American Health Values Survey Typology: Results from the 2020 Survey

Larry Bye, Alyssa Ghirardelli and Christopher LaRose

Project Description

As part of the Robert Wood Johnson Foundation's focus on building a Culture of Health, NORC at the University of Chicago conducts the American Health Values Survey (AHVS), a national survey of U.S. adults. The purpose of the study is to better understand how adults in the U.S. differ in their health values and beliefs at individual, community and societal levels. The first wave of the survey was administered in 2015-2016 and a second wave in 2019-2020. The study led to creation of a *typology* or classification of U.S. adults based on their health values and beliefs. The 2020 typology was created using the same measures and the same analytic techniques as the 2016 typology.[1]

The typology classifies adults who responded to the survey into smaller subgroups or types that are internally similar in their values and beliefs, yet distinct from the other groups. This brief presents the 2020 typology, information about the measures used to create it, profiles for each of the groups, visualizations that characterize the groups, and the methodology used to create them.

Why a Typology?

The methods used to create the typology are similar to the approaches often used by market researchers when they conduct market segmentation studies to identify the best way to break down an entire market into its most important subgroups. The AHVS typology identifies six different groups of U.S. adults and how each differs in their perspectives on issues central to achieving health equity and healthier communities across the country. Understanding these differences can help policymakers, activists and communicators better understand the opinion and prevailing attitudes so that programs and policies can be more effectively developed.

How to Use the Typology

Whether you are working within local communities to ensure access to healthy foods for low-income residents or working to create new policies to reduce health disparities, it is important to understand public opinion in order to make effective decisions about strategies for success. Insights from the AHVS can help guide policy and systems change efforts focused on improving health equity and community health. The study provides information on the overall level of support for these types of efforts among the U.S. population, the groups most and least receptive to them, and what will most resonate with each group.

A communication guide has been developed to accompany this brief and the comprehensive report. The guide is designed to help communicators working for social change apply AHVS insights in their audience identification and other planning work.

[1] Final Report: Understanding Relationships between Health Values and Beliefs among U.S. Adults: Results from the American Health Values Survey

The Typology Measures

VALUE AND BELIEF MEASURES USED TO CREATE THE TYPOLOGY

The measures below were used to define the segments in both the 2016 and the 2020 typology. These defining measures were used in the cluster analysis to determine how the segments differ from one another.

Equity/social solidarity:

- Value placed on general opportunity to succeed in life
- Value placed on health equity and social solidarity (i.e., the value for the country if people cared for the needs of others as well as their own)

Belief in health care disparities:

- Belief that it is easier or harder for African Americans to get quality health care or whether there was not much difference, compared to Whites
- This same question was also asked about Latinos (compared to Whites) and low-income adults compared to those who are financially better off.

Importance of the social determinants of health:

- How much social determinants influence health, including community of residence, employment, education, community safety, access to healthy food and housing quality

Importance of other determinants of health:

- Other determinants of health included 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:

- Priority the federal government should place on meeting the health needs of the American people
- Whether or not government generally should be doing more or less in health
- The priority society should give to building healthy communities and healthy supports within them (e.g., ensuring availability of healthy food, safe outdoor places for activity decent housing)
- Whether the responsibility for building healthy communities should be on government or individuals and groups in the private sector

Belief in collective efficacy:

- How easy or difficult it is to affect positive community change by working with others

Civic engagement:

- 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
- Contacted media or elected officials

Importance of personal health:

- How much priority is given to personal health practices in day-to-day living
- Amount of effort spent on disease prevention activities (limiting portion sizes, exercise in leisure time, weight management and stress reduction)
- Care seeking activities (getting appropriate screenings/preventative care and speaking up about concerns when going to the doctor)

Self-efficacy for care-seeking and disease prevention:

- Confidence in knowledge about when and where to get care (care-seeking)
- Confidence in how to manage personal medical problems (medical conditions management)
- Confidence in how to prevent health problems (disease prevention)

Trust in science and the health care system:

- Trust/distrust in the wisdom of ordinary people versus that of experts and intellectuals
- Relative effectiveness of alternative medicines compared with Western medicine
- Agreement/disagreement with idea that ordinary people can decide for themselves what is true without the need for experts

Religious/spiritual interest:

- Amount of effort given to prayer or meditation

NEW VALUE AND BELIEF MEASURES USED TO DESCRIBE THE TYPOLOGY GROUPS

New value and belief measures were added to the 2020 survey. These measures were used to *describe* the groups that were created based on the measures described above:

