

FINAL REPORT

American Health Values Survey II

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Table of Contents

Executive Summary	1
Key Findings	2
Background/Study Objectives	4
Methodology	5
Instrument Development	5
Survey Topics and Measures	6
Sampling and Data Collection	9
Analysis Approach	10
Study Team.....	11
About This Report	13
Results	14
A. Typology Overview and Group Profiles	14
B. Detailed Findings: Health Values and Beliefs That We Used to Define the Typology Groups	39
C. Detailed Findings: Additional Health Values and Beliefs That Help Describe the Groups	91
D. Detailed Findings: Demographic and Other Descriptive Characteristics of Groups in the Typology	123
Concluding Discussion	196
Stability, Not Change in Value and Belief Patterns	196
New Issues, Consistent Views	198
New Understanding of Media Usage, Organizational Affiliations and Trusted Sources	199
Big Differences in Degree of Alignment across the Issues	199
The Opportunity Presented by the Private Sector Champions.....	200
Importance of Equity and Solidarity Values and Moral Obligation.....	200
Appendix A	201
Additional Information about Sampling and Data Collection, Weighting and Analytical Methods	201
Appendix B	205
Survey Questionnaire.....	205
Instrument Programming Notes:.....	205

List of Exhibits

Exhibit A:	Typology Groups and Their Sizes	16
Exhibit B:	How Groups Vary on Two Critical Dimensions	17
Figure B.1.1:	Health as a Priority in Day-to-Day Living	39
Figure B.1.2.1:	Effort Put into Exercise.....	40
Figure B.1.2.2:	Limiting Portion Size	41
Figure B.1.2.3:	Stress Reduction.....	42
Figure B.1.2.4:	Weight Control	43
Figure B.1.3.1:	Effort Put into Getting Screenings	44
Figure B.1.3.2:	Speaking Up to the Doctor	45
Figure B.2.1.1:	Know When to Get Medical Care	46
Figure B.2.1.2:	Know Where to Get Medical Care	47
Figure B.2.2:	Condition Management Self-Efficacy.....	48
Figure B.2.3:	Prevention Self-Efficacy	49
Figure B.3.1:	Belief that Ordinary People Can Decide What Is True without Experts.....	50
Figure B.3.2:	Belief That Alternative Medicine Is More Effective than Western Medicine...51	
Figure B.3.3:	Belief That It Is Better to Put Trust in Wisdom of Ordinary People.....	52
Figure B.4.1:	Equality of Opportunity to Succeed	53
Figure B.4.2:	Importance of the Needs of Others	54
Figure B.4.3.1:	Unjust if Some Have More Opportunity to be Healthy	55
Figure B.4.3.2:	Everyone Should Have Opportunity to Be Healthy	56
Figure B.5.1.1:	Perceived Existence of Disparities for Latinos.....	57
Figure B.5.1.2:	Perceived Existence of Disparities for African Americans.....	58
Figure B.5.2:	Perceived Existence of Disparities for People with Low Incomes	59
Figure B.5.3.1:	Importance of Job	60
Figure B.5.3.2:	Importance of Quality Food Availability	61
Figure B.5.3.3:	Importance of Community You Live In.....	62
Figure B.5.3.4:	Importance of Community Safety	63
Figure B.5.3.5:	Importance of Decent Housing.....	64
Figure B.5.3.6:	Importance of Education	65
Figure B.6.1.1:	Importance of Health Care Access.....	66

Figure B.6.1.2: Importance of Health Insurance Coverage67

Figure B.6.2: Importance of Genetic Makeup68

Figure B.6.3: Importance of Stress69

Figure B.6.4: Importance of Air and Water Quality.....70

Figure B.6.5.1: Importance of Smoking71

Figure B.6.5.2: Importance of Personal Health Practices Other than Smoking72

Figure B.7.1: Health as Priority for Federal Government73

Figure B.7.2: Government Role Generally74

Figure B.7.3.1: Priority of Building Healthy Communities in General75

Figure B.7.3.2: Priority of Ensuring Healthy Food Availability76

Figure B.7.3.3: Priority of Ensuring Safe, Outdoor Places for Activity77

Figure B.7.3.4: Priority of Ensuring Decent Housing Availability78

Figure B.7.4.1: Responsibility for Building Healthy Communities Generally.....79

Figure B.7.4.2: Responsibility for Ensuring Healthy Food Availability80

Figure B.7.4.3: Responsibility for Ensuring Safe, Outdoor Places for Activity81

Figure B.7.4.4: Responsibility for Ensuring Decent Housing Availability82

Figure B.8.1: Ease of Affecting Community Change.....83

Figure B.9.1: Contributed This Year to Political Candidate or Organization84

Figure B.9.2: Contacted Media Outlet.....85

Figure B.9.3: Contacted Public Official86

Figure B.9.4: Voted For/Against Candidate87

Figure B.9.5: Participated in Forum or Meeting88

Figure B.9.6: Participated in Volunteer/Charitable Activity89

Figure B.9.7: Donated money to Volunteer/Charitable Activity.....90

Figure C.1.1: Importance of Reducing Income Inequality.....91

Figure C.1.2: Role of Government in Reducing Income Inequality.....92

Figure C.2.1: Moral Obligation to Help the Poor93

Figure C.2.2: Moral Obligation to Care for the Sick.....94

Figure C.2.3: Moral Obligation to Care for the Old.....95

Figure C.2.4: Moral Obligation to be Compassionate to Others96

Figure C.3.1: Existence of Rural Health Care Disparities.....97

Figure C.3.2.1: Discrimination in the Health Care System as a Systemic Cause of Disparities in Health Outcomes for Latinos.....98

Figure C.3.2.2: Discrimination in the Health Care System as a Systemic Cause of Disparities in Health Outcomes for African Americans.....99

Figure C.3.2.3: Neighborhoods as a Systemic Cause of Disparities in Health Outcomes for Latinos 100

Figure C.3.2.4: Neighborhoods as a Systemic Cause of Disparities in Health Outcomes for African Americans 101

Figure C.3.3.1: Inevitability of Shorter Lifespan Problem 102

Figure C.3.3.2: How Much Can Be Done to Address the Shorter Lifespan Problem 103

Figure C.3.3.3: Seriousness of Shorter Lifespan Problem 104

Figure C.3.3.4: Importance of Action on Shorter Lifespan Problem 105

Figure C.3.4.1: Willingness to Take Personal Action on Shorter Life Span Problem: Pay More Taxes 106

Figure C.3.4.2: Willingness to Take Personal Action on Shorter Life Span Problem: Donate to a Charity 107

Figure C.3.4.3: Willingness to Take Personal Action on Shorter Life Span Problem: Volunteer..... 108

Figure C.3.4.4: Willingness to Take Personal Action on Shorter Life Span Problem: Vote for a Candidate 109

Figure C.4.1.1: Equality of Opportunity to Succeed Generally in the United States 110

Figure C.4.1.2: Equality of Opportunity to Succeed: People with Low Income 111

Figure C.4.1.3: Equality of Opportunity to Succeed: Women 112

Figure C.4.1.4: Equality of Opportunity to Succeed: LGBTQ People 113

Figure C.4.1.5: Equality of Opportunity to Succeed: African Americans 114

Figure C.4.1.6: Equality of Opportunity to Succeed: Undocumented Immigrants 115

Figure C.4.1.7: Equality of Opportunity to Succeed: Latinos 116

Figure C.4.1.8: Equality of Opportunity to Succeed: American Indians/Alaskan Natives 117

Figure C.4.2: Role of Government in Ensuring Equality of Opportunity to Succeed 118

Figure C.5.1: Priority of Ensuring Public Transportation for Building Healthy Communities 119

Figure C.5.2: Responsibility for Ensuring Public Transportation..... 120

Figure C.5.3: Role of Government in Promoting Health Equity 121

Figure C.5.4: Role of Government in Ensuring Health Care as a Fundamental Right 122

Figure D.1.1:	General State of Health.....	123
Figure D.1.2:	Presence of Chronic Disease.....	124
Figure D.1.3:	Limitation Due to Health.....	125
Figure D.1.4:	Current Smoking Status.....	126
Figure D.1.5:	Body Mass Index.....	127
Figure D.2.1:	Covered by Insurance or Not.....	128
Figure D.2.2:	Source of Insurance Coverage.....	129
Figure D.2.3:	Usual Source of Medical Care.....	130
Figure D.2.4:	Date of Last Checkup.....	131
Figure D.3.1:	Gender.....	132
Figure D.3.2:	Age.....	133
Figure D.3.3:	Income.....	134
Figure D.3.4:	Education.....	135
Figure D.3.5:	Region.....	136
Figure D.3.6.1:	Ethnicity.....	137
Figure D.3.6.2:	Race.....	138
Figure D.4.1:	Voter Registration Status.....	139
Figure D.4.2:	Frequency of Voting.....	140
Figure D.4.3:	Party affiliation.....	141
Figure D.4.4:	Political ideology.....	142
Figure D.4.5.1:	Political Party Membership: Republican.....	143
Figure D.4.5.1:	Political Party Membership: Democratic.....	144
Figure D.5.1:	Effort Put into Prayer/Meditation.....	145
Figure D.5.2:	Importance of Religion.....	146
Figure D.5.3:	Frequency of Attendance of Religious Services.....	147
Figure D.6.1.1:	Consumption of Local Television News.....	148
Figure D.6.1.2:	Consumption of National Television News.....	149
Figure D.6.1.3:	Consumption of Local Print News.....	150
Figure D.6.1.4:	Consumption of National Print News.....	151
Figure D.6.1.5:	Consumption of Local Radio News.....	152
Figure D.6.1.6:	Consumption of National Radio News.....	153
Figure D.6.1.7:	Consumption of News from an Online-Only Source.....	154

Figure D.6.1.8: Consumption of News via Social Networks 155

Figure D.6.1.9: Consumption of News on a Handheld Device 156

Figure D.6.1.10: Consumption of Neighborhood Newsletters/Listservs 157

Figure D.6.1.11: Consumption of National News on Online/Satellite Radio or via Podcast ... 158

Figure D.6.1.12: Consumption of News via Media Sharing Networks 159

Figure D.6.1.13: Consumption of News via Online Discussion Forums..... 160

Figure D.6.2.1: Trust Health Care Provider Groups for Information on Health 161

Figure D.6.2.2: Trust CDC for Information on Health 162

Figure D.6.2.3: Trust Groups and Foundations Working in Health for Information on Health 163

Figure D.6.2.4: Trust University Scientists and Researchers for Information on Health 164

Figure D.6.2.5: Trust Neighborhood and Civic Groups for Information on Health..... 165

Figure D.6.2.6: Trust Environmental Groups for Information on Health..... 166

Figure D.6.2.7: Trust Network TV News for Information on Health..... 167

Figure D.6.2.8: Trust Network Radio News for Information on Health 168

Figure D.6.2.9: Trust MSNBC for Information on Health 169

Figure D.6.2.10: Trust CNN for Information on Health 170

Figure D.6.2.11: Trust Fox News Channel for Information on Health 171

Figure D.6.2.12: Trust USA Today for Information on Health..... 172

Figure D.6.2.13: Trust *The Wall Street Journal* for Information on Health 173

Figure D.6.2.14: Trust *The New York Times* for Information on Health 174

Figure D.6.2.15: Trust PBS/NPR for Information on Health 175

Figure D.6.2.16: Trust Social Change Groups for Information on Health 176

Figure D.6.2.17: Trust Religious/Spiritual Leaders for Information on Health 177

Figure D.6.2.18: Trust Corporations and Business Leaders for Information on Health..... 178

Figure D.6.2.19: Trust People You Follow on Social Media for Information on Health 179

Figure D.6.2.20: Trust Local Elected Officials for Information on Health 180

Figure D.6.2.21: Trust National Elected Officials for Information on Health..... 181

Figure D.6.2.22: Trust the Republican Party for Information on Health 182

Figure D.6.2.23: Trust the Democratic Party for Information on Health 183

Figure D.6.3.1: Member of Church or Other Religious or Spiritual Organizations 184

Figure D.6.3.2: Member of Community Groups or Neighborhood Associations 185

Figure D.6.3.3:	Member of Charitable or Volunteer Organizations and Social or Fraternal Clubs.....	186
Figure D.6.3.4:	Member of Education-Related Groups	187
Figure D.6.3.5:	Member of Entertainment/Recreation Groups	188
Figure D.6.3.6:	Member of Consumer Groups	189
Figure D.6.3.7:	Member of Environmental Groups.....	190
Figure D.6.3.8:	Member of Veteran Organizations.....	191
Figure D.6.3.9:	Member of Labor Unions.....	192
Figure D.6.3.10:	Member of Professional Associations.....	193
Figure D.6.3.11:	Member of Social Change Groups	194
Figure D.6.3.12:	Member of Industry Groups.....	195

Executive Summary

In 2014, the Robert Wood Johnson Foundation (RWJF) commissioned NORC at the University of Chicago to plan and conduct the first American Health Values Survey (AHVS). The goal was to assess differences in how U.S. adults view ideas central to the RWJF Culture of Health (CoH) vision, specifically those ideas expressed in Action Area 1 of the CoH Action Framework¹. Action Area I emphasizes making health a shared value in the nation by building an enhanced sense of health interdependence and community as well as increased civic engagement.

To aid in the understanding of these views of U.S. adults, NORC developed a typology based on the values and beliefs of U. S. adults most closely related to the ideas in Action Area 1. The hope was that the study would both increase understanding of the opinion landscape in the United States but also strengthen the collective efforts of groups working to improve health and health equity in the United States. Using a large-scale, national survey fielded in late 2015 and early 2016, NORC identified six major groups of U.S. adults based on their values and beliefs. We then profiled the groups based on these values and beliefs as well as their shared demographic, political and other descriptive characteristics.

Four years have since passed, in which significant changes occurred in the country. Because of these changes, RWJF in 2019 commissioned NORC to conduct a second national, cross-sectional survey (AHVS II) in late 2019 and early 2020. The goal was to assess whether and how the typology might have changed over time. In this second study, we included the same value and belief measures as were used in the first study including questions about the importance given to personal health in daily life; civic engagement on health issues; the importance of social equity and solidarity values; beliefs about the existence of healthcare disparities and the importance of the social determinants of health; and, views about government action on health. We also added new value and belief items to the second survey including questions about moral obligation to help those in need, income inequality, equality of opportunity, and causes of race/ethnic differences in health outcomes. In addition, new items were added on media usage, organizational affiliations and trusted health information sources in order to make the results more usable by public communications and engagement practitioners.

More than 8,000 interviews were conducted with U.S. adults aged 18 or older. Sampling methods were comparable to those used in the first survey. A dual frame sampling design was used, one that combined an address based sample (ABS) with a companion sample from AmeriSpeak, NORC's national, probability-based web survey panel. Data were collected using both self-administered web and mail questionnaires as well as telephone interviews with non-responders to the web and mail surveys between December 9, 2019, and July 21, 2020.

¹ <https://www.rwjf.org/en/cultureofhealth/taking-action/making-health-a-shared-value.html>

Key Findings

Six groups of U.S. adults were identified in the 2020 typology based on their health value and belief pattern differences. Three of the groups are supportive of an active role for government in health and of efforts to promote health and health equity in the nation. Two of the groups are skeptical about this agenda and one is conflicted with some supportive views and some more skeptical. The supportive groups represent the majority of U.S. adults (55%).

One of the most supportive groups, Committed Activists (18% of adults) has views that are completely aligned with proponents of health and health equity promotion. Members of this group strongly embrace social equity and solidarity values, believe in the importance of the social determinants of health and recognize the existence of health care disparities. They also support government action on health. Personal health is very important to this group and members of the group tend to be more civically engaged on health than U.S. adults generally.

The other two supportive groups, Equity Idealists (18% of adults) and Equity Realists (19% of adults), are also supportive of government action on health. Both are aligned with the Committed Activists on the importance of social equity and solidarity values. They differ with Committed Activists on the importance of the social determinants of health, however, and, in the case of the Equity Idealists, also on the question of whether race/ethnic based health care disparities exist in the nation. Personal health is less important to both of these groups. Equity Idealists are less likely to report a high degree of health-related civic engagement while Equity Realists resemble U.S. adults generally in this regard.

The two skeptical groups, Self-Reliant Individualists (17% of adults) and Disinterested Skeptics (16% of adults), are skeptical across-the-board about the health and health equity promotion vision. They are less likely than other U.S. adults in general to give importance to social equity and solidarity values, less likely to recognize the existence of healthcare disparities and less likely to give importance to the social determinants of health. They are also far less likely to support government action on health. Self-Reliant Individualists tend to be somewhat conflicted about personal health importance. They resemble U.S. adults in general in reporting that they almost always make health a priority in daily living but are less likely to report active engagement in specific disease prevention and appropriate care-seeking actions. They are also less likely to be civically engaged on health issues. Disinterested Skeptics are less likely to give a high level importance to personal health and also less likely to be civically engaged on health.

The conflicted group, Private-Sector Champions (12% of adults), is more likely than U.S. adults generally to give importance to social equity and solidarity values and is one of the groups most likely to view the social determinants as important influences on individual health. This group is less likely to recognize the existence of health care disparities, however—especially race/ethnic-based disparities. It is also skeptical of government action on health. For example, while those in this group care about building healthy communities, they are more likely than adults generally to believe that the task is one for private groups and individuals rather than government. The group

is the most likely of the groups to give importance to personal health but resembles the sample as whole on health-related civic engagement.

The structure of this second typology is very similar to the structure of the first one which also consisted of six groups—three supportive, two skeptical and one conflicted. Four of the six 2020 groups align with the 2016 typology in almost identical form—the Committed Activists, Private Sector Champions, Self-Reliant Individualists and Disinterested Skeptics. The two new groups in 2020, the Equity Idealists and Equity Realists, most closely resemble similar groups from the 2016 typology, the 2016 Health Egalitarians and the 2016 Equity Advocates, respectively. These two 2016 groups were differentiated from the others by their strong embrace of social equity and solidarity values and, in the case of the Equity Advocates, a recognition of healthcare disparities in the country. While the two new 2020 groups are somewhat different than their 2016 forerunners, it is still these values and beliefs that give them their distinctive characters.

In addition to few changes in the structure of the typology, there have also been few changes in the sizes of the groups and the overall level of support for health and health equity promotion among the U.S. adult population. Only two groups changed size: Self-Reliant Individualists have grown in size from 12% in 2016 to 17% in 2020, a very sizeable increase, and Equity Idealists, which most closely resemble the earlier Health Egalitarians group, have decreased in size from 23% in 2016 to 18% in 2020.

Background/Study Objectives

The Robert Wood Johnson Foundation (RWJF) has a vision to build a Culture of Health (CoH) by making health a shared national priority, one valued and advanced by multiple stakeholders across all sectors of society. This vision embraces a very broadly integrated and comprehensive approach to health—one where well-being lies at the center of every aspect of American life².

Action Area 1 within the RWJF 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. In 2014, RWJF commissioned NORC at the University of Chicago to plan and conduct the first American Health Values Survey (AHVS) to understand the extent to which U.S. adults held views consistent with this vision. The idea was to explore which types of U.S. adults were more supportive and less supportive of the goal and what the differences were between the more and less supportive groups.

To aid in the understanding of these differences, NORC developed a typology of U.S. adults based on their values and beliefs related to the CoH vision. The hope was that the study would both increase understanding of the opinion landscape in the United States and also strengthen the collective efforts of groups working to promote improved population health and equity in the nation. Using a large-scale national survey fielded in late 2015 and early 2016, NORC identified six major segments of the population of adults in the U.S. based on their differing health values and beliefs and developed detailed profiles of each segment that described their pattern of values and beliefs as well as their demographic, political and other characteristics.

NORC subsequently replicated the typology development work in five RWJF Sentinel Communities across the nation and also developed a typology of rural America. We found that the same segments, or similar ones, were common across various geographic areas of the United States.

Four years have since passed, in which significant changes occurred in the country. RWJF in 2019 commissioned NORC to conduct a second national, cross-sectional survey (AHVS II) in late 2019 and early 2020. The goal was to assess whether and how the typology might have changed over time. In this second study, we added health value and belief items to the survey in order to examine some of the original topics in more detail and to explore a small number of new topics of interest. In addition, new items were added on media usage, trusted health information sources, and organizational affiliations in order to make the results more easily usable by practitioners engaged in public communications and engagement efforts.

² Chandra, A., Acosta, J., Carman, K., Dubowitz, T., Leviton, L., Martin, L., Plough, A. (2016). Building a National Culture of Health: Background, Action Framework, Measures and Next Steps. Santa Monica, CA: RAND Corporation.

Methodology

Instrument Development

The 2020 typology was created using the same measures and the same analytic techniques as the 2016 typology³. Survey items for both the 2020 AHVS II and the 2016 AHVS surveys were based on the identification of values and beliefs central to Action Area 1 within the CoH Action Framework. These items focused primarily on understanding values and beliefs about health at the societal level—the importance of equity and social solidarity, existence of health care disparities, importance of the social determinants of health, appropriate role of government, beliefs about collective efficacy to affect positive social change and health-related civic engagement. Other items used to construct the typology included values and beliefs related to health at the individual level, including the priority given to personal health on a daily basis and the amount of effort spent on disease prevention and appropriate medical care seeking activities.

Some new value and belief items were added to the AHVS II to add more depth to our understanding of the original topics as well as to explore some entirely new topics of interest. These new items included those related to equality of opportunity, income inequality and moral obligations to help the sick, old and others in need. These new measures were not used in creating the 2020 typology; they were used to enhance the description of the groups.

Other measures used to describe the groups 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. For the 2020 survey we also added items on the importance of religion and frequency of attendance of religious services, as well as communications-related items focused on media usage, organizational affiliations and trusted health information sources.

The new value and belief items were developed jointly by NORC and RWJF. The development of the communication items was informed by the examination of similar items from surveys fielded by the Pew Research Center, the World Values Survey, and from prior qualitative work conducted to interpret the findings of the 2016 AHVS I Survey.

Version A versus Version B

Given the number of new questions, and concerns about respondent burden, the team opted to split the survey into two versions. One version contained the new value and belief items and the other contained the new items that focused on media use, information source trust, and organizational affiliation. One-half of the sample was randomly assigned to receive each version. Split-ballots or modularized designs have been historically applied to studies such as the General Social Survey (GSS) with the motivation of keeping the median questionnaire length below a set

³ Final Report: Understanding Relationships between Health Values and Beliefs among U.S. Adults: Results from the American Health Values Survey Modeling Work.

time limit while still allowing for the acquisition of all needed data. The overall sample size for the AHVS II was substantial enough that either version, A or B, would have an adequate number of cases to facilitate analysis.

Technical Expert Consultation

Technical experts advised NORC on the new survey measures. The project team sincerely appreciates the contribution of the reviewers and colleagues listed below:

- Mollyann Brodie, Kaiser Family Foundation
- Ashani Johnson-Turbes, NORC at the University of Chicago
- John Benson, Harvard Opinion Research Program
- Kathleen Weldon, Roper Center for Public Opinion Research, Cornell University
- Katherine Carman, RAND

Cognitive Testing

NORC conducted eight interviews to cognitively test the new survey items. Interviewees were a mix of males and females as well as individuals of different ages, racial/ethnic backgrounds and education levels. During each cognitive interview, the interviewer read a question in the draft survey instrument aloud to the respondent and then probed for feedback using a set of pre-determined follow-up questions. The probes were designed to capture insights into how respondents cognitively processed the questions and composed their responses. They focused on question comprehension, logic and sequencing as well as how decisions were made among response options. Data from the interviews and interviewer debriefing sessions informed the finalization of the survey questionnaire. The final version of the survey questionnaire is provided in Appendix A.

Survey Topics and Measures

The topics covered in the survey and the actual survey questions related to each are described below. In some cases, there are multiple survey items on a given topic, each addressing a different aspect of the topic. In other instances, there is only one survey item for a topic.

The topic and survey items that were used in the cluster analyses that created the groups in both the 2016 and 2020 typologies are presented first. Next, we describe new health value and belief topics and measures that were added in 2020. As noted above, these were used to help us describe the groups, not to define them in the typology. The following section overviews the other measures used to describe the groups in both the 2016 and 2020 typologies including new religion, media use, trusted source and organizational affiliation measures added in 2020 that were also used to describe the groups in the 2020 typology.

Health Value and Belief Measures That We Used to Define the Groups in the 2016 and 2020 Typologies

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

Self-efficacy: Items on self-efficacy assessed respondents' confidence in their knowledge about when and where to get care (care-seeking), how to manage any medical problems they have (medical conditions management), and how to prevent health problems (disease prevention).

Trust in science and the health care system: We made use of three measures devised by University of Chicago researcher Eric Oliver, which focus 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 values: 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 existence of 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 U.S. adults. The comparison groups were White adults (for the race/ethnic groups) and those who are financially better off (for low-income U.S. adults).

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: Items focused on smoking, other personal health practices, health care and insurance access, genetic makeup, stress, 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 U.S. adults; 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.

New 2020 Questions: Additional Health Value and Belief Measures That Help Describe the Groups

Equity and Solidarity Values: A new topic (with a single measure) related to the importance for the country of reducing income inequality. In addition, a related item explored the role of government in addressing income inequality.

Moral obligation: A new topic (and four measures within it) asked about whether respondents felt a moral obligation to help the poor, sick, and old and to be compassionate to others.

Equality of opportunity for success: New items asked respondents' opinions about whether everyone has an equal opportunity to succeed in the U.S. and whether this includes a number of specific groups including those with low incomes, women, LGBTQ people, African Americans, Latinos, undocumented immigrants, and American Indians/Alaskan Natives. An additional related item explored the role of government in ensuring equal opportunity to succeed.

Health care and other disparities: A new topic (with a single measure) was added related to rural/urban health care disparities. It follows the same format as the original race/ethnic- and income-based health care disparities questions and asked respondents to offer their opinion on whether it was easier or harder for U.S. adults in rural areas to get quality health care or whether there was not much difference compared to those living in urban centers.

In addition to the existing measures that assessed whether it was easier or harder for African Americans and Latinos to get quality health care compared to Whites, new measures explored views about whether or not race/ethnic-based health outcome disparities for each group were due to systematic causes such as discrimination in the health care system or the neighborhoods where people live.

We also presented respondents with data on the relationship between income and lifespan, and asked them their views on the seriousness of the problem, whether this problem is a priority for society to address, and what personal actions (paying more taxes, donating to charity or other groups and voting) respondents would be willing to engage in to support addressing the issue.

Role of government: Other new items focused on the priority society should give to promoting alternative transportation (such as public transportation, sidewalks, and bicycle lanes) in communities, and queried whether it was the role of government or private groups and individuals to address public transportation and other issues such as health equity and whether government should ensure health care as fundamental right.

Measures of Demographic and Other Descriptive Characteristics of the Groups

The following measures were used to describe the groups in both 2016 and 2020:

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.

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

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

American Communities Project (ACP) county types: Respondents provided their zip code information which was used to assign them to one of seven areas in a geodemographic typology of U.S. counties developed by the American Communities Project (ACP)⁴. The ACP uses 40 demographic variables to classify all U.S. counties within one of 15 types. For our analysis, we used a collapsed, seven-segment version of the typology: Big Cities; Urban Suburbs; The Sprawl (a collapsed category composed of Middle Suburbs and Exurbs); Minority Centers (composed of the African American South, Hispanic Centers, and Native American Lands); Faith-Driven America (composed of Evangelical Hubs, Working Class Country, and Latter-Day Saints Enclaves); Greying America (composed of Greying America, Rural Mid America, and Aging Farmlands); and Books & Barracks (composed of College Towns and Military Posts).

New items on religion, media usage, information source trust and organizational affiliation were added in 2020:

Religion/Spirituality: New items were added on the self-reported importance of religion and the frequency with which respondents attended religious services. These supplement the 2016 question on the amount of effort given to prayer or meditation in daily life.

Media Usage, Information Source Trust, and Organizational Affiliation: The new media usage items explored the frequency of use of various print, radio, TV, online, and social media outlets. Trusted information source items assessed respondents' trust in very wide range of both media and non-media sources including private and public sector groups, local and national elected leaders and political parties. The focus was on trusted sources for information on improving the health of U.S. adults. Finally, organizational affiliation items asked participants whether or not they were members of, and active in, a host of different types of organizations including professional organizations, political parties⁵, and environmental groups.

Sampling and Data Collection

The sample design for AHVSII was the same as AHVSI in order to allow comparison of the data across the two waves. A separate national, cross-sectional survey was conducted making use of the sample approaches as in 2016. We used a dual-frame sampling design, combining an

⁴ Chinni, D. and Gimpel, J. (2010). *Our Patchwork Nation: The Surprising Truth About the "Real" America*, The American Communities Project. New York: Penguin Groups (USA).

⁵ These items explore membership of political parties as opposed to existing items on how respondents vote. In addition, though these are new items, membership of political parties has been reported alongside existing items focused on political engagement.

address-based sample (ABS) with a sample from AmeriSpeak, a probability-based online national survey panel operated by NORC⁶. Data collection was completed with panel members online and with outbound computer-assisted telephone interviewing (CATI).

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 United States, which was licensed from the Valassis vendor. 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 via what is known as a “web push” design following the Dillman “Tailored Design Method”⁷. If participants did not respond to either web invitation or the reminder postcard, a self-administered questionnaire was mailed. If neither mode elicited any response, the address was matched to a telephone number, and outbound telephone interviewing was conducted. All data were collected in English and Spanish.

ABS data were collected between December 9, 2019, and July 21, 2020. The number of completed interviews from the ABS was 4,552 (CASRO response rate: 20.81%)⁸, with an additional 3,709 interviews completed from the AmeriSpeak sample (cumulative response rate: 6%). The total number of completed interviews was 8,261 between ABS and AmeriSpeak.

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

Comparison with 2016 Sampling Approach and Sample

In comparison, data for the 2016 AHVS were collected between June 2015 and February 2016. The number of completed interviews for the 2016 AHVS from the ABS was 6,789 (CASRO response rate: 22.4%)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. We kept the design of the 2020 and 2016 surveys the same to aid comparisons of data from the two surveys.

Analysis Approach

K Means Clustering

K-means clustering was used to create the typology. K-means is a frequently used classification approach that seeks to identify a set of mutually exclusive segments based on the input

⁶ Dennis, J. (2016, May 25). Technical Overview of the AmeriSpeak Panel.

<http://www.norc.org/PDFs/AmeriSpeak%20Technical%20Overview%202015%2011%2025.pdf>

⁷ Dillman, D.A., Smyth, J.D., Christian, L.M. (2014). *Internet, Phone, Mail and Mixed-Mode Surveys: The Tailored Design Method*. 4th edition. Hoboken, NJ: John Wiley.

^{8.5} Barron, M., Khare, M., & Zhao, Z. (2008). *Cell Telephone Response Rates*. Paper presented at the American Association for Public Opinion Research. <https://www.amstat.org/sections/srms/proceedings/y2008/Files/barronmartin.pdf>.

variables⁹. 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. A six-segment solution was hypothesized based on our experiences with the 2016 wave; however, we still examined the diagnostic solutions between four and nine segments by utilizing several statistical metrics (e.g., the cubic clustering criterion and Pseudo F statistic). Differences in the demographic and other purely descriptive measures across the six segments within the hypothesized solution were examined to assess the face validity of this solution. In this process, we looked for whether the differentiation of the segments was consistent with known differences between our attitudinal and belief measures and the demographic, health, and political characteristics of U.S. adults. Additionally, we evaluated differences between similar segments in the 2016 wave and 2020 wave. After evaluating the alternatives, the six-segment solution was selected because of its strong performance against these metrics as well as its relative simplicity. More information about the analytical methods and process is presented in Appendix A.

Study Team

Larry L. Bye, NORC Senior Fellow, served as Principal Investigator and was directly involved in all aspects of instrument development, data analysis, and reporting work. Alyssa Ghirardelli, NORC Senior Research Scientist, served as Co-Principal Investigator and Project Director and led work on the instrument development and programming tasks. She also oversaw testing, sampling, mailing, fielding, data management, project management, and analysis. Dr. Melissa Newberry, Research Scientist, managed survey programming and testing, and supported mailing, fielding, data management, and reporting.

Ned English, NORC Senior Research Methodologist, provided oversight of sampling and weighting methodology, with support from Becki Curtis, Research Methodologist, and Jennifer Marek, AmeriSpeak Client Services Manager. Ms. Marek also led fielding and management of the AmeriSpeak survey/sample. Her counterpart, Imad Lakhali, Senior Project Manager, led fielding and management of the ABS survey/sample and supported survey programming for the ABS and data delivery.

Danielle Noriega, Research Director, led cognitive testing, translation, mailing, vendor contracting, and data management tasks. Alanah Raykovich, Research Director, and Jennifer Vanicek, Senior Research Director, supported testing and mailing efforts.

Dr. Angela Fontes, NORC Senior Research Methodologist, led data analysis efforts, along with Data Scientist Meimeizi Zhu. Elizabeth Allen, Senior Statistician III, and Patrick Coyle, Statistician I, assisted with weighting. Dr. Chris La Rose, Senior Research Scientist, led the

⁹ Maibach, E., Maxfield, A., Ladin, K., & Slater, M. (2014). Translating Health Psychology into Effective Health Communication. *Journal of Health Psychology, 1*(3), 261-277.

reporting work, and Ms. Lily McCutchan, Senior Communication Advisor, guided the communication and dissemination of the reports and briefs.

Dr. Michael Davern, NORC Executive Vice President of Research, provided general oversight and guidance to the effort.

Additional NORC staff provided task coordination, sampling, data management, analytical support, and other assistance on the project, including Will Erdman, Senior Survey Programmer; Edward Sipulski, Production Manager for Telephone Survey and Support Operations; Matthew Kastin, Senior Data Solutions Developer; and Research Analysts Jessica Fox, Karen Diep, and Praveen Karunatileka.

About This Report

The remaining sections of the report present the main findings from the 2020 study.

Section A provides an overview of the 2020 typology and the six groups, as well as an overview of key differences between the 2020 and 2016 typologies. It also presents detailed profiles of the six 2020 groups.

Section B presents findings on how the groups differ on each of the specific health values and beliefs used to define the typology groups in both 2016 and 2020.

Section C presents findings on how the groups differ on the new values and beliefs added to the survey in 2020.

Section D presents findings on how the groups differ on demographic, health, and political characteristics. New religion, media use, trusted source, and organizational affiliation questions are also included in this section.

Finally, we discuss some of the most important conclusions from the work.

Results

This section of the report presents the main findings from the study. Throughout the report we primarily focus on how each group compares to the sample as a whole. Occasionally we also compare the groups with one another. Unless otherwise noted, readers should assume that the comparison is between the group being discussed and the total sample of U.S. adults.

A. Typology Overview and Group Profiles

Like in 2016, in 2020, six groups were also identified within the total sample, based on their unique value and belief profiles. Three of the groups are supportive of an active role for government in health and of current efforts to promote health and health equity in the nation. Two of the groups are skeptical, and one is conflicted. Here are thumbnail sketches of the six groups, beginning with the three most supportive:

- Committed Activists:** This group (18% of adults) has views that are completely aligned with efforts to promote health and health equity in the United States. The group is also more likely than U.S. adults generally to be civically engaged on health and to believe in collective efficacy to solve societal health problems. As a result, we labeled the group Committed Activists. Members of the group strongly embrace social equity and solidarity values, believe in the importance of the social determinants of health, and recognize the existence of health care disparities. They also favor government action in health.

Personal health is very important to this group, and members tend to report a very high level of self-efficacy.

- Equity Realists:** This group (19% of adults) has views that are also supportive of health and health equity promotional efforts, though less completely than the Committed Activists. Members of the group tend to strongly embrace social equity and solidarity values as well as broad support for government action in health. They also are more likely than U.S. adults generally to believe in the existence of both race/ethnic- and income-based health care disparities. They are less likely, however, to see the importance of social determinants. In some ways this group is similar to the Equity Idealist group, discussed below, but its heightened acceptance of health care disparities differentiates it from the Equity Idealist group. The latter group does not share these views about health care disparities. This difference indicates a greater sense of realism within the Equity Realists group about the issues facing the U.S. health care system and, hence, we have labeled the group Equity Realists.

Personal health is less important to this group, and it is less likely to report high self-efficacy, other characteristics shared with Equity Idealists. It is like U.S. adults generally on health-related civic engagement but less likely to believe in collective efficacy.

- **Equity Idealists:** This group (18% of adults) has views that are, for the most part, supportive of efforts to promote population health and health equity in the United States. This group embraces social equity and solidarity values and support for government action in health. It is skeptical, however about the existence of race/ethnic-based health care disparities and, on the question of income-based health care disparities, its views only resemble those of U.S. adults generally. Overall the group’s views seem more idealistic than realistic about the issues facing the U.S. health care system; hence, our choice of the Equity Idealists label. Like the Equity Realists group it is less likely than adults generally to believe in the importance of the social determinants of health.

Personal health is also less important to the group, and it is less likely to report a high degree of self-efficacy. It is also less likely to be civically engaged on health.

- **Self-Reliant Individualists:** This group (17% of adults) is skeptical across the board about the health and health equity promotional agenda. It is less likely to give importance to social equity and solidarity values, less likely to recognize the existence of health care disparities, and less likely to give importance to the social determinants of health. In addition, it is far less likely to support government action on health. All of these characteristics led us to label this group Self-Reliant-Individualists.

The group is conflicted across our measures of personal health importance. They resemble U.S. adults in general in the degree to which they say they make health a priority in daily life but are less likely to report active engagement in specific disease prevention and care-seeking practices. In addition, they are less likely than U.S. adults generally to feel a high level of self-efficacy. The group is less likely to be civically engaged on health issues and to feel an increased sense of collective efficacy.

- **Disinterested Skeptics:** Like Self-Reliant Individualists, this group (16% of adults) is broadly skeptical about health and health equity promotional efforts underway in the country. Its members are less likely than adults generally to give importance to social equity and solidarity values, to recognize the existence of health care disparities, and to believe in the importance of the social determinants of health. The group is also less supportive of government action in health. This group is less skeptical than the Self-Reliant Individualists on two issues: belief in the existence of income-based health care disparities and support for government action in health. It is more skeptical than Self-Reliant Individualists, however, on another issue: belief in the importance of the social determinants.

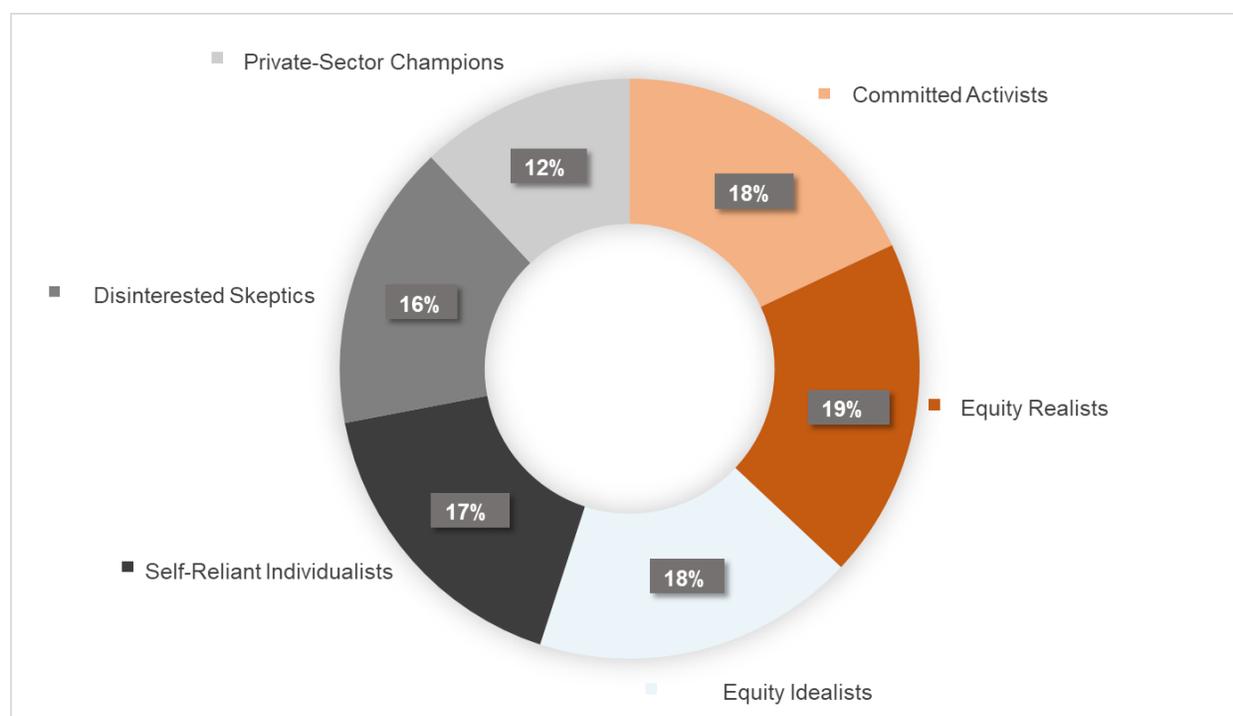
Disinterested Skeptics are less likely than U.S. adults generally to give importance to personal health and to feel a high sense of self-efficacy, less likely even than the Self-Reliant Individualists. They are also less likely to be civically engaged on health, even less than Self-Reliant Individualists. They are also less likely than both all adults and Self-Reliant Individualists to believe in collective efficacy. Given all these characteristics, we have labeled this group Disinterested Skeptics.

- Private-Sector Champions:** This group (12% of adults) has mixed and sometimes conflicting views about health and health equity promotion. It is more likely to give importance to social equity and solidarity values and is one of the groups most likely to view the social determinants as important influences on individual health. It is less likely to recognize the existence of health care disparities, however—especially race/ethnic-based disparities. It is also skeptical of government action in health. For example, while it cares a lot about building healthy communities, it is more likely than adults generally to believe that the task is one for private groups and individuals rather than government. Because of its support for private sector leadership, we have labeled the group Private-Sector Champions.

The group is the most likely of the groups to give importance to personal health and to report high self-efficacy. It is like U.S. adults generally on civic engagement but much more likely to believe in collective efficacy to affect positive social change.

The exhibits below present overall sizes of each group in 2020 (Exhibit A) and how the groups differ on the importance of personal health and the role of government in health (Exhibit B).

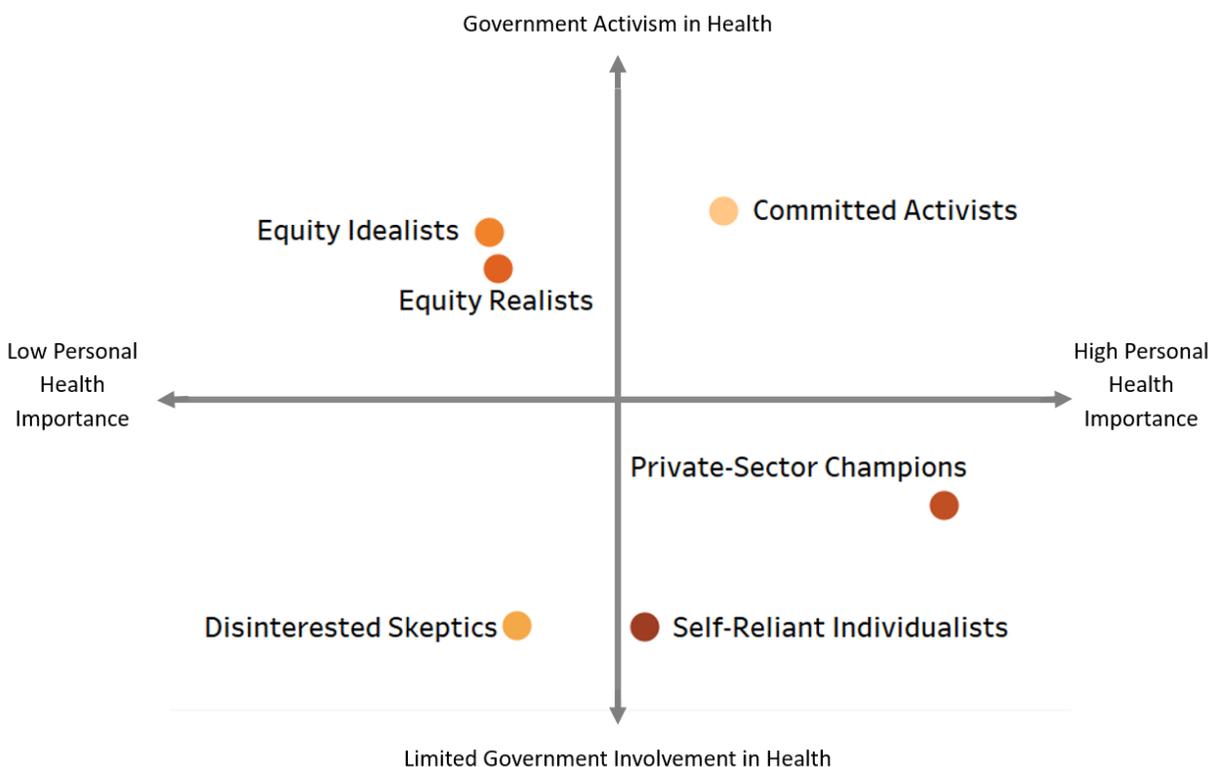
Exhibit A: Typology Groups and Their Sizes



Supportive groups represent the majority of U.S. adults: 55%. The two skeptical groups represent 33% of U.S. adults, and the conflicted group represents 12%. The three supportive groups each represent about one-fifth of U.S. adults. The two skeptical groups, the Disinterested Skeptics and Self-Reliant Individualists, also resemble one another in size. The conflicted Private-Sector Champions group is the smallest group, composed of 12% of U.S. adults.

Exhibit B depicts two dimensions that are fundamental to the construction of the typology. On the vertical y-axis, we have plotted the groups’ perceptions of the role of government, with those toward the top favoring greater government involvement and those toward the bottom favoring less government involvement. The horizontal x-axis depicts the groups’ perceptions of the importance of personal health.

Exhibit B: How Groups Vary on Two Critical Dimensions



Comparison of 2020 and 2016 Typologies

The Structure of the Typology: The Nature of Value/Belief Pattern Differences

The original AHVS typology was developed in 2016 based on survey data collected in late 2015 and early 2016. The goal was to develop a typology based on relatively stable and enduring values and beliefs about health and not on opinions about health policy issues of the moment. What we have found is that the structure of the 2020 typology greatly resembles that of the 2016 typology. As before, six groups emerged from the analyses: three supportive of efforts to promote health and health equity in the United States, two skeptical, and one conflicted in its views. There has also been virtually no change in the pattern of values and beliefs within most of the groups. A supportive group, Committed Activists, with almost exactly the same value and belief profile, were identified in both 2016 and 2020. Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists were all also identified in 2020 with very similar characteristics to 2016.

Where there has been some change, however, is with regard to the other two groups: the 2020 Equity Idealists and Equity Realists. As noted above, the main difference between these groups has to do with the recognition of health care disparities: recognition of disparities is an important feature of the Equity Realists group profile but is not part of the Equity Idealist profile. The Equity Realists combine widespread recognition that the nation faces both race/ethnic and income-based health care disparities with concerns about a broad range of social equity and solidarity values (health equity, equality of opportunity generally, and social solidarity). Equity Idealists resemble the sample as a whole in terms of income-based health care disparities but are overwhelmingly less likely to acknowledge race/ethnic-based health care disparities. However they share Equity Realists' concern about all of the equity and solidarity values.

Equity Idealists most closely resemble the Health Egalitarian group from the 2016 typology, and the Equity Realists most closely resemble an Equity Advocates group in the earlier typology. In 2016, a key differentiator of the two groups was the breadth of their embrace of social equity and solidarity values; the Equity Advocates embraced all of them (health equity, equality of opportunity generally, and social solidarity) whereas Health Egalitarians only embraced health equity. As a result, it is clear that pattern of differences between these two groups has changed somewhat over time. Another change since 2016: Equity Advocates were more likely than U.S. adults generally to be civically engaged on health in 2016 but this is not the case in 2020.

While these changes are noteworthy, they do not alter our overall conclusion that the typology remains very similar to one developed in 2016. This is despite many political and other changes that took place during the 2015–2020 period. This relative stability in the pattern of value and belief differences over time is striking in that we have collected considerable evidence that the pattern first discovered in 2016 is also pervasive spatially in the United States.¹⁰

Change in Group Sizes and Overall Breadth of Support for Health and Health Equity Promotional Efforts

In addition to few changes in the structure of the typology, there have also been few changes in the sizes of the groups and the overall level of support for health and health equity promotional efforts within the U.S. adult population. A majority of U.S. adults fell into the three most supportive groups in 2016 (57%), and the same is true in 2020 (55%). Only two groups changed size: Self-Reliant Individualists have grown from 12% in 2016 to 17% in 2020, a very sizeable increase, and Equity Idealists (which most closely resembles the earlier Health Egalitarians) have decreased in size from 23% in 2016 to 18% in 2020.

Profiles of the Groups

In the profiles below, we present descriptions of each group in terms of the health values and beliefs that define the group, new health values and beliefs that describe the group, and demographic and other characteristics that also describe the group. In general, we note when the

¹⁰ Solutions of six groups with similar characteristics were revealed in both Results from Five Sentinel Community Health Values Surveys: A Synthesis and Health Value and Belief Differences among Rural Americans in 2019, conducted after the 2016 survey.

group differs from U.S. adults generally but not when the group does not differ from the total sample. We also comment on differences between the groups in two pairs of similar groups, Equity Idealists and Equity Realists, and Self-Reliant Individualists and Disinterested Skeptics.

Committed Activists (18%)

Health Values and Beliefs That Define the Group

Importance of Personal Health

Committed Activists are more likely than U.S. adults in general to give high importance to personal health. They are slightly more likely to report making health a priority in what they do always in daily life and are one of only two groups more likely than U.S. adults in general to actively engage in a number of specific disease prevention and care-seeking behaviors. The preventative behaviors included exercise, stress reduction, portion size limitation and healthy weight maintenance. The care-seeking actions included getting preventative screenings and advocating for themselves in interactions with medical personnel.

Self-Efficacy for Health

This group is one of the two groups most likely, compared to U.S. adults generally, to report high health-related self-efficacy in terms of their confidence in knowing about when and where to get care (care-seeking), how to manage any medical problems they have (medical condition management), and how to prevent health problems (disease prevention).

Trust in Science and Health Care System

Committed Activists are overall slightly more likely than U.S. adults in general to report trusting in science and the health care system. They are more likely than U.S. adults in general to believe that ordinary people can use the help of experts to understand complicated things like science and health. They are slightly less likely to trust in the wisdom of ordinary people rather than experts and to agree that alternative medicine is more effective than Western medicine.

Equity and Solidarity Values

Committed Activists are strong believers in the importance of equal opportunity for success, social solidarity, and health equity. Committed Activists are most likely of all the groups to believe that the country should do whatever is necessary to ensure everyone has an equal opportunity to succeed. They are most likely of all the groups to believe in social solidarity, being as concerned about the needs of others as your own needs. In addition they are more likely than other groups to believe in health equity, the belief that the country should do whatever is necessary to ensure that people have equal opportunities to be healthy and the belief that it would be unjust if some people had more opportunity in this area than other people.

Health Care Disparities

Committed Activists are one of the two groups most likely, when compared to U.S. adults in general, to believe that race/ethnic- and income-based health care disparities exist.

Social Determinants of Health

Committed Activists are more likely than all other groups to believe that social determinants such as the community you live in, employment, food quality, community safety, housing quality, and education strongly affect an individual's health.

Role of Government

Committed Activists are more likely to favor government action in health. This group is most likely to believe that health should be a top federal priority. Committed Activists are also most likely of all the groups to believe that government generally should do more to make sure that people living in the United States are healthier. They are more likely than U.S. adults generally to view building healthy communities as an important priority and most likely of all the groups to say that access to healthy foods, safe outdoor spaces and decent housing in communities are important priorities. In addition, they are much more likely than U.S. adults in general to believe that ensuring that these needs are met should be a government responsibility or at least one shared by government and the private sector jointly.

Civic Engagement and Collective Efficacy

Committed Activists are more likely than U.S. adults in general to strongly agree that if people in their communities work together, they can make it a healthier place to live. In addition, compared to U.S. adults generally and to all other groups, Committed Activists are much more likely to be civically engaged on health issues. These forms of civic engagement include contacting media outlets, contributing money or time to a candidate or organization, contacting a public official, voting for candidates and participating in forums or town hall meetings.

Additional Health Values and Beliefs That Describe the Group

Value of Addressing Income Inequality

In 2020, we asked about income inequality. Committed Activists are more likely than all other groups to believe that our country should do whatever is necessary to reduce large differences in income that exist among people living in the United States. This group is also most likely to believe that the government should be primarily responsible for addressing income inequality.

Moral Obligation

Another new topic added to the survey in 2020 explores moral obligation. This group is most likely of all the groups to believe that we have a moral obligation to help others, including helping the poor, taking care of the sick and the old, and being compassionate to others.

Existence of Equal Opportunity

In 2020, we asked whether everyone in the United States has an equal opportunity to succeed and who should be responsible for ensuring that this goal is achieved. Committed Activists are much less likely than U.S. adults in general to believe that everyone has an equal opportunity to succeed. They are the most likely of all the groups to believe that people with low incomes, women, LGBTQ people, African Americans, undocumented immigrants, Latinos, and American

Indians/Alaskan Natives have less opportunity than others to succeed. Committed Activists are also more likely than all other groups to believe that government—and not private individual, businesses, and other groups—should have the main responsibility for making sure that everyone in the country has an equal opportunity to succeed.

Rural Health Care and Health Outcome Disparities

In response to a new question added in 2020, Committed Activists are most likely of all the groups to believe that rural health care access disparities exist. In addition to asking about the existence of health care disparities, we also asked in 2020 about the causes of disparities in health outcomes. In this regard, Committed Activists are much more likely than other groups to believe that race/ethnic health outcome disparities are due to discrimination in the health care system or to the neighborhoods where African American and Latino people live.

The 2020 survey also explored the issue of shorter life spans for low-income people and found that Committed Activists are most likely of all the groups to believe that the shorter life span of people with low incomes can be prevented. They are also most likely of all groups to believe that shorter life spans for persons with low incomes is a problem that the nation can and should do more to prevent. They would also be most willing to pay more taxes and donate time or money to address the difference in the life span between people with high and low incomes. They are also much more willing, compared to U.S. adults, to vote for a candidate who will tackle this issue.

Role of Government in Other Areas

In response to a new question in 2020, we found that Committed Activists are most likely of all of the groups to view promoting public transportation in communities as an important priority and that government should play a role in this work.

While we had explored health equity values in 2016, we added a question in 2020 about who should be responsible for promoting it. More than any other group, Committed Activists believe that the government should have the main responsibility for making sure that everyone in the country has an equal opportunity to be healthy.

We first explored health care as a right in 2020 and found that Committed Activists are more likely than other groups to believe that the government should ensure that everyone has access to health care as a fundamental right.

Demographic and Other Descriptive Characteristics

Health Coverage/System Use/State of Health:

Committed Activist are one of the top two groups most likely to report being on Medicaid. They are also most likely to report having one place that they typically seek medical care other than an emergency room. They are slightly more likely than U.S. adults in general to report receiving a routine check-up in the past year, being limited in their functioning or having a chronic condition. They are most likely of all groups to be under or at normal body mass index.

Demographics

Committed Activists skew female and slightly younger compared to U.S. adults generally. The group is most likely to include people who identify as non-White and includes the largest proportion of African Americans. They skew lower than the national average in terms of income but higher in terms of education. In addition, using the American Community Project's geodemographic typology, they are more likely to live in Big Cities and Urban Suburbs and less likely to live in Rural or Faith-Driven America.

Politics

Committed Activists are most likely to always vote in local and national elections, compared to U.S. adults in general and all other groups. They are more likely to describe themselves as liberal and to identify as or lean Democratic. In 2020, we also asked about membership of political parties¹¹, and they are also most likely of the groups to be members of the Democratic Party.

New 2020 topics also explored each groups' view of religion, media consumption, organizational affiliations, and the organizations or persons they trust for information on improving health.

Interest in Religion/Spirituality

This group is one of the two groups, most likely, compared to U.S. adults generally, to put a great deal of effort into prayer and meditation. Committed Activists are also more likely than U.S. adults in general to view religion as a very important part of their lives.

Media Use

Committed Activists are slightly more likely than U.S. adults in general to consume local print news, local radio news, national TV news and news from social networks (Facebook, Twitter, and LinkedIn). They are also more likely than U.S. adults in general to consume national print news and news from online-only sources and most likely to consume news on handheld devices like smartphones or tablets and national radio news programs.

Trusted Health Information Sources:

Committed Activists are one of the groups most likely to trust national print news, like *The Wall Street Journal*, *The New York Times*, and *USA Today*, for information on improving health. They are also most likely to trust PBS/NPR. They are also more likely than U.S. adults to trust national TV and radio news (ABC, CBS, or NBC) and some cable TV news (MSNBC or CNN), but less likely to trust other cable outlets, such as Fox News Channel.

Committed Activists are more likely than U.S. adults generally to trust non-media sources like neighborhood and civic groups, university scientists and researchers, healthcare provider groups¹², groups and foundations working in health¹³; the Centers for Disease Control and

¹¹ As noted in the Methodology section, although membership of political parties is a new measure, it has been reported here alongside other existing political engagement measures.

¹² Like the American Medical Association, the American Public Health Association, or the American Nurses Association.

¹³ For example, the American Cancer Society, the American Diabetes Association, or the American Heart Association.

Prevention (CDC); and much more likely to trust environmental groups¹⁴. They are also most likely of all groups to trust social change groups. This is also one of the groups most likely to trust local elected officials and the Democratic Party, much more so than U.S. adults generally, but least likely to trust the Republican Party.

Organizational Affiliations

This group is most likely to be members of education-related groups¹⁵, charitable/fraternal clubs¹⁶, associations for people employed in professional occupations¹⁷, and community/neighborhood groups. They are also more likely than U.S. adults generally to be a member of environmental groups, labor unions and social change groups¹⁸, but less likely to be a member of veteran organizations¹⁹.

Equity Realists (19%)

Health Values and Beliefs That Define the Group

Importance of Personal Health

Equity Realists are most likely, compared to all other groups, to report putting other things ahead of their health because of time or other considerations and are less likely than U.S. adults in general to actively engage in specific disease prevention and appropriate care-seeking actions.

Self-Efficacy for Health

This group is less likely than U.S. adults generally to report high health-related self-efficacy.

Trust in Science and Health Care System

Equity Realists are most likely, compared to all other groups, to report trusting in science and the health care system. They are least likely, compared to all groups, to trust in the wisdom of ordinary people over experts and their ability to decide for themselves what is true, and to trust in alternative medicine over Western medicine. They are much less likely than Equity Idealists, the group they most closely resemble, to trust in the wisdom of ordinary people and in alternative medicine.

Equity and Solidarity Values

Equity Realists believe strongly in the importance of equal opportunity for success, social solidarity, and health equity. They are more likely than U.S. adults generally to believe that the country should do whatever is necessary to ensure everyone has an equal opportunity to succeed, and to believe in the importance of social solidarity. Equity Realists are also much more likely than U.S. adults in general to believe in the importance of health equity. In comparison to the

¹⁴ Like the National Wildlife Federation, the Nature Conservancy or the Sierra Club

¹⁵ These include parent groups or organizations, such as the PTA or local parent support groups, and alumni associations.

¹⁶ Examples include United Way, Habitat for Humanity, or Rotary International.

¹⁷ Such as the American Association of Realtors, the American Institute of Certified Public Accountants, or the American Bar Association

¹⁸ For example, groups like Action for Healthy Kids and the Center for Food Safety.

¹⁹ For instance, the American Legion, AMVETS, or VFW.

similar Equity Idealist group, they are slightly less likely to believe that the country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy.

Health Care Disparities

Equity Realists are most likely, compared to U.S. adults generally and to all other groups, to believe that race/ethnic and income-based health disparities exist. They differ substantially from Equity Idealists who are more likely to believe that all races/ethnicities and people of different income levels have the same access to health care.

Social Determinants of Health

Equity Realists are less likely than U.S. adults in general, and much less likely than Equity Idealists, to believe that social determinants strongly affect an individual's health.

Role of Government

Equity Realists are more likely than U.S. adults generally to favor government action in health. They are slightly more likely than U.S. adults generally to believe that health should be a top federal priority and much more likely to believe that the government generally should do more to make sure that people living in the United States are healthier.

Equity Realists are also more likely than U.S. adults in general to view building healthy communities as a top or high priority, and to view access to healthy food, safe outdoor spaces, and decent housing as important community health-building priorities. They are also much more likely than U.S. adults in general to believe that government should have at least some responsibility for community health-building but less likely to favor a government role than Equity Idealists.

Civic Engagement and Collective Efficacy

Equity Realists are less likely to believe that people can work together to make their communities healthier places to live. However, they resemble U.S. adults in general regarding being civically engaged in health and are more likely than Equity Idealists to be civically active.

Additional Health Values and Beliefs That Describe the Group

Value of Addressing Income Inequality

Equity Realists are more likely than U.S. adults in general to believe in the importance of reducing income inequality in the United States and to place the main responsibility for addressing it on the government.

Moral Obligation

Equity Realists are more likely to believe that we have a moral obligation to help the poor, take care of the sick and the old, and be compassionate to others.

Existence of Equal Opportunity in Country

When compared to U.S. adults in general, Equity Realists are least likely to believe that everyone has an equal opportunity to succeed and are one of the top groups most likely to believe that

people with low income, women, LGBTQ people, African Americans, undocumented immigrants, Latinos, and American Indians/Alaskan Natives have less opportunity to succeed than others. They are also one of the two groups most likely to believe that government should have the main responsibility for ensuring equal opportunities to succeed.

Rural Health Care and Health Outcome Disparities

Equity Realists are one of the two groups most likely to believe in rural health care disparities, and one of the two groups most likely—and significantly more likely than Equity Idealists in particular—to believe that race/ethnic health outcome disparities are due to the neighborhoods where African American and Latino people live and to discrimination in the health care system.

They are also more likely than U.S. adults to believe that shorter life spans for persons with lower incomes are preventable and to agree that this is a serious problem that the nation can and should do more to prevent. Equity Realists are more willing than U.S. adults in general to pay more taxes to address this issue and vote for a candidate with the same goal.

Role of Government in Other Areas

When compared to U.S. adults in general, Equity Realists are one of the top two groups that believe that public transportation should be a priority for building healthy communities and that public transportation should be a government responsibility in part or in full. They are also one of the two groups most likely to believe that government should have the main responsibility for making sure that everyone in the country has an equal opportunity to be healthy, and that the government should ensure that everyone has access to health care as a fundamental right.

Demographic and Other Descriptive Characteristics

Health Coverage/System Use/State of Health

Equity Realists are slightly more likely to report that their health is excellent or very good and less likely to report that they are limited in their functioning because of health problems. They are least likely of the groups to report that they smoke regularly but more likely to report being overweight or obese.

Demographics

Compared to U.S. adults generally, Equity Realists skew younger in terms of age and higher in terms of income. They are more likely to have post-secondary education. They are more likely to live in Urban Suburbs and Big Cities and less likely to live in Rural America, Faith-Driven America, and The Sprawl.

Politics

Equity Realists are one of the groups most likely to always vote in local and national elections, more likely than U.S. adults in general. In this regard they differ significantly from Equity Idealists, who are much less likely to report voting frequently. They are also much more likely, compared to U.S. adults in general and to Equity Idealists, to describe themselves as liberal, to identify as Democrats and to be members of the Democratic Party.

Interest in Religion/Spirituality

This group is least likely compared to U.S. adults generally to put a great deal of effort into prayer and meditation, to view religion as very important, or to attend weekly religious services.

Media Use

Equity Realists are slightly more likely than all other groups to consume national print news, news from online-only sources, and news on social networks. They are also more likely than U.S. adults to consume local print news. Compared to Equity Idealists, Equity Realists are much more likely to consume local and national print news and news from online-only sources whereas Equity Idealists are more likely to consume local and national TV news and local radio news.

Trusted Health Information Sources

Compared to U.S. adults in general, Equity Realists are more likely to trust almost all the media sources for information on health except for Fox News Channel, which they are least likely to trust. They are much more likely to trust *The New York Times* and *The Wall Street Journal* than U.S. adults in general. They are much more likely than Equity Idealists to trust PBS/NPR, MSNBC, CNN, *The New York Times* and *The Wall Street Journal*.

They are more likely than all other groups to trust information on health from non-media sources like university scientists and researchers, and more likely than U.S. adults, and Equity Idealists in particular, to trust health care provider groups, groups and foundations working in health, the CDC, neighborhood and civic groups, environmental groups, social change groups, the Democratic Party, and local and national elected officials. Conversely they are least likely to trust the Republican Party religious/spiritual leaders as well as corporations and business leaders. In this regard, they are also less likely to trust social change groups than Equity Idealists.

Organizational Affiliations

Equity Realists are most likely to be members of community groups or neighborhood associations, education-related groups, entertainment/recreational groups, environmental groups, and professional associations, and more likely to be members of the Democratic Party.

Equity Idealists (18%)

Health Values and Beliefs That Define the Group

Importance of Personal Health

Compared to U.S. adults in general, Equity Idealists are less likely to say that they make health a priority in daily living and to actively engage in specific disease prevention and appropriate care-seeking actions.

Self-Efficacy for Health

This group is less likely than U.S. adults generally to report high levels of health-related self-efficacy.

Trust in Science and Health Care System

Compared to U.S. adults in general, Equity Idealists tend to have more trust in science and the health care system. They are less likely than U.S. adults generally to trust in the wisdom of ordinary people over experts, to trust in alternative medicine over Western medicine or to trust in the ability of ordinary people to decide for themselves what is true.

Equity and Solidarity Values

Equity Idealists are strong believers in social solidarity, health equity, and equal opportunity. They are much more likely than U.S. adults generally to believe that the country should do whatever is necessary to ensure everyone has an equal opportunity to succeed, to believe in the importance of social solidarity and to believe in the importance of health equity.

Health Care Disparities

Equity Idealists are least likely, compared to all other groups, to believe that race/ethnic-based health care disparities exist.

Social Determinants of Health

Compared to U.S. adults in general, Equity Idealists are overall less likely to believe that social determinants strongly affect an individual's health.

Role of Government

Equity Idealists are more likely than U.S. adults generally to favor government action in the health area. They are one of the two groups most likely to believe that health should be a top federal priority and are more likely than U.S. adults in general to believe that the government generally should do more to improve the health of the nation. They are one of the two groups most likely to view the building of healthy communities to be a top or high priority and, compared to all other groups, most likely to believe that government should play a role in this work.

Civic Engagement and Collective Efficacy

Equity Idealists resemble U.S. adults in general in terms of believing that people can work together to make their communities healthier places to live but are less likely to be civically engaged on health issues compared to U.S. adults in general.

Additional Health Values and Beliefs That Describe the Group

Value of Addressing Income Inequality

Equity Idealists are slightly more likely than U.S. adults in general to believe in the importance of reducing income inequality in the United States, and that the government should address this.

Moral Obligation

Equity Idealists are slightly more likely than U.S. adults in general, to believe that we have a moral obligation to take care of the sick and the old, and to be compassionate to others.

Existence of Equal Opportunity

When compared to U.S. adults in general, Equity Idealists are less likely to agree that everyone has an equal opportunity to succeed. When asked about specific groups, they are more likely to believe that people with low income have less opportunity to succeed compared to other people living in the United States and slightly more likely to believe that undocumented immigrants and women have less opportunity to succeed. They are less likely, however, to believe that Latinos and American Indians/Alaskan Natives have reduced opportunity for success. This group is more likely than U.S. adults in general to believe that government should have the main responsibility for ensuring that everyone in the country has an equal opportunity for success.

Rural Health Care and Health Outcome Disparities

Equity Idealists are slightly less likely than other groups to believe that rural health care disparities exist and that race/ethnic health outcome disparities are due to discrimination in the health care system.

They are more likely than U.S. adults to believe that the shortened life spans of people with lower incomes is a serious problem that the nation should address. They are more willing than U.S. adults in general to vote for a candidate who will address the issue but not to pay more in taxes or donate time or money to help address the issue.

Role of Government in Other Areas

Compared to U.S. adults in general, Equity Idealists are more likely to believe that public transportation should be a priority for building healthy communities and one of the top groups who believe that the government should have some responsibility for prioritizing this. They are also more likely than U.S. adults in general to believe that the government should have the main responsibility for making sure that everyone in the country has an equal opportunity to be healthy, and that the government should ensure that everyone has access to health care as a fundamental right.

Demographic and Other Descriptive Characteristics

Health Coverage/System Use/State of Health

Equity Idealists are most likely to be covered by Medicaid, compared to all other groups. They are slightly less likely than other U.S. adults to report that their health is excellent or very good and more likely to report being limited in their functioning. They were also most likely to report that they have a chronic condition and that they smoke regularly.

Demographics

Equity Idealists are less likely to be male and skew slightly older than the U.S. adult population. They skew lower than the national average in terms of both income and education. In addition, compared to all other groups, they are more likely to live in Rural America and in Faith-Driven America but are least likely to live in Books and Barracks areas.

Politics

Equity Idealists are least likely compared to all other groups to always vote in local and national elections. They are also most likely to identify as Independent and moderate, compared to U.S. adults in general and to all the other groups.

Interest in Religion/Spirituality

This group is less likely than U.S. adults in general to put a great deal of effort into prayer and meditation, to report that religion is very important to them, and to attend religious services at least once a week.

Media Use

Equity Idealists are more likely than U.S. adults in general to watch local TV news and get their news from social networks on a daily or weekly basis.

Trusted Health Information Sources:

In terms of media organizations, compared to U.S. adults in general, Equity Idealists are more likely to trust network TV and radio news, cable TV news (MSNBC, CNN and Fox News Channel), *USA Today* and *The New York Times* and least likely to trust *The Wall Street Journal* for information on health. Regarding non-media sources, they are more likely than U.S. adults in general to trust social change groups for information on improving health and slightly more likely to trust corporations and business leaders.

Organizational Affiliations

Equity Idealists are less likely than U.S. adults in general to join any type of organizations including consumer groups²⁰.

Self-Reliant Individualists (17%)

Health Values and Beliefs That Define the Group

Importance of Personal Health

Self-Reliant Individualists have a mixed stance on the importance of personal health. They resemble U.S. adults in general in reporting that they almost always make health a priority in daily life but are less likely to report active engagement in disease prevention and appropriate care-seeking actions.

Self-Efficacy for Health

This group resembles U.S. adults generally in terms of health-related self-efficacy.

Trust in Science and Health Care System

Self-Reliant Individualists tend to be less likely than U.S. adults in general to trust in science and the health care system. They are much more likely than U.S. adults generally to trust in ordinary

²⁰ For example, the American Automobile Association, the Better Business Bureau, or the American Association of Retired Persons.

people’s ability to decide for themselves and to trust in ordinary people’s wisdom over experts. However, they are less likely to trust in alternative medicine over Western medicine.

