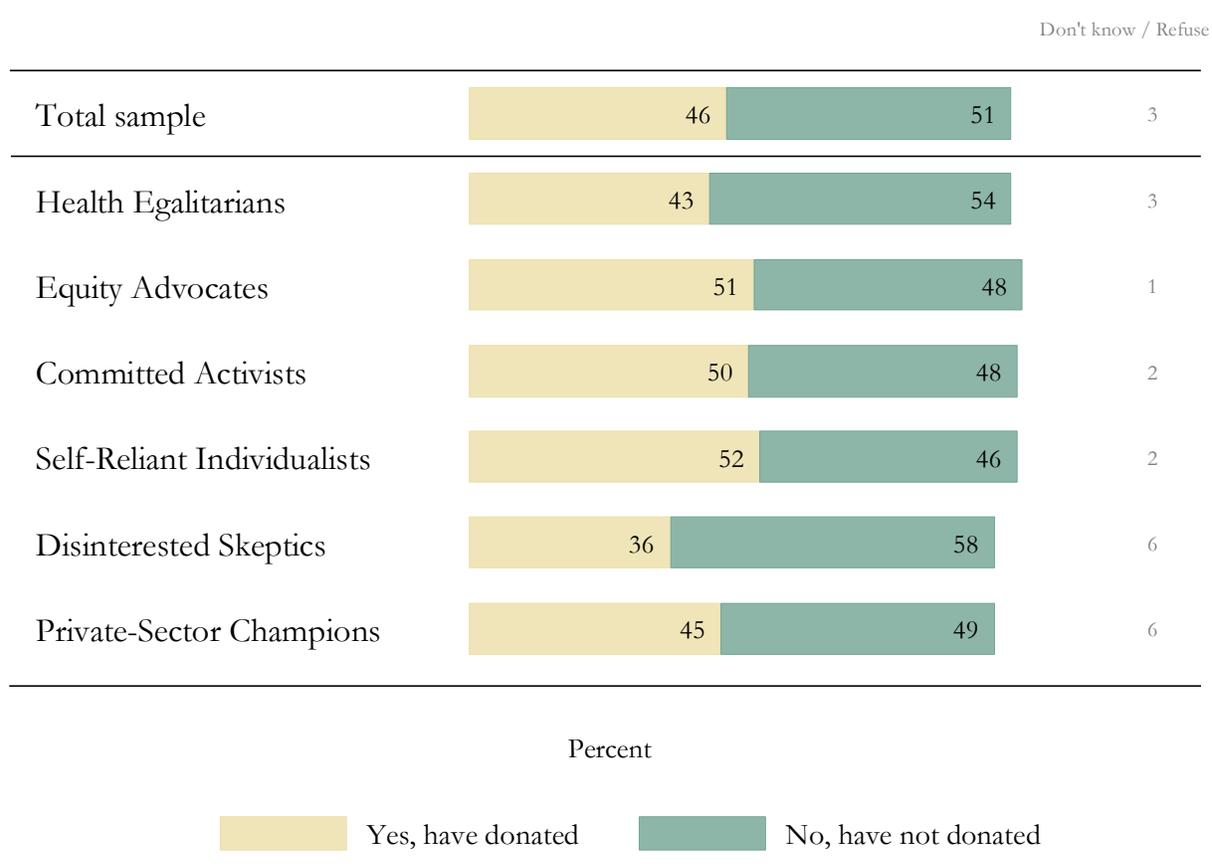


Thirty two percent of American adults have spent time in the past 12 months participating in health-related volunteer or charitable activity in their communities. Equity Advocates, Committed Activists and Self-Reliant Individualists are more likely to have done this, while Health Egalitarians, Disinterested Skeptics and Private-Sector Champions are less likely. The differences with regard to Private-Sector Champions are quite small.

11.7 Donated Money to Volunteer/Charitable Activity

Figure 11.7: Donated money to volunteer/charitable activity

Thinking about the past 12 months, have you donated money to any sort of health-related volunteer or charitable group in your community, or is this something you have not done?



Almost half of Americans (46%) have donated money to a health-related volunteer or charitable group in their communities in the past 12 months. Equity Advocates, Committed Activists, and Self-Reliant Individualists were more likely to have done so although the differences with regard to Equity Advocates and Committed Activists are quite small. Health Egalitarians and Disinterested Skeptics were less likely to have donated, although the differences with regard to Health Egalitarians are small. Private-Sector Champions resemble the total sample.

C. Detailed Findings: Demographic and Other Characteristics of Groups in the Typology

This section examines how the groups and total sample differ on indicators of their state of health, healthcare coverage and system use, political views and participation and demographic characteristics.

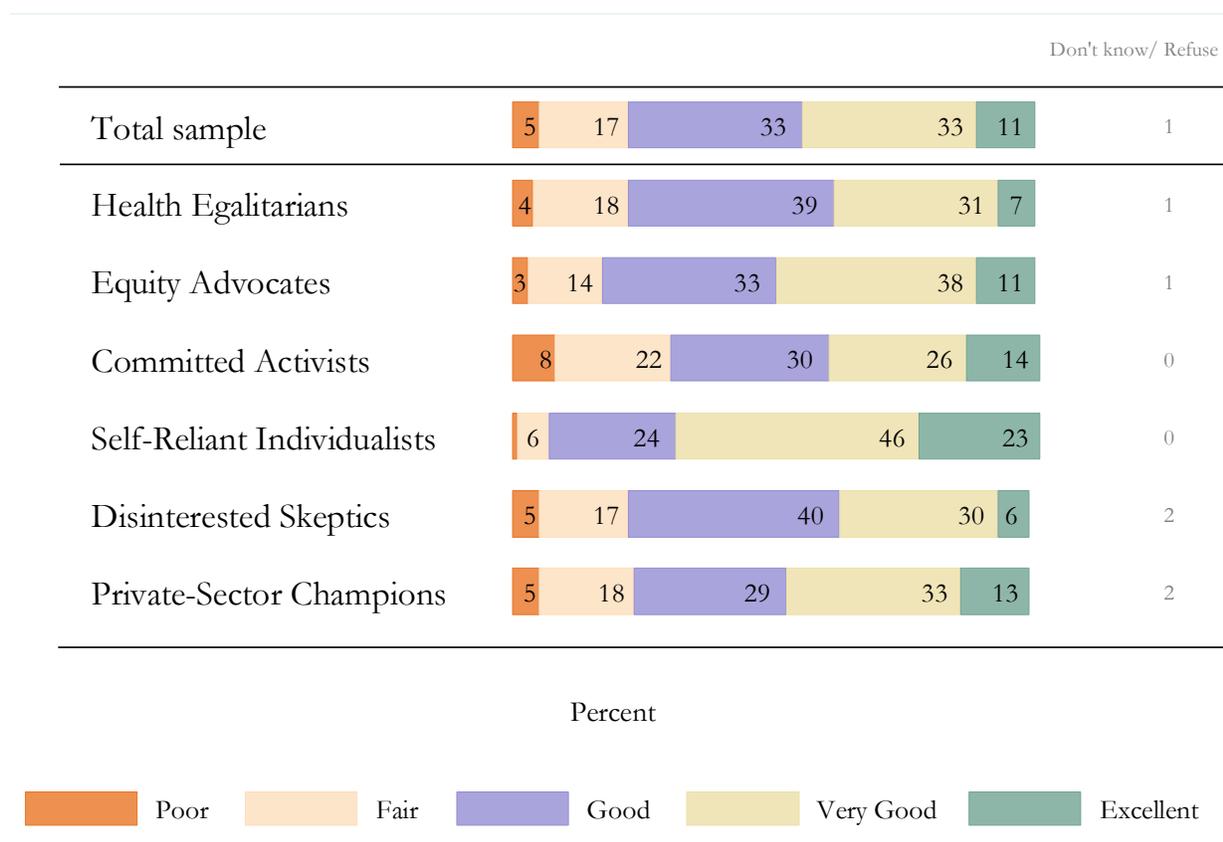
1. State of Health

Overview: Across our state of health measures, Committed Activists tended to be less healthy than the total sample. Self-Reliant Individualists tended to be healthier than the total sample.

1.1 Overall State of Health

Figure 1.1: Overall state of health

Would you say your health in general is excellent, very good, good, fair or poor?

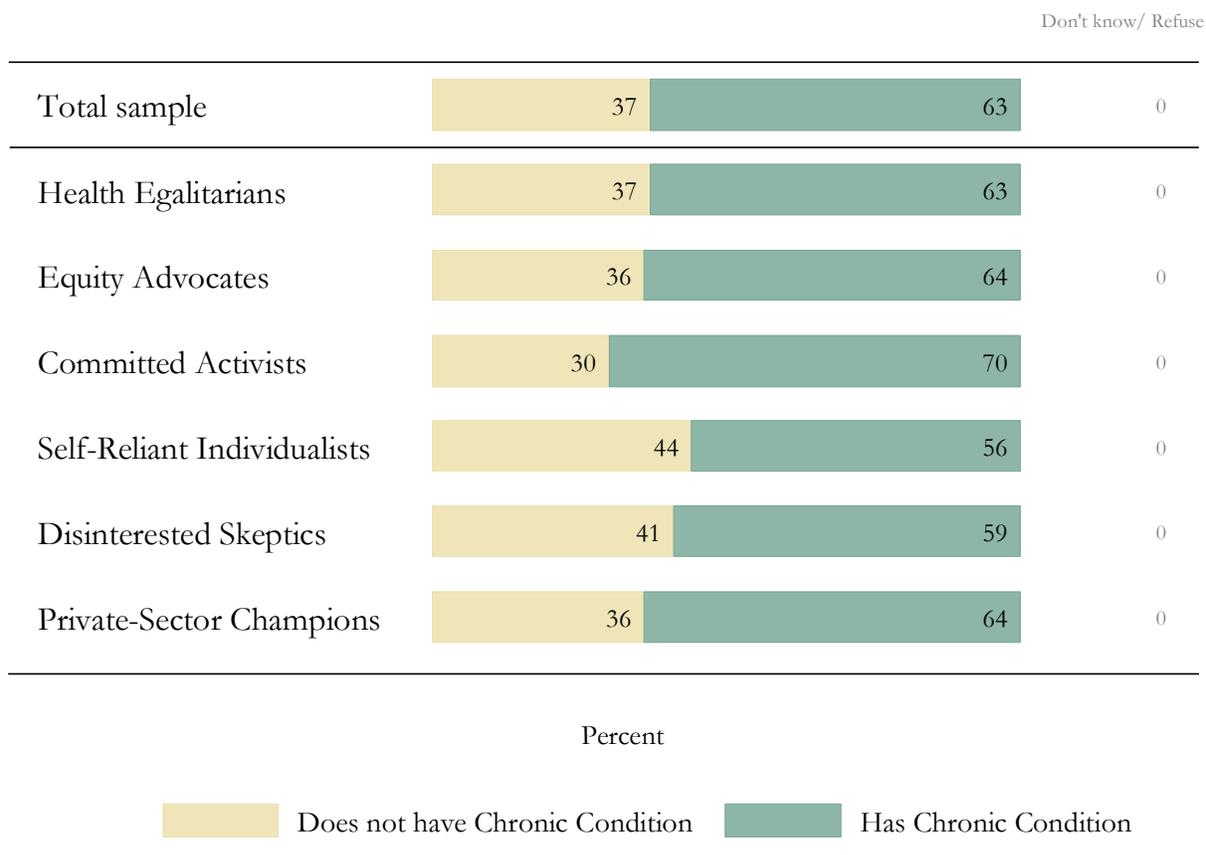


The vast majority of Americans (77%) say their health in general is good, very good or excellent. Self-Reliant Individualists are more likely to state that their health is at least good, while Committed Activists are less likely. Adults in the other groups generally resembled those in the total sample.

1.2 Presence of Chronic Disease

Figure 1.2: Presence of chronic disease

Has a doctor ever told you that you had any of the following? High cholesterol; high blood pressure; a heart attack; angina or coronary heart disease; a stroke; diabetes or high blood sugar; cancer (other than skin cancer); emphysema, asthma or chronic obstructive pulmonary disease (COPD); depression; or, anxiety or another mental or emotional condition.