Income inequality:

- Whether addressing income inequality is a priority problem that should be addressed in the nation
- Presented with data on the relationship between income and life span, whether it is a serious problem
- Whether the issue of the shortened life span of persons with low incomes is a priority for society to address
- 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 shortened lifespan problem

Equality of opportunity for success:

- 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

Health care and other disparities:

- Belief that it is 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
- Whether race/ethnic-based health outcomes disparities are due to systematic causes such as discrimination in the health care system, unhealthy behaviors or the neighborhoods where people live, specifically for Latinos and African Americans

Moral obligation:

- Whether respondents feel a moral obligation to help the poor, sick, and old and to be compassionate to others

Role of government:

- Priority society should give to promoting alternative transportation (such as public transportation, sidewalks, and bicycle lanes) in communities
- Whether it is the role of government or private groups and individuals to address issues such as health equity, the right to health care, equal opportunity to succeed, income inequality and the need for alternative transportation in communities

NEW MEDIA AND ORGANIZATIONAL MEASURES USED TO DESCRIBE THE TYPOLOGY GROUPS

New media usage items added in 2020 explored the frequency of use of various media outlets. Trusted sources for improving the health of the U.S. were also explored for media and non-media sources. We also asked about affiliation with a host of different types of organizations.

Media usage:

- Frequency of use for print, radio, TV, online and social media outlets,

Trusted sources for health information:

- Trust in both media and non-media sources for information about health

Organizational affiliation:

- Membership and active involvement in a wide variety of different types of organizations, such as political parties, religious/spiritual organizations, and community groups

DEMOGRAPHIC AND CHARACTERISTIC MEASURES USED TO DESCRIBE THE TYPOLOGY GROUPS

Measures retained in 2020 from the 2016 AHVS that describe the segments in terms of demographic and other similar characteristics included:

Health status:

- Self-rating of general state of health
- Status of smoking, height and weight (BMI)
- Presence of chronic disease and functional limitations due to health

Health coverage and system use:

- Status of insurance coverage
- Source of insurance coverage
- Presence of a usual source of care and date of last checkup

American Communities Project (ACP) county types:

Use of a geo-demographic typology of U.S. counties developed by the American Communities Project (ACP) to create a seven-segment version of the typology (Chinni, 2010).

- Big Cities, Urban Suburbs, 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 (composed of Evangelical Hubs, Working Class Country and Latter-Day Saints Enclaves)
- Greying America (composed of Greying America, Rural Mid America and Aging Farmlands)
- Books and Barracks (composed of College Towns and Military Posts)
- ZIP code information was used to assign the respondents to one of the areas

Other demographics:

- Gender, age, race, ethnicity, education and income

Political characteristics:

- Voter registration status
- Frequency of voting
- Party affiliation
- Self-described political ideology

The 2020 Typology Groups

In 2020, a similar set of typology groups were identified to those in 2016. Six groups were 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 in their values and beliefs, and one has mixed views.

Supportive groups represent the majority of U.S. adults and include Committed Advocates, Equity Idealists and Equity Realists which together makeup 55% of the survey sample. Two skeptical groups represent 33% of the sample, Self-Reliant Individualists and Disinterested Skeptics. The group with mixed views about health and health equity promotion—Private-Sector Champions—represents 12% of the sample. The three supportive groups are about the same size: each representing 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 mixed Private-Sector Champions group is the smallest group, representing 12% of U.S. adults. Exhibit 1 presents the size of the groups in the survey sample.