Equity and Solidarity Values

Self-Reliant Individualists are less likely to believe in the importance of equal opportunity for success, social solidarity, and health equity. They are much less likely than all other groups to believe that the country should ensure equal opportunities for success, and least likely of all the groups to believe in the importance of social solidarity and the importance of health equity.

Health Care Disparities

Self-Reliant Individualists are less likely than U.S. adults in general to believe that race/ethnic- or income-based health care disparities exist.

Social Determinants of Health

Self-Reliant Individualists are one of the two groups least likely, compared to U.S. adults in general, to believe that social determinants strongly affect an individual’s health.

Role of Government

Self-Reliant Individualists are least likely of all the groups to favor government action on health. They are much less likely than U.S. adults generally to believe that health should be a top federal priority and one of the two groups least likely to believe that the government generally should do more to make sure that people living in the United States are healthier. They are also the only group that does not view the building of healthy communities as a top or high priority and least likely of all the groups to believe that that this should be a government responsibility.

Civic Engagement and Collective Efficacy

Self-Reliant Individualists are less likely than U.S. adults in general to believe that people can work together to make their communities healthier places to live, and are less likely to be civically engaged on health issues.

Additional Health Values and Beliefs That Describe the Group

Value of Addressing Income Inequality

Self-Reliant Individualists are least likely of all groups to believe that reducing income inequality in the United States is important and that government should address this issue.

Moral Obligation

Self-Reliant Individualists are least likely of all the groups to strongly believe that we have a moral obligation to take care of the sick and others in need.

Rural Health Care and Health Outcome Disparities

Self-Reliant Individualists are overall less likely than U.S. adults in general to believe rural health care disparities exist. They are also least likely of all groups to believe that race/ethnic health outcome disparities are due to the neighborhoods where African American and Latino people live or due to discrimination in the health care system.

Self-Reliant Individualists are less likely than U.S. adults in general to believe that shorter life spans are inevitable for persons with lower incomes, and least likely to believe that it is a serious problem the nation should and can address. They are one of the two groups least willing to take any personal action to address this issue.

Existence of Equal Opportunity in Country

Self-Reliant Individualists are much more likely than U.S. adults in general to believe that everyone has an equal opportunity to succeed and are one of the two groups least likely to believe that people with low income, women, LGBTQ people, African Americans, undocumented immigrants, Latinos, and American Indians/Alaskan Natives have less opportunity to succeed than other people living in the United States today. This group is also least likely to believe government should have the main responsibility for ensuring equal opportunity for success.

Role of Government in Other Areas

This group is least likely of all groups to believe that public transportation is a priority for building healthy communities and that this should be a government responsibility. In addition, Self-Reliant Individualists are more likely than U.S. adults in general to believe that private individuals, businesses, and other groups, should have the main responsibility for ensuring equal opportunities to be healthy. They are also least likely of all the groups to believe that the government should ensure that everyone has access to health care as a fundamental right.

Demographic and Other Descriptive Characteristics

Health Coverage/System Use/State of Health

Self-Reliant Individualists are most likely of all groups to report that their health is excellent or very good, least likely to report having a chronic condition and being covered by Medicaid, and one of two groups least likely to report being limited in their functioning due to health problems. They are also slightly less likely than U.S. adults to report smoking regularly and receiving a routine check-up in the past year.

Demographics

Self-Reliant Individualists are much more likely to be male and skewed slightly more middle-aged. Compared to U.S. adults in general, they are more likely to identify as White or Other and skew higher in terms of income and education. They are also least likely to live in Urban Suburbs and Big Cities and more likely to live in Rural America or The Sprawl.

Politics

Self-Reliant Individualists are most likely compared to all other groups to describe themselves as conservative, to identify as Republican, and to be Republican Party members.

Interest in Religion/Spirituality

Self-Reliant Individualists are less likely than U.S. adults in general to put a great deal of effort into prayer and meditation, slightly less likely to view religion as very important, but slightly more likely to attend religious services at least weekly.

Media Use

This group is less likely than U.S. adults generally to consume local or national news in print, from online-only sources, or on social networks, handheld devices, or TV.

Trusted Health Information Sources

In terms of media, compared to U.S. adults in general, Self-Reliant Individualists are one of the two groups most likely to trust Fox News Channel but are least likely to trust PBS/NPR, *The New York Times*, *USA Today*, network TV and radio news, MSNBC, and CNN. In terms of non-media sources, they are more willing to trust the Republican Party than U.S. adults in general but less likely to trust other groups for this type of information.

Organizational Affiliations:

Self-Reliant Individualists are one of two groups most likely to be members of veteran organizations. They are also more likely than U.S. adults generally to be members of churches/religious organizations, industry/trade groups, entertainment/recreational groups and professional associations, and slightly more likely to be members of educational-related groups, community or neighborhood groups, charitable or fraternal clubs, consumer groups and social change groups.

Disinterested Skeptics (16%)

Health Values and Beliefs That Define the Group

Importance of Personal Health

Disinterested Skeptics are less likely than U.S. adults in general to report making health a priority in daily living and overall much less likely to actively engage in disease prevention and appropriate care-seeking actions. They are also less likely to actively engage in disease prevention and care-seeking than Self-Reliant Individualists, the group that most resembles them.

Self-Efficacy for Health

This group is overall much less likely than U.S. adults generally—and Self-Reliant Individualists—to report high health-related self-efficacy.

Trust in Science and Health Care System

Disinterested Skeptics are overall less likely than U.S. adults in general—and Self-Reliant Individualists—to report trusting in science and the health care system.

Equity and Solidarity Values

Disinterested Skeptics are much less likely than U.S. adults in general to believe in equity and solidarity values. They are much less likely to believe that the country should do more to ensure equal opportunity for success in general and least likely to believe that people should be as concerned about the needs of others as they are about their own needs. They are least likely of all groups to agree that it would be unjust if some people had more of an opportunity to be healthy than others. They are also least likely to believe that our country should ensure equal opportunity to be healthy.

Health Care Disparities

Disinterested Skeptics are less likely than U.S. adults in general to believe that race- or income-based health care disparities exist. However, they are much more likely than Self-Reliant Individualists to believe in income-based health disparities.

Social Determinants of Health

Disinterested Skeptics are least likely across the various individual measures to believe that the social determinants strongly affect an individual's health.

Role of Government

Disinterested Skeptics are much less likely than U.S. adults generally to favor government action in health. They are the least likely of all groups to believe that health should be a top federal priority and much less likely than U.S. adults generally to believe the government in general should do more to help U.S. adults be healthier. They are more likely than U.S. adults in general to view the building of healthy communities as a low priority or not a priority at all, although much less so than Self-Reliant Individualists. They are more likely than U.S. adults in general to believe that this community level work should be a priority for private individuals and groups and not government.

Civic Engagement and Collective Efficacy

Disinterested Skeptics are less likely to believe in collective efficacy, and overall least likely compared to U.S. adults generally, to be civically engaged on health issues. In addition, they are slightly less likely than Self-Reliant Individualists to be civically engaged on health.

Additional Health Values and Beliefs That Describe the Group

Value of Addressing Income Inequality

Disinterested Skeptics are one of the groups least likely to believe in the importance of doing something about income inequality, but somewhat more likely to agree on the importance of the issue than Self-Reliant Individualists. Disinterested Skeptics are also much less likely than U.S. adults in general to place the main responsibility for addressing this issue on the government.

Moral Obligation

Disinterested Skeptics are overall much less likely than U.S. adults in general to feel morally obligated to help the old, the poor, and the sick and to be compassionate to others. However, they

are somewhat more likely than Self-Reliant Individualists to feel a sense of obligation in these areas.

Rural Health Care and Health Outcome Disparities

Disinterested Skeptics are less likely than U.S. adults in general to believe in rural health care access disparities. They are also much less likely than U.S. adults in general to believe that Latinos and African American health outcome disparities are due to discrimination in the health care system and less likely to attribute these disparities to the neighborhoods where people live.

The group is much less likely to say that the shorter life span of people with low incomes is inevitable, that it is a serious problem, and that we must take action to address it and more likely to say that there is not much we can do about the problem. They are much less willing than U.S. adults generally to pay more in taxes to address the issue or to vote for candidates who would address it. They are also slightly less willing to donate money or time to address the issue.

Existence of Equal Opportunity in Country

Disinterested Skeptics are more likely than U.S. adults in general to believe that everyone has an equal opportunity to succeed, but much less likely than Self-Reliant Individualists. They are much less likely to agree that people with low incomes, women, LGBTQ people, African Americans, undocumented immigrants, Latinos, and American Indians/Alaska Natives have less opportunity to succeed in U.S. society. They are more open to seeing these groups are disadvantaged, however, than Self-Reliant Individualists. Along with this group, they are least likely to believe that the government is responsible for ensuring equal opportunities to succeed and more likely than U.S. adults in general to assign this role to the private sector.

Role of Government in Other Areas

Disinterested Skeptics are less likely than U.S. adults generally to prioritize public transportation as an aspect of building healthy communities and to assign this priority to the government.

More than U.S. adults in general, they also believe that private individuals, businesses, and other groups should have the main responsibility for making sure that everyone in the country has an equal opportunity to be healthy. They are one of the two groups least likely to think that government should have the main responsibility in promoting health equity and are only surpassed in this regard by the Self-Reliant Individualists. Finally, Disinterested Skeptics are also much less likely than U.S. adults in general to believe that the government should ensure that everyone has access to health care as a fundamental right. Only Self-Reliant Individualists are less likely to support government assurance of care as a fundamental right.

Demographic and Other Descriptive Characteristics

Health Coverage/System Use/State of Health

Disinterested Skeptics are least likely of the groups to report having health insurance. They are least likely of all groups to have visited a doctor within the past year for a routine checkup. They are slightly less likely to be covered by Medicaid than U.S. adults in general. Disinterested

Skeptics are also slightly less likely than U.S. adults in general to report being limited in their functioning or having a chronic disease.

Demographics

Disinterested Skeptics are slightly more likely to be male, but less likely than Self-Reliant Individuals, who are most likely of all the groups to be composed of males. Along with Self-Reliant Individualists, they are most likely to be White. They are less likely than U.S. adults generally to live in Big Cities and Urban Suburbs and more likely to live in Faith Driven America and Rural America.

Politics

Disinterested Skeptics are less likely to vote regularly than U.S. adults. They are also much more likely to identify as Republicans and more likely to see themselves as conservative and be members of the Republican Party. However, Self-Reliant Individualists are more likely to describe themselves as conservatives than Disinterested Skeptics.

Interest in Religion/Spirituality

Disinterested Skeptics are more likely than U.S. adults generally to attend religious services regularly but less likely to put effort into prayer and meditation.

Media Use

Disinterested Skeptics are slightly less likely than U.S. adults generally to consume local or national news in any form.

Trusted Health Information Sources

Disinterested Skeptics are slightly more likely than other groups to trust Fox News Channel for information on health and slightly or much less likely to trust main-stream and other media outlets. They are one of two groups most likely to trust religious or spiritual leaders and the Republican Party less likely to trust other sources for health information.

Organizational Affiliations

Disinterested Skeptics are slightly more likely than U.S. adults generally to be a member and active in a church or other religious or spiritual organization.

Private-Sector Champions (12%)

Health Values and Beliefs That Define the Group

Importance of Personal Health

Private-Sector Champions are most likely of all the groups to say they always make health a priority and to actively engage in disease prevention and appropriate care-seeking actions.

Self-Efficacy for Health

This group is most likely of all the groups to report high health-related self-efficacy.

Trust in Science and Health Care System

Private-Sector Champions are overall less likely than U.S. adults in general to report trusting in science and the health care system.

Equity and Solidarity Values

Private-Sector Champions are strong believers in the importance of equal opportunity for success and social solidarity but believe less strongly in the importance of health equity. They are slightly more likely than U.S. adults generally to believe that the country should do whatever is necessary to ensure everyone has an equal opportunity to succeed and that people should be as concerned about others' needs as they are about their own needs. Private-Sector Champions are also slightly more likely than U.S. adults in general to strongly agree that our country should do whatever is necessary to ensure that people have equal opportunity to be healthy, but slightly less likely to believe that it is unjust if some people have more opportunity to be healthy than others.

Health Care Disparities

This group is much less likely than U.S. adults in general to believe in the existence of race/ethnic health care disparities and less likely to believe in income-based health care disparities.

Social Determinants of Health

Private-Sector Champions are one of the two groups most likely to believe that social determinants strongly affect an individual's health.

Role of Government

Private-Sector Champions are more likely than U.S. adults generally to believe that health should be a top federal priority, but less likely to believe the government generally should play a significant role in promoting health. They are more likely to believe that building healthy communities is a high or top priority but less likely to believe that this should be a responsibility for government and more likely to believe that the private sector should take the lead for this work.

Civic Engagement and Collective Efficacy

Private-Sector Champions are most likely compared to other groups to strongly agree that if people in their communities work together, they can make it a healthier place to live. The group resembles U.S. adults generally in terms of their level of civic engagement on health issues.

Additional Health Values and Beliefs That Describe the Group

Value of Addressing Income Inequality

Private-Sector Champions are slightly less likely than U.S. adults in general to believe reducing income inequality in the United States is important and most likely, compared to other groups, to believe that private individuals, businesses, and other groups, and not the government should play the main role in reducing income inequality.

Moral Obligation

Private-Sector Champions are one of the two groups most likely to believe that we have a moral obligation to help the poor, take care of the sick and the old and to be compassionate to others.

Rural Health Care and Health Outcome Disparities

Private-Sector Champions are slightly less likely than U.S. adults in general to believe that rural health care access disparities exist, and overall less likely to believe that race/ethnic health outcome disparities are due to the neighborhoods where African American and Latino people live or to discrimination in the health care system.

However, they are slightly more likely than U.S. adults in general to believe there is nothing we can do as a nation about shorter life spans for low-income people and slightly less likely to believe that this is a serious problem or that the nation should do more to prevent it. They are slightly more willing than U.S. adults in general to donate time and money to address the issue but less willing to pay more taxes, or vote for a candidate committed to addressing the problem.

Existence of Equal Opportunity in Country

Compared to U.S. adults in general, Private-Sector Champions are more likely to believe that everyone has an equal opportunity to succeed and less likely to believe that people with low income, LGBTQ people, African Americans, undocumented immigrants, and American Indians/Alaskan Natives have less opportunity to succeed than others. They are slightly more likely to believe that women have less opportunity to succeed. This group is more likely to believe that private individuals, businesses, and other groups should have the main responsibility of ensuring equal opportunity for success.

Role of Government in Other Areas

This group is more likely than U.S. adults in general to believe that public transportation should be a priority but don't see it as a government responsibility. More than U.S. adults in general, they believe that the private sector should have the main responsibility for ensuring equal opportunities to be healthy. However, they resemble U.S. adults in general in terms of whether the government should ensure that everyone has access to health care as a fundamental right.

Demographic and Other Descriptive Characteristics

Health Coverage/System Use/State of Health

Private-Sector Champions are most likely of all of the groups to report having health insurance and to report a routine check-up in the past year. They are slightly more likely to report that their health was excellent or very good and that they have one place that they typically seek medical care from, but are one of the groups most likely to report having limited functioning.

Demographics

Private-Sector Champions tend to skew female and much older. They skew lower in terms of income and education than U.S. adults in general and are more likely to live in Urban Suburbs.

Politics

Private-Sector Champions are more likely than U.S. adults generally to describe themselves as conservative and as Republican and to be a member of the Republican Party.

Interest in Religion/Spirituality

This group is most likely of all the groups to put a great deal of effort into prayer and meditation, to view religion as a very important part of their lives and to attend religious services weekly.

Media Use

Private-Sector Champions are more likely than U.S. adults in general to watch local or national TV news, listen to local radio news, or read local print news.

Trusted Health Information Sources

Private-Sector Champions are less likely than U.S. adults in general to trust PBS/NPR, national print news, network TV and radio news, and some cable TV news (MSNBC or CNN), but most likely to trust Fox News Channel for health information. They are slightly less likely than U.S. adults in general to trust neighborhood and civic groups, health care provider groups, groups working in health, CDC, and university scientists and researchers. They are also most likely of all groups to trust the Republican Party, national elected officials, corporations and business leaders, and religious/spiritual leaders and less likely to trust the Democratic Party.

Organizational Affiliations

This group is the most likely group to be a member of veteran groups and churches/religious organizations.

B. Detailed Findings: Health Values and Beliefs That We Used to Define the Typology Groups

This section of the report presents tables for each measure for the total sample and for each group. The measures presented in this section were used to define the typology in both 2020 and 2016. Please note that totals in the tables below may not sum to 100 percent due to rounding.

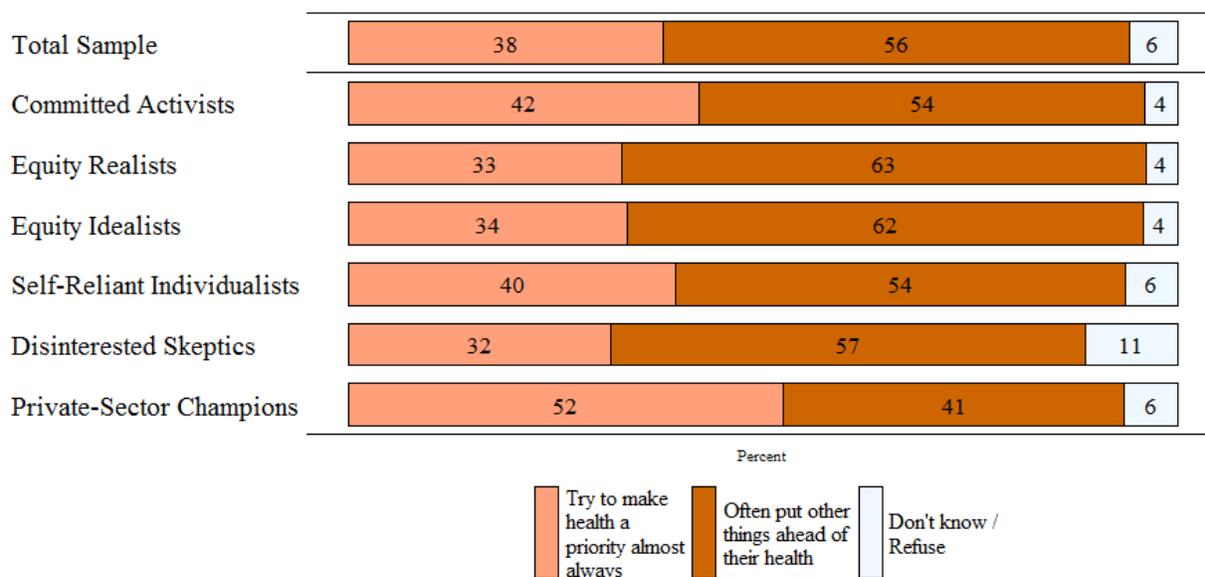
1. Importance of Personal Health

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, 38% of U.S. adults say that they try to make health a priority almost always in their daily life. Many also have an activist orientation to disease prevention and medical care-seeking. We found that personal health is more important to Private-Sector Champions and Committed Activists. They are more likely than U.S. adults generally to put great priority on preventive measures, care-seeking, and health in daily life. Disinterested Skeptics, Equity Realists, and Equity Idealists are less likely to make individual health a priority.

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

Figure B.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?²¹



²¹ Totals may not sum to 100 percent due to rounding.

Thirty-eight percent of U.S. adults say that they make their health a priority almost always in day-to-day living. Private-Sector Champions, and Committed Activists are more likely to say this, while Disinterested Skeptics, Equity Realists, and Equity Idealists are much less likely. Self-Reliant Individualists more closely resembled the total sample.

1.2 Activism about Prevention

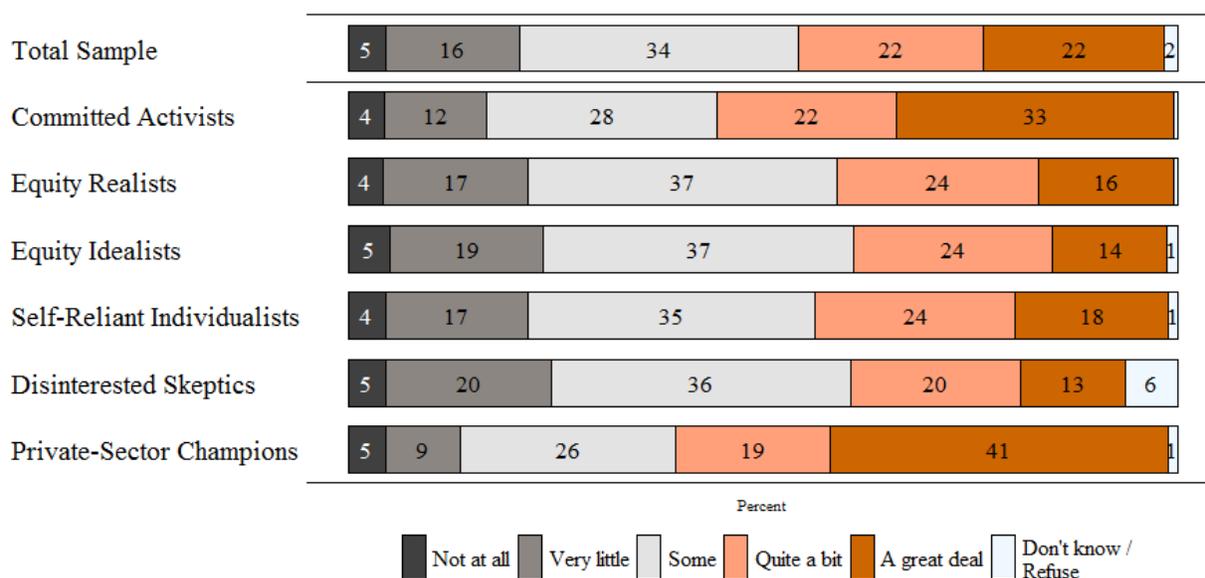
Overview: We assess degree of activism around prevention by asking about the amount of effort spend on exercise, limiting portion size, stress reduction, and other related activities. These results are presented in the displays below. Across these measures, large numbers of respondents report making quite a bit or a great deal of effort in their daily lives. Private-Sector Champions and Committed Activists are more likely than adults generally to have an activist orientation to prevention. Disinterested Skeptics, Equity Realists, and Equity Idealists are less likely to have an activist orientation.

1.2.1 Effort Put into Exercise

Figure B.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 time²²



Twenty-two percent of U.S. adults 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

²² Totals may not sum to 100 percent due to rounding.

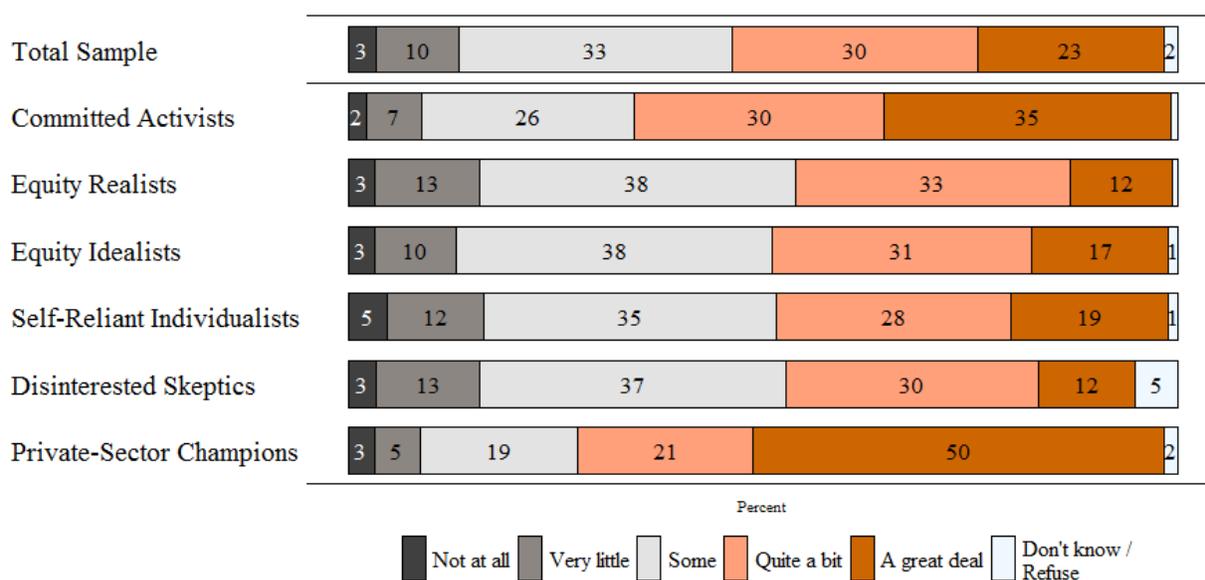
prevention interest, we focused on the “great deal” response in order to compare the groups and construct the typology. Private-Sector Champions and Committed Activists are more likely to put a great deal of effort into exercising during leisure time, while Self-Reliant Individualists, Equity Realists, Equity Idealists, and Disinterested Skeptics are less likely.

1.2.2 Limiting Portion Size

Figure B.1.2.2: Limiting Portion Size²³

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-three percent of U.S. adults say that they put a great deal of effort into limiting portion sizes of food and drinks. An additional 30% say they put in quite a bit of effort, with Private-Sector Champions most likely to do so, followed by Committed Activists. Self-Reliant Individualists, Equity Realists, Equity Idealists, and Disinterested Skeptics are less likely.

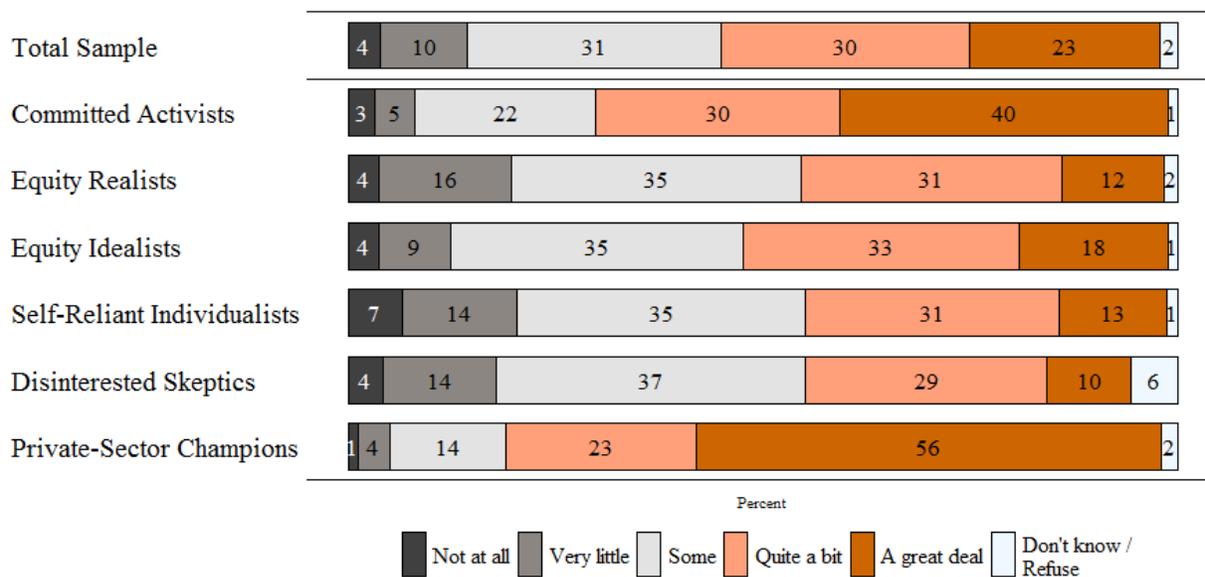
²³ Totals may not sum to 100 percent due to rounding.

1.2.3 Stress Reduction

Figure B.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 stress²⁴



Twenty-three percent of U.S. adults put a great deal of effort into actively trying to reduce stress, with 30% saying they put in quite a bit of effort. Private-Sector Champions and Committed Activists are much more likely than U.S. adults to put a great deal of effort into reducing stress. The other groups are less likely to put a great deal of effort into reducing stress.

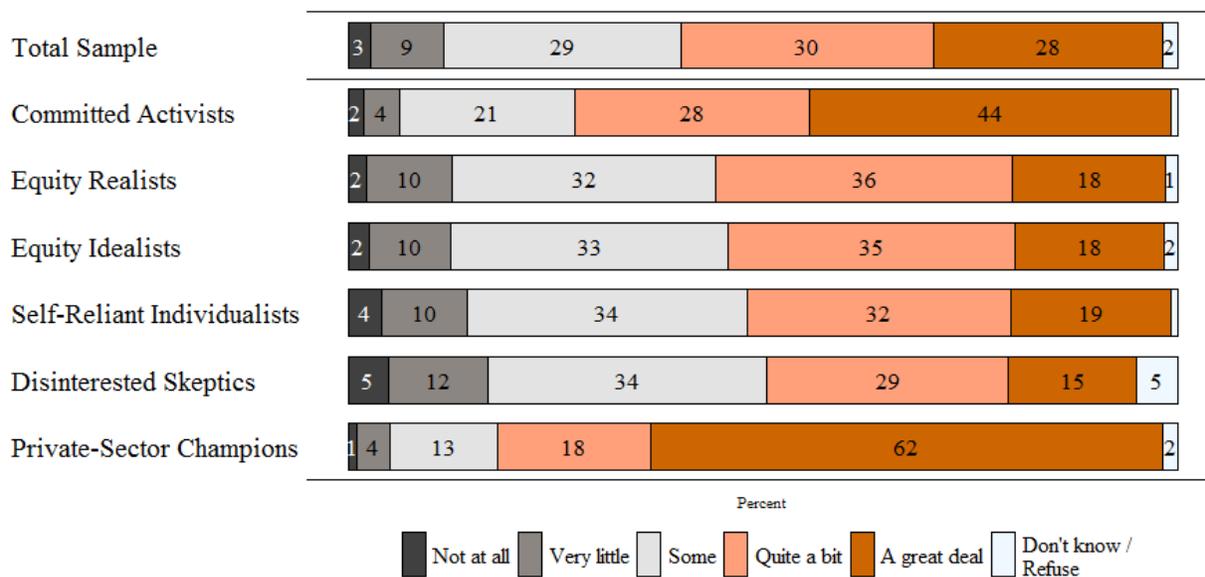
²⁴ Totals may not sum to 100 percent due to rounding.

1.2.4 Weight Control

Figure B.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 weight²⁵



Twenty-eight percent of U.S. adults put a great deal of effort into working to attain a healthy weight. Thirty percent say they put in quite a bit of effort. Private-Sector Champions and Committed Activists are more likely to put a great deal of effort. The other groups are much less likely to put a great deal of effort into working to attain a healthy weight.

²⁵ Totals may not sum to 100 percent due to rounding.

1.3 Activism about Medical Care-Seeking

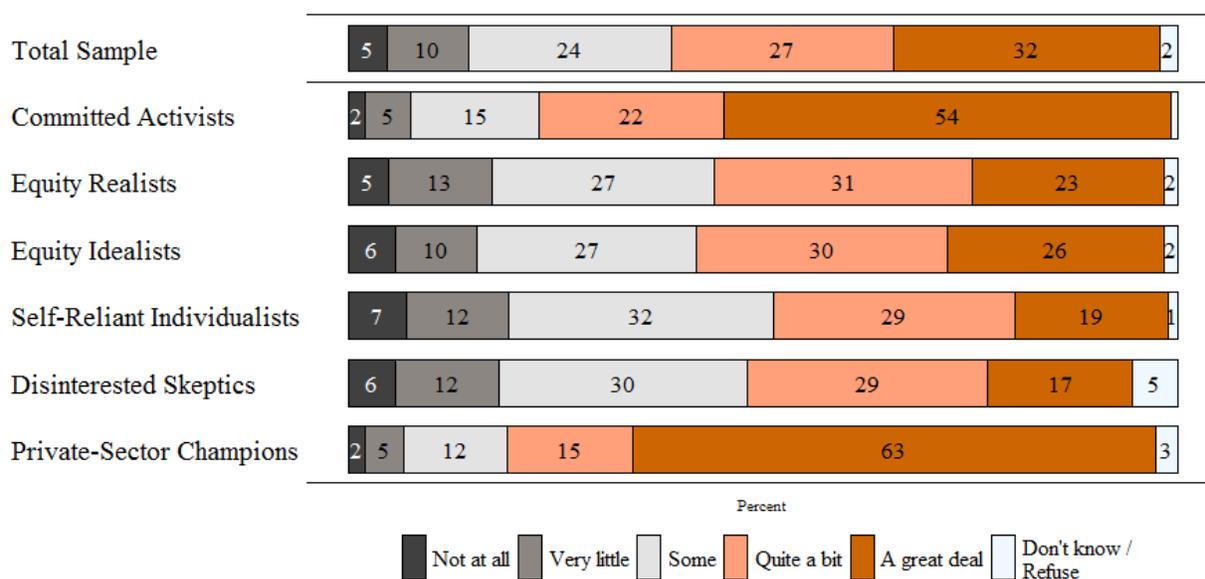
Overview: Two items were included on care-seeking: the amount of effort put into getting appropriate screenings and speaking up to the doctor even when he or she does not ask. These results are presented in the two displays below. In general, we found that most U.S. adults are making at least quite a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

1.3.1 Effort Put into Getting Screenings

Figure B.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 care²⁶



Thirty-two percent of U.S. adults make a great deal of effort to get appropriate screenings or preventative care. An additional 27% make quite a bit of effort. As with preventative action, we chose to compare the groups using the “great deal” response category. Private-Sector Champions and Committed Activists are more likely to say they put in a great deal of effort, with Private-Sector Champions being much more likely than the total sample. Self-Reliant Individualists, Equity Realists, Equity Idealists, and Disinterested Skeptics are less likely.

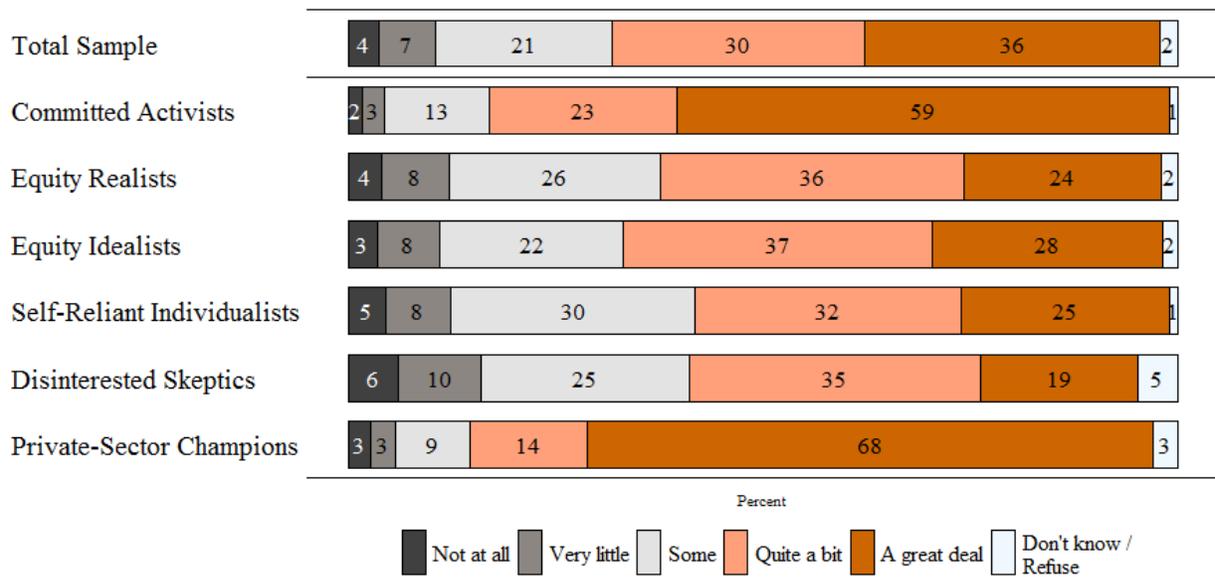
²⁶ Totals may not sum to 100 percent due to rounding.

1.3.2 Speaking Up to the Doctor

Figure B.1.3.2: Speaking Up to the 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 ask²⁷



Thirty-six percent of U.S. adults 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 30% say they put quite a bit of effort into this activity. Private-Sector Champions and Committed Activists are much more likely to report this degree of effort, while the other groups are less likely.

²⁷ Totals may not sum to 100 percent due to rounding.

2. Self-Efficacy for Health

Overview: At the individual level, we also explored self-efficacy related to care-seeking, preventing diseases, and management of personal medical conditions. We asked respondents to rate their level of confidence in each of these three domains. These findings are presented in the displays that follow. Overall, we found that almost half of U.S. adults have high self-efficacy related to care-seeking (knowing when and where to seek care) but fewer reported the same with regard to disease prevention and management of personal medical conditions. Compared with U.S. adults generally, Private-Sector Champions and Committed Activists have high self-efficacy. Self-Reliant Individualists resemble U.S. adults generally. Disinterested Skeptics, Equity Realists, and Equity Idealists are less likely to have high self-efficacy.

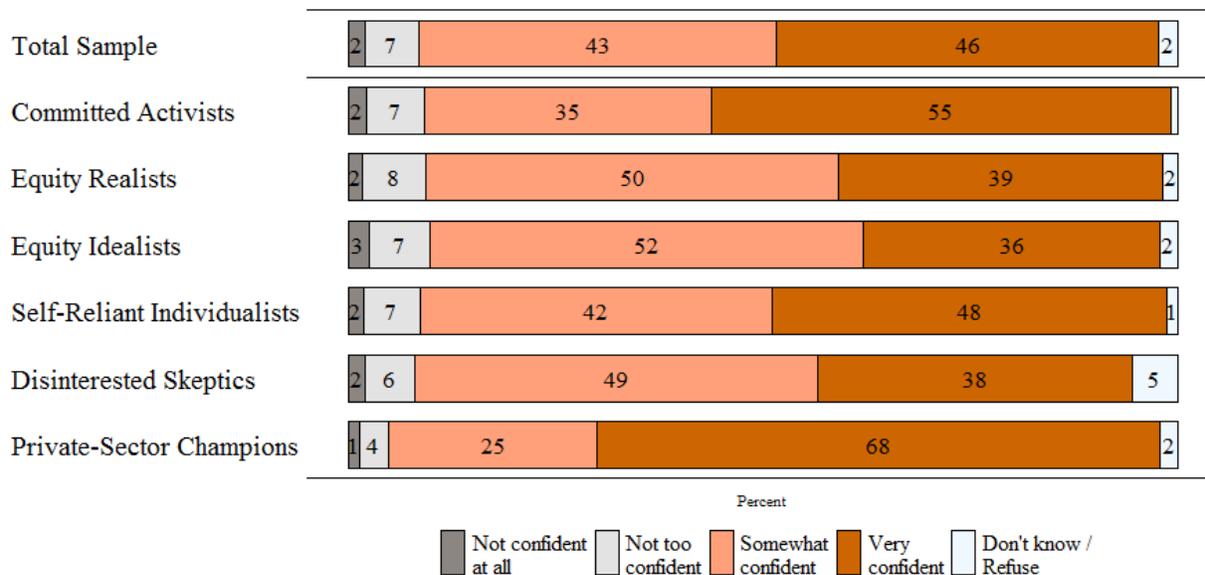
2.1 Care-Seeking Self-Efficacy

2.1.1: Know When to Get Medical Care

Figure B.2.1.1: 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?

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



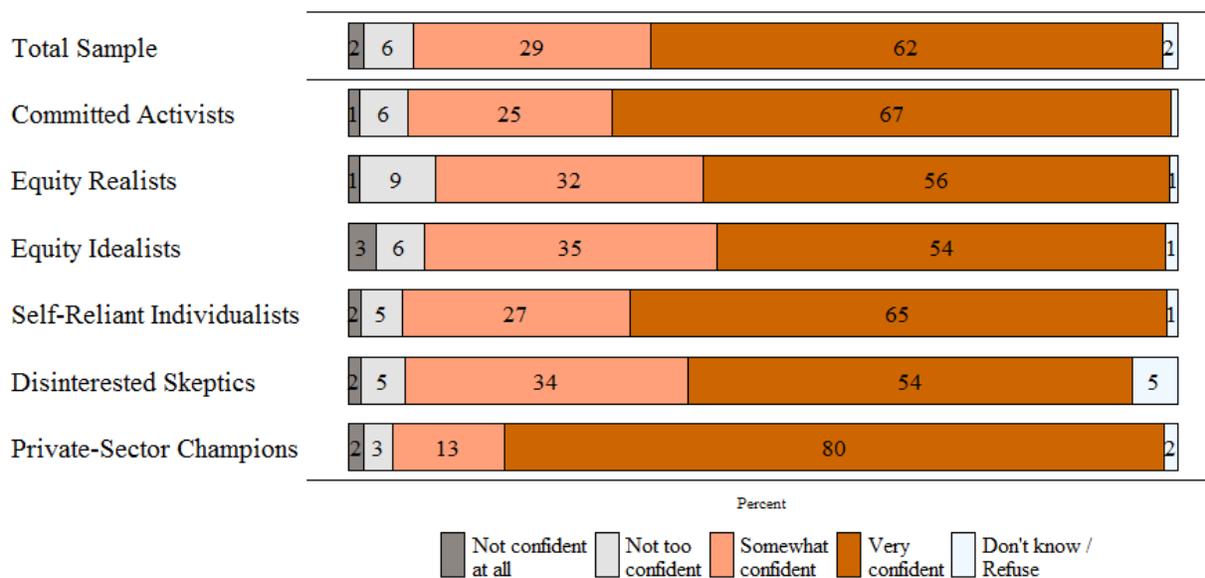
Forty-six percent of U.S. adults are very confident that they know when to get medical care for a health problem and when they can handle it on their own. The majority of Private-Sector Champions and Committed Activists are also very confident, while Disinterested Skeptics, Equity Idealists, and Equity Realists are less confident. Self-Reliant Individualists are similar to the total sample.

2.1.2: Know Where to Get Medical Care

Figure B.2.1.2: 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 it²⁸



Sixty-two percent of U.S. adults are very confident they know where to get medical care when they need it. Private-Sector Champions are the most confident, followed by Committed Activists. Self-Reliant Individualists are similar to U.S. adults in general, and Equity Idealists, Equity Realists, and Disinterested Skeptics are less confident.

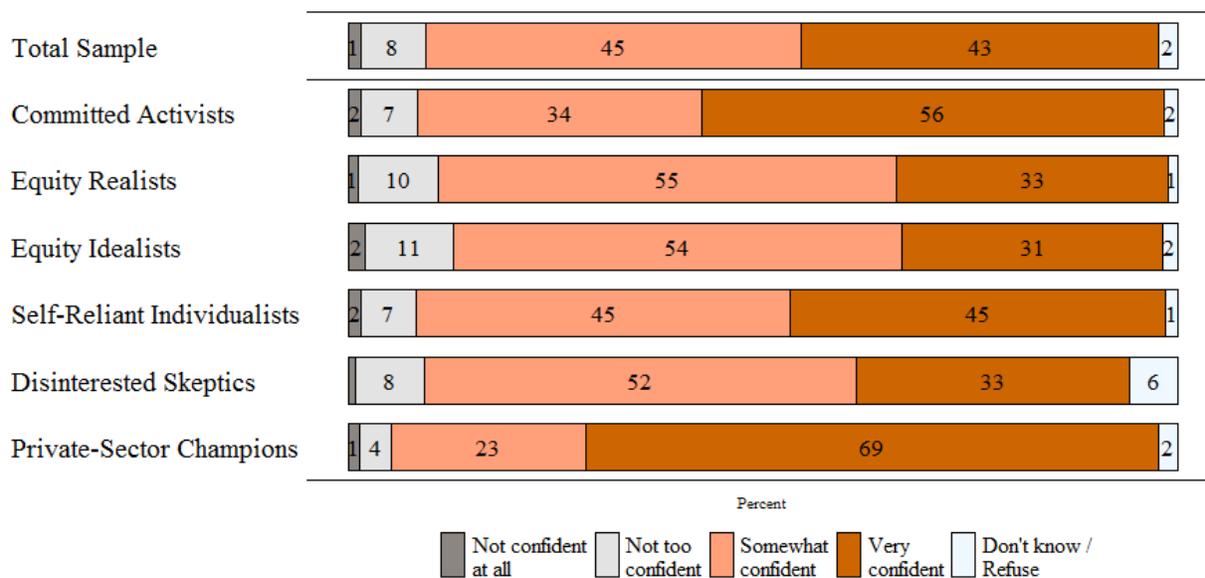
²⁸ Totals may not sum to 100 percent due to rounding.

2.2 Condition Management Self-Efficacy

Figure B.2.2: Condition Management Self-Efficacy

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 have²⁹



Forty-three percent of U.S. adults are very confident that they know how to manage any health problems they may have. Private-Sector Champions and Committed Activists are more likely to be very confident, Self-Reliant Individualists had a similar level of confidence to the total sample, and the other groups are less likely to be very confident.

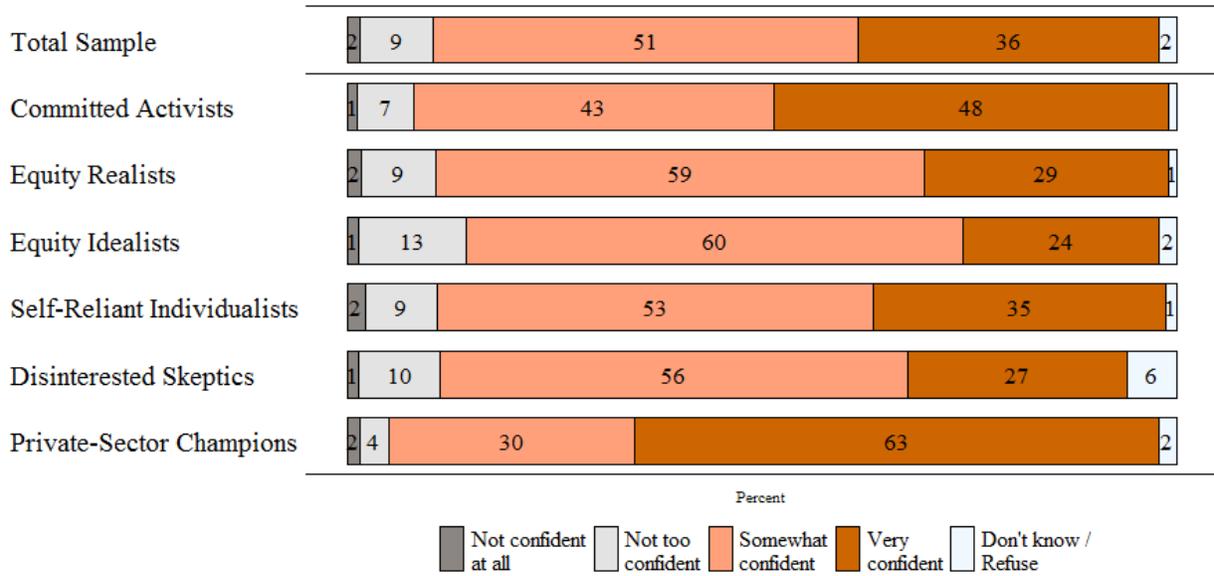
²⁹ Totals may not sum to 100 percent due to rounding.

2.3 Prevention Self-Efficacy

Figure B.2.3: Prevention Self-Efficacy

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 place³⁰



Thirty-six percent of U.S. adults are very confident they know how to prevent health problems in the first place. Private-Sector Champions are much more likely to be very confident, followed by Committed Activists. Equity Realists, Disinterested Skeptics, and Equity Idealists are all less likely to be very confident in this regard. Self-Reliant Individualists more closely resembled the total sample.

³⁰ Totals may not sum to 100 percent due to rounding.

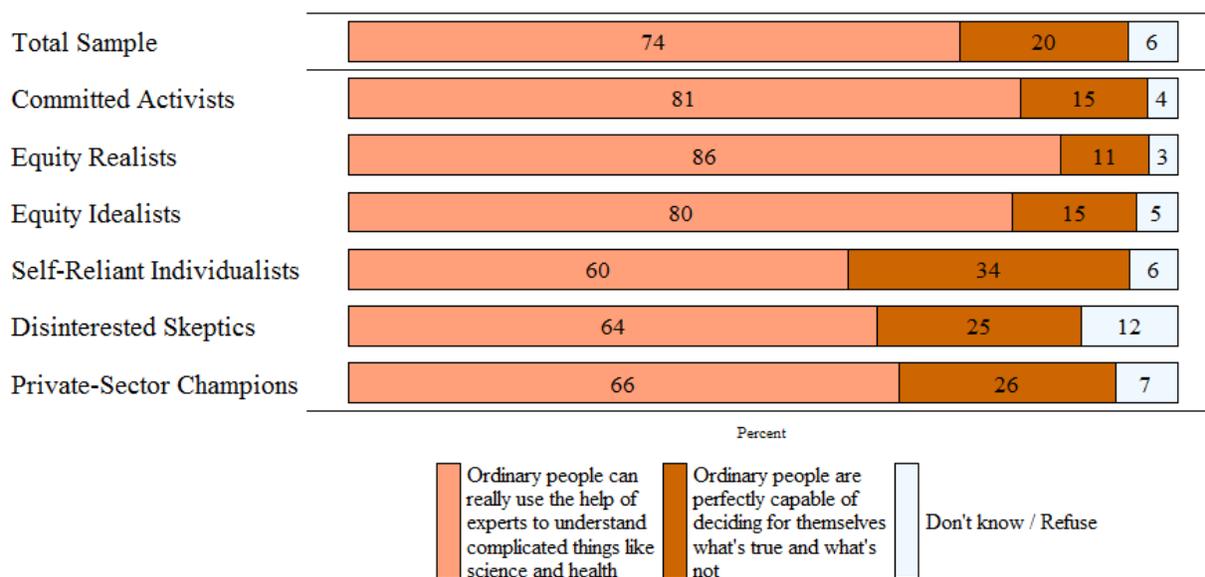
3. Trust in Science and the Health Care System

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 U.S. adults have a great deal of trust in science and the health care system. Equity Realists and Committed Activists scored the highest across the three trust measures that we included in the analysis. Disinterested Skeptics and Self-Reliant Individualists are less likely to place trust in science and the health care system.

3.1 Belief That Ordinary People Can Decide What Is True Without Experts

Figure B.3.1: Belief that Ordinary People Can Decide What Is True without Experts

Would you say that ordinary people ... Can 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. ³¹



The large majority (74%) of U.S. adults believe “ordinary people can really use the help of experts to understand complicated things like science and health.” Equity Realists, Committed Activists, and Equity Idealists are more likely to believe this while Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are less likely.

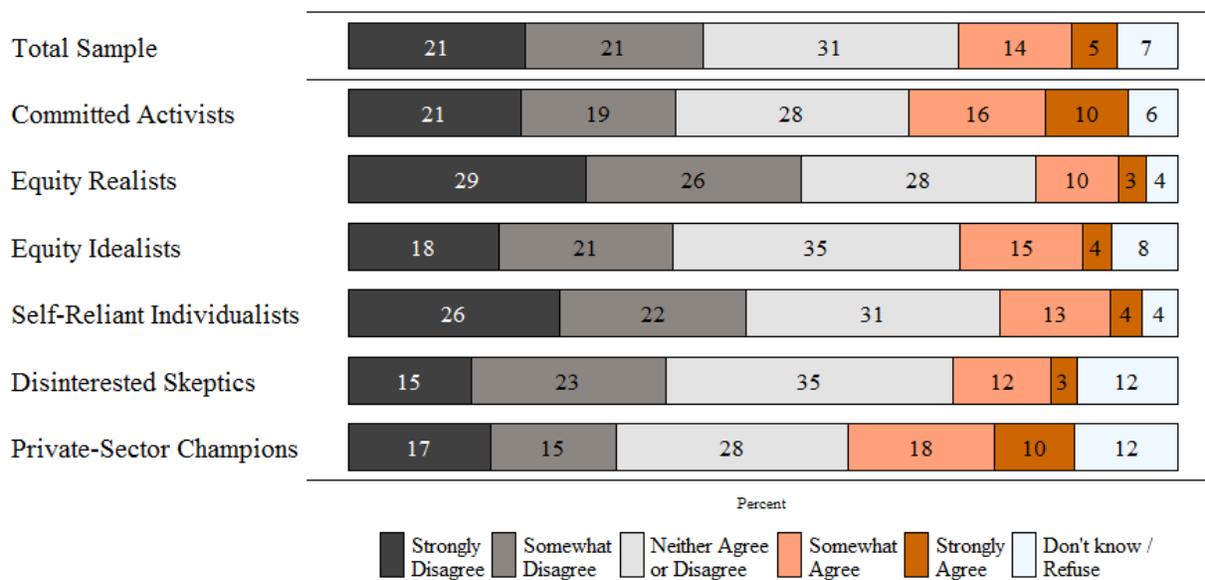
³¹ Totals may not sum to 100 percent due to rounding.

3.2 Belief That Alternative Medicine Is More Effective than Western Medicine

Figure B.3.2: Belief That Alternative Medicine Is More Effective than Western Medicine

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree.

Alternative medicine is more effective than western medicine for treating most illnesses.³²



Twenty-one percent of U.S. adults strongly disagree with the idea that “alternative medicine is more effective than Western medicine for treating most illnesses.” An additional 21% somewhat disagree with this idea. Equity Realists and Self-Reliant Individualists are more likely to strongly disagree, with Committed Activists more closely resembling the total sample. The other groups are all less likely to strongly disagree.

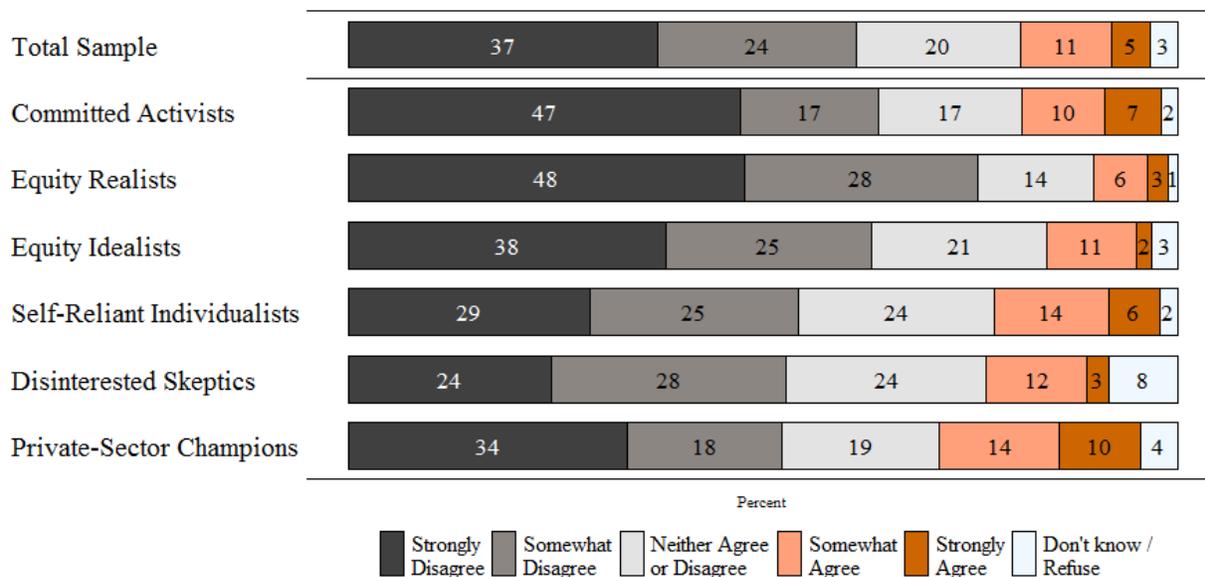
³² Totals may not sum to 100 percent due to rounding.

3.3 Belief That It Is Better to Put Trust in Wisdom of Ordinary People

Figure B.3.3: Belief That It Is Better to Put Trust in Wisdom of Ordinary People

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor 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.*³³



Thirty-seven percent of U.S. adults strongly disagree and 24% somewhat disagree that “I’d rather put my trust in the wisdom of ordinary people than the opinions of experts and intellectuals.” Equity Realists and Committed Activists are more likely to strongly disagree, and Equity Idealists are similar to the total sample. The other groups are less likely to strongly disagree.

³³ Totals may not sum to 100 percent due to rounding.

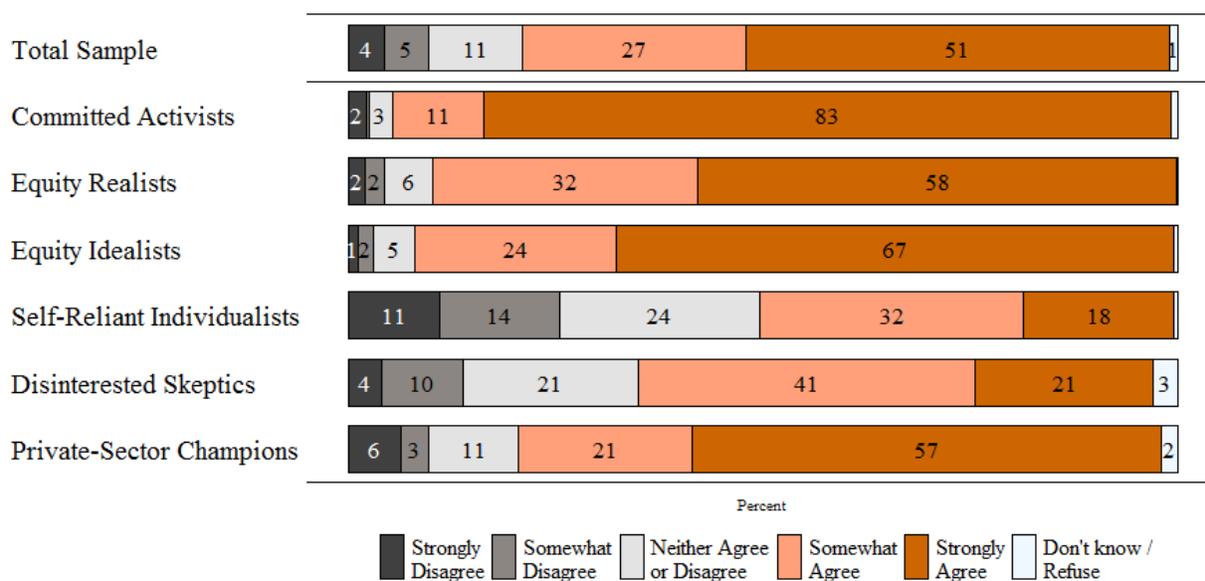
4. Equity/Solidarity Values

Overview: Many of the survey measures focused on societal-level health values and beliefs, including those related to equity and social solidarity. 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 just over half of U.S. adults strongly embrace equality of opportunity to succeed, just under half scored high on social solidarity and the majority strongly supported the idea of health equity. Committed Activists, Equity Idealists, and Equity Realists are all more likely to embrace all three values within the equity/solidarity domain. Self-Reliant Individualists and Disinterested Skeptics are quite similar to one another on these issues and are both much less likely than U.S. adults 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 equality of opportunity measure and one of the two health equity measures, they were more likely to strongly agree, but closely resembled the total sample on the social solidarity measure.

4.1 Equality of Opportunity to Succeed

Figure B.4.1: Equality of Opportunity to Succeed

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree. Our country should do whatever is necessary to make sure that everyone has an equal opportunity to succeed.³⁴



³⁴ Totals may not sum to 100 percent due to rounding.

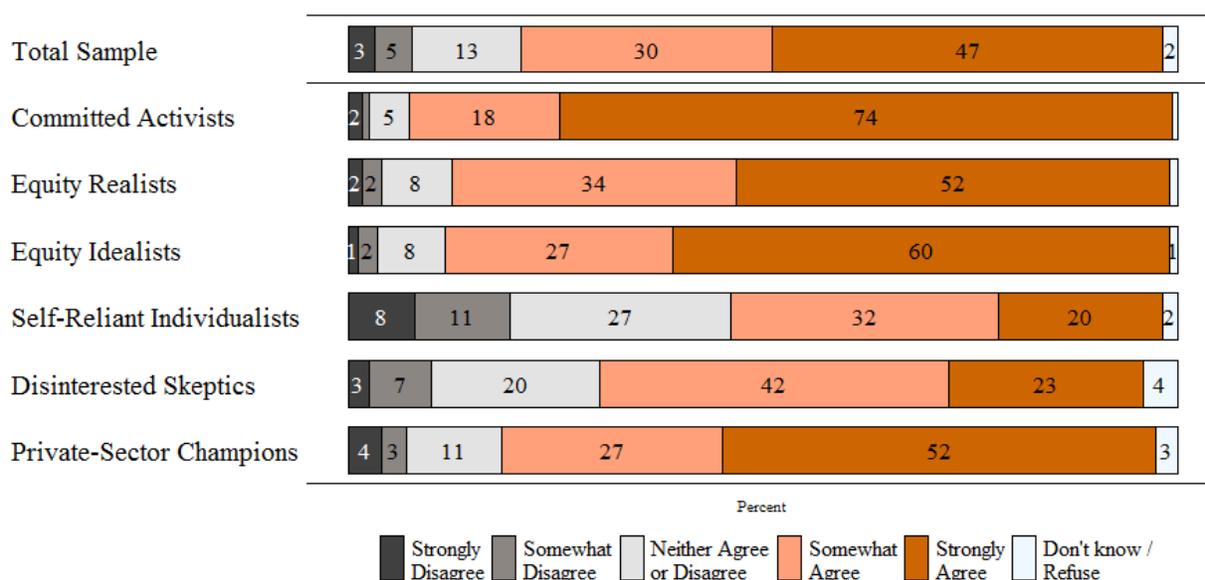
Slightly more than half of U.S. adults (51%) strongly agree that “our country should do whatever is necessary to make sure that everyone has an equal opportunity to succeed.” A little over a quarter (27%) also somewhat agree. We selected the “strongly agree” category for use in the cluster analysis. Committed Activists and Equity idealists are more likely to strongly agree, while Self-Reliant Individualists and Disinterested Skeptics are less likely. The views of Equity Realists and Private-Sector Champions more closely resembled those in the total sample.

4.2 Social Solidarity

Figure B.4.2: Importance of the Needs of Others

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor 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.*³⁵



Slightly less than half of U.S. adults (47%) strongly agree that “our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy.” We viewed this as a measure of the importance of social solidarity. Most Committed Activists (74%) strongly agreed with the statement, as did the Equity Idealists (60%). Equity Realists and Private-Sector Champions are more likely to closely resemble the total sample. Self-Reliant Individualists and Disinterested Skeptics are far less likely to strongly agree than the total sample.

³⁵ Totals may not sum to 100 percent due to rounding.

4.3 Health Equity

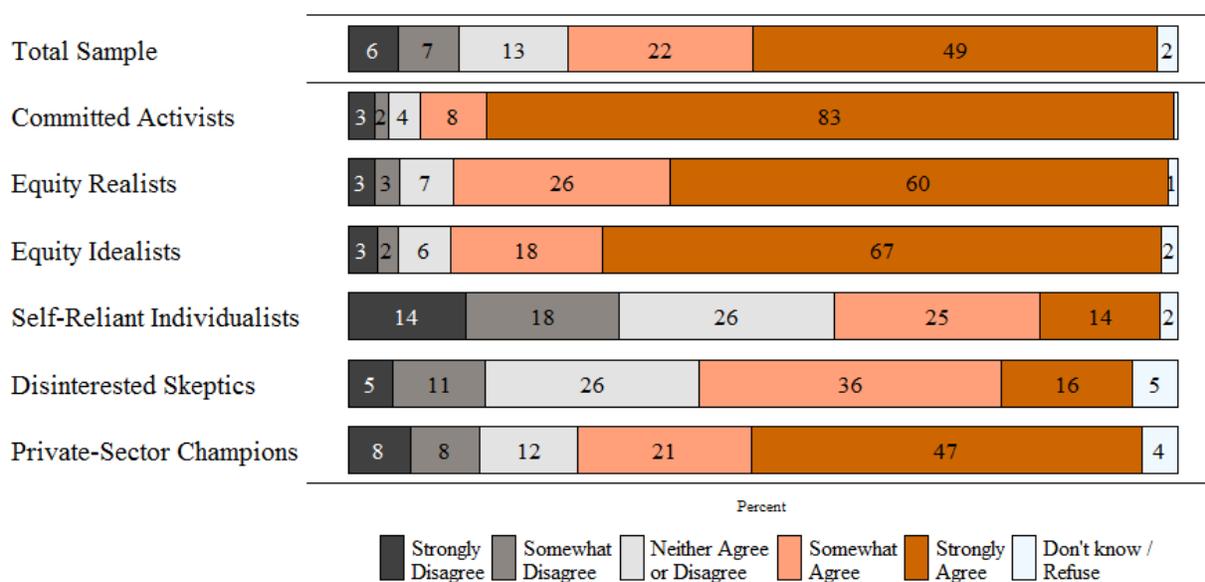
Overview: Two measures were included on health equity: one that emphasized social justice and one that did not make explicit reference to it. Overall, the majority of U.S. adults embrace the value of health equity, at least when the issue is not explicitly posed in terms of social justice. We found that Committed Activists, Equity Idealists, and Equity Realists 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.

4.3.1 Unjust if Some Have More Opportunity to Be Healthy

Figure B.4.3.1: 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 nor disagree, somewhat agree, or strongly agree.

*It would be unjust if some people have more of an opportunity to be healthy than other people.*³⁶



Forty-nine percent of U.S. adults strongly agree that “it would be unjust if some people had more of an opportunity to be healthy than other people.” Equity Idealists, Equity Realists, and especially Committed Activists are more likely to strongly agree, while Disinterested Skeptics and Self-Reliant Individualists are less likely to strongly agree that it would be unjust. Private-Sector Champions more closely resembled the views of those in the total sample.

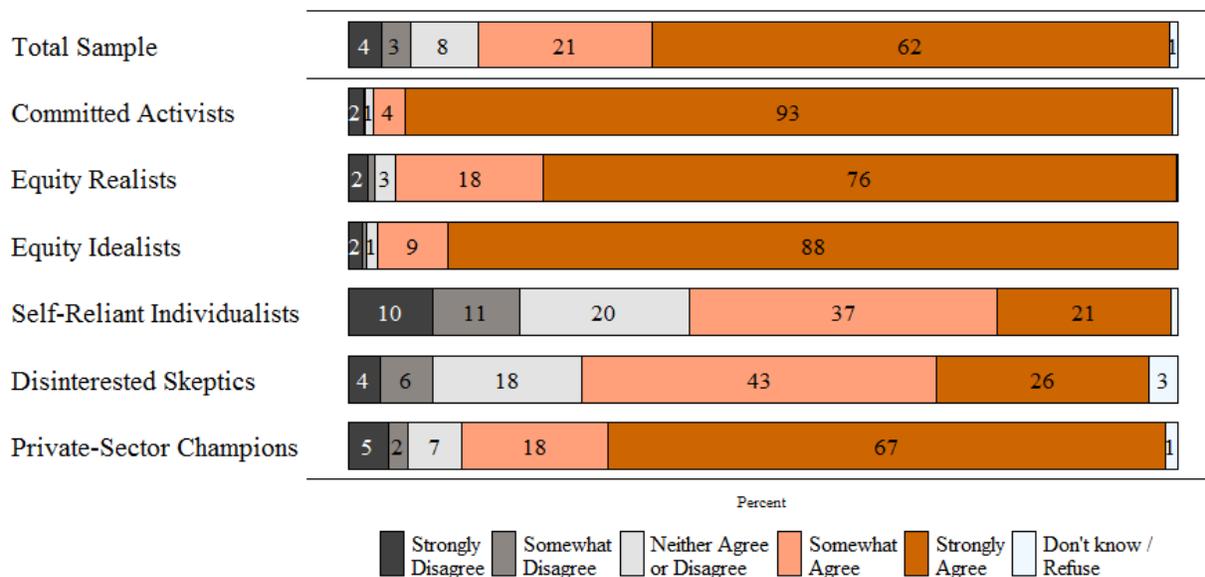
³⁶ Totals may not sum to 100 percent due to rounding.

4.3.2 Everyone Should Have Opportunity to Be Healthy

Figure B.4.3.2: Everyone Should Have Opportunity to Be Healthy

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor 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.*³⁷



The majority of U.S. adults (62%) 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 include that concept. Almost all Committed Activists (93%) strongly agreed with the statement and Equity Idealists, Equity Realists, and Private-Sector Champions are more likely to strongly agree than the total sample. Self-Reliant Individualists and Disinterested Skeptics are far less likely to strongly agree.

³⁷ Totals may not sum to 100 percent due to rounding.

5. Health Care Disparities and the Social Determinants of Health

Overview: The findings on health care disparities and the social determinants of health are presented in the displays that follow. Each was an important survey focus.

U.S. adults are more likely to believe in income-based health care disparities than race/ethnic-based health care disparities. In particular Equity Realists and Committed Activists are more likely than U.S. adults generally to believe that African Americans and Latinos face differential access to health care. In addition, Committed Activists and Private-Sector Champions are more likely than U.S. adults generally to believe that social determinants strongly influence health.