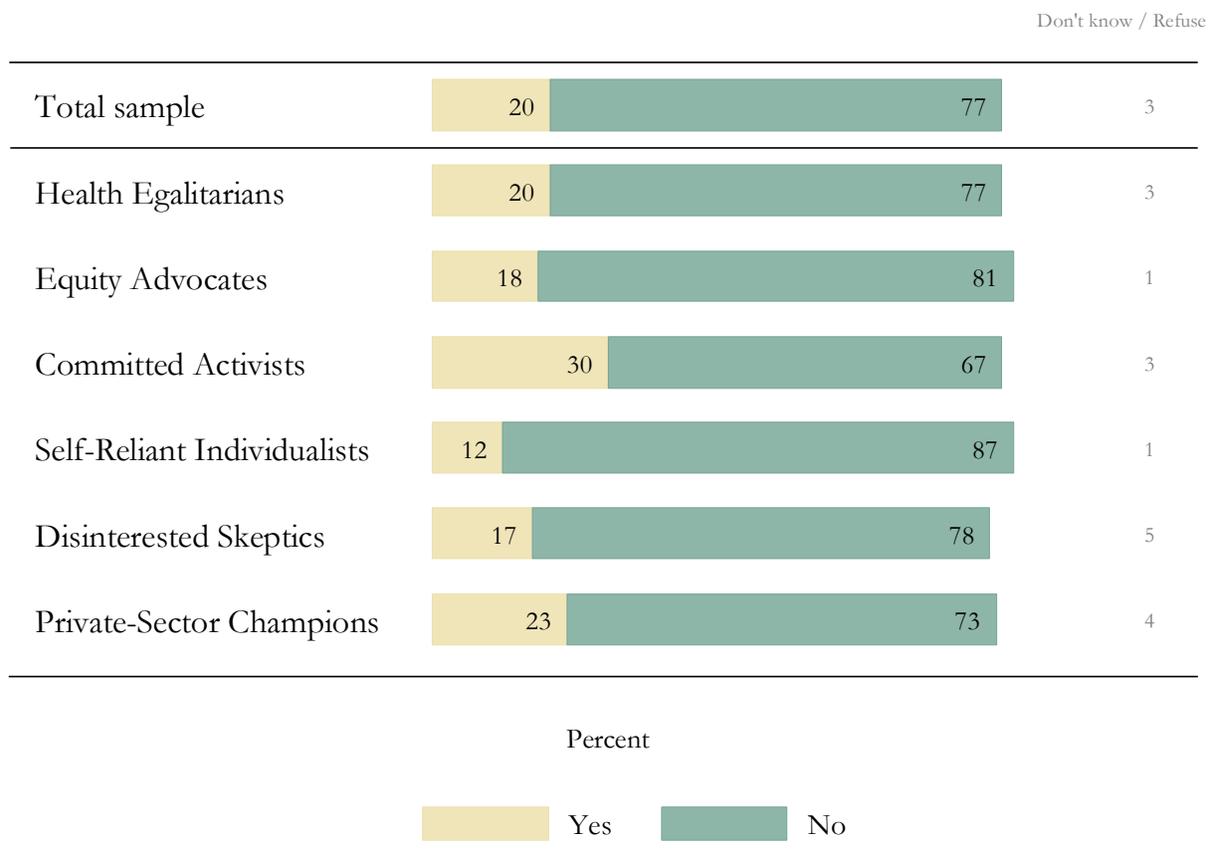


We asked respondents if a doctor has ever told them they had any of the following chronic conditions: high cholesterol; high blood pressure; a heart attack; angina or coronary heart disease; a stroke; diabetes or high blood sugar; cancer (other than skin cancer); emphysema, asthma or chronic obstructive pulmonary disease (COPD); depression; or, anxiety or another mental or emotional condition. Sixty three percent of Americans responded affirmatively. With the exception of Committed Activists and Self-Reliant Individualists, adults in all the groups resembled the total sample in this regard. Self-Reliant Individualists are less likely to have been told they had one of these conditions, while Committed Activists were more likely.

1.3 Limitation Due to Health

Figure 1.3: Limitation due to health

Are you limited at all in your ability to work at a job, do housework, or go to school because of some impairment or a physical or mental health problem?

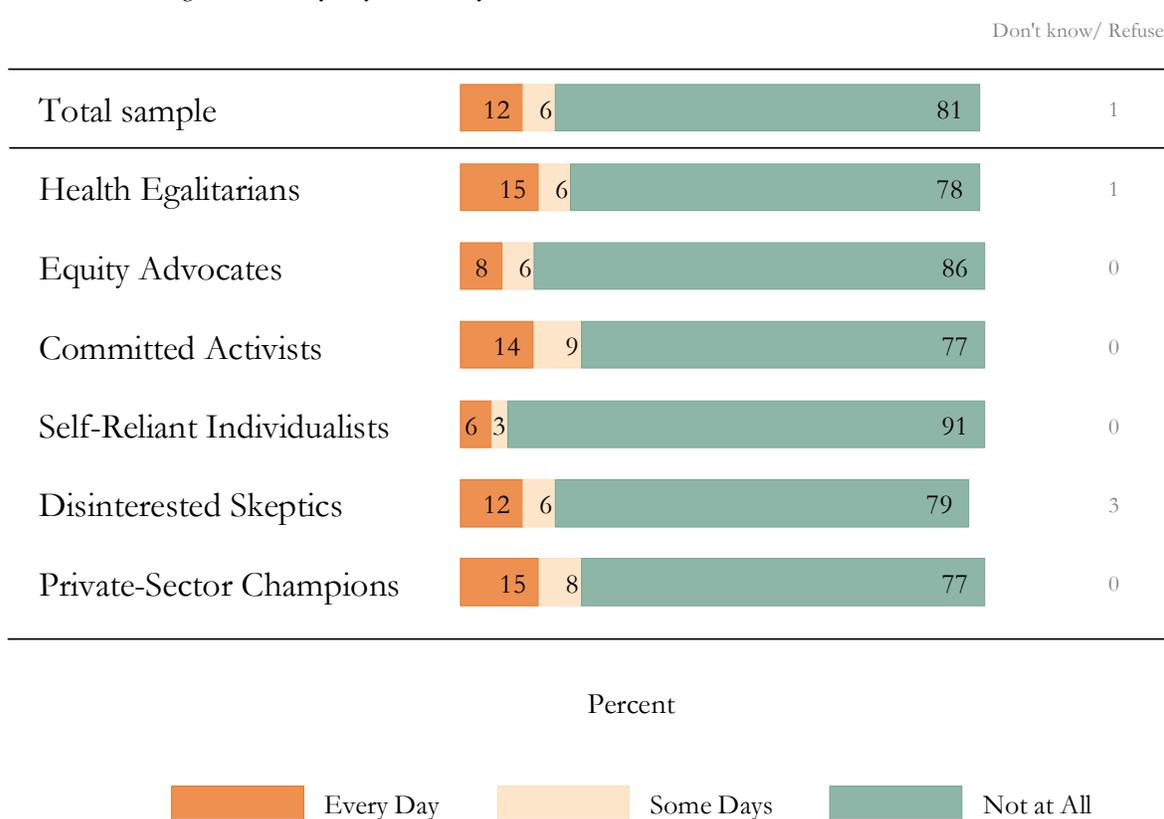


Twenty percent of Americans are limited in their ability to work at a job, do housework, or go to school because of some impairment, or physical or mental health problem. These findings are presented in the display that follows. Private-Sector Champions and especially Committed Activists were more likely to be impaired in some way, although the difference with regard to Private-Sector Champions is quite small. Equity Advocates, Disinterested Skeptics and, especially, Self-Reliant Individualists were less likely, although the differences with regard to Equity Advocates and Disinterested Skeptics are quite small.

1.4 Current Smoking Status

Figure 1.4: Current smoking status

Do you now smoke cigarettes every day, some days, or not at all?



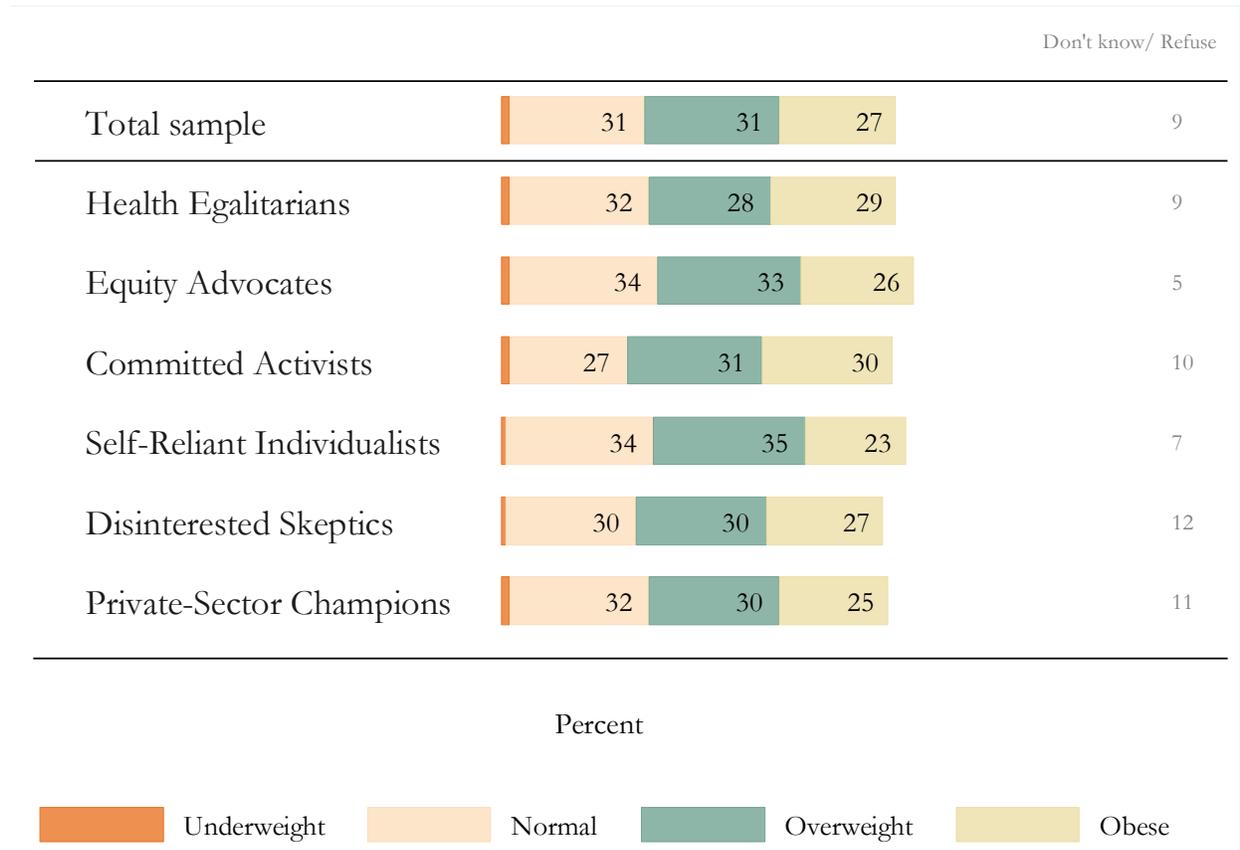
Less than 20% of Americans report that they currently smoke. Equity Advocates and especially Self-Reliant Individualists are less likely to smoke. Health Egalitarians, Committed Activists, and Private-Sector Champions are slightly more likely, although the differences are very small. Disinterested Skeptics closely resemble the total sample.

1.5 Body Mass Index

Figure 1.5: Body Mass Index

About how much do you weigh without shoes on?

How tall are you without shoes on?



More than half (58%) of American adults are overweight or obese given their BMI scores. There are very few differences across the groups although Committed Activists are slightly more likely to fall into this category and Private-Sector Champions are slightly less likely.

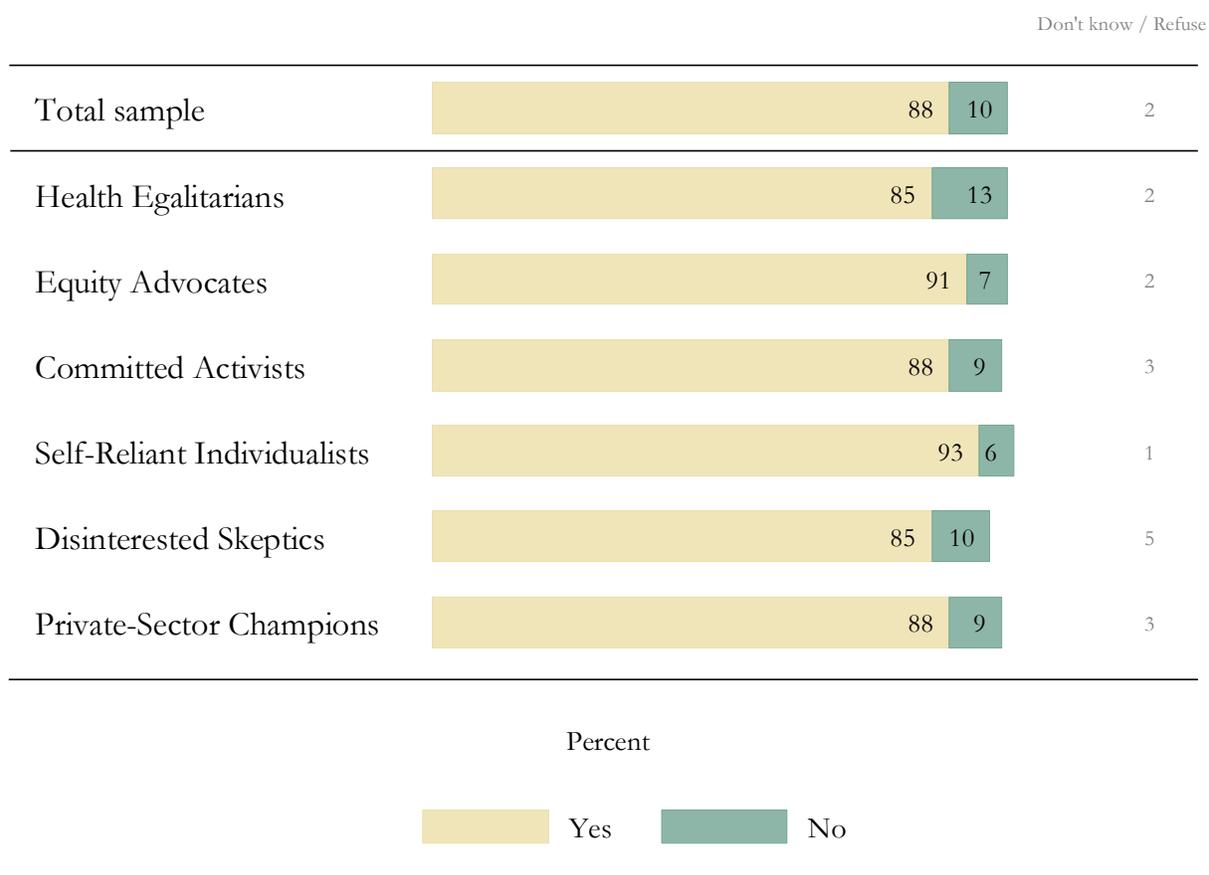
2. Health Coverage and System Use

Overview: The groups differ across our four measures of health coverage and system use: whether or not they are covered by insurance, the type of coverage they have, whether they have a usual source of care, and when they received their last medical checkup. We found that Health Egalitarians and Disinterested Skeptics were slightly less likely than Americans generally to report that they were covered by health insurance although the differences are quite small. Disinterested Skeptics were also less likely to report a usual source of medical care and a medical checkup in the last year.