Exhibit 1. Size of Typology Groups

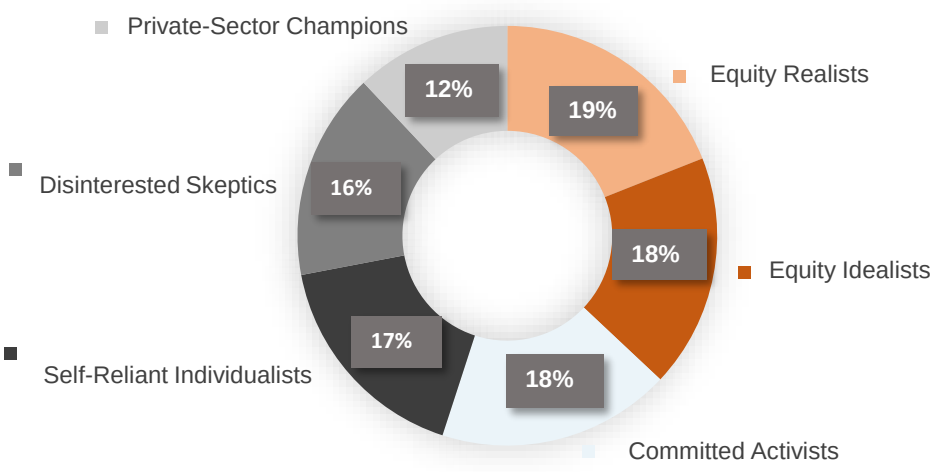

Exhibit 2 depicts two important dimensions that are fundamental to the construction of the typology. On the vertical y-axis, the groups are plotted on perceptions of the role of government, with those toward the top favoring greater government involvement and those toward the bottom favoring less government involvement in health. The horizontal x-axis depicts the groups' perceptions of the importance of personal health.

Exhibit 2. How Groups Vary on Two Important Dimensions

TYPOLOGY PROFILES

COMMITTED ACTIVISTS (18%)

Values Used to Create the Typology Group

This group has views that are completely aligned with efforts to promote health and health equity in the United States. Members of the group tend to be strong believers in the importance of equal opportunity for success, social solidarity, and health equity. Similarly, they acknowledge both the existence of race/ethnic and income-based health care disparities, and the role of social determinants in influencing health. They are more likely than U.S. adults to be civically engaged on health and to believe in collective efficacy to solve societal health problems. They also favor government activism in promoting healthy communities. Personal health is important to this group, who also report high levels of health-related self-efficacy and high levels of trust in science and the health care system.

Other Values That Describe the Group

They are also strong believers in the importance of reducing income inequality and they have a firm sense of moral obligation to help others. They are aware of unequal opportunities for success in society for different groups and support a government role in addressing disparities and inequality. They acknowledge the existence of rural health care disparities and the role that the health care system plays in discrimination related to health care access. Committed Activists favor government action to promote involvement in health equity and providing health care as a right more so than any other group.

Demographic and Other Characteristics

Committed Activists are likely to report being on Medicaid. They are also most likely to report having one place that they typically seek medical care and a little more likely to have received a routine check-up in the past year. This group is slightly more likely to report having a chronic condition. They tend to be female and slightly younger than U.S. adults generally. They are most likely to be non-White, lower-income, but are more educated. They are more likely to live in Big Cities and Urban Suburbs, describe themselves as liberal and identify as or lean Democratic. Committed Activists put a great deal of effort into prayer or meditation. They tend to consume national print news and news from online-only sources. They are most likely to consume news on handheld devices and national radio news programs. They are also more likely to trust non-media sources such as health-related, scientific, environmental and neighborhood/civic groups.

EQUITY REALISTS (19%)

Values Used to Create the Typology Group

This group has views that are also supportive of population health and health equity promotional efforts, though less completely than the Committed Activists. The group tends to strongly embrace equity and social solidarity values as well as broad support for government involvement in health. They are slightly more likely than U.S. adults to recognize income-based health care disparities than U.S. adults, and are more likely to recognize race/ethnic-based disparities. However, they are skeptical about the importance of the social determinants of health. They are less likely to believe in collective efficacy but are more likely to be civically engaged on health. Personal health is less important to this group, and they are less likely to feel confident about their ability to practice disease prevention and care-seeking behaviors. The group is more trusting in science and the health care system.

Other Values That Describe the Group

This group is less likely to believe that all adults living in the U.S. have an equal opportunity to be successful and also believe that some groups (women, low-income people, LGBTQ people, African Americans, Latinos, and American Indians/Alaskan Natives and undocumented immigrants) experience less opportunity. They are more likely to recognize the existence of rural health care disparities. However, while they favor the nation addressing the problem of shorter life spans of low-income people, they are only slightly more willing to take personal action in support of efforts to solve the problem.

Demographic and Other Characteristics

Equity Realists are slightly more likely to report that their health is excellent or very good. They are less likely to be smokers, but more likely to be overweight or obese. They tend to be younger, higher in income, and more educated. They are more likely to live in Urban Suburbs and Big Cities, to describe themselves as liberal, to identify as Democrats, and to be members of the Democratic Party. Equity Realists are more likely to consume local print news. They are more likely than all other groups to trust information on health from non-media sources like health-related, scientific, environmental, social change and neighborhood/civic organizations as well as the Democratic Party and elected officials.