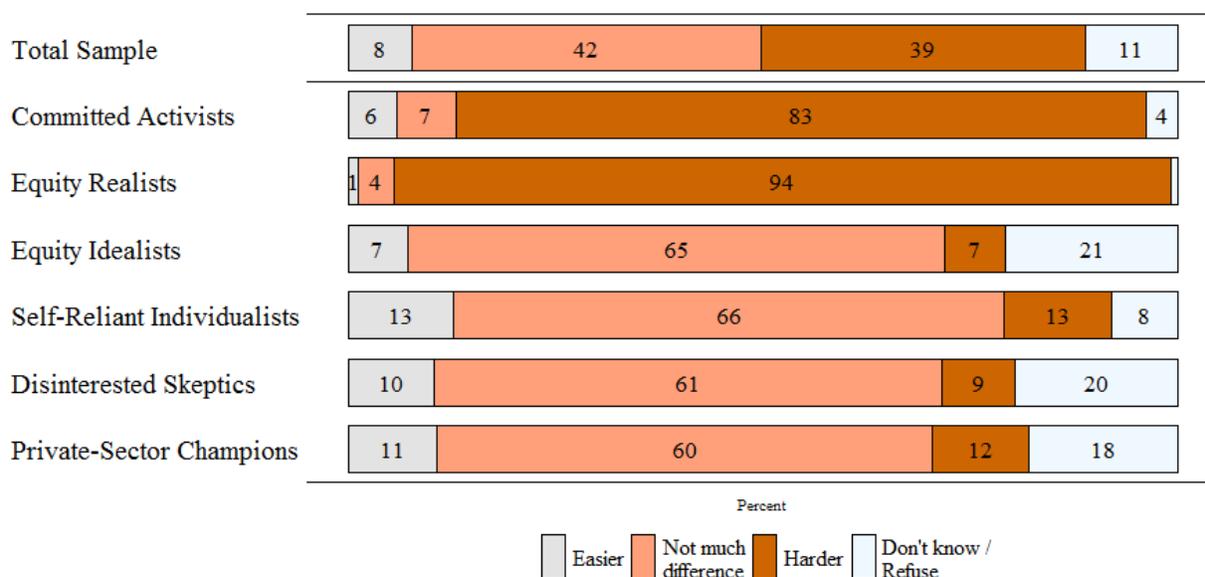
5.1 Perceived Existence of Race/Ethnic Disparities

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

5.1.1 Perceived Existence of Disparities for Latinos

Figure B.5.1.1: Perceived Existence of Disparities for Latinos

When Latinos need health care, 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?³⁸



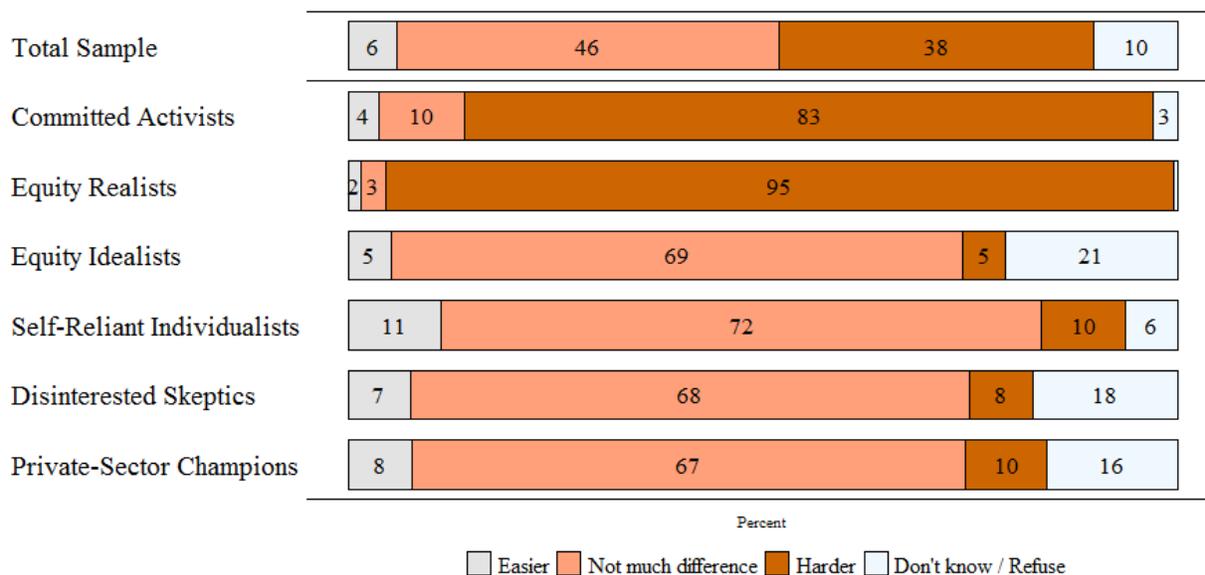
Only 39% of U.S. adults believe that it is “harder” for Latinos than Whites to receive health care. Equity Realists and Committed Activists are more likely to believe this. All other groups are less likely than U.S. adults in general to believe there are disparities for Latinos.

³⁸ Totals may not sum to 100 percent due to rounding.

5.1.2 Perceived Existence of Disparities for African Americans

Figure B.5.1.2: Perceived Existence of Disparities for African Americans

When African Americans need health care, 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?³⁹



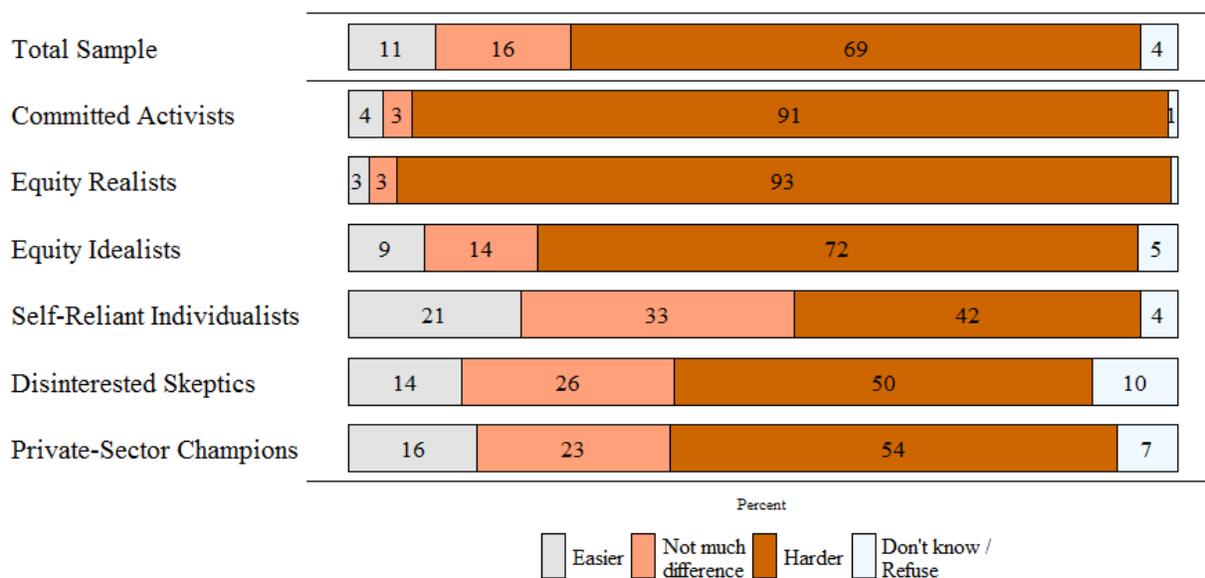
Thirty-eight percent of U.S. adults believe that it is “harder” for African Americans than Whites to receive health care. The group differences on this measure are the same as on the previous measure: Equity Realists and Committed Activists are more likely to agree that it is harder, and the other groups are less likely.

³⁹ Totals may not sum to 100 percent due to rounding.

5.2 Perceived Existence of Income-Based Disparities

Figure B.5.2: Perceived Existence of Disparities for People with Low Incomes

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?⁴⁰



Unlike disparities based on race and ethnicity, the vast majority of U.S. adults (69%) perceive the existence of income-based disparities in health care access. Disinterested Skeptics, Private-Sector Champions, and Self-Reliant Individualists are much less likely to believe this, while Equity Realists and Committed Activists are much more likely. Equity Idealists tend to more closely resemble the total sample.

⁴⁰ Totals may not sum to 100 percent due to rounding.

5.3 Importance of Social Determinants of Health

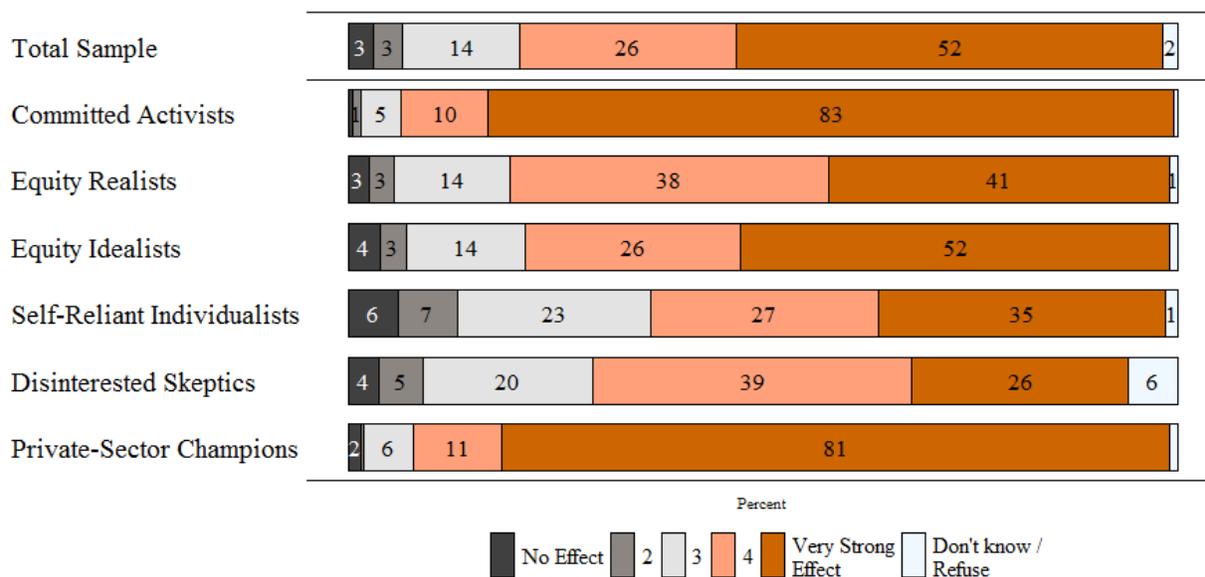
Overview: Large majorities of U.S. adults believe in the strong importance of the social determinants of health. We assessed attitudes on the impact on health of community of residence, jobs, food quality, safety, housing, and education. These findings are presented next. Overall, jobs and food availability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

5.3.1 Importance of Job

Figure B.5.3.1: 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 job⁴¹



The majority (52%) of U.S. adults believe that whether or not one has a job very strongly affects an individual’s health. An additional 26% believe that it strongly affects health. For the cluster analysis, we selected the “very strong effect” category to assess group differences. Equity Idealists resembled U.S. adults in general. Committed Activists and Private-Sector Champions are more likely to share a belief in its very strong effect, while the other groups are less likely.

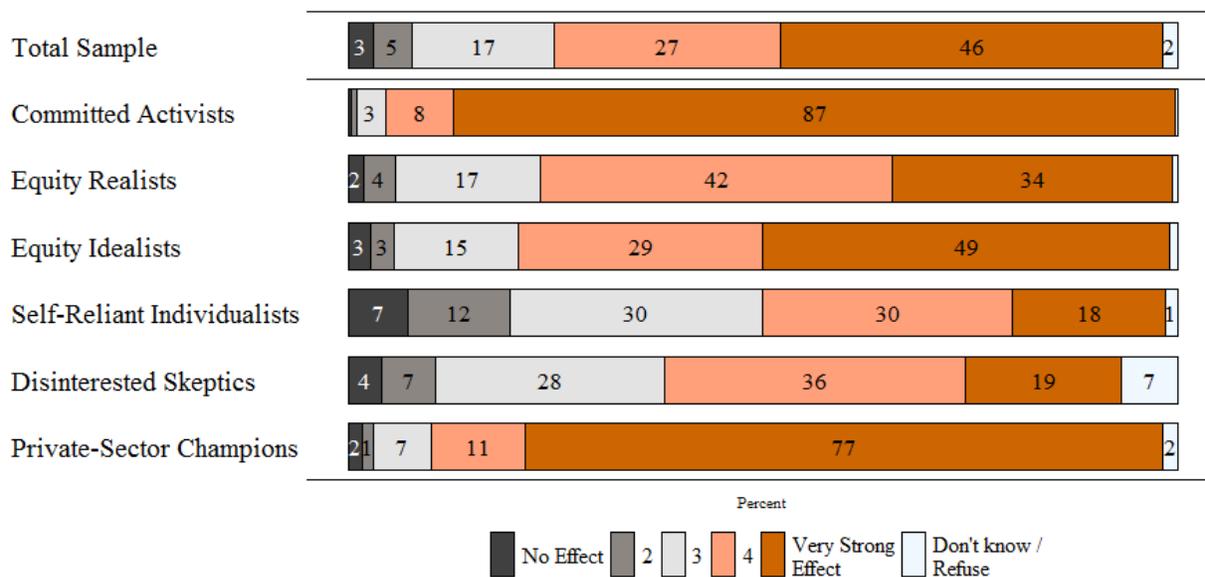
⁴¹ Totals may not sum to 100 percent due to rounding.

5.3.2 Importance of Quality of Food Availability

Figure B.5.3.2: 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 community⁴²



Forty-six percent of U.S. adults believe that the quality of food available in communities very strongly affects an individual’s health. An additional 27% believe that it strongly affects health. Committed Activists and Private-Sector Champions are much more likely to share a belief in its very strong effect, compared to the total sample. Equity Idealists are similar to the total sample. The rest of the groups are less likely to believe this.

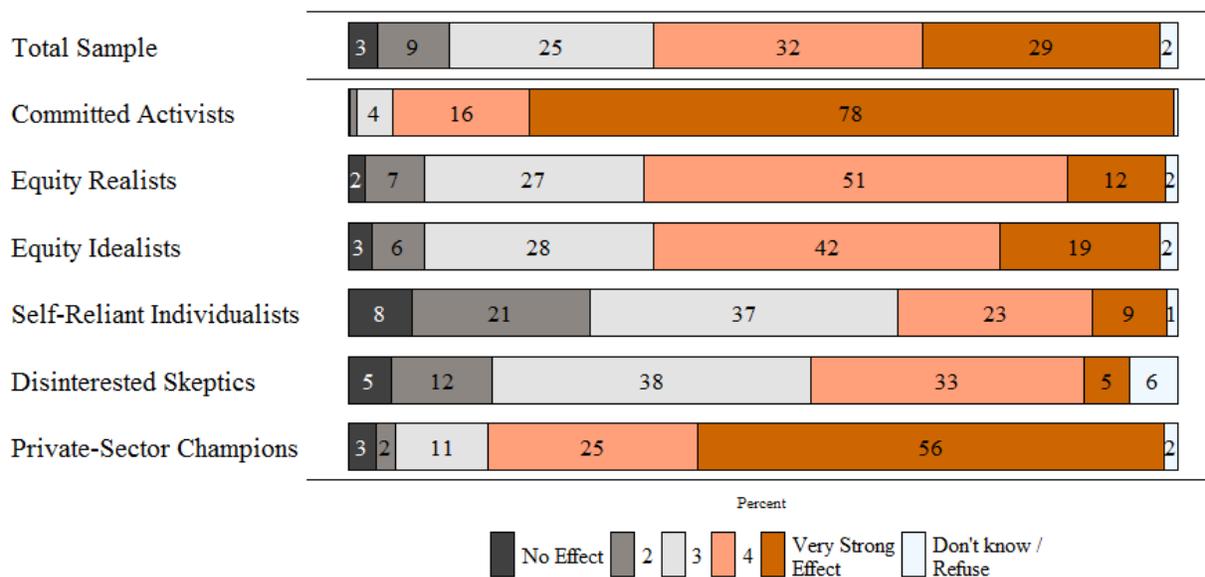
⁴² Totals may not sum to 100 percent due to rounding.

5.3.3 Importance of Community You Live In

Figure B.5.3.3: 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 in⁴³



Twenty-nine percent of U.S. adults believe that the community in which a person lives very strongly affects health. An additional 32% believe that it strongly affects health. Committed Activists and Private-Sector Champions are 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 are much less likely to hold this belief.

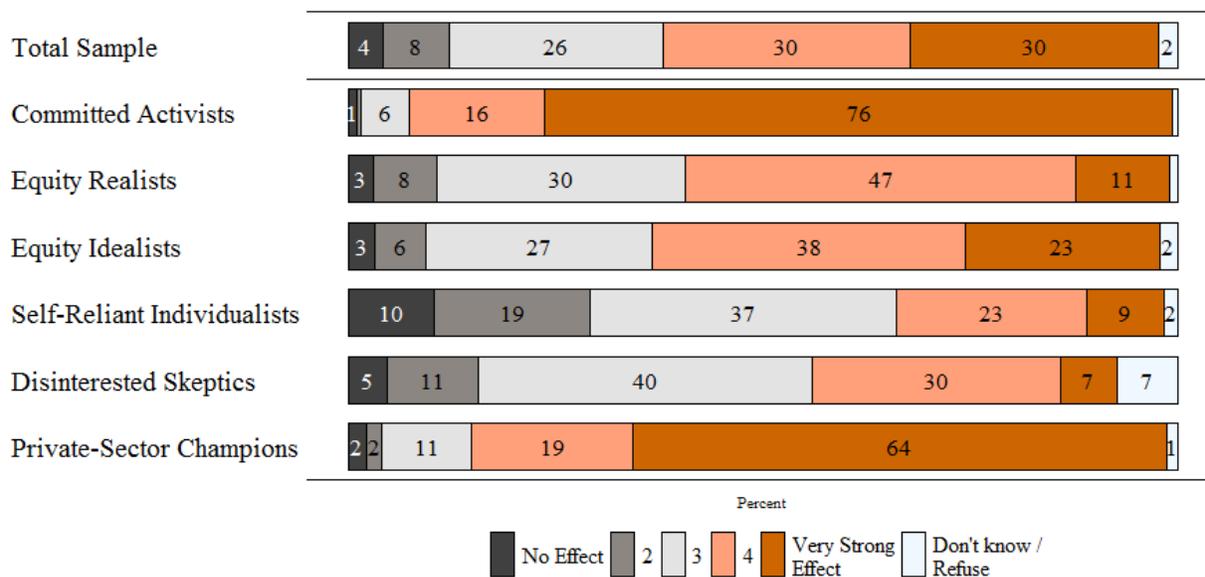
⁴³ Totals may not sum to 100 percent due to rounding.

5.3.4 Importance of Community Safety

Figure B.5.3.4: 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 safety⁴⁴



Thirty percent of U.S. adults believe that community safety very strongly affects health with an additional 30% believing that it strongly affects health. Committed Activists and Private-Sector Champions are the most likely to share a belief in its very strong effect, much more than the total sample. The other groups are less likely.

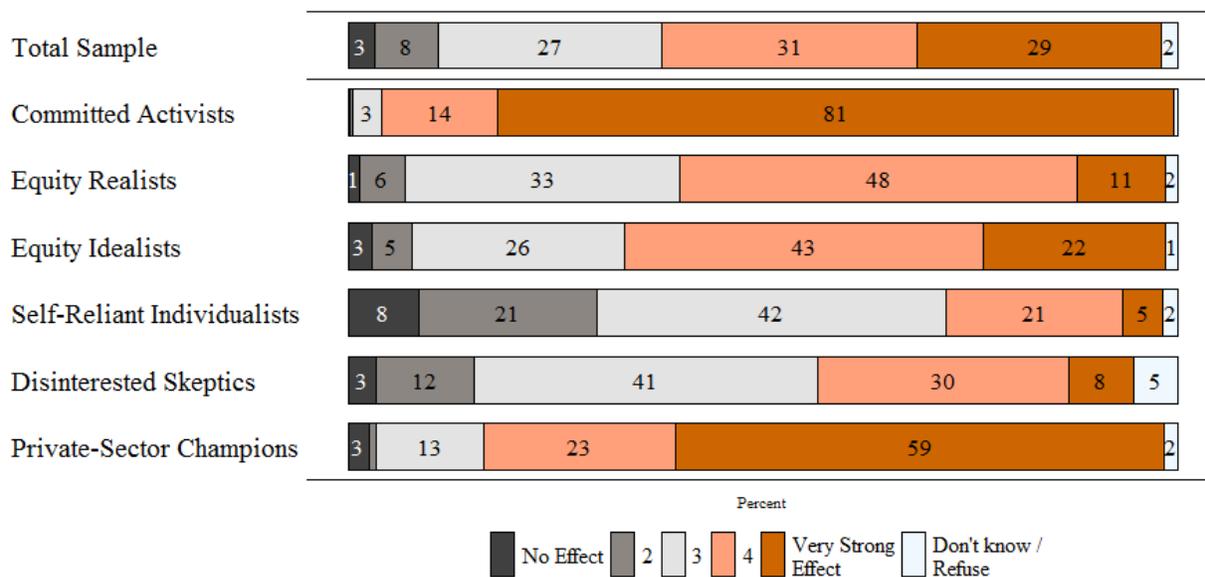
⁴⁴ Totals may not sum to 100 percent due to rounding.

5.3.5 Importance of Decent Housing

Figure B.5.3.5: 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 quality⁴⁵



Twenty-nine percent of U.S. adults say that housing quality very strongly affects health. An additional 31% believe that it strongly affects health. Committed Activists and Private-Sector Champions are more likely to agree on its very strong effect than the total sample. Equity Idealists are less likely, and Equity Realists, Self-Reliant Individualists, and Disinterested Skeptics, much less likely.

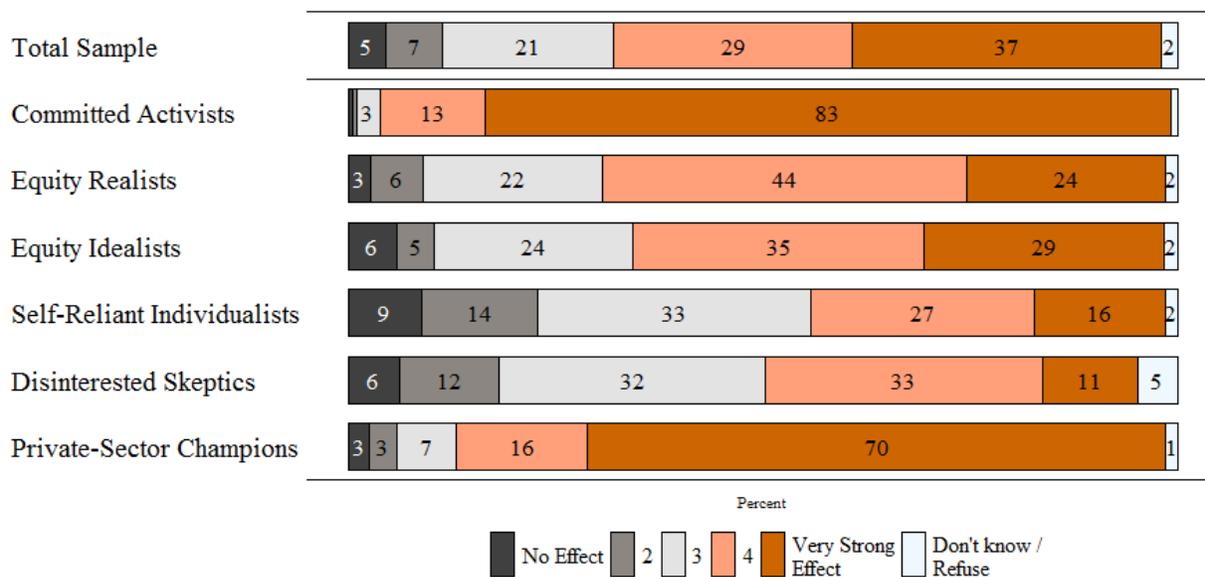
⁴⁵ Totals may not sum to 100 percent due to rounding.

5.3.6 Importance of Education

Figure B.5.3.6: 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.

Education⁴⁶



Thirty-seven percent of U.S. adults believe that education very strongly affects people’s health. An additional 29% believe that it strongly affects health. Committed Activists and Private-Sector Champions are much more likely to believe in its very strong effect. All other groups are much less likely to believe education very strongly affects one’s health.

⁴⁶ Totals may not sum to 100 percent due to rounding.

6. Importance of Other Types of Determinants of Health

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. In this regard, most U.S. adults believe that access to health care, having health insurance, genetic make-up, and smoking very strongly affect health, though only some believe that stress, air and water quality, and other personal health practices very strongly affect health.

6.1 Importance of Care Access

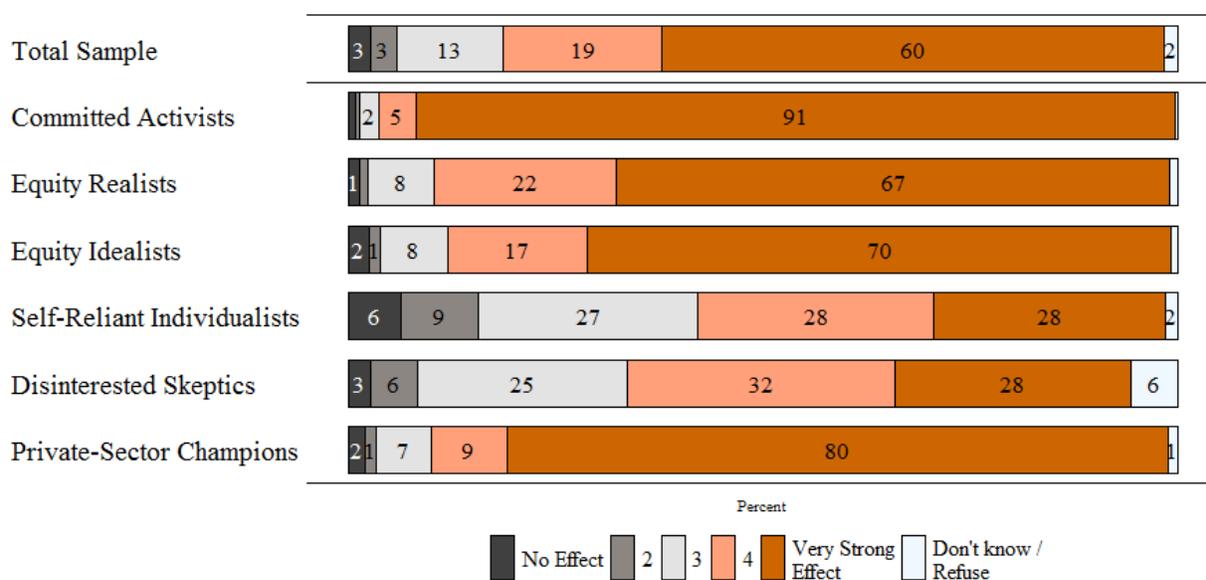
Overview: Most U.S. adults believe that access to health care and having health insurance very strongly affects health. Typically, Equity Idealists, Private-Sector Champions, and especially Committed Activists believe in the influence of health care access and health insurance, while Self-Reliant Individualists and Disinterested Skeptics are less likely to hold these views. Equity Realists are mixed, supporting the need for access to health care but resembling the sample in terms of health insurance.

6.1.1 Importance of Health Care Access

Figure B.6.1.1: 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 care⁴⁷



⁴⁷ Totals may not sum to 100 percent due to rounding.

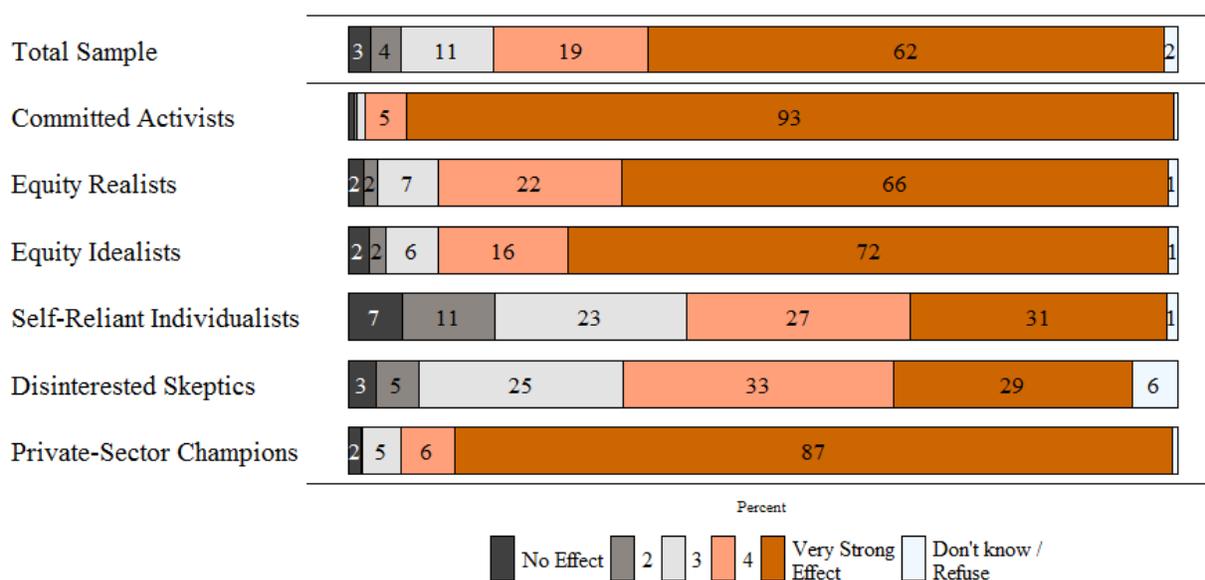
The majority of U.S. adults (60%) believe that access to health care very strongly affects health and an additional 19% believe that its effects are strong. Self-Reliant Individualists and Disinterested Skeptics are less likely to give the “very strong” response, while the other four groups, especially Committed Activists, are more likely.

6.1.2 Importance of Health Insurance Coverage

Figure B.6.1.2: 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 insurance⁴⁸



The results for health insurance coverage are very similar to the question on health care access. Sixty-two percent of U.S. adults believe that having health insurance very strongly affects people’s health. Self-Reliant Individualists and Disinterested Skeptics are less likely to respond with the “very strong” response, and Equity Idealists, Private-Sector Champions, and especially Committed Activists are more likely. Equity Realists reported similarly to the total sample.

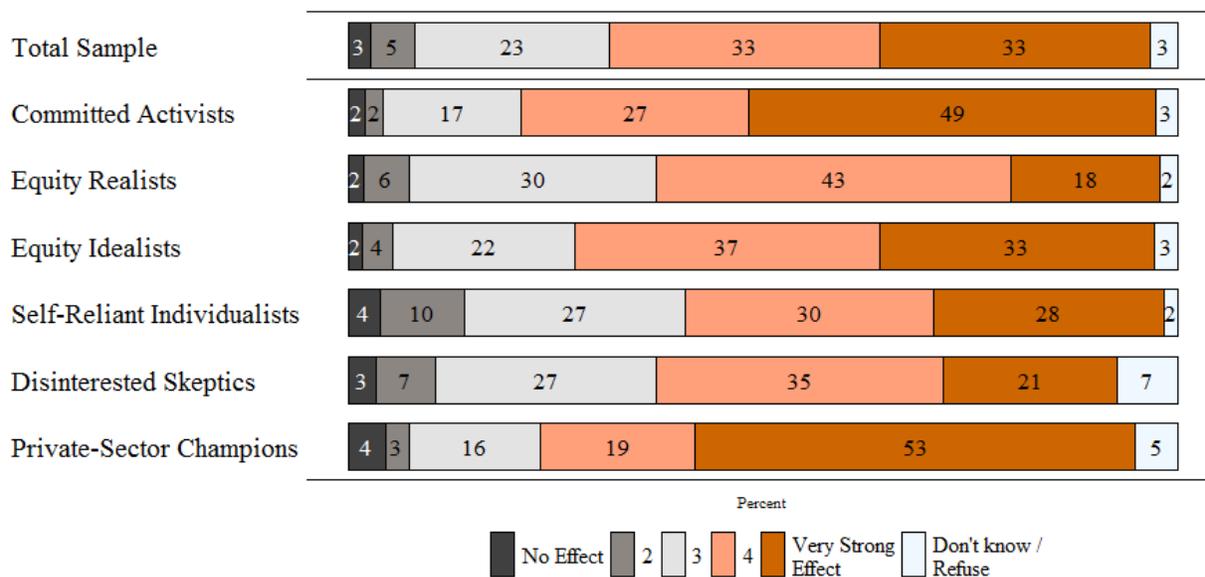
⁴⁸ Totals may not sum to 100 percent due to rounding.

6.2 Importance of Genetics

Figure B.6.2: 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 parents⁴⁹



Two-thirds of U.S. adults (66%) believe that genetic makeup inherited from parents either strongly or very strongly affects a person’s health. Equity Realists, Self-Reliant Individualists, and Disinterested Skeptics are less likely to say there is a strong effect, while Private-Sector Champions, Equity Idealists, and especially Committed Activists, are more likely.

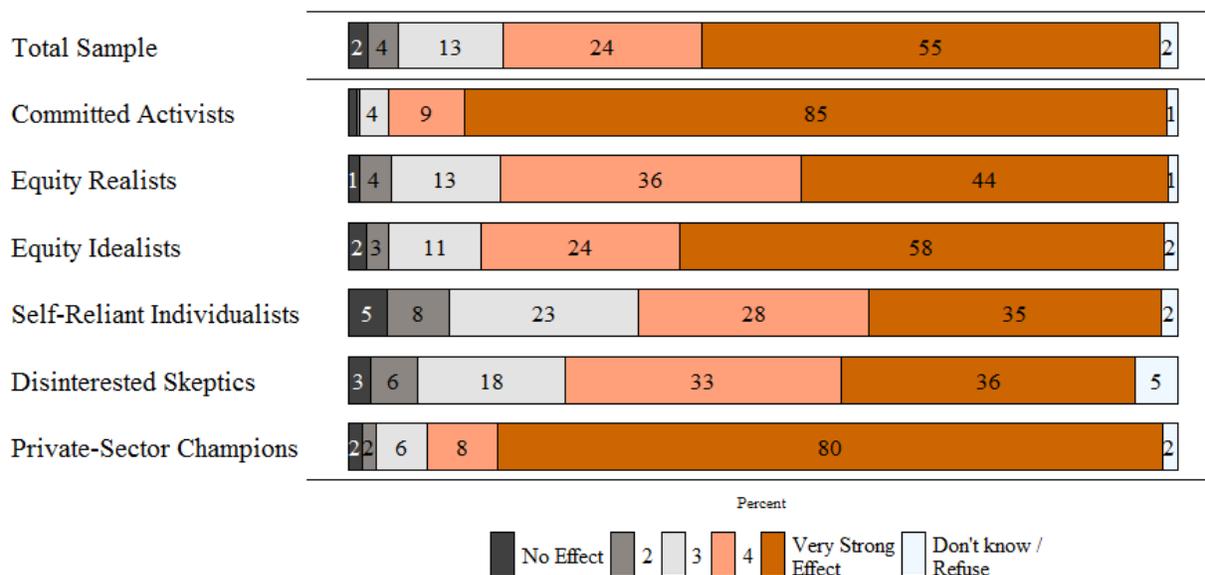
⁴⁹ Totals may not sum to 100 percent due to rounding.

6.3 Importance of Stress

Figure B.6.3: 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.

Stress⁵⁰



More than half of U.S. adults (55%) say stress has a very strong effect on health, and another 24% say that it strongly affects health. Committed Activists and Private-Sector Champions are more likely to say the effects of stress are very strong, while Self-Reliant Individualists and Disinterested Skeptics are less likely. Equity Realists and Equity Idealists reported similarly to the total sample.

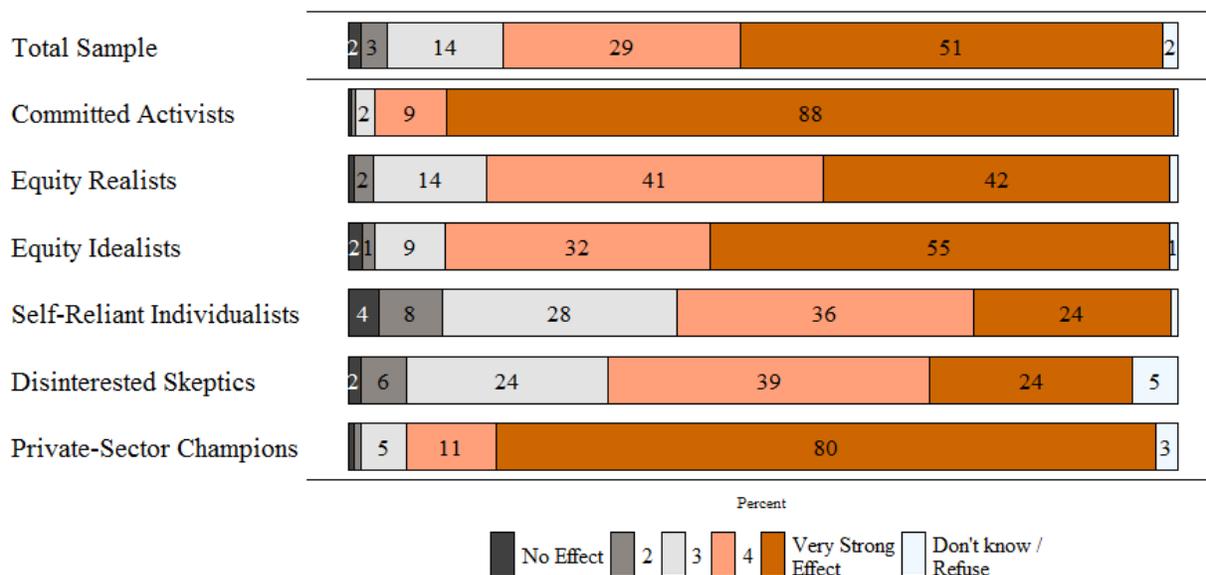
⁵⁰ Totals may not sum to 100 percent due to rounding.

6.4 Importance of Air and Water Quality

Figure B.6.4: 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*⁵¹



Slightly more than half of the total sample believe that air and water quality has a very strong effect on health. Committed Activists and Private-Sector Champions are much more likely to say the effect is strong, while Self-Reliant Individualists and Disinterested Skeptics are much less likely. Equity Realists are slightly less likely to believe the effect of air and water quality has a strong effect. Equity Idealists reported similarly to the total sample.

⁵¹ Totals may not sum to 100 percent due to rounding.

6.5 Importance of Personal Health Practices

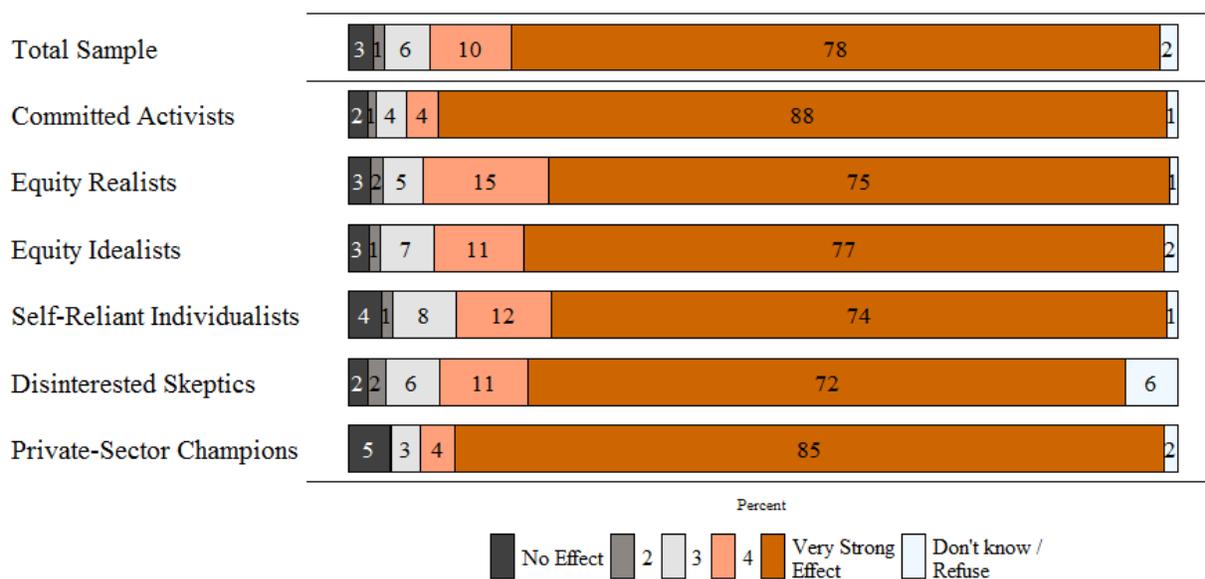
Overview: The overwhelming majority of U.S. adults in all groups agree that smoking has a very strong effect, but only slightly more than half believe that other personal health practices not including smoking have a similar, very strong effect.

6.5.1 Importance of Smoking

Figure B.6.5.1: 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.

Smoking⁵²



Eighty-eight percent of U.S. adults believe smoking either has a strong or very strong effect on health. The overwhelming majority of U.S. adults in all groups agree that it has a very strong effect. Committed Activists and Private-Sector Champions are slightly more likely to believe smoking has a strong or very strong effect on health, while Self-Reliant Individualists and Disinterested Skeptics are slightly less likely. The other groups reported similarly to the total sample.

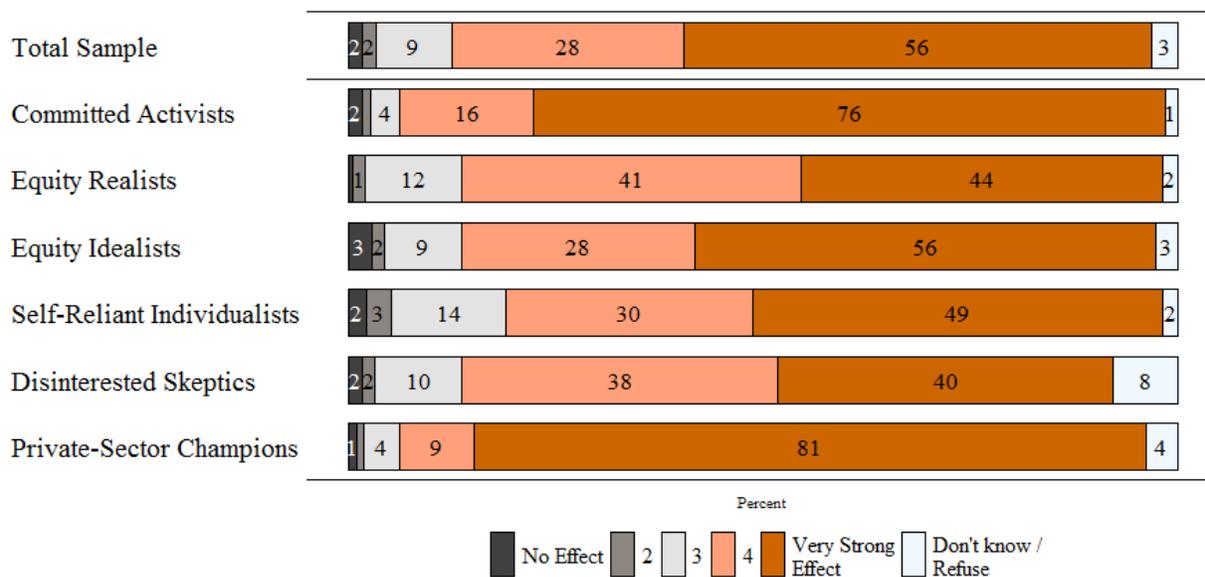
⁵² Totals may not sum to 100 percent due to rounding.

6.5.2 Importance of Personal Health Practices Other than Smoking

Figure B.6.5.2: 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)⁵³



Fifty-six percent of U.S. adults believe that personal health practices other than smoking have a very strong effect on health. Committed Activists and Private-Sector Champions are much more likely to say that these practices very strongly affect health, while Equity Realists, Self-Reliant Individualists, and Disinterested Skeptics are slightly less likely. Equity Idealists resembled the total sample.

⁵³ Totals may not sum to 100 percent due to rounding.

7. Role of Government

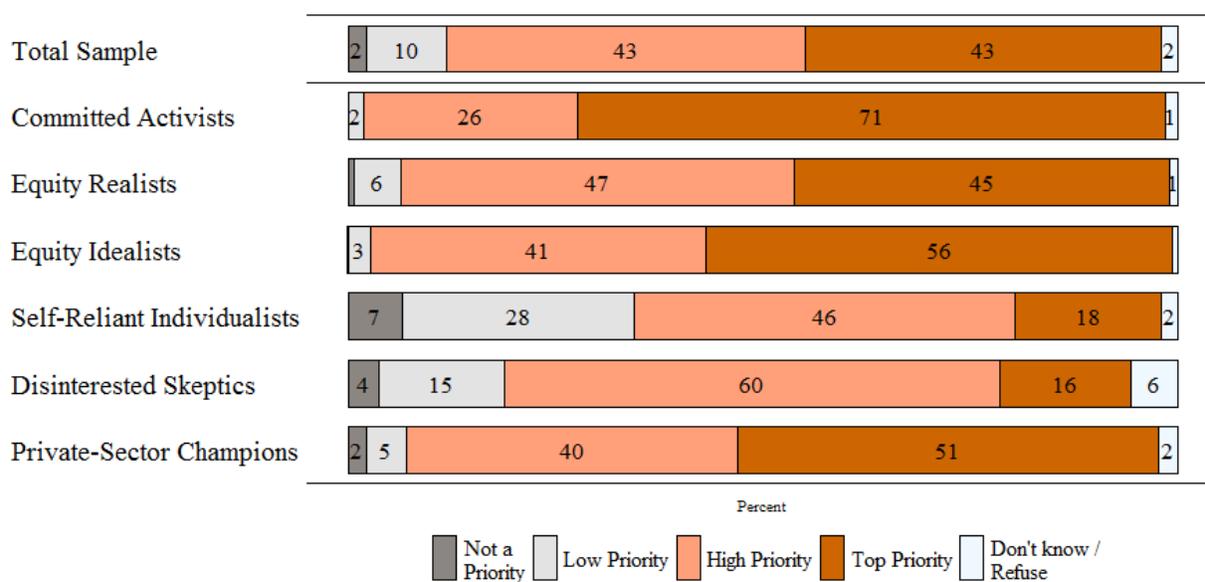
Overview: This portion of the report presents findings on attitudes toward the role of government in health. Overall, we found that U.S. adults generally favor an active government role in health although there are significant differences between the groups on the issue. Most U.S. adults believe that health should be a top or high priority for the federal government, that government generally (across levels) should do more to make U.S. adults healthier and that building healthy communities should be a high or top priority with government taking an active role. Typically, Committed Activists, Equity Realists, and Equity Idealists are more likely to favor some form of government role, while Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are less likely to do so. The Private-Sector Champions differ from the other two limited government groups, however, in that their views are less doctrinaire. They are more likely to believe that health should be a top or high priority for the federal government and more likely to attach top or high priority to building healthy communities even though many would like to see private individuals and groups taking the lead for this work.

7.1 Health as Priority for Federal Government

Figure B.7.1: 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 people⁵⁴



⁵⁴ Totals may not sum to 100 percent due to rounding.

Forty-three percent of U.S. adults believe that improving the health of U.S. adults should be a top priority for the President and Congress to address. An additional 43% believe that this is a high priority. The “top priority” response was selected for our cluster analysis work in comparing the groups. Committed Activists are much more likely to believe this should be a top priority. Equity Realists resembled the total sample in this belief. Self-Reliant Individualists and Disinterested Skeptics are much less likely to believe this.

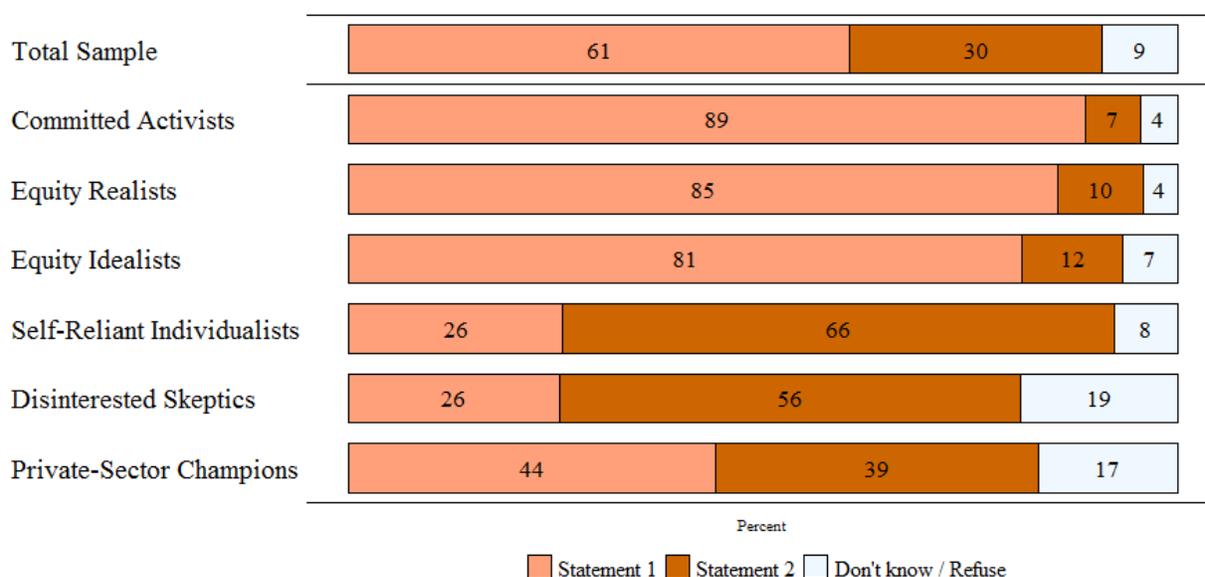
7.2 Government Role Generally

Figure B.7.2: 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.⁵⁵



Over half (61%) of U.S. adults believe that the government should do more to make sure that U.S. adults are healthier, even if it costs the taxpayers more. Committed Activists, Equity Realists, and Equity Idealists are much more likely to hold this view. Self-Reliant Individualists and Disinterested Skeptics are much less likely.

⁵⁵ Totals may not sum to 100 percent due to rounding.

7.3 Priority of Building Healthy Communities

Overview: Most U.S. adults feel that community health, food safety, outdoor spaces, and decent housing should be a high or top priority.

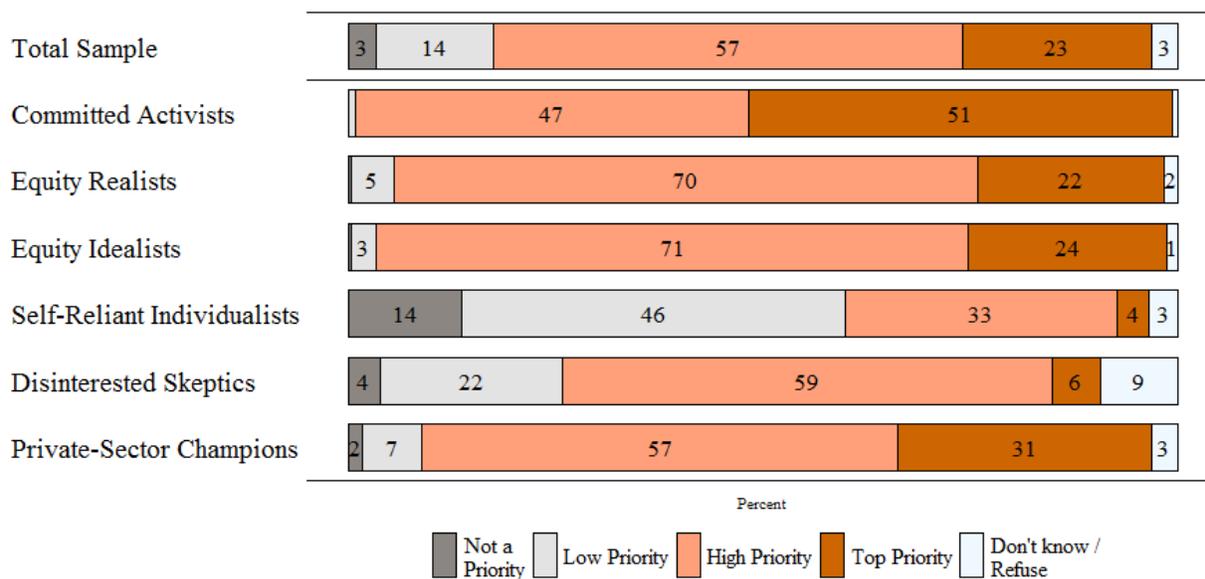
Committed Activists, Equity Realists, Equity Idealists, and Private-Sector Champions believe very strongly that making sure all communities are healthy, the availability of healthy foods, and safe outdoor spaces are a high or top priority for healthy community building. Along with Disinterested Skeptics, they also believe that decent housing should be a priority. However, Self-Reliant Individualists consistently do not view these aspects of community health-building as top or high priorities.

7.3.1 Priority of Building Healthy Communities in General

Figure B.7.3.1: 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)⁵⁶



Eighty percent of U.S. adults believe that making sure all communities are healthy places for people to live should be a high or top priority. We used high or top priority to compare the groups in the cluster analysis. Self-Reliant Individualists are least likely to believe that building of healthy communities is a top or high priority, but Committed Activists, Equity Realists, Equity Idealists, and Private-Sector Champions all believe that this is a high or top priority.

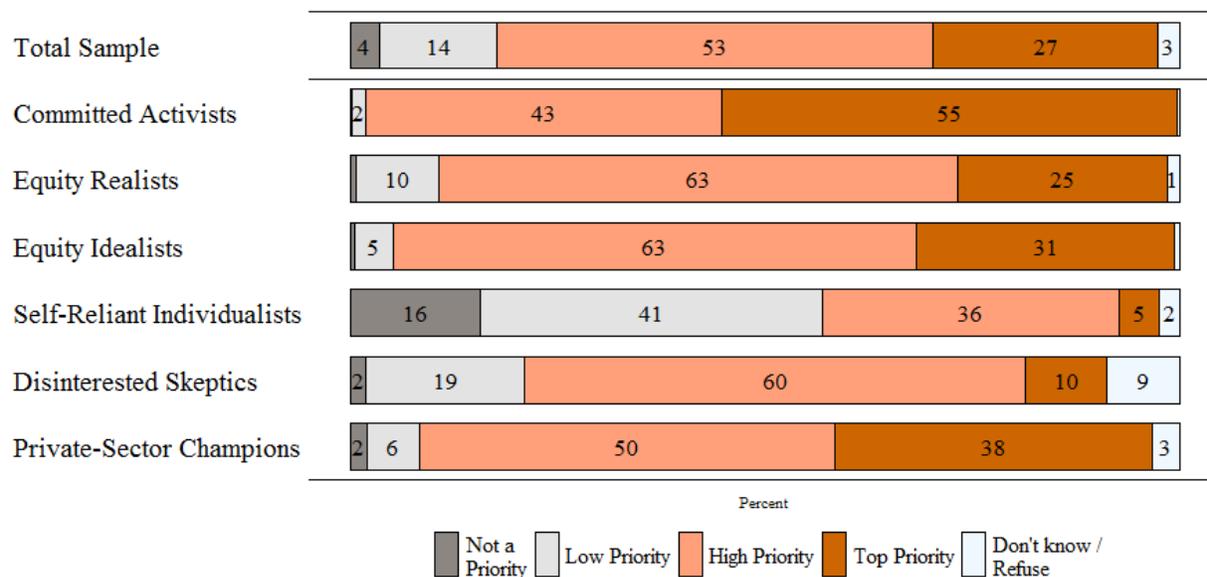
⁵⁶ Totals may not sum to 100 percent due to rounding.

7.3.2 Priority of Ensuring Healthy Food Availability

Figure B.7.3.2: 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)⁵⁷



Eighty percent of U.S. adults believe that making sure healthy foods are available should be a top or high priority. Committed Activists are much more likely to agree that this should be a priority, along with Equity Idealists, Equity Realists, and Private-Sector Champions, while Disinterested Skeptics and Self-Reliant Individualists are less likely to agree.

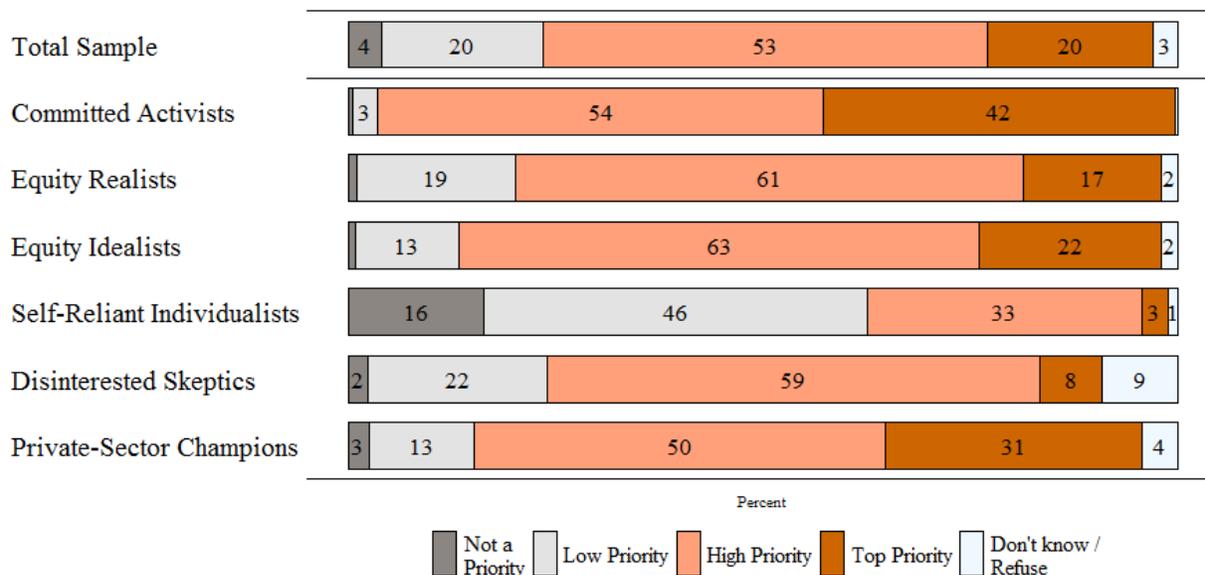
⁵⁷ Totals may not sum to 100 percent due to rounding.

7.3.3 Priority of Ensuring Safe, Outdoor Places for Activity

Figure B.7.3.3: 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)⁵⁸



Seventy-three percent of U.S. 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. Committed Activists are more likely to agree, followed by Equity Idealists, Private-Sector Champions, and Equity Realists, while Disinterested Skeptics and Self-Reliant Individualists are less likely to agree.

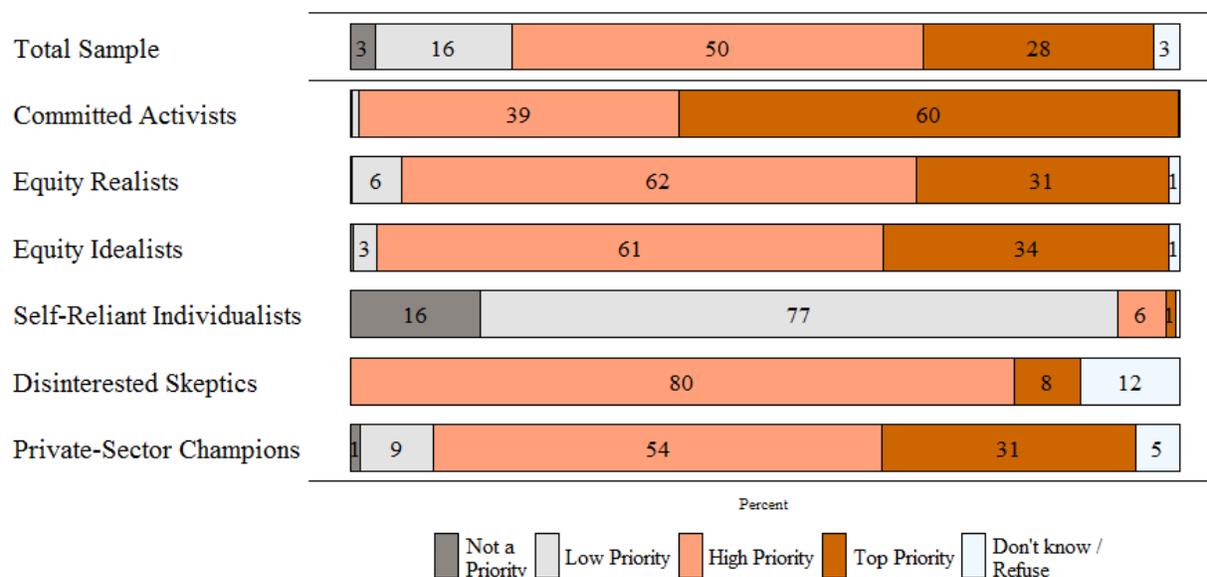
⁵⁸ Totals may not sum to 100 percent due to rounding.

7.3.4 Priority of Ensuring Decent Housing Availability

Figure B.7.3.4: 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).⁵⁹



Seventy-eight percent of U.S. adults believe decent housing for all in need should be a high or top priority in the United States. Committed Activists and Equity Idealists are most likely to believe this, but Equity Realists, Disinterested Skeptics, and Private-Sector Champions also view housing as a high or top priority. Conversely, Self-Reliant Individualists are much less likely to prioritize decent housing.

7.4 Responsibility for Building Healthy Communities

Overview: In addition to asking about the level of priority to be given to building healthy communities, we asked who should take responsibility: the government or private individuals, businesses, and groups acting on their own. This was asked about each of four aspects related to building healthy communities—building of healthy communities generally, 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 U.S. adults see a role for government across the board, either acting on its own or in concert with private individuals and groups. Committed Activists, Equity Realists, and Equity Idealists are more likely to believe that government needed to play a role.

⁵⁹ Totals may not sum to 100 percent due to rounding.

Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are less likely to believe that the government should play a role; they are more likely to favor private-sector involvement.

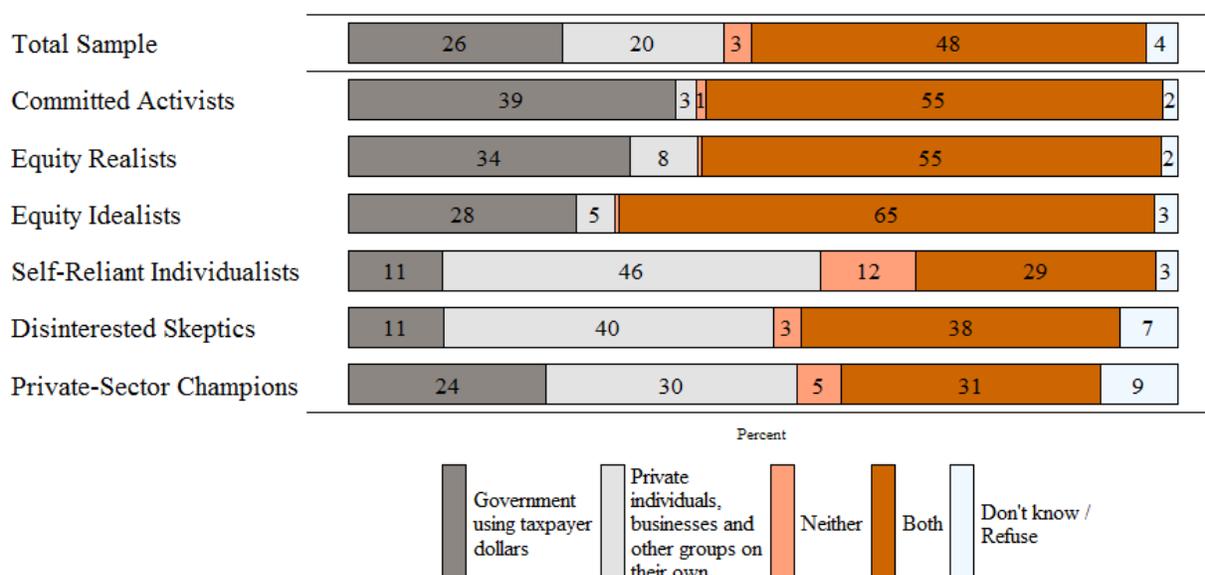
7.4.1 Responsibility for Building Healthy Communities Generally

Figure B.7.4.1: Responsibility for Building Healthy Communities Generally

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.

Who should have main responsibility for this? (Choose one).^{60,61}



Twenty-six percent of U.S. adults believe the responsibility to make sure that all communities are healthy places should fall on the government, and 48% believe it should fall on the government and the private sector. Committed Activists, Equity Realists, and Equity Idealists are more likely to believe the responsibility falls on the government or both sectors. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are much less likely; they are much more likely to favor a role for the private sector.

⁶⁰ Totals may not sum to 100 percent due to rounding.

⁶¹ Only those who said making sure that all communities are healthy places for people to live is a top, high, or low priority were asked this question.

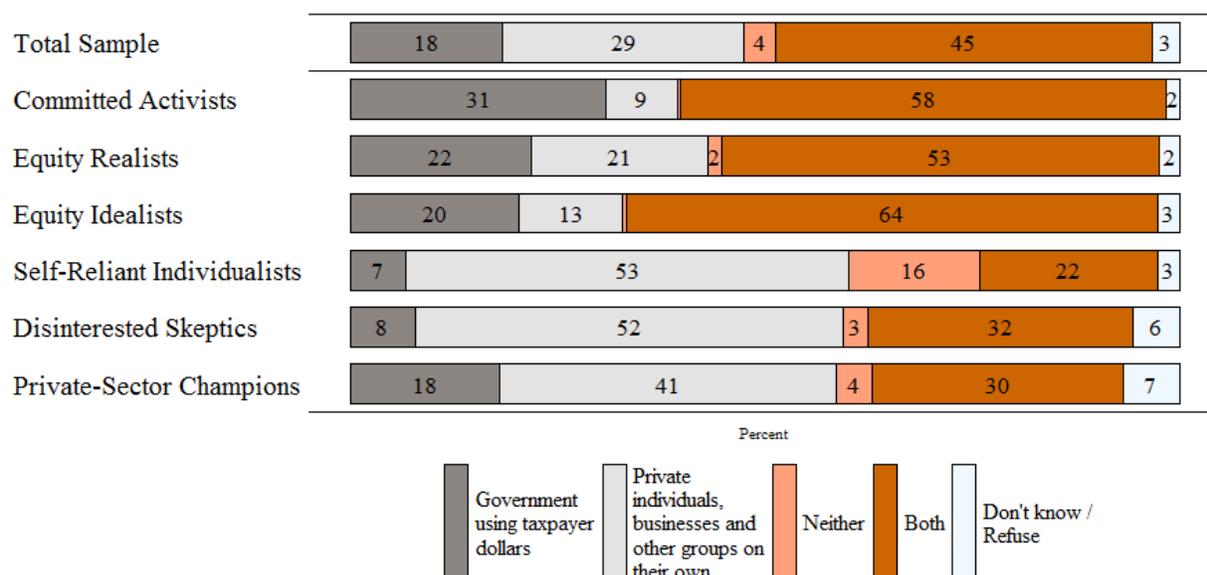
7.4.2 Responsibility for Ensuring Healthy Food Availability

Figure B.7.4.2: Responsibility for 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.

Who should have main responsibility for this? (Choose one).^{62, 63}



Eighteen percent of respondents said that the government should be responsible for making sure that healthy foods are for sale at affordable prices; and 45% said the government and private sector should be both responsible. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are less likely to agree, while Committed Activists, Equity Realists, and Equity Idealists are more likely to agree. Self-Reliant Individualists are most likely to favor a role for the private sector.

⁶² Totals may not sum to 100 percent due to rounding.

⁶³ Only those who said making sure that healthy foods are for sale at affordable prices in communities where they are not is a top, high, or low priority were asked this question.

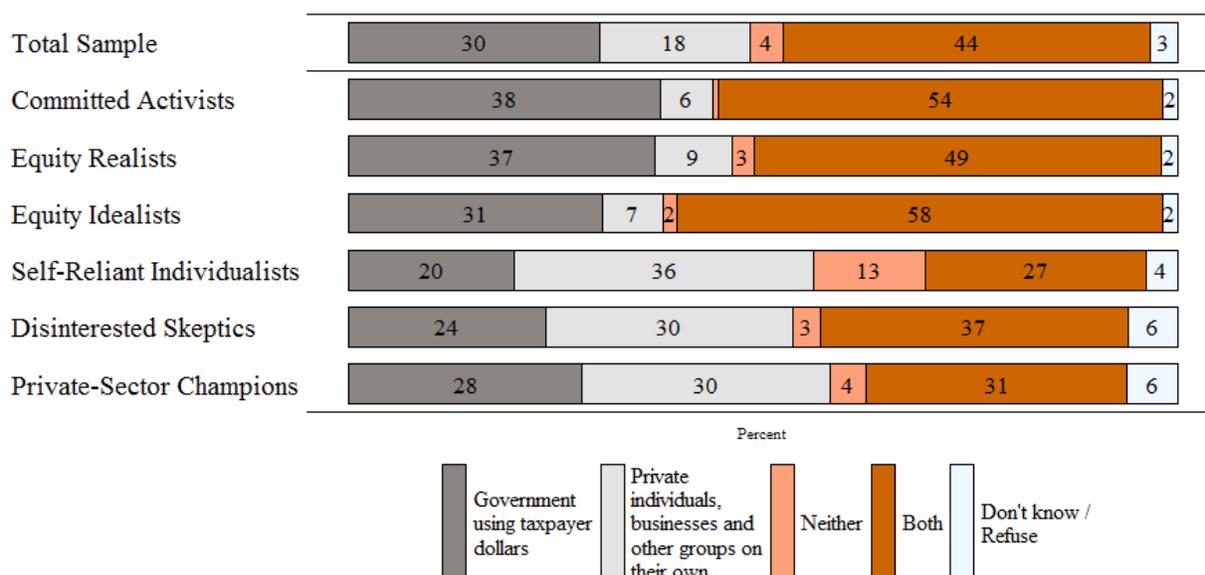
7.4.3 Responsibility for Ensuring Safe, Outdoor Places for Activity

Figure B.7.4.3: Responsibility for 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.

Who should have main responsibility for this? (Choose One).^{64, 65}



Thirty percent of U.S. adults said that the government should be responsible for making sure that there are safe, outdoor places to walk and be physically active, and 44% believe that both the government and the private sector should work together. Committed Activists, Equity Realists, and Equity Idealists are even more likely to hold this view, while Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are less likely.

⁶⁴ Totals may not sum to 100 percent due to rounding.

⁶⁵ Only those who said making sure that there are safe, outdoor places to walk and be physically active in communities where there aren't any is a top, high, or low priority were asked this question.

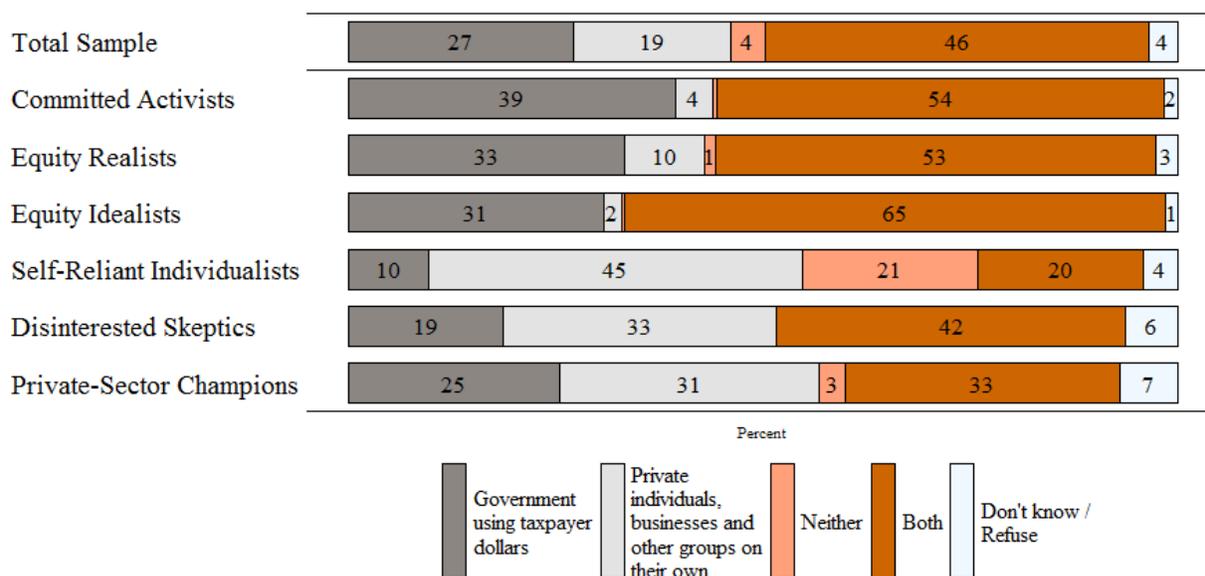
7.4.4 Responsibility for Ensuring Decent Housing Availability

Figure B.7.4.4: Responsibility for 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.