2.1 Covered by Insurance or Not

Figure 2.1: Covered by insurance or not

Are you covered by health insurance?

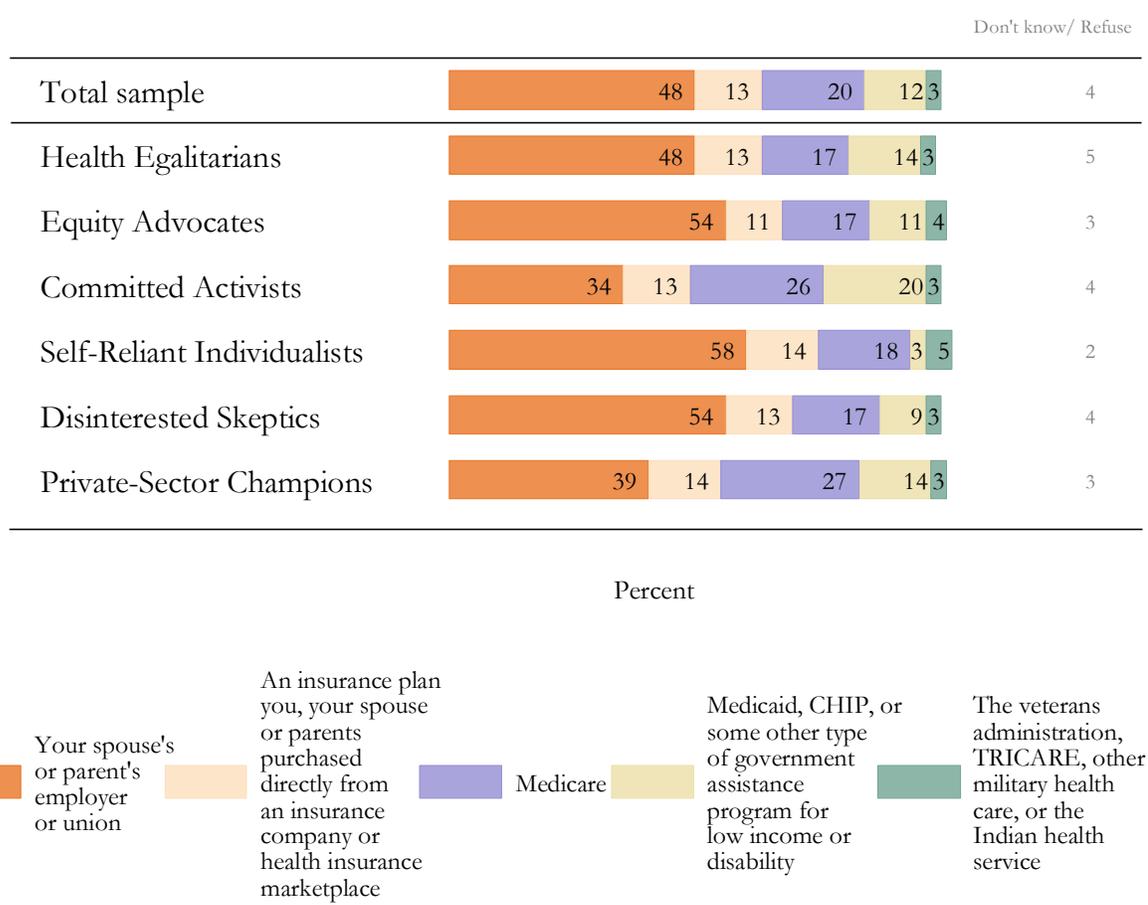


Almost 90% of survey respondents said they are covered by health insurance. Self-Reliant Individualists were slightly more likely to be covered by health insurance, while Health Egalitarians and Disinterested Skeptics were slightly less likely. Those in the remaining groups reported coverage at about the same rate as the total sample.

2.2 Source of Insurance Coverage

Figure 2.2: Source of insurance coverage among the insured⁷

What is your main source of health insurance?



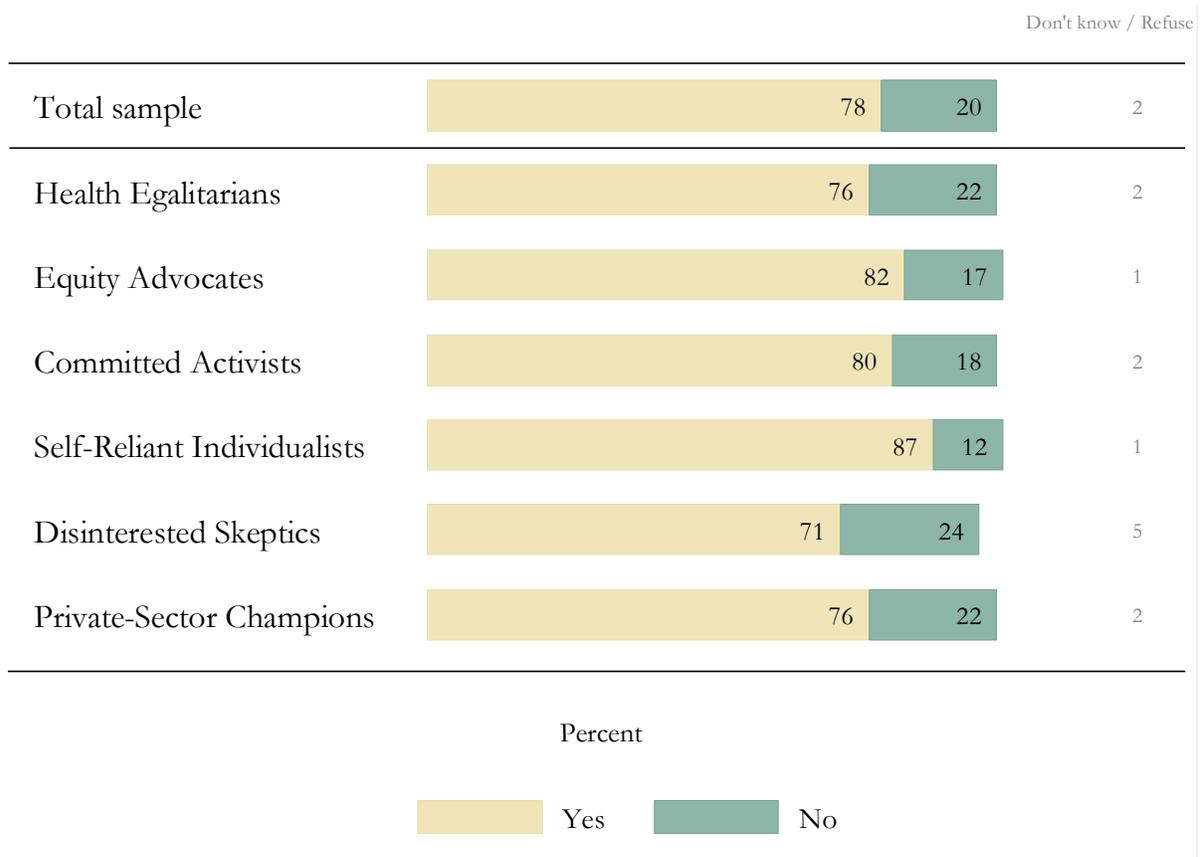
Forty-eight percent of respondents reported employer-sponsored insurance coverage (ESI). About 20% report coverage through Medicare. Twelve percent reported coverage through Medicaid. Health Egalitarians, Equity Advocates, Self-Reliant Individualists, and Disinterested Skeptics were more likely than the total sample to report ESI while Committed Activists were less likely. Committed Activists and Private-Sector Champions were more likely to report Medicare coverage. Health Egalitarians, Private-Sector Champions and, especially, Committed Activists were more likely to report Medicaid coverage. Disinterested Skeptics were slightly less likely and Self-Reliant Individualists were much less likely.

⁷ Only those that are covered by health insurance were asked this question.

2.3 Usual Source of Care

Figure 2.3: Usual source of medical care

Other than an emergency room, do you have one place that you usually go when you are sick or need advice about your health?

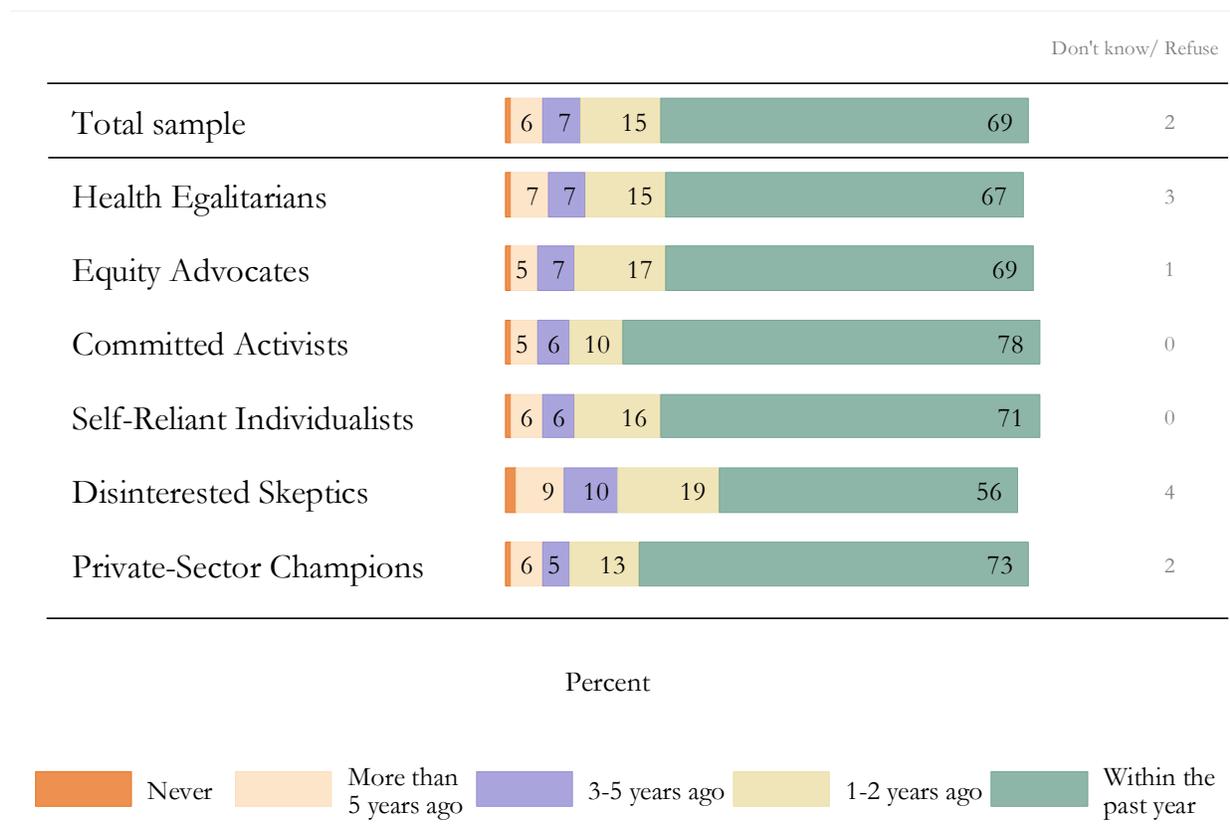


Seventy eight percent of respondents in the total sample reported a usual source of health care. Equity Advocates were slightly more likely to report one while Self-Reliant Individualists were much more likely. Disinterested Skeptics were less likely.

2.4 Date of Last Checkup

Figure 2.4: Date of last checkup

About how long has it been since you last visited a doctor or other health care provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition?



The majority (69%) of Americans have received a checkup within the past year. Private-Sector Champions were slightly more likely to report this and Committed Activists were much more likely to report it. Disinterested Skeptics were much less likely.

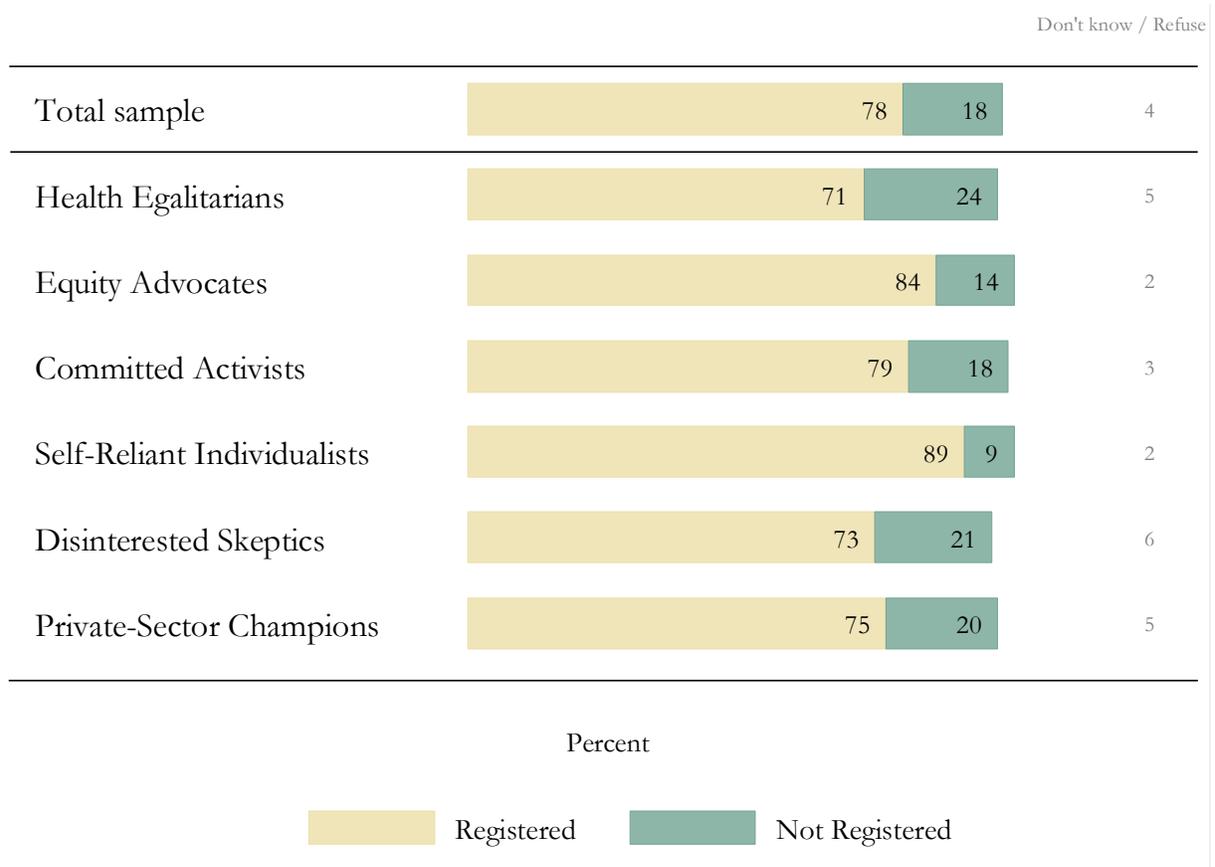
3. Political Views and Participation

Overview: Groups in the typology differ in terms of their political views and level of political participation, as the following displays make clear. Self-Reliant Individualists are the most likely to be registered to vote and to always vote in elections. Disinterested Skeptics, Private-Sector Champions and especially Self-Reliant Individualists are more likely to identify as Republicans and conservatives. Equity Advocates and Committed Activists are more likely to identify as Democrats and liberals. Health Egalitarians are more likely to be moderates.

