ICPSR | INTER-UNIVERSITY CONSORTIUM FOR POLITICAL AND SOCIAL RESEARCH

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National Survey of Health Attitudes, [United States], 2018

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Training Presentation

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Agenda

- Background & purpose of the survey

- Conceptual domains and contents of survey

- Break

- Methods

- Resources available

- Ideas for the future

Background

Action Area 1 is a focus of this survey

Action Area
1
Making Health
a Shared Value

Mindset and expectations change is a key driver

Action Area
1
Making Health
a Shared Value

DRIVER: Mindset and Expectations

DRIVER: Sense of Community

DRIVER: Civic Engagement
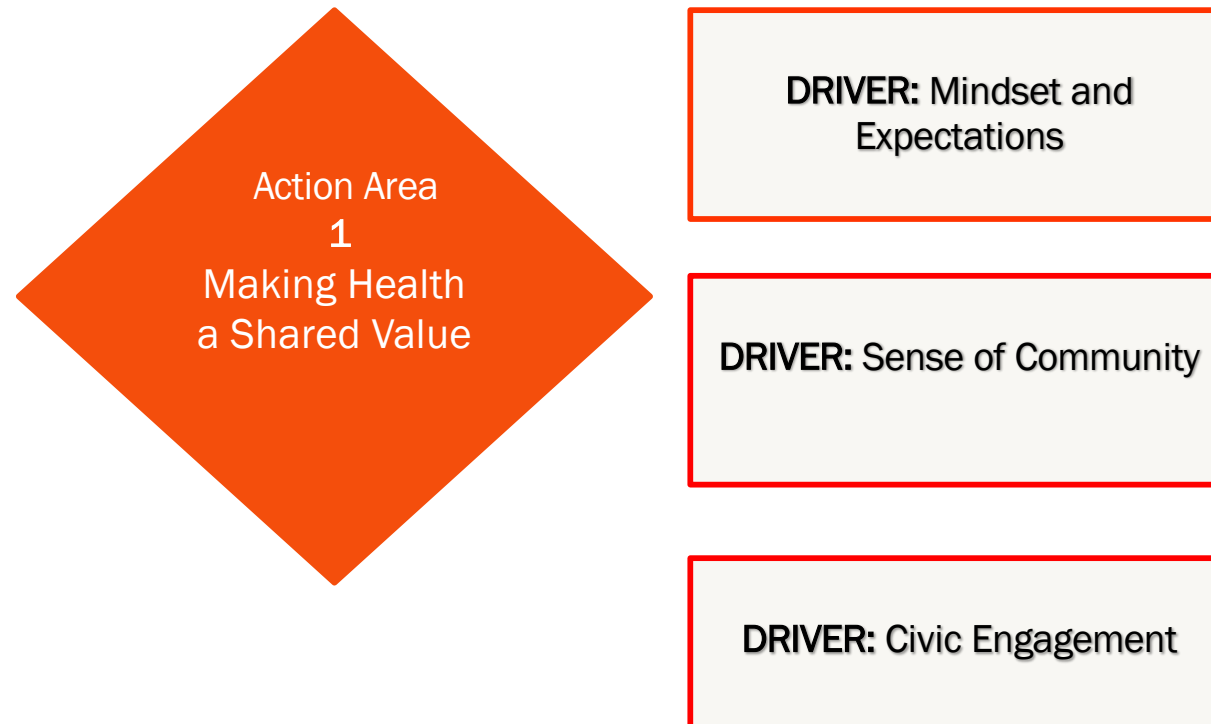
Mindset and expectations

- <u>Mindset</u> is defined as how society views health and well-being as important for all of its members, building on the science of mindset development.

- <u>Expectations</u> are collective thoughts in which the society perceives it can affect improvements in policies, environments and services that promote health, and that society believes it has the responsibility to achieve that end.

(Chandra et al., Health Affairs, 2016)

National Survey of Health Attitudes (NSHA)

- ## Primary objective:

  To understand national perspectives related to the Culture of Health, with a primary focus on the action area *making health a shared value*.

- ## Other objectives:

  To inform three areas where there were particular gaps:

  - recognized the influence of social and physical factors on health,
  - valued investment in community health, and
  - sense of community or community connection.

  The survey also included other items related to the outcome of well-being, primarily to test items and to explore correlates of mindset and expectations.