Who should have main responsibility for doing this? (Choose one).^{66, 67}



Twenty-seven percent of U.S. adults feel that the responsibility for decent housing should fall on the government. Forty-six percent believe that both private sector and government should be responsible. Equity Idealists are the most likely to take these positions, followed by Committed Activists and Equity Realists. Disinterested Skeptics, Private-Sector Champions, and Self-Reliant Individualists are all less likely than the total sample to see a role for the government; Self-Reliant Individualists are also most likely to believe the private sector should have responsibility.

⁶⁶ Totals may not sum to 100 percent due to rounding.

⁶⁷ Only those who said making sure that there is decent housing available for everyone who needs it is a top, high, or low priority were asked this question.

8. Collective Efficacy

Overview: This portion of the report presents findings on collective efficacy, the idea that members of a community have the ability to accomplish change together, and in the context of building a Culture of Health, specifically to create a healthier place to live.

8.1 Collective Efficacy

Figure B.8.1: Ease of Affecting Community Change

Which of these statement do you agree with most?

Statement 1: If people in my community worked together it would be easy to make it a healthier place to live.

Statement 2: If people in my community worked together it would not be easy, but it would be possible to make it a healthier place to live.

Statement 3: Even if people in my community worked together, it would be impossible to make it a healthier place to live.⁶⁸



Thirty-eight percent of U.S. adults agree that change is easy to accomplish if people work together to affect it. Another 52% agree that it may not be easy but is possible. Private-Sector Champions and Committed Activists are more likely to agree. Equity Idealists resemble U.S. adults generally. Self-Reliant Individualists, Equity Realists, and Disinterested Skeptics are less likely to agree.

⁶⁸ Totals may not sum to 100 percent due to rounding.

9. Civic Engagement on Health

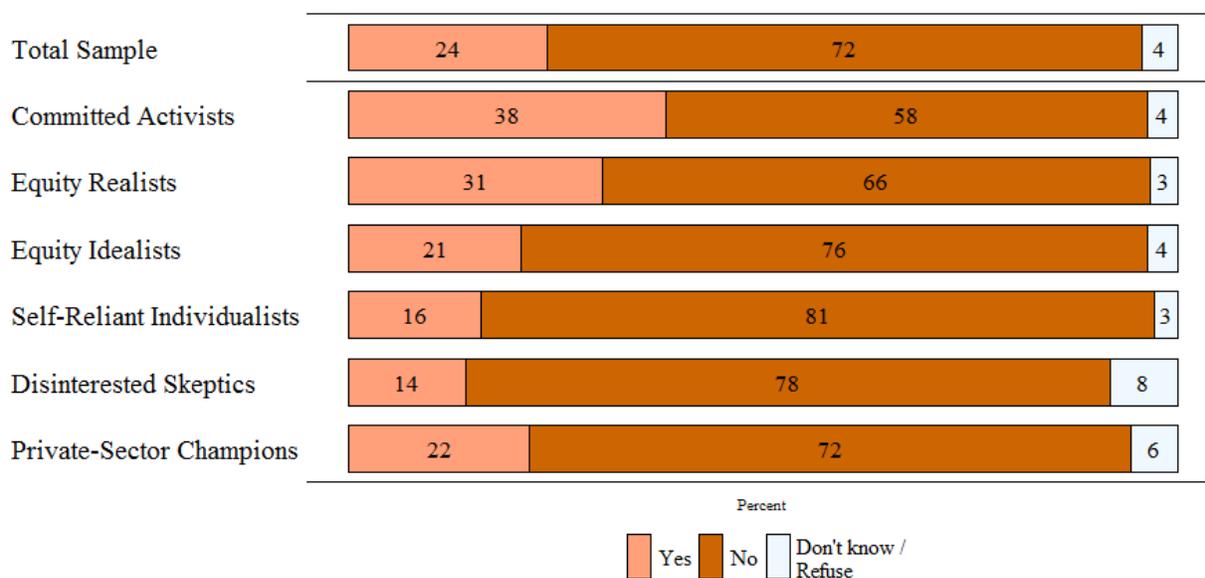
Overview: The groups are differentiated by their health-related civic engagement behaviors (e.g., contributing time or money to candidates based on a health concern, contacting a media outlet about health issues, contacting a public official about health issues, voting based on health issues, and volunteering and/or donating to health charities). These data are presented in the displays that follow. We found that Committed Activists and Equity Realists are more likely to report a high degree of civic engagement around health. Disinterested Skeptics and Equity Idealists are less likely than U.S. adults generally to report a high degree of civic engagement.

9.1 Contributed This Year to Political Candidate or Organization

Figure B.9.1: 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 issue⁶⁹



In the past year, 24% of U.S. adults say that they have contributed money or time to a candidate or an organization based on concern about a health issue. Committed Activists and Equity Realists are more likely to have contributed, while adults in the remaining groups are less likely.

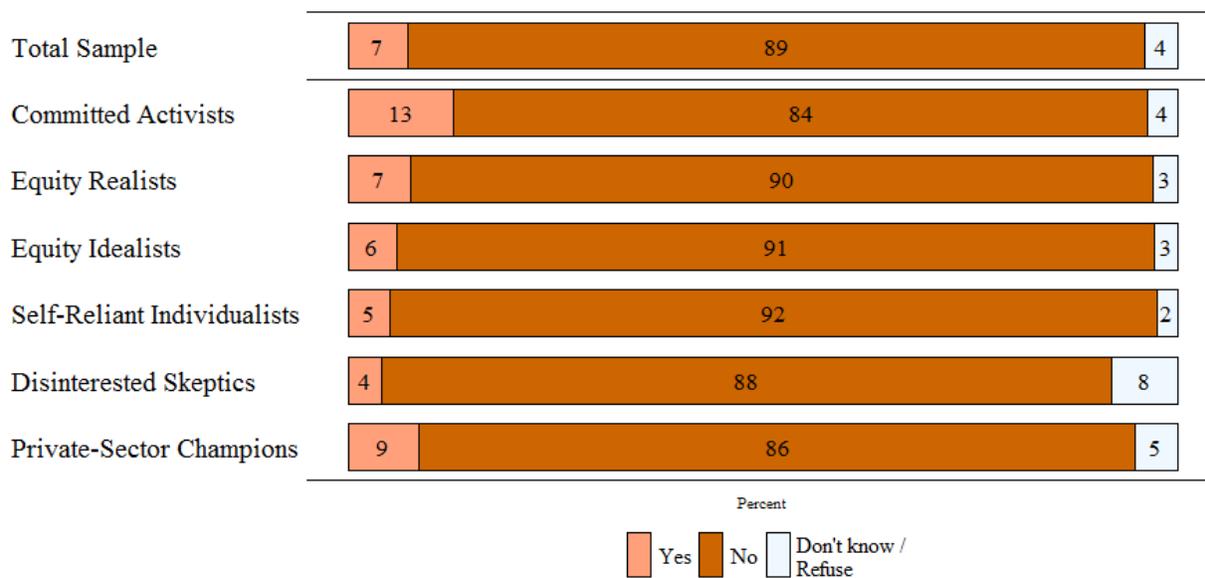
⁶⁹ Totals may not sum to 100 percent due to rounding.

9.2 Contacted Media Outlet

Figure B.9.2: 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 issue⁷⁰



Only about 7% of U.S. 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. Disinterested Skeptics are slightly less likely. Those in the rest of the groups resemble the total sample.

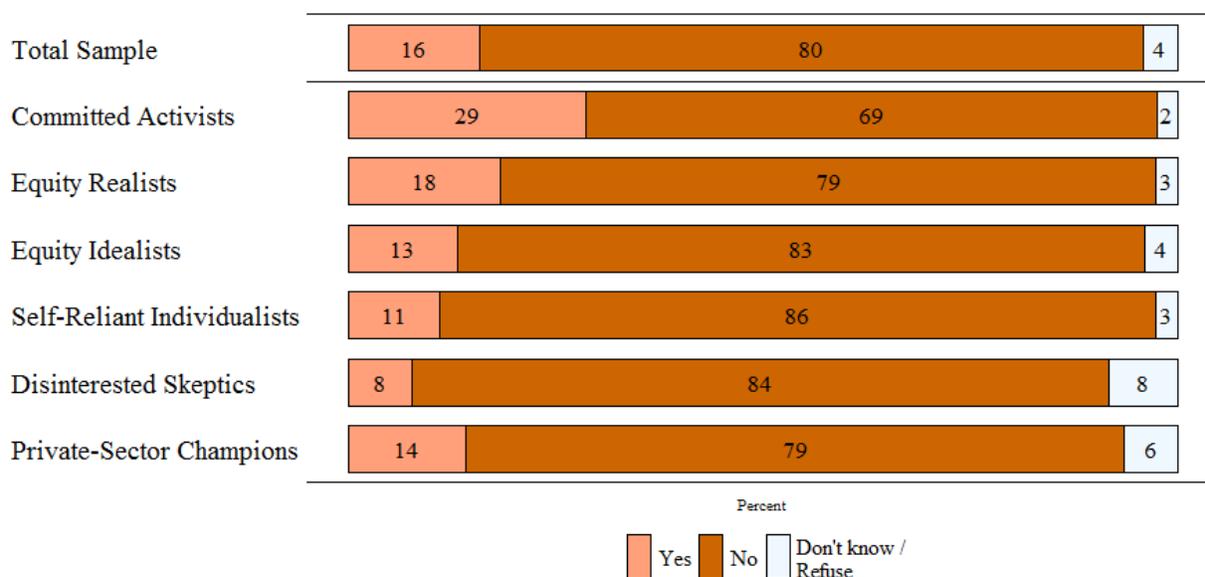
⁷⁰ Totals may not sum to 100 percent due to rounding.

9.3 Contacted Public Official

Figure B.9.3: 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 issue⁷¹



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

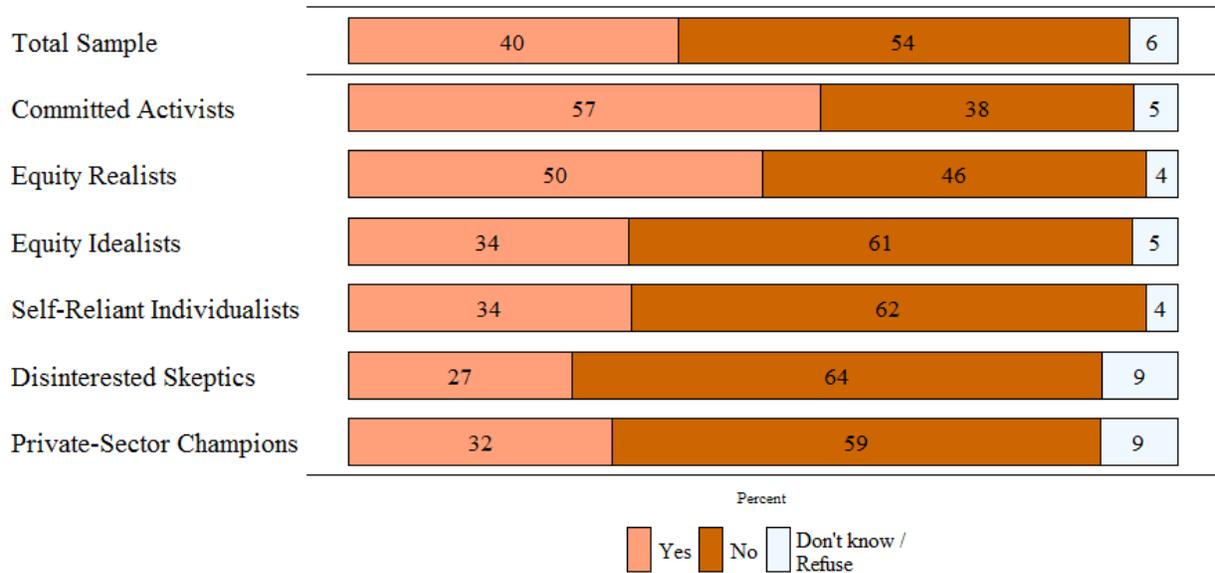
⁷¹ Totals may not sum to 100 percent due to rounding.

9.4 Voted For/Against Candidate

Figure B.9.4: 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 issue⁷²



Forty percent of U.S. adults say that they have voted for or against a candidate because of his or her position on a health issue. Committed Activists and Equity Realists are more likely to have done so. The other groups are less likely.

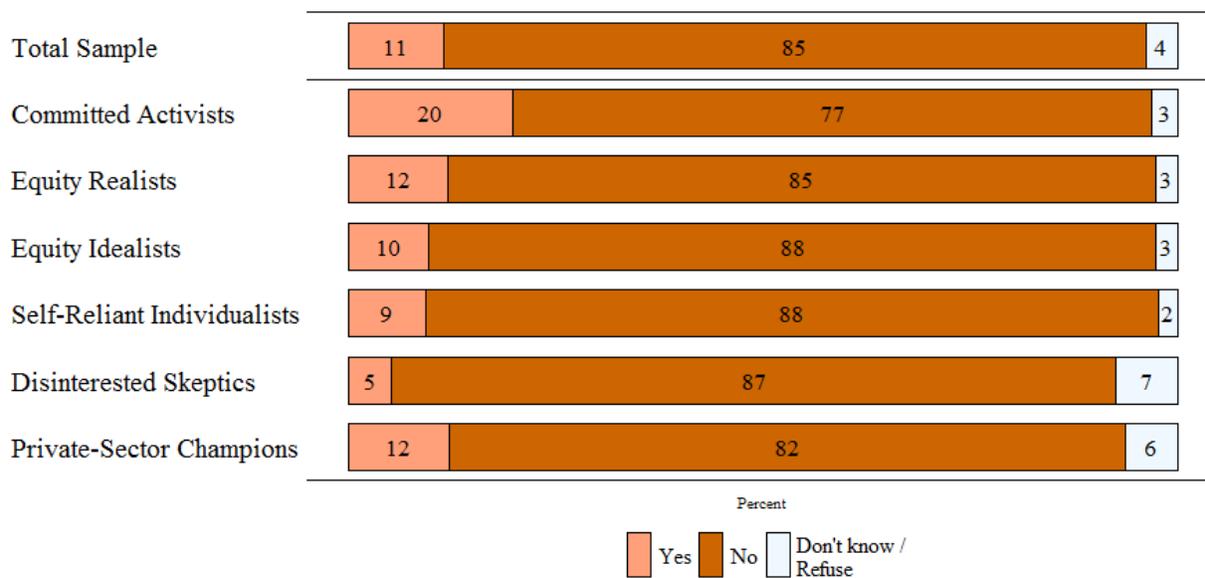
⁷² Totals may not sum to 100 percent due to rounding.

9.5 Participated In Forum or Meeting

Figure B.9.5: 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.⁷³



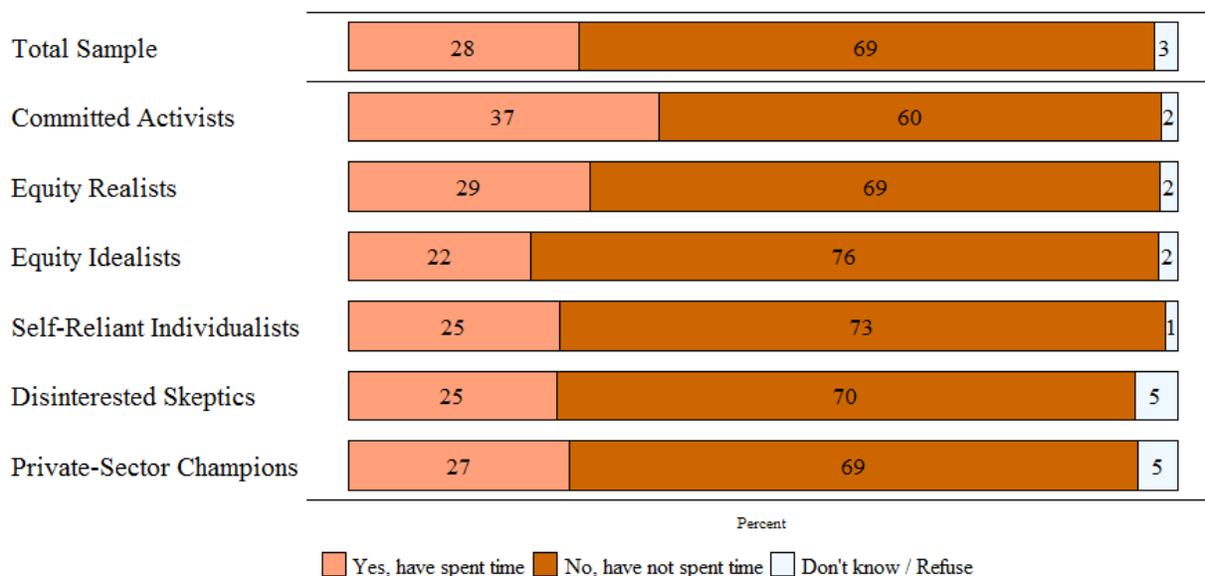
In the past year, 11% of U.S. adults have participate in a forum or town meeting about a health issue. Committed Activists are more likely to have done so, while Disinterested Skeptics, Self-Reliant Individualists, and Equity Idealists are less likely.

⁷³ Totals may not sum to 100 percent due to rounding.

9.6 Participated In Volunteer/Charitable Activity

Figure B.9.6: 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?⁷⁴



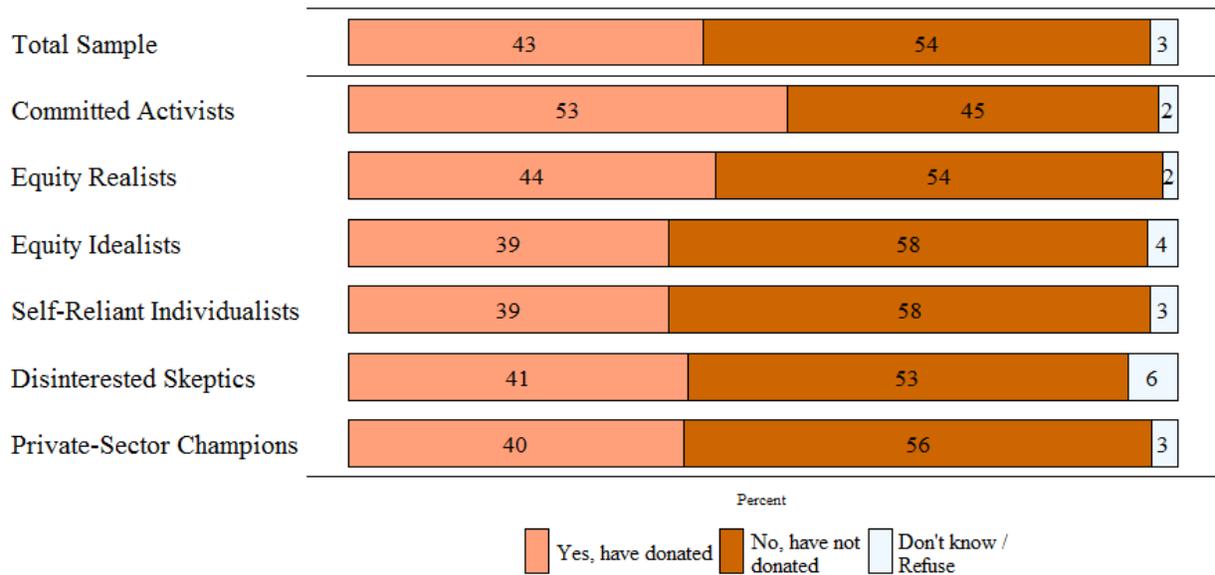
Twenty-eight percent of U.S. adults have spent time in the past 12 months participating in health-related volunteer or charitable activity in their communities. Committed Activists are most likely to have done this, while the other groups resemble U.S. adults in general.

⁷⁴ Totals may not sum to 100 percent due to rounding.

9.7 Donated Money to Volunteer/Charitable Activity

Figure B.9.7: 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?⁷⁵



Forty-three percent of U.S. adults report that that they have donated to a health-related charity or volunteer group. While a little over half of Committed Activists have donated in this regard, Equity Realists more closely resemble the total sample, and all other groups are slightly less likely to donate to health-related volunteer or charitable organizations.

⁷⁵ Totals may not sum to 100 percent due to rounding.

C. Detailed Findings: Additional Health Values and Beliefs That Help Describe the Groups

This section describes the findings from the new health value and belief measures added to the 2020 survey. In order to maintain analytic procedures from the 2016 typology, these measures were not used to develop the groups, but instead were used to help us to describe the groups in important new ways. New items explored income inequality, moral obligation, health care and other health disparities, equality of opportunity, and the role of government in health.

1. Equity and Solidarity Values: Importance of Reducing Income Inequality

Overview: New items in this section measure overall recognition on income inequality as an issue and the role of government in addressing this.

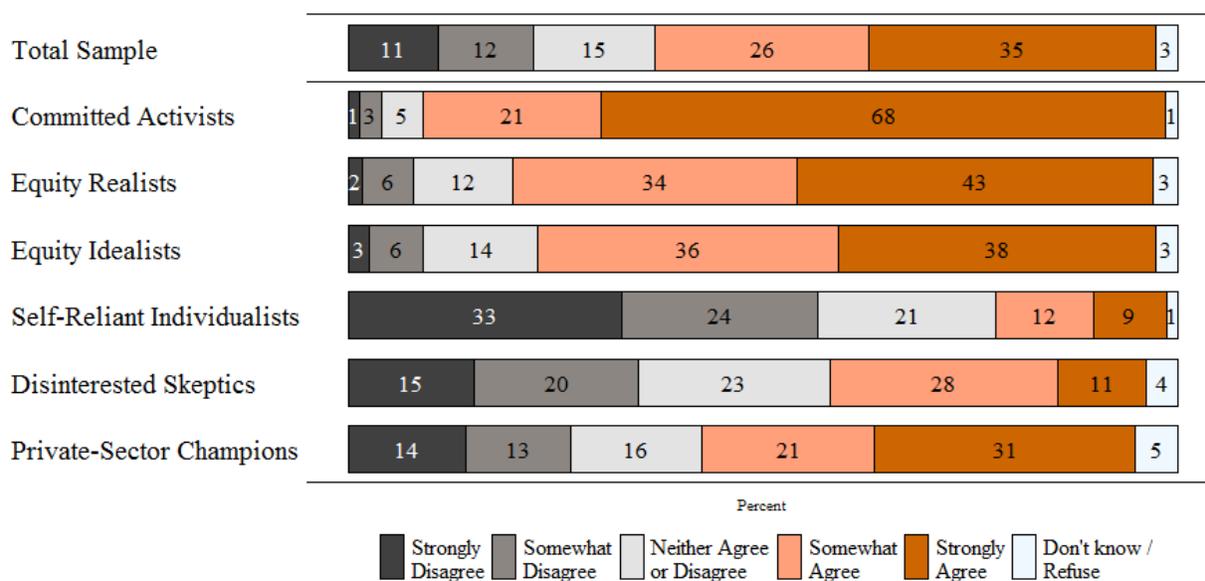
About a third of U.S. adults strongly agree that our country should do whatever is necessary to reduce the large differences in income that exist among adults in the U.S. and most believe that the government should have the main responsibility for addressing this issue.

1.1 Importance of Reducing Income Inequality

Figure C.1.1: Importance of Reducing Income Inequality

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

Our country should do whatever is necessary to reduce the large differences in income that exist among Americans.⁷⁶



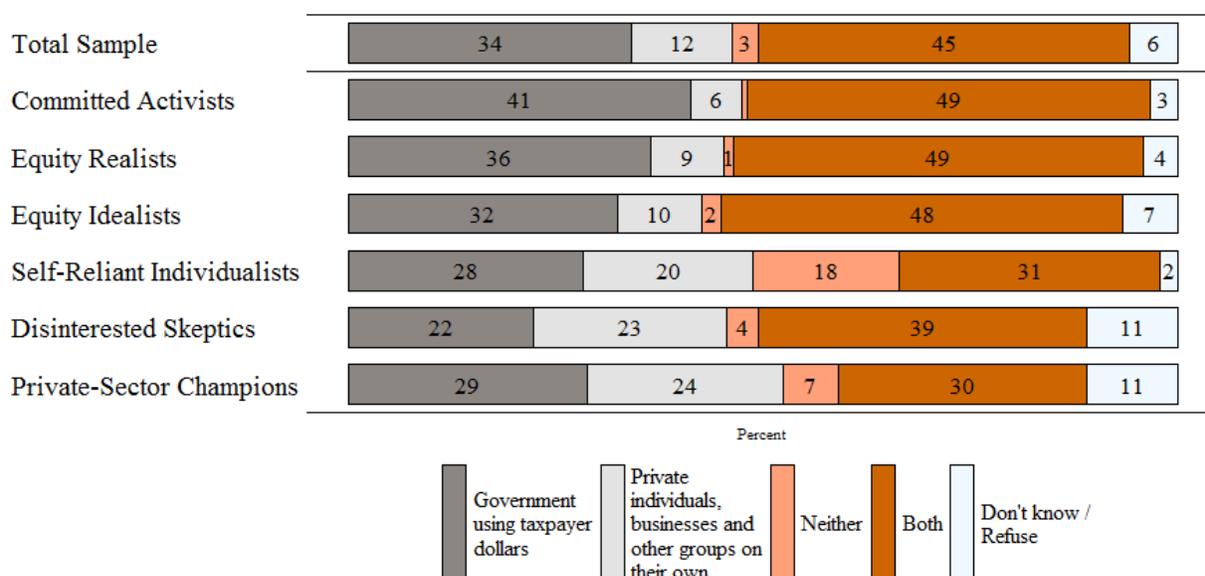
⁷⁶ Totals may not sum to 100 percent due to rounding.

A little over a third of U.S. adults (35%) strongly agree that our country should do whatever is necessary to reduce the large differences in income that exist among adults in the U.S. Committed Activists are almost twice as likely as U.S. adults in general to agree with the need to reduce income inequality, with Equity Realists only slightly more likely to agree. Self-Reliant Individualists and Disinterested Skeptics are much less likely to agree, but Equity Idealists and Private-Sector Champions more closely resemble the total sample.

1.2. Role of Government in Reducing Income Inequality

Figure C.1.2: Role of Government in Reducing Income Inequality

Who should have the main responsibility for making sure that something is done about the large differences in income within the country? (Choose one)^{77, 78}



The vast majority (79%) of U.S. adults believe that the government, either alone or in partnership with others, should have the main responsibility for making sure that something is done about the large differences in income within the country, using taxpayer dollars. Committed Activists are more likely than other U.S. adults to place this responsibility either solely or partially on the government, followed by Equity Realists. Equity Idealists resemble the total sample, but Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are less likely to favor a government role in addressing income inequality and more likely to view this as a responsibility for private individuals, businesses, and other groups.

⁷⁷ Totals may not sum to 100 percent due to rounding.

⁷⁸ Only those who somewhat or strongly agreed that our country should do whatever is necessary to reduce the large differences in income that exist among Americans were asked this question.

2. Moral Obligation

Overview: In 2020 a new topic and several measures were added that focused on moral obligation, a central tenet of many of our religious and spiritual traditions. These items explored respondents’ sense of moral obligation to help the poor, the sick, and the old, and to be compassionate to others.

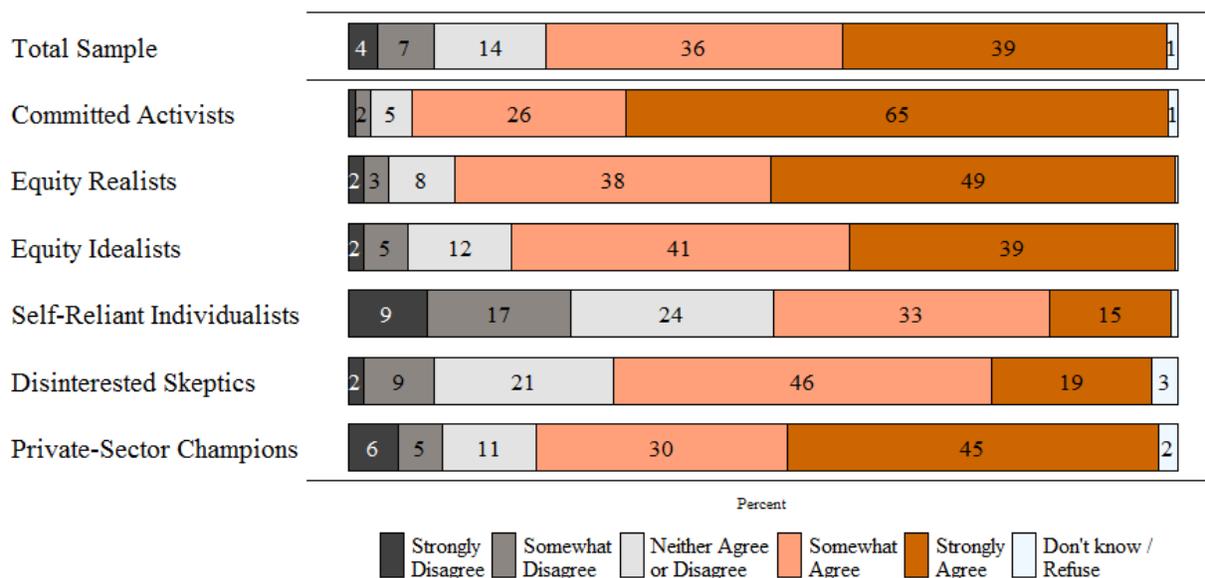
Most Committed Activists, Equity Realists and Private-Sector Champions feel a strong sense of moral obligation to help the poor, the sick, and the old and to be compassionate to others. Equity Idealists ascribe to most of these views but tend to resemble the total sample in terms of help for the poor. Disinterested Skeptics and Self-Reliant Individualists are much less likely to feel a sense of more obligation related to any of these groups.

2.1. Moral Obligation to Help the Poor

Figure C.2.1: Moral Obligation to Help the Poor

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

We all have a moral obligation to help the poor⁷⁹



More than a third (39%) of U.S. adults strongly agree that we all have a moral obligation to help the poor. Almost two-thirds of Committed Activists ascribe to this moral obligation, as do close to half of the Equity Realists (49%) and Private-Sector Champions (45%). Equity Idealists tend to resemble the total sample, though Disinterested Skeptics and Self-Reliant Individualists are much less likely to feel a strong obligation to help the poor.

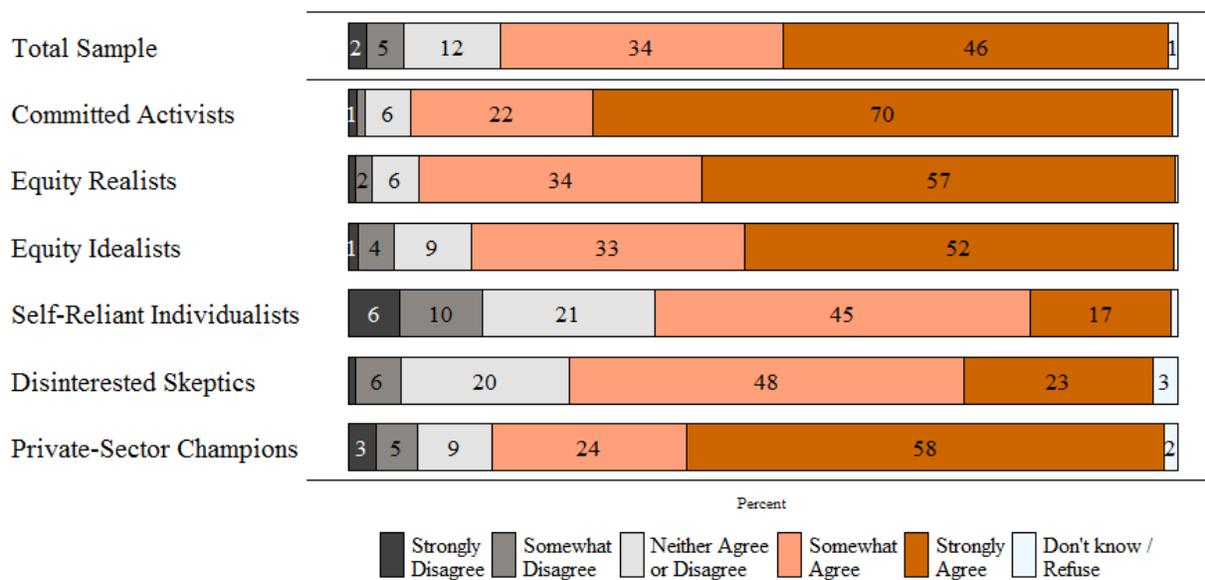
⁷⁹ Totals may not sum to 100 percent due to rounding.

2.2. Moral Obligation to Care for the Sick

Figure C.2.2: Moral Obligation to Care for the Sick

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

We all have a moral obligation to take care of the sick⁸⁰



Almost half (46%) of U.S. adults strongly agree that we all have a moral obligation to care for the sick. Most Committed Activists ascribe to this moral obligation, as do close to half of Equity Realists, Equity Idealists, and Private-Sector Champions. Disinterested Skeptics and Self-Reliant Individualists are much less likely to feel an obligation to care for the sick.

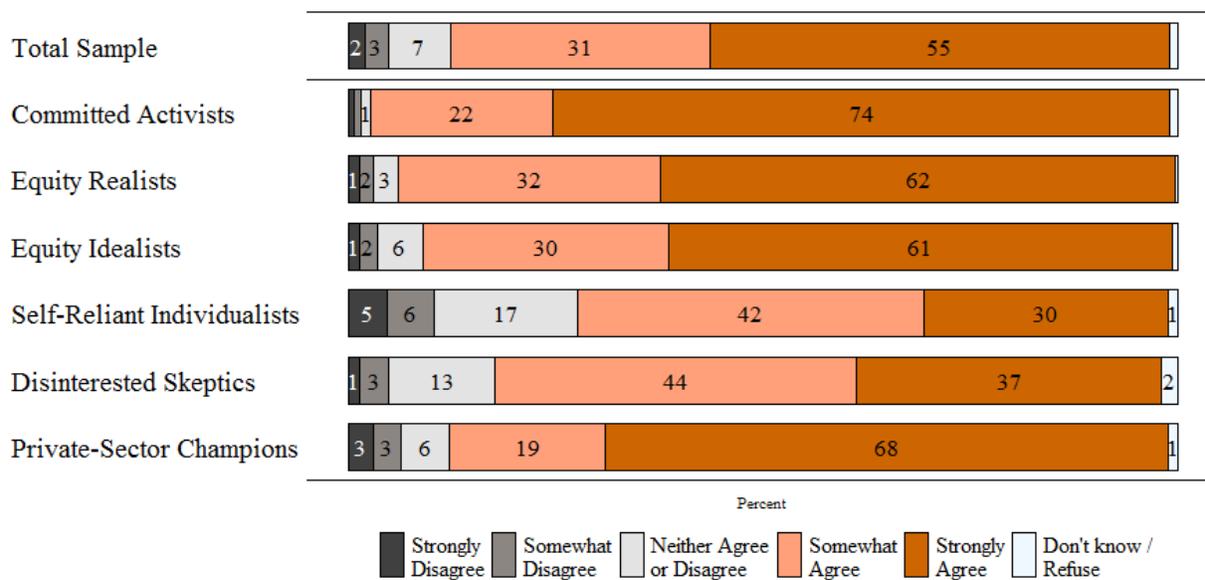
⁸⁰ Totals may not sum to 100 percent due to rounding.

2.3. Moral Obligation to Care for the Old

Figure C.2.3: Moral Obligation to Care for the Old

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

We all have a moral obligation to take care of the old⁸¹



More than half (55%) of U.S. adults strongly agree that we all have a moral obligation to care for the old. Most Committed Activists, Equity Realists, Equity Idealists, and Private-Sector Champions ascribe to this moral obligation, but Disinterested Skeptics and Self-Reliant Individualists are much less likely to feel an obligation to care for the old.

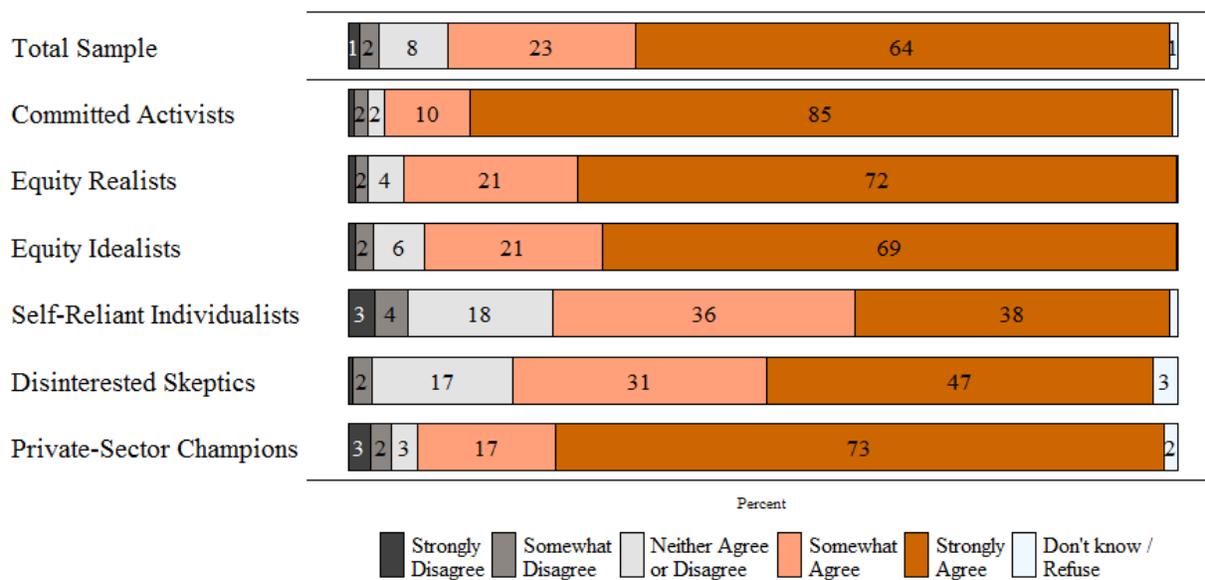
⁸¹ Totals may not sum to 100 percent due to rounding.

2.4. Moral Obligation to Be Compassionate to Others

Figure C.2.4: Moral Obligation to be Compassionate to Others

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

We all have a moral obligation to be compassionate to others⁸²



Almost two-thirds (64%) of U.S. adults strongly agree that we all have a moral obligation to be compassionate to others. The vast majority Committed Activists feel an obligation to show compassion, as do most Equity Realists, Equity Idealists, and Private-Sector Champions. Disinterested Skeptics and Self-Reliant Individualists are much less likely to feel a strong obligation to be compassionate to others.

⁸² Totals may not sum to 100 percent due to rounding.

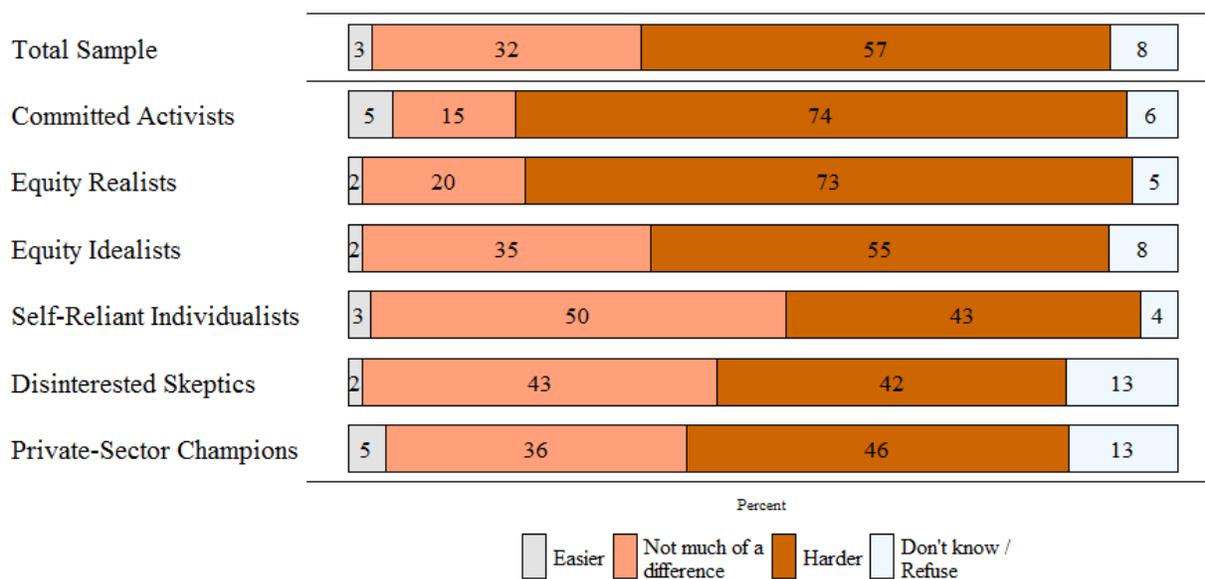
3. Rural Health Care and Other Health Outcome Disparities

In addition to existing items on race/ethnic and income-based health care disparities, we added new items on rural versus urban health care disparities, health outcome disparities and views about potential systemic causes of those disparities to the survey. Other new items also focused on the links between income and health, specifically the link between income inequality and life span.

3.1. Existence of Rural Health Care Disparities

Figure C.3.1: Existence of Rural Health Care Disparities

When people living in rural communities 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 live in urban areas, or is there not much of a difference?⁸³



Over half (57%) of U.S. adults believe that it is harder for people living in rural areas to get health care than people living in urban areas. Committed Activists and Equity Realists are both more likely to perceive rural health care access disparities than the total sample. Equity Idealists tend to resemble U.S. adults in general. However, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all somewhat less likely to see rural location as a barrier to health care access.

⁸³ Totals may not sum to 100 percent due to rounding.

3.2. Causes of Race/Ethnic Disparities in Health Outcomes: The Role of Systemic Factors

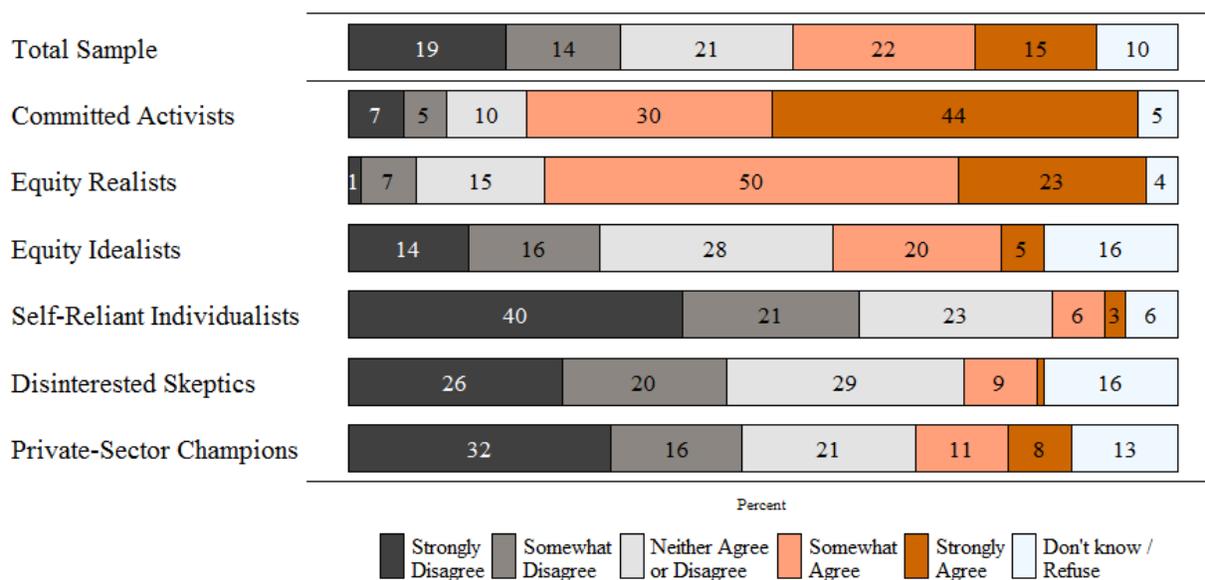
Overview: While U.S. adults are less likely to think that discrimination in the health care system is a cause of disparities in health outcomes for Latinos and African Americans, they are more likely to attribute health disparities to the neighborhoods these groups tend to live in. Overall, Committed Activists and Equity Realists are more likely to recognize these systemic causes for health disparities, and all of other groups are more likely to deny them.

3.2.1. Discrimination in the Health Care System as a Systemic Cause of Disparities in Health Outcomes for Latinos

Figure C.3.2.1: Discrimination in the Health Care System as a Systemic Cause of Disparities in Health Outcomes for Latinos

African Americans and Latinos living in the U.S. are more likely to experience poor health outcomes compared to Whites, such as obesity and diabetes. The next statements are about the possible reasons for these differences. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

Latinos tend to be less healthy than Whites due to discrimination they face in the health care system⁸⁴



Thirty-seven percent of U.S. adults strongly agree or somewhat agree that Latinos tend to be less healthy than Whites due to discrimination they face in the health care system. Committed Activists and Equity Realists are both much more likely to hold this position, though Equity Idealists, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all less likely to agree with this perspective.

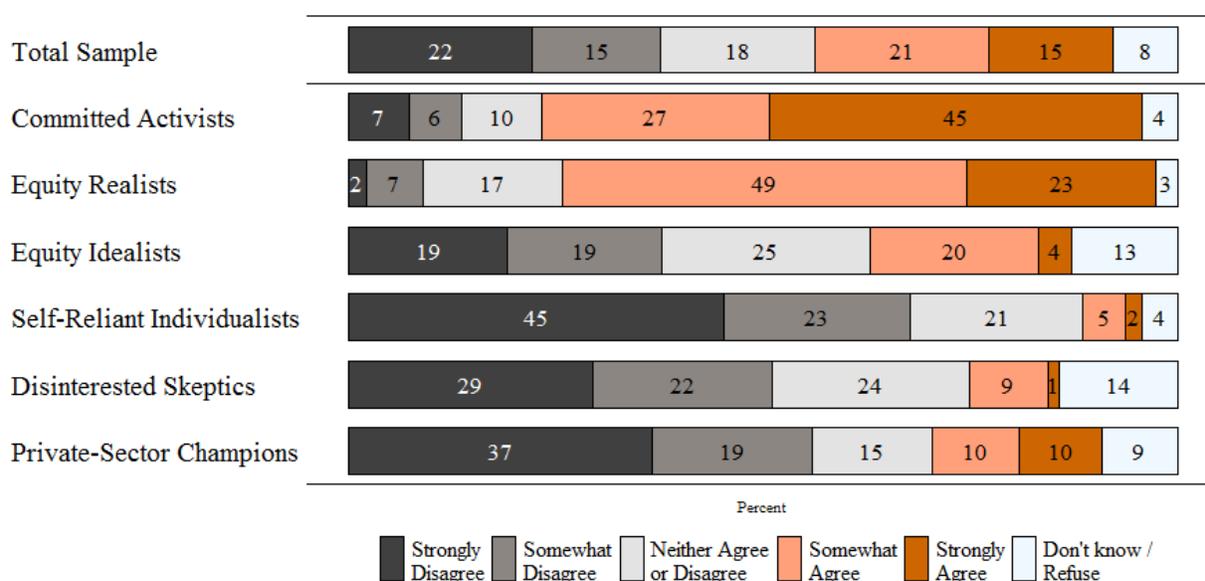
⁸⁴ Totals may not sum to 100 percent due to rounding.

3.2.2. Discrimination in the Health Care System as a Systemic Cause of Disparities in Health Outcomes for African Americans

Figure C.3.2.2: Discrimination in the Health Care System as a Systemic Cause of Disparities in Health Outcomes for African Americans

African Americans and Latinos living in the U.S. are more likely to experience poor health outcomes compared to Whites, such as obesity and diabetes. The next statements are about the possible reasons for these differences. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

African Americans tend to be less healthy than Whites due to discrimination they face in the health care system⁸⁵



Thirty-six percent of U.S. adults strongly agree or somewhat agree that African Americans tend to be less healthy than Whites due to discrimination they face in the health care system. Committed Activists and Equity Realists are both much more likely to hold this position, though Equity Idealists, Private-Sector Champions, Disinterested Skeptics and Self-Reliant Individualists are all less likely to agree with this perspective.

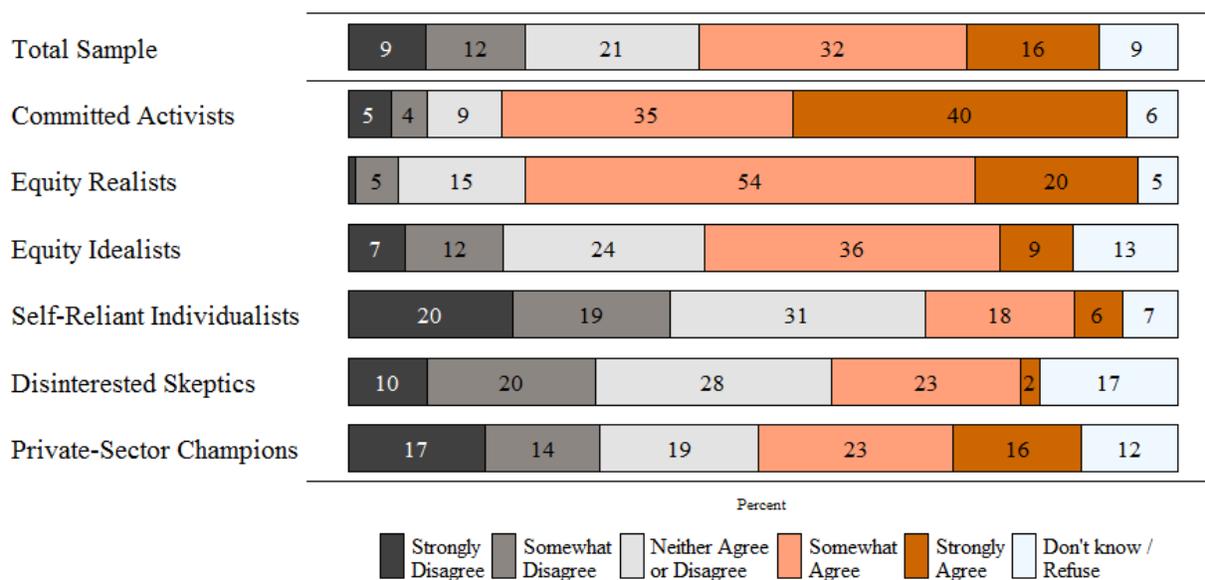
⁸⁵ Totals may not sum to 100 percent due to rounding.

3.2.3. Neighborhoods as a Systemic Cause of Disparities in Health Outcomes for Latinos

Figure C.3.2.3: Neighborhoods as a Systemic Cause of Disparities in Health Outcomes for Latinos

African Americans and Latinos living in the U.S. are more likely to experience poor health outcomes compared to Whites, such as obesity and diabetes. The next statements are about the possible reasons for these differences. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

Latinos tend to be less healthy than Whites because of conditions in the neighborhoods they live in⁸⁶



Slightly less than half (48%) of U.S. adults strongly agree or somewhat agree that Latinos tend to be less healthy than Whites because of conditions in the neighborhoods they live in. Committed Activists and Equity Realists are both more likely to hold this position, though Equity Idealists tend to more closely resemble the total sample. Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all less likely to agree with this perspective.

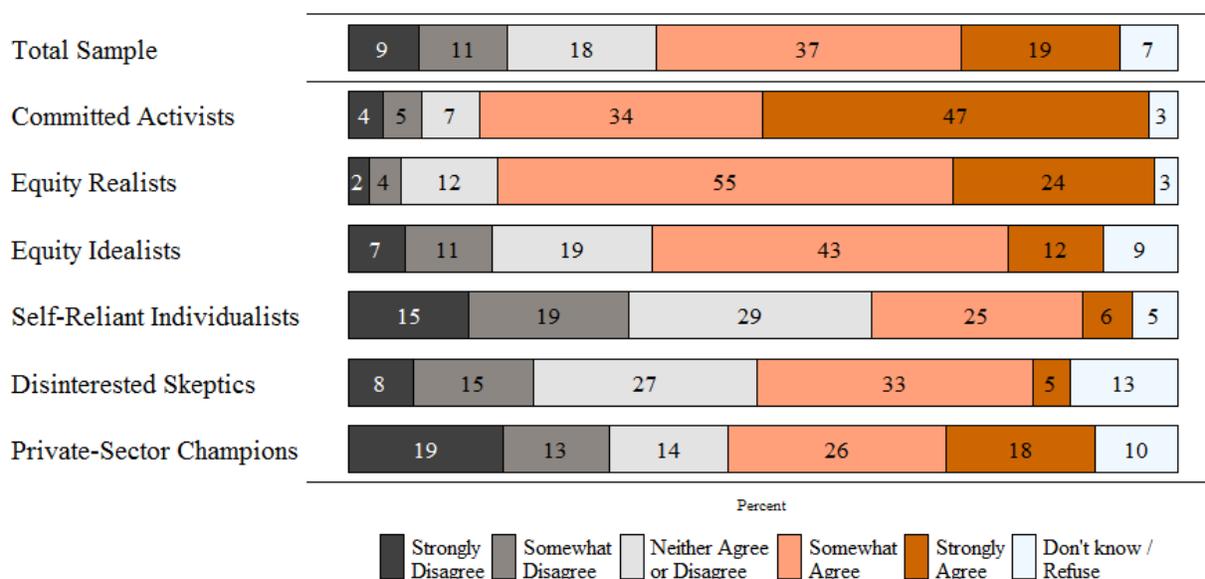
⁸⁶ Totals may not sum to 100 percent due to rounding.

3.2.4. Neighborhoods as a Systemic Cause of Disparities in Health Outcomes for African Americans

Figure C.3.2.4: Neighborhoods as a Systemic Cause of Disparities in Health Outcomes for African Americans

African Americans and Latinos living in the U.S. are more likely to experience poor health outcomes compared to Whites, such as obesity and diabetes. The next statements are about the possible reasons for these differences. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

African Americans tend to be less healthy than Whites because of conditions in the neighborhoods they live in⁸⁷



Slightly more than half (56%) of U.S. adults strongly agree or somewhat agree that African Americans tend to be less healthy than Whites because of conditions in the neighborhoods they live in. Committed Activists and Equity Realists are both more likely to hold this position, though Equity Idealists tend to agree much less so. Private-Sector Champions resemble the total sample. Disinterested Skeptics and Self-Reliant Individualists are all less likely to agree with this perspective.

⁸⁷ Totals may not sum to 100 percent due to rounding.

3.3. Health Impacts of Income Inequality: Shorter Lifespans of Those with Low-Incomes

Overview: Not all U.S. adults believe that people with lower incomes tend to have shorter life spans, but about half think that this is a serious issue. However, most think that we can and should do something about this as a nation. Committed Activists, Equity Realists, and Equity Idealists are more likely see this as a serious issue that we can and should do something about. Private-Sector Champions, Self-Reliant Individualists, and Disinterested Skeptics are less likely.

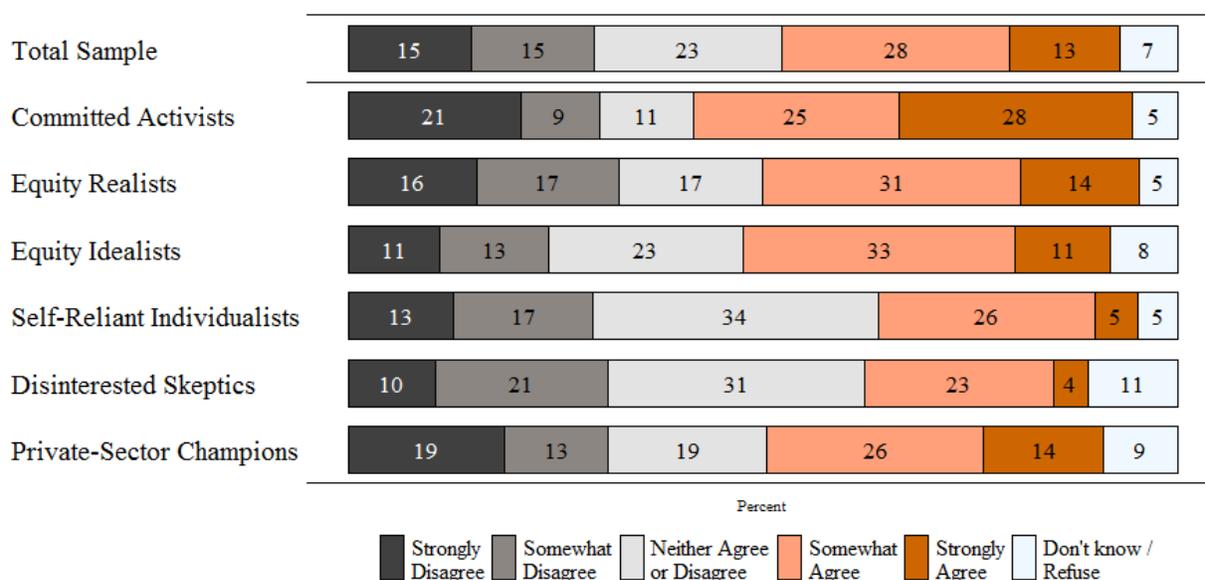
3.3.1 Inevitability of Shorter Lifespan Problem

Figure C.3.3.1: Inevitability of Shorter Lifespan Problem

In the U.S. today, people with low incomes live an average of seven and a half years less than people with high incomes.

Here are some statements that people have made about this fact. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

*The shorter life spans of people with low incomes are bound to happen.*⁸⁸



Forty-one percent of U.S. adults strongly or somewhat agree that shorter life spans are tied to lower incomes. More than half of Committed Activists are likely to view shorter lifespans as inevitable for lower-income persons, compared to the total sample. Self-Reliant Individualists and Disinterested Skeptics are less likely to agree with this connection, and Equity Realists, Equity Idealists, and Private-Sector Champions tend to more closely resemble the total sample.

⁸⁸ Totals may not sum to 100 percent due to rounding.

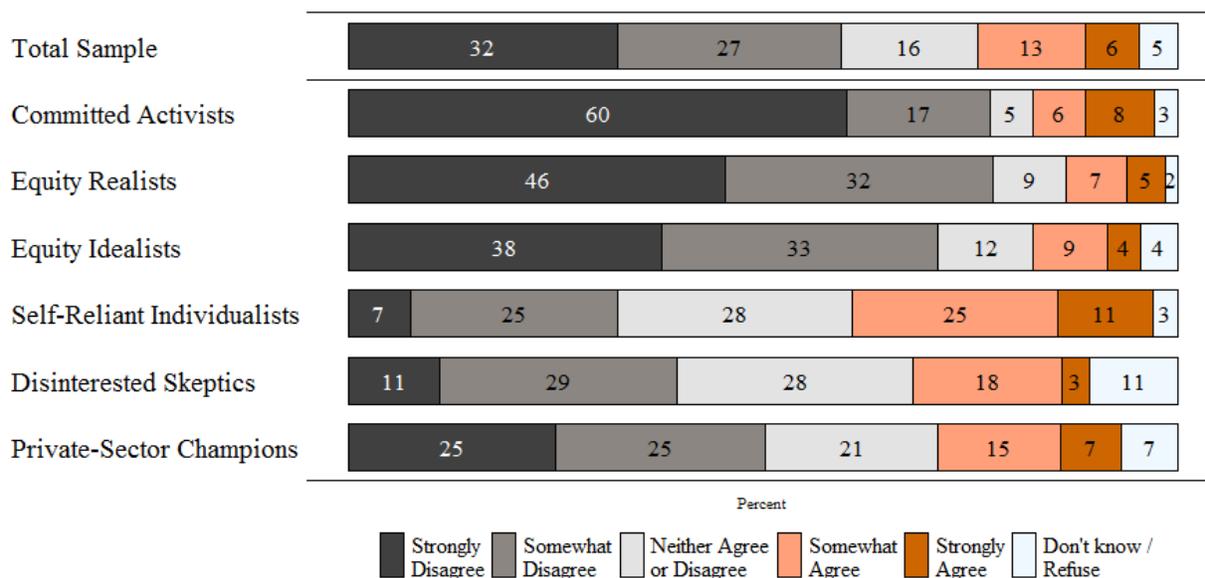
3.3.2 How Much Can Be Done to Address the Shorter Lifespan Problem

Figure C.3.3.2: How Much Can Be Done to Address the Shorter Lifespan Problem

In the U.S. today, people with low incomes live an average of seven and a half years less than people with high incomes.

Here are some statements that people have made about this fact. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

There is not much we as a nation can do about the shorter life spans of people with low incomes.⁸⁹



More than half of U.S. adults strongly or somewhat disagree that there is not much we as a nation can do about the shorter life spans of people with low incomes. Most Committed Activists, Equity Realists, and Equity Idealists are likely to say that there is something we can do about shorter lifespans for lower-income persons. In contrast, compared to the total sample, Self-Reliant Individualists, Private-Sector Champions, and Disinterested Skeptics are less likely to report that something can be done to address this issue.

⁸⁹ Totals may not sum to 100 percent due to rounding.

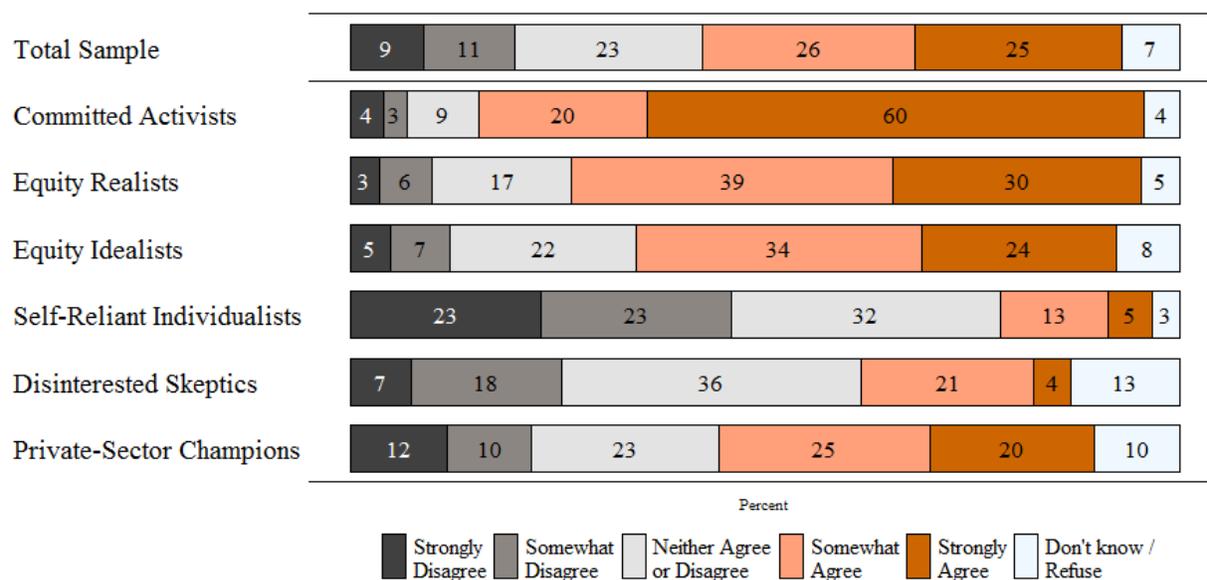
3.3.3 Seriousness of Shorter Lifespan Problem

Figure C.3.3.3: Seriousness of Shorter Lifespan Problem

In the U.S. today, people with low incomes live an average of seven and a half years less than people with high incomes.

Here are some statements that people have made about this fact. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

The shorter life spans of people with low incomes is a serious national problem.⁹⁰



Half of U.S. adults strongly or somewhat agree that the shorter life spans of people with low incomes is a serious national problem. Most Committed Activists, Equity Realists, and Equity Idealists are likely to hold this position, but in contrast, Self-Reliant Individualists, Private-Sector Champions, and Disinterested Skeptics are less likely to see this as a problem.

⁹⁰ Totals may not sum to 100 percent due to rounding.

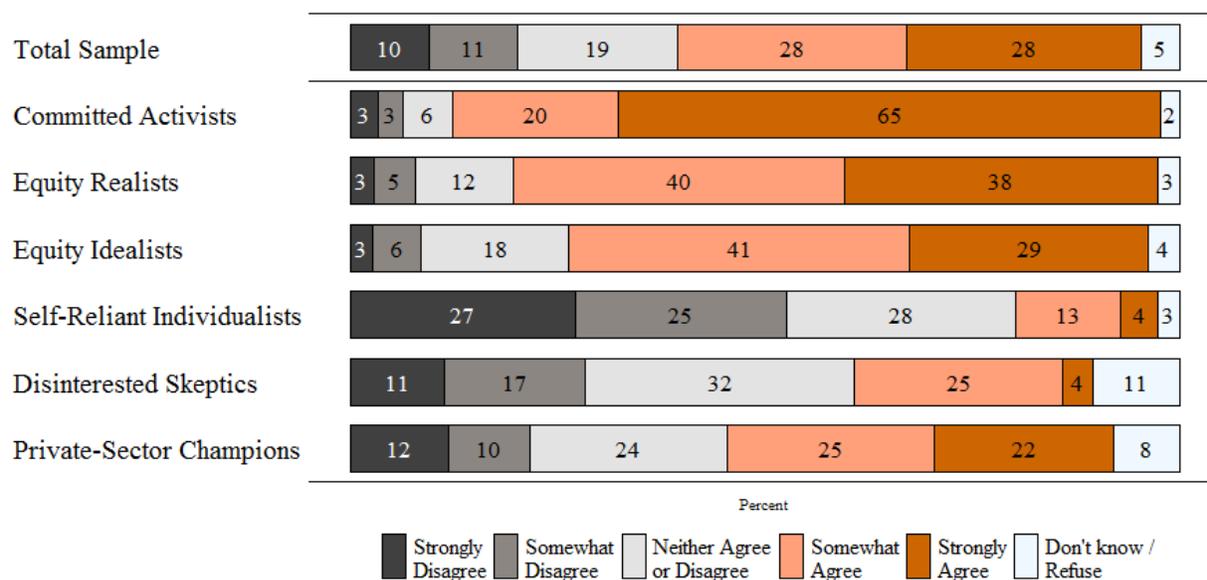
3.3.4 Importance of Action on Shorter Lifespan Problem

Figure C.3.3.4: Importance of Action on Shorter Lifespan Problem

In the U.S. today, people with low incomes live an average of seven and a half years less than people with high incomes.

Here are some statements that people have made about this fact. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

We as a nation must take action to address the shorter life spans of people with low incomes.⁹¹



Almost two-thirds of U.S. adults strongly or somewhat agree that we as a nation must take action to address the shorter life spans of people with low incomes. Most Committed Activists, Equity Realists, and Equity Idealists think that we need to take action to resolve this issue, but Self-Reliant Individualists, Private-Sector Champions, and Disinterested Skeptics are less likely to see a need to address this problem.

⁹¹ Totals may not sum to 100 percent due to rounding.

3.4 Willingness to Take Personal Action on Shorter Life Span Problem

Overview: Respondents were provided with four personal actions that they could take to address the issue of shorter life spans for people with low incomes—pay more taxes, donate to a charity, volunteer with a community organization, or vote for a candidate working to address this issue.

Overall, about a third of U.S. adults are willing to vote for a candidate whose platform includes a focus on addressing the difference in life span between people with high and low incomes, but fewer are willing to donate to charities or volunteer with organizations, and very few would be willing to pay more taxes to address the health impacts of income inequality.

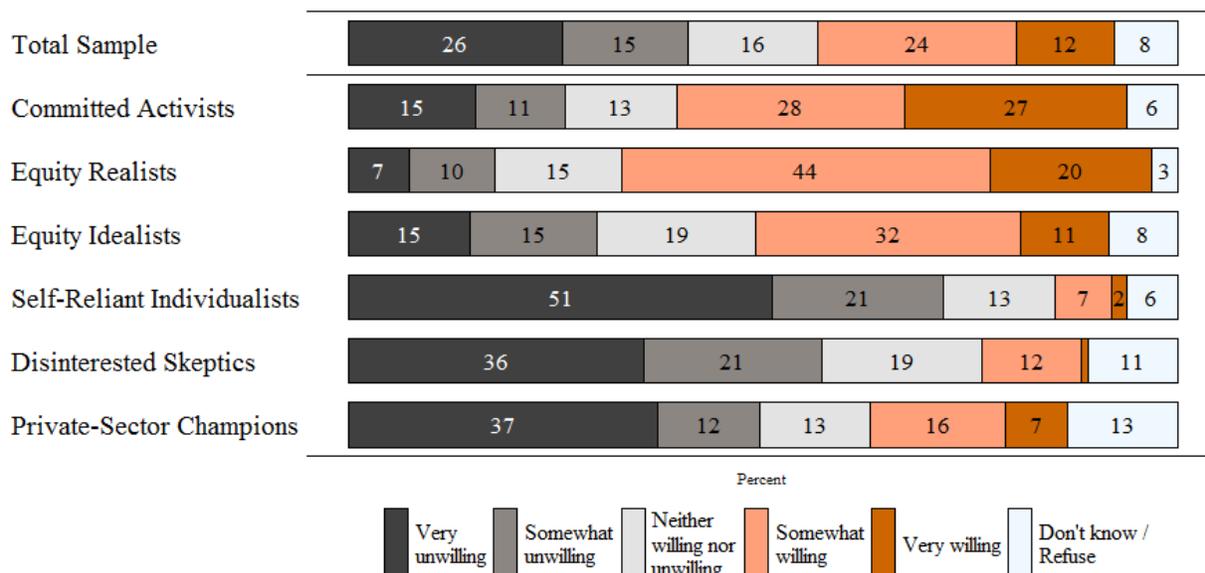
Within the groups, Committed Activists are most willing to take any form of personal action to address this issue with Equity Realists and Equity Idealists being willing to engage in some activities. However, Self-Reliant Individualists and Disinterested Skeptics are less likely to any form of personal action on this issue, though their counterparts, Private-Sector Champions are willing to donate and volunteer to address the impact of income in equality on health.

3.4.1 Willingness to Take Personal Action on Shorter Life Span Problem: Pay More Taxes

Figure C.3.4.1: Willingness to Take Personal Action on Shorter Life Span Problem: Pay More Taxes

Would you be willing or unwilling to do each of the following to address the difference in the life span between people with high and low incomes?

Pay more in taxes⁹²



⁹² Totals may not sum to 100 percent due to rounding.