3.1 Voter Registration Status

Figure 3.1: Voter registration status

Many people are not registered to vote because they are too busy or move around often. Are you now registered to vote in your election district or not?

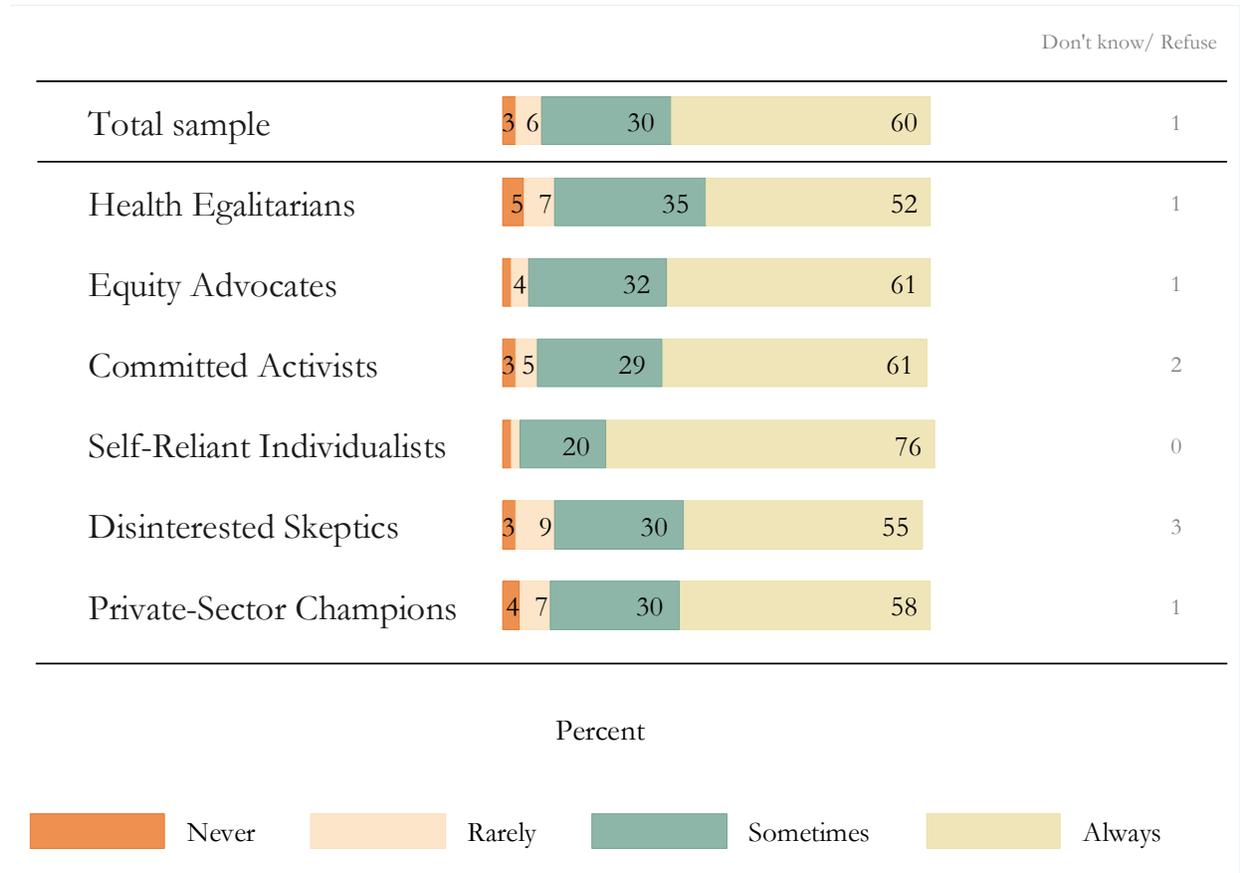


Seventy eight percent of Americans report being registered to vote. The proportions are about the same across the groups, although Health Egalitarians, Disinterested Skeptics, and Private-Sector Champions are a bit less likely to be registered, while Equity Advocates and Self-Reliant Individualists are more likely.

3.2 Frequency of Voting

Figure 3.2: Frequency of voting among registered voters⁸

Most people don't vote in all elections. Can you tell me how often you vote in local and national elections?



Sixty percent of Americans who are registered to vote say that they always vote in the local and national elections. Health Egalitarians are less likely to say they always vote and Disinterested Skeptics are slightly less likely. Self-Reliant Individualists are more likely. The voting frequency of those in the remaining groups resembles that of the total sample.

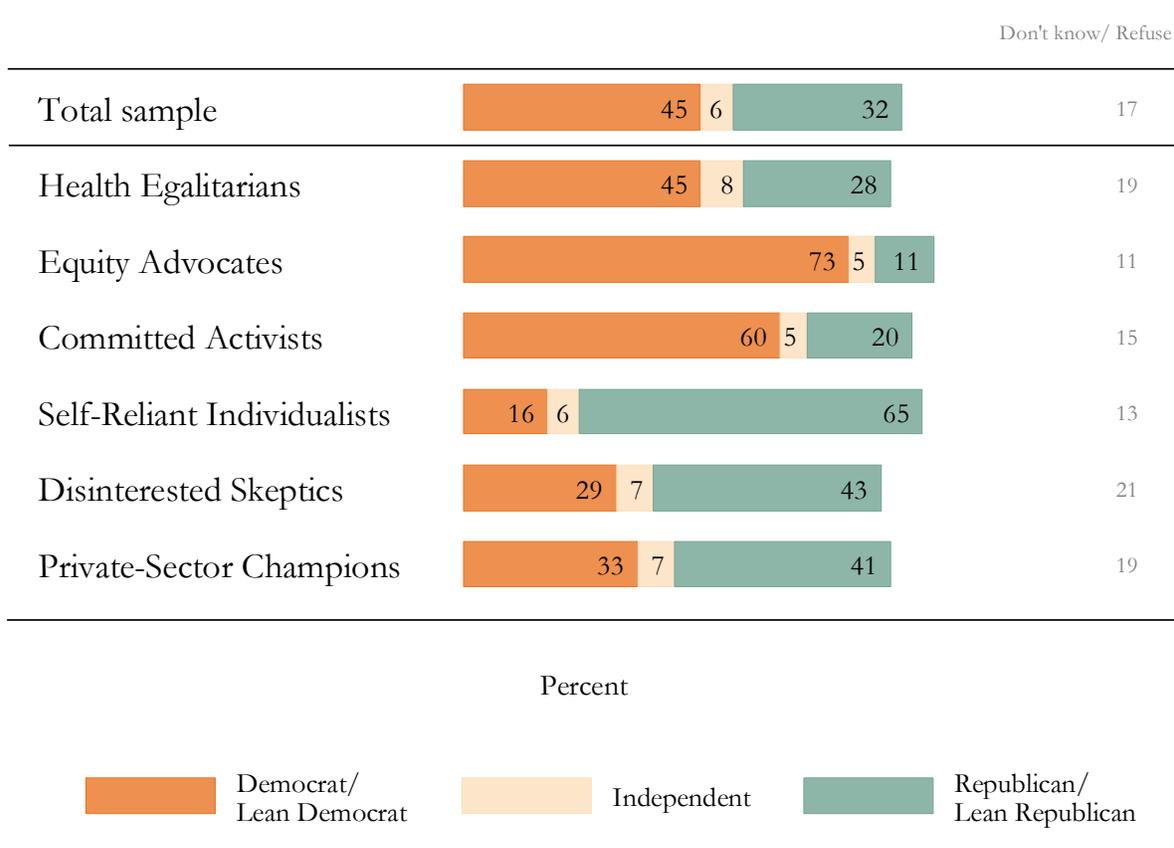
⁸ Only those that are registered to vote were asked this question.

3.3 Party Affiliation

Figure 3.3: Party affiliation

In politics today do you consider yourself a Republican, Democrat, or an Independent?

As of today, do you lean more toward the Republican or more to the Democratic party?

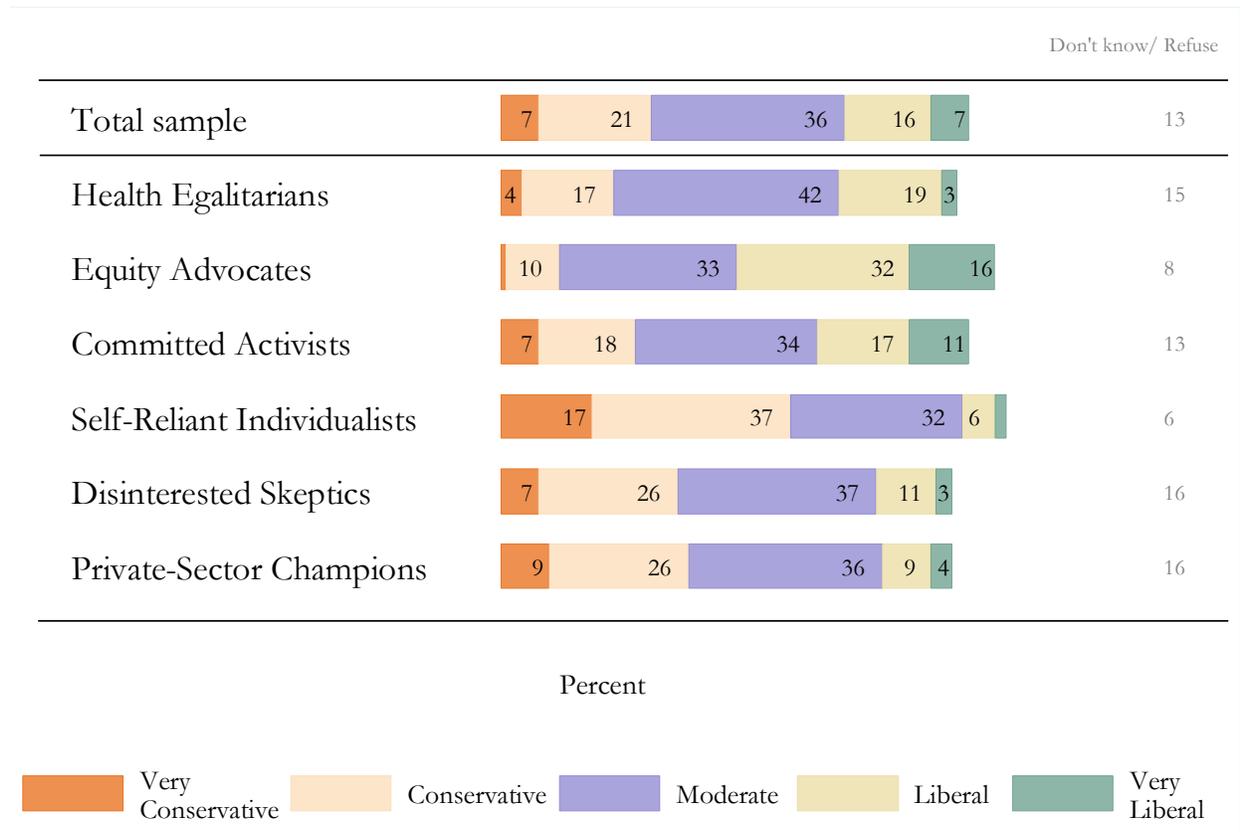


About one-third (32%) of the total sample said they were Republicans or leaned Republican, while almost 45% said they were Democrats or leaned Democratic. Only about 6% of Americans consider themselves true Independents after the leaning partisans are removed from the category. Equity Advocates and Committed Activists were much more likely to say they were Democrats while Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions were much more likely to say they were Republicans. Equity Advocates and Self-Reliant Individualists are the most unified in their partisan affiliations—the vast majority of Equity Advocates reported being Democrats and the vast majority of Self-Reliant Individualists reported a Republican affiliation.

3.4 Political Ideology

Figure 3.4: Political ideology

In general, would you describe your political views as very conservative, conservative, moderate, liberal or very liberal?