NSHA designed to assess progress in these five aspects of mindset and expectations

Whether someone is interested in promoting health, for themselves and then others, if not already doing something

Whether someone reports choices that value individual and community actions to promote health

Whether someone gets that some groups don't have the same access or health experience, and whether individual thinks that is a concern or not

Whether someone sees health as a priority relative to other social priorities or issues

Whether someone understands what influences health, and all of the factors that influence health including sectors

Conceptual Domains and Contents of Survey

Expectations to Track Over Time In a Culture of Health, more U.S. adults would:	Domains What are the types of things we need to know to assess whether this expectation is being met?
1. Appreciate that health is influenced by personal, family, and community health broadly, as well as by a variety of factors (social determinants of health) that include more than genetics, health care, and personal health behaviors	• Social determinants of health and disparities • Government roles, including levels of government in health promotion, illness care, etc. • Change agents and action on health • Health relative to other social issues and priorities • Perceptions of the role of personal responsibility
2. Value and prioritize individual, family, and community health and well-being	• Health status and experience with health and importance/value of health for individuals, family, and community • Health relative to other social issues and priorities • Perceptions of the role of personal responsibility
3. Take action regularly to promote personal and community health and well-being	• Community well-being/health—quality of own community health, interest in investing in community well-being, willingness to pay, etc. • Change agents and action on health
4. Understand and value health equity as a goal and work toward this goal through the activities of individuals and institutions	• General views on equity and health equity, solidarity, health care as a right, and a right to health promotion services, amenities, etc.
5. Experience less burdened interactions with health systems based on better system integration and coordination of care	• Expectations of the system • Health status and experience with health and importance/value of health for individuals, family and community

Conceptual Domains Mapping to 2018 Questions

Summary of Question	2018 Question Number	2015 Question Number (if applicable)	Expectations (numbers map to Table 2.1)	Domain
Influence of physical/social on health	Q1	Q1	1	Social determinants of health
Ranking influence of physical/social on health	Q1_extra		1	Social determinants of health
Valuing investments in community health	Q2-Q6	Q7-11	3	Community well-being/health
Ranking valuing investments in community health	Q7		3	Community well-being/health
Society's role	Q8	Q12	4	Equity/solidarity
Education vs. health	Q9		1 and 2	Health relative to other social issues
Health care as a right	Q10		1 and 2	Health relative to other social issues

Sample Question on Society's Role (2018)

Sample	Strongly Disagree				Strongly Agree	Missing
Our society needs to do more to make sure that everyone has ['an equal'/'a fair and just'] opportunity to succeed	4.9	8.9	22.8	30.1	32.6	0.7
Our society needs to do more to make sure that everyone has ['an equal'/'a fair and just'] opportunity to be healthy	3.6	6.0	19.9	30.4	39.4	0.7
It Is Best for Society If People Are as Concerned About the Needs of Others as They Are About Their Own Needs	3.3	6.1	22.7	35.1	32.1	0.7
It Would Be Unfair If Some People Had More of an Opportunity to Be Healthy Than Other People	6.9	9.8	27.4	24.7	30.5	0.8

Conceptual Domains Mapping to 2018 Questions

Summary of Question	2018 Question Number	2015 Question Number (if applicable)	Expectations (numbers map to Table 2.1)	Domain
Poor choices vs. outside control	Q11	Q6_1	1	Social determinants of health, Health relative to other social issues and priorities, Perceptions of the role of personal responsibility
Government role	Q12	Q5	1	Government roles
Government role in fighting opioids and obesity	Q13a, Q13b		1	Government roles
Differences by race, location, income	Q14a–Q14d		4	Equity/solidarity
Life expectancy low vs. high income	Q15a, Q15b		4	Equity/solidarity
Government roles in various areas	Q16		1 and 2	Health relative to other social issues

Sample Question on Government Roles (2018)

*Q13. Recent research shows that [as of 2018, more than one-third of American adults are obese/*in the past year, 8% of American adults had a substance use disorder (e.g., alcoholism, addiction to opioids)]. *Which of the following levels of government do you think could do the most (e.g., through policies, programs, laws and regulations) to help reduce the number of American adults who [are obese/have substance use disorder]?* Note on randomization: Half of the sample saw Q13a and half saw Q13b.

Sample	Local governments	State governments	Federal governments	No government can lower this number	Missing
Obesity	16.5	14.7	17.3	49.8	1.7
Substance Use Disorder	21.6	22.3	20.9	33.7	1.6

Conceptual Domains Mapping to 2018 Questions

Summary of Question	2018 Question Number	2015 Question Number (if applicable)	Expectations (numbers map to Table 2.1)	Domain
Sense of community measure	Q17	Q13A-L	3	Community well-being/Health
Sense of community health	Q17	Q13M-P	3	Community well-being/Health
How groups impact health of community	Q18		1	Social determinants of health, Health relative to other social issues and priorities, Perceptions of the role of personal responsibility
Actions to influence government	Q19	Q21	3	Change agents/action
Barriers to action	Q20		3	Change agents/action

Sample Question on Change Agents/Action (2018)