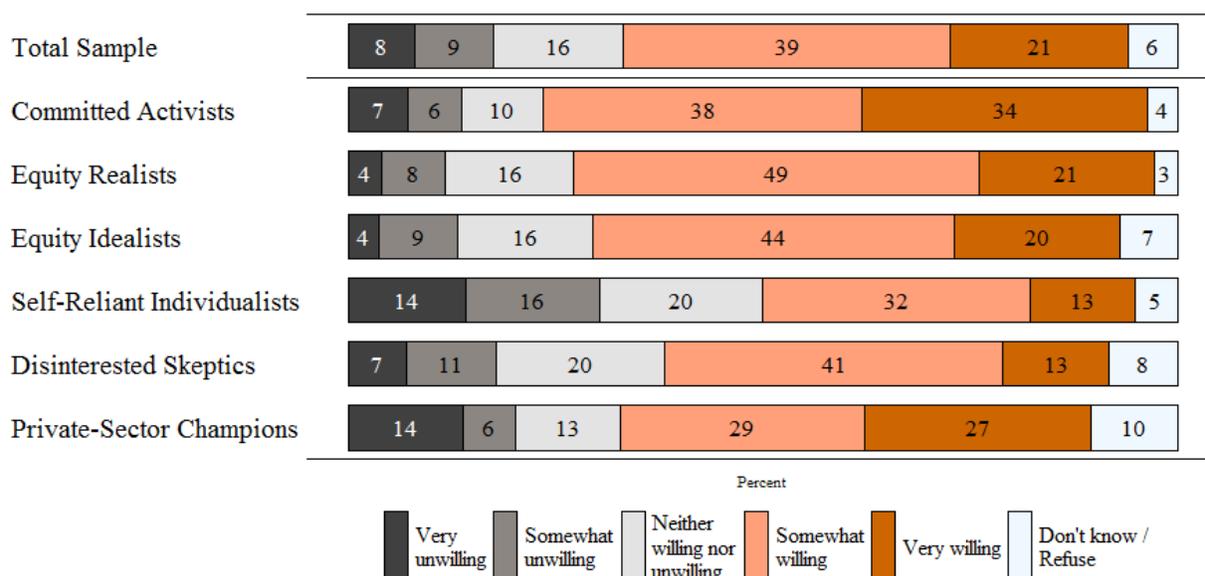
Very few (12%) U.S. adults are very willing to pay more taxes to address the difference in the life span between people with high and low incomes. While Committed Activists and Equity Realists are somewhat willing to pay more taxes to address this issue, Private-Sector Champions, Disinterested Skeptics and Self-Reliant Individualists are less likely to be very willing to pay higher taxes. In addition, Equity Idealists resembled the total sample in this regard.

3.4.2 Willingness to Take Personal Action on Shorter Life Span Problem: Donate to a Charity

Figure C.3.4.2: Willingness to Take Personal Action on Shorter Life Span Problem: Donate to a Charity

Would you be willing or unwilling to do each of the following to address the difference in the life span between people with high and low incomes?

Donate to a charity working to address the issue⁹³



Twenty-one percent of U.S. adults are very willing to donate to a charity working to address the difference in the life span between people with high and low incomes. While Committed Activists and Private-Sector Champions are more likely to be very willing to donate to charity to address this issue, Equity Realists and Equity Idealists resembled the total sample in this regard. Disinterested Skeptics and Self-Reliant Individualists are both less likely to be very willing to donate to charity to address shorter life spans for low-income persons.

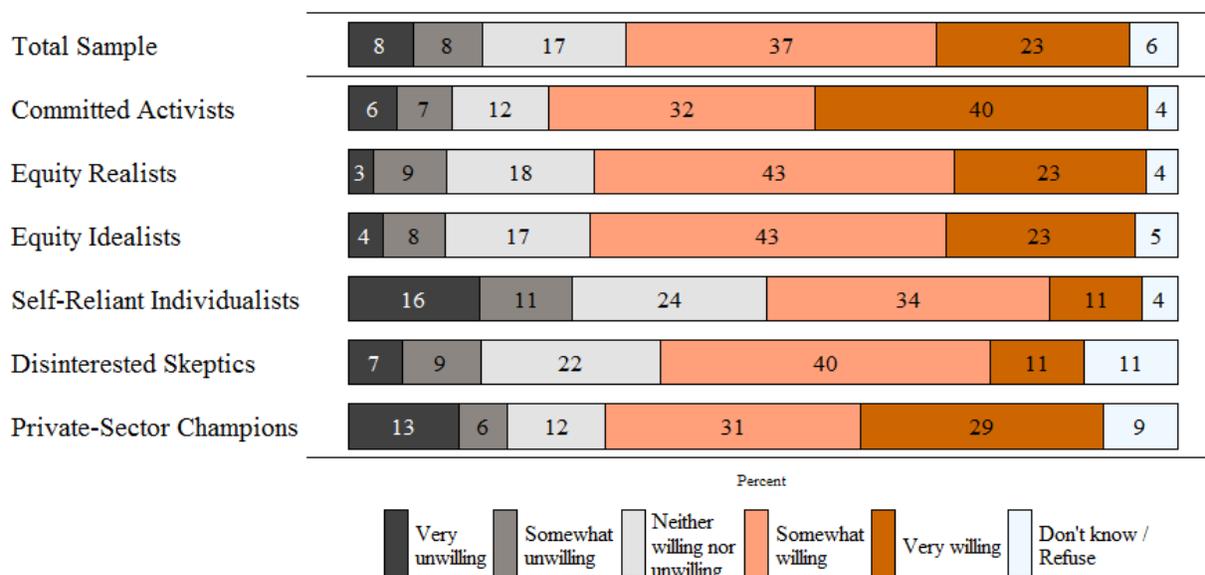
⁹³ Totals may not sum to 100 percent due to rounding.

3.4.3 Willingness to Take Personal Action on Shorter Life Span Problem: Volunteer

Figure C.3.4.3: Willingness to Take Personal Action on Shorter Life Span Problem: Volunteer

Would you be willing or unwilling to do each of the following to address the difference in the life span between people with high and low incomes?

Volunteer with a community organization working to address this issue⁹⁴



Twenty-three percent of U.S. adults are very willing to volunteer with a community organization working to address the difference in life span between people with high and low incomes. Committed Activists and Private-Sector Champions are more likely to be very willing to address this issue by volunteering, but Equity Realists and Equity Idealists resembled the total sample. Disinterested Skeptics and Self-Reliant Individualists are both much less likely to be willing to volunteer to address the difference in life span between people with high and low incomes.

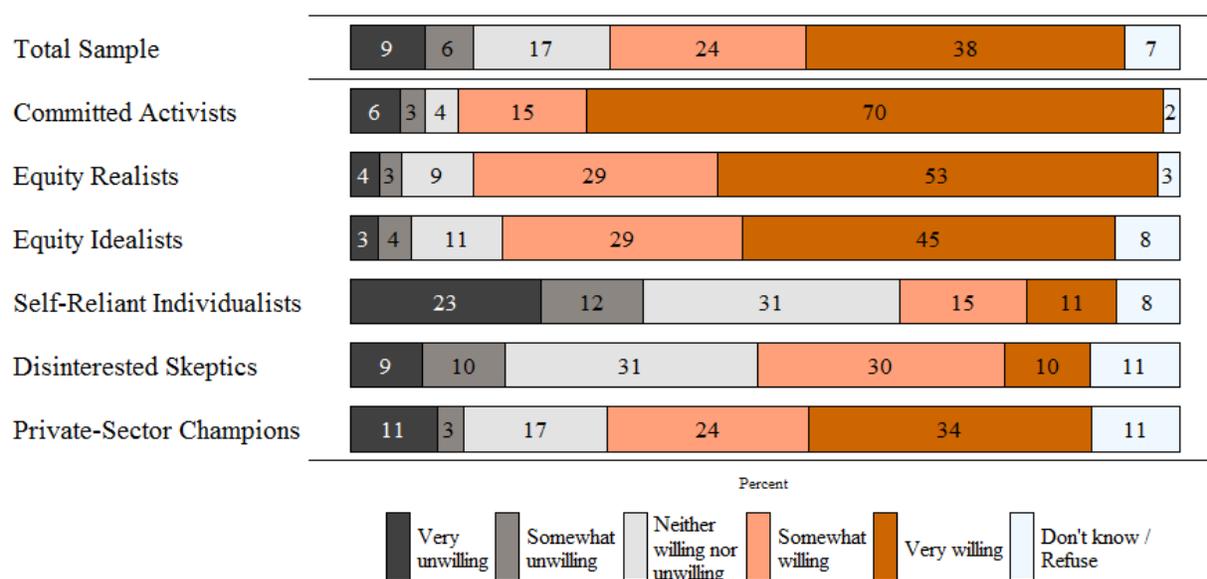
⁹⁴ Totals may not sum to 100 percent due to rounding.

3.3.4 Willingness to Take Personal Action on Shorter Life Span Problem: Vote for a Candidate

Figure C.3.4.4: Willingness to Take Personal Action on Shorter Life Span Problem: Vote for a Candidate

Would you be willing or unwilling to do each of the following to address the difference in the life span between people with high and low incomes?

Vote for a candidate who will address this issue⁹⁵



A little more than a third (38%) of U.S. adults are very willing to vote for a political candidate who will address the difference in life span between people with high and low incomes. Most Committed Activists are very willing to address this issue by voting, as are Equity Realists and Equity Idealists. Private-Sector Champions are all less likely to be willing to vote to address the difference in life span between people with high and low incomes. However, Disinterested Skeptics and Self-Reliant Individualists are typically not willing to vote for candidates based on this platform.

⁹⁵ Totals may not sum to 100 percent due to rounding.

4. Existence of Equality of Opportunity to Succeed

We added items exploring people’s perceptions about the opportunity to succeed in the U.S. and whether everyone enjoyed this opportunity. We asked about whether there was equality of opportunity generally in the nation and about different groups in society, including people with lower incomes, women, LGBTQ persons, undocumented immigrants and racial/ethnic minority groups, including African Americans, Latinos, and American Indians/Alaskan Natives. In addition, we also added an item that explored whether government or the private sector should have the main responsibility for making sure that everyone had an equal opportunity for success.

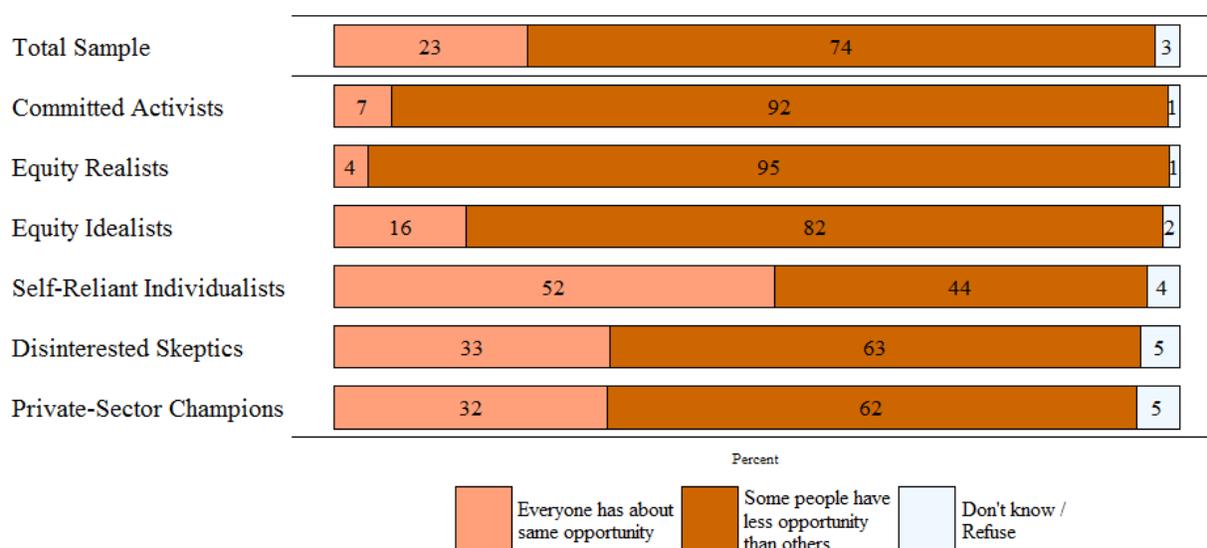
4.1 Existence of Equality of Opportunity to Succeed

Overview: In terms of the total sample, most U.S. adults think that opportunities for success are not equally distributed in society. At a group level, the same is true of Committed Activists, Equity Realists and Equity Idealists. However, Disinterested Skeptics, Private-Sector Champions, and especially Self-Reliant Individualists, were more likely to believe that everyone has an equal opportunity for success. Committed Activists, Equity Realists, and Equity Idealists are more likely to favor government action on ensuring equal opportunities for success, with Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are less likely to favor government action in this domain.

4.1.1 Equality of Opportunity to Succeed

Figure C.4.1.1: Equality of Opportunity to Succeed Generally in the United States

Would you say that everyone has about the same opportunity to succeed in American society or that some people have less opportunity than others?⁹⁶



⁹⁶ Totals may not sum to 100 percent due to rounding.

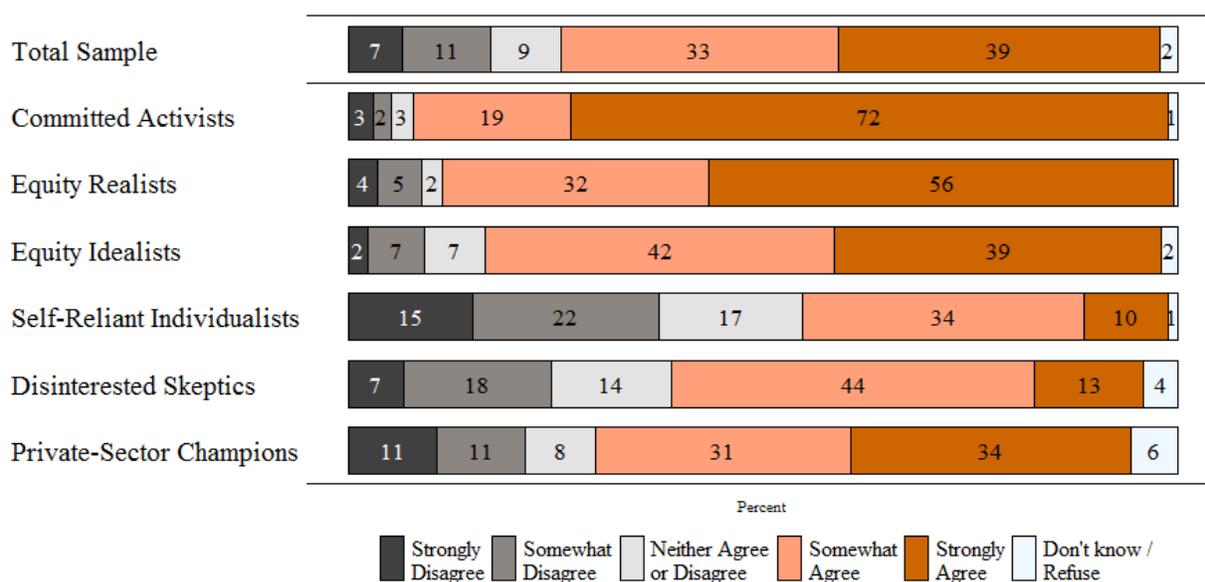
Almost three-quarters of U.S. adults think that some people have less opportunities for success than others. Almost all Committed Activists and Equity Realists agree with this perspective, followed by Equity Idealists. In contrast, around a third of Disinterested Skeptics and Private-Sector Champions and about half of Self-Reliant Individualists believe that everyone has about the same opportunity for success.

4.1.2. Equality of Opportunity to Succeed: People with Low Income

Figure C.4.1.2: Equality of Opportunity to Succeed: People with Low Income

Here is a list of different groups of people living in the U.S. For each, do you agree or disagree that this group has less opportunity to succeed in America today compared to people living in the U.S. generally?

People with low income⁹⁷



Seventy-two percent of U.S. adults strongly or somewhat agree that people with low income have less opportunity to succeed in America today compared to people living in the US generally. Most Committed Activists, Equity Realists, and Equity Idealists strongly or somewhat agree with this view, but Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are more likely to believe that people with low income have similar opportunities for success as people in the United States generally do.

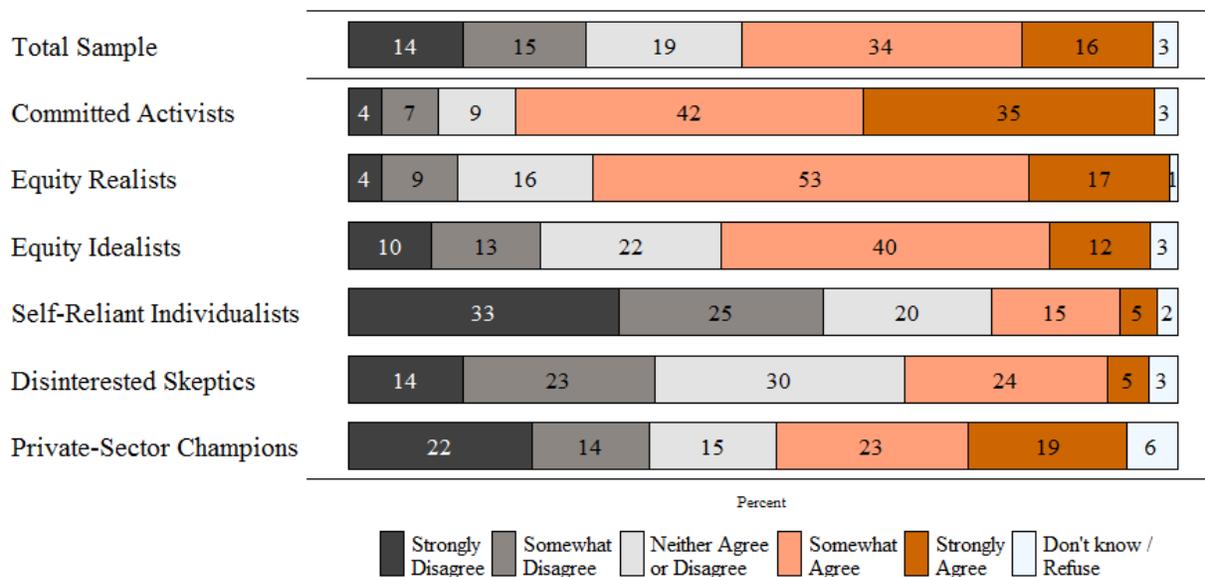
⁹⁷ Totals may not sum to 100 percent due to rounding.

4.1.3 Equality of Opportunity to Succeed: Women

Figure C.4.1.3: Equality of Opportunity to Succeed: Women

Here is a list of different groups of people living in the U.S. For each, do you agree or disagree that this group has less opportunity to succeed in America today compared to people living in the U.S. generally?

Women⁹⁸



Half of U.S. adults strongly or somewhat agree that women have less opportunity to succeed in America today compared to people living in the United States generally. Committed Activists, Equity Realists, and Equity Idealists strongly or somewhat agree with this view. However, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists tend to believe that women have equal opportunities for success.

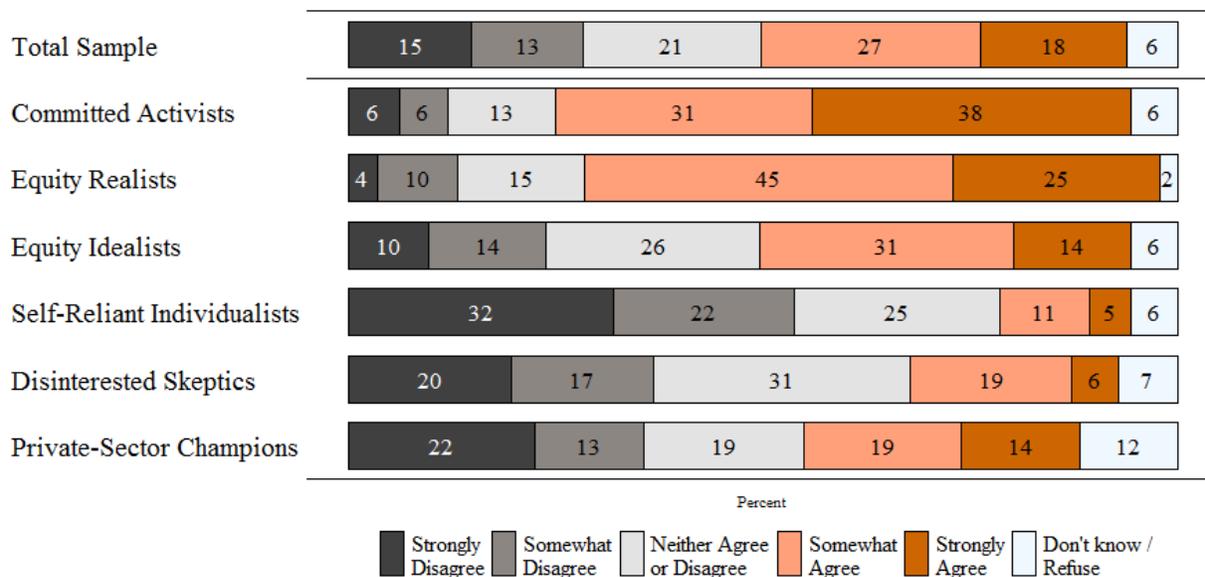
⁹⁸ Totals may not sum to 100 percent due to rounding.

4.1.4 Equality of Opportunity to Succeed: LGBTQ People

Figure C.4.1.4: Equality of Opportunity to Succeed: LGBTQ People

Here is a list of different groups of people living in the U.S. For each, do you agree or disagree that this group has less opportunity to succeed in America today compared to people living in the U.S. generally?

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) people⁹⁹



Less than half (45%) of U.S. adults strongly or somewhat agree that LGBTQ people have less opportunity to succeed in America today compared to people living in the United States generally. Committed Activists and Equity Realists strongly or somewhat agree with this view, but Equity Idealists tend to resemble the total sample. Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists tend to believe that LGBT persons do not have fewer opportunities for success.

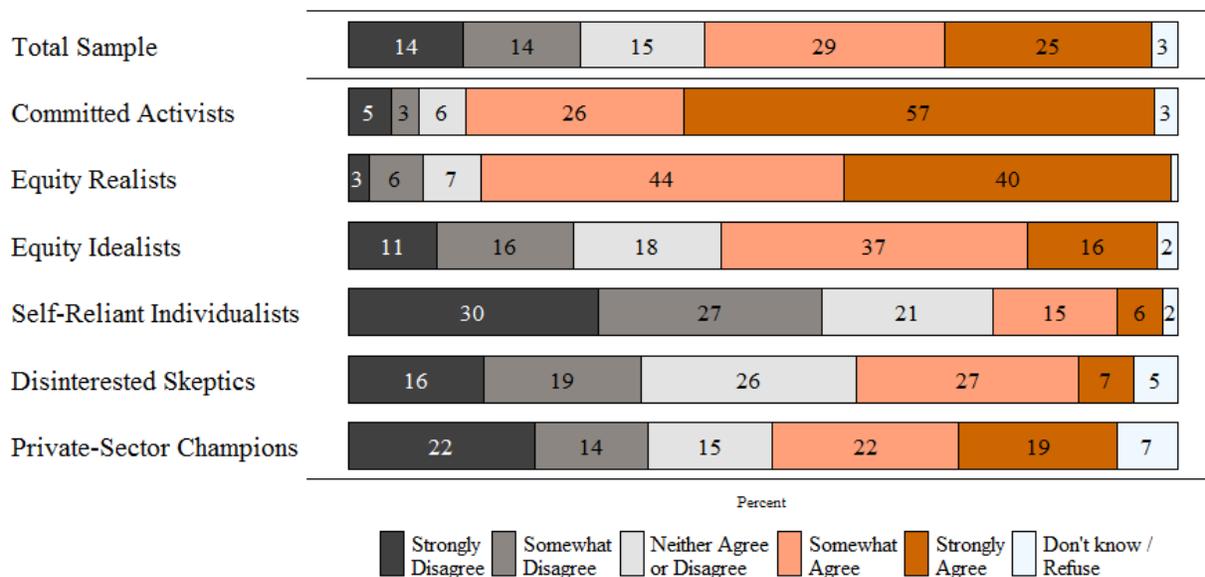
⁹⁹ Totals may not sum to 100 percent due to rounding.

4.1.5 Equality of Opportunity to Succeed: African Americans

Figure C.4.1.5: Equality of Opportunity to Succeed: African Americans

Here is a list of different groups of people living in the U.S. For each, do you agree or disagree that this group has less opportunity to succeed in America today compared to people living in the U.S. generally?

African Americans¹⁰⁰



More than half (54%) of U.S. adults strongly or somewhat agree that African Americans have less opportunity to succeed in America today compared to people living in the United States generally. Committed Activists and Equity Realists strongly or somewhat agree that African Americans have less opportunity for success. While Equity Idealists tend to somewhat resemble the total sample. Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists tend to believe that African Americans have similar opportunities for success compared to U.S. adults generally.

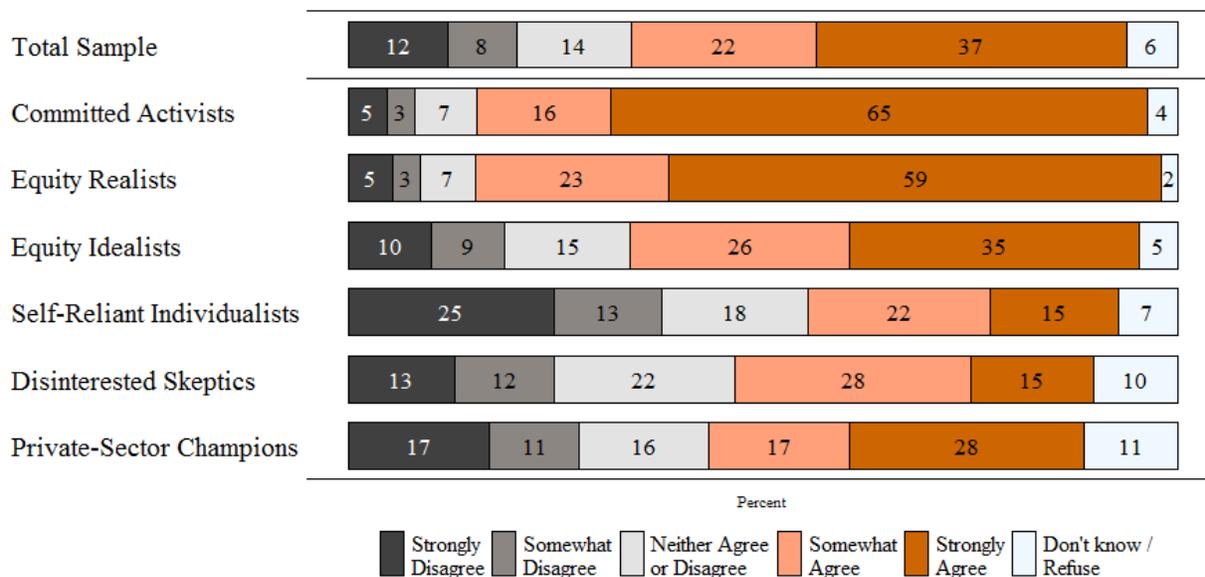
¹⁰⁰ Totals may not sum to 100 percent due to rounding.

4.1.6 Equality of Opportunity to Succeed: Undocumented Immigrants

Figure C.4.1.6: Equality of Opportunity to Succeed: Undocumented Immigrants

Here is a list of different groups of people living in the U.S. For each, do you agree or disagree that this group has less opportunity to succeed in America today compared to people living in the U.S. generally?

Undocumented immigrants¹⁰¹



Fifty-nine percent of U.S. adults strongly or somewhat agree that undocumented immigrants have less opportunity to succeed in America today compared to people living in the United States generally. Committed Activists and Equity Realists strongly or somewhat agree that undocumented immigrants have less opportunity for success, but Equity Idealists tend to resemble the total sample. Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists tend to believe that undocumented immigrants and U.S. adults generally have similar opportunities for success.

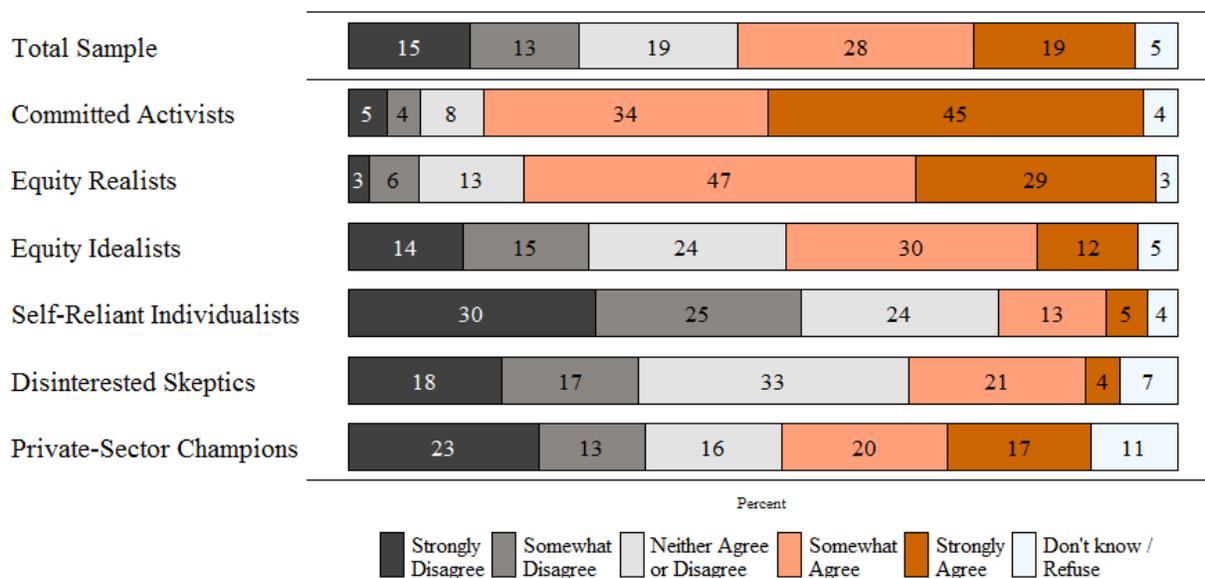
¹⁰¹ Totals may not sum to 100 percent due to rounding.

4.1.7 Equality of Opportunity to Succeed: Latinos

Figure C.4.1.7: Equality of Opportunity to Succeed: Latinos

Here is a list of different groups of people living in the U.S. For each, do you agree or disagree that this group has less opportunity to succeed in America today compared to people living in the U.S. generally?

*Latinos*¹⁰²



Less than half (47%) of U.S. adults strongly or somewhat agree that Latinos have less opportunity to succeed in America today compared to people living in the United States generally. Most Committed Activists and Equity Realists strongly or somewhat agree with this view, but Equity Idealists, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists tend to believe that Latinos do not have fewer opportunities for success.

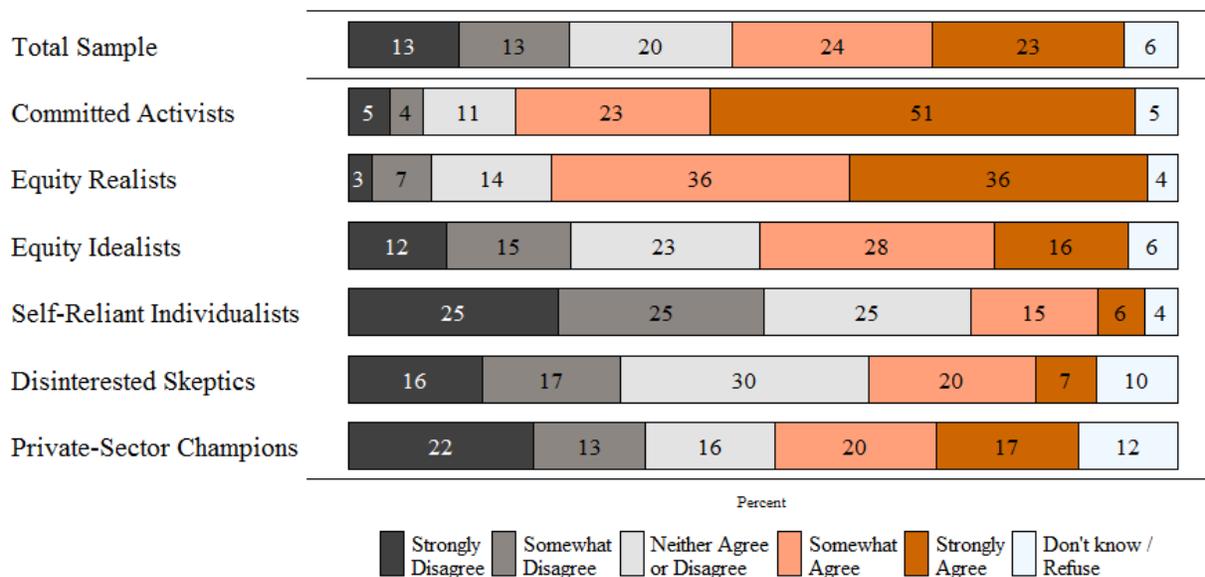
¹⁰² Totals may not sum to 100 percent due to rounding.

4.1.8 Equality of Opportunity to Succeed: American Indians/Alaskan Natives

Figure C.4.1.8: Equality of Opportunity to Succeed: American Indians/Alaskan Natives

Here is a list of different groups of people living in the U.S. For each, do you agree or disagree that this group has less opportunity to succeed in America today compared to people living in the U.S. generally?

American Indians/Alaska Natives¹⁰³



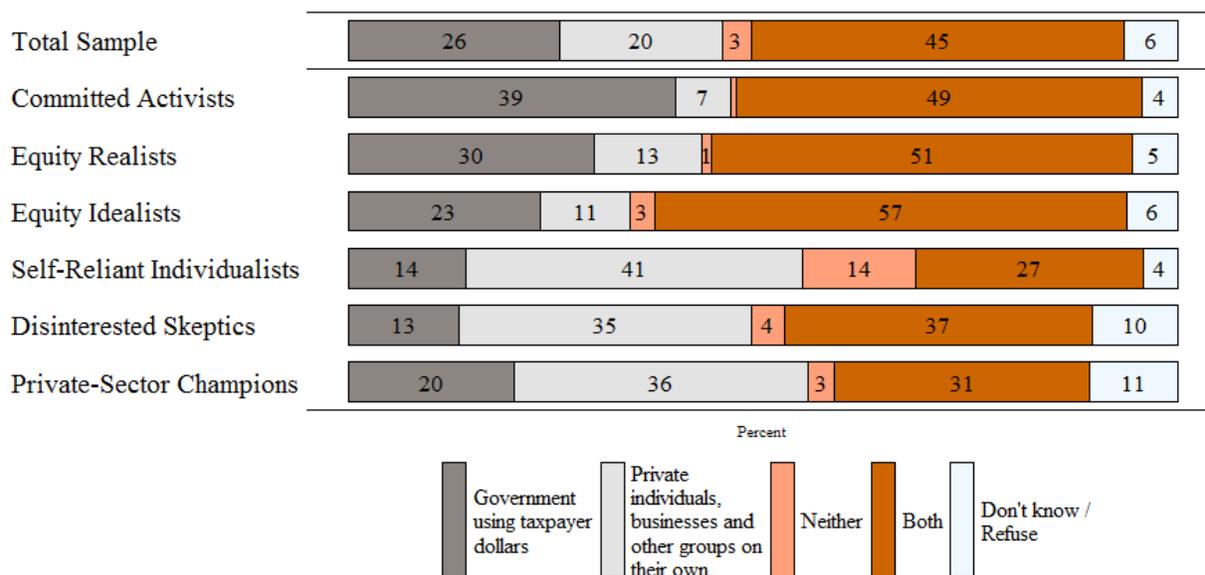
Less than half (47%) of U.S. adults strongly or somewhat agree that American Indians/Alaskan Natives have less opportunity to succeed in America today compared to people living in the US generally. Most Committed Activists and Equity Realists strongly or somewhat agree with this view, but Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists tend to believe that Latinos do not have fewer opportunities for success. Equity Idealists tended to more closely resemble the total sample,

¹⁰³ Totals may not sum to 100 percent due to rounding.

4.2. Role of Government in Ensuring Equality of Opportunity to Succeed

Figure C.4.2: Role of Government in Ensuring Equality of Opportunity to Succeed

Who should have the main responsibility for making sure that everyone in the country has an equal opportunity to succeed? (Choose one)^{104, 105}



Most (71%) U.S. adults believe that government, either on its own or in partnership with others, should have the main responsibility for making sure that everyone in the country has an equal opportunity to be successful. Compared to most U.S. adults, Committed Activists are overwhelmingly in favor of a government role in ensuring equal opportunities for success, followed by Equity Idealists and Equity Realists. Approximately half of Disinterested Skeptics (50%) and Private-Sector Champions (51%) support some government role in ensuring equal opportunity, while less than half of Self-Reliant Individualists believe this.

¹⁰⁴ Totals may not sum to 100 percent due to rounding.

¹⁰⁵ Only those who somewhat or strongly agreed that our country should do whatever is necessary to make sure that everyone has an equal opportunity to succeed were asked this question.

5. Role of Government in Other Areas

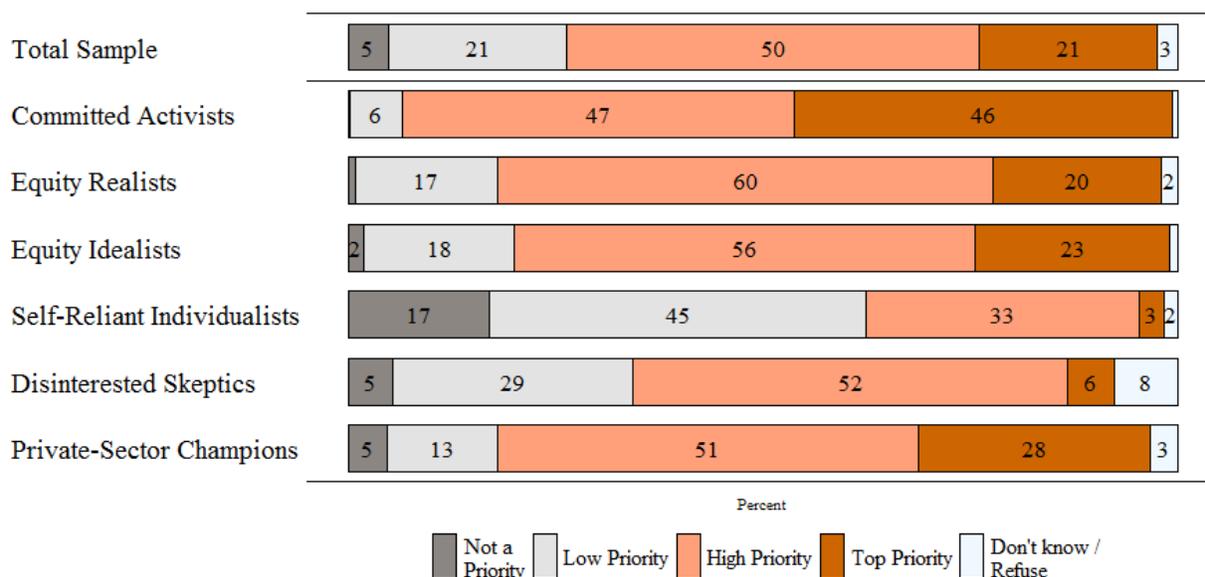
Overview: In addition to 2016 survey items exploring community health building, we added items in 2020 to explore whether public transportation should be a priority for building a healthy community; whether it should be a government-only priority, shared by the government and other entities, or only a priority for the private sector. We also asked if government should play an active role in promoting health equity and ensuring health care access as a fundamental right.

Committed Activists, Equity Realists, Equity Idealists are more likely to see community public transportation, sidewalks for walking, and bike lanes as a high or top priority and assign this role to the government, but Disinterested Skeptics and Self-Reliant Individualists are less likely. However, while Private-Sector Champions view this as a priority, they are less likely to see a government role here. Most U.S. adults favor government action on ensuring health equity, but only about half believe that this should extend to ensuring health care as a fundamental right. Committed Activists, Equity Realists, and Equity Idealists are more likely to favor government action on both health equity and health care as a fundamental right, but Disinterested Skeptics, Self-Reliant Individualists and Private-Sector Champions do not.

5.1 Priority of Ensuring Public Transportation

Figure C.5.1: Priority of Ensuring Public Transportation for Building Healthy Communities

*Making sure that there is public transportation, sidewalks for walking, and bike lanes available so that people do not have to always rely on cars (Choose one).*¹⁰⁶



¹⁰⁶ Totals may not sum to 100 percent due to rounding.

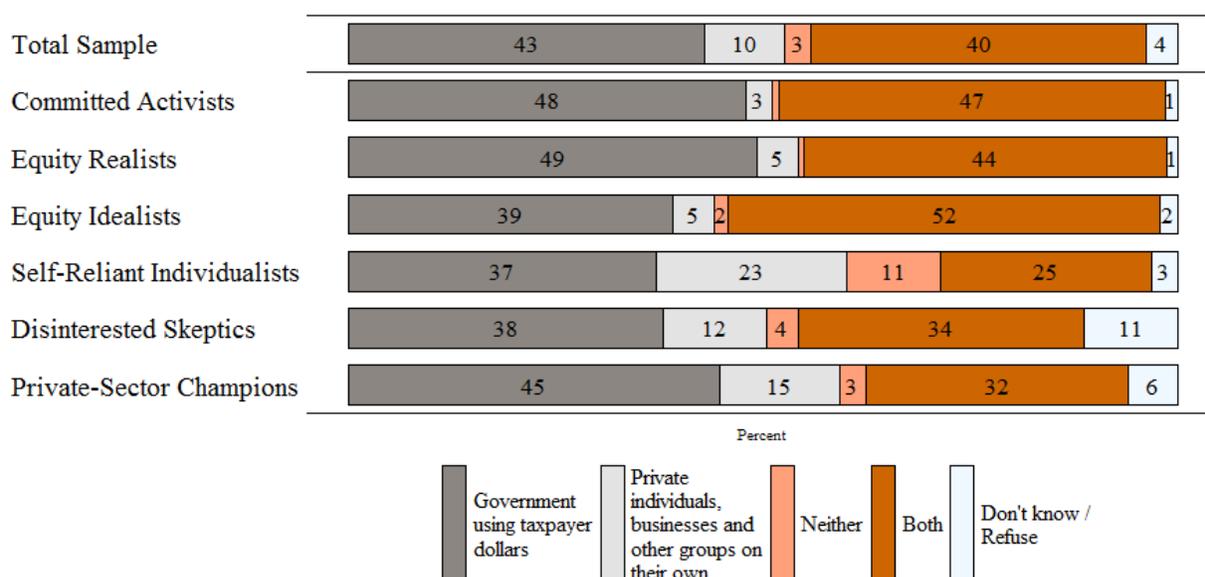
Seventy-one percent of U.S. adults believe that having public transportation, sidewalks for walking, and bike lanes available so that people do not have to always rely on cars should be a high or top priority in the country. Committed Activists, Equity Realists, Equity Idealists, and Private-Sector Champions are more likely to see this as a high or top priority than the total sample, while Disinterested Skeptics and Self-Reliant Individualists are less likely to prioritize public transportation, sidewalks, and bike lanes.

5.2 Responsibility for Ensuring Public Transportation

Figure C.5.2: Responsibility for Ensuring Public Transportation

Making sure that there is public transportation, sidewalks for walking, and bike lanes available so that people do not have to always rely on cars.

Who should have the main responsibility for doing this? (Choose one).^{107, 108}



Most U.S. adults (83%) believe that having public transportation, sidewalks for walking, and bike lanes available so that people do not have to always rely on cars should be a government responsibility using tax payer dollars, either on their own or in partnership with others. Almost all Committed Activists (95%), Equity Realists (93%), and Equity Idealists (91%) see the government as having some form of responsibility, while Private-Sector Champions and Disinterested Skeptics are less likely to believe that this is a government responsibility and more likely to assign this role to private individuals, businesses, and other groups. Self-Reliant Individualists are most likely overall, to see public transportation, sidewalks, and bike lanes as a private sector responsibility.

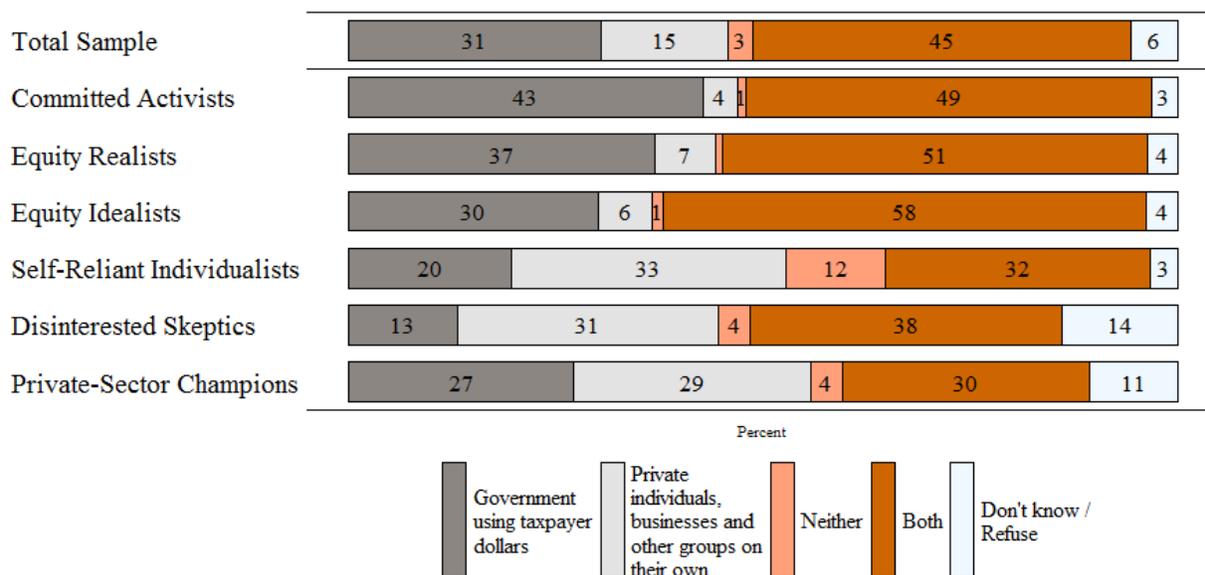
¹⁰⁷ Only those who said making sure that there is public transportation, sidewalks for walking, and bike lanes available so that people do not have to always rely on cars is a top, high, or low priority were asked this question.

¹⁰⁸ Totals may not sum to 100 percent due to rounding.

5.3 Role of Government in Promoting Health Equity

Figure C.5.3: Role of Government in Promoting Health Equity

Who should have the main responsibility for making sure that everyone in the country has an equal opportunity to be healthy? (Choose one)^{109, 110}



About three-quarters (76%) of U.S. adults believe that government, either on its own or in partnership with others, should have the main responsibility of using taxpayer dollars to make sure that everyone in the country has an equal opportunity to be healthy. Comparatively, Committed Activists, Equity Realists, and Equity Idealists are more likely to strongly believe in government support for health equity, but Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all more likely to view this as a role for the private sector, and not the government.

¹⁰⁹ Only those who somewhat or strongly agreed that our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy were asked this question.

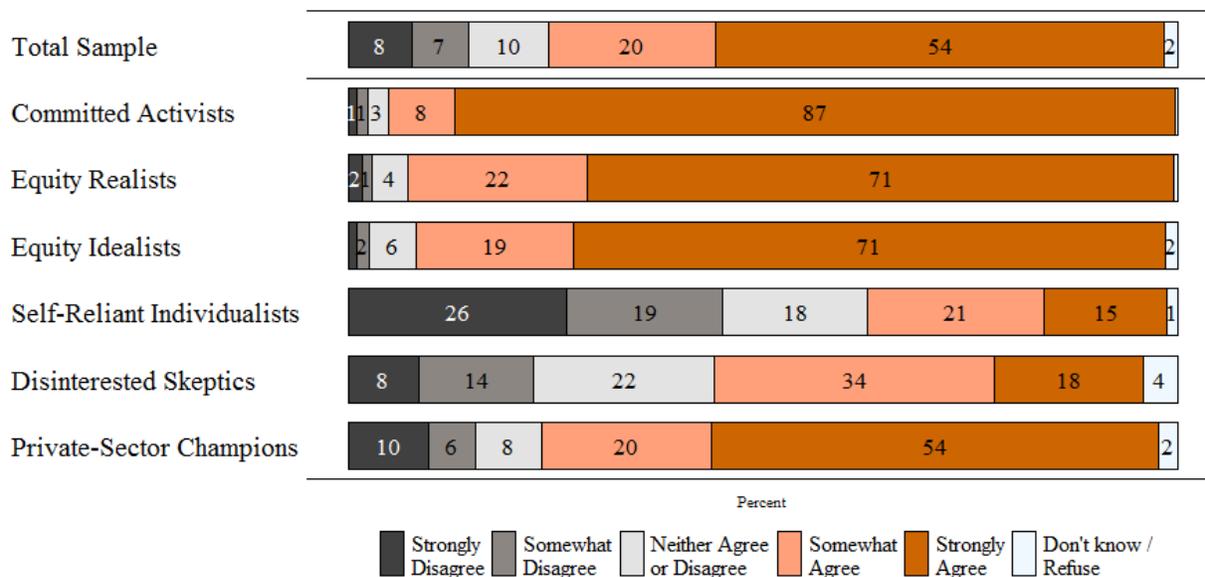
¹¹⁰ Totals may not sum to 100 percent due to rounding.

5.4. Role of Government in Ensuring Health Care as a Fundamental Right

Figure C.5.4: Role of Government in Ensuring Health Care as a Fundamental Right

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

It is the obligation of the government to ensure that everyone has access to health care as a fundamental right¹¹¹



Slightly more than half (54%) of U.S. adults strongly believe that the government should ensure that everyone has access to health care as a fundamental right. Compared to most U.S. adults, Committed Activists are overwhelmingly in favor of a government role in ensuring equal access to health care, followed by Equity Idealists and Equity Realists. Conversely, Self-Reliant Individualists and Disinterested Skeptics do not see a role for government in ensuring access to health care as a right. Private-Sector Champions more closely resemble the total sample.

¹¹¹ Totals may not sum to 100 percent due to rounding.

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

This section examines how the groups and total sample differ on demographic, state of health, political use and other descriptive characteristics. The findings include those related to differences in media use, organizational memberships and trust of health information various sources, data which were collected for the first time in 2020.

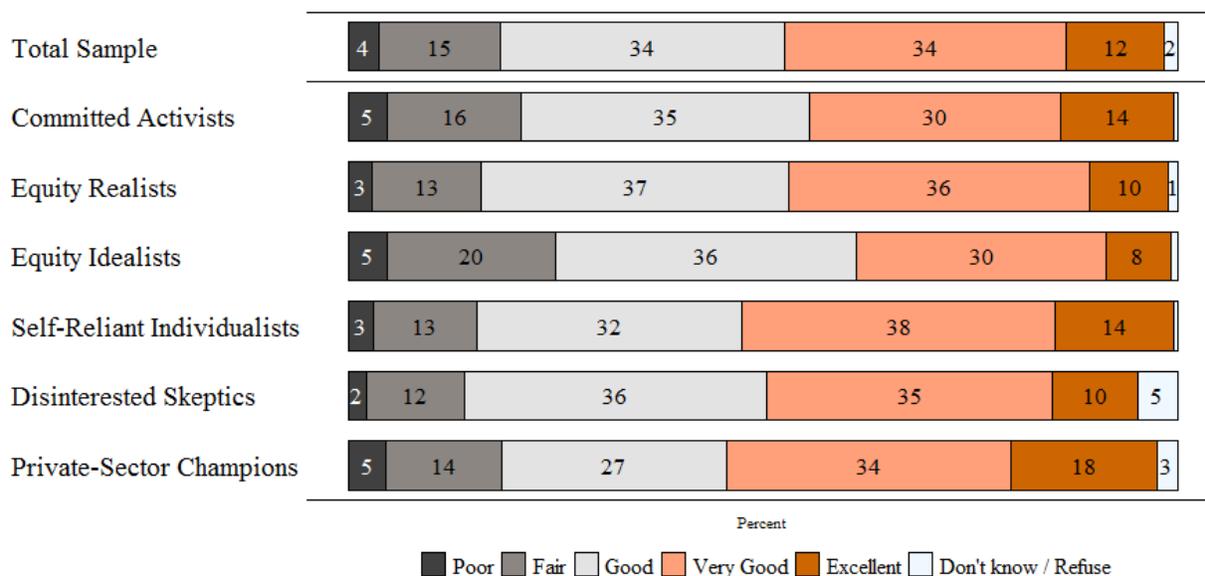
1. State of Health

Overview: Most survey respondents reported that their health was good, very good or excellent, that they did not smoke, and that they were not 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. However, about two thirds also reported having a chronic health condition and a similar number are overweight or obese based on their reported body mass indexes.

1.1 Self-Reported General State of Health

Figure D.1.1: General State of Health

*Would you say your health in general is excellent, very good, good, fair or poor?*¹¹²



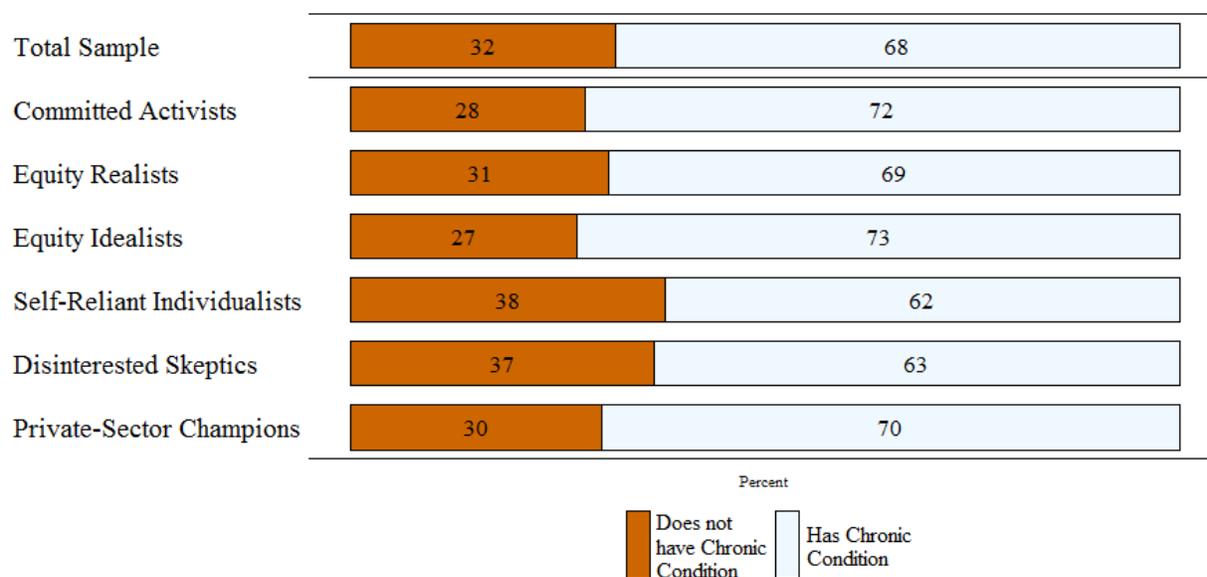
The vast majority of U.S. adults (80%) say their health in general is good, very good, or excellent. Self-Reliant Individualists (84%) are more likely to report positive health status, while Equity Idealists are less likely (74%). Adults in the other clusters more closely resemble the total sample.

¹¹² Totals may not sum to 100 percent due to rounding.

1.2 Presence of Chronic Disease

Figure D.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.*¹¹³



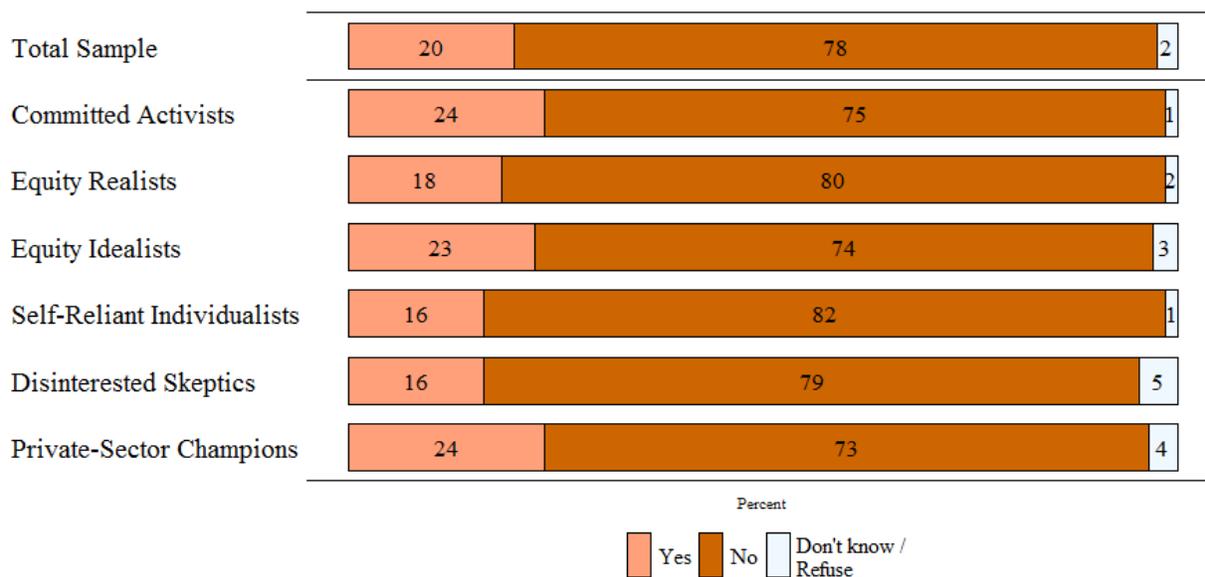
We asked respondents if a doctor has ever told them they had any of the following chronic conditions: high cholesterol; high blood pressure; a heart attack; angina or coronary heart disease; a stroke; diabetes or high blood sugar; cancer (other than skin cancer); emphysema, asthma, or chronic obstructive pulmonary disease (COPD); depression; or anxiety or another mental or emotional condition. Sixty-eight percent of U.S. adults responded affirmatively. Equity Idealists and Committed Activists are more likely to report having a chronic condition. Self-Reliant Individualists and Disinterested Skeptics are least likely to report a chronic condition.

¹¹³ Totals may not sum to 100 percent due to rounding.

1.3 Limitation Due to Health

Figure D.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?¹¹⁴



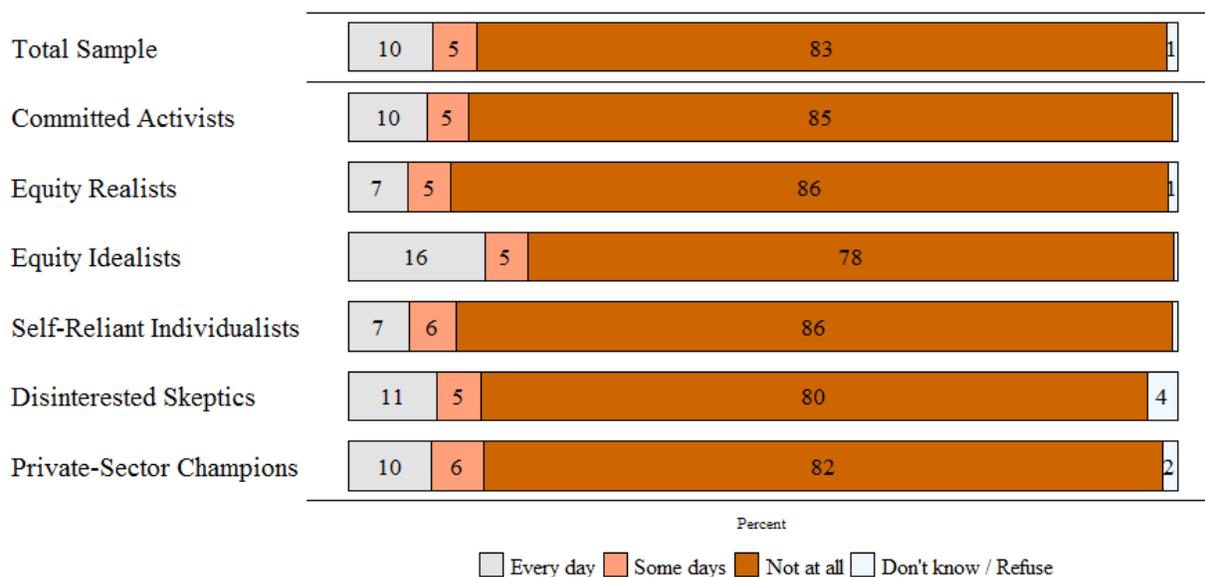
Twenty percent of U.S. adults are limited in their ability to work at a job, do housework, or go to school because of some impairment or physical or mental health problem. Private-Sector Champions, Committed Activists, and Equity Idealists are more likely to report impairment than Equity Realists, Disinterested Skeptics, and Self-Reliant Individualists.

¹¹⁴ Totals may not sum to 100 percent due to rounding.

1.4 Current Smoking Status

Figure D.1.4: Current Smoking Status

Do you now smoke cigarettes every day, some days, or not at all?¹¹⁵



The vast majority of U.S. adults (83%) report that they do not smoke. Equity Realists and Self-Reliant Individualists are less likely to smoke, compared to Private-Sector Champions, Disinterested Skeptics, and Committed Activists, although the differences are slight. Equity Idealists are more likely to smoke compared to the other groups and the total sample.

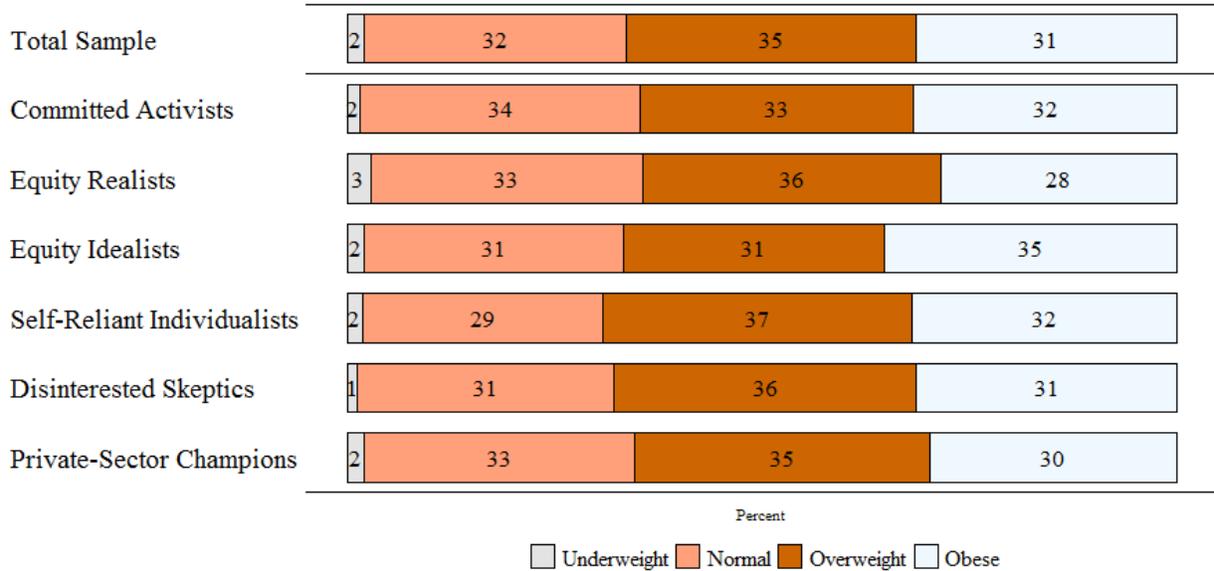
¹¹⁵ Totals may not sum to 100 percent due to rounding.

1.5 Body Mass Index

Figure D.1.5: Body Mass Index

About how much do you weigh without shoes on?

How tall are you without shoes on?¹¹⁶



Two-thirds (66%) of U.S. adults are overweight or obese given their reported BMIs. The findings across the groups are similar to the total sample, although Self-Reliant Individualists are more likely to report higher BMIs.

¹¹⁶ Totals may not sum to 100 percent due to rounding.

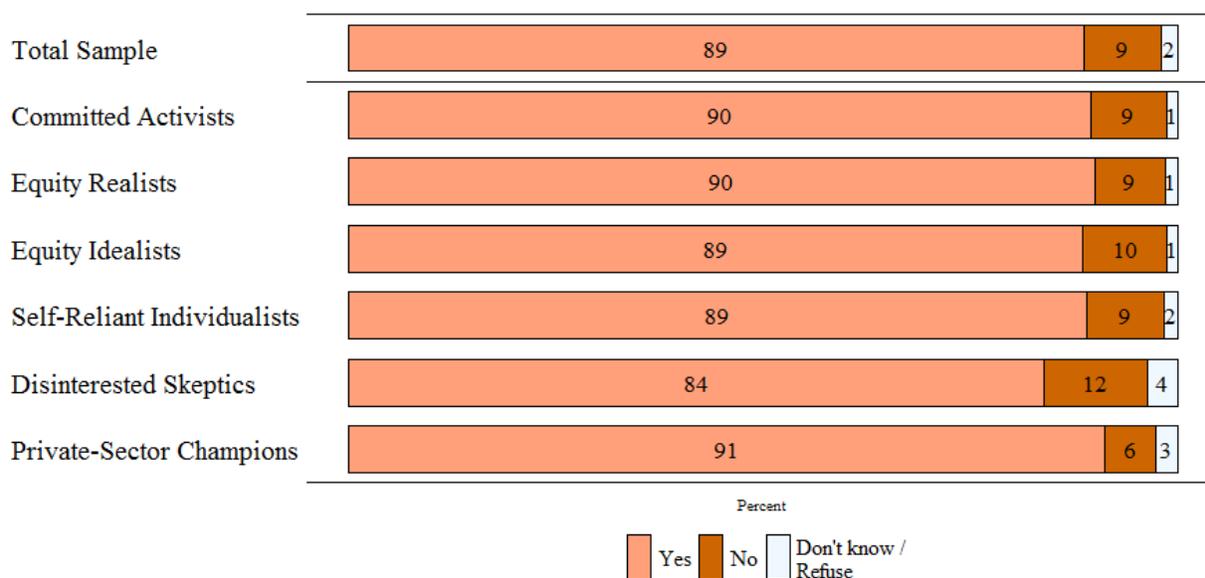
2. Health Coverage and System Use

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. Almost all survey respondents report having health insurance coverage with slightly less than half having employer-sponsored health insurance. Private-Sector Champions and Committed Activists are more likely to be covered through Medicare, while Equity Idealists are more likely to be covered through Medicaid, CHIP, or another government assistance program. Disinterested Skeptics are slightly less likely to be insured and have had a checkup in the past year.

2.1 Covered by Insurance or Not

Figure D.2.1: Covered by Insurance or Not

Are you covered by health insurance?¹¹⁷



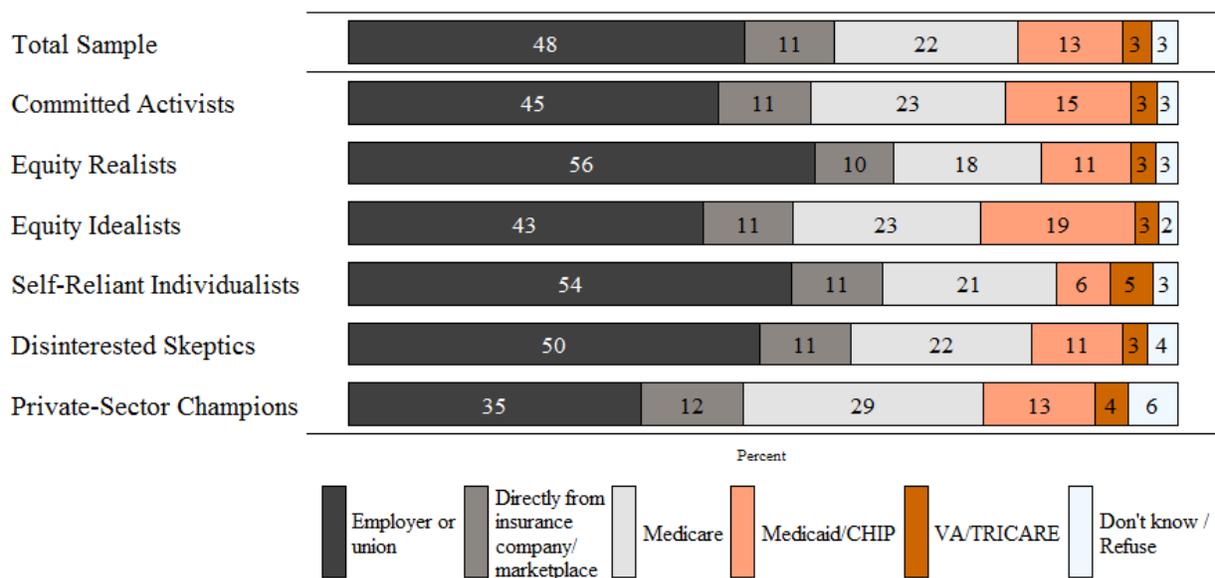
Eighty-nine percent of survey respondents report having health insurance coverage. Private-Sector Champions are slightly more likely to be insured (91%), while Disinterested Skeptics are less likely. All other clusters report coverage at about the same rate as the total sample.

¹¹⁷ Totals may not sum to 100 percent due to rounding.

2.2 Source of Insurance Coverage

Figure D.2.2: Source of Insurance Coverage

What is your main source of health insurance?¹¹⁸¹¹⁹



Nearly half of the total sample (48%) report having employer-sponsored health insurance (ESI), while 22% are covered through Medicare and 13% through Medicaid, CHIP, or some other type of government assistance program for those with low incomes or a disability. Disinterested Skeptics, Self-Reliant Individualists, and especially Equity Realists are more likely to have ESI compared to the rest of the sample. Private-Sector Champions and Committed Activists are more likely to be covered through Medicare, while Equity Idealists are more likely to be covered through Medicaid, CHIP, or another government assistance program.