A plurality of Americans (36%) describes their political views as moderate. Twenty-eight percent claim to be conservative while 23% describe their views as liberal. Disinterested Skeptics, Private-Sector Champions and, especially, Self-Reliant Individualists are more likely to describe their views as conservative. Committed Activists and, especially, Equity Advocates are more likely to consider themselves liberal. Health Egalitarians are a bit more likely to call themselves moderate.

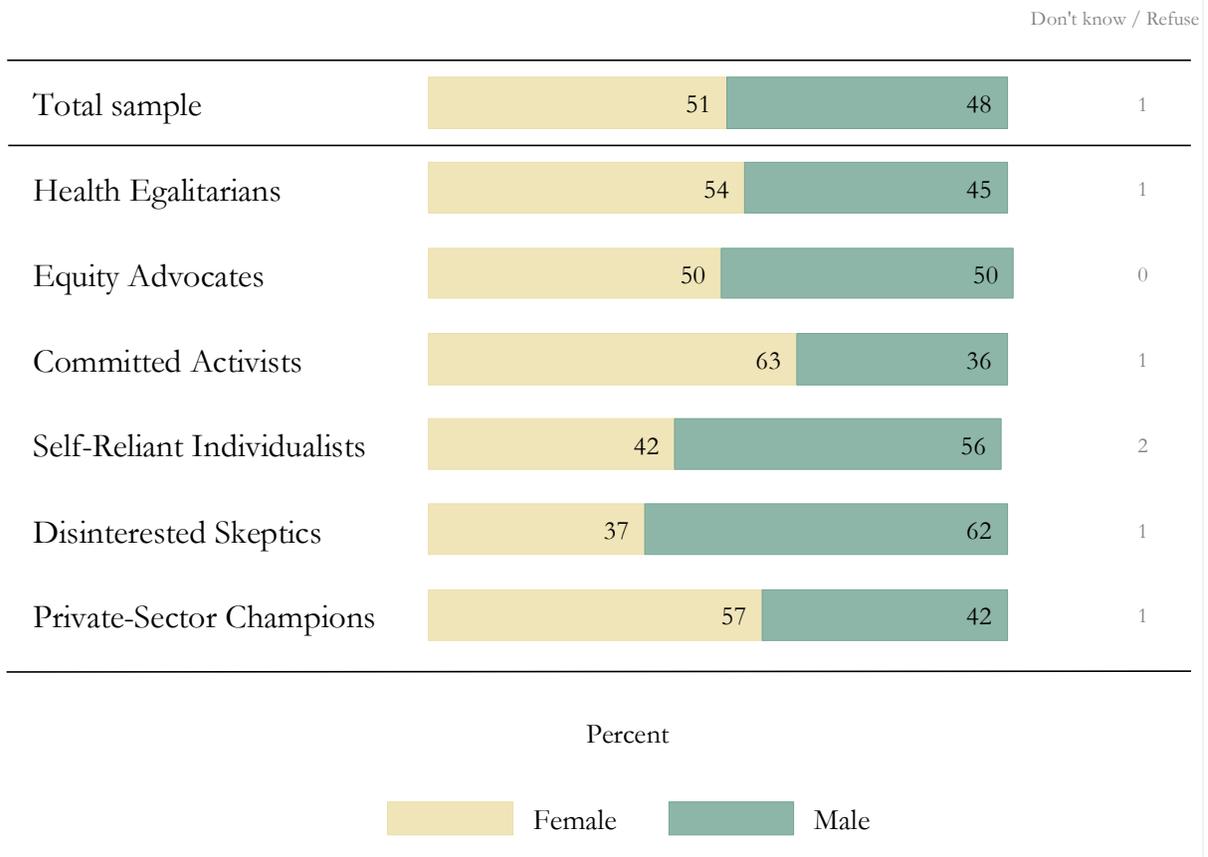
4. Demographic Characteristics

There are a number of important demographic differences between the groups in the typology. These differences are discussed in this section of the report.

4.1 Gender

Figure 4.1: Gender

Are you male or female?

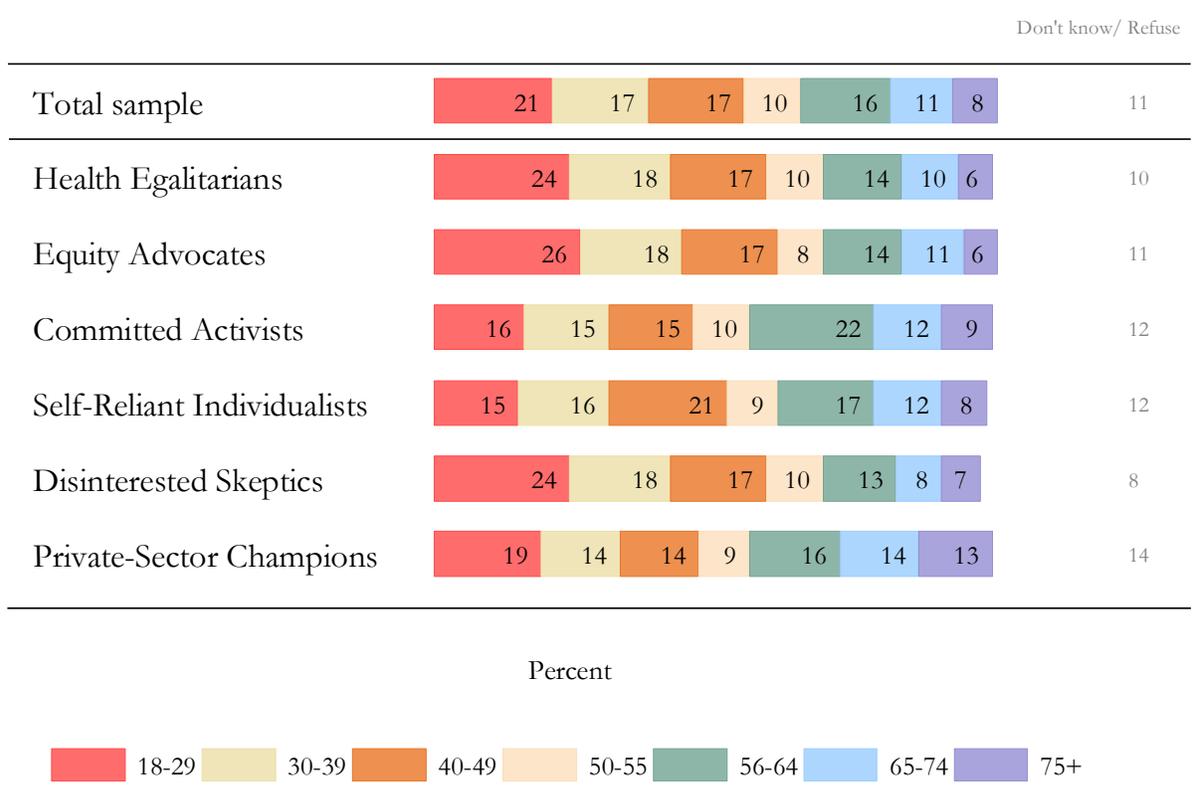


The majority of Health Egalitarians, Private-Sector Champions and, especially, Committed Activists are female, while Self-Reliant Individualists and Disinterested Skeptics are majority male. The remaining group, Equity Advocates, is made up of an equal percentage of males and females.

4.2 Age

Figure 4.2: Age

We don't need to know exactly, but generally speaking are you between ages...

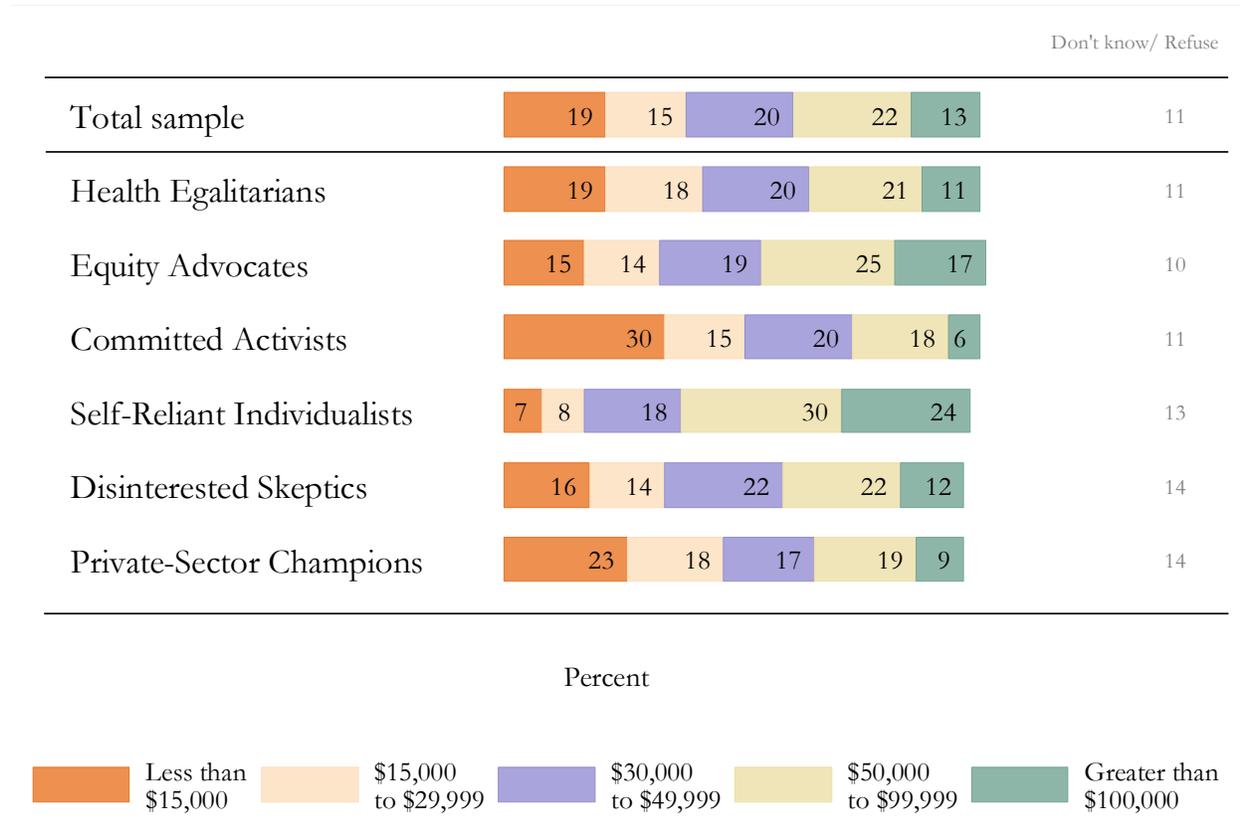


Health Egalitarians, Equity Advocates, and Disinterested Skeptics tend to be younger than Americans as a whole, with a larger percentage of respondents in these groups being under 40. Committed Activists, Self-Reliant Individualists, and Private-Sector Champions tend to be older than the total sample. Committed Activists and Self-Reliant Individualists are more likely to be middle-aged, while Private-Sector Champions are the most likely to be over the age of 65.

4.3 Income

Figure 4.3: Income

What was your approximate annual household income from all sources in 2014?

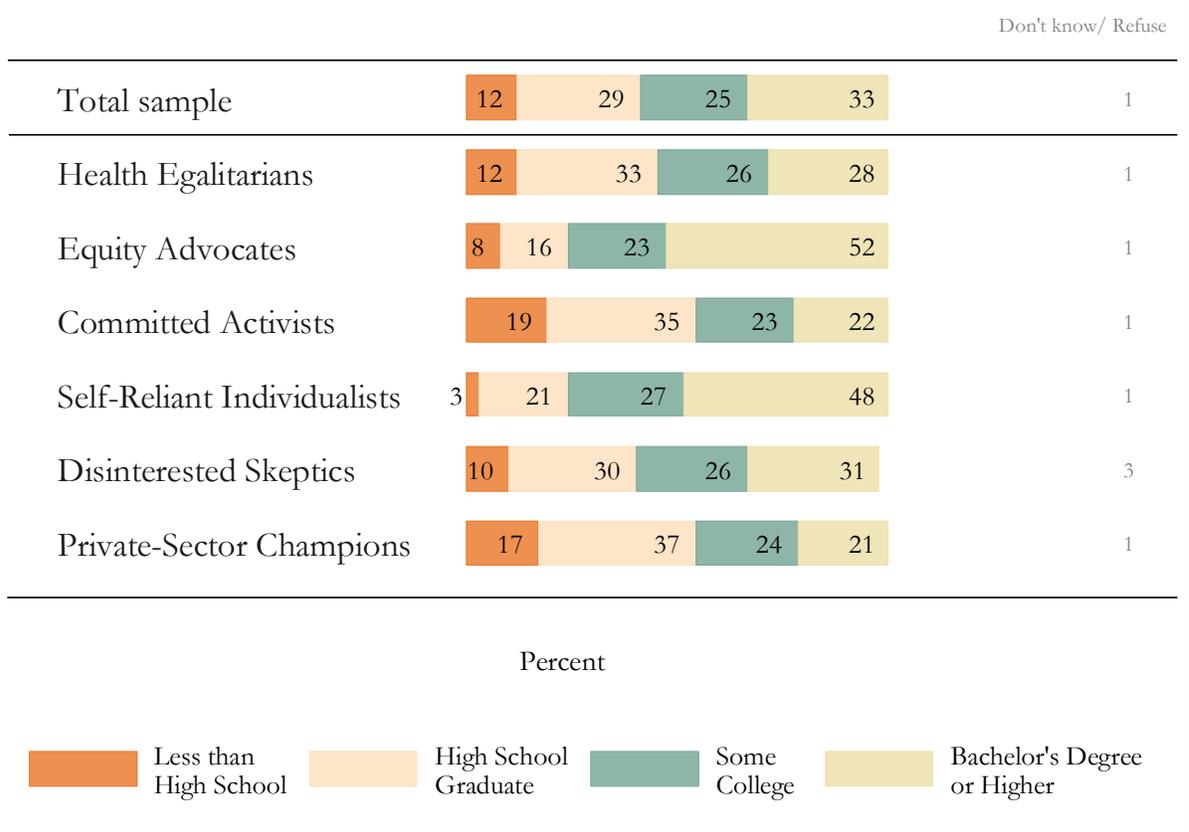


The incomes of Equity Advocates and Self-Reliant Individualists generally tended to skew higher than the total sample. Self-Reliant Individualists were two times as likely as the total sample to report an income of \$100,000 or more. Committed Activists and Private-Sector Champions were much more likely to report lower incomes than the total sample, with almost a third (30%) of Committed Activists reporting incomes of less than \$15,000. Health Egalitarians were slightly likely to also skew lower. Disinterested Skeptics resembled the total sample in terms of their annual household income.