Health Civic Engagement	Percent who have done activity to influence decisions about health issues during the past year
A. Voted for or against a candidate for public office because of his/her position on a health problem or issue	41.12%
B. Voted for or against a candidate for public office because of his/her position on other issues such as education, public safety, or community funding	51.89%
C. Contributed time or money to an organization working to pass a health law or policy at the local, state or national level	18.64%
D. Lobbied or advocated for a health-related cause in your community (may include signing a petition, calling a public official, disseminating information via social media, participating in demonstrations)	21.15%
E. Attended a civic meeting or worked with neighbors to fix community problems	21.72%

Conceptual Domains Mapping to 2018 Questions

Summary of Question	2018 Question Number	2015 Question Number (if applicable)	Expectations (numbers map to Table 2.1)	Domain
Health status	Q21		2 and 5	Health status and experience with health and importance
Religion and spirituality	Q22		2 and 5	Health status and experience with health and importance
Impact of others health	Q23		2 and 5	Health status and experience with health and importance
Chronic health conditions	Q24		2 and 5	Health status and experience with health and importance
Financial burden of health care	Q25		2 and 5	Health status and experience with health and importance
Are you a caregiver?	Q26	Q15	2 and 5	Health status and experience with health and importance
Discrimination due to health	Q27		2 and 5	Health status and experience with health and importance

Conceptual Domains Mapping to 2018 Questions

Summary of Question	2018 Question Number	2015 Question Number (if applicable)	Expectations (numbers map to Table 2.1)	Domain
Regular source of health care	Q28, Q28a		2 and 5	Health status and experience with health and importance
Health insurance	Q29		2 and 5	Health status and experience with health and importance
Health care professionals	Q30		2 and 5	Health status and experience with health and importance
Confidence to manage health conditions	Q31		2 and 5	Health status and experience with health and importance
Time in community	Q32		2 and 5	Health status and experience with health and importance
Community trauma	Q33		2 and 5	Health status and experience with health and importance
Live in other country	Q34		2 and 5	Health status and experience with health and importance

Methods

Survey Sample

- Drawn from RAND American Life Panel and the Knowledge Panel (Now Ipsos formerly GfK)
  - ALP follows the same individuals over time, rich historical data
  - KnowlegePanel provides a larger sample size

- Many similarities across panels
  - Internet panels
  - Provide equipment and internet access if needed
  - Collect background demographic information separately
  - Content of our survey was the same across two panels

Survey Sample (Continued)

2015	ALP	KnowledgePanel	Total
Sample Size	3,407	8,148	11,495
Participation Rate	78.8%	66.9%	69.7%
Field dates	3/13-4/14/15	3/19-4/14/15	3/13-4/14/15

2018	ALP	KnowledgePanel	Total
Sample Size	2,479	4,708	7,187
Participation Rate	86.7%	54.3%	62.3%
Field dates	07/11-18/30/18	7/11-7/24/18	07/11-18/30/18
Notes:	Only those who participated in 2015	All eligible	

Combined Data

- Content of survey was identical

- Took care to ensure display and implementation was the same

- In 2015, we found no meaningful differences after controlling for demographic characteristics, device used for participation, or other potential differences across the panels

Weighting

- We used a raking algorithm to calculate weights to match the data to the Current Population Survey, matched on
  - Interaction of gender and race and ethnicity
  - Interaction of gender and education
  - Interaction of gender and age
  - household income interacted with household size
  - indicator for metropolitan or nonmetropolitan areas.

- Method used for ALP described in Pollard and Baird (2017)
  - https://www.rand.org/pubs/research_reports/RR1651.html

- We pooled the two samples together and then calculated the weights

Sample Description & Impact of Weights

Characteristic	2015 ALP and KnowledgePanel		2015 CPS	2018 ALP and KnowledgePanel		2018 CPS
	Unweighted	Weighted	CPS	Unweighted	Weighted	CPS
Gender						
Male	47.6	48.1	48.1	46.2	48.2	48.2
Female	52.4	51.9	51.9	53.8	51.8	51.8
Race or ethnicity						
Non-Hispanic white	70.7	65.5	65.5	71.1	64.0	64.0
Non-Hispanic black	8.9	9.5	11.5	9.3	11.8	11.8
Hispanic	14.2	17.9	15.2	13.3	17.1	15.9
Non-Hispanic Asian	2.9	3.3	5.7			
Non-Hispanic, all other races	3.3	3.9	2.0	6.3	7.0	8.2

Sample Description & Impact of Weights

Characteristic	2015 ALP and KnowledgePanel			2018 ALP and KnowledgePanel		
	Unweighted	Weighted	CPS	Unweighted	Weighted	CPS
Education						
Less than high school	10.1	12.7	12.4	5.8	9.2	11.1
High school	24.1	29.2	29.5	22.3	30.9	29.0
Some college	31	28.7	28.7	31.0	28.4	28.4
College graduate	34.8	29.4	29.4	40.9	31.5	31.5

