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

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English Data Collection Instrument

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National Survey of Health Attitudes Early thinking for the 2018 re-design

Overview (companion to the survey)

We reviewed our last National Survey of Health Attitudes, fielded in 2015. The survey produced important insights about American views, but we wanted to deepen our investigation of health sentiments, values and views on health equity.

We organized first to understand what changes we would want to see in America if a Culture of Health was built? What would Americans say about health? What would they prioritize? The following table outlines the key **outcomes statements**, or the statements that represent the changes we hope to see among American adults as we move toward a Culture of Health.

The **domains** represent the question areas that will help us measure progress toward the outcomes based statements.

	itcomes based Statement – In a lture of Health, more US adults would:	What are the types of things we need to know to meet those outcomes? (Domain) Note numbering in this domains part of the table just corresponds to numbering in the survey draft
1.	Appreciate that health is influenced by personal, family, and community health broadly, as well as a variety of factors (social determinants of health) which 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-personal responsibility, who is responsible, priorities, etc.
2.	Value and prioritize individual, family, and community health and well-being	 3) Health status and experience with health and importance/value of health for individuals, family and community 7) Health relative to other social issues-personal responsibility, who is responsible, priorities, etc.
3.	Take action regularly to promote personal and community health and wellbeing	6) Community wellbeing/healthquality of own community health, interest in investing in community wellbeing, willingness to pay, etc. 2) 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	5) General views on equity and anything we add on 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	8) Expectations of the system 3) (Partial) Health status and experience with health and importance/value of health for individuals, family and community

American progress to a Culture of Health Mindset

So what does this all mean? What is the progression to get Americans to build a Culture of Health? Here is a flow chart of likely changes/progression. We note that this is not linear as different changes in views and attitudes can feed both ways.

NOTE: arrows are notional, some bi-directionality exists

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

Socio demo Factors

(e.g., personal health) Whether someone sees health as a priority relative to other social priorities or issues



• 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 reports choices that value individual and community actions to promote health



• Whether someone is interested in promoting health, for themselves and then others, if not already doing something (perhaps the height of everyone engaging in a culture of health)

Health equity

We also wanted to understand specifically how Americans think about health equity. We can't ask a lot of questions about equity, but we did want to understand more:

We need to understand Equity of what? And Equity for whom?

Equity of What: Do we care about equity of social determinants of health? Equity of access to care? Equity of outcomes?

Equity for whom: Do we want to talk about "everyone" or probe people to think about groups that suffer from disparities. Questions could be framed about poor people or minorities. Below we have mostly focused on poor vs rich, but these could be written about other disparities.

We used the RWJF definition of health equity as starting points for our questions (taken from https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437343)

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environment, and health care. And For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

The following is a draft instrument mapped to the outcomes and domains (see table) and the flow chart.

National Survey of Health Attitudes Final Ordered Question List April 10, 2018

1. 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.

Scale Holli 1 to 3 where 1 means it has no effect	No	2	3	4	Very
	Effect	2	3	4	•
					Strong
	1				Effect
					5
A. Access to affordable health care	0	0	0	0	0
B. Having a job	0	0	0	0	0
C. Stress	0	0	0	0	0
D. Knowledge about health	0	0	0	0	0
E. Neighborhood options for healthy food	0	0	0	0	0
and exercise					
F. Having health insurance	0	0	0	0	0
G. Smoking	0	0	0	0	0
H. Amount of social support	0	0	0	0	0
I. Personal health practices (other than	0	0	0	0	0
smoking)					
J. Physical environment such as clear air or	0	0	0	0	0
water					
K. Genetic makeup inherited from parents	0	0	0	0	0
L. Income	0	0	0	0	0
M. Community safety	0	0	0	0	0
N. Housing quality	0	0	0	0	0
O. Education	0	0	0	0	0
P. Where a person lives	0	0	0	0	0
Q. Personal religion/spirituality	0	0	0	0	0
R. Race/ethnicity	0	0	0	0	0
S. Examples set by people around you	0	0	0	0	0
T. Access to wellness technologies (Fitbit,	0	0	0	0	0
trackers etc.)					

SOURCE: Robert and Booske, 2011; revised by RAND & NORC.

(Programming Note: 1a goes with Q1)

1a. You said the following items have a very strong effect on health and well being. Of these which do you think has the strongest impact.

(Programming note: display items from table above where the respondent selected Very Strong impact)

	Strongest impact on Health and Well-being (Choose 1)
Housing quality	0
Education	0
Where a person lives	0
Personal religion/spirituality	0
Race/ethnicity	0

Source: new item by RAND/ RWJF

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.

2. Should the following be a top priority, important but not a top priority, or not a priority at all for communities?

Making sure that the disadvantaged have an equal opportunity to be healthy.