4.4 Education

Figure 4.4: Education

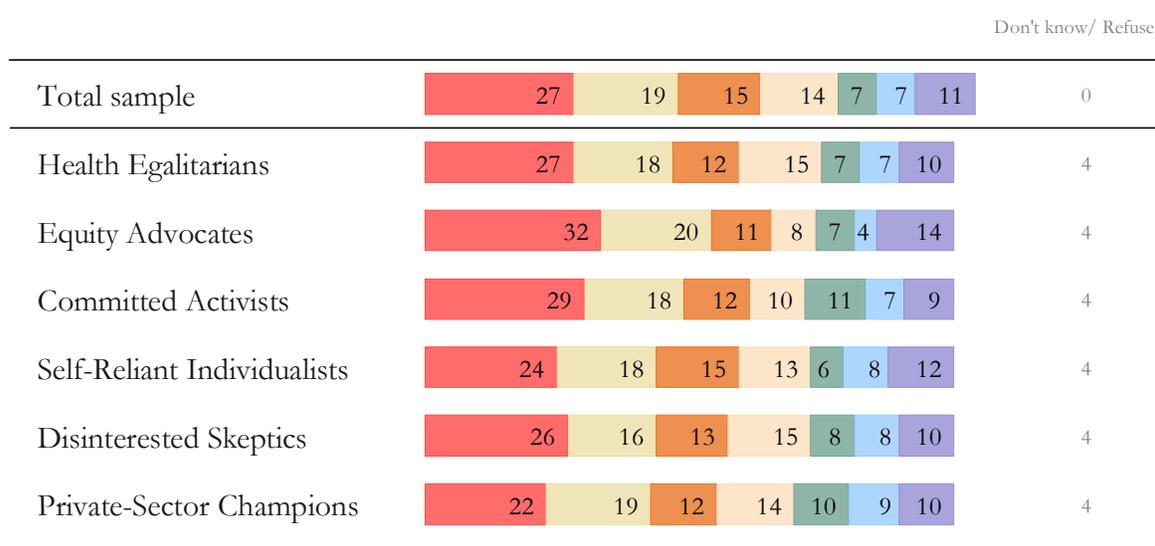
What is the highest grade in school or year of college that you have completed?



In terms of educational attainment, Health Egalitarians, Committed Activists, and Private-Sector Champions were more likely than the total sample to have only completed high school and much less likely to have a Bachelors’ or more advanced degree. Equity Advocates and Self-Reliant Individualists tend to be more educated than the general American population. These adults were much more likely than the total sample to have a Bachelors’ or more advanced degree. The level of educational attainment of Disinterested Skeptics strongly resembled those in the total sample.

4.5 Region

Figure 4.5: Region



Percent

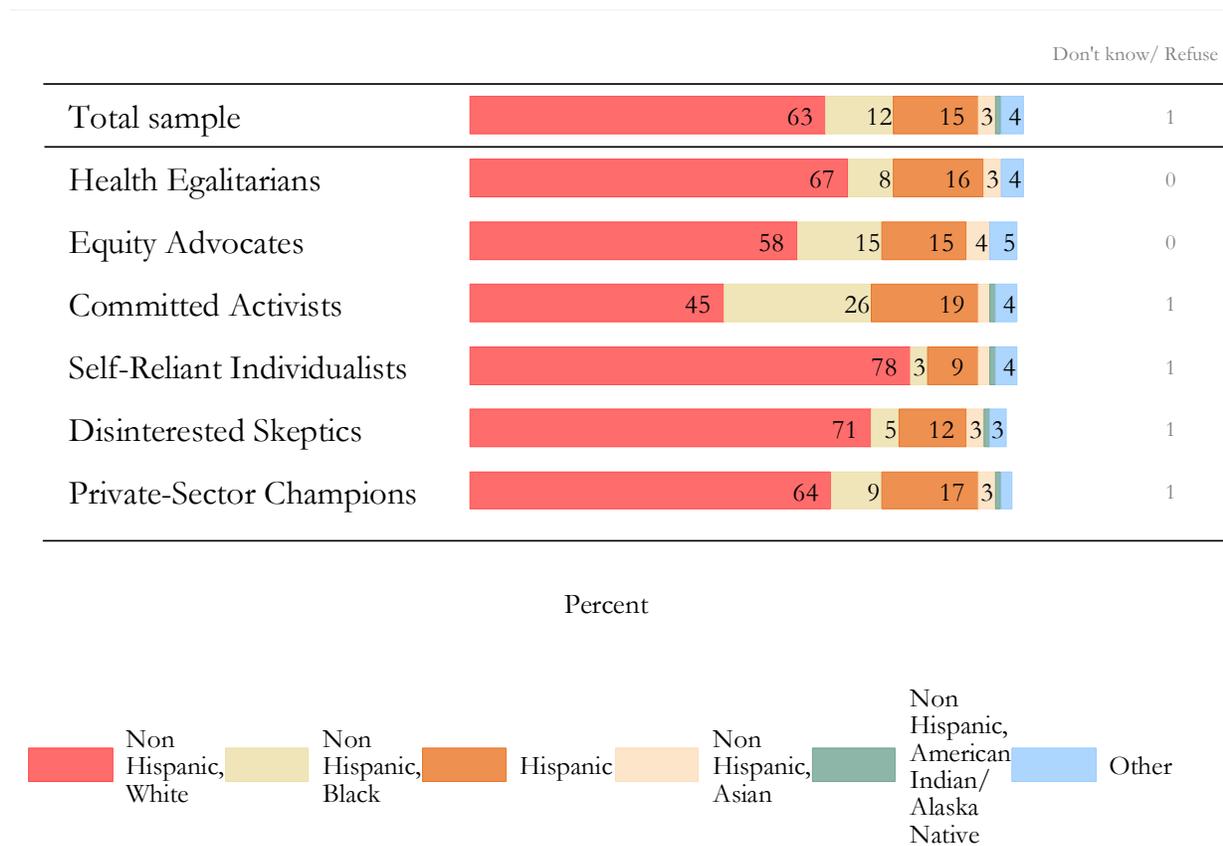


In lieu of a more conventional geographical measure, we made use of a geo-demographic classification of U.S. counties developed by the American Communities Project (ACP). It makes use of more than 40 demographic measures to categorize all of the nation’s counties. These results are presented in the display below. Equity Advocates are geographically concentrated more than Americans generally in the ACP’s Big Cities and Urban Suburbs. Committed Activists are concentrated in Minority Centers as are Private-Sector Champions, although to a lesser degree. More information about the ACP classification schema is presented in the methodological appendix to the report.

4.6 Race/Ethnicity

Figure 4.6: Race/Ethnicity

I'm going to read you a list of six race categories. Please choose one or more races that you consider yourself to be: White/Caucasian, Black/African American, Asian, Pacific Islander, American Indian or Alaskan Native, or another race?



Equity Advocates and Committed Activists were more likely than Americans generally to identify as non-White although in the case of Equity Advocates the difference was quite small. Within Committed Activists there were also more African Americans and Hispanics than in the total sample; in Equity Advocates there were more African Americans than in the total sample. Health Egalitarians were slightly more likely than the total sample to identify as White; Self-Reliant Individualists and Disinterested Skeptics were far more likely to identify as White. Private-Sector Champions resembled the total sample in the distribution of their race/ethnic characteristics.

Implications/Next Steps

This section of the report discusses major implications from the study as well as next steps.

Implications

The study has a number of implications for the development of public communication and engagement efforts promoting population health and health equity whether they are focused on the general public, voters or opinion leaders and activists. The development of successful communication and engagement initiatives begins with a clear understanding of audiences, not only their size and composition but also their receptivity. This study sheds light on these issues as well as providing at least preliminary guidance on the selection of appeals that might be used to reach each of the audiences. In addition, by virtue of the distinctive demographic, health and political characteristics of most of the groups, it suggests the types of communication channels that will be effective for reaching each of the audiences.

The study suggests that for many Americans—the nearly one-quarter who fall into the Health Egalitarians group—a strong commitment to health equity alone may be sufficient for support of an active role for government in health. Our findings are consistent with those of others who have argued for the uniqueness of health given that Americans view it as a “needed good with special moral importance” (Gollust & Lynch, 2011; Schlesinger & Lee, 1993). Health Egalitarians are not especially concerned about equity and solidarity more broadly, or about disparities and the social determinants. They do, however, have a concern about health equity and want government to play an active role in health. While further work is needed in order to confirm this, a health equity frame may be a way not only to mobilize them in support of a more active role for government but also to change their attitudes on disparities and the social determinants of health. Even if further work does not confirm that concern for health equity drives views about the role of government, it is significant that the two are closely associated within a large group of Americans. It underscores the importance of health in the broader equity discussion and suggests that there may be opportunities for public health advocates in a more focused emphasis on it.

The Health Egalitarians group is an audience of mostly women of lower socio-economic-status (SES), politically moderate but disengaged and not very interested in health in their personal lives. Given such a profile, this group is perhaps the most difficult to target for communication and engagement efforts since it shares so many characteristics with other American adults. Its size alone, however, makes it important. One fruitful course for future research would be the identification of subgroups within this large audience in order to better understand its diverse parts and what approaches will be most effective in reaching each. This and other suggestions for future research are discussed further in the next steps section below.

The study provides additional evidence that American’s views about equity and population health are nuanced and not able to be categorized in a simplistic, bifurcated way. Compared to the narrow concern about health equity within the Health Egalitarians group, Equity Advocates stand out with their embrace of a general equal-opportunity-to succeed ethos, belief in the importance of social solidarity, and concern about health care disparities. These two groups, in turn, stand in contrast to the down-the-line agreement of Committed Activists on not only these issues but the social determinants as well.

All three of these groups can likely be mobilized in support of the equity and population health agenda. Given their more distinctive profile, the more highly educated, upscale political liberals in the Equity Advocates group are easier to target than the Health Egalitarians. They are geographically concentrated in Big Cities and Urban Suburbs. They are already civically engaged on health so it will likely also be easier to mobilize them for future efforts; additionally, in light of their broader concerns about equity, solidarity and disparities, should be possible to change in their attitudes on the social determinants as well. The mostly older, female, lower-SES, non-White women in the Committed Activists group are geographically concentrated in Minority Centers. They feel a high sense of collective efficacy and are already highly civically engaged on health. They can be thought of as a movement vanguard. Our findings here are consistent with those of other researchers who have identified this audience as pivotally important and called for its mobilization (Robert & Booske, 2011).

Importantly, the data suggest that there may be openings to each of the other groups who are more skeptical about the population health and equity agenda. Self-Reliant Individualists are the most problematic in their across-the-board rejection of many of the main arguments of public health advocates. This mostly White and male high-SES group is the most Republican and ideologically conservative of the groups and also the most politically engaged. One of the most important findings of the study is the receptivity of these more conservative Americans to health improvement efforts at the local, community level, as long as there is significant private sector engagement. Disinterested Skeptics may be slightly more receptive to these locally focused efforts, although this group tends to be disinterested and disengaged generally with regard to health. Private-Sector Champions present the greatest potential to become supporters of locally focused efforts. Disproportionally composed of older, lower-SES politically conservative women, its members are genuinely conflicted about the role of government. On the one hand, they believe that health should be a top priority of the federal government but, on the other, that government generally should not be doing more in health. They care about building healthier communities and would like to see individuals, businesses and the private voluntary sector take on this responsibility. They also believe that the social determinants are strong influences on health and are likely to be receptive to efforts to address them.

Additional work is needed to refine frames and messages for communication efforts directed to these and, indeed, all six groups. For example, the social determinants issue is a challenging one since many Americans view personal health behaviors and medical care access as the only consequential influences on health outcomes (Niederdeppe, Bu, Borah, Kindig, & Robert, 2008). Work to date indicates that effective messaging should acknowledge the role of individual decisions but reinforce the greater importance of social influences (Gollust & Cappella, 2014; Niederdeppe et al. 2008; Robert & Booske, 2011). Others have argued for the use of this framing along with compelling personal narratives and visual images in order to accelerate attitude change on the issue (Niederdeppe et al., 2008).

Finally, the study adds strong support for the idea that “the personal is not the political” after all. Public health advocates and practitioners should not assume that personal health importance in day-to-day life necessarily translates into support for an active government role in health or the public health agenda to address the social determinants of health. Advocates and practitioners should also not assume that support, and even engagement around these policy issues, means that those involved are acting in health conscious ways in their personal lives. These disjunctions are not all that surprising since it has been clear for some time that public views on health policy questions are highly correlated with political party

identification and ideological stance. Among political conservatives who are health-conscious in their personal lives, for example, the American personal responsibility ethos likely offsets the recognition that everyone (including themselves) would benefit from living in physical and social environments that make healthy choices easier to make. Yet, parts of this group do seem open to efforts to build healthier communities at the local level and will likely be receptive to the argument that as important as individual choices are they take place within a social context.