Sample Description & Impact of Weights

Characteristic	2015 ALP and KnowledgePanel		CPS	2018 ALP and KnowledgePanel		CPS
	Unweighted	Weighted		Unweighted	Weighted	
Age, in years						
18–24	5.6	9.9	12.5	3.5	8.4	12.0
25–44	28.6	37.2	34.4	25.9	37.6	33.9
45–64	42.0	35.8	34.6	42.5	34.0	34.1
65+	23.8	17.2	18.5	28.1	20.1	20.1
Income, in dollars						
Less than 10,000	6.5	7.1	6.1	3.5	4.9	5.7
10,000 to 24,999	14.5	14.2	16.0	11.8	13.7	13.1
25,000 to 49,999	23.6	24.5	25.6	21.1	23.5	23.9
50,000 to 74,999	19.4	19.1	18.7	18.7	19.1	19.0
75,000 to 99,999	12.9	12.5	12.3	12.8	12.7	12.3
100,000 or more	23.2	22.6	21.4	32.1	26.1	26.1

Resources

- Talk derived from
  - Development of the Robert Wood Johnson Foundation National Survey of Health Attitudes: Description and Top-Line Summary Data (Carman et al 2015)
  - 2018 National Survey of Health Attitudes: Description and Top-Line Summary Data (Carman et al. 2018)
  - List all questions and sources, plus more details about methods

- Additional Resources from ICSPR
  - Codebooks
  - Questionnaires (English and Spanish)

Culture of Health Measures: Mindsets and Expectations

Recognized influence of physical and social factors on health

- In order to establish health as a shared priority, community members need to view it as a collective concern. To improve health for all, we must recognize how our health can be influenced by the conditions of our community and the behaviors of those around us.

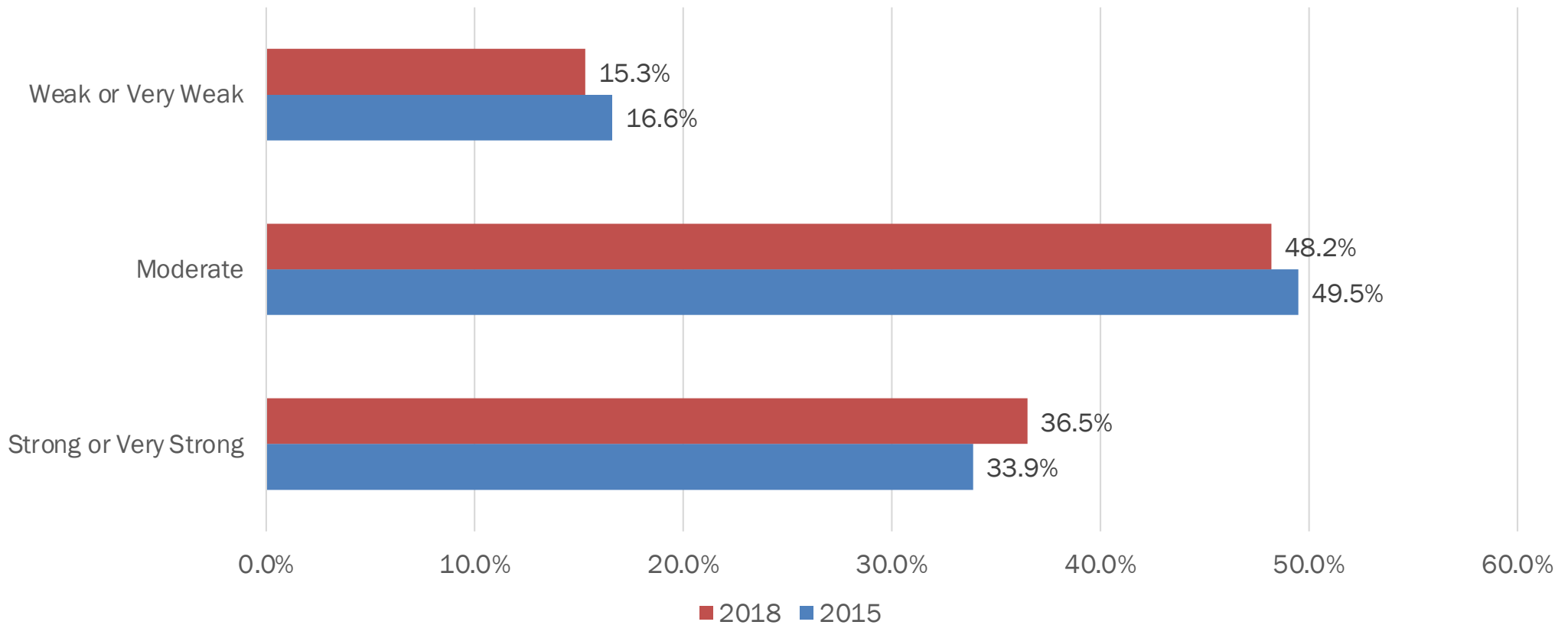# Recognized influence of physical and social factors on health