EQUITY IDEALISTS (18%)

Values Used to Create the Typology Group

This group has views that are, for the most part, supportive of efforts to promote population health and health equity in the U.S. They value equity and social solidarity values and are similar to other U.S. adults in their beliefs about the existence of income-based health care disparities. They are, however, least likely to believe that race/ethnic-based health care disparities exist. They are less likely to agree on importance of social determinants of health. They are more likely to support government involvement in health. The group is less likely to believe in collective efficacy and is similar to U.S. adults in their civic engagement on health issues. Personal health is less important to this group which also has the least amount of self-efficacy related to medical care-seeking and disease prevention. They are similar to U.S. adults in their level of trust in science and the health care system.

Other Values That Describe the Group

Equity Idealists are slightly more likely to believe in the importance of reducing income inequality in the United States, and that the government should address the issue. They are also less likely to agree that everyone has an equal opportunity to succeed. Equity Idealists are slightly less likely than other groups to believe that rural health care disparities exist and that disparities in race/ethnic health outcomes are due to discrimination in the health care system. They are only slightly more likely than U.S. adults to believe that we have a moral obligation to take care of the sick and the old, and to be compassionate to others.

Demographic and Other Characteristics

Equity Idealists are most likely to be covered by Medicaid, compared to all other groups. They are more likely to report being limited in their physical functioning and most likely of all groups to have a chronic condition and be regular smokers, and overweight or obese. They tend to be female, older, have lower incomes and less education. They are more likely to live in Rural America and in Faith-Driven America, most likely to identify as Independent and moderate. They are more likely to use social networks and local TV for news. They are also more likely to trust network TV and radio news, cable TV news and the New York Times, as well as social change groups and business organizations for information on health.

PRIVATE-SECTOR CHAMPIONS (12%)

Values Used to Create the Typology Group

This group has mixed and sometimes conflicting views about health and heath equity promotion. They believe in equal opportunity to succeed, in social solidarity, and in the impact of social determinants of health. They are less likely to acknowledge race/ethnic, and income-based health care disparities. While they believe that health should be a top federal priority, they favor a private-sector leadership in promoting health at the community level. They are most likely to believe in collective efficacy to create healthier communities but resemble U.S. adults in their level of health-related civic engagement. This group places the greatest priority on personal health and are most likely to report high medical care seeking and prevention self-efficacy. They are less likely to trust in science and the health care system.

Other Values That Describe the Group

Reducing income inequality and promoting health equity are less important to this group. They do feel a moral obligation to take care of others in need and to be compassionate. They are less likely to believe that some groups in society face unequal opportunities for success. They are also less likely to acknowledge rural health care disparities, or to believe that the nation should address the shortened life spans experienced by low-income people. They favor a private-sector role in ensuring equal opportunity to succeed, and reducing income inequality. They are less likely to believe government should provide health care as a right.

Demographic and Other Characteristics

Private-Sector Champions are most likely of all groups to report having health insurance and to report having a recent routine check-up, but more likely to have limited physical functioning. They tend to be female and much older, lower income and have less education. The group is more likely to live in Urban Suburbs, and to identify as conservative and Republican. They are most likely to view religion as very important and to attend religious services. They are more likely to watch local or national TV news, listen to local radio news, or read local print news. They are less likely to trust PBS/NPR, national print news, network TV/radio news. They are less likely to trust MSNBC and CNN and more likely to trust Fox News. For trusted sources on health, they are most likely to trust religious groups, national elected officials, the Republican Party and corporate/business leaders, but not health-related, scientific, neighborhood/civic, environmental and social change groups or the Democratic Party.

SELF-RELIANT INDIVIDUALISTS (17%)

Values Used to Create the Typology Group

This group is skeptical across the board about the health and health equity promotional agenda. They are less likely to give importance to equity and social 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, the group is far less likely to support government involvement in health. They are less likely to trust in science and the health care system, and though they resemble other U.S. adults in terms of collective efficacy, they are less likely to be civically engaged on health. This group is conflicted about personal health—while they report making personal health a priority in daily living, they are less likely to report active engagement in disease prevention and care-seeking practices. The group resembles U.S. adults in general on health-related self-efficacy.

Other Values That Describe the Group

This group is less likely to feel a moral obligation to help others, and to see inequalities in opportunity to succeed within U.S. society.