Next Steps

There are a number of follow-on efforts related to the American Health Values Survey that are underway. NORC is now commencing the fielding of the survey in five sentinel communities across the nation—Baltimore, Maryland; Stockton, California; Maricopa County, Arizona; Mobile, Alabama; and a nine county region in Nebraska. The purpose of the work is to see whether and how the typology might vary across different U.S. localities. NORC is also developing a *Where-Do-You-Fit Kit* consisting of a short battery of survey questions that can be used for communication and public engagement efforts and potentially for future research as well.

In addition, under separate cover, NORC has forwarded recommendations to the Foundation related to the further analysis of the data from the national study. The recommendations are divided into two areas: work to better understand the typology and work to explore the substantive issues addressed in the survey. An overview of the recommendations in each area is summarized below.

Work to Better Understand the Typology

In order to better understand the typology, we recommend work in the following areas:

Assessment of Within-Group Variation: Since the sample size is so large there is the possibility of doing within-group analysis, even developing sub-segments. The potential benefit would be the isolation of sub-groups with more internal homogeneity, which could be very useful for communication planning purposes.

Qualitative Exploration of Group Architecture: It would be valuable to qualitatively explore the six groups in order to better understand how the identified values and beliefs fit together. For example, qualitative work could shed light on the apparent disjunction between attitudes toward disparities and attitudes toward the social determinants among some Americans. In addition to filling in some of the gaps in our understanding of the typology itself, these insights could also inform the development of group personas, an exercise that would be very helpful for communication concept development work.

Linking Additional Data: It is possible to link demographic, health, political and consumer information from other datasets in order to make the group profiles more multidimensional.

Work Related to Sample-Wide Results

We believe that it would be useful to answer questions in a number of domains:

Disparities-Related Questions: What is the relationship between attitudes toward income-based disparities and race/ethnic-based disparities? How do those with varying stances in this area differ across various

subgroups within the sample (i.e. defined in terms of their demographic, attitudinal and behavioral characteristics)?

Questions Related to the Social Determinants: How consistent are American adults in their views across the various social determinants? Do these views cohere? How do perceptions about the social determinants this vary across the various subgroups?

Equity/Solidarity Questions: What is the relationship between the three measures we have in this domain? How do sample subgroups differ in their embrace or non-embrace of equity and solidarity?

Role of Government Questions: How do views about the role of government generally compare with views about it at the federal and community levels? Which subgroups support an active role for government and which ones don't?

Civic Engagement Questions: Which sub-groups are most, and least, likely to report each behavior and what are the commonalities? Can we construct an index of civic engagement? How do various subgroups differ on this index?

Values Inter-Relationship Questions: What is the relationship between values/beliefs across these areas? This should be explored both using bivariate approaches and multivariate approaches. For example, it would be worthwhile to do some modeling to see what predicts support for an active government role as well as civic engagement in health. On government role, the typology suggests that views on equity/solidarity, disparities and the other social determinants are likely drivers but it would be useful to confirm this.

Questions Related to the Individual/Social Level Nexus: Using the importance of personal health measures, can an index be created in order to further explore the strength and nature of relationships between values related to health at the individual level and those at the societal level? How do the relationships vary across sample subgroups?

Appendix A. Additional Information about Sampling/ Data Collection, Data Preparation/ Weighting and Analytical Methods

This appendix provides more detailed information about study methods. It focuses on survey sampling, data collection, weighting and analytical methods.

Sampling/Data Collection

The study was designed to complete approximately 10,000 interviews from the adult (18 years or older) population living in U.S. households within the 50 states and the District of Columbia. The study utilized a dual-frame sampling design combining an Address Based Sample (ABS) with an AmeriSpeak Panel sample. AmeriSpeak is a probability-based national online panel operated by NORC at the University of Chicago (Dennis, 2016). For the ABS sample, a total of 42,825 addresses were selected, while a nationally representative sample of 7,115 AmeriSpeak panelists were invited to participate in the study by web or telephone. Table 1 provides an overview of the sampling and response rates.

The ABS sample was selected from a sampling frame based on an extract of the United States Postal Service Computerized Delivery Sequence File (CDS), provided by the Valassis Vendor (American Association for Public Opinion Research Address-based Sampling Task Force, 2016). This CDS contains essentially all households in the United States that receive mail. We included all residential addresses as well as post-office boxes that were the only way for the housing unit to receive mail.

We then implemented a multi-mode approach for ABS-sourced data collection. First, the sampled addresses were mailed materials inviting potential respondents to complete the questionnaire via a web survey. However, if participants did not respond via the web survey, a self-administered questionnaire (SAQ) was mailed. If neither mode elicited any response, the address was matched to a telephone number and telephone interviewing (CATI) was conducted to those addresses with a telephone match. Interviews were completed in both English and Spanish.

Table 1. AHVS National Sample Overview

	ABS	AmeriSpeak	Total
Total Released Sample	42,814	7,115	49,929
Completed Interviews	6,789	3,785	10,574
Response Rate	22.4% ¹	19.4% ¹	---
Fielding dates	6/26/2015 to 2/17/2016	10/5/2015 to 1/8/2016	

¹ American Association for Public Opinion Research. (2016). "Standard Definitions Report." Retrieved June, 2016, from <https://www.aapor.org/Standards-Ethics/Standard-Definitions-%281%29.aspx>

The AmeriSpeak response rate (RR) reported was a weighted cumulative RR that considers the different stages of recruiting and retaining panel members. The following steps were included in the calculation of this cumulative RR:

- *Recruitment Rate*: The weighted American Association for Opinion Research (AAPOR) RR III (American Association for Public Opinion Research, 2016) for the AmeriSpeak panel recruitment for cohorts sampled for the study. A recruited sample unit is defined as a household where at least one adult successfully completed the recruitment survey and joined the panel. The recruitment rate for our study was 36.8%.
- *Household Retention Rate*: Calculated at the household level, it represents the percent of recruited households still available for sampling for this survey among the recruitment cohorts sampled for the study. The retention rate for our study was 99%.
- *Survey Completion Rate*: This rate is provided for single-stage studies not having a screening instrument, such as for general population surveys. Calculated at the member level, it is defined as the number of sample units completing the survey instrument divided by the number of panel members invited to participate in the study. For studies having two stages (both screening and main interview), the Survey Completion Rate is the proportion of respondents eligible for the main interviews, as identified by the screener, that actually completed the main study interview; the survey completion rate for our study was 53.3%.
- *Weighted Cumulative Response Rate*: The overall rate represents the product of the recruitment rate, the retention rate, and the survey completion rate. It is weighted to account for the sample design and face-to-face non-response follow-up of the initial recruitment survey. The weighted cumulative response rate was 19.4%, representing our estimate of eligible households in the population that ultimately responded to the AmeriSpeak survey considering all stages.

We then calculated a CASRO (Barron et al., 2008) response rate for the ABS-based household sample, which is composed by the following stages:

- The *Resolution Rate* is the percentage of sample lines for whom household status could be determined; this was 26.49%.
- The *Screener Completion Rate* is the percentage of resolved households for whom eligibility could be determined; this was 91.75%.
- The *Interview Completion Rate* is the percentage of screened households that completed the interview, which was 92.13%.

The CASRO RR is the product of all three, which was 22.4%. Note that the CASRO RR is algebraically equivalent to AAPOR RR III as described above in the context of AmeriSpeak.

Data Preparation/Weighting

Data were cleaned and open-ended items were coded. Coding categories for the open-ended question on how respondents defined health were derived from a code frame used in a prior study conducted by the Robert Wood Johnson Foundation with Harvard School of Public Health and National Public Radio.

Weights were created for the ABS and AmeriSpeak samples to ensure proper representation of the U.S. population. We first created base weights that considered the original probabilities of selection. Then, we adjusted for non-resolution and non-response at the screening and interview stages. Finally, we implemented raking adjustments to control-totals from the Current Population Survey based on age, gender, race-ethnicity, educational attainment, and Census division (region).

After the ABS and AmeriSpeak weights were calculated they were combined by assigning a factor to each sample type based on the total number of interviews contributed by each source. We then implemented an additional round of raking adjustments using the same control totals as in previous steps.

In data analysis, the un-weighted data were used for the cluster analytical work that generated the typology. The weighted data were used to describe group differences on the demographic, political and health status measures and for all other data analysis work including the preparation of sample-wide frequency distributions.

Analytical Methods

Once the fielding period was completed, the data were aggregated for analysis. Frequencies of all variables were analyzed to understand the characteristics of the sample. Based on the measures development work described above, the variables to drive typology construction were selected. These variables were examined for extreme correlation, and dummy variables were created based on the distribution of each variable.

K-means clustering was used to develop the segments within the typology. The goal in this work was to identify a set of segments such that within-segment homogeneity and between-segment heterogeneity were optimized. As there was no a priori assumption as to the number of segments, solutions with between five and twelve segments each were examined. The values and beliefs measures were used to generate the solutions. Several metrics were used to investigate the solutions; specifically, the cubic clustering criterion (CCC) was examined to understand the model fit, and the Pseudo F statistic was examined to understand the tightness of the clusters. Based on these metrics, two solutions were selected for further investigation. To ascertain face validity of each of the solutions, we examined variation in the values and beliefs variables across the segments in each of the two solutions. In addition, we examined differences in the demographic and other purely descriptive variables across the segments. From this evaluation, the six-segment solution was selected. Both solutions performed similarly on the metrics and face validity analysis. The six-segment solution was selected because of its simplicity and ease of interpretation.

Appendix B. Survey Questionnaire

1. I am going to mention some things that some people say are important in their lives. For each, tell me how important it is to you using a 10 point scale... where 1 means not important at all and 10 means extremely important.

		Not important at all									Extremely important	Don't Know	Refused
1A.	Having a happy and loving family	1	2	3	4	5	6	7	8	9	10	77	99
1B.	Having close and supportive friends	1	2	3	4	5	6	7	8	9	10	77	99
1C.	Being rich, having a lot of money and expensive things	1	2	3	4	5	6	7	8	9	10	77	99
1D.	Being healthy and well	1	2	3	4	5	6	7	8	9	10	77	99
1E.	Following God's plan for me	1	2	3	4	5	6	7	8	9	10	77	99
1F.	Doing something for the good of society	1	2	3	4	5	6	7	8	9	10	77	99
1G.	Growing and maturing spiritually	1	2	3	4	5	6	7	8	9	10	77	99
1H.	Having a fun and exciting life	1	2	3	4	5	6	7	8	9	10	77	99
1I.	Being successful and recognized for my work achievements	1	2	3	4	5	6	7	8	9	10	77	99

2. There are many competing needs facing the President and Congress. I am going to mention some that face the nation here at home. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority for the President and Congress to address.

		Not a priority	Low priority	High priority	Top priority	Don't Know	Refused
2A.	Improving the health of the American people	1	2	3	4	77	99
2B.	Reducing unemployment	1	2	3	4	77	99
2C.	Improving infrastructure like bridges, highways, and dams	1	2	3	4	77	99
2D.	Improving the quality of education	1	2	3	4	77	99
2E.	Reducing the gap between rich and poor	1	2	3	4	77	99
2F.	Reforming the tax system	1	2	3	4	77	99
2G.	Reforming the immigration system	1	2	3	4	77	99
2H.	Addressing climate change	1	2	3	4	77	99

3. Now I'd like you to think about competing HEALTH NEEDS faced by the President and Congress. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority for the President and Congress to address.

		Not a priority	Low priority	High priority	Top priority	Don't Know	Refused
3A.	Ensuring that Americans are knowledgeable about health	1	2	3	4	77	99
3B.	Ensuring that low-income Americans have the same chance to get good quality health care as those who are better off financially	1	2	3	4	77	99
3C.	Preventing chronic illnesses, such as heart disease, cancer, and diabetes	1	2	3	4	77	99
3D.	Ensuring that seniors and the disabled get the health care they need	1	2	3	4	77	99
3E.	Providing financial help to ensure that everyone has access to health insurance	1	2	3	4	77	99

4. Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree, or strongly agree.

	Strongly disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	Don't Know	Refused
4A. Our country should do whatever is necessary to make sure that everyone has an equal opportunity to succeed.	1	2	3	4	5	77	99
4B. Our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy.	1	2	3	4	5	77	99
4C. It is best for the country if people are as concerned about the needs of others as they are about their own needs.	1	2	3	4	5	77	99
4D. It would be unjust if some people had more of an opportunity to be healthy than other people.	1	2	3	4	5	77	99

5. The next question has two statements, please tell me whether the FIRST statement or the SECOND statement comes closer to your own views — even if neither is exactly right.

Statement 1: The government should do more to make sure that Americans are healthier, even if it costs the taxpayers more.

Statement 2: The government today can't afford to do much more to help Americans be healthier.

First statement	1
Second statement	2
Don't know	77
Refused.....	99

6. Health means different things to different people. When you hear/see the word “health,” what does it mean to you?

7. Some people say that they make their health a priority in what they do almost always. Other people say that they try to make health a priority but because of time and other considerations they often have to put other things ahead of their health. Which group do you agree with most?

Those who say they make their health a priority almost always	1
Those who say they often have to put other things ahead of their health	2
Don't know	77
Refused.....	99

8. Here is a list of some things that may affect people’s health. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means is has a very strong effect. The effect could be positive or negative. What we’re asking is how strong you think the effect is on people’s health

	No Effect				Very Strong Effect	Don't Know	No Answer
8A. Access to health care	1	2	3	4	5	77	99
8B. Having a job	1	2	3	4	5	77	99
8C. Stress	1	2	3	4	5	77	99
8D. Quality of food available in the community	1	2	3	4	5	77	99
8E. Having health insurance	1	2	3	4	5	77	99
8F. Smoking	1	2	3	4	5	77	99
8G. Personal health practices (other than smoking)	1	2	3	4	5	77	99
8H. Air and water quality	1	2	3	4	5	77	99
8I. Genetic makeup inherited from parents	1	2	3	4	5	77	99
8J. Community safety	1	2	3	4	5	77	99
8K. Housing quality	1	2	3	4	5	77	99
8L. Education	1	2	3	4	5	77	99
8M. Community a person lives in	1	2	3	4	5	77	99

The next questions ask about access to healthcare.

