

Stockton Health Values Survey

The Stockton Health Values Survey is part of a series of studies conducted by NORC at the University of Chicago with support from the Robert Wood Johnson Foundation to better understand how health values and beliefs vary in the United States. The study builds on similar work done at the national level through the American Health Values Survey (AHVS), which was completed in 2016. The Stockton study is one of five conducted in different communities across the nation including Baltimore, MD; Mobile, AL; Maricopa County, AZ; and North Central Nebraska.

BACKGROUND AND METHODS

The survey assessed values and beliefs related to health at both the individual and society levels and included questions on: *importance of personal health* in day-to-day life; *equity*, the value placed on the opportunity to succeed generally in life as well as on *health equity*; *social solidarity*, the importance of taking into account the needs of others as well as personal needs; *health care disparities*, views about how easy/hard it is for African Americans, Latinos and low-income Americans to get quality health care; and the importance of the *social determinants of health*. In addition, the survey also explored views about *health as a priority for government*; *collective efficacy*, the ease of affecting positive community change by working with others; and health-related *civic engagement* e.g. the support of health charities and organizations working on health issues.

More than 2,000 interviews were completed with adults residing in Stockton aged 18 or higher. Data were collected using an address-based sample (ABS) through the use of multiple methods, including self-administered web and mailed questionnaires as well as telephone interviews. Data were collected between August 10, 2016 and January 12, 2017 in both English and Spanish. A total of 2,127 surveys were completed in Stockton; by web, 850 using a computer assisted web interview (CAWI), by mail, 1,138 using a self-administered questionnaire (SAQ), and by telephone, 139.

STOCKTON PROFILES

Data from this survey were used to create a typology of Stockton adults. The six groups that emerged are described below.

The City of Stockton

Compared to the nation, Stockton adults are more likely to say that they make health a personal priority almost always. They are not more likely to report an activist stance on prevention and care seeking, however. They are less likely to report a high degree of medical condition management and care seeking self-efficacy. They are more likely to possess strong equity/solidarity values, see social determinants as very strong influences on health and recognize the health care access problems of Latinos (but not African and low-income Americans.) They are also more likely to say that health should be a top federal priority and that community health building should be a top or high priority. They are more likely to favor government action in the community health-building domain.

They are much more likely to be Latinos, less likely to be African Americans and significantly less likely to be non-Hispanic Whites. They are also less educated and lower in income on average. They are less likely to be in good health, with more insurance coverage from Medicaid than other sources. Politically, they are more likely to be Democrats.

The Typology

As in the national study, six segments or groups of Stockton adults emerged based on their unique health value and belief profiles. Three of the groups are supportive of an active role for government in health and clearly supportive of efforts to improve population health and health equity in the United States. Two of the groups are skeptical about these efforts and a sixth is conflicted in its attitudes. For at least one of these latter three segments, the Private-Sector Champions group, a focus on building healthier communities at the local level may earn significant support as long as there is private sector leadership for the effort. In all of these respects, the Stockton typology greatly resembles the national one. Because of demographic and other differences between the city of Stockton and the nation as a whole, however, there are interesting variations in some of the groups. The full report on the Stockton study provides information about how the national and Stockton typology groups differ.

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

Committed Activists: One of the groups most supportive of an active role for government in health, these Stockton adults combine broad concerns about equity and social solidarity with a belief in health care disparities and the importance of the social determinants of health. Personal health is more important to this group than the city as a whole. They also tend to be more civically engaged on health issues. Overall, they are strong believers in the health equity/population health agenda. It constituted 14% of Stockton adults.

Community Health Proponents: Also supportive of an active role for government in health, this group resembles the Stockton Committed Activists group in its strong concerns about equity, social solidarity, health care disparities and the importance of social determinants. It is highly civically engaged on health. Personal health is less important to this group, however. It is composed of 18% of Stockton adults.

Equity Allies: This group is supportive of an active role for government but, compared to the two above groups, their concerns are focused more narrowly on equity and solidarity. They are less concerned about health care disparities and the social determinants of health and are less civically engaged than the groups above. On these issues, their views tend to be more similar to the Stockton sample as whole. Personal health is less important to this group than to Stockton adults generally. This is the largest of the six groups in the Stockton typology with 22% of Stockton adults falling into the group.