- Top priority
- o Important but not top
- Not a priority at all

SOURCE: NORC, 2015.

3. Should the following be a top priority, important but not a top priority, or not a priority at all for communities?

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

- Top priority
- Important but not top
- Not a priority at all

SOURCE: NORC, 2015.

Should the following be a top priority, important but not a top priority, or not a priority at all for communities?

- 4. Making sure that there are safe, outdoor places to walk and be physically active in communities where there aren't any.
 - Top priority
 - Important but not top
 - Not a priority at all

SOURCE: NORC, 2015.

Should the following be a top priority, important but not a top priority, or not a priority at all for communities?

- 5. Making sure that there is decent housing available for everyone who needs it.
 - Top priority
 - o Important but not top
 - Not a priority at all

SOURCE: NORC, 2015.

Should the following be a top priority, important but not a top priority, or not a priority at all for communities?

6. (Programmer note: split sample test and revise question)

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

- Top priority
- Important but not top
- Not a priority at all

SOURCE: RAND

(Programmer Note: Split version of 6)

6(split version) 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.

- Top priority
- Important but not top
- Not a priority at all

SOURCE: RAND

(Programmer note: Q7 goes with Q2-6 above)

7. You said the following programs are a top priority. Of these which would you consider to be the highest priority and which is the lowest priority?

If someone said all 5 (2-6) are a top priority they would then see

Lowest		Highest
Priority		Priority
(Choose 1)		(Choose 1)
0	Making sure that the disadvantaged have an equal opportunity to be healthy.	0
0	Making sure that healthy foods are for sale at affordable prices in communities where they are not.	0
0	Making sure that there are safe, outdoor places to walk and be physically active in communities where there aren't any.	0
0	Making sure that there is decent housing available for everyone who needs it.	0
0	Making sure that there are bike lanes, sidewalks for walking and public transportation available so that people do not have to always rely on cars. 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.	0

Source: NORC, 2015 & new items by RAND

(Programmer note: Then ask a further follow on (7a), with the remaining 3 (this is an example, if they said first and second were highest and lowest priorities)

7a. Of these which would you consider to be the highest priority and which is the lowest priority.

Lowest		Highest
Priority		Priority
(Choose 1)		(Choose 1)
0	Making sure that there are safe, outdoor places to walk and be physically active in communities where there aren't any.	0
0	Making sure that there is decent housing available for everyone who needs it.	0
0	Making sure that there are bike lanes, sidewalks for walking and public transportation available so that people do not have to always rely on cars. Making sure that there are sidewalks for walking, public transportation, and bike lanes available so that people do not have to always rely on cars.	0

Source: NORC, 2015 & new items by RAND

(Programmer note: For 8 Split Sample (50% get "equal opportunity", 50% get "fair and just opportunity" and "equal opportunity" on the same screen, or maybe even 1/3 with fair and just and equal opportunity order switched)

8. Please indicate how much you agree or disagree with each statement.

(Check 1 box in each row)

	Strongly	Somewhat	Neither	Somewhat	Strongly
	disagree	disagree	agree	agree	agree
			nor		
			disagree		
A. Our society needs to do more to					
make sure that everyone has an					
equal opportunity to succeed					
B. Our society needs to do more to					
make sure that everyone has an					
equal opportunity to be healthy					
C. It is best for society if people are as					
concerned about the needs of others					
as they are about their own needs					
D. It would be unfair if some people had					
more of an opportunity to be healthy					
than other people					

SOURCE: Feldman, 1988, is the source for the survey instrument that was last fielded in ANES, 2009, 2013. Revised by RAND for version 2.0.

9. Please indicate if you agree or disagree with the following statements.

(Check 1 box in each row)

	Strongly	Somewhat	Neither	Somewhat	Strongly
	disagree	disagree	agree nor	agree	agree
			disagree		
A. Health is like education – just					
like all children have access to public					
education from K-12, all children					
should have access to a basic level of					
health care					
B. A good education is a building					
block for the future					
C. Good health is a building block					
for the future					
D. Good health is a result of the					
choices you have made					
E.Being educated is a result of the					
choices you have made					

Source: RAND

10. Do you agree or disagree with the following statement?

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

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Don't know

Source: RAND/RWJF

11. (Programmer note: Split Sample version A and version B)

Version 11A

For the pair of statements below, indicate whether the FIRST statement or the SECOND statement comes closer to your own views — even if neither is exactly right.

- The biggest reason people in America become unhealthy is because they make poor choices that affect their health.
- The biggest reason people in America become unhealthy is because things outside of their control affect their health.

SOURCE: Pew Research Center, 2012; revised by the RAND team to reflect health.