9. When African Americans need healthcare, do you think it is easier or harder for them to get the care they need than it is for White Americans, or is there not much of a difference?

Easier	1
Not much of a difference.....	2
Harder	3
Don't know	77
Refused.....	99

10. When Latinos need healthcare, do you think it is easier or harder for them to get the care they need than it is for White Americans, or is there not much of a difference?

Easier	1
Not much of a difference.....	2
Harder	3
Don't know	77
Refused.....	99

11. When low-income Americans need healthcare, do you think it is easier or harder for them to get the care they need than it is for those who are better off financially, or is there not much of a difference?

Easier	1
Not much of a difference.....	2
Harder	3
Don't know	77
Refused.....	99

Here is a list of goals that some people think are important for the U.S. For each, tell me whether you think it should not be a priority, it should be a low priority, it should be a high priority, or it should be a top priority?

12. Making sure that all communities are healthy places for people to live. (Choose one).

Not a priority	1	→ (CONTINUE TO Q13)
Low priority	2	→ (CONTINUE TO Q12A)
High priority.....	3	→ (CONTINUE TO Q12A)
Top priority.....	4	→ (CONTINUE TO Q12A)
Don't know	77	→ (CONTINUE TO Q13)
Refused	99	→ (CONTINUE TO Q13)

12a. And who should have main responsibility for this? (CHOOSE ONE.)

Government using taxpayer dollars.....	1
Private individuals, businesses and other groups on their own	2
Neither (volunteer only).....	3
Both (volunteer only).....	4
Don't know	77
Refused	99

13. Making sure that healthy foods are for sale at affordable prices in communities where they are not. (Choose one).

Not a priority	1	→ (continue to Q14)
Low priority	2	→ (continue to Q13A)
High priority.....	3	→ (continue to Q13A)
Top priority.....	4	→ (continue to Q13A)
Don't know	77	→ (CONTINUE TO Q14)
Refused	99	→ (CONTINUE TO Q14)

13a. And who should have main responsibility for this? (CHOOSE ONE.)

Government using taxpayer dollars.....	1
Private individuals, businesses and other groups on their own	2
Neither (volunteer only).....	3
Both (volunteer only).....	4
Don't know	77
Refused	99

14. Making sure that there are safe, outdoor places to walk and be physically active in communities where there aren't any. (Choose one).

Not a priority	1 → (continue to Q15)
Low priority	2 → (continue to Q14A)
High priority.....	3 → (continue to Q14A)
Top priority.....	4 → (continue to Q14A)
Don't know	77 → (CONTINUE TO Q15)
Refused	99 → (CONTINUE TO Q15)

14a. And who should have main responsibility for this? (READ; CHOOSE ONE.)

Government using taxpayer dollars.....	1
Private individuals, businesses and other groups on their own	2
Neither (volunteer only).....	3
Both (volunteer only).....	4
Don't know	77
Refused	99

15. Making sure that there is decent housing available for everyone who needs it. (Choose one).

Not a priority	1 → (continue to Q16)
Low priority	2 → (continue to Q15A)
High priority.....	3 → (continue to Q15A)
Top priority.....	4 → (continue to Q15A)
Don't know	77 → (CONTINUE TO Q16)
Refused	99 → (CONTINUE TO Q16)

15a. And who should have main responsibility for doing this? (READ; CHOOSE ONE.)

Government using taxpayer dollars.....	1
Private individuals, businesses and other groups on their own	2
Neither (volunteer only).....	3
Both (volunteer only).....	4
Don't know	77
Refused	99

16. Which of these statements do you agree with most? (Read each statement in order. Select one response)

a. If people in your community worked together it would be easy to make it a healthier place to live.....	1
b. If people in your community worked together it would not be easy, but it would be possible to make it a healthier place to live	2
c. Even if people in your community worked together, it would be impossible to make it a healthier place to live	3
d. Don't know	77
e. Refused.....	99

17. I am going to read you a list of things that some people do because they think these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it. Do you put in no effort at all, very little effort, some, quite a bit or a great deal?

		Not at all	Very Little	Some	Quite a bit	A Great Deal	Don't Know	Refused
17A.	Exercising during your leisure time.	1	2	3	4	5	77	99
17B.	Limiting portion sizes of food and drinks	1	2	3	4	5	77	99
17C.	Praying or meditating	1	2	3	4	5	77	99
17D.	Actively trying to reduce stress	1	2	3	4	5	77	99
17E.	Getting appropriate screenings or preventative care	1	2	3	4	5	77	99
17F.	Working to reach or maintain a healthy weight	1	2	3	4	5	77	99
17G.	Speaking up about your concerns when you go to the doctor even when he or she does not ask	1	2	3	4	5	77	99

18. In general how confident are you that you know the following. Are you not confident at all, not too confident, somewhat confident or very confident?

		Not Confident at all	Not too confident	Somewhat confident	Very confident	Don't Know	Refused
18A.	When you need to get medical care for a health problem and when you can handle it on your own	1	2	3	4	77	99
18B.	Where to get medical care when you need it	1	2	3	4	77	99
18C.	How to manage any health problems you may have	1	2	3	4	77	99
18D.	How to prevent health problems in the first place	1	2	3	4	77	99

19. Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree or disagree, somewhat agree or strongly agree.

		Strongly disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	Don't Know	Refused
19A.	I'd rather put my trust in the wisdom of ordinary people than the opinions of experts and intellectuals.	1	2	3	4	5	77	99
19B.	Alternative medicine is more effective than western medicine for treating most illnesses.	1	2	3	4	5	77	99
19C.	A little experience is worth more than a library full of books.	1	2	3	4	5	77	99

For the next three questions, pick the statement that comes closest to your view.

20. When you have to make an important decision do you ...

Mostly follow your gut instinct.....	1
Try to be careful and deliberate.....	2
Don't know	77
Refused.....	99

21. Would you say that ordinary people

Can really use the help of experts to understand complicated things like science and health	1
OR	
are perfectly capable of deciding for themselves what's true and what's not	2
Don't know	77
Refused.....	99

22. Would you say that schools have ...

No right to tell parents whether to vaccinate their children	1
OR	
A responsibility to insure that all children are vaccinated	2
Don't know	77
Refused.....	99

23. There are many activities that a person could do to influence government decisions about health issues. During the past year have you...?

		Yes	No	Don't Know	Refused
23A.	Contributed money or time to a candidate or an organization based on concern about a health issue	1	2	77	99
23B.	Contacted a newspaper, television station, or talk show about a health issue.	1	2	77	99
23C.	Contacted your representative or other public official about a health issue.	1	2	77	99
23D.	Voted for or against a candidate for public office because of his or her position on a health issue	1	2	77	99
23E.	Participated in a forum or town meeting about a health issue.	1	2	77	99

24. Thinking about the past 12 months, have you spent time participating in any sort of health-related volunteer or charitable activity in your community, or is this something you have not done?

Yes, have spent time	1
No, have not spent time	2
Don't know	77
Refused.....	99

25. Thinking about the past 12 months, have you donated money to any sort of health-related volunteer or charitable group in your community, or is this something you have not done?

Yes, have donated	1
No, have not donated	2
Don't know	77
Refused.....	99

26. Many people are not registered to vote because they are too busy or move around often. Are you now registered to vote in your election district or not?

Registered.....	1
Not registered	2
Don't know	77
Refused.....	99

26a. [IF “Registered” IN QUESTION 26] Most people don't vote in all elections. Can you tell me how often you vote in local and national elections? (READ AND SELECT ONE RESPONSE)

Never.....	1
Rarely.....	2
Sometimes	3
Always.....	4
Don't know	77
Refused.....	99

27. In general, would you describe your political views as very conservative, conservative, moderate, liberal or very liberal? (READ AND SELECT ONE RESPONSE)

Very Conservative	1
Conservative	2
Moderate.....	3
Liberal	4
Very Liberal	5
Don't know	77
Refused.....	99

**28. In politics today do you consider yourself a Republican, Democrat, or an Independent?
(READ AND SELECT ONE RESPONSE)**

Republican	1
Democrat	2
Independent	3
Don't know	77
Refused.....	99

28a. [IF "Independent" IN QUESTION 28] As of today, do you lean more toward the Republican or more to the Democratic party? (READ AND SELECT ONE RESPONSE)

Republican	1
Democrat	2
Don't know	77
Refused.....	99

29. Would you say your health in general is excellent, very good, good, fair, or poor?

Excellent	1
Very good.....	2
Good	3
Fair	4
Poor.....	5
Don't know	77
Refused.....	99

30. During the last 5 years do you think your health in general has gotten better, gotten worse or stayed about the same?

Better.....	1
Worse.....	2
Stayed about the same.....	3
Don't know	77
Refused.....	99

31. Has a doctor ever told you that you had any of the following? SELECT ALL THAT APPLY

	Yes	NO	DK	REF
High cholesterol	1	2	77	99
High blood pressure.....	1	2	77	99
A heart attack.....	1	2	77	99
Angina or coronary heart disease.....	1	2	77	99
A stroke	1	2	77	99Any
kind of diabetes or high blood sugar.....	1	2	77	99
Cancer (other than skin cancer)	1	2	77	99
Emphysema, asthma or chronic obstructive pulmonary disease (COPD).1	2	77	99	
Depression.....	1	2	77	99
Anxiety or other mental or emotional condition	1	2	77	99

32. Are you limited at all in your ability to work at a job, do housework, or go to school because of some impairment or a physical or mental health problem?

Yes	1
No.....	2
Don't know	77
Refused.....	99

33. Have you smoked at least 100 cigarettes in your entire life?

Yes	1
No.....	2
Don't know	77
Refused.....	99

34. Do you now smoke cigarettes every day, some days, or not at all?

Every day	1
Some days	2
Not at all.....	3
Don't know	77
Refused.....	99

35. About how much do you weigh without shoes on?

_____ Pounds (lbs) or _____ Kilograms (kg)	
Don't know	77
Refused.....	99

36. How tall are you without shoes on?

_____ feet _____ inches or _____ centimeters (cm)	
Don't know	77
Refused.....	99

37. Are you covered by health insurance?

Yes	1
No.....	2
Don't know	77
Refused.....	99

**37a. [IF "Yes" IN QUESTION37] What is your main source of health insurance?
(READ AND SELECT ONE RESPONSE)**

Your, your spouse's or parent's employer or union'	1
An insurance plan you, your spouse or parents purchased directly from an insurance company or health insurance marketplace	2
Medicare, the insurance program for Americans aged 65 plus	3
Medicaid, CHIP or some other type of government assistance program for those with low incomes or a disability	4
The Veterans Administration, TRICARE, other military health care or the Indian Health Service	5
Don't know	77
Refused.....	99

38. Other than an emergency room, do you have one place that you usually go when you are sick or need advice about your health?

Yes	1
No.....	2
Don't know	77
Refused.....	99

38a. [IF NO TO QUESTION 38] Why don't you have one place that you usually go when you are sick or need advice about your health?

You go to more than one place	1
You have not had any medical problems	2
Some other reason, specify _____	3
Don't know	77
Refused.....	99

39. About how long has it been since you last visited a doctor or other health care provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition? SELECT SINGLE BEST ANSWER

Within the past year	1
1-2 years ago	2
3-5 years ago	3
More than 5 years ago	4
Never	5
Don't know	77
Refused	99

40. Are you male or female?

MALE	1
FEMALE	2
REFUSED	99

41. How old are you?

RECORD AGE: _____ **SKIP TO 42**

ASK 41b REFUSED 9

IF REFUSED, ASK:

41b. We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)?

18-24	1
25-29	2
30-39	3
40-49	4
50-55	5
56-64	6
65-74	7
75 OR OVER	8
DON'T KNOW	77
REFUSED	99

42. Are you of Latino or Hispanic origin? This includes Mexican-American, Latin American, South American or Spanish-American.

YES, HISPANIC	1
NO, NON-HISPANIC	2
DON'T KNOW/NOT SURE	77
REFUSED	99

43. I'm going to read you a list of six race categories. Please choose one or more races that you consider yourself to be: White/Caucasian, Black/African American, Asian, Pacific Islander, American Indian or Alaskan Native, or another race? (ALLOW MULTIPLE ANSWERS)

WHITE/CAUCASIAN	1
BLACK/AFRICAN AMERICAN	2
ASIAN	3
PACIFIC ISLANDER	4
AMERICAN INDIAN OR ALASKAN NATIVE.....	5
ANOTHER RACE	6
DON'T KNOW/NOT SURE	77
REFUSED	99

44. What is the highest grade in school or year of college that you have completed?

NO SCHOOLING OR LESS THAN GRADE SCHOOL	1
GRADE/ELEMENTARY SCHOOL (GRADES 1-8)	2
SOME HIGH SCHOOL (GRADES 9-12, DID NOT GRADUATE) ..	3
HIGH SCHOOL GRADUATE OR GED	4
VOCATIONAL OR TECHNICAL SCHOOL (NOT COLLEGE).....	5
SOME COLLEGE.....	6
4-YEAR COLLEGE GRADUATE.....	7
POST-GRADUATE DEGREE	8
DON'T KNOW/NOT SURE.....	77
REFUSED	99

45. What is your current zip code?

DON'T KNOW	77
REFUSED	99

46. What was your approximate annual household income from all sources in 2014?

1 Less than \$15,000	
2 \$15,000 - \$29,999	
3 \$30,000 - \$49,999	
4 \$50,000 - \$69,999	
5 \$70,000 - \$99,999	
6 \$100,000 - \$124,999	
7 \$125,000 - \$149,999	
8 \$150,000 or more	
DON'T KNOW	77
REFUSED	99

Appendix C. References

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