- "Here is a list of some things that may affect people's health and well-being. 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."
  - E: neighborhood options for healthy food and exercise
  - H: amount of social support
  - J: physical environment such as clean air or water
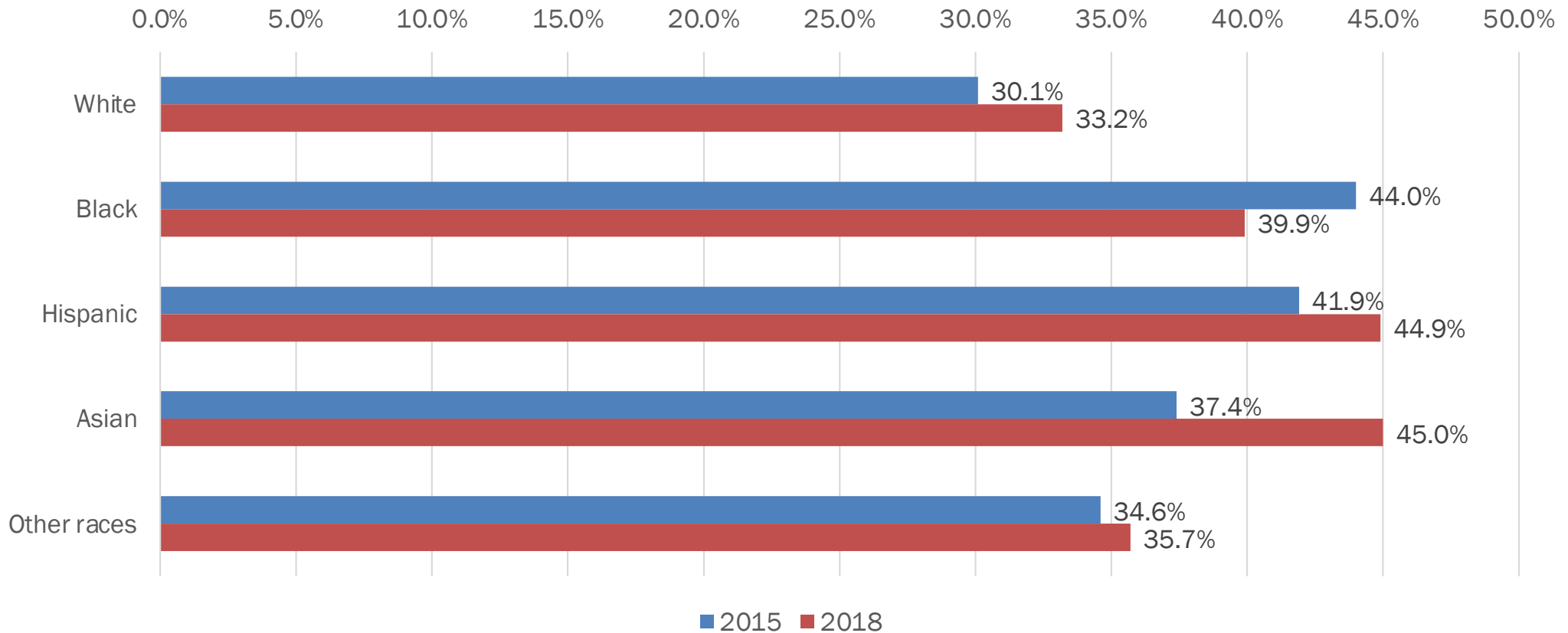 - M: community safety
  - P: where a person lives
  - S: examples set by people around you.

Recognized influence of physical and social factors on health

- "Averaged across the six items, then grouped respondents into three categories:
    - very weak or weak agreement (average score 1 to 2.9);
    - moderate agreement (average score 3 to 3.9)
    - strong or very strong agreement (average score 4 to 5)

Recognized influence of physical and social factors on health

Weak or Very Weak: 2018 15.3%, 2015 16.6%
Moderate: 2018 48.2%, 2015 49.5%
Strong or Very Strong: 2018 36.5%, 2015 33.9%

Legend: ■ 2018 ■ 2015

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Recognized influence of physical and social factors on health

Race	2015	2018
White	30.1%	33.2%
Black	44.0%	39.9%
Hispanic	41.9%	44.9%
Asian	37.4%	45.0%
Other races	34.6%	35.7%

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Culture of Health Measures: Sense of Community

Valued Investment in Community Health

- A key sign of community well-being is the value people place on—and how highly they prioritize—investments in health and well-being. Examples include investments in parks and improved accessibility for those with limited mobility.