Demographic and Other Characteristics

Self-Reliant Individualists are most likely of all groups to report being in excellent or very good health, least likely to be covered by Medicare, and least likely to have a chronic condition or to be limited in physical function. They tend to be male, middle-aged, White, higher income and educated. They are more likely to live in Rural America or Sprawl and to describe themselves as conservative and Republican. Self-Reliant Individualists are less likely to consume local or national news in print, from online-only sources, or on social networks, handheld devices, or TV. They are more likely to trust the Fox News Channel and are least likely to trust PBS/NPR and other mainstream media outlets. They are more likely to trust the Republican Party and less likely to trust other non-media sources for information about health.

DISINTERESTED SKEPTICS (16%)

Values Used to Create the Typology Group

Like Self-Reliant Individualists, this group is broadly skeptical about health and health equity promotional efforts underway in the nation. They are skeptical about equity and solidarity values. They also are less likely to acknowledge that health care disparities exist and that the social determinants are important influences on health. They are less likely than U.S adults to believe in the need for government action in health. In addition, they are least likely to believe in collective efficacy and less likely to be civically engaged on health. This group is less likely to believe in the importance of personal health and to feel a high sense of health-related self-efficacy. It is also less likely to have a high degree of trust in science and the health care system.

Other Values That Describe the Group

Disinterested Skeptics are least likely of all groups to believe in the importance of doing something about income inequality and are much less likely to place the main responsibility for addressing this issue on the government. They are less likely to believe that there is a moral obligation to help the old, the sick or to be compassionate to others. They also are less likely to acknowledge that there is a need to address disparities in race/ethnic health outcomes or that some groups face unequal opportunities to succeed in the nation.

Demographic and Other Characteristics

Disinterested Skeptics are least likely of the groups to report having health insurance. They are slightly less likely to be covered by Medicaid and are least likely of all groups to have visited a doctor within the past year for a routine checkup. They tend to be male, White, and to live in Faith Driven America and Rural America. They are more likely to identify as Republican, conservative and to be members of the Republican Party. They are slightly less likely to consume local or national news in any form. They are slightly more likely than other groups to trust Fox News Channel for information on health. They are one of two groups most likely to trust religious or spiritual leaders and the Republican Party and less likely to trust other sources for health information.

Summary and Implications of 2020 Findings

STABILITY, NOT CHANGE IN VALUE AND BELIEF PATTERNS

In 2020, there still exists a very supportive group, Committed Activists, that is completely aligned with health and health equity promotional efforts, and as in 2016, disproportionally 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 possess higher incomes. The fourth, a group with conflicted views about efforts to promote health equity, the 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 from the earlier typology are in the two other supportive groups. *Equity Idealists* which most closely resemble the Health Egalitarian group from the 2016 typology, and the *Equity Realists* most closely resemble the previous Equity Advocates group. While the changes in these two groups are interesting, they do not change our assessment that there has been far more continuity than change when comparing the two typologies.

NEW ISSUES, CONSISTENT VIEWS

New questions were added to the 2020 survey to assess views on additional issues including equality of opportunity, income inequality, the shorter life spans experienced by people with low incomes, systemic causes of race/ethnic-based disparities in health outcomes and the moral obligation to help others. 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, a pattern of supportive stances for Committed Activists, and mixed views among the Private-Sector Champions. For the 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.

NEW UNDERSTANDING OF MEDIA USAGE, ORGANIZATIONAL AFFILIATIONS AND TRUSTED SOURCES

The new AHVS questions on media usage, organizational affiliations and trusted information sources provide more ways to differentiate the groups. They also yield valuable targeting information for those planning public communications and outreach efforts.

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, however, is support for government involvement in health. This stance is the most essential 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 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 involvement in 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, as well as the Private-Sector Champions, is commitment to social equity and solidarity values and a sense of moral obligation. 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.

Differences in Health Values and Beliefs among the 2020 Typology Groups

Exhibits 3 and 4 visually and numerically compare the typology groups on important measures in the survey. Both of the exhibits show how much more or less group proportions are compared to the proportions within the entire sample of U.S. adults. The warm colors (orange, red) represent instances when the group proportion is greater than sample-wide proportion. The cool colors (blue, dark blue) represent instances when the group proportion is less than the sample-wide proportion. The darker the color, the further the distance from the sample-wide proportion. The absence of color represents instances when the group proportion is equal or close to the sample-wide proportion or when the difference is not statistically significant. The numbers represent the number of percentage points away from the sample-wide proportion.

