

North Central Nebraska Health Values Survey

The North Central Nebraska 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 North Central Nebraska study is one of five conducted in different communities across the nation including Stockton, CA; Mobile, AL; Maricopa County, AZ; and Baltimore, MD.

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 North Central Nebraska city 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 2,846 surveys were completed in North Central Nebraska; by web, 964 using a computer assisted web interview (CAWI), by mail, 1,764 using a self-administered questionnaire (SAQ), and by telephone, 118.

NORTH CENTRAL NEBRASKA PROFILES

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

Counties of North Central Nebraska

The nine county region of North Central Nebraska includes the counties of Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock County. Compared to the national sample, North Central Nebraska adults are less likely to make their health a priority in what they do almost always, are less active in prevention and medical care-seeking and are less likely to have strong equity/solidarity values. They are also less likely to see the social determinants as very strong influences on health and to recognize the health care access problems faced by African, Latino and low-income Americans. They are less likely to say that health should be a top federal priority and they favor less government action in

health generally. They are less likely to believe that building healthy communities should be a top or high priority, and more likely to believe that private individuals and groups should be responsible for this work.

They have less insurance coverage from Medicaid than adults nationally. The vast majority is non-Hispanic White with very few being of another race or ethnicity. They tend to have higher incomes and be more educated than Americans generally. They are more likely to be registered and to vote almost always. They are more likely to identify as Republicans and as political conservatives.

The Typology

Six segments or groups of North Central Nebraska adults emerged based on their unique health value and belief profiles. One of the Nebraska groups is clearly supportive of efforts to improve population health and health equity in the United States. Two groups hold mixed views with the remaining three groups being very skeptical about the efforts. As a result, the center of gravity within the North Central Nebraska constellation of groups tilts more toward the skeptical pole of health values and beliefs continuum, compared to the nation as whole. There is far more skepticism about the equity/population health agenda. The full report of study findings describes how the groups in the national and Nebraska typologies differ.

Here is a thumbnail sketch of the six North Central Nebraska groups, beginning with the most supportive:

Community Health Proponents: One of the groups most supportive of an active role for government, these 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. However, compared to area adults in general, personal health is less important to this group and they are less likely to feel a high sense of self-efficacy in health. They tend to be more civically engaged on health issues than adults in the overall sample. The group is made up of 17% of North Central Nebraska adults.

Private-Sector Communitarians: This group is quite supportive of the health equity/population health agenda. They show strong concern about equity/solidarity, income disparities and the importance of the social determinants of health. These communitarian values are tempered, however, by mixed views about the role of government in health. They care about building healthy local communities but want the private sector to assume responsibility for it. They are more likely to place high value on personal health compared the overall sample. The group is composed of 18% of North Central Nebraska adults.

Community Health Contrarians: This group is less concerned than area adults in general about equity, the importance of the social determinants of health and race/ethnic and income-based healthcare disparities. It also has mixed views about the role of government in health. Despite this general skepticism, the group cares a lot about building of healthy communities and believes that government should assume responsibility for it. Personal health is generally more important to adults in this group than in the sample as a whole. The group is composed of 13% of North Central Nebraska adults.

Community Health Skeptics: This group is not supportive of an active role for government in health and is generally quite skeptical of the health equity/population health agenda. They are less likely than North Central Nebraska adults to be civically engaged on health issues. Personal health is also less important to this group. The group is composed of 19% of North Central Nebraska adults.

Self-Reliant Individualists: These adults are down-the-line skeptics about the health equity/population health agenda. They are less concerned than North Central Nebraska 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. This group places a high value on personal health. Sixteen percent of North Central Nebraska adults fall into this group.

Disinterested Skeptics: Like Self-Reliant Individualists, this group is highly skeptical about the health equity/population health agenda. Unlike Self-Reliant Individuals, however, these adults place lower value on their own personal health. They are also less likely than North Central Nebraska adults in general to be civically engaged on health. This group is comprised of 17% of adults in the region.

Exhibit A below presents information about the size of the groups within the adult population of North Central Nebraska.

Exhibit A: Size of Typology Groups