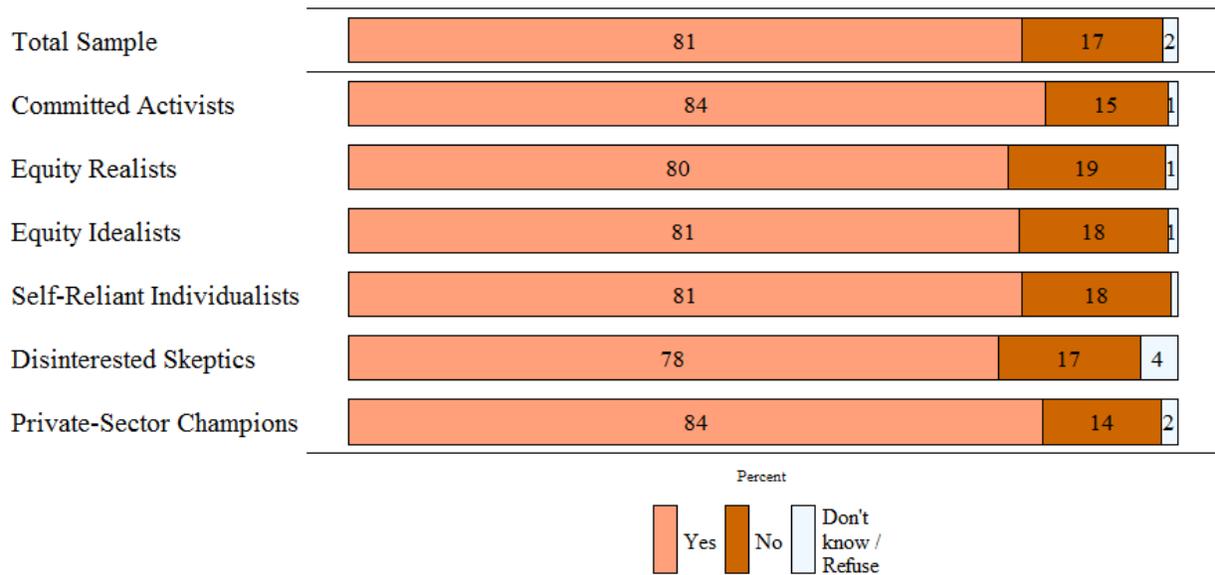
¹¹⁸ Totals may not sum to 100 percent due to rounding.

¹¹⁹ Only those that are covered by health insurance were asked this question.

2.3 Usual Source of Care

Figure D.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?¹²⁰



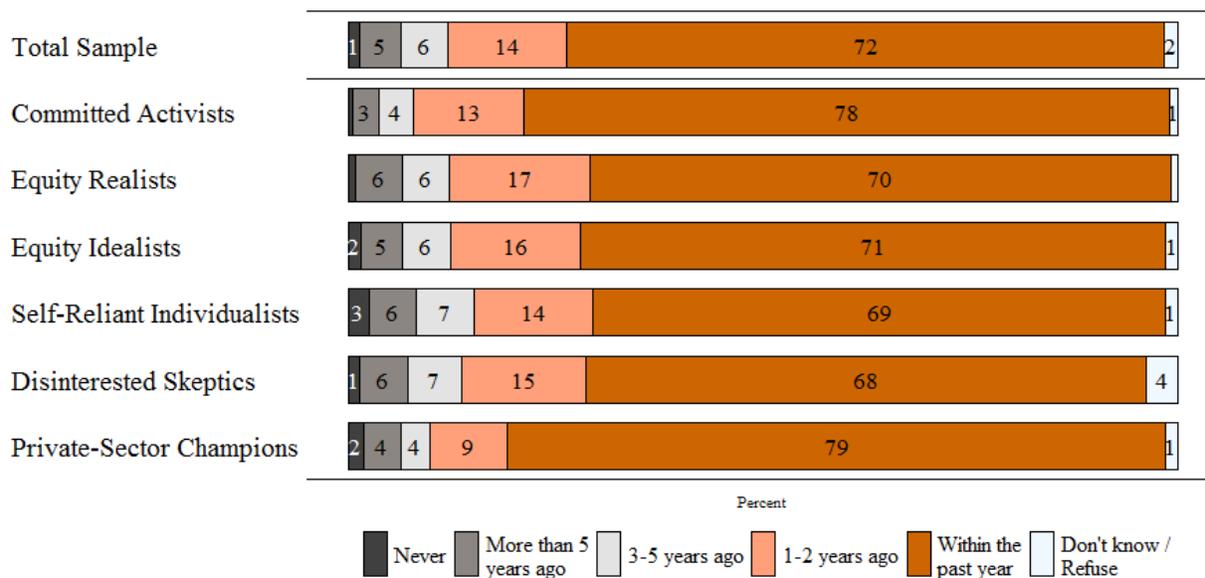
The majority of U.S. adults (81%) report having a place to go to when they are sick or need advice about their health. Committed Activists are more likely to have a place to go to while Disinterested Skeptics are less likely. All other clusters resemble the total sample.

¹²⁰ Totals may not sum to 100 percent due to rounding.

2.4 Date of Last Checkup

Figure D.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?¹²¹



Nearly three-quarters of U.S. adults (72%) report having a checkup within the past year. Private-Sector Champions and Committed Activists are more likely to have had a checkup compared to the total sample, while Disinterested Skeptics and Self-Reliant Individualists are less likely. All other groups reported similar to the total sample.

¹²¹ Totals may not sum to 100 percent due to rounding.

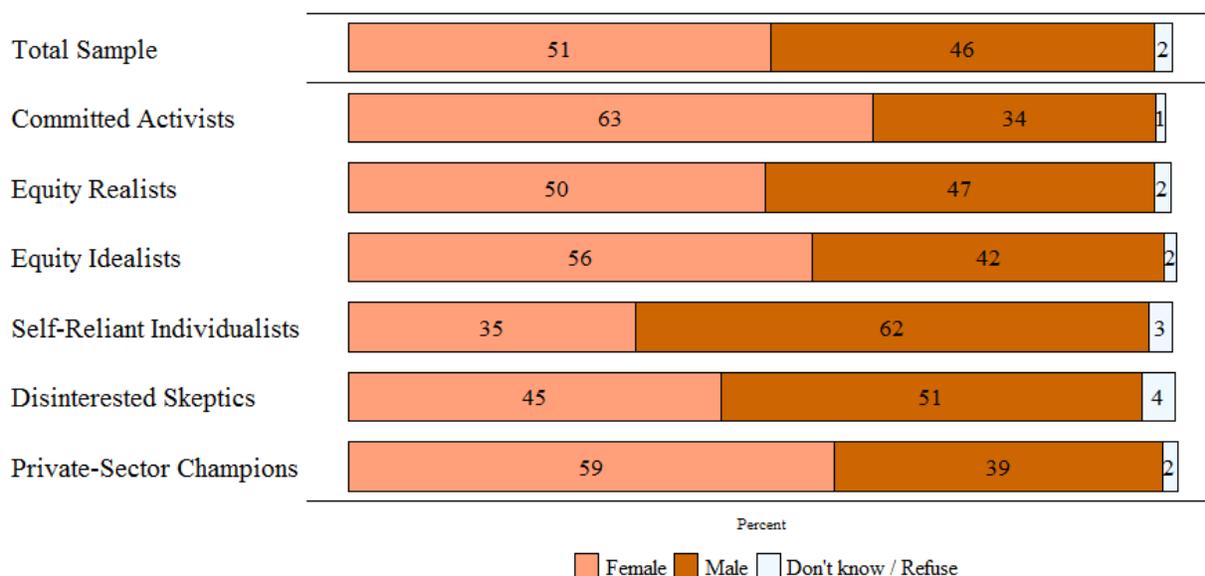
3. Demographic Characteristics

There are a number of important demographic differences between the groups in the typology. These differences are discussed in this section of the report. While the total sample is almost equally split in terms of gender, some groups, such as Committed Activists, Equity Idealists, and Private-Sector Champions, are more female than the total sample.

3.1 Gender

Figure D.3.1: Gender

*Are you male or female?*¹²²



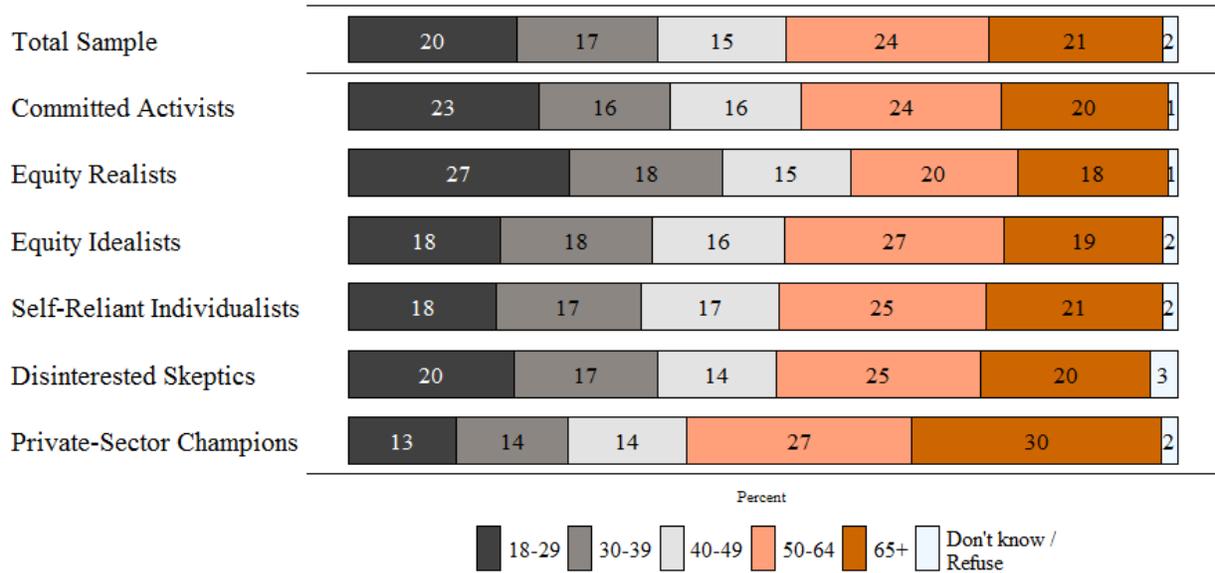
The sample skews slightly more female than male and the majority of Committed Activists, Private-Sector Champions, and Equity Idealists identify as female, while the majority of Self-Reliant Individualists and slightly more Disinterested Skeptics identify as Male. Equity Realists tend to more closely resemble the sample.

¹²² Totals may not sum to 100 percent due to rounding.

3.2 Age

Figure D.3.2: Age

*We don't need to know exactly, but generally speaking are you between ages...*¹²³



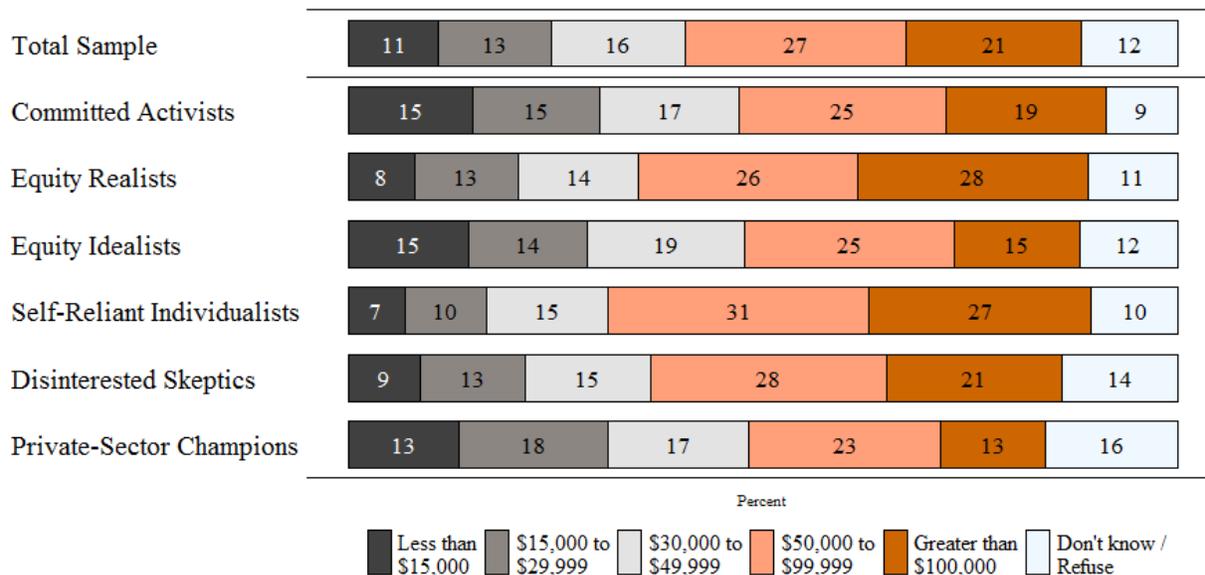
Equity Realists tend to be younger compared to the total sample of U.S. adults, with a larger percentage of respondents being under age 40. The majority of Equity Idealists, Self-Reliant Individualists, and Disinterested Skeptics report being 40–64, whereas most Private-Sector Champions tend to be over the age of 50. Committed Activists tend to resemble the total sample.

¹²³ Totals may not sum to 100 percent due to rounding.

3.3 Income

Figure D.3.3: Income

What was your approximate annual household income from all sources in 2020?¹²⁴



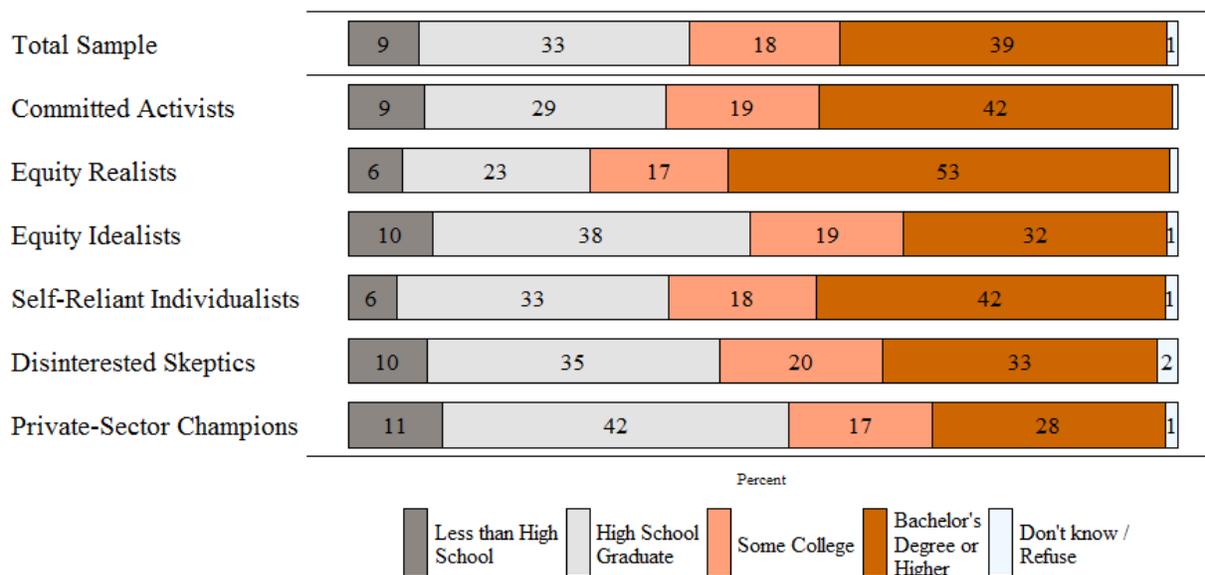
Equity Realists, Self-Reliant Individualists, and Disinterested Skeptics generally report higher incomes compared to the total sample of U.S. adults, while Equity Idealists, Private-Sector Champions, and Committed Activists tend to skew lower than the total sample. Compared to Private-Sector Champions, Self-Reliant Individualists are more than twice as likely to report an income of \$100,000 or more.

¹²⁴ Totals may not sum to 100 percent due to rounding.

3.4 Education

Figure D.3.4: Education

*What is the highest grade in school or year of college that you have completed?*¹²⁵



Self-Reliant Individualists, Committed Activists, and especially Equity Realists are more likely to have attained a bachelor’s degree or higher compared to the total sample of U.S. adults (39%). The majority of Equity Idealists, Private-Sector Champions, and Disinterested Skeptics selected high school graduation as their highest level of educational attainment.

¹²⁵ Totals may not sum to 100 percent due to rounding.

3.5 Region

Figure D.3.5: Region^{126, 127, 128}

	Books and Barracks	Faith-Driven America	Minority Centers	The Sprawl	Rural America	Urban Suburbs	Big Cities
Total Sample	12%	8%	9%	15%	14%	20%	22%
Committed Activists	11%	4%	11%	13%	10%	22%	29%
Equity Realists	14%	5%	10%	11%	11%	22%	27%
Equity Idealists	10%	10%	8%	14%	18%	19%	21%
Self-Reliant Individualists	13%	9%	9%	18%	17%	18%	16%
Disinterested Skeptics	13%	13%	9%	17%	16%	16%	16%
Private-Sector Champions	12%	8%	11%	14%	14%	22%	19%

In lieu of a more conventional geographical measure, we made use of a geodemographic classification of U.S. counties developed by the American Communities Project (ACP¹²⁹). It makes use of more than 40 demographic measures to categorize all of the nation’s counties. These results are presented in the display above. Over 40% of U.S. adults live in Big Cities (22%) or Urban Suburbs (20%). Equity Realists and Committed Activists are more likely to live in one of these areas, while Self-Reliant Individualists and Disinterested Skeptics are less likely. Equity Idealists and Private-Sector Champions tend to resemble the total sample.

¹²⁶ Region was calculated based on responses to “What is your current zip code?”

¹²⁷ Totals may not sum to 100 percent due to rounding.

¹²⁸ Figures related to region are presented as a table rather than a graph for Section 508 compliance.

¹²⁹ ¹²⁹ Chinni, D. and Gimpel, J. (2010). Our Patchwork Nation: The Surprising Truth About the “Real” America, The American Communities Project. New York: Penguin Groups (USA). <https://www.americancommunities.org/>.

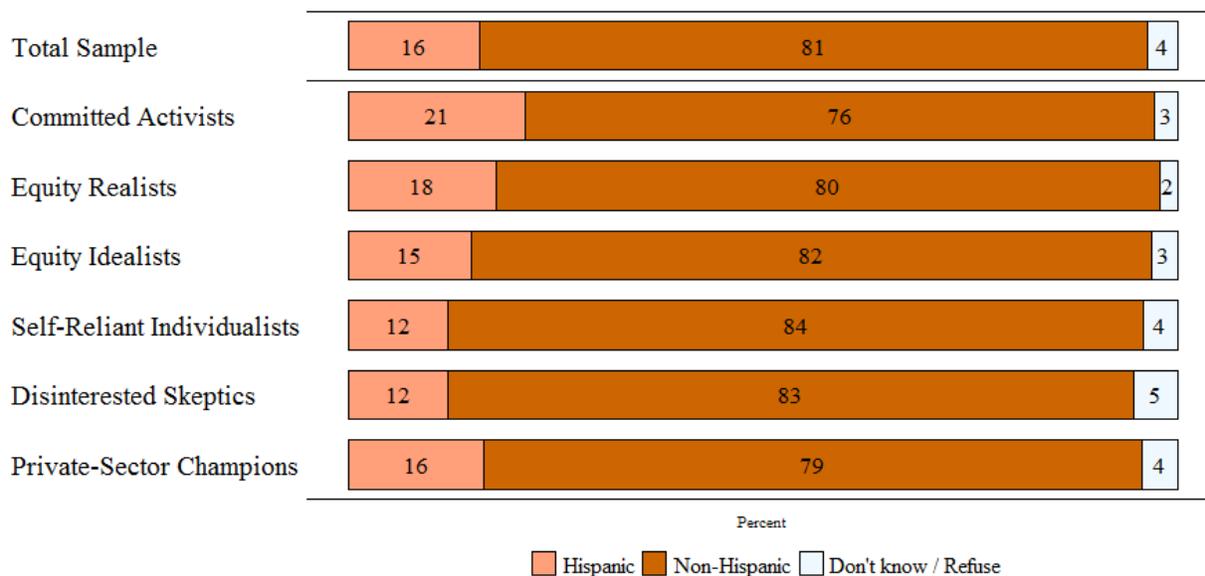
3.6 Race/Ethnicity

The survey explored race and ethnicity using an initial question that asked respondents if they identified as Hispanic or Non-Hispanic in terms of ethnicity followed by a second question about which of six race categories they identified with.

3.6.1: Ethnicity

Figure D.3.6.1: Ethnicity

*Are you of Latino or Hispanic origin? This includes Mexican-American, Latin American, South American or Spanish-American.*¹³⁰



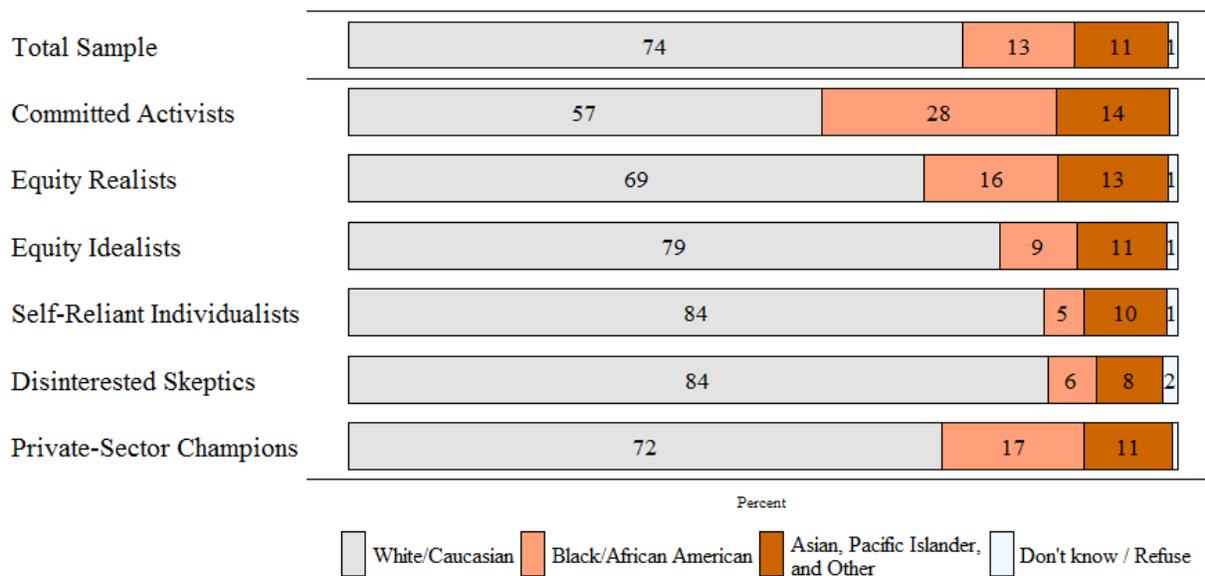
The majority of respondents (81%) reported being Non-Hispanic while 16% reported being Hispanic. Committed Activists are slightly more likely to be Hispanic than U.S. adults generally. The rest of the groups resemble U.S. adults generally.

¹³⁰ Totals may not sum to 100 percent due to rounding.

3.6.1: Race

Figure D.3.6.2: Race

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?¹³¹



The majority (74%) of survey respondents reported being White/Caucasian while 13% reported being Black/African American. Self-Reliant Individualists, Disinterested Skeptics and Equity Idealists are more likely to identify as White/Caucasian while Committed Activists, Equity Realists and Private-Sector Champions are more likely to identify as another race.

¹³¹ Totals may not sum to 100 percent due to rounding.

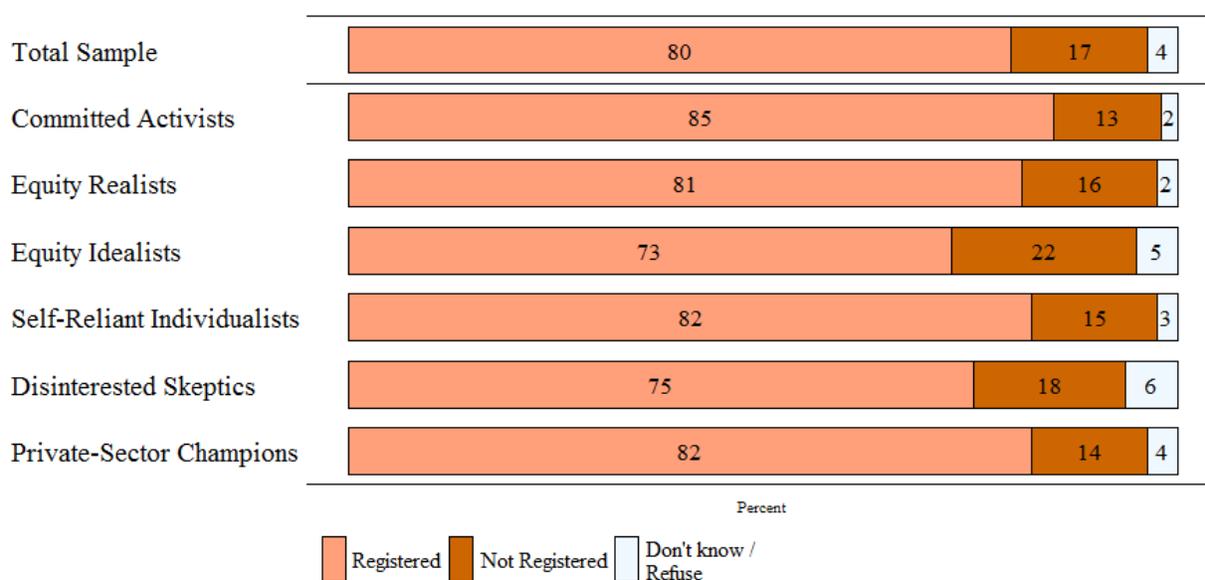
4. Political Views and Participation

Overview: Disinterested Skeptics and especially Equity Idealists are less likely than U.S. adults to be registered or to report voting. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are more likely to report conservative political views, identifying as or leaning Republican, or being members of the Republican Party, while Committed Activists and Equity Realists are more likely to report being liberal or very liberal, leaning or identifying as Democrats, and being members of the Democratic Party. Equity Idealists tend to be more moderate and to resemble the total sample in terms of their identification, membership, and political leanings.

4.1 Voter Registration Status

Figure D.4.1: 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?¹³²



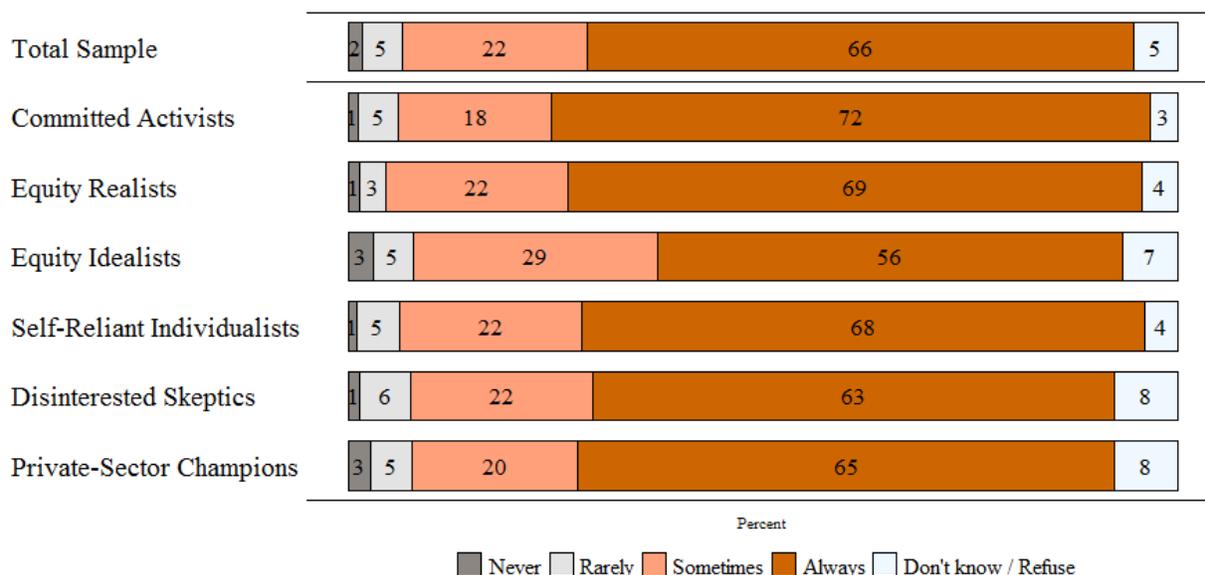
Most survey respondents (80%) report being registered to vote. The distributions are similar across the groups, although Equity Idealists and Disinterested Skeptics are slightly less likely to be registered. Committed Activists, Private-Sector Champions, and Self-Reliant Individualists are slightly more likely to be registered voters. Equity Realists report similarly to the total sample.

¹³² Totals may not sum to 100 percent due to rounding.

4.2 Frequency of Voting

Figure D.4.2: Frequency of Voting

*Most people don't vote in all elections. Can you tell me how often you vote in local and national elections?*¹³³¹³⁴



Two-thirds (66%) of U.S. adults report always voting in local and national elections. The distributions are similar across the other groups, although Disinterested Skeptics and especially Equity Idealists are less likely to report voting. Committed Activists, Equity Realists, and Self-Reliant Individualists are slightly more likely to vote in elections, while Private-Sector Champions report similarly to the total sample.

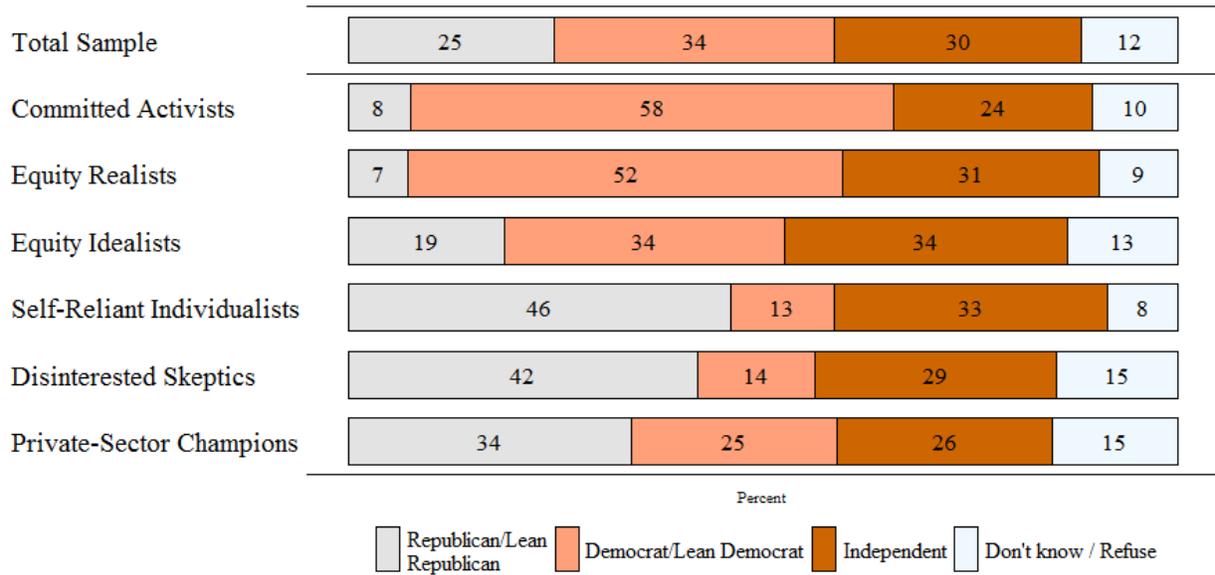
¹³³ Totals may not sum to 100 percent due to rounding.

¹³⁴ Only those who said they were registered to vote were asked this question.

4.3 Party Affiliation

Figure D.4.3: 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?*¹³⁵



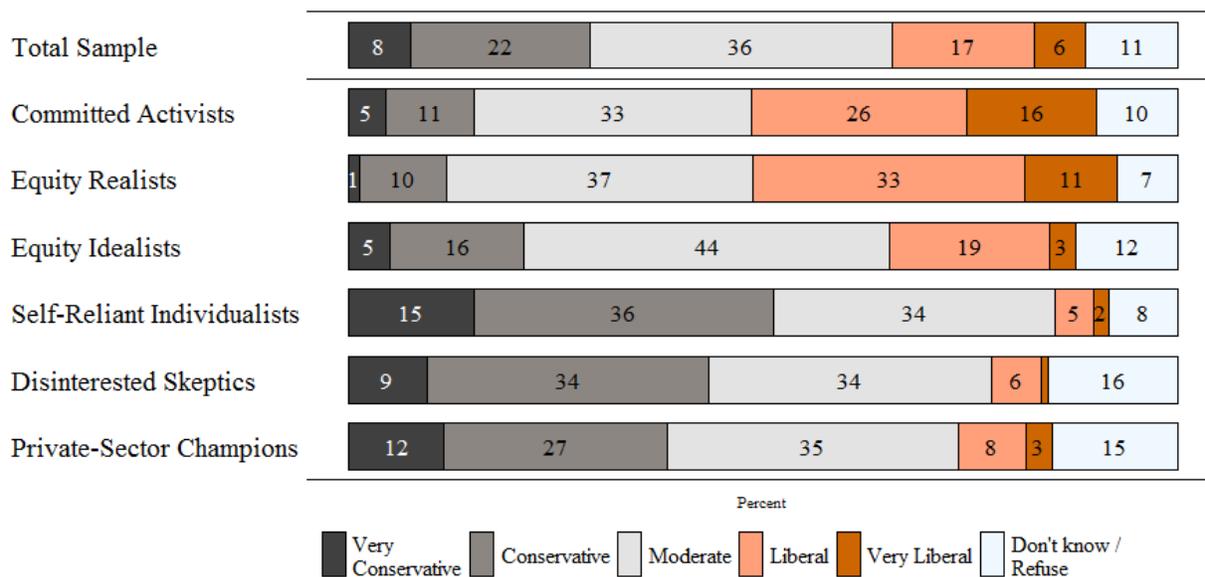
One-quarter (25%) of the total sample lean toward the Republican Party, while over one third leaned toward the Democratic Party. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are more likely to report being Republicans, while Committed Activists and Equity Realists are more likely to report being Democrats. Equity Idealists reported similarly to the total sample.

¹³⁵ Totals may not sum to 100 percent due to rounding.

4.4 Political Ideology

Figure D.4.4: Political ideology

*In general, would you describe your political views as very conservative, conservative, moderate, liberal or very liberal?*¹³⁶



More than one-third (36%) of U.S. adults describe their political views as moderate. Thirty percent claim to be conservative while 23% describe their views as liberal. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are much more likely to report having conservative views, while Committed Activists and Equity Realists are more likely to report having liberal views. Equity Idealists report similarly to the total sample.

¹³⁶ Totals may not sum to 100 percent due to rounding.

4.5 Political Party Membership¹³⁷

Overview: Respondents were asked to indicate whether they are a member and currently active in the two major political parties in the United States. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are much more likely to be active members of the Republican Party, and Committed Activists and Equity Realists are more likely to be active members of the Democratic Party.

4.5.1: Political Party Membership: Republican

Figure D.4.5.1: Political Party Membership: Republican

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

The Republican Party¹³⁸



Twenty-two percent of the total sample report being members of the Republican Party, but only 11% are currently active. Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are much more likely to be active members, while Committed Activists, Equity Realists, and Equity Idealists are less likely.

¹³⁷ This is a new measure added in 2020.

¹³⁸ Totals may not sum to 100 percent due to rounding.

4.5.2: Political Party Membership: Democratic

Figure D.4.5.1: Political Party Membership: Democratic

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

The Democratic Party¹³⁹



Twenty-six percent of survey respondents report being members of the Democratic Party, but only 13% report being active members. Committed Activists and Equity Realists are much more likely to be active members, while Self-Reliant Individualists, Disinterested Skeptics, and Private-Sector Champions are much less likely. Equity Idealists reported similarly to the total sample.

¹³⁹ Totals may not sum to 100 percent due to rounding.

5. Interest in Religion and Spirituality

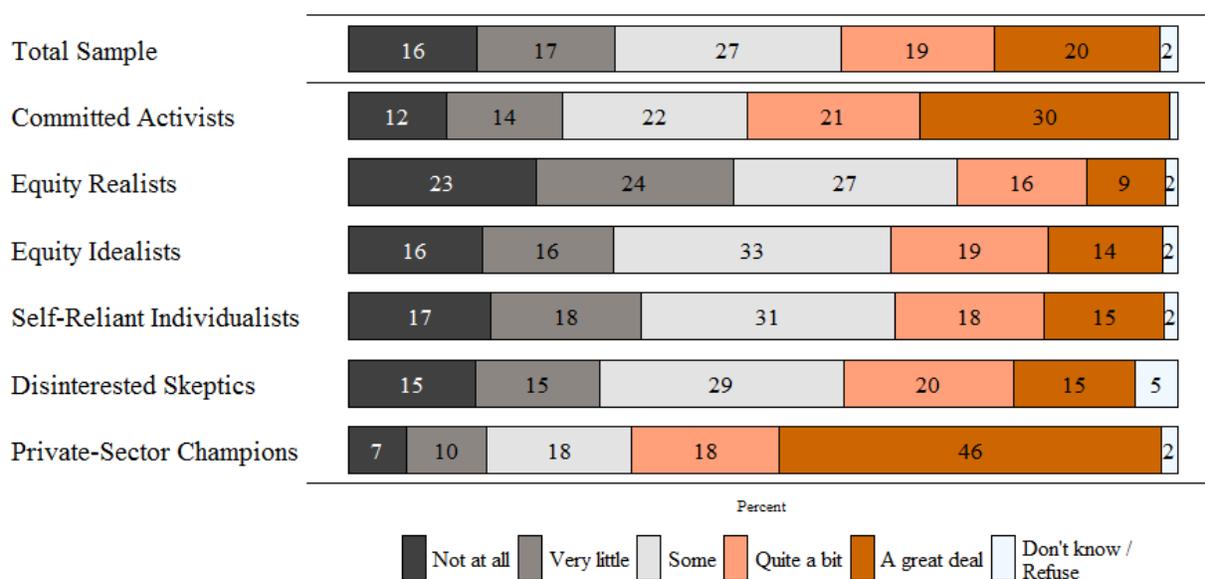
Overview: Committed Activists and, in particular, Private-Sector Champions are more likely to be religious and put effort into prayer and meditation. However, Private-Sector Champions—but not Committed Activists—are most likely to attend religious services weekly. In contrast, Equity Realists are least likely to be religious, to put effort into prayer and meditation, or to attend services on a weekly basis.

5.1 Effort Put into Prayer/Meditation

Figure D.5.1: Effort Put into Prayer/Meditation¹⁴⁰

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 meditating¹⁴¹



When asked about the effort that they put into prayer and meditation, only some (20%) U.S. adults report putting in great deal of effort. Committed Activists and, in particular, Private-Sector Champions are more likely to put a great deal of effort into prayer and meditation, and all other groups are less likely to put in a similar amount of effort into these activities.

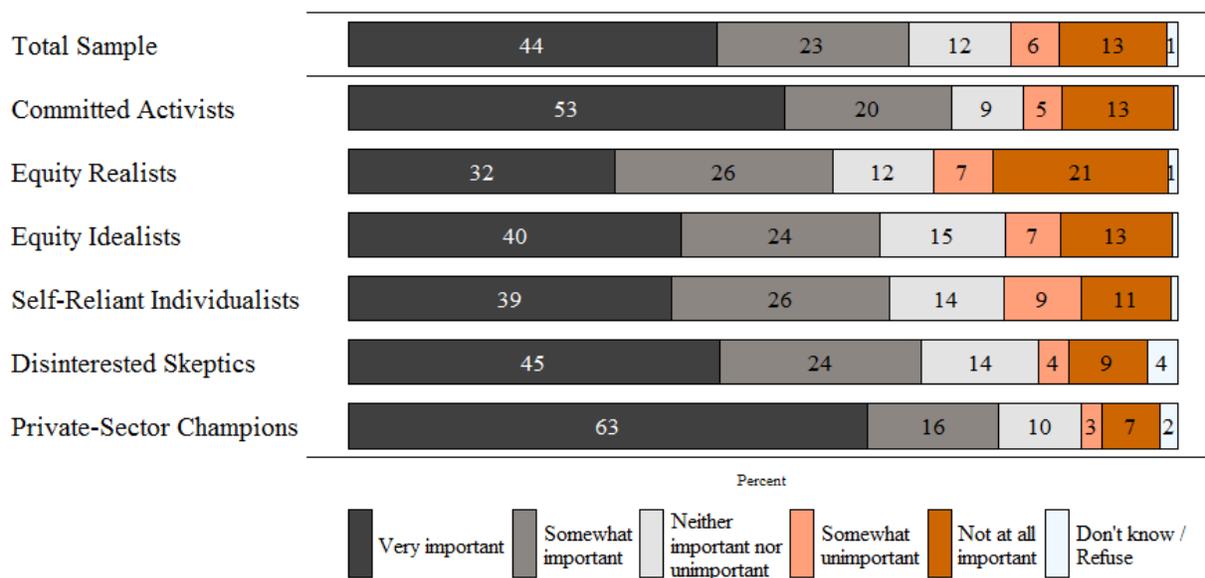
¹⁴⁰ This item is used to define the typology. We are including it here with other new measures related to religion in the survey.

¹⁴¹ Totals may not sum to 100 percent due to rounding.

5.2 Self-Reported Importance of Religion/Spirituality

Figure D.5.2: Importance of Religion

How would you rate the importance of religion and/or spirituality in your life?¹⁴²



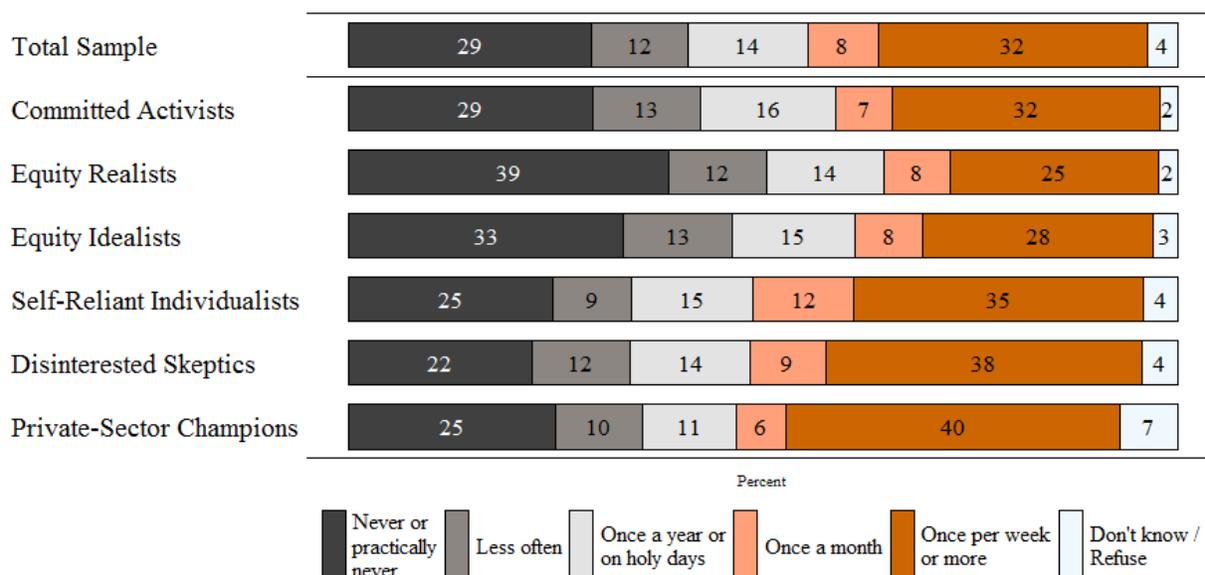
When asked about the importance of religion in their lives, 44% of U.S. adults said that religion was a very important part of their lives. Committed Activists and, in particular, Private-Sector Champions view religion as very important, though Equity Realists are least likely to ascribe a great deal of importance to religion. Equity Idealists and Self-Reliant Individualist are also less likely to place a great deal of importance on religion, but Disinterested Skeptics are more likely to closely resemble the total sample.

¹⁴² Totals may not sum to 100 percent due to rounding.

5.3 Frequency of Attendance of Religious Services

Figure D.5.3: Frequency of Attendance of Religious Services

Apart from weddings and funerals, about how often do you attend religious services these days?¹⁴³



Almost a third (32%) of U.S. adults report that they attend religious services at least once a week. Private-Sector Champions are more likely to attend religious services weekly, followed by Disinterested Skeptics and Self-Reliant Individualists. Fewer Equity Idealists and Equity Realists attend services with the same frequency, and Committed Activists resembled the total sample.

¹⁴³ Totals may not sum to 100 percent due to rounding.

6. Media, Trusted Sources, and Organizational Affiliation

6.1 Media Consumption

Overview: New items on use of media for news were added not only to add to our understanding of the characters of the groups but also to provide information that could help with the targeting of outreach efforts to them.

Most U.S. adults watch the news on local or national TV programs on a daily or weekly basis. About half receive their news via local and national print media, local or national radio, from an online-only source, via social networks, or via handheld device on a daily or weekly basis. Fewer read their news in neighborhood newsletters or listservs, listen to the news online or via satellite radio, or via media sharing networks—and the least of all via online discussion forums.

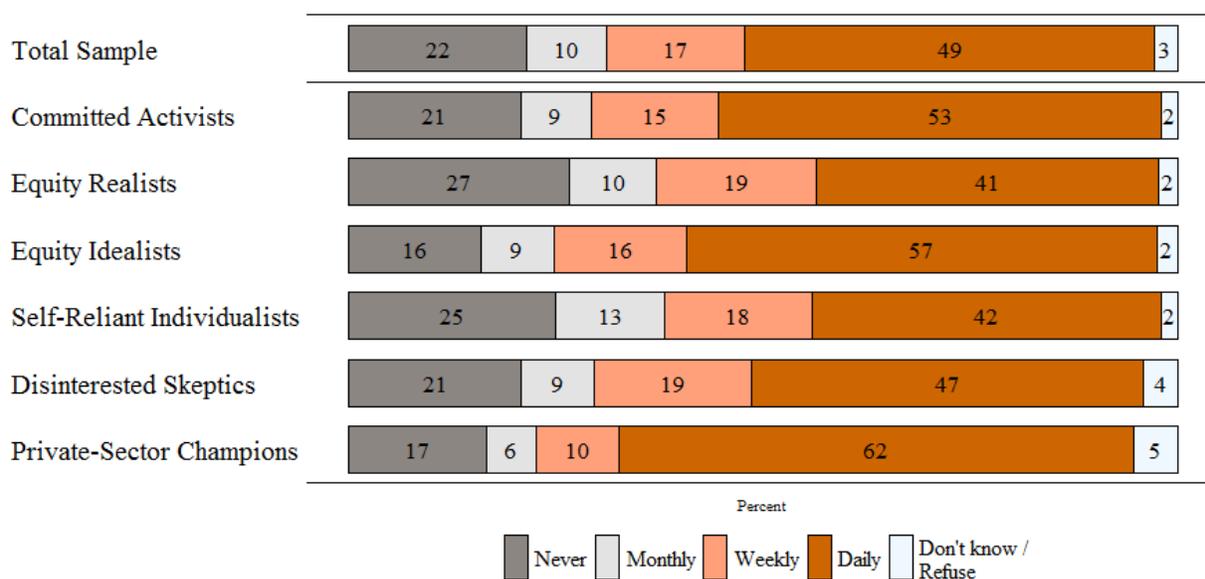
Overall, we found that Committed Activists and Private-Sector Champions received their news from the widest variety of sources, though there are some important other differences between the groups.

6.1.1 Consumption of Local Television News

Figure D.6.1.1: Consumption of Local Television News

How often do you use each of the following sources to obtain news about current events and issues?

Local television news¹⁴⁴



¹⁴⁴ Totals may not sum to 100 percent due to rounding.

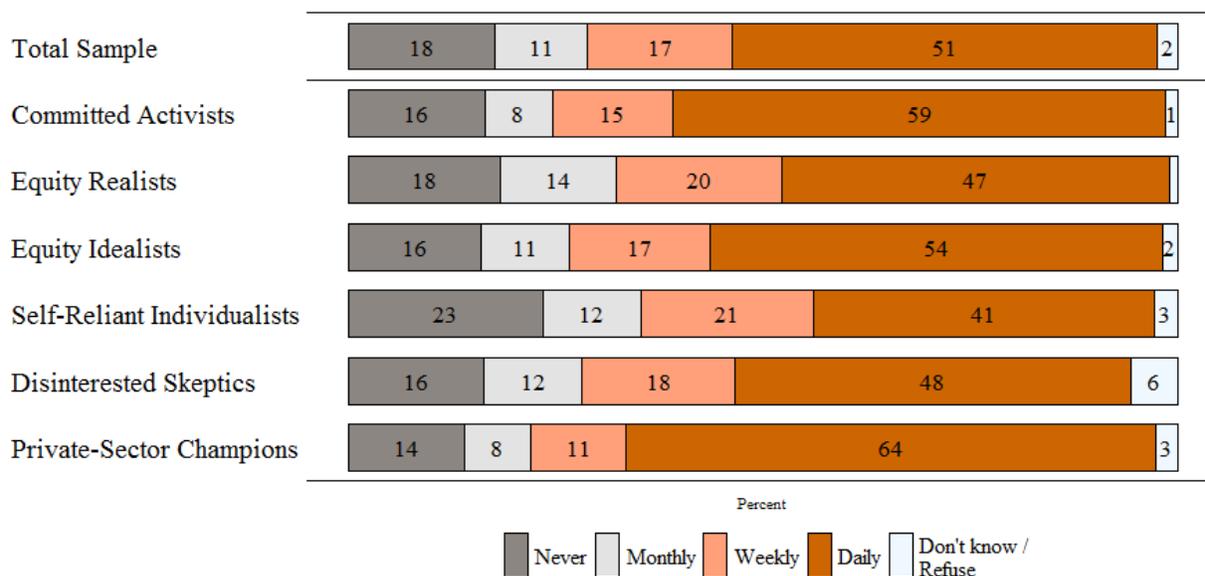
Two-thirds of U.S. adults watch the news on local stations on a daily or weekly basis. Private-Sector Champions are much more likely to watch national TV news on a daily or weekly basis, whereas Committed Activists and Equity Idealists are slightly more likely to do so. Equity Realists, Disinterested Skeptics, and Self-Reliant Individualists are less likely to consume news in this format at the same frequency.

6.1.2 Consumption of National Television News

Figure D.6.1.2: Consumption of National Television News

How often do you use each of the following sources to obtain news about current events and issues?

National television news via broadcast (CBS, ABC, or NBC), cable (CNN, MSNBC, Fox News) or streaming (broadcast, cable, and other sites such as Newsy, NewsON and Watchup)¹⁴⁵



More than two-thirds (68%) of U.S. adults watch national television news via broadcast (CBS, ABC, or NBC), cable (CNN, MSNBC, Fox News) or streaming (broadcast, cable, and other sites such as Newsy, NewsON, and Watchup) on a daily or weekly basis. Most Committed Activists, Equity Idealists, and Private-Sector Champions watch national TV news on a daily or weekly basis, but Disinterested Skeptics and Self-Reliant Individualists are least likely to consume news in this format at the same frequency. Equity Realists resemble the total sample.

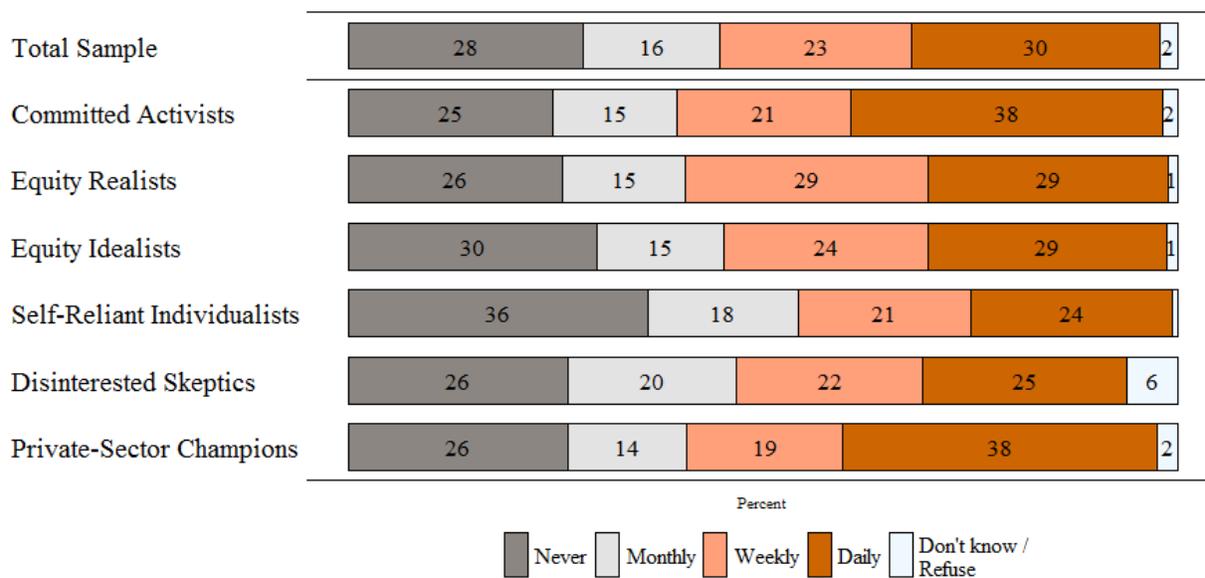
¹⁴⁵ Totals may not sum to 100 percent due to rounding.

6.1.3 Consumption of Local Print News

Figure D.6.1.3: Consumption of Local Print News

How often do you use each of the following sources to obtain news about current events and issues?

Local print newspapers or news magazines either hard copy or online¹⁴⁶



Slightly more than half (53%) of U.S. adults consume news via local print newspapers or news magazines either via hard copy or online on a daily or weekly basis. Committed Activists, Equity Realists, and Private-Sector Champions are all slightly more likely to consume local print news on the same frequency, while Disinterested Skeptics and Self-Reliant Individualists are less likely to consume news in this format at the same frequency. Equity Idealists resemble the total sample.

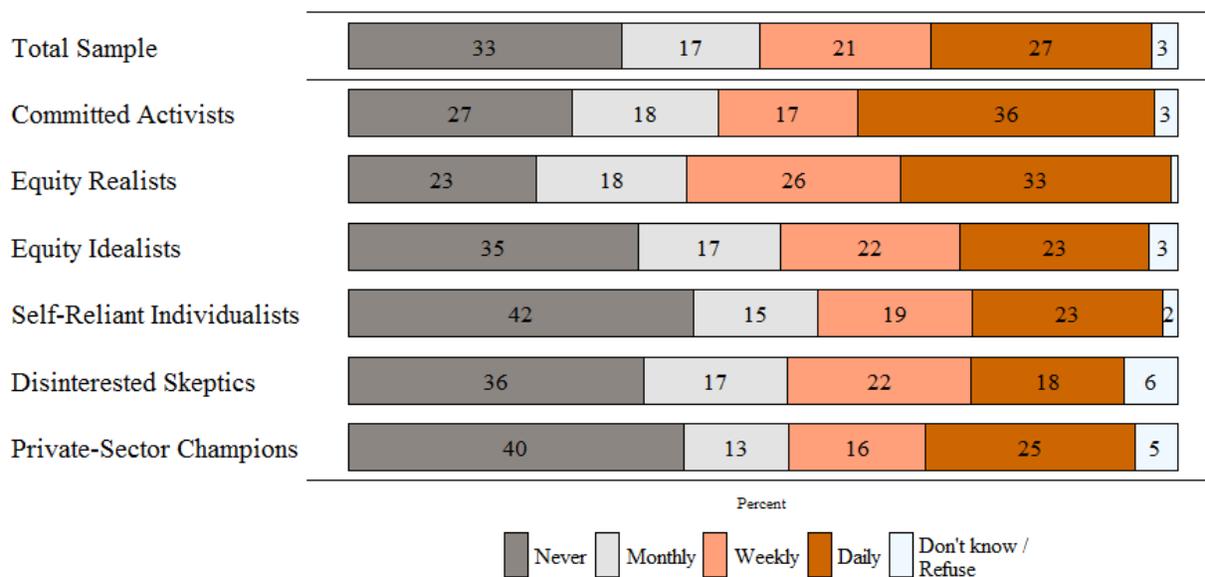
¹⁴⁶ Totals may not sum to 100 percent due to rounding.

6.1.4 Consumption of National Print News

Figure D.6.1.4: Consumption of National Print News

How often do you use each of the following sources to obtain news about current events and issues?

National print newspapers or news magazines either hard copy or online¹⁴⁷



Slightly less than half (48%) of U.S. adults consume news via national print newspapers or news magazines either via hard copy or online on a daily or weekly basis. Committed Activists and Equity Realists are both more likely to consume national print news on a daily/weekly basis. Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all less likely to consume national print news at the same frequency. Equity Idealists more closely resemble the total sample.

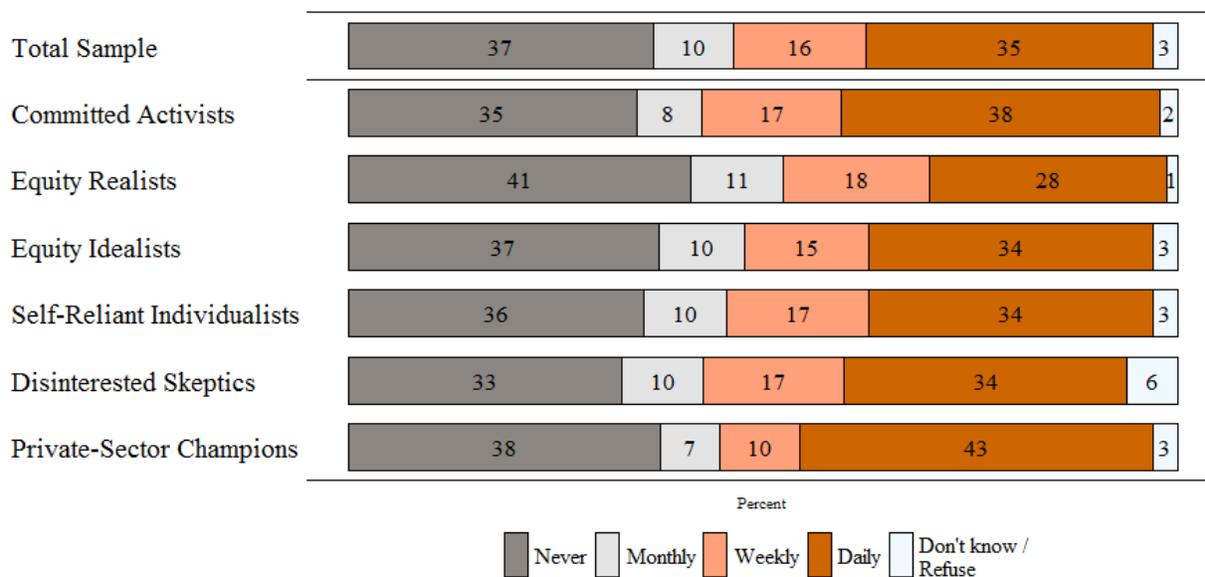
¹⁴⁷ Totals may not sum to 100 percent due to rounding.

6.1.5 Consumption of Local Radio News

Figure D.6.1.5: Consumption of Local Radio News

How often do you use each of the following sources to obtain news about current events and issues?

*Local news on AM/FM radio*¹⁴⁸



About half (51%) of U.S. adults listen to the news on local AM/FM radio on a daily or weekly basis. Committed Activists and Private-Sector Champions are both more likely to listen to radio news every day or every week. In contrast, Equity Realists are less likely to listen to the radio for news at the same frequency, but Disinterested Skeptics, Self-Reliant Individualists, and Equity Idealists resemble the total sample.

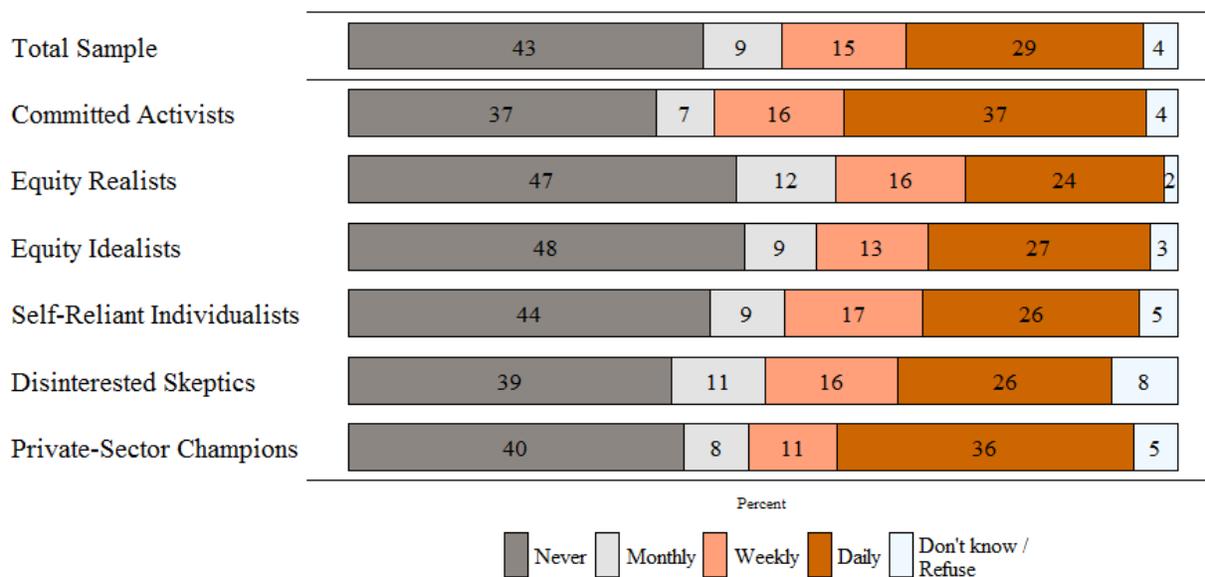
¹⁴⁸ Totals may not sum to 100 percent due to rounding.

6.1.6 Consumption of National Radio News

Figure D.6.1.6: Consumption of National Radio News

How often do you use each of the following sources to obtain news about current events and issues?

National news on AM/FM radio¹⁴⁹



Less than half (44%) of U.S. adults listen to national news on AM/FM radio on a daily or weekly basis. Committed Activists and Private-Sector Champions are all slightly more likely to listen to national radio news on a daily or weekly basis. Equity Realists and Equity Idealists are slightly less likely to consume news in this format at the same frequency while Disinterested Skeptics and Self-Reliant Individualists resemble the total sample.

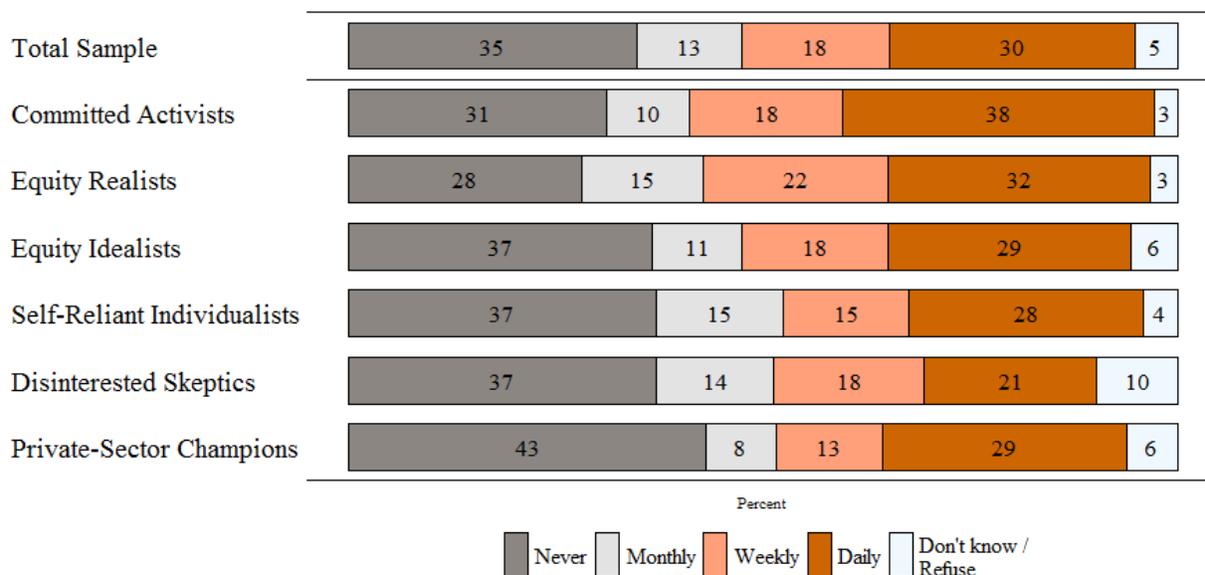
¹⁴⁹ Totals may not sum to 100 percent due to rounding.

6.1.7 Consumption of News from an Online-Only Source

Figure D.6.1.7: Consumption of News from an Online-Only Source

How often do you use each of the following sources to obtain news about current events and issues?

News online by a news source that publishes only online¹⁵⁰



Almost half (48%) of U.S. adults read or watch the news from a source that only shares content online on a daily or weekly basis. More than half of Committed Activists and Equity Realists receive their news from online-only sources on a daily or weekly basis. Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all less likely to consume news in this format at the same frequency, while Equity Idealists resemble the total sample.

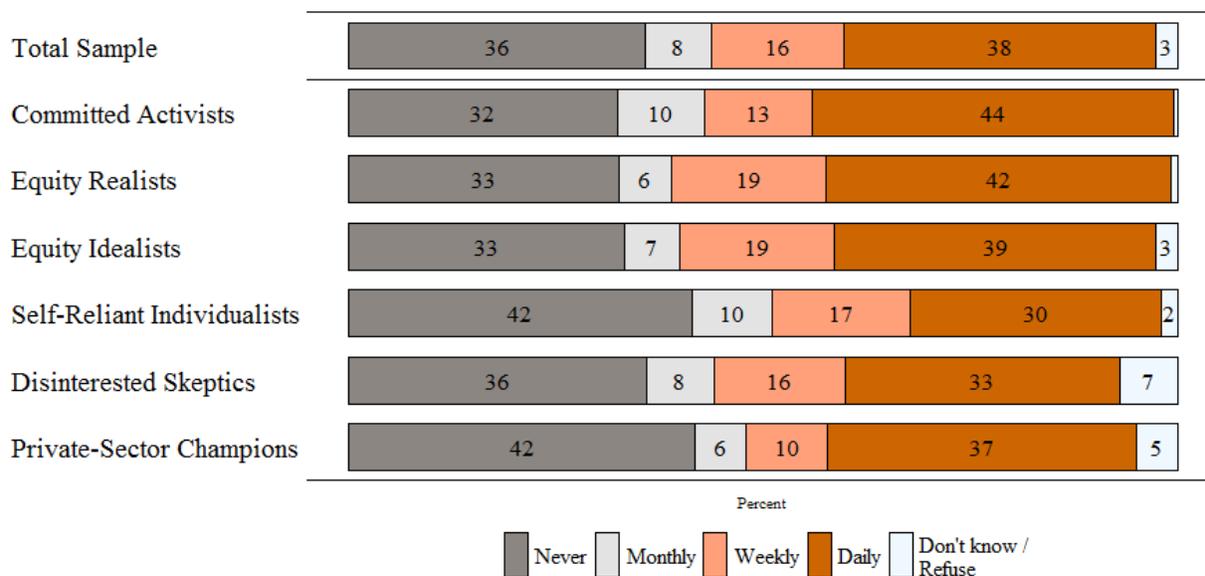
¹⁵⁰ Totals may not sum to 100 percent due to rounding.

6.1.8 Consumption of News via Social Networks

Figure D.6.1.8: Consumption of News via Social Networks

How often do you use each of the following sources to obtain news about current events and issues?

News on social networks (such as Facebook, Twitter, and LinkedIn)¹⁵¹



More than half (54%) of U.S. adults receive their news on a daily or weekly basis via social media networks (such as Facebook, Twitter, and LinkedIn). Committed Activists, Equity Realists, and Equity Idealists are all more likely to consume news in this format at the same frequency while Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all less likely to obtain their news via social networks on a daily or weekly basis.

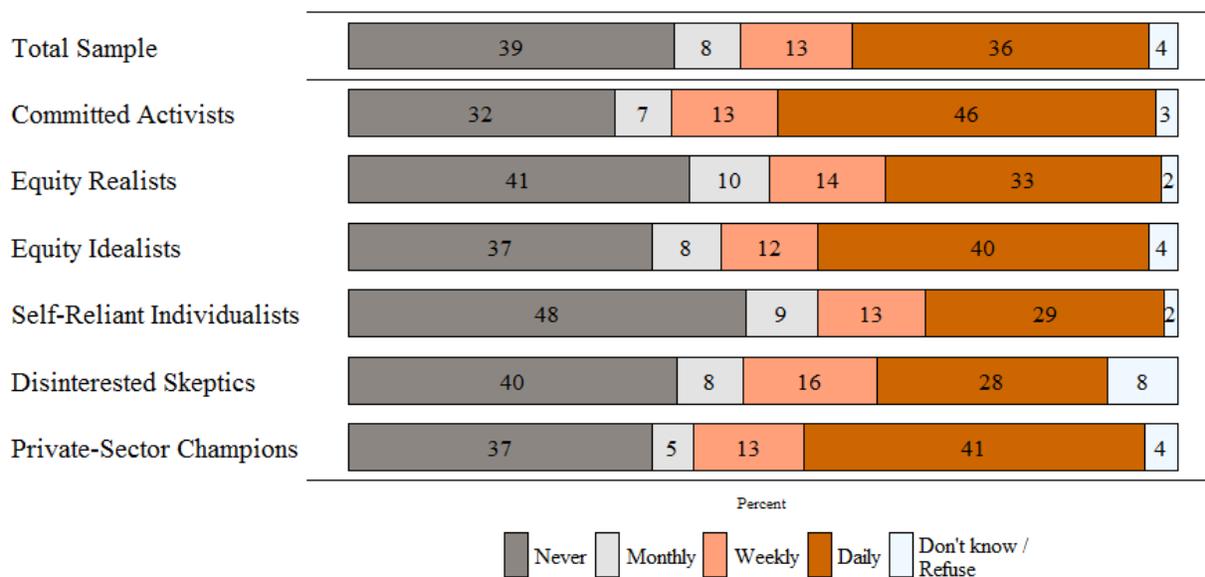
¹⁵¹ Totals may not sum to 100 percent due to rounding.

6.1.9 Consumption of News on a Handheld Device

Figure D.6.1.9: Consumption of News on a Handheld Device

How often do you use each of the following sources to obtain news about current events and issues?

News alerts via push notification that appears on a smart phone/handheld device main screen¹⁵²



Almost half (49%) of U.S. adults receive their news via push notification alerts that appears on a smart phone/handheld device main screen and read this news on those devices on a daily or weekly basis. Committed Activists, Equity Idealists, and Private-Sector Champions are all more likely to read their news on a daily or weekly basis via handheld devices, but Disinterested Skeptics and Self-Reliant Individualists are less likely to consume news in this format at the same frequency. Equity Realists tend to more closely resemble the total sample.