Exhibit 3 presents the differences in the measures that define the groups and create the typology. Not all measures that define the groups are provided in the exhibit below. Please refer to the comprehensive report for additional detail on the measures.

Exhibit 3.

How AHVS Typology Groups Differ from Adults in the U.S. on Health Values and Beliefs that Define the Groups

	Committed Activists	Equity Realists	Equity Idealists	Private-Sector Champions	Disinterested Skeptics	Self-Reliant Individualists
Social solidarity/concern for needs of others	28%	6%	12%	4%	-23%	-29%
Belief all should have equal opportunity to be healthy	31%	15%	25%	3%	-38%	-41%
Belief all should have equal opportunity to succeed	33%	7%	15%	5%	-30%	-32%
Belief inequality of opportunity to be healthy is unjust	34%	12%	18%	0%	-34%	-36%
Belief in existence of income-based health care disparities	23%	25%	5%	-16%	-18%	-29%
Belief in existence of race/ethnic health care disparities	46%	57%	-34%	-29%	-30%	-29%
Importance of social determinants of health	47%	-16%	-10%	29%	-22%	-19%
Government should do more to ensure health, even if higher taxes	30%	27%	21%	-17%	-36%	-37%
Government should be responsible for community health	26%	21%	22%	-17%	-26%	-37%
Health should be a top priority for federal government	28%	4%	12%	5%	-25%	-25%
Belief in collective efficacy	6%	-8%	0%	13%	-6%	0%
Civic engagement on health issues	14%	7%	-3%	0%	-9%	-9%
Importance of personal health	5%	-6%	-5%	14%	-4%	0%
Self-efficacy for care-seeking and disease prevention	8%	-7%	-11%	22%	-7%	0%
Trust in science and health care system	3%	16%	0%	-11%	-7%	-8%
Effort put into prayer/meditation	10%	-10%	-6%	24%	-5%	-4%

Differences in Health Values and Beliefs among the 2020 Typology Groups

Exhibit 4 below presents the differences in the measures that describe the groups, but do not contribute to the creation of the typology. Not all measures that describe the groups are provided in the exhibit below. Please refer to the comprehensive report for additional detail on the measures.

Exhibit 4.

How Typology Groups Differ from Adults in the U.S. on Health Values and Beliefs that Describe the Groups

	Committed Activists	Equity Realists	Equity Idealists	Private-Sector Champions	Disinterested Skeptics	Self-Reliant Individualists
Importance of reducing income inequality	17%	4%	3%	0%	-12%	-13%
Belief shorter life span from income inequality is serious issue	17%	7%	5%	-3%	-12%	-17%
Belief in existence of inequality of opportunity to succeed	12%	7%	6%	0%	-10%	-15%
Willingness to address differences in life span from income inequality	8%	4%	0%	-3%	-5%	-5%
Belief in existence of rural health care disparities	10%	6%	0%	-5%	-6%	-7%
Belief in existence of race/ethnic-based health care system discrimination	19%	15%	-6%	-8%	-12%	-14%
Moral obligation to help the poor	15%	3%	0%	0%	-9%	-13%
Moral obligation to be compassionate to others	12%	0%	4%	6%	-9%	-14%
Government should be responsible for reducing income inequality	8%	3%	2%	-2%	-6%	-7%
Government should ensure equality of opportunity to succeed	8%	3%	2%	0%	-6%	-7%
Government should promote health equity	9%	4%	3%	0%	-8%	-8%
Government should ensure access to health care as a right	19%	6%	10%	0%	-18%	-20%

Methodology

The American Health Values Survey was first conducted in 2016 (Wave 1) with the goal of developing a typology based on U.S. adult health values and beliefs. The original AHVS questionnaire from 2016 was developed after an extensive literature review, the convening of a technical expert panel, focus group research, and cognitive testing. It includes measures that assess the personal importance of health, how individuals define health, and how it manifests in everyday behaviors. There are also measures of what adults in the U.S. believe about the social determinants of health, the role of government in addressing them and what they most value for their own communities. In 2020, the study was conducted again (Wave 2) to assess whether change had taken place in health value and belief differences. In 2020, new measures were added to the questionnaire. New items were asked of a random one half of the sample with 4,069 receiving one series of questions and 4,192 receiving another series.