Valued Investment in Community Health

- *In the following section, we list goals that some people think are important for communities in the U.S. For each, indicate whether you think it should be a top priority, important but not a top priority, or not a priority at all for communities. In these statements, when we refer to "communities," we mean all communities not just your own. Should the following be a top priority, important but not a top priority, or not a priority at all for communities?*

  - Q2: making sure that the disadvantaged have an equal opportunity to be healthy
  - Q3: making sure that healthy foods are for sale at affordable prices in communities where they are not
  - Q4: making sure that there are safe, outdoor places to walk and be physically active in communities where there are not any
  - Q5: making sure that there is decent housing available for everyone who needs it
  - Q6: 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.
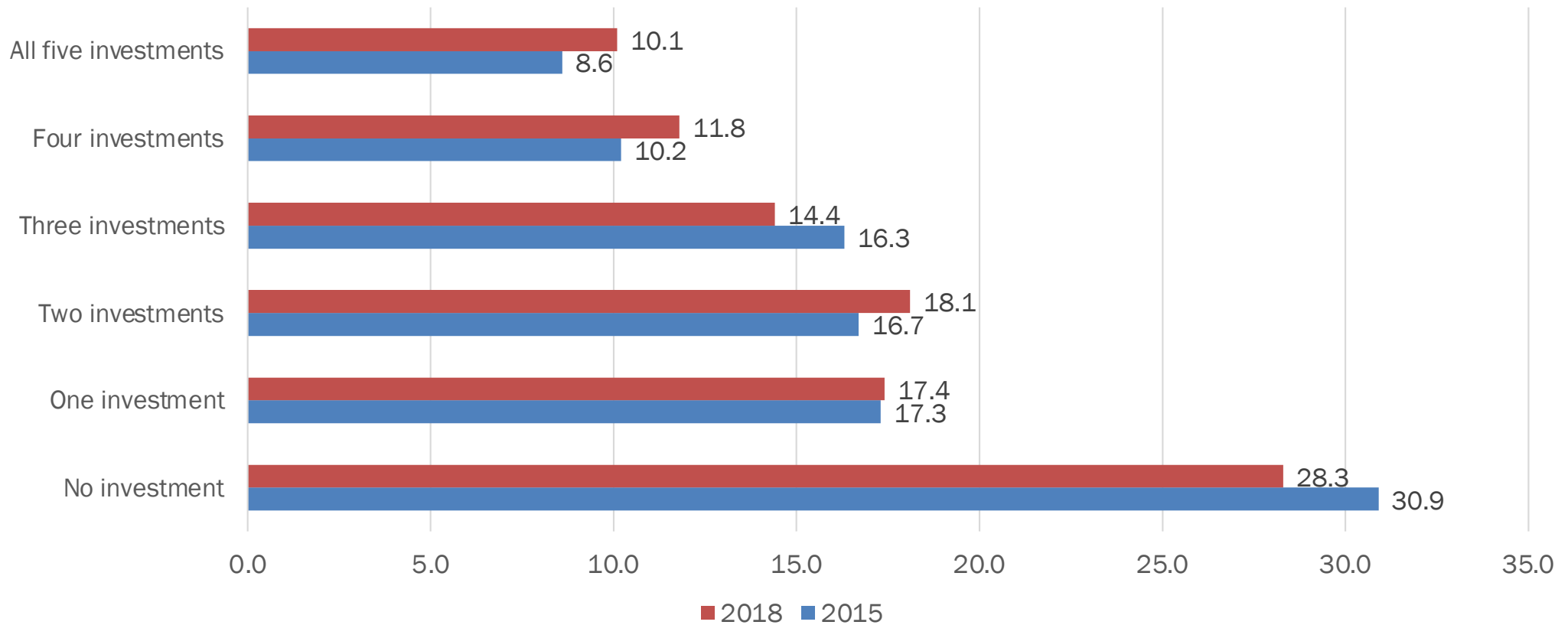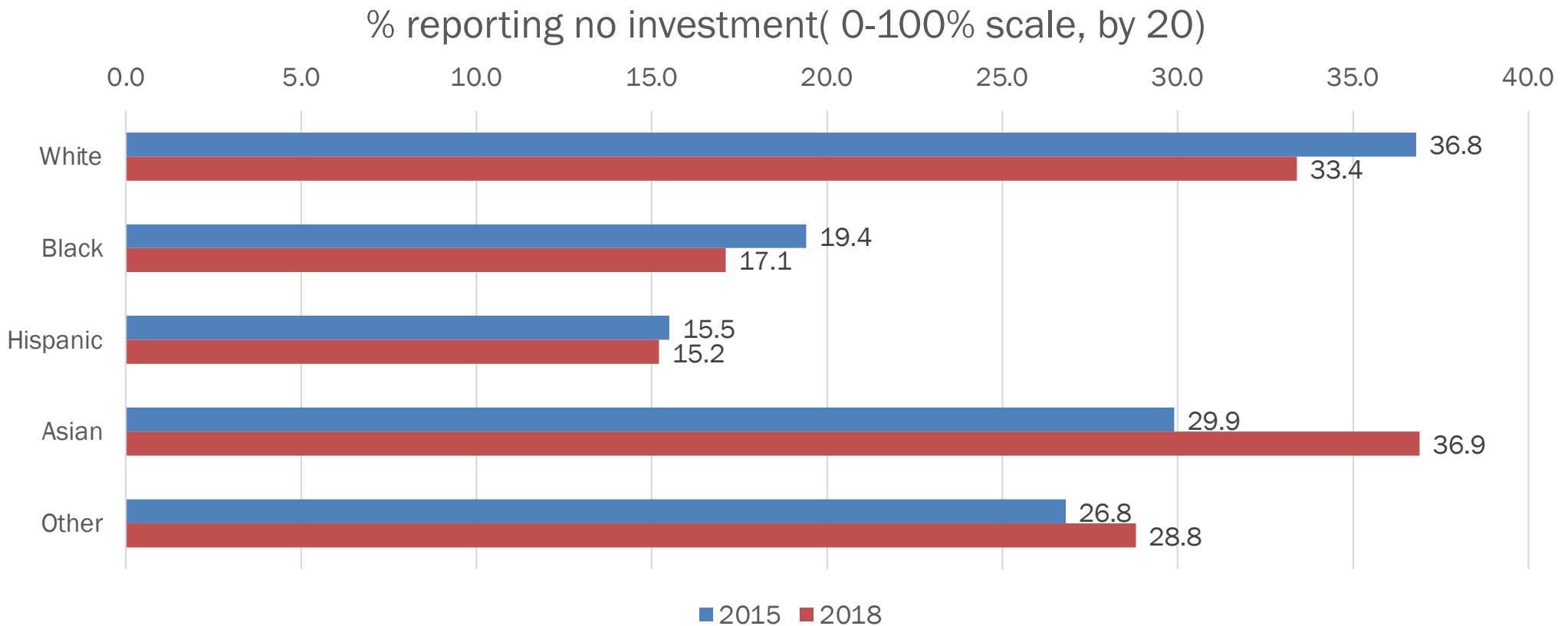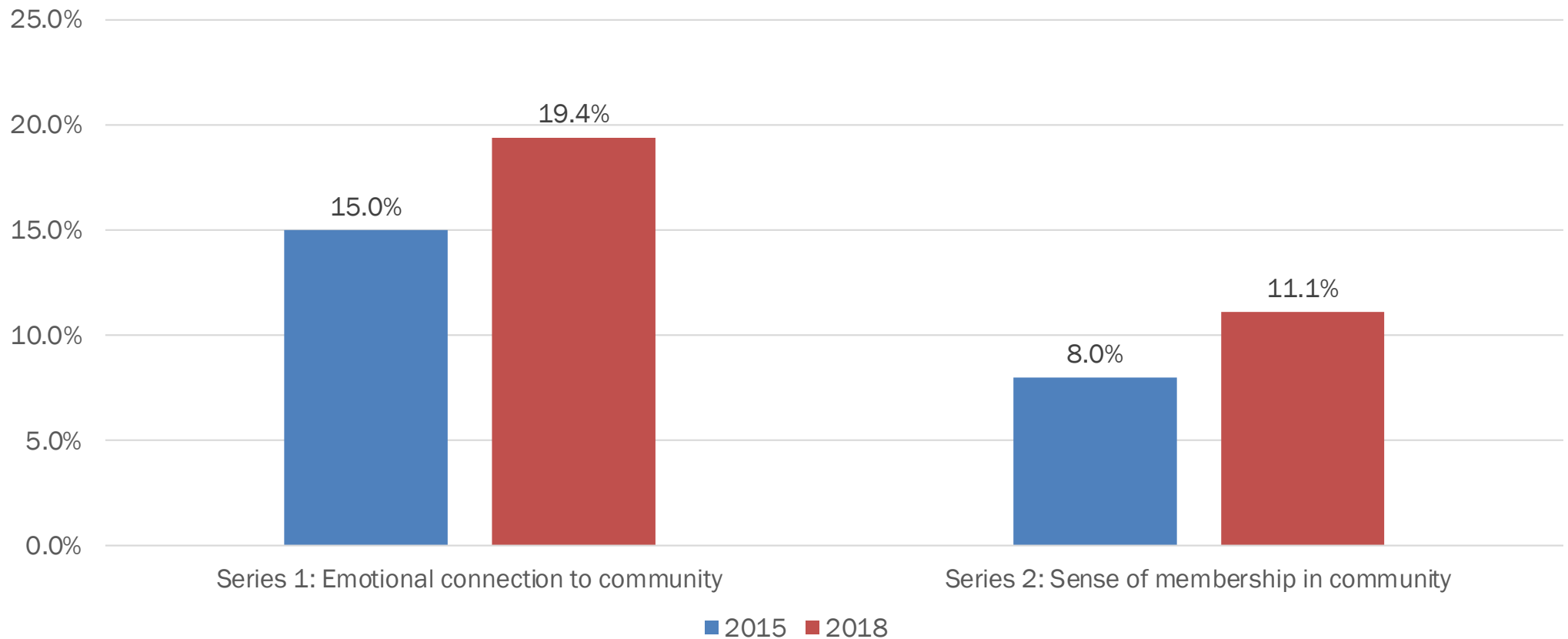
Community Connection

- Individuals who feel a sense of security, belonging, and trust in their community have better health than those who feel isolated or marginalized.
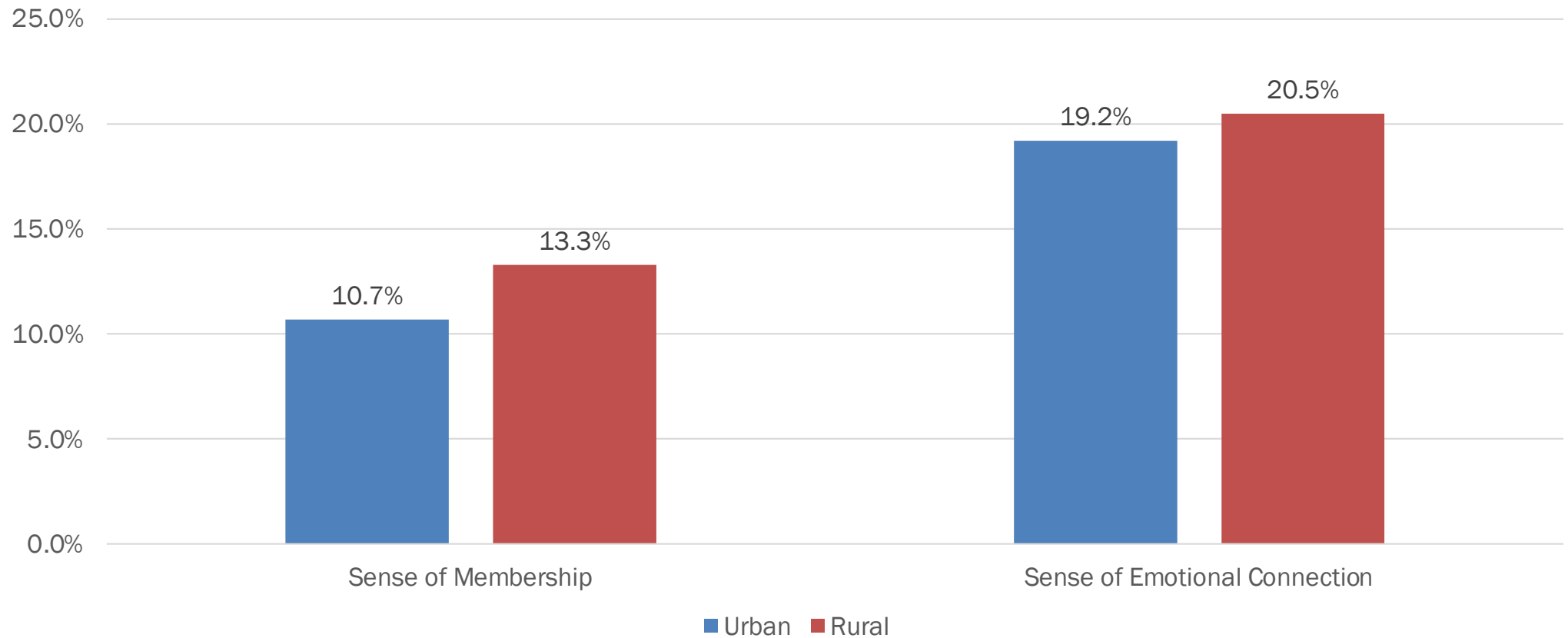
Community Connection

- We developed this measure using an existing battery of questions designed to measure emotional connection to one's community and sense of membership in the community (Chavis, Lee, and Acosta, 2008)

- Separate scores for 2 six question subscales
  - Membership subscale (Question 17 A-F)
  - Emotional-connection subscale (Question 17 G-L)

- We averaged the score for each subscale and grouped respondents into three categories of sense of community: weak (score between 0 and 0.9), moderate (score between 1 and 1.9), or strong (score between 2 and 3).

Community Connection