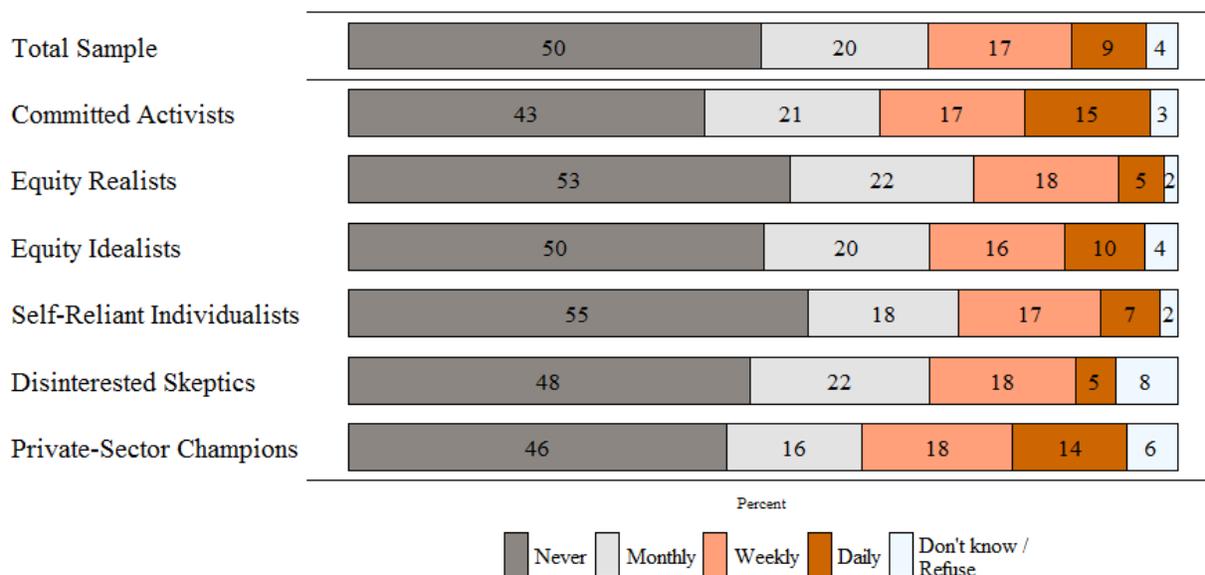
¹⁵² Totals may not sum to 100 percent due to rounding.

6.1.10 Consumption of Neighborhood Newsletters/Listservs

Figure D.6.1.10: Consumption of Neighborhood Newsletters/Listservs

How often do you use each of the following sources to obtain news about current events and issues?

Neighborhood newsletter or listserv either hard copy or online¹⁵³



About a quarter (26%) of U.S. adults consume news via neighborhood newsletters or listservs on a daily or weekly basis. Committed Activists and Private-Sector Champions are more likely to obtain their news from these sources on a daily or weekly basis. Equity Realists, Disinterested Skeptics, and Self-Reliant Individualists are less likely to consume news in this format at the same frequency. Equity Idealists resemble the total sample.

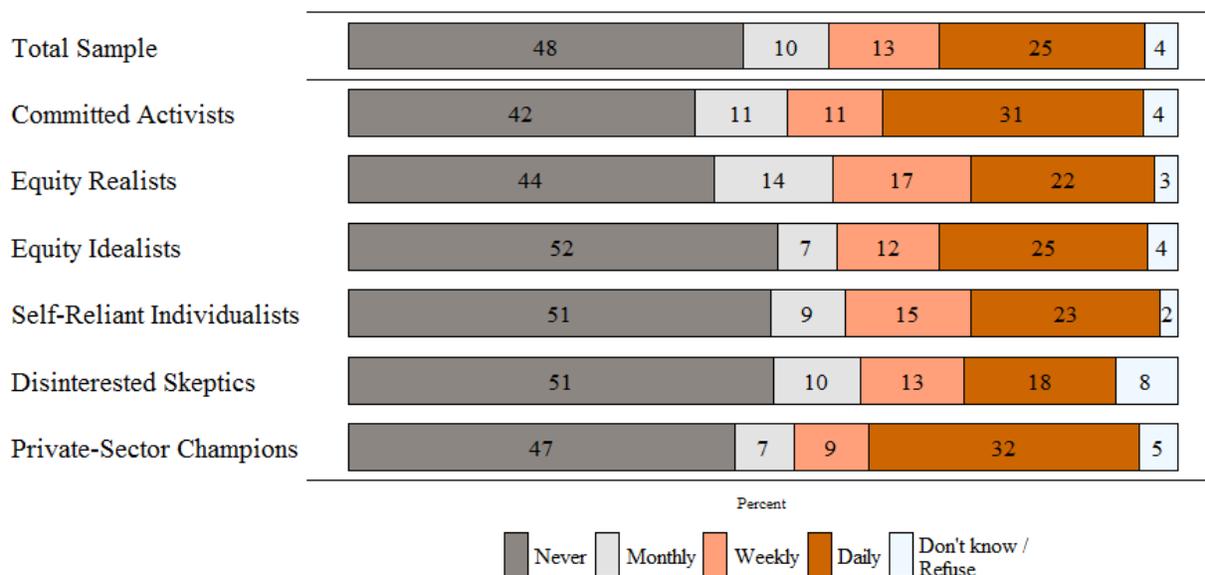
¹⁵³ Totals may not sum to 100 percent due to rounding.

6.1.11 Consumption of National News on Online/Satellite Radio or via Podcast

Figure D.6.1.11: Consumption of National News on Online/Satellite Radio or via Podcast

How often do you use each of the following sources to obtain news about current events and issues?

National news on online/satellite radio or via podcasts¹⁵⁴



Slightly more than a third (38%) of U.S. adults listen to national news online or via satellite radio on a daily or weekly basis. Committed Activists and Private-Sector Champions are all slightly more likely to listen to national radio news online or via satellite radio on a daily or weekly basis. Disinterested Skeptics are less likely to consume news in this format at the same frequency, and Equity Realists, Equity Idealists, and Self-Reliant Individualists more closely resemble the total sample.

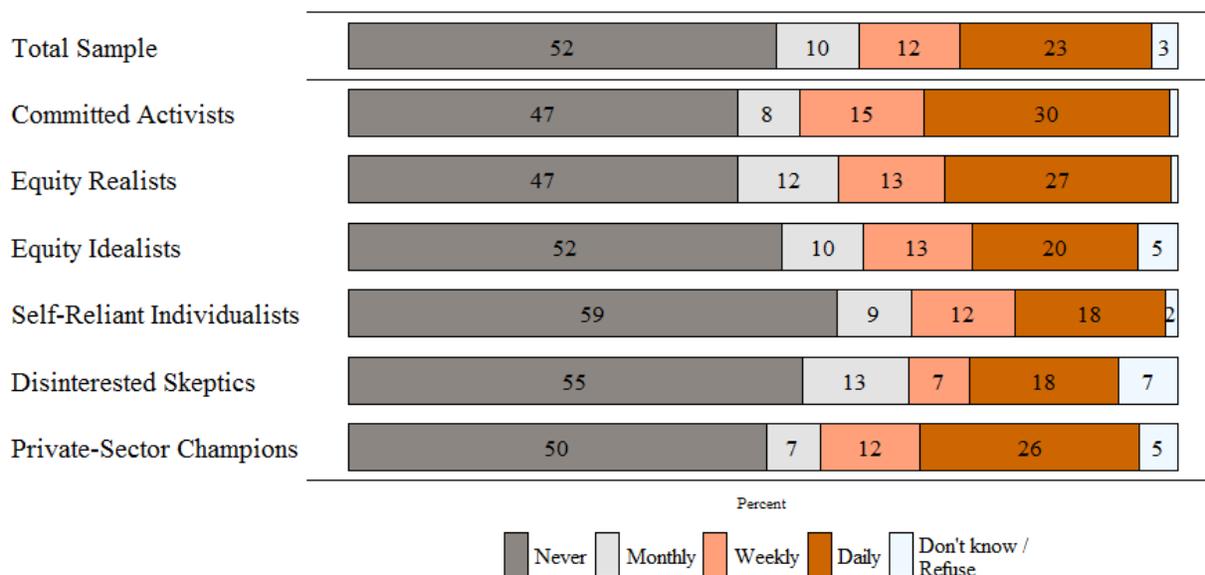
¹⁵⁴ Totals may not sum to 100 percent due to rounding.

6.1.12 Consumption of News via Media Sharing Networks

Figure D.6.1.12: Consumption of News via Media Sharing Networks

How often do you use each of the following sources to obtain news about current events and issues?

News on media sharing networks (such as Snapchat, Instagram, and YouTube)¹⁵⁵



About a third (35%) of U.S. adults receive their news via media sharing networks (such as Snapchat, Instagram, and YouTube) on a daily or weekly basis. Committed Activists, Equity Realists, and Private-Sector Champions are all slightly more likely to obtain their news from these sources on a daily or weekly basis. In contrast, Equity Idealists, Disinterested Skeptics, and Self-Reliant Individualists are less likely to consume news from this type of source at the same frequency.

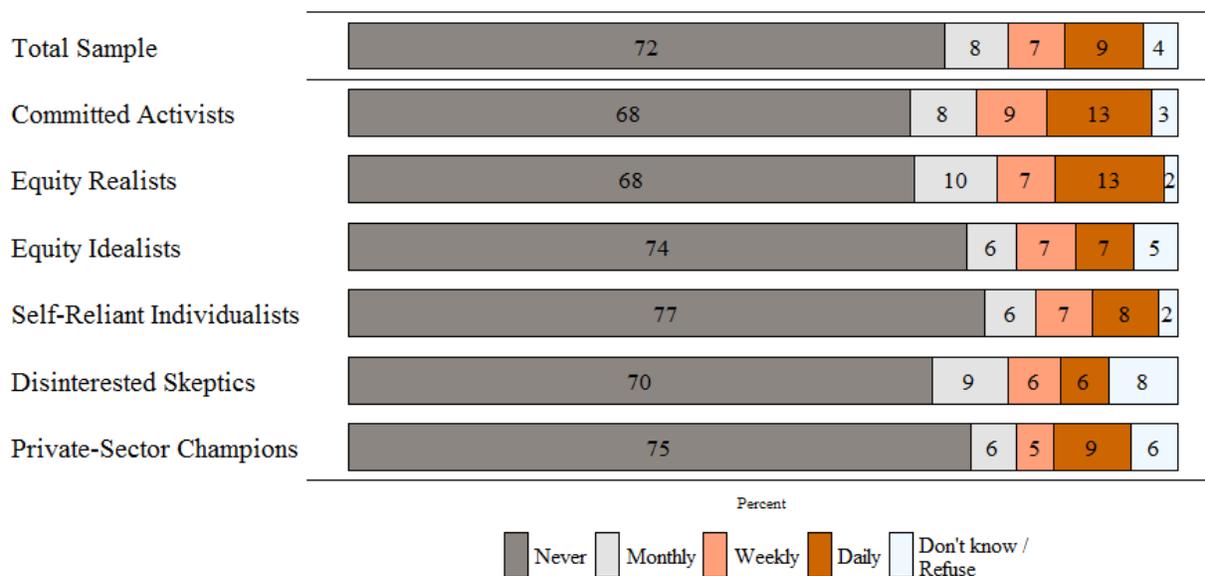
¹⁵⁵ Totals may not sum to 100 percent due to rounding.

6.1.13 Consumption of News via Online Discussion Forums

Figure D.6.1.13: Consumption of News via Online Discussion Forums

How often do you use each of the following sources to obtain news about current events and issues?

News on online discussion forums (such as Quora or Reddit)¹⁵⁶



Very few (16%) of U.S. adults receive their news via online discussion forums (such as Quora or Reddit) on a daily or weekly basis. While Committed Activists and Equity Realists are both more likely to obtain their news from these sources on a daily or weekly basis, Private-Sector Champions, Equity Idealists, Disinterested Skeptics, and Self-Reliant Individualists are less likely to consume news from this type of source at the same frequency.

¹⁵⁶ Totals may not sum to 100 percent due to rounding.

6.2 Trust for Information on Health

Overview: New items were added to the 2020 survey to assess which types of individuals, organizations, and entities U.S. adults were most likely to trust for information on health. Like the added items on media consumption, knowledge about the sources that groups trust for information on health helps us to better understand the character of the groups but also has implications for communications and outreach strategy development.

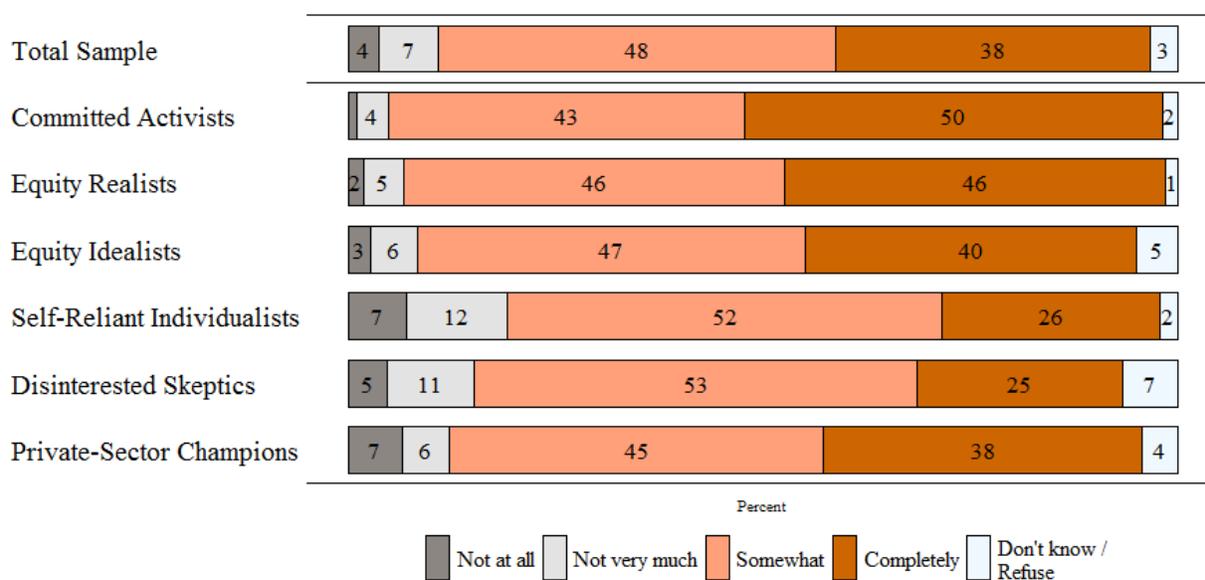
Overall, the majority of U.S. adults trust health care provider groups, the CDC, groups and foundations working in health, and university scientists and researchers for information on health; most also trust neighborhood/civic and environmental groups. Most U.S. adults tended to trust TV news outlets and PBS/NPR for health-related information, and around half trusted other media sources, including network radio outlets, cable TV outlets, and specific print news outlets. Less than half of U.S. adults trusted other media sources like MSNBC and Fox News for information on health. At least half of U.S. adults trust other non-media sources such as social change groups for health information, but less than half trust any other sources for this kind of information.

6.2.1 Trust Health Care Provider Groups for Information on Health

Figure D.6.2.1: Trust Health Care Provider Groups for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Health care provider groups such as the American Medical Association, the American Public Health Association or the American Nurses Association¹⁵⁷



¹⁵⁷ Totals may not sum to 100 percent due to rounding.

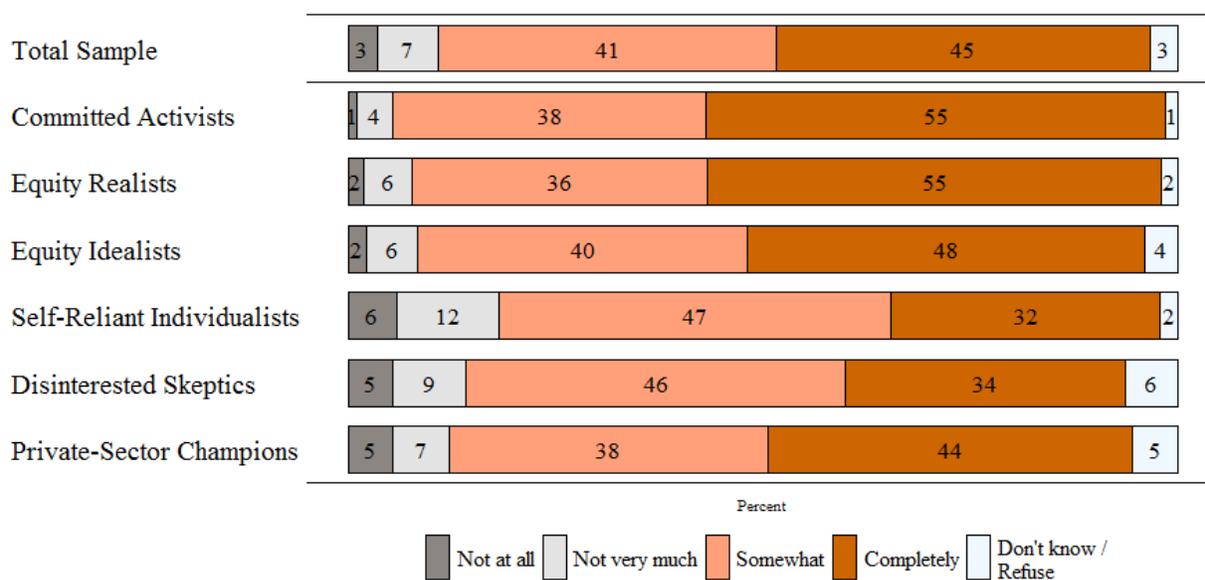
Most U.S. adults (86%) report that they either completely or somewhat trust health care provider groups, such as the American Medical Association, the American Public Health Association, or the American Nurses Association, for information on health. Committed Activists and Equity Realists trust health care provider groups for information on health. Equity Idealists tend to resemble the total sample, but Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are less likely to trust these groups for information on health.

6.2.2 Trust CDC for Information on Health

Figure D.6.2.2: Trust CDC for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Centers for Disease Control and Prevention (CDC)¹⁵⁸



Most U.S. adults (86%) report that they either completely or somewhat trust the nation’s leading public health agency, the U.S. Centers for Disease Control and Prevention (CDC), for information on health. Almost all Committed Activists and Equity Realists, and slightly more Equity Idealists than the total sample, trust the CDC for information on health. Conversely, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are less likely to trust this government agency for information on health.

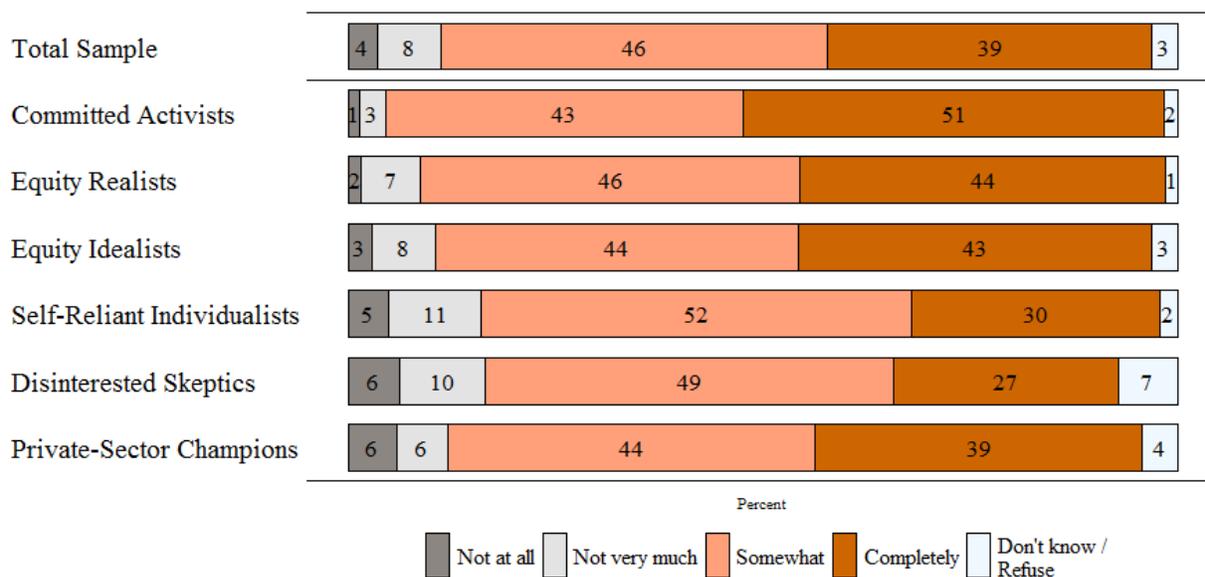
¹⁵⁸ Totals may not sum to 100 percent due to rounding.

6.2.3 Trust Groups and Foundations Working in Health for Information on Health

Figure D.6.2.3: Trust Groups and Foundations Working in Health for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Groups and foundations working in health such as the American Cancer Society, the American Diabetes Association or the American Heart Association¹⁵⁹



Most U.S. adults (85%) report that they either completely or somewhat trust groups and foundations working in health for information on health. Examples of these groups include the American Cancer Society, the American Diabetes Association, or the American Heart Association. Almost all Committed Activists and Equity Realists, and slightly more Equity Idealists than the total sample, trust groups and foundations working in health for information in this regard. Conversely, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are slightly less likely to trust this type of source for information on health.

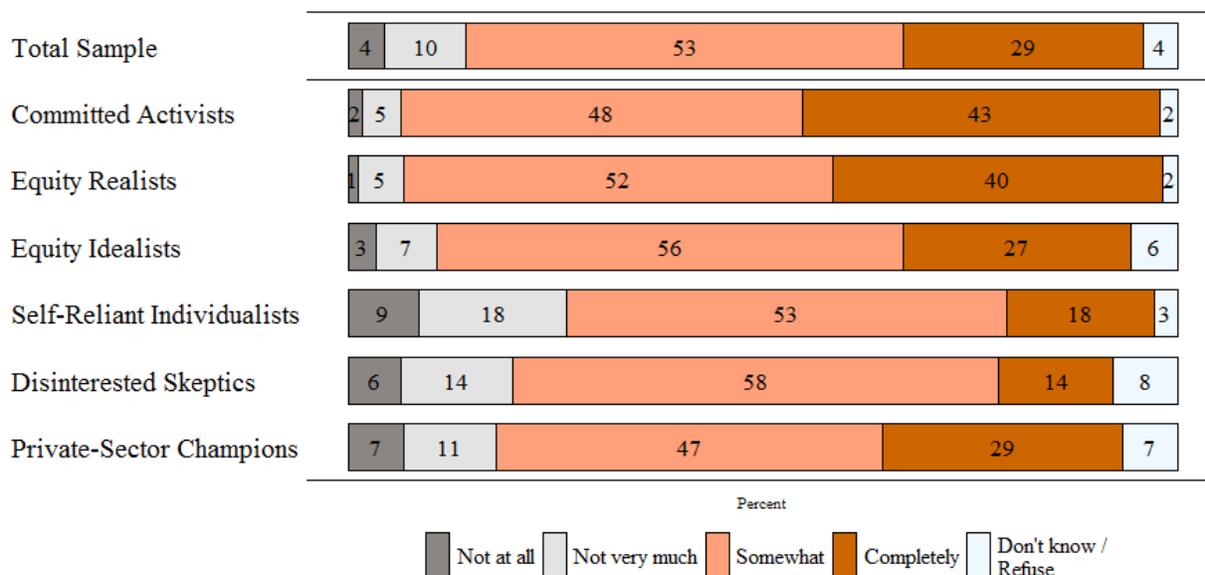
¹⁵⁹ Totals may not sum to 100 percent due to rounding.

6.2.4 Trust University Scientists and Researchers for Information on Health

Figure D.6.2.4: Trust University Scientists and Researchers for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?¹⁶⁰

University scientists and researchers



Eighty-one percent of U.S. adults either completely or somewhat trust university scientists and researchers for information on health. Almost all Committed Activists and Equity Realists, and slightly more Equity Idealists than the total sample, trust university scientists and researchers for this kind of information. However, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all less likely to trust academics and researchers for health information.

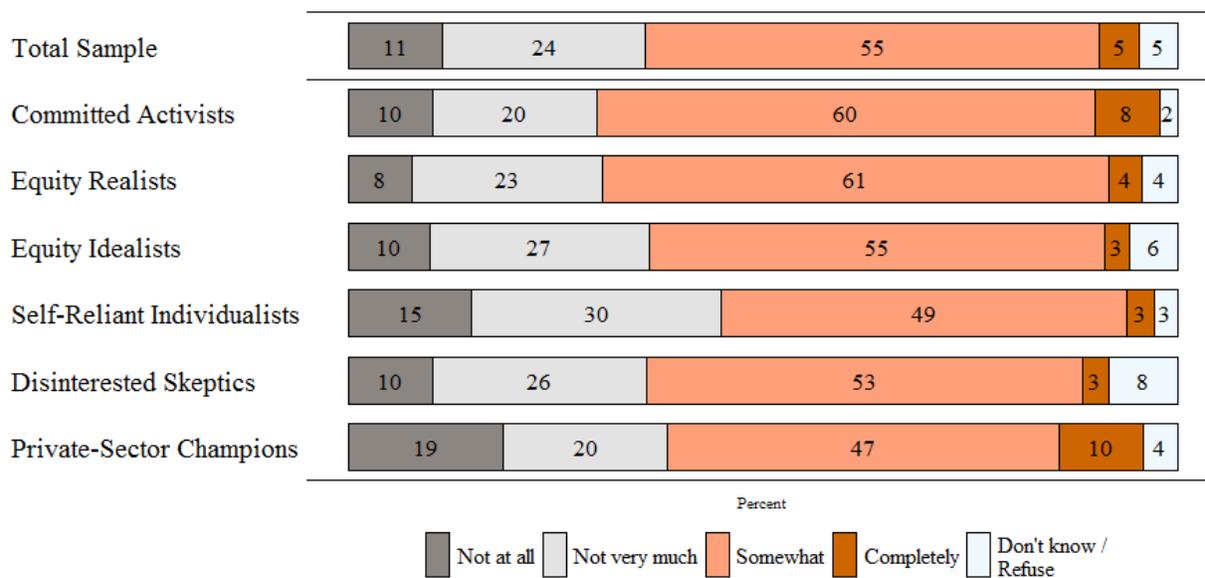
¹⁶⁰ Totals may not sum to 100 percent due to rounding.

6.2.5 Trust Neighborhood and Civic Groups for Information on Health

Figure D.6.2.5: Trust Neighborhood and Civic Groups for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Neighborhood and civic groups¹⁶¹



Sixty percent of U.S. adults report that they either completely or somewhat trust neighborhood and civic groups for information on health. Committed Activist and Equity Realists put more trust in information on health from neighborhood and civic groups than the total sample whereas Equity Idealists, Private-Sector Champions, Disinterested Skeptics, and especially Self-Reliant Individualists are less likely to trust this group for information on health.

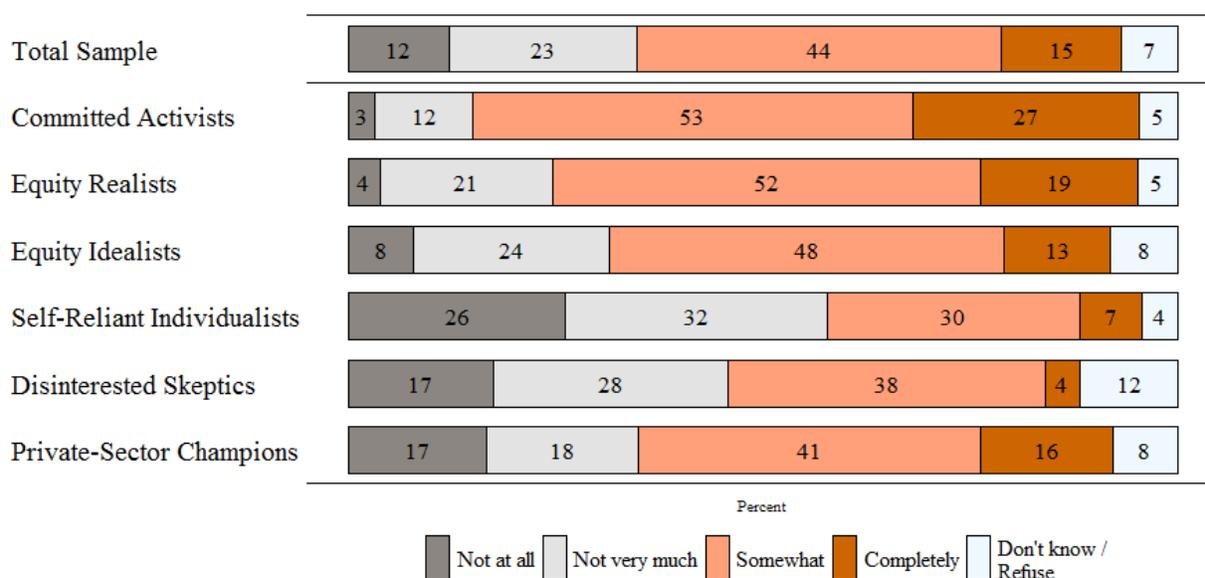
¹⁶¹ Totals may not sum to 100 percent due to rounding.

6.2.6 Trust Environmental Groups for Information on Health

Figure D.6.2.6: Trust Environmental Groups for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Environmental groups such as the Nature Conservancy or the Sierra Club¹⁶²



Fifty-nine percent of U.S. adults either completely or somewhat trust environmental groups such as the Nature Conservancy or the Sierra Club for information on health. Committed Activists and Equity Realists are much more likely than the sample to trust environmental groups for health information, though Equity Idealists are also slightly more likely to trust this type of source. Disinterested Skeptics, and Self-Reliant Individualists are all less likely to trust environmental groups for information on health. Private-Sector Champions are more likely to closely resemble the total sample

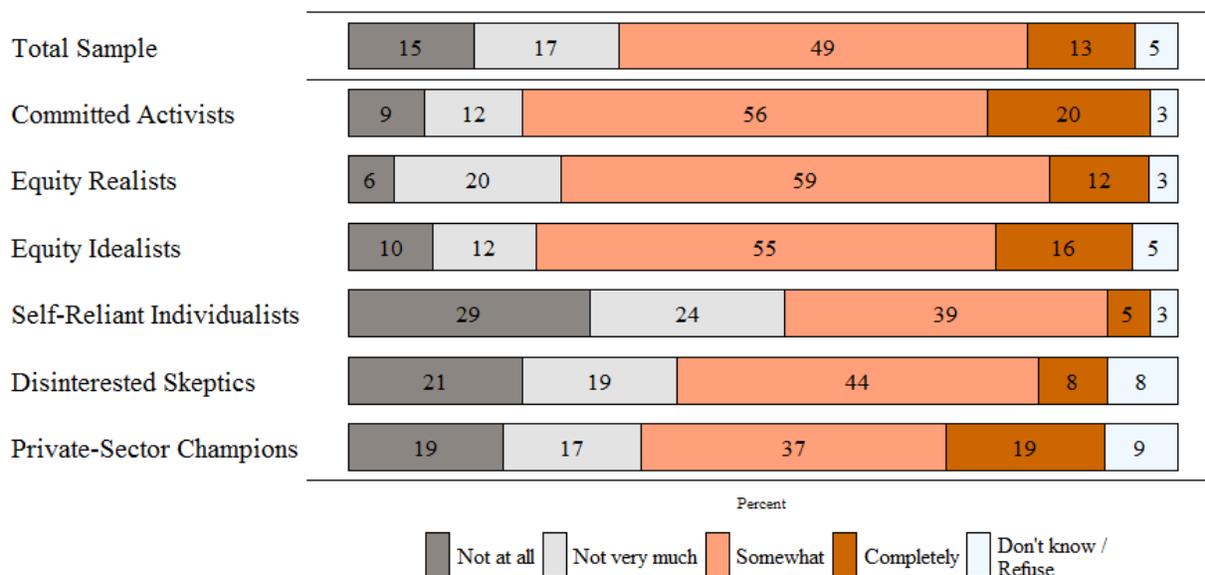
¹⁶² Totals may not sum to 100 percent due to rounding.

6.2.7 Trust Network TV News for Information on Health

Figure D.6.2.7: Trust Network TV News for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Network TV news (ABC, CBS or NBC)¹⁶³



Almost two-thirds (62%) of U.S. adults report that they either completely or somewhat trust network TV news outlets such as ABC, CBS, or NBC for information on health. Committed Activists, Equity Realists, and Equity Idealists put more trust in information on health from these news outlets than the total sample. On the other hand, Private-Sector Champions, Disinterested Skeptics, and especially Self-Reliant Individualists are less likely to trust this type of source for information on health.

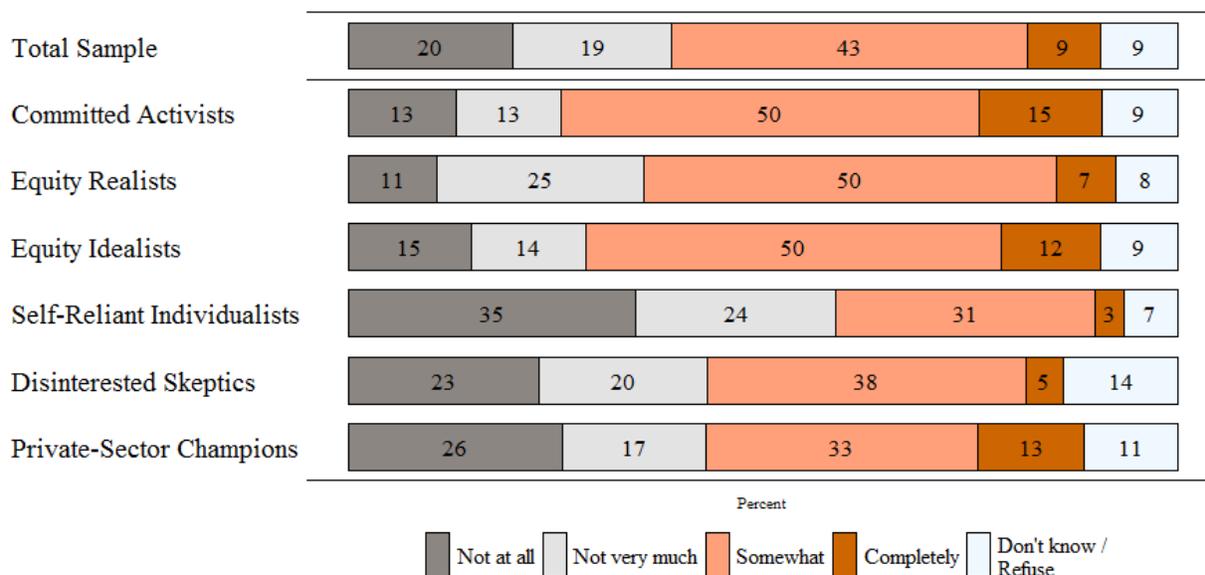
¹⁶³ Totals may not sum to 100 percent due to rounding.

6.2.8 Trust Network Radio News for Information on Health

Figure D.6.2.8: Trust Network Radio News for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Network radio news (ABC, CBS or NBC)¹⁶⁴



Slightly more than half (52%) of U.S. adults report that they either completely or somewhat trust network radio news outlets such as ABC, CBS, or NBC for information on health. Committed Activists, Equity Realists, and Equity Idealists put more trust in information on health from these news outlets than the total sample. On the other hand, Private-Sector Champions, Disinterested Skeptics, and especially Self-Reliant Individualists are less likely to trust this type of source for information on health.

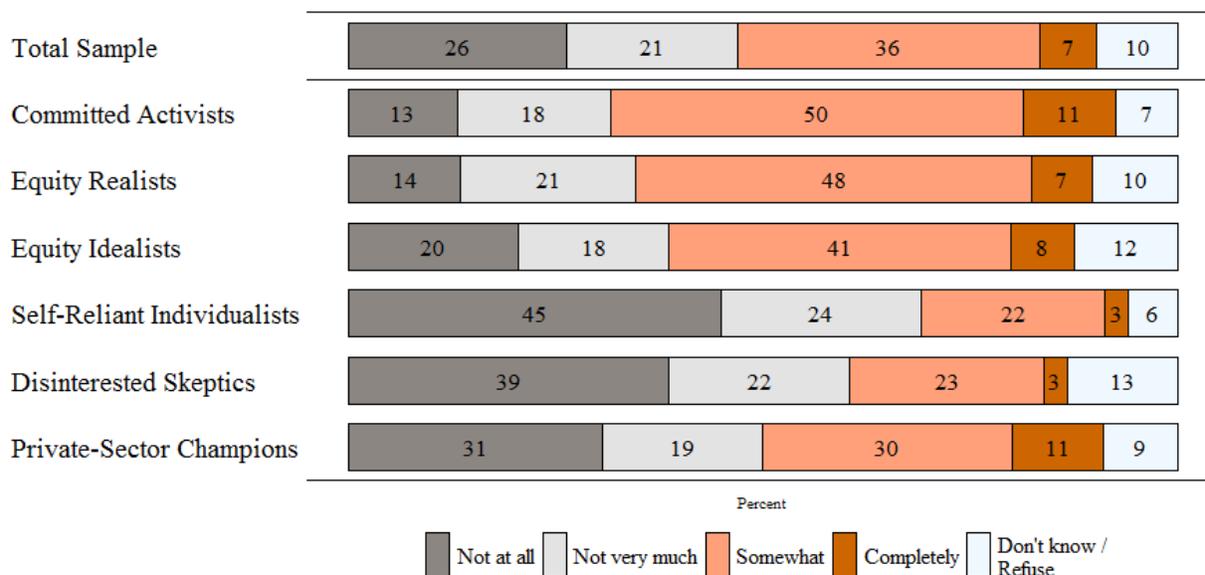
¹⁶⁴ Totals may not sum to 100 percent due to rounding.

6.2.9 Trust MSNBC for Information on Health

Figure D.6.2.9: Trust MSNBC for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?¹⁶⁵

MSNBC



Less than half (43%) of U.S. adults report that they either completely or somewhat trust MSNBC for information on health. Committed Activists, Equity Realists, and Equity Idealists put more trust in information on health from this news outlet than the total sample. On the other hand, Private-Sector Champions and especially Disinterested Skeptics and Self-Reliant Individualists are less likely to trust this source for information on health.

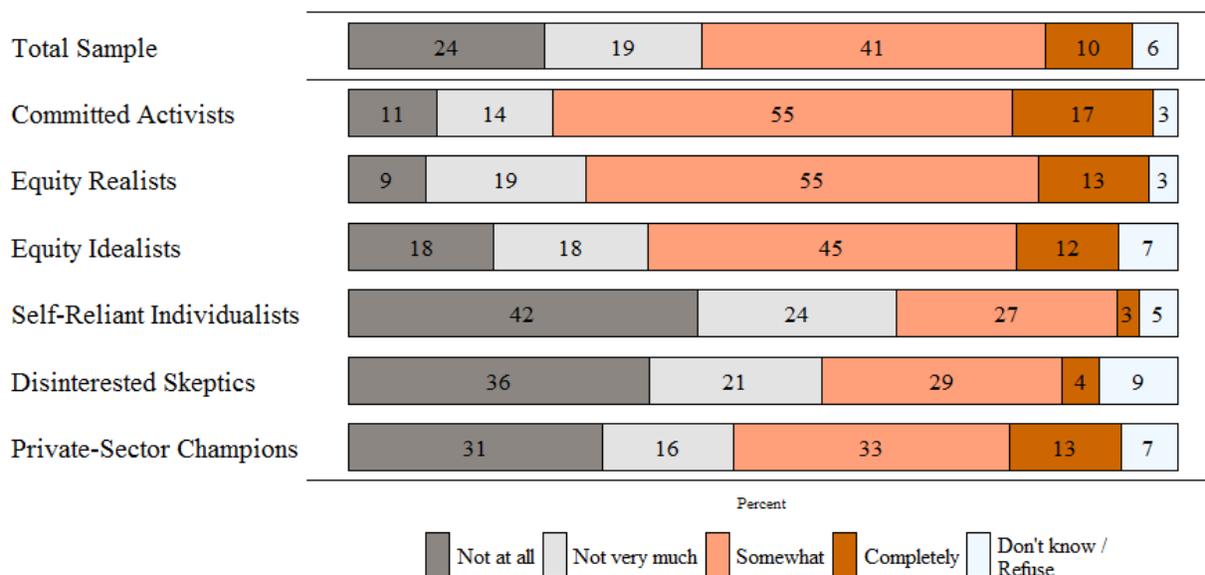
¹⁶⁵ Totals may not sum to 100 percent due to rounding.

6.2.10 Trust CNN for Information on Health

Figure D.6.2.10: Trust CNN for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

CNN¹⁶⁶



Half of U.S. adults report that they either completely or somewhat trust CNN for information on health. Committed Activists, Equity Realists, and Equity Idealists put more trust in information on health from this news outlet than the total sample. Conversely, Private-Sector Champions and especially Disinterested Skeptics and Self-Reliant Individualists are less likely to trust this source for information on health.

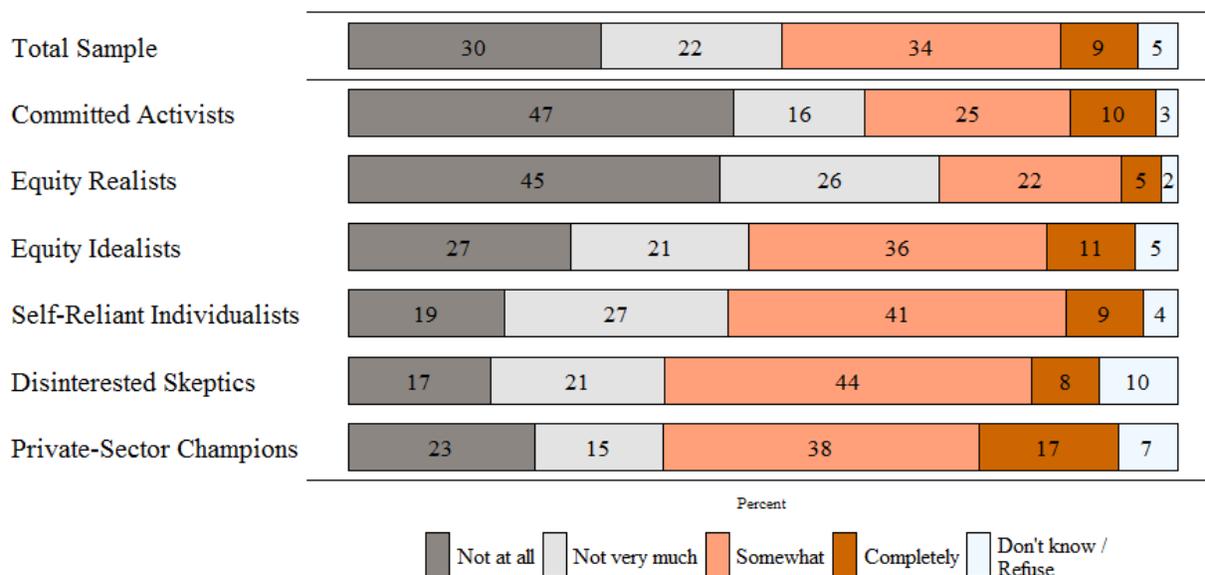
¹⁶⁶ Totals may not sum to 100 percent due to rounding.

6.2.11 Trust Fox News Channel for Information on Health

Figure D.6.2.11: Trust Fox News Channel for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Fox News Channel¹⁶⁷



Forty-three percent of U.S. adults report that they either completely or somewhat trust Fox News Channel for information on health. Private-Sector Champions, Disinterested Skeptics, Self-Reliant Individualists, and Equity Idealists tend to put more trust in information on health from Fox News than the total sample. Conversely, Committed Activists and Equity Realists are much less likely to trust this source for information on health.

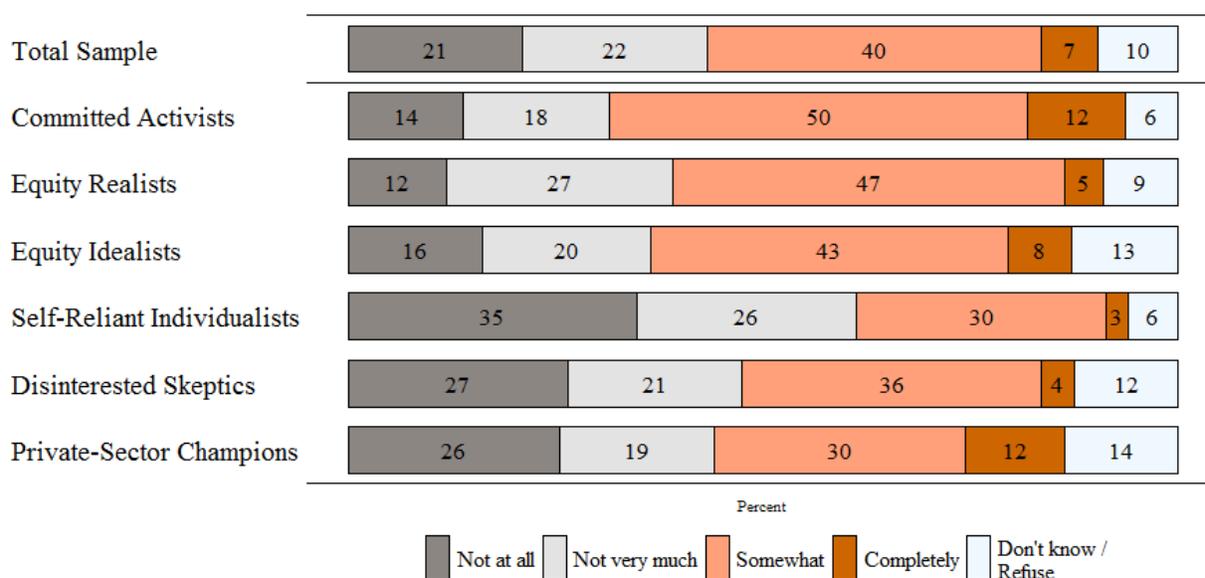
¹⁶⁷ Totals may not sum to 100 percent due to rounding.

6.2.12 Trust USA Today for Information on Health

Figure D.6.2.12: Trust USA Today for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

USA Today¹⁶⁸



Almost half (47%) of U.S. adults report that they either completely or somewhat trust *USA Today* for information on health. Committed Activists, Equity Realists, and Equity Idealists put more trust in information on health from this paper than the total sample. On the other hand, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are less likely to trust this source for information on health.

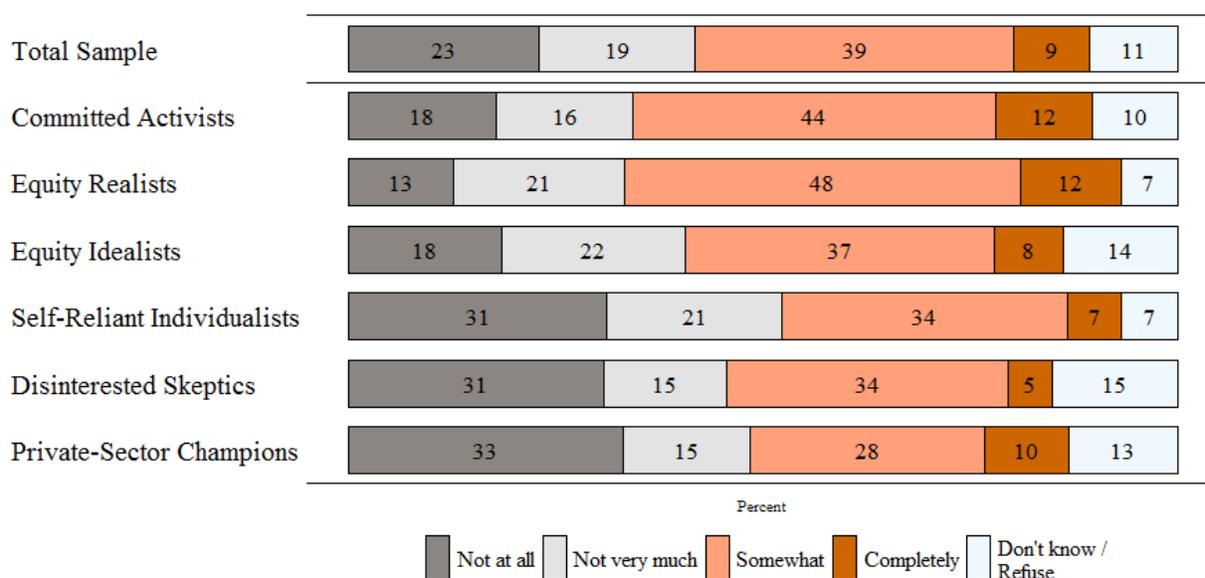
¹⁶⁸ Totals may not sum to 100 percent due to rounding.

6.2.13 Trust *The Wall Street Journal* for Information on Health

Figure D.6.2.13: Trust *The Wall Street Journal* for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

*The Wall Street Journal*¹⁶⁹



Slightly less than half (48%) of U.S. adults report that they either completely or somewhat trust *The Wall Street Journal* for information on health. Committed Activists and Equity Realists trust *WSJ* for information on health. However, Equity Idealists, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are all less likely to trust this source for information on health.

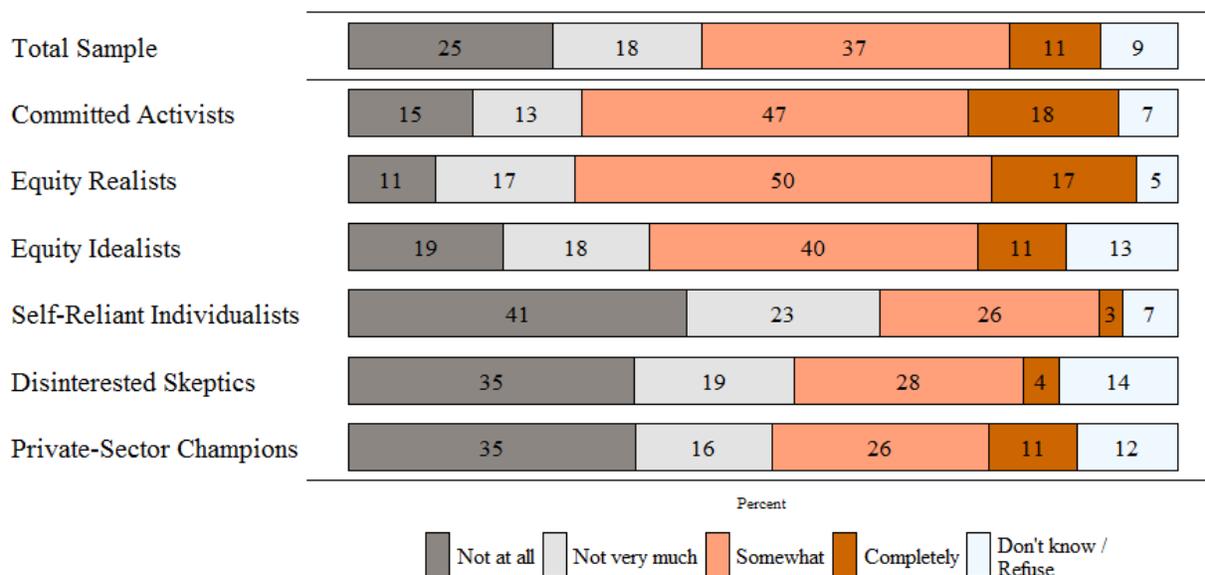
¹⁶⁹ Totals may not sum to 100 percent due to rounding.

6.2.14 Trust *The New York Times* for Information on Health

Figure D.6.2.14: Trust *The New York Times* for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

*New York Times*¹⁷⁰



Almost half (48%) of U.S. adults report that they either completely or somewhat trust *The New York Times* for information on health. Committed Activists, Equity Realists, and Equity Idealists trust the Times for information on health. In contrast, Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are much less likely to trust this source for information on health compared to the total sample.

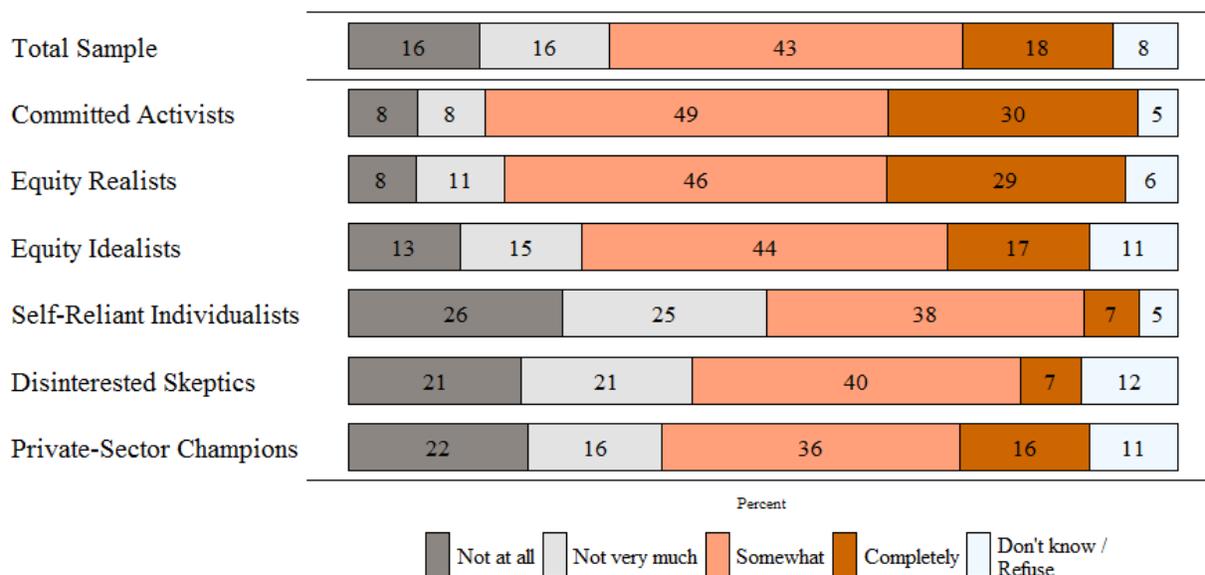
¹⁷⁰ Totals may not sum to 100 percent due to rounding.

6.2.15 Trust PBS/NPR for Information on Health

Figure D.6.2.15: Trust PBS/NPR for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

PBS/NPR¹⁷¹



Sixty-one percent of U.S. adults report that they either completely or somewhat trust PBS and/or NPR for information on health. Committed Activists and Equity Realists show substantial levels of trust in PBS/NPR for information on health. However, Equity Idealists also trust this source for information on health, but Private-Sector Champions, Disinterested Skeptics, and Self-Reliant Individualists are less likely to trust this source.

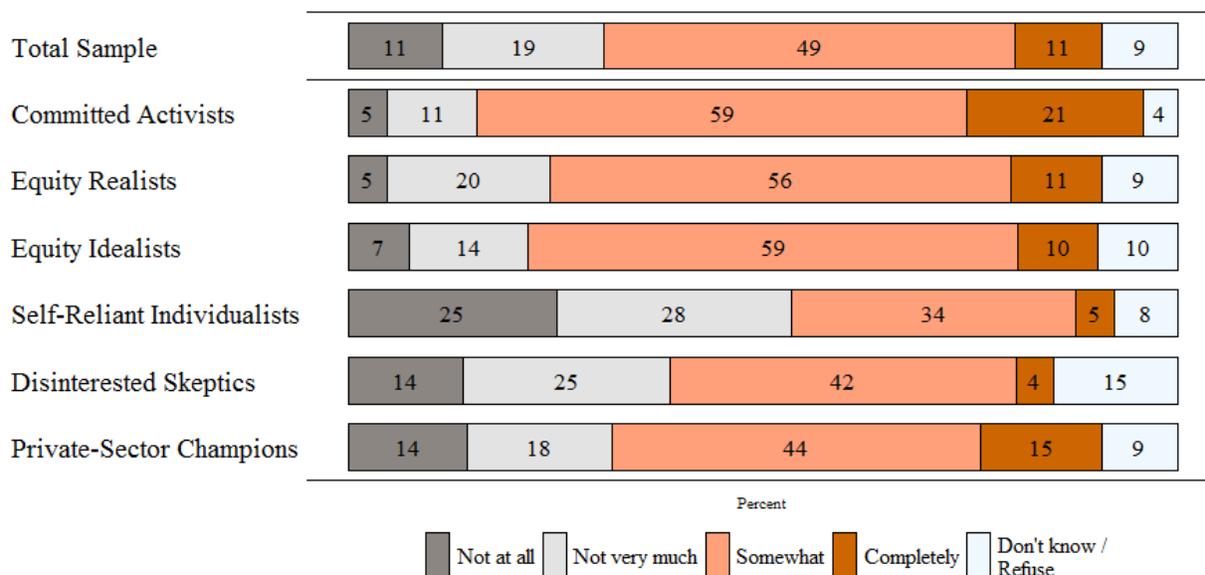
¹⁷¹ Totals may not sum to 100 percent due to rounding.

6.2.16 Trust Social Change Groups for Information on Health

Figure D.6.2.16: Trust Social Change Groups for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Social change groups such as Action for Healthy Kids and the Center for Food Safety¹⁷²



Half of U.S. adults either completely or somewhat trust social change groups for information on health. Examples of social change groups include Action for Healthy Kids and the Center for Food Safety. Committed Activists, Equity Realists, and Equity Idealists are all more likely than the sample to trust social change groups for health information, but Private-Sector Champions, Disinterested Skeptics, and especially Self-Reliant Individualists are all less likely to trust these groups for information related to health.

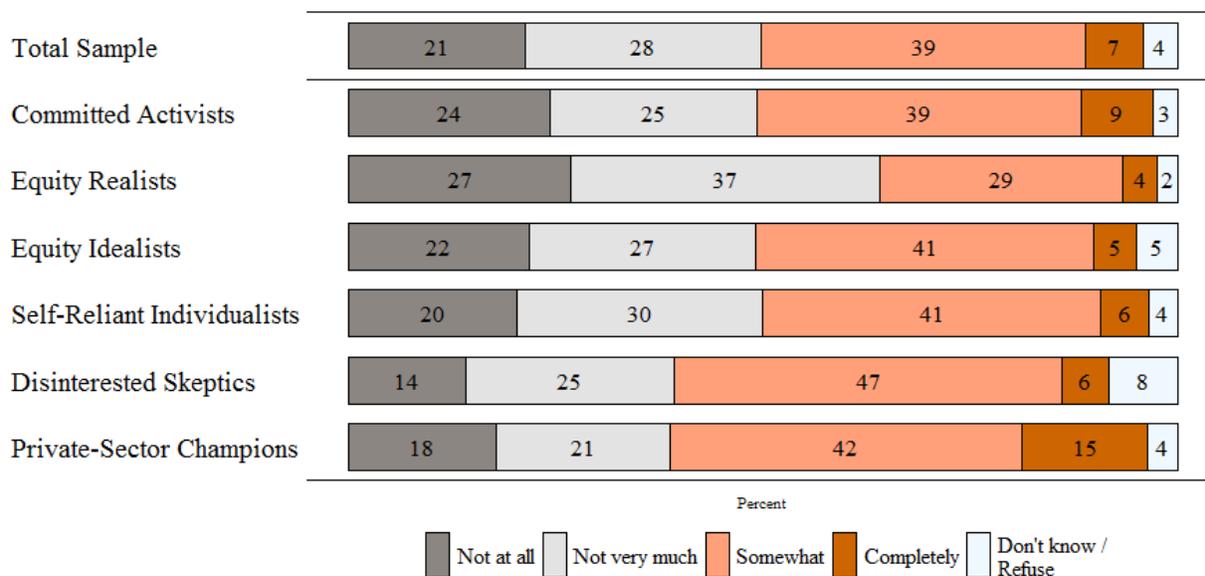
¹⁷² Totals may not sum to 100 percent due to rounding.

6.2.17 Trust Religious/Spiritual Leaders for Information on Health

Figure D.6.2.17: Trust Religious/Spiritual Leaders for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Religious/spiritual leaders¹⁷³



Less than half (46%) of U.S. adults either completely or somewhat trust religious/spiritual leaders for information on health. Private-Sector Champions and Disinterested Skeptics are most likely to trust this group, and Committed Activists are slightly likely to trust them. However, Equity Realists are especially distrustful of religious/spiritual leaders for information on health. Self-Reliant Individualists and Equity Idealists resemble the total sample.

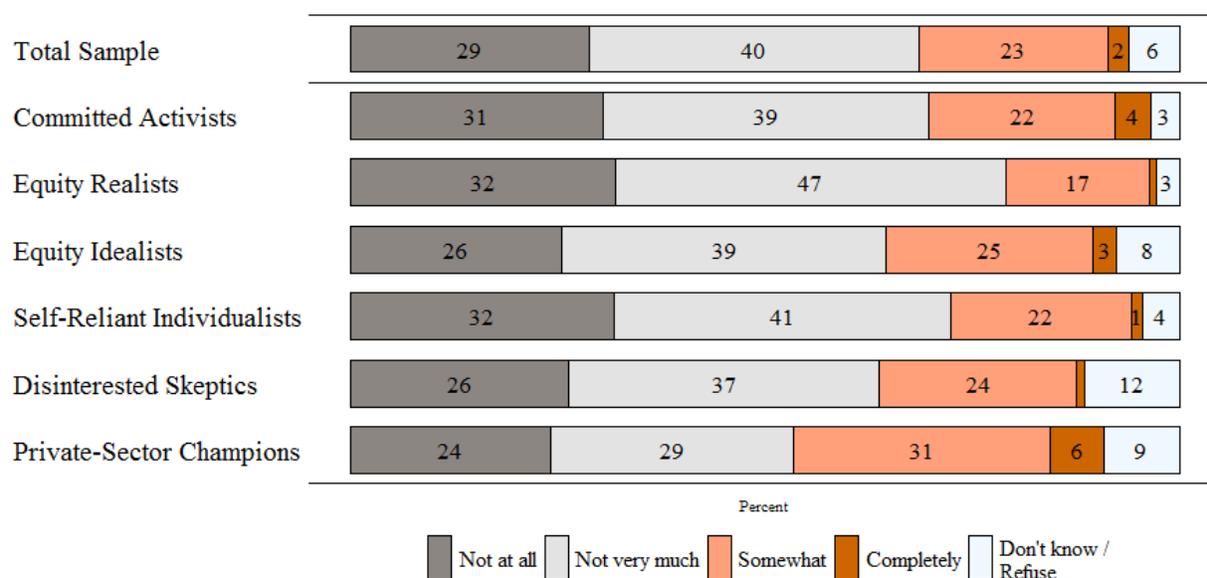
¹⁷³ Totals may not sum to 100 percent due to rounding.

6.2.18 Trust Corporations and Business Leaders for Information on Health

Figure D.6.2.18: Trust Corporations and Business Leaders for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Corporations and business leaders¹⁷⁴



Only a quarter of U.S. adults either completely or somewhat trust corporations and business leaders for information on health. Private-Sector Champions are the only group to report relatively substantial levels of trust in corporations and business leaders, though Committed Activists and Equity Idealists are slightly more likely than the sample to trust the private sector for information in this regard. Disinterested Skeptics tend to resemble the total sample, and Equity Realists and Self-Reliant Individualists are both less likely to trust corporations and business leader for this kind of information.

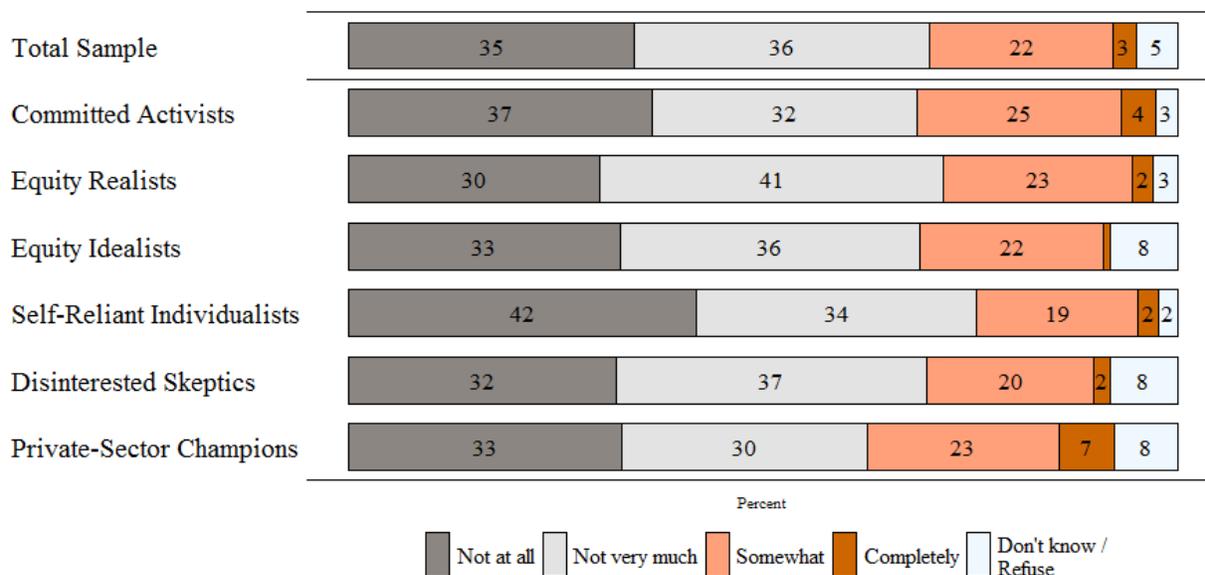
¹⁷⁴ Totals may not sum to 100 percent due to rounding.

6.2.19 Trust People You Follow on Social Media for Information on Health

Figure D.6.2.19: Trust People You Follow on Social Media for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

People you follow on social media (e.g., bloggers, vloggers, Instagram celebrities and YouTubers)¹⁷⁵



Only a quarter of U.S. adults either completely or somewhat trust people they followed on social media for information on health. More Private-Sector Champions and Committed Activists reported trusting social media influencers, though Equity Idealists, Disinterested Skeptics, and Self-Reliant Individualists are less likely than the sample to trust this source for health information. Equity Realists resemble the total sample.

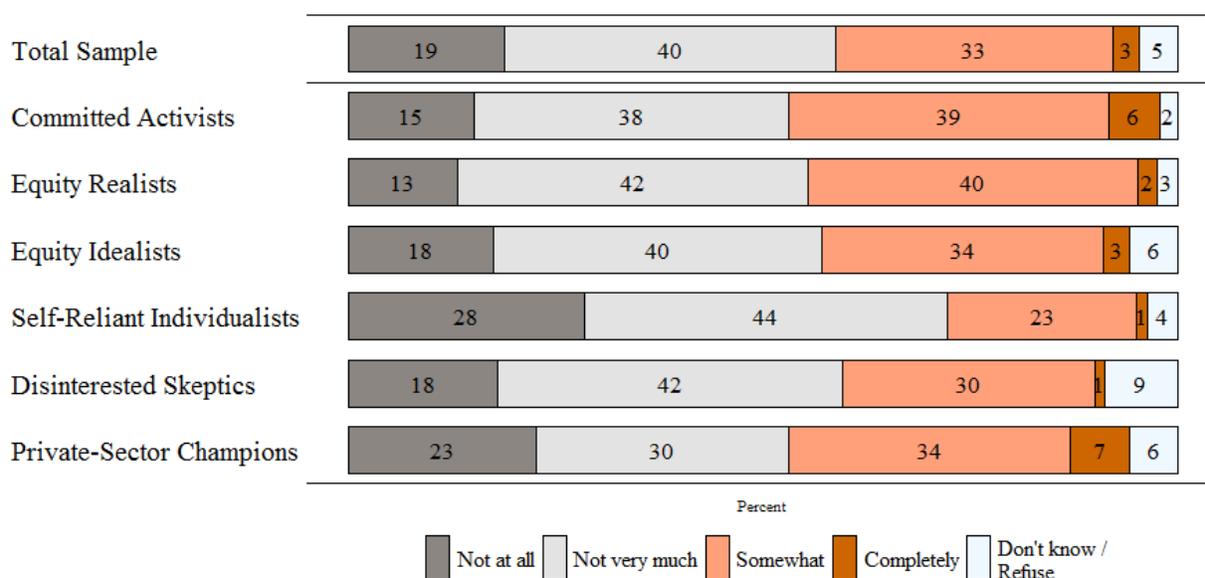
¹⁷⁵ Totals may not sum to 100 percent due to rounding.

6.2.20 Trust Local Elected Officials for Information on Health

Figure D.6.2.20: Trust Local Elected Officials for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

Local elected officials¹⁷⁶



A little over a third (36%) of U.S. adults trust local elected officials for information on health. While more Committed Activists, Equity Realists, and Private-Sector Champions trust this type of source for health-related information, Equity Idealists tend to resemble the overall sample, and Disinterested Skeptics and Self-Reliant Individualists distrust local elected officials for this kind of information.

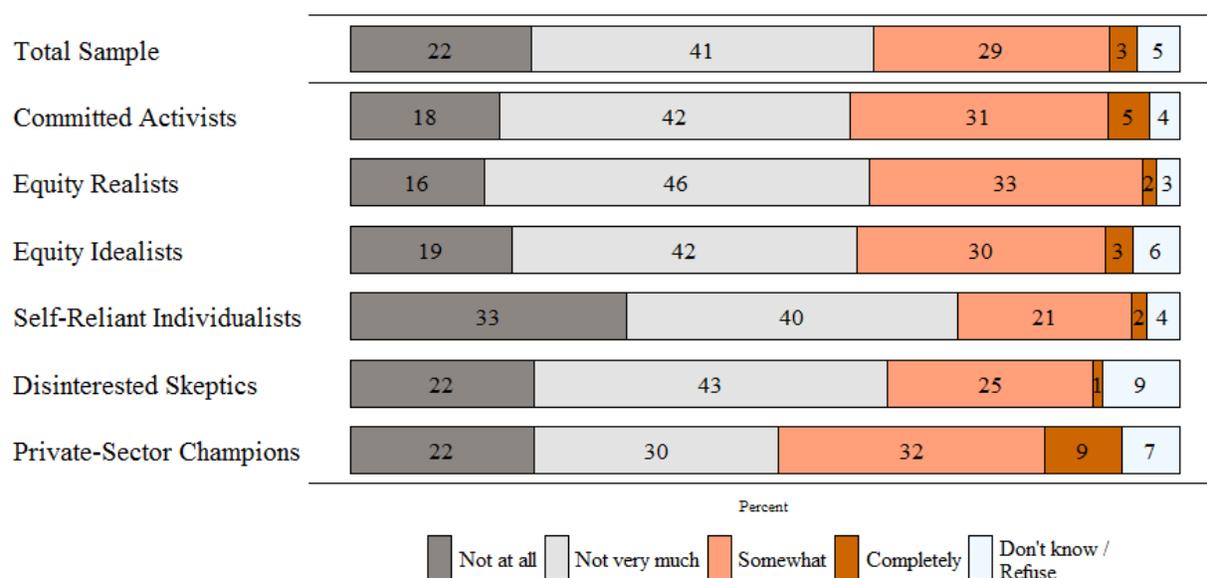
¹⁷⁶ Totals may not sum to 100 percent due to rounding.

6.2.21 Trust National Elected Officials for Information on Health

Figure D.6.2.21: Trust National Elected Officials for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

National elected officials¹⁷⁷



About a third (32%) of U.S. adults trust national elected officials for information on health. More Private-Sector Champions and slightly more Committed Activists and Equity Realists trust this type of source for health-related information. However, Disinterested Skeptics and Self-Reliant Individualists typically do not trust national elected officials for this kind of information. Equity Idealists more closely resemble the overall sample.