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

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

The Wave 2 dataset from both the samples included a total of 8,261 respondents. There were 4,552 respondents from the ABS group and 3,709 from the AmeriSpeak group. Below is the number of respondents by mode in the Wave 2 dataset:

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

Each wave of the survey is cross-sectional and includes a new sample of individuals at each administration of the survey. The data were weighted to account for nonresponse and respondent characteristics (age, sex, race, education, and region). The weights were then normalized to allow for comparison of the two waves.

The typology was developed using a k-means clustering analysis. K-means is a frequently used classification approach (Maibach, Maxfield, Ladin, & Slater, 2014) that seeks to identify a set of mutually exclusive segments based on the input variables. In k-means, randomly selected cluster centroids are selected, and observations are partitioned into k clusters based on each observation's distance from the cluster mean (centroid), with the goal of identifying the optimal solution where observations within the cluster are similar, and the difference between cluster means is greatest.

The segmentation analysis was conducted using the same analysis methods in 2020 as was done in 2016. While there were no a priori assumptions as to the number of segments, solutions with between five and 12 segments were examined. Several statistical metrics were used to evaluate the solutions (e.g., the cubic clustering criterion and Pseudo F statistic) and the model was refined in multiple rounds to select the solution that best fit the data. Differences in the demographic and other purely descriptive measures across the segments within each of the solutions were also examined to assess the face validity of the alternative solutions. In this process, we looked for whether the differentiation of the groups was consistent with known differences between our attitudinal and belief measures and the demographic, health and political characteristics of adults in the U.S. After evaluating the alternatives, a six-segment solution was selected and compared with the six-segment solution from the 2016 data to determine if the original segments had endured without extensive changes. Ultimately, this six-segment solution was selected not only because of its strong performance against the known values and belief measures and demographic, health and political characteristics, but also its alignment with the 2016 solution.

This study possesses the same limitations as do most surveys, including the challenges associated with potential measurement and nonresponse bias. Another limitation is that, given the need to examine a very broad range of topics to build an appropriate typology of U.S. adults, in-depth exploration of each topic is not possible. All surveys also involve sampling error, constrained in this case by our very large sample sizes.

Additional Resources

TOPLINE TABLES

The topline data tables provide percentages for each response option and cover all survey questions from both wave 1 and wave 2 surveys. Information about statistical significance is provided to understand differences between the two waves. This document also provides basic background information about the study.

KEY TRENDS FROM WAVE 1 AND WAVE 2 OF THE AMERICAN HEALTH VALUES SURVEY

This brief highlights significant sample-wide findings comparing the two waves of the survey as well as findings on new issues explored only in the wave 2 survey in 2020.

COMPREHENSIVE REPORT

The final report is a comprehensive formal report with an executive summary, overview of study objectives and methodology, detailed presentation of results and a discussion of study conclusions. The report includes the following:

- Overview of the typology and the groups within it, as well as key differences between the wave 1 and wave 2 typologies
- Detailed profiles of the six groups that emerged from the wave 2 survey data
- Graphic data displays presenting percentages for each response option sample-wide and for each typology group covering all survey questions from the wave 2 survey
- Findings on how the groups differ in terms of each of the specific health values and beliefs used to define the typology groups
- Findings on the new values and beliefs added to the survey in wave 2, additional values and beliefs that help to describe the groups and how they differ with one another
- Findings about how the groups differ in terms of their demographic, health and political characteristics
- Detailed new media use, trusted source and organizational affiliation characteristics of the groups
- Important conclusions from the work

COMMUNICATION GUIDE

NORC teamed with RWJF communications professionals to identify the main communications insights and applications from the work.

Acknowledgements

Robert Wood Johnson Foundation

Support for this publication was provided by a contract from the Robert Wood Johnson Foundation.

ABOUT NORC

NORC at the University of Chicago is an independent research organization headquartered in downtown Chicago with additional offices on the University of Chicago's campus, the DC Metro area, Atlanta, Boston, and San Francisco. NORC also supports a nationwide field staff as well as international research operations. With clients throughout the world, NORC collaborates with government agencies, foundations, educational institutions, nonprofit organizations, and businesses to provide data and analysis that support informed decision-making in key areas, including health care, education, economics, crime, justice, and energy. NORC's decades of leadership and experience in data collection, analysis, and dissemination—coupled with deep subject matter expertise—provide the foundation for effective solutions.