Personal Responsibility Champions: These adults are down-the-line skeptics about the health equity/population health agenda and show little interest in all aspects of health. They are less concerned than Stockton adults in general about equity and social solidarity, disparities and the social determinants of the health and far less likely to support an active role for government in health. They place little importance on their personal health and are less trusting of science and the healthcare system. The group is composed of 18% of Stockton adults.

Complacent Doubters: Like Personal Responsibility Champions, this group is highly skeptical about the health equity/population health agenda and less concerned about health generally. However, one important way they differ from Personal Responsibility Champions is in their recognition of the existence of health care disparities. The group is composed of 13% of Stockton adults.

Private-Sector Champions: This group is conflicted about the health equity/population health agenda, sharing some of the characteristics of the three supportive groups and some of characteristics of the two highly skeptical groups

discussed above. Specifically, compared to Stockton adults generally, they are less likely to perceive the existence of health care disparities but more likely to believe in the importance of the social determinants. Personal health is more important to these adults than to their counterparts in the city as a whole. Compared to adults city-wide, they are not particularly committed to healthy community building, but strongly believe the private sector should assume significant responsibility for the work. Fifteen percent of Stockton adults fall into this group.

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

Exhibit A: Size of Typology Groups

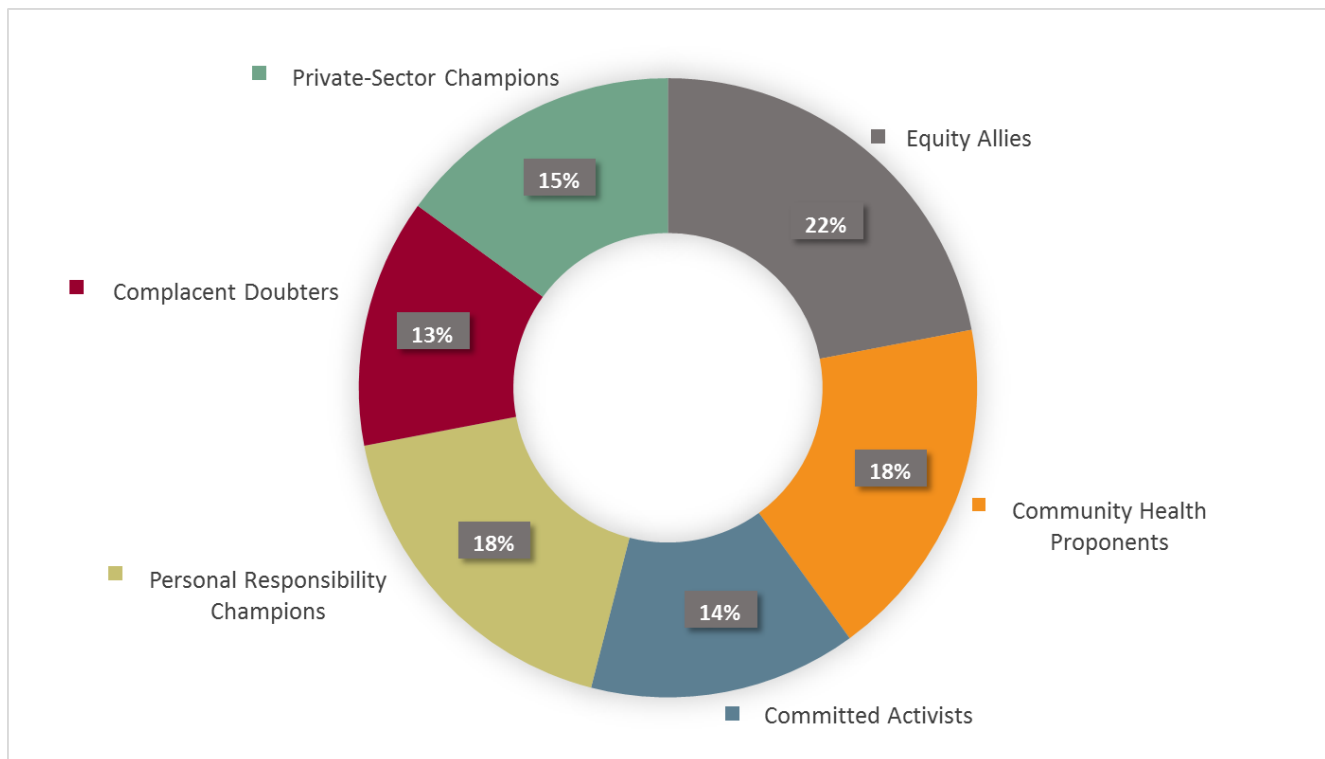
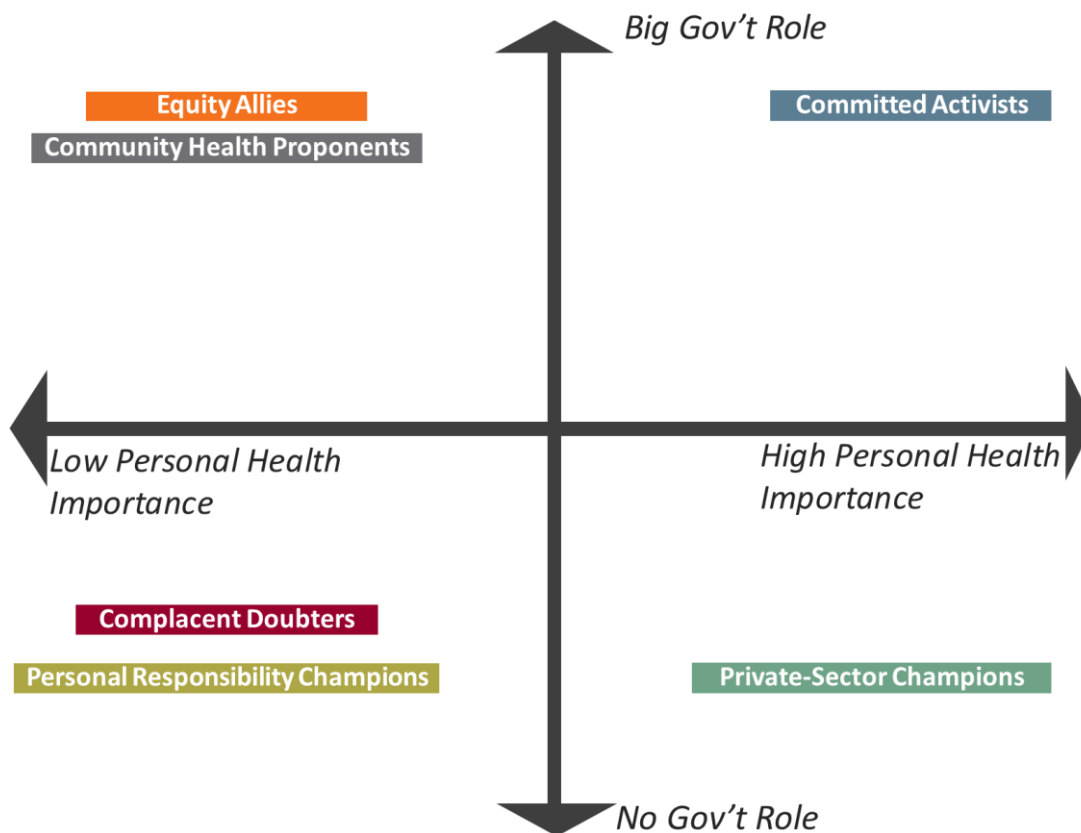


Exhibit B: How Groups Vary on Two Critical Dimensions

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

**Rating of Community Problems**

Among Stockton adults, crime or violence, lack of jobs, drugs, and tensions between different groups within the community were the top four problems most mentioned as the single problem facing the community. Crime or violence, lack of jobs, and drugs were among the top three mentioned across all groups and for all groups, crime or violence was the most mentioned single community problem.

A full report and topline will be made available at <https://www.cultureofhealth.org/en/what-were-learning/sentinel-communities.html>. For more information about the American Health Values Survey, visit: <https://www.rwjf.org/en/library/research/2016/06/american-health-values-survey-topline-report.html>



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