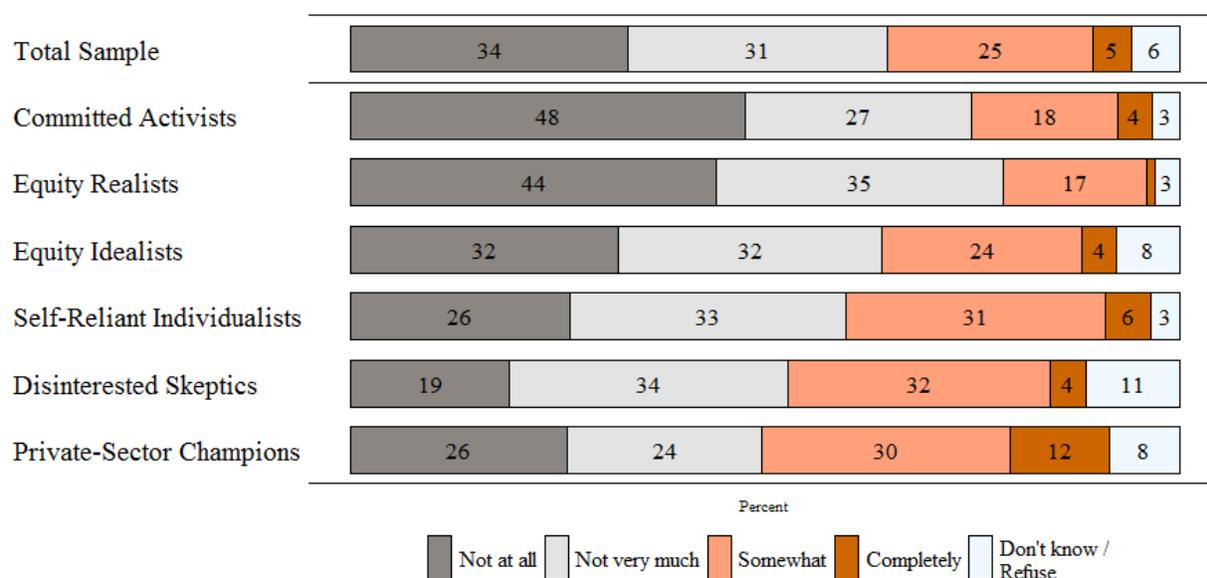
¹⁷⁷ Totals may not sum to 100 percent due to rounding.

6.2.22 Trust the Republican Party for Information on Health

Figure D.6.2.22: Trust the Republican Party for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

The Republican Party¹⁷⁸



Less than a third (30%) of U.S. adults trust the Republican Party for information on health. Compared to the total sample, Committed Activists, Equity Realists, and Equity Idealists are least likely to trust this source for health-related information. In contrast, more Disinterested Skeptics and Self-Reliant Individualists and especially Private-Sector Champions do report trust the Republican Party for health information.

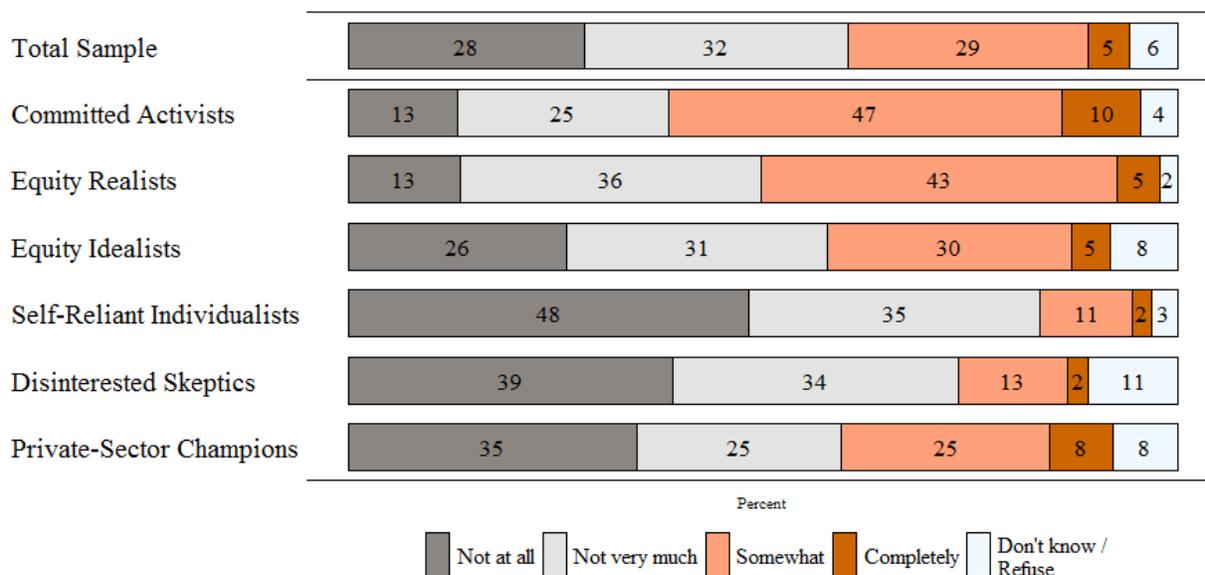
¹⁷⁸ Totals may not sum to 100 percent due to rounding.

6.2.23 Trust the Democratic Party for Information on Health

Figure D.6.2.23: Trust the Democratic Party for Information on Health

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

The Democratic Party¹⁷⁹



Less than a third (34%) of U.S. adults trust the Democratic Party for information on health. More Committed Activists and Equity Realists report trusting this source for health-related information, but Equity Idealists and Private-Sector Champions more closely resemble the total sample. In contrast, Disinterested Skeptics and Self-Reliant Individualists tend to distrust the Democratic Party for health information.

¹⁷⁹ Totals may not sum to 100 percent due to rounding.

6.3 Organizational Affiliations

Overview: For 2020, we added questions about which organizations respondents were members of and active in, versus those in which they were members but not active, or not members at all. These data complemented the information on media usage and information source trust as part of the effort to more fully explore the communications-relevant characteristics of the groups.

Almost half of U.S. adults report being members of church or other religious/ spiritual groups. Beyond religion, however, affiliation with specific types of organizations is typically relatively low—less than a third of U.S. adults are members of community groups or neighborhood associations, charitable or volunteer organizations and social or fraternal clubs, education-related, entertainment/recreation groups, and consumer groups. Reported active membership is even lower for labor unions, professional associations environmental, veterans, social change, and industry groups, which represent between 16% and 5% of U.S. adults. There are interesting differences in affiliations at the group level - overall, Committed Activists are more likely than the total sample to be members of an array of groups, except for veterans’ groups, industry groups, and churches/other religious groups, of which other groups, Private Sector Champions, Disinterested Skeptics and Self-Reliant Individualists are more likely to be members.

6.3.1 Member of Church Groups or Other Religious or Spiritual Organizations

Figure D.6.3.1: Member of Church or Other Religious or Spiritual Organizations

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Church groups or other religious or spiritual organizations¹⁸⁰



¹⁸⁰ Totals may not sum to 100 percent due to rounding.

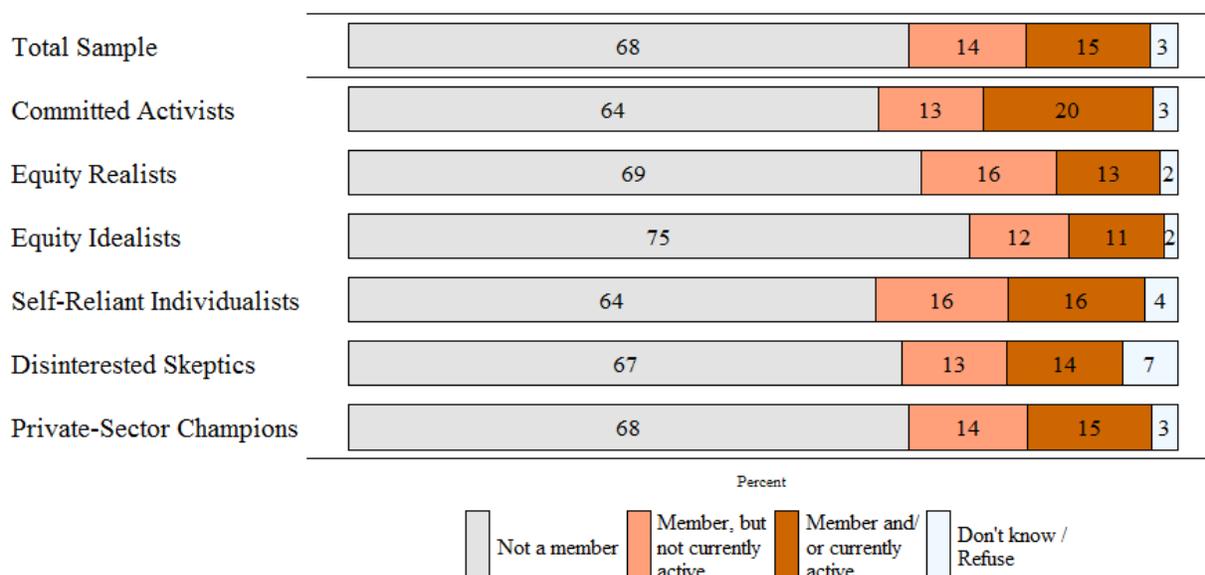
Slightly less than half (48%) of U.S. adults are members of churches or other religious or spiritual organizations. Private-Sector Champions, Committed Activists, Self-Reliant Individualists, and Disinterested Skeptics are all more likely than the total sample to be members of such groups, but Equity Realists and Equity Idealists are much less likely to be members, regardless of whether they are currently active or not.

6.3.2 Member of Community Groups or Neighborhood Associations

Figure D.6.3.2: Member of Community Groups or Neighborhood Associations

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Community groups or neighborhood associations¹⁸¹



Less than a third (29%) of U.S. adults are members of community groups or neighborhood associations, regardless of whether they are currently active or not. Committed Activists and Self-Reliant Individualists are more likely to be members of such groups, compared to the total sample. On the other hand, Disinterested Skeptics and especially Equity Idealists are less likely to be members, Equity Realists and Private-Sector Champions resemble the total sample.

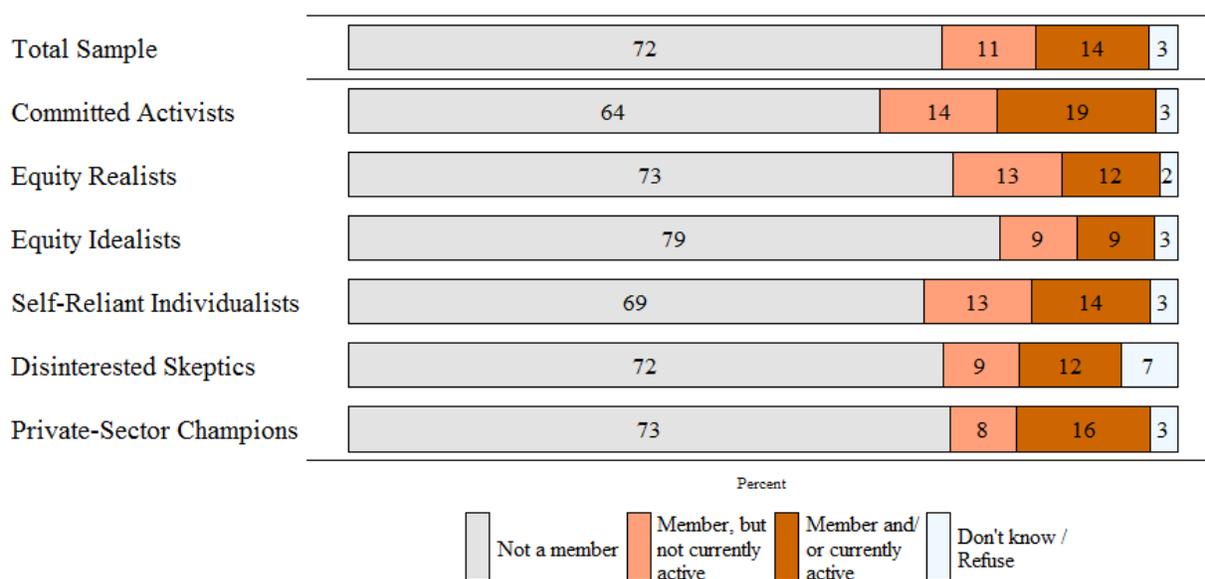
¹⁸¹ Totals may not sum to 100 percent due to rounding.

6.3.3 Member of Charitable or Volunteer Organizations and Social or Fraternal Clubs

Figure D.6.3.3: Member of Charitable or Volunteer Organizations and Social or Fraternal Clubs

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Charitable or volunteer organizations, and social or fraternal clubs, such as United Way, Habitat for Humanity or Rotary International¹⁸²



A quarter of U.S. adults are members of charitable or volunteer organizations and social or fraternal clubs, such as United Way, Habitat for Humanity, or Rotary International. While Committed Activists and Self-Reliant Individualists are both more likely than the total sample to be members of such groups, Disinterested Skeptics and Equity Idealists are much less likely to be active or inactive members of this type of group. Private-Sector Champions and Equity Realists more closely resemble the total sample.

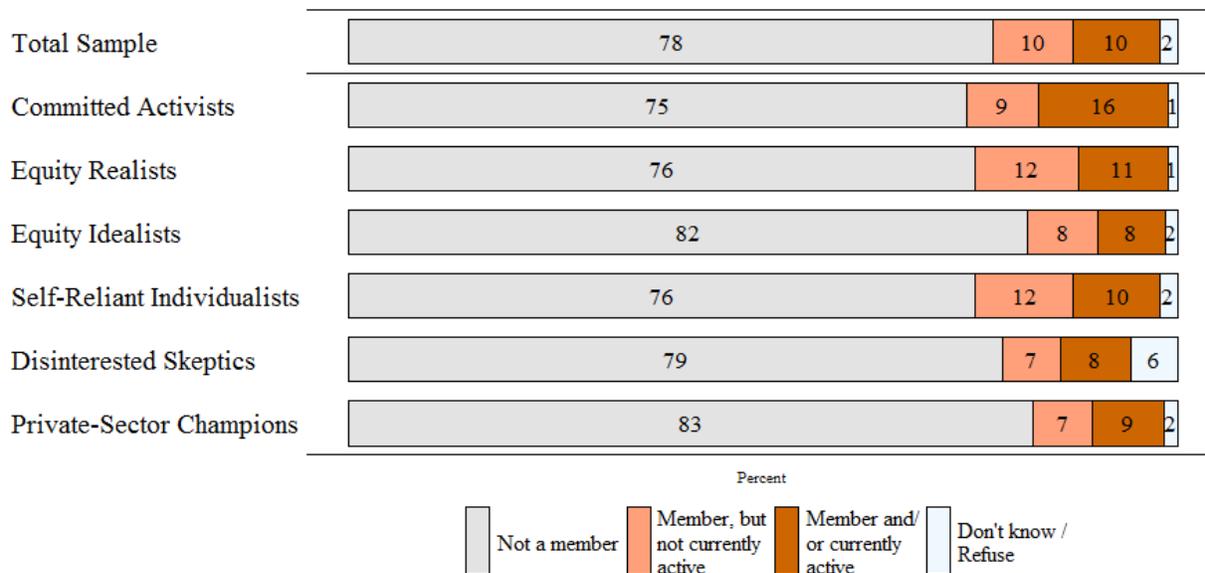
¹⁸² Totals may not sum to 100 percent due to rounding.

6.3.4 Member of Education-Related Groups

Figure D.6.3.4: Member of Education-Related Groups

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Education-related groups such as parent groups or organizations such as the PTA or local parent support groups, and alumni associations¹⁸³



Twenty percent of U.S. adults are members of education-related groups, which include parent groups or organizations such as the PTA or local parent support groups and alumni associations. Committed Activists, Equity Realists, and Self-Reliant Individualists tend to be more likely to be members of such groups than the total sample. Disinterested Skeptics, Private-Sector Champions, and Equity Idealists are much less likely to be active or inactive members of education-related groups.

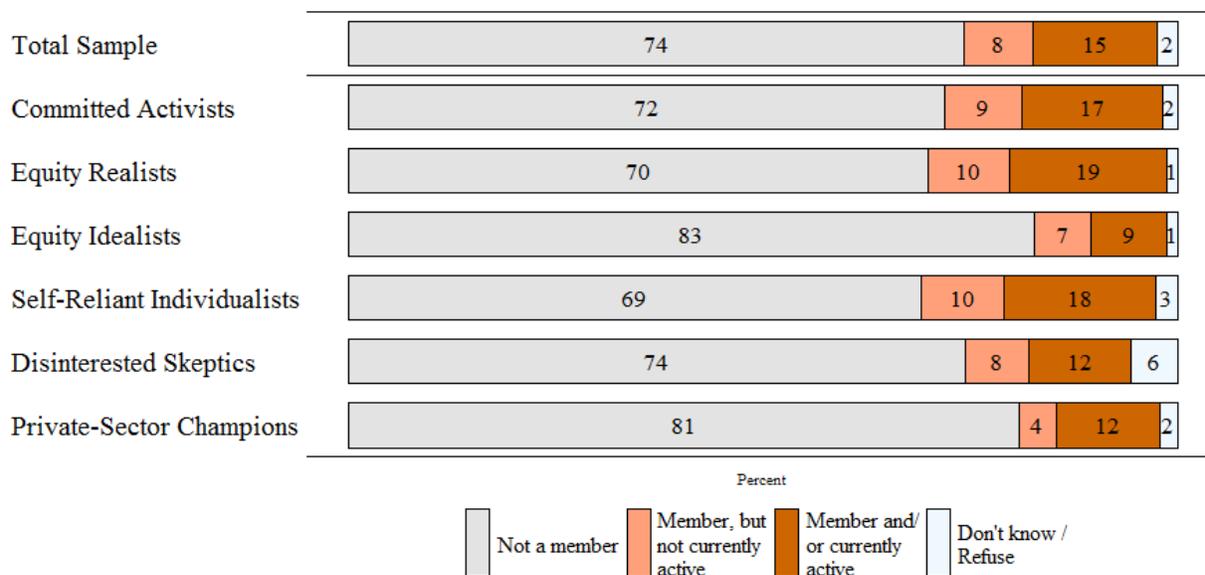
¹⁸³ Totals may not sum to 100 percent due to rounding.

6.3.5 Member of Entertainment/Recreation Groups

Figure D.6.3.5: Member of Entertainment/Recreation Groups

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Entertainment-, arts- or recreation-related groups such as hobby clubs; literary or arts groups; or sports clubs or recreation leagues¹⁸⁴



Less than a quarter (23%) of U.S. adults are members of entertainment-, arts-, or recreation-related groups such as hobby clubs; literary or arts groups; or sports clubs or recreation leagues. Committed Activists, Equity Realists, and Self-Reliant Individualists tend to be members of such groups, but Disinterested Skeptics, Private-Sector Champions, and especially Equity Idealists are much less likely to be active or inactive members of entertainment/recreation groups.

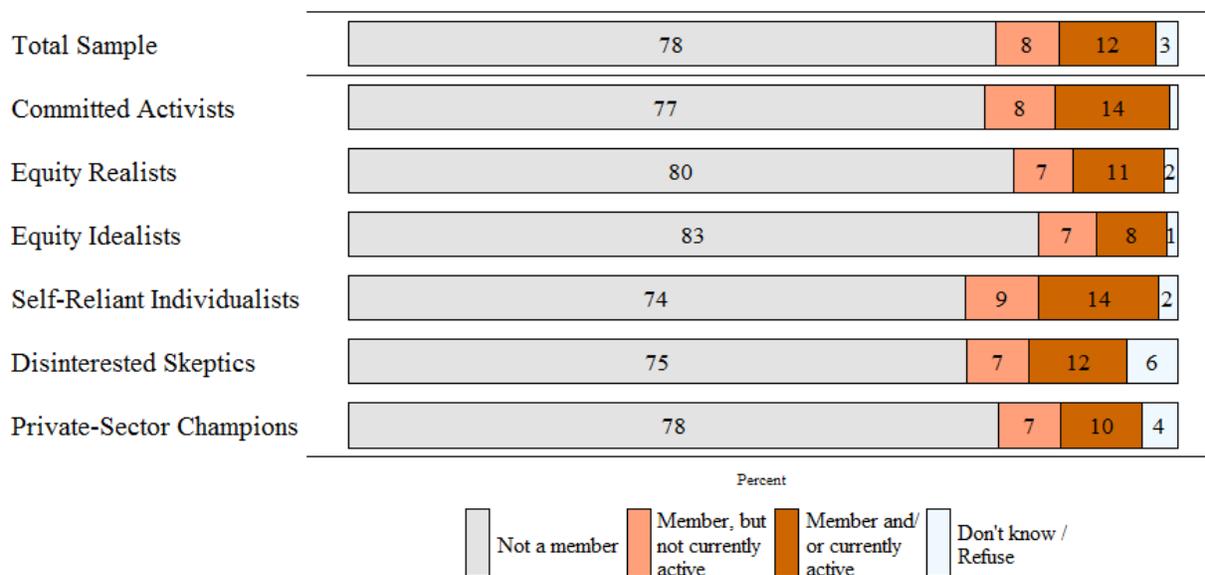
¹⁸⁴ Totals may not sum to 100 percent due to rounding.

6.3.6 Member of Consumer Groups

Figure D.6.3.6: Member of Consumer Groups

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Consumer groups such as the American Automobile Association, the Better Business Bureau or the American Association of Retired Persons¹⁸⁵



Twenty percent of U.S. adults are members of consumer groups such as the American Automobile Association, the Better Business Bureau, or the American Association of Retired Persons. Committed Activists and Self-Reliant Individualists are slightly more likely to be members of such groups. Disinterested Skeptics more closely resemble the total sample, but Private-Sector Champions, Equity Realists, and Equity Idealists are less likely to be members of these groups.

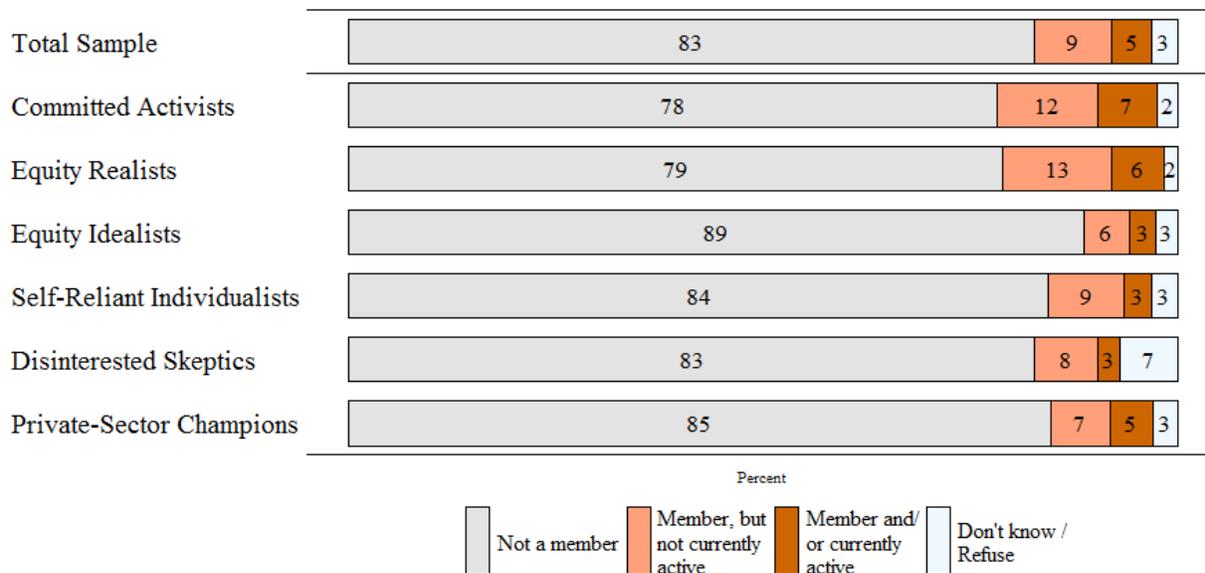
¹⁸⁵ Totals may not sum to 100 percent due to rounding.

6.3.7 Member of Environmental Groups

Figure D.6.3.7: Member of Environmental Groups

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

*Environmental groups such as the National Wildlife Federation, the Nature Conservancy or the Sierra Club*¹⁸⁶



Very few (14%) U.S. adults are members of environmental groups such as the National Wildlife Federation, the Nature Conservancy, or the Sierra Club. Committed Activists and Equity Realists are most likely to be members of environmental groups, but Self-Reliant Individualists, Disinterested Skeptics, Private-Sector Champions, and Equity Idealists are less likely to be members of these groups.

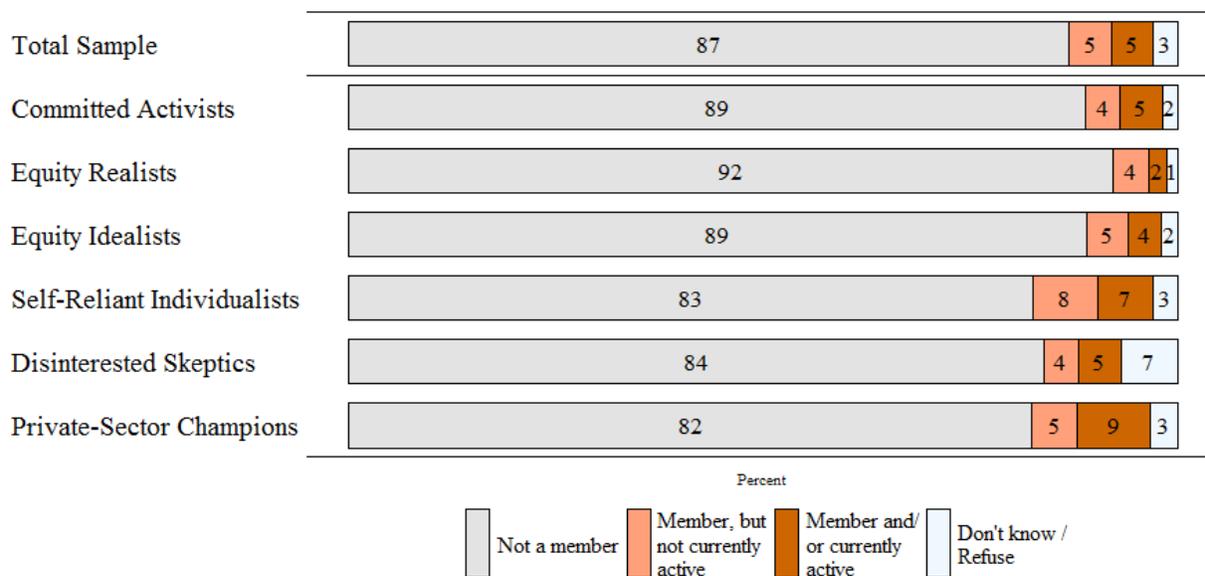
¹⁸⁶ Totals may not sum to 100 percent due to rounding.

6.3.8 Member of Veteran Organizations

Figure D.6.3.8: Member of Veteran Organizations

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Veteran organizations such as the American Legion, AMVETS or VFW¹⁸⁷



Ten percent of U.S. adults are members of veterans groups, which include the American Legion, AMVETS, or VFW. Private-Sector Champions and Self-Reliant Individualists are most likely to be members of a veteran organization, while Committed Activists, Equity Realists, Equity Idealists, and Disinterested Skeptics are slightly less likely to be members of these groups.

¹⁸⁷ Totals may not sum to 100 percent due to rounding.

6.3.9 Member of Labor Unions

Figure D.6.3.9: Member of Labor Unions

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Labor unions¹⁸⁸



Thirteen percent of U.S. adults are members of labor unions. Committed Activists and Self-Reliant Individualists are slightly more likely to be members of labor unions, but all other groups are less likely to be union members.

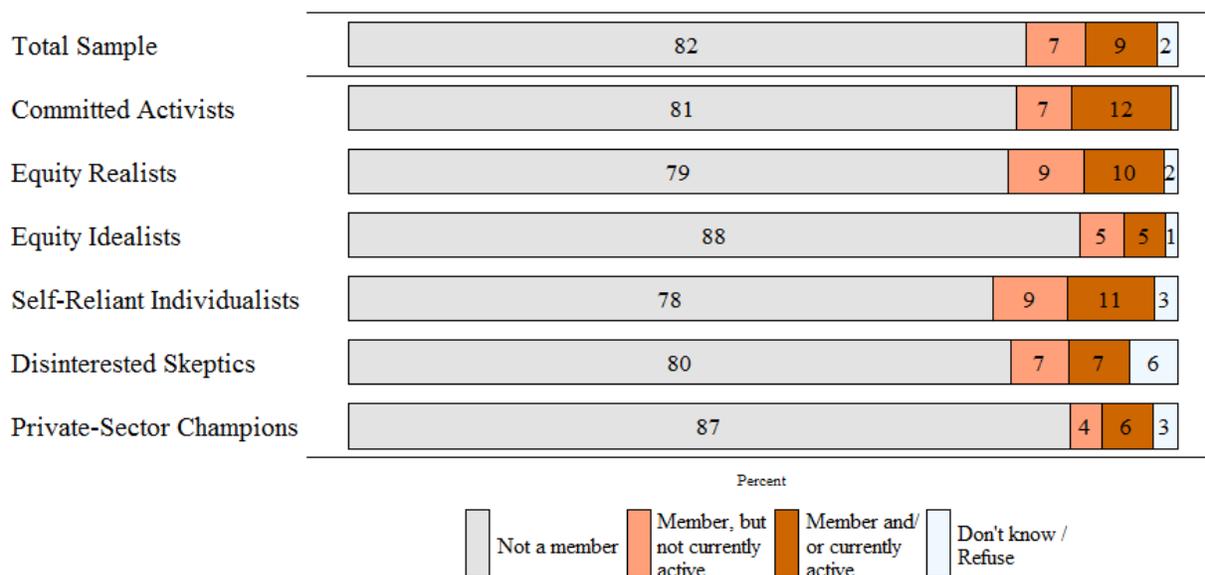
¹⁸⁸ Totals may not sum to 100 percent due to rounding.

6.3.10 Member of Professional Associations

Figure D.6.3.10: Member of Professional Associations

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Professional associations for people employed in professional occupations such as the American Association of Realtors, the American Institute of Certified Public Accountants, or the American Bar Association¹⁸⁹



Very few (16%) U.S. adults are members of associations for people employed in professional occupations, such as the American Association of Realtors, the American Institute of Certified Public Accountants, or the American Bar Association. Committed Activists, Equity Realists, and Self-Reliant Individualists tend to be members of such groups, but Disinterested Skeptics, Private-Sector Champions, and Equity Idealists are less likely to be members of these groups.

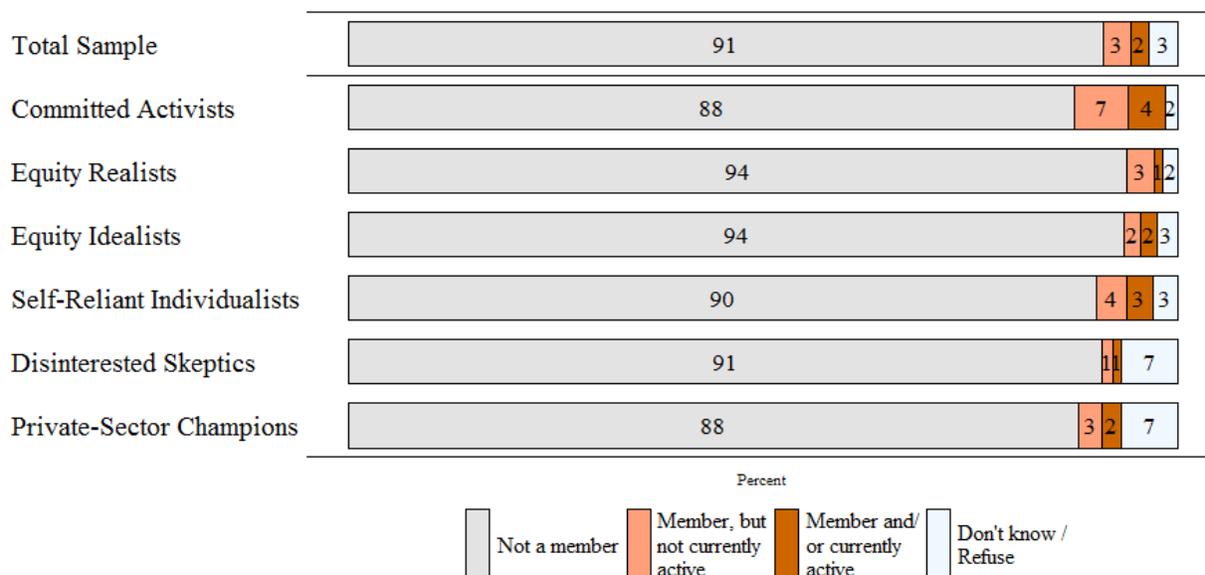
¹⁸⁹ Totals may not sum to 100 percent due to rounding.

6.3.11 Member of Social Change Groups

Figure D.6.3.11: Member of Social Change Groups

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Social change groups such as Action for Healthy Kids and the Center for Food Safety¹⁹⁰



Five percent of U.S. adults are members of social change groups, examples of which include Action for Healthy Kids and the Center for Food Safety. Committed Activists are the only group more likely than the total sample to be members of such groups. In contrast, Equity Realists, Equity Idealists, Self-Reliant Individualists, and Disinterested Skeptics are all less likely to be members of social change groups. Private-Sector Champions resemble the total sample.

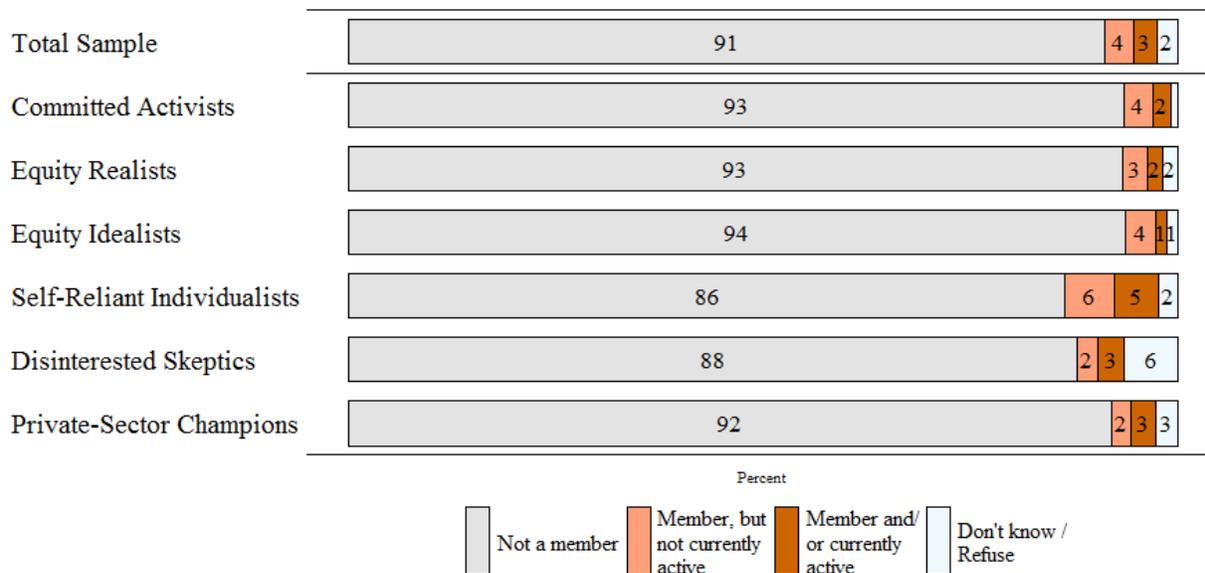
¹⁹⁰ Totals may not sum to 100 percent due to rounding.

6.3.12 Member of Industry Groups

Figure D.6.3.12: Member of Industry Groups

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

Industry groups, such as farm or trade associations such as the Farmer’s Union, the National Association of Home Builders or the U.S. Chamber of Commerce¹⁹¹



Very few (7%) U.S. adults are members of industry groups, such as farm or trade associations such as the Farmer’s Union, the National Association of Home Builders, or the U.S. Chamber of Commerce. Self-Reliant Individualists are the only group more likely compared the total sample to be members of industry groups. All other groups are less likely to be members of industry groups.

¹⁹¹ Totals may not sum to 100 percent due to rounding.

Concluding Discussion

This section of the report discusses the main conclusions from the study.

Stability, Not Change in Value and Belief Patterns

Little change has occurred in the pattern of value and belief differences since the first typology was developed in 2016. Once again, six distinctly different groups of U.S. adults were identified, three with dominant views very supportive of efforts to promote health and health equity in the country, two groups with more skeptical views and one conflicted but somewhat supportive as long as government's role in the effort is limited. For four of the six groups there has been essentially no change in their health values/beliefs profiles since the last survey and for the other two there have been only relatively minor changes. In addition to stability in the value/belief patterns of the groups, there have also been few changes in demographic, political and other descriptive characteristics of the groups.

In 2020, there still exists a very supportive group, Committed Activists, that is completely aligned with the health and health equity vision, and as in 2016, disproportionately composed of women and lower-income, non-White individuals with liberal political views. The two most skeptical groups also carry over from the 2016 typology, Disinterested Skeptics and Self-Reliant Individualists, groups that are less likely across-the-board to hold supportive views about health and health equity promotion. These groups are more likely to be composed of men with politically conservative views and, in the case of Self-Reliant Individualists, adults more likely to be White and with higher incomes. The fourth, more conflicted group, Private Sector Champions, also reappears in the 2020 typology and continues to present a very interesting mix of conservative political views but a strong desire to improve health at the community level with private sector groups and individuals leading the way.

The only changes we see from the earlier typology are in these two other supportive groups. First, the Equity Idealists, which closely resembles the 2016 Health Egalitarian group, has are a group concerned not only about health equity, the most distinctive feature of the 2016 Health Egalitarian group, but also social solidarity and equality of opportunity more generally. Second, the Equity Realists, which closely resembles the 2016 Equity Advocates group, are a group concerned about all the social equity and solidarity values and forms of healthcare disparities just like their Equity Advocates counterparts but without the heightened level of health-related civic engagement which was a distinctive feature of the 2016 Equity Advocates group. Because of these changes, we have labeled the first group as idealistic and the second group as more realistic in its views about the current health and health care situation in the country. In terms of descriptive characteristics, Equity Idealists tend to be slightly older, female, lower in income and education, and politically independent. Equity Realists tend to be a more balanced group in terms of gender, younger, higher in income and education, and politically liberal.

While the changes in these two groups are interesting, they do not alter our assessment that there has been far more continuity than change when one compares the two typologies. While there has been some re-arrangement in their views about equity, solidarity and health care disparities over time, each group at both points in time is still mostly animated by these concerns in their support for government action on health. This has not changed. At both points in time neither group was characterized by a heightened concern about the social determinants of health.

In addition to the structural stability in the typology there has been no important change in its center of gravity: the majority of U.S. adults still fall into the three groups supportive of health and health equity promotion. In 2016, this majority was 57% of U.S. adults. In 2020, it is 55% of U. S. adults. If one counts the Private-Sector Champions as somewhat supportive, this percentage rises to 67% in 2020, compared with 71% in 2016.

All of this stability over time may seem somewhat surprising given the changes that have taken place in country since early 2016. These changes range from the election of Donald Trump as President in 2016 along with intense disputes about race in America and efforts to weaken the Affordable Care Act to attention to the “diseases of despair” and the relationship between economic wellbeing and health as well as the arrival of the COVID pandemic (which overlapped the latter part of the AHVS II fielding period). In such an environment, health, the government’s role in it and equity questions likely increased in saliency.

Our own 2020 survey data suggest that this was indeed the case. In our total AHVS II sample, we found increased support among U.S. adults for government action on health, broader concern about health equity and equality of opportunity, increased recognition of healthcare disparities and wider trust in science and the healthcare system. Interestingly, we also found a decrease in the importance of personal health and related self-efficacy as well as a decrease in the proportion of adults believing social determinants to be strong influences on individual health.¹⁹²

These changes in the distribution of values and beliefs in the adult population were not enough to significantly change the typology groups and overall structure. Our analysis method yields groups that are optimal in terms of both their within-group homogeneity on health values and beliefs and their between-group differences. This clustering is not necessarily affected by modest changes in the actual prevalence of the values and beliefs. Our hypothesis was that we would see some changes in the distribution of the values and beliefs among U.S. adults but that the pattern differences represented by the typology groups would likely not change much. This is, in fact, what occurred. When designing the initial typology our intent was to base it on relatively stable health values and beliefs and not more transient opinions on the policy issues of the moment.

We have found other compelling evidence pointing to the validity of these value/belief pattern differences from our work examining geographic variation using the same measures and methods. This work indicates that the AHVS typology structure is common not only over time

¹⁹² NORC at the University of Chicago. (2020). American Health Values Survey Key Trends from Wave 1 and Wave 2.

but across space within the U.S. The same or very similar groups were found to exist in rural America¹⁹³ as well in six RWJF Sentinel Communities (Stockton, CA, Maricopa County, AZ., Mobile AL. North Central NE. and Baltimore MD).^{194, 195} From all of this work our sense of confidence about the validity of the typology has greatly increased.

New Issues, Consistent Views

The assessment of change over time necessitated a focus on the measures that both surveys had in common. The value and belief items added to the 2020 survey help us to elaborate the group profiles, however, and allow us to explore the degree of consistency in values and beliefs across an expanded range of issues.

We added questions to the 2020 survey about the value for the country of reducing income inequality; belief in moral obligation to help the sick, old and poor and to be compassionate to others; beliefs about whether there is equality of opportunity for all in the U.S.; views about the existence of rural health care disparities to supplement our look at race/ethnic and income-based disparities; views about the importance of addressing the shorter life spans experienced by people with low-incomes and the personal willingness to take action in support of addressing the issue; and, beliefs about the importance of systemic causes of race/ethnic-based disparities in health outcomes. In addition, we added new questions about the role of government in health including in reducing income inequality, promoting health equity, promoting opportunity more generally in U.S. society, insuring health care as a matter of right, and promoting alternative transportation in communities.

For the most part, we found that views on the new issues are consistent with the stances of the groups on the original issues. For the four groups that are almost unchanged since 2016, we find a skeptical stance across the issues for Self-Reliant Individualists and Disinterested Skeptics, as one would expect, a pattern of supportive stances for Committed Activists, and mixed views among the Private Sector Champions. For our two new groups, we found more consistently supportive stances among the Equity Realists than the Equity Idealists, the same pattern that we found on the original issues.

¹⁹³ NORC at the University of Chicago. (2019). Health Value and Belief Differences among Rural Americans

¹⁹⁴ NORC at the University of Chicago. (2019). Results from Five Sentinel Community Health Values Surveys: A Synthesis.

¹⁹⁵ This is not to say that there are not significant differences across states and communities in the center of gravity of the typologies. We found, for example, that aggregated size of all the supportive groups in Baltimore, MD was far greater than in Maricopa County, AZ or Mobile, AL., a reflection of the political differences between the regions and communities.

New Understanding of Media Usage, Organizational Affiliations and Trusted Sources

The new AHVS questions on media usage, organizational affiliations and trusted information sources also provide more ways to differentiate the groups. They also yield valuable targeting information for those planning public communications and outreach efforts.

For example, it is illuminating to confirm that that Equity Realists, who tend to be younger and higher in education and income, are more likely to use social media and online-only outlets for news in addition to local and national print media outlets. This pattern of media use seems “true to type” but was information we lacked before. The organizational affiliation patterns of Committed Activists are interesting: they are more likely to be members of a very wide variety of organizations, ranging from education-related groups to environmental, labor union and social change organizations to charitable/volunteer groups and social/fraternal organizations. Also, while it comes as no surprise the trusted source data for Self-Reliant Individualists reveal a group most likely to trust Fox News and least likely to trust NPR/PBS, New York Times, USA Today, MSNBC, CNN and network TV and radio news, it is helpful to have this confirmed by the study data. In terms of non-media sources, as one would expect, they are less likely to trust elected officials, the Democratic Party, neighborhood/civic organizations, CDC and university scientists and the least likely of all the groups to trust environmental and social change organizations.

Big Differences in Degree of Alignment across the Issues

The vast majority of U.S. adults who fall into the three supportive groups are not completely aligned on all the issues important to the health and health equity vision. What all the supporters share, of course, is support for government activism. We have viewed this stance as the most essential one in classifying the groups as supportive or skeptical overall since it lies at the heart of the nation’s ability to affect so many of the changes central to realizing the vision. Beyond this, however, the three supportive groups are very different in terms of their degree of alignment across all of the issues. The Committed Activists are supportively aligned across all of them, but, as we have seen, this is not true for the two other supportive groups.

In the case of the Equity Idealists, support for government action is aligned with supportive stances on only a few issues. It is associated with belief in equity and solidarity values and a strong sense of moral obligation. In the case of the Equity Realists, support for government action is associated with a supportive stance on more issues: equity and solidarity values, moral obligation plus an across-the-board concern about health disparities and inequality of opportunity. It is striking that neither group is characterized by a heightened concern with the social determinants. Of the supportive groups, this is a concern shared only by Committed Activists.

These differences among those generally supportive of health and health equity promotion suggest that public views are varied and nuanced and that simplistic assumptions about audience interests, motivations and likely responses are unlikely to be born out in actual practice.

The Opportunity Presented by the Private Sector Champions

Of all the groups, the Private Sector Champions continue to be of particular interest because of their openness to aspects of the health and health equity vision despite their holding some seemingly contradictory views. They are skeptical across the board about government action on health, a function of their generally conservative political views. Yet they care about building healthy communities and, while not completely aligned on all the issues, they resonate with equity and solidarity and moral obligation ideas. They are also one of only two groups with a heightened concern about the importance of the social determinants. If ways can be found to focus locally, and involve a range of actors beyond government, it may be possible to mobilize them for social change efforts.

Importance of Equity and Solidarity Values and Moral Obligation

The common denominator across all three supportive groups, and also the Private Sector Champions, is commitment to social equity and solidarity values and a sense of moral obligation. A quantitative analysis of value and belief drivers completed after the first AHVS indicated that the equity and solidarity beliefs were the most important drivers of support for government action on health, more so than beliefs about disparities and the social determinants of health.¹⁹⁶ Future research should explore these issues further since it may be that messaging appeals in these areas would be viable across a wide range of audiences.

¹⁹⁶ NORC at the University of Chicago. (2018). Understanding Relationships between Health Values and Beliefs among U.S. Adults: Results from The American Health Values Survey Modeling Work.

Appendix A

Additional Information about Sampling and Data Collection, Weighting and Analytical Methods

This appendix provides more detailed information about study methods. It focuses on 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 two primary sampling frames, combining a nationally representative Address Based Sample (ABS) with the 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 31,525 addresses were selected, while a nationally representative sample of 10,579 AmeriSpeak panelists were invited to participate in the study by web or telephone. Table 1 provides an overview of the sample and associated 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 Vendor¹⁹⁷ (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. In creating the sampling frame, the following addresses from the DSF were included: 1) residential or primary residential with business addresses, and 2) P.O. boxes that were designated as the “only way to get mail” (OWGM). Among these addresses, there were addresses considered as “drop delivery type.” This type of address is usually found in apartment buildings where mail is only dropped to one address/unit, and the building management will distribute the mail to the occupants instead. If there were three or more units in a drop delivery address, they were excluded from the sampling frame. If there were at most three units in a drop delivery address, they were included in the sampling frame and were assigned a synthetic apartment number (based on geographic coordinates) to distinguish from the other units.

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

¹⁹⁷ American Association for Public Opinion Research Address-based Sampling Task Force. (2016). Address-based Sampling. http://www.aapor.org/AAPOR_Main/media/MainSiteFiles/AAPOR_Report_1_7_16_CLEAN-COPY-FINAL.pdf

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	31,525	10,579	42,104
Completed Interviews	4,552	3,709	8,261
Response Rate	20.81%	32.9%*	---
Fielding dates	12/09/2019 to 7/21/2020	12/11/2020– 3/23/2020	

*

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 III¹⁹⁸ 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 21.4%.
- *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 85.6%
- *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 32.9%
- *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 nonresponse follow-up of the initial recruitment survey. The weighted cumulative response rate was 6%, representing our estimate of eligible households in the population that ultimately responded to the AmeriSpeak survey, considering all stages.

¹⁹⁸ 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>

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

- The *Resolution Rate* is the percentage of sample lines for whom household status could be determined; this was 24.68%.
- The *Screener Completion Rate* is the percentage of resolved households for whom eligibility could be determined; this was 87.69%.
- The *Interview Completion Rate* is the percentage of screened households that completed the interview, which was 96.16%.

The CASRO RR is the product of all three, which was 20.81%. Note that the CASRO RR is algebraically equivalent to AAPOR RR III, as described above in the context of AmeriSpeak.

Data Preparation/Weighting

After data collection was complete, 170 AmeriSpeak interviews and 335 ABS interviews were discarded due to data quality concerns. Interviews were discarded if they were: 1) partially completed, 2) completed very quickly, 3) completed with many skipped questions, or 4) completed by selecting the same response very often.

Weights were created for the ABS and AmeriSpeak samples to ensure proper representativeness with respect to the U.S. population. First, we created base weights that considered the original probabilities of selection. Then, we adjusted the weights to account for non-resolution and non-response at the screening and interview stages. Finally, we raked the weights to ensure that the sum of weights are approximately equal to control totals from the Current Population Survey based on age, gender, race/ethnicity, educational attainment, and Census division (region). Weight trimming was applied to prevent the occurrence of large weights.

After the ABS and AmeriSpeak weights were calculated, they were multiplied by the proportion of total interviews contributed by each source. We then combined the ABS and AmeriSpeak data and implemented an additional round of raking, using the same control totals as in previous steps.

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 define 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 a priori assumption as to the number of segments from the 2016 wave, a six-segment solution was hypothesized. Solutions with between four and

nine segments each were examined for diagnostics. 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, a six-segment solution was selected for further investigation. To ascertain face validity of this solution, we evaluated the migration of each similar segment between 2016 and 2020, and the majority of them remained in the same segment. 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 because of its simplicity and ease of interpretation.

Appendix B

Survey Questionnaire

Instrument Programming Notes:

- Text in all caps or in brackets are not shown to respondents and are for programming only.
- Questions shown to ALL respondents are marked [ALL]. Questions will be shown randomly to half of the sample are marked [VERSION A ONLY] and the other half of the sample are marked [VERSION B ONLY] before the question.
- Questions in this version are posed using language for a telephone survey interview in a Word format. Specifications for online administration and in Spanish language are available in an Excel format. A self-administered paper/pencil version will also be available.
- Randomization of items are noted. For questions that were included on the 2014-2015 version, the same approach to randomization was followed.

[ALL] [Programming note: Randomize FED 1-8 in the grid]

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
FED1 Improving the health of the American people	1	2	3	4	77	99
FED2 Reducing unemployment	1	2	3	4	77	99
FED3 Improving infrastructure like bridges, highways, and dams	1	2	3	4	77	99
FED4 Improving the quality of education	1	2	3	4	77	99
FED5 Reducing the gap between rich and poor	1	2	3	4	77	99
FED6 Reforming the tax system	1	2	3	4	77	99
FED7 Reforming the immigration system	1	2	3	4	77	99
FED8 Addressing climate change	1	2	3	4	77	99

[ALL]

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

	Strongly disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	Don't Know	Refused
EQU4 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
EQU2 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
EQU1 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
[VERSION A ONLY] EQU5 Our country should do whatever is necessary to reduce the large differences in income that exist among Americans.	1	2	3	4	5	77	99
EQU3 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

[VERSION A ONLY]

[IF EQU2 = 4 OR 5]

EQU2_RSP

And who should have the main responsibility for making sure that everyone in the country has an equal opportunity to be healthy? (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

[VERSION A ONLY]

[IF EQU1 = 4 OR 5]

EQU1_RSP

And who should have the main responsibility for making sure that everyone in the country has an equal opportunity to succeed? (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

[VERSION A ONLY]

[IF EQU5 = 4 OR 5]

EQU5_RSP

And who should have the main responsibility for making sure that something is done about the large differences in income within the country? (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

[VERSION A ONLY]

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

	Strongly disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	Don't Know	Refused
OBLG2 We all have a moral obligation to help the poor	1	2	3	4	5	77	99
OBLG3 We all have a moral obligation to take care of the sick	1	2	3	4	5	77	99
OBLG4 We all have a moral obligation to take care of the old	1	2	3	4	5	77	99
OBLG5 We all have a moral obligation to be compassionate to others	1	2	3	4	5	77	99
OBLG1 It is the obligation of the government to ensure that everyone has access to health care as a fundamental right	1	2	3	4	5	77	99

[VERSION A ONLY]

OPPRTY

Would you say that everyone has about the same opportunity to succeed in American society or that some people have less opportunity than others?

Everyone has about the same opportunity	1
Some people have less opportunity than others.....	2
Don't know.....	77
Refused	99

[VERSION A ONLY]

Here is a list of different groups of people living in the U.S. For each, do you agree or disagree that this group has less opportunity to succeed in America today compared to people living in the U.S. generally?

	Strongly disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	Not sure	Refused
OPPRTY1_LOWIN People with low income	1	2	3	4	5	77	99
OPPRTY2_WOM Women	1	2	3	4	5	77	99
OPPRTY3_LGBTQ LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) people	1	2	3	4	5	77	99
OPPRTY4_AA African Americans	1	2	3	4	5	77	99
OPPRTY5_IMGRT Undocumented immigrants	1	2	3	4	5	77	99
OPPRTY6_LATIN Latinos	1	2	3	4	5	77	99
OPPRTY7_NATIV American Indians/Alaska Natives	1	2	3	4	5	77	99

[ALL]

GOV_STAT

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

[ALL]

PRIORITY

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

[ALL]

Here is a list of some things that may affect people's health in a positive or negative way. 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.

	1 No Effect	2	3	4	5 Very Strong	Don't Know	Refused
AFF1 Access to health care	1	2	3	4	5	77	99
AFF2 Having a job	1	2	3	4	5	77	99
AFF3 Stress	1	2	3	4	5	77	99
AFF4 Quality of food available in the community	1	2	3	4	5	77	99
AFF5 Having health insurance	1	2	3	4	5	77	99
AFF6 Smoking	1	2	3	4	5	77	99
AFF7 Personal health practices (other than smoking)	1	2	3	4	5	77	99
AFF8 Air and water quality	1	2	3	4	5	77	99
AFF9 Genetic makeup inherited from parents	1	2	3	4	5	77	99
AFF10 Community safety	1	2	3	4	5	77	99
AFF11 Housing quality	1	2	3	4	5	77	99
AFF12 Education	1	2	3	4	5	77	99
AFF13 Community a person lives in	1	2	3	4	5	77	99

The next questions ask about access to healthcare.

[ALL]

HC_AFRAM

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

[ALL]

HC_LATIN

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

[ALL]

HC_LOWIN

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

[VERSION A ONLY]

HC_RURAL

When people living in rural communities 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 live in urban areas, or is there not much of a difference?

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

[VERSION A ONLY] [Programming note: RANDOMIZE AAHLTH1-3 AND LATHLTH1-3]

African Americans and Latinos living in the U.S. are more likely to experience poor health outcomes compared to Whites, such as obesity and diabetes. The next statements are about the possible reasons for these differences. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

	Strongly disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	Don't Know	Refused
AAHLTH1 <u>African Americans</u> tend to be less healthy than Whites because of their health behavior choices	1	2	3	4	5	77	99
AAHLTH2 <u>African Americans</u> tend to be less healthy than Whites due to discrimination they face in the health care system	1	2	3	4	5	77	99
AAHLTH3 <u>African Americans</u> tend to be less healthy than Whites because of conditions in the neighborhoods they live in	1	2	3	4	5	77	99
LATHLTH1 <u>Latinos</u> tend to be less healthy than Whites because of their health behavior choices	1	2	3	4	5	77	99
LATHLTH2 <u>Latinos</u> tend to be less healthy than Whites due to discrimination they face in the health care system	1	2	3	4	5	77	99
LATHLTH3 <u>Latinos</u> tend to be less healthy than Whites because of conditions in the neighborhoods they live in	1	2	3	4	5	77	99

[VERSION A ONLY]

In the U.S. today, people with low incomes live an average of seven and a half years less than people with high incomes.

Here are some statements that people have made about this fact. Please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

	Strongly disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	Don't Know	Refused
LIFEX1 The shorter life spans of people with low incomes are bound to happen.	1	2	3	4	5	77	99
LIFEX2 There is not much we as a nation can do about the shorter life spans of people with low incomes.	1	2	3	4	5	77	99
LIFEX3 The shorter life spans of people with low incomes is a serious national problem.	1	2	3	4	5	77	99
LIFEX4 We as a nation must take action to address the shorter life spans of people with low incomes.	1	2	3	4	5	77	99

[VERSION A ONLY]

Would you be willing or unwilling to do each of the following to address the difference in the life span between people with high and low incomes?

	Very willing	Somewhat willing	Neither willing nor unwilling	Somewhat unwilling	Very unwilling	Not sure	Refused
PAYTX Pay more in taxes	1	2	3	4	5	77	99
DONATE2 Donate to a charity working to address the issue	1	2	3	4	5	77	99
VOLCOM Volunteer with a community organization working to address this issue	1	2	3	4	5	77	99
VOTE_CAND Vote for a candidate who will address this issue	1	2	3	4	5	77	99

[ALL]

I'm going to read you a list of goals that some people think are important for the US. Please tell me whether you think the following goal 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 U.S.

[ALL]

COM1

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

Not a priority	1	→ (continue to COM2)
Low priority	2	→ (continue to COM1_RSP)
High priority	3	→ (continue to COM1_RSP)
Top priority.....	4	→ (continue to COM1_RSP)
Don't know.....	77	→ (continue to COM2)
Refused	99	→ (continue to COM2)

[ALL]

COM1_RSP

Who should have the 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
.....	

[ALL]

COM2

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 COM3)
Low priority	2	→ (continue to COM2_RSP)
High priority	3	→ (continue to COM2_RSP)
Top priority.....	4	→ (continue to COM2_RSP)
Don't know.....	77	→ (continue to COM3)
Refused	99	→ (continue to COM3)

[ALL]

COM2_RSP

Who should have the 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

[ALL]

COM3

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 COM4)
Low priority	2	→ (continue to COM3_RSP)
High priority	3	→ (continue to COM3_RSP)
Top priority.....	4	→ (continue to COM3_RSP)
Don't know.....	77	→ (continue to COM4)
Refused	99	→ (continue to COM4)

[ALL]

COM3_RSP

Who should have the 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

[ALL]

COM4

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

Not a priority	1	→ (IF VERSION A GO TO COM5, IF VERSION B, GO TO COLL_EFF)
Low priority	2	→ (continue to COM4_RSP)
High priority	3	→ (continue to COM4_RSP)
Top priority.....	4	→ (continue to COM4_RSP)
Don't know.....	77	→ (IF VERSION A GO TO COM5, IF VERSION B, GO TO COLL_EFF)
Refused	99	→ (IF VERSION A GO TO COM5, IF VERSION B, GO TO COLL_EFF)

[ALL]

COM4_RSP

Who should have the 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

[VERSION A ONLY]

COM5

Making sure that there is public transportation, sidewalks for walking, and bike lanes available so that people do not have to always rely on cars (Choose one).

Not a priority	1	→ (continue to COLL_EFF)
Low priority	2	→ (continue to COM5_RSP)
High priority	3	→ (continue to COM5_RSP)
Top priority.....	4	→ (continue to COM5_RSP)
Don't know.....	77	→ (continue to COLL_EFF)
Refused	99	→ (continue to COLL_EFF)

[VERSION A ONLY]

COM5_RSP

Who should have the 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

[VERSION A ONLY]

[IF COM1_RSP OR COM2_RSP OR COM3_RSP OR COM4_RSP OR COM5_RSP OR = 2 OR 4]

RESP

You said that you favored action on the part of private individuals, businesses and groups to make communities healthier. In general, which private individuals, businesses and other groups would you like to see take the most responsibility for this work? (SELECT UP TO 3)

RESP1

Faith-based community

RESP2

Large employers

RESP3

Small and medium-sized businesses

RESP4

Real estate industry

RESP5

Charitable or humanitarian organizations

RESP6

Civic and neighborhood groups

RESP7

Interested individuals who volunteer

RESP8

Hospitals and other health care providers

RESP9

Others? [OPEN ENDED TEXT BOX]

[ALL]

COLL_EFF

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

[ALL]

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
ACT1 Exercising during your leisure time.	1	2	3	4	5	77	99
ACT2 Limiting portion sizes of food and drinks	1	2	3	4	5	77	99
ACT3 Praying or meditating	1	2	3	4	5	77	99
ACT4 Actively trying to reduce stress	1	2	3	4	5	77	99
ACT5 Getting appropriate screenings or preventative care	1	2	3	4	5	77	99
ACT6 Working to reach or maintain a healthy weight	1	2	3	4	5	77	99
ACT7 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

[ALL]

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
KNO1 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
KNO2 Where to get medical care when you need it	1	2	3	4	77	99
KNO3 How to manage any health problems you may have	1	2	3	4	77	99
KNO4 How to prevent health problems in the first place	1	2	3	4	77	99

[ALL]

Here are some statements. For each, please tell me if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree or strongly agree.

	Strongly disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	Don't Know	Refused
TRU1 You'd rather put your trust in the wisdom of ordinary people than the opinions of experts and intellectuals.	1	2	3	4	5	77	99
TRU2 Alternative medicine is more effective than western medicine for treating most illnesses.	1	2	3	4	5	77	99

[IF VERSION A]

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

[IF VERSION B]

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

[ALL]

EXPERTS

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

[VERSION A ONLY]

IMP_REL

How would you rate the importance of religion and/or spirituality in your life?

Very important.....	1
Somewhat important	2
Neither important nor unimportant	3
Somewhat unimportant	4
Not at all important	5

[VERSION A ONLY]

REL_SERV

Apart from weddings and funerals, about how often do you attend religious services these days?

More than once per week	1
Once a week	2
Once a month.....	3
Only on special holy days	4
Once a year.....	5
Less often.....	6
Never, practically never	7

[VERSION B ONLY]

The next questions are about sources for news and information.

How often do you use each of the following sources to obtain news about current events and issues?

	Daily	Weekly	Monthly	Never
PRINT MEDIA				
SOURCE1 Local print newspapers or news magazines either hard copy or online				
SOURCE2 National print newspapers or news magazines either hard copy or online				
SOURCE3 Neighborhood newsletter or listserv either hard copy or online				
RADIO				
SOURCE4 Local news on AM/FM radio				
SOURCE5 National news on AM/FM radio				
SOURCE6 National news on online/satellite radio or via podcasts				
TELEVISION				
SOURCE7 Local television news				
SOURCE8 National television news via broadcast (CBS, ABC, or NBC), cable (CNN, MSNBC, Fox News) or streaming (broadcast, cable, and other sites such as Newsy, NewsON and Watchup)				
DIGITAL ONLY MEDIA				
SOURCE9 News alerts via push notification that appears on a smart phone/handheld device main screen				

SOURCE10 News online by a news source that publishes only online				
SOURCE11 News on social networks (such as Facebook, Twitter, and LinkedIn)				
SOURCE12 News on media sharing networks (such as Snapchat, Instagram, and YouTube)				
SOURCE13 News on online discussion forums (such as Quora or Reddit)				

[VERSION B ONLY]

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

	Completely	Somewhat	Not very much	Not at all
TRUST1 Neighborhood and civic groups				
TRUST2 Religious/spiritual leaders				
TRUST3 People you follow on social media (e.g., bloggers, vloggers, Instagram celebrities and YouTubers)				
TRUST4 MSNBC				
TRUST5 CNN				
TRUST6 Fox News Channel				
TRUST7 PBS/NPR				
TRUST8 USA Today				
TRUST9 The Wall Street Journal				
TRUST10 New York Times				
TRUST11 Network TV news (ABC, CBS or NBC)				
TRUST12 Network radio news (ABC, CBS or NBC)				

[VERSION B ONLY]

How much, if at all, would you trust information from the following groups on how to improve the health of people living in the U.S. and the communities they live in?

	Completely	Somewhat	Not very much	Not at all
TRUST13 Health care provider groups such as the American Medical Association, the American Public Health Association or the American Nurses Association				
TRUST14 Groups and foundations working in health such as the American Cancer Society, the American Diabetes Association or the American Heart Association				
TRUST15 Centers For Disease Control And Prevention (CDC)				
TRUST16 University scientists and researchers				
TRUST17 Environmental groups such as the Nature Conservancy or the Sierra Club				
TRUST18 Local elected officials				
TRUST19 National elected officials				
TRUST20 The Republican Party				
TRUST21 The Democratic Party				
TRUST22 Social change groups such as Action for Healthy Kids and the Center for Food Safety				
TRUST23 Corporations and business leaders				

[VERSION B ONLY]

Please tell us if you are a member of, and/or are currently active in, any of the following types of groups:

	Not a member of	Member but not currently active in	Member and/ or currently active in
AFFIL1 Church groups or other religious or spiritual organizations			
AFFIL2 Community groups or neighborhood associations			
AFFIL3 Charitable or volunteer organizations, and social or fraternal clubs, such as United Way, Habitat for Humanity or Rotary International			
AFFIL4 Environmental groups such as the National Wildlife Federation, the Nature Conservancy or the Sierra Club			
AFFIL5 Veterans organizations such as the American Legion, AMVETS or VFW			
AFFIL6 Education-related groups such as parent groups or organizations such as the PTA or local parent support groups, and alumni associations			
AFFIL7 Entertainment-, arts- or recreation-related groups such as hobby clubs; literary or arts groups; or sports clubs or recreation leagues			
AFFIL8 Labor unions			
AFFIL9 Professional associations for people employed in professional occupations such as the American Association of Realtors, the American Institute of Certified Public Accountants, or the American Bar Association			
AFFIL10 Industry groups, such as farm or trade associations such as the Farmer’s Union, the National Association of Home Builders or the U.S. Chamber of Commerce			
AFFIL11 Consumer groups such as the American Automobile Association, the Better Business Bureau or the American Association of Retired Persons			
AFFIL12 Ethnic or cultural organizations such as the Polish American Association or the National Japanese American Historical Society			
AFFIL13 The Republican Party			
AFFIL14 The Democratic Party			
AFFIL15 Social change groups such as Action for Healthy Kids and the Center for Food Safety			

[ALL]

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
CIV1 Contributed money or time to a candidate or an organization based on concern about a health issue.	1	2	77	99
CIV2 Contacted a newspaper, television station, or talk show about a health issue.	1	2	77	99
CIV3 Contacted your representative or other public official about a health issue.	1	2	77	99
CIV4 Voted for or against a candidate for public office because of his or her position on a health issue.	1	2	77	99
CIV5 Participated in a forum or town meeting about a health issue.	1	2	77	99

[ALL]

PARTIC

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

[ALL]

DONATE

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

[ALL]

VOTE_REG

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

[ALL]

[IF VOTE_REG = 1]

VOTE_OFT

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

[ALL]

POL_VIEW

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

[ALL]

POL_PART

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

[ALL]

[IF POL_PART = 3]

POL_PART2

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

[ALL]

HLT_RANK

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

[ALL]

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

	Yes.....	No.....	DK.....	REF
HL_CO_1				
High cholesterol.....	1.....	2.....	77.....	99
HL_CO_2				
High blood pressure.....	1.....	2.....	77.....	99
HL_CO_3				
A heart attack.....	1.....	2.....	77.....	99
HL_CO_4				
Angina or coronary heart disease.....	1.....	2.....	77.....	99
HL_CO_5				
A stroke.....	1.....	2.....	77.....	99
HL_CO_6				
Any kind of diabetes or high blood sugar.....	1.....	2.....	77.....	99
HL_CO_7				
Cancer (other than skin cancer).....	1.....	2.....	77.....	99
HL_CO_8				
Emphysema, asthma or chronic obstructive pulmonary disease (COPD).	1.....	2.....	77.....	99
HL_CO_9				
Depression.....	1.....	2.....	77.....	99
HL_CO_10				
Anxiety or other mental or emotional condition.....	1.....	2.....	77.....	99

[ALL]

IMPAIR

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

[ALL]

CIG_LIFE

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

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

[ALL]

CIG_FREQ

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

[ALL]

WEIGHT_UNITS

About how much do you weigh without shoes on?

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

[ALL]

HEIGHT_UNITS

How tall are you without shoes on?

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

[ALL]

INSURED

Are you covered by health insurance?

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

[ALL]

[IF INSURED = 1]

INSURER

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

[ALL]

MED_HOME

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

[ALL]

[IF MED_HOME = 2]

MED_HOME2

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 _____ [TEXT BOX]	3
Don't know	77
Refused	99

[ALL]

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? 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

[ALL]

GENDER

How would you describe yourself?

Male	1
Female.....	2
Trans male/Trans man	3
Trans female/Trans woman	4
Genderqueer/Nonbinary.....	5
Another gender identity not listed, please specify: _____ [TEXT BOX]	6
Refused	99

[ALL]

AGE

How old are you?

_____ years	
REFUSED	99

[ALL]

[IF AGE = 99]

AGE_CAT

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

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

[ALL]

HISPANIC

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

[ALL]

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]

RACE_WHITE White/Caucasian	1
RACE_BLACK Black/African American	2
RACE_ASIAN Asian.....	3
RACE_PI NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.....	4
RACE_AIAN American Indian or Alaskan native.....	5
RACE_OTHER Another race	6
RACE_DK Don't know.....	77
RACE_REFUSED Refused	99

[IF ASIAN SELECTED]

Check your ethnic origin(s):

<input type="checkbox"/> Afghan	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Thai
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Burmese	<input type="checkbox"/> Korean	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Chinese	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Pakistani	(Please specify): _____
<input type="checkbox"/> Hmong	<input type="checkbox"/> Sri Lankan	
<input type="checkbox"/> Indian (India)	<input type="checkbox"/> Taiwanese	

[IF NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SELECTED]

Check your ethnic origin(s):

<input type="checkbox"/> Samoan	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Tongan	<input type="checkbox"/> Other Hawaiian or Pacific Islander
	(Please specify): _____

[ALL]

[EDU] 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
2-year degree or some college	6
4-year college graduate.....	7
Post-graduate degree.....	8
Don't know/not sure.....	77
Refused	99

[ALL]

ZIP

What is your current zip code?

Don't know.....	77
Refused	99

[ALL]

INCOME

What was your approximate annual household income from all sources in 2018?

Less than \$15,000	1
\$15,000 - \$29,999	2
\$30,000 - \$49,999	3
\$50,000 - \$69,999	4
\$70,000 - \$99,999	5
\$100,000 - \$124,999	6
\$125,000 - \$149,999	7
\$150,000 or more	8
Don't know.....	77
Refused	99