Version 11 B

Which of the following is the biggest reason that people in America become unhealthy? Is it personal factors such as overeating, lack of exercise or smoking or is it external factors such as lack of safe spaces to exercise, limited access to, or resources for, healthy food, or unhealthy community environment.

- Personal factors
- o Factors outside of an individual's behavior

Now we will ask some questions on where you think the U.S. and communities in general should invest resources.

- 12. When it comes to U.S. government spending on health and health care, if you had to balance that spending between helping people get and stay healthy and taking care of people when they get sick, how would you do it?
 - More on getting and keeping people healthy
 - o More on taking care of people when they get sick
 - Equal between the two

SOURCE: Harvard School of Public Health, 2011; revised by NORC and the RAND team.

(Programmer note: SPLIT SAMPLE for 13a & 13b)

13a. As of 2018, more than one-third of American adults are obese. 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? (Select one only)

- Local governments
- State governments
- o Federal government
- No government can lower this number

Source: RAND/RWJF

13b. 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 have a substance use disorder? (Select one only)

- Local governments
- State governments
- o Federal government
- No government can lower this number

Source: RAND/RWJF

(Programmer Note 14A-D, Separate questions, not displayed as a grid)

14a. 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
- Not much of a difference
- Harder

Source: NORC & RAND

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?

14B. 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
- o Not much of a difference
- o Harder

Source: NORC & RAND

14c. 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
- o Not much of a difference
- o Harder
- Source: NORC & RAND

14d. When Americans living in rural communities need healthcare, 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?

- o Easier
- Not much of a difference
- o Harder

Source: NORC & RAND

15a. In the US today, people with lower incomes live on average 7.5 years less than people with higher incomes. What do you think are the top three reasons why this is the case? (Programmer note: randomize order of response options)

- Personal choices and behavior
- o Community environment
- o Economic resources/How much money they have
- Luck
- Genetics (someone's biological makeup)
- Access to health insurance
- Access to health care
- o Discrimination
- Health information they have
- o Treatment by society of those with low incomes
- Access to a good education
- Other [write in]

Source: RAND

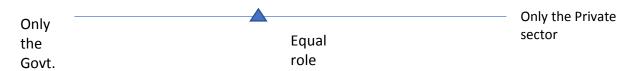
15b. Would you be willing or unwilling to do each of the following to address the gap in life expectancy between lower and higher income people?

	Very willing	Somewhat willing	Neither willing	Somewhat unwilling	Very unwilling
			nor		
			unwilling		
A. Pay more in taxes					
B. Donate to a charity					
working to address this issue					
C. Volunteer with a					
community organization that					
is working to address this					
issue					
D. Vote for a candidate					
who will address this issue					

Source: RAND/RWJF

16. Below is a list of community services. For each one, indicate who you think **should** play a bigger role in providing these services, the government or the private sector (businesses and nonprofits)? Move the bar to indicate whether you think the government or the private sector should play more or less of a role in providing these services?

(Programmer note: designed as a bar slider, moving the widget to right or left to indicate relative percentage/proportion)



- Elementary and high school education
- o Transportation including highways, roads, buses, trains, and subways
- Neighborhood safety and security
- Job training programs
- Health care services
- Parks and recreation services
- Housing
- Food safety in restaurants

Source: RAND/RWJF

16a. [If respondent answered 50%+ for private sector to any item]

What might the private sector do in that space? [Write in]

(Programmer note: Ask a random 1/3 or up to 200 people who responded to this question)

Source: RAND/ RWJF

17. The next questions are about your neighborhood or community and your social support.

The following statements about community refer to **your neighborhood**. How well do each of the following statements represent how you feel about **this community**? (not at all, somewhat, mostly, or completely)

Not at all	Somewhat	Mostly	Completely
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
	•		

SOURCE: Items A-L Chavis, Lee, and Acosta, 2008. Items M-P Developed for this survey.

18. This question is about how different groups or organizations impact the health of your community. For each, please indicate what impact (positive, negative, or no impact) this group has on the health of your community. If the impact is both positive and negative, please indicate whether the overall impact is more positive or negative'.

is more positive or negative.	Very	Somewhat	No	Somewhat	Very
	negative	negative	difference	positive	positive
A. People living in my community					
B. Local businesses					
C. Local law enforcement					
D. Local organizations that provide					
health services (e.g. health care,					
public health)					
E. Local organizations that provide					
other social? services (e.g., food					
assistance, job training) such as					
faith based organizations,					
nonprofits					
F. Local government					
G. State government leaders-state					
H. Federal government leaders-					
federal					

Source: RAND/RWJF

19. There are many activities that a person could do to influence their community. During the past year have you...?

	Yes	No
A. Voted for or against a candidate for public office because of		
his/her position on a health problem or issue		
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.		
C. Contributed time or money to an organization working to		
pass a health law or policy at the local, state or national level.		
D. Lobbied or advocated for a health-related cause in your		
community. This may include signing a petition, calling a public		
official, disseminating information via social media, participating		
in demonstrations)		
E. Attended a civic meeting or worked with neighbors to fix		
community problems		
F. Ever served as an elected appointee or official		

SOURCE: Harvard School of Public Health, 2011, which the RAND team revised, Civic Health Index (adapted) and new RAND item.

20. Whether or not you have taken action to improve health in your community, many people face barriers to getting involved. Thinking about the following statements, please rate the extent to which you think this has been a barrier for people in your community (not a barrier to a major barrier).

	Not a barrier at	2	3	4	Major barrier
	all				5
	1				
	0	0	0	0	0
A. People don't know how to	0	0	0	0	0
get involved or where to start					
B. People don't think their	0	0	0	0	0
involvement will really make a					
difference in changing the health of					
the community					
C. People offer suggestions	0	0	0	0	0
but only those coming from certain					
groups or individuals are					
addressed.					
D. There are other issues	0	0	0	0	0
people care more about					

Source: RAND/RWJF

21. Would you say that in general your health is excellent, very good, good, fair, or poor? Source: BRFSS Healthy Days/HRQOL-4 questions

22. How would you rate the importance of the following items on a scale from: 1 (Not at all important) to 5 (very important)?

	Not at all	2	3	4	Very
	important				important
	1				5
A. Religion and/or spirituality in your					
life					
B. Religion and/or spiritualty in the					
choices you make about health?					

Source: Modified by RAND from FICA scale

- 23. Has the poor health of another person affected your life on an ongoing basis for any extended period of time in your life?
 - Yes
 - o No

Source: Adapted from Personal Health Experience Scale (Todaro et al 2013).

- 24. Do you personally currently have with one or more chronic health conditions (e.g., diabetes, asthma, depression)?
 - o Yes
 - o No

Source: RAND

25. Are you or a close family member a medical doctor, nurse, or other health care professional? (Check all that apply)				
o Yes, I am				
 Yes, a close family member is 				
o No				
Source: RAND				
26. Have you ever had financial problems because of a health issue for yourself and/or others?				
o Yes				
O NO				
Source: RAND				
Sometimes people take care of others who are ailing or who have health needs. For example, these mainclude elderly relatives, family members with disabilities or chronic disease, friends, or neighbors.	ıy			
(Please don't include those who you take care of for pay)				
27. In a typical month, how often, if ever, do you help others who are ailing or who have health needs, with their daily activities?				
o Daily				
 Several times a week 				
 About once a week 				
 2-3 times a month 				
 Once a month 				
o Never				
SOURCE: U.S. Bureau of Labor Statistics, 2014, which the RAND team adapted.				
28. Have you ever personally experienced discrimination or been treated unfairly because of an ongoing	ηg			
health issue or condition or because of disability?				
o Yes				
o No				
Source: RAND/RWJF				
29. Is there a place that you USUALLY go to when you are sick or need advice about your health? 1 Yes				
2There is NO place				
3 There is MORE THAN ONE place				
7 Refused				
9 Don't know				
Source: National Health Interview Survey				
29a. What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some				
other place?				
1 Clinic or health center				
2 Doctor's office or HMO				
3 Hospital emergency room				
4 Hospital outpatient department				
5 Some other place				
6 Doesn't go to one place most often				
7 Refused 9 Don't know				
Source: National Health Interview Survey				
Jource, National Health Interview Julyey				

30. How confident are you that you can:

	Not confident at all	Not too confident	Somewhat confident	Very confident
A. Manage any health problems you have				
B. Prevent health problems in the first place				

Source: Adapted from NORC American Health Values Survey Q18.

When we talk about community, we mean the geographic area in which you live (e.g. city or town).

- 31. How long have you lived in your community?
 - o LT 5 years
 - o 5 to LT 10 years
 - o 10 to LT 20 years
 - o 20 or more years

Source: RAND/RWJF

- 32. While you have lived in your current community, has the community experienced a major stressful event like a natural disaster, economic challenge like a plant closure, major incident of community violence?
 - Yes (go to 14a)
 - No (skip to Q15)

Source: RAND/RWJF

- 32a. As a result of this event, were you temporarily or permanently displaced from your home or community?
 - Yes (go to 14b)
 - o No (go to 14b)

Source: RAND/RWJF

- 33. Have you ever lived outside the country for a year or more?
 - o Yes, if so where [Write in]
 - o No

Source: RAND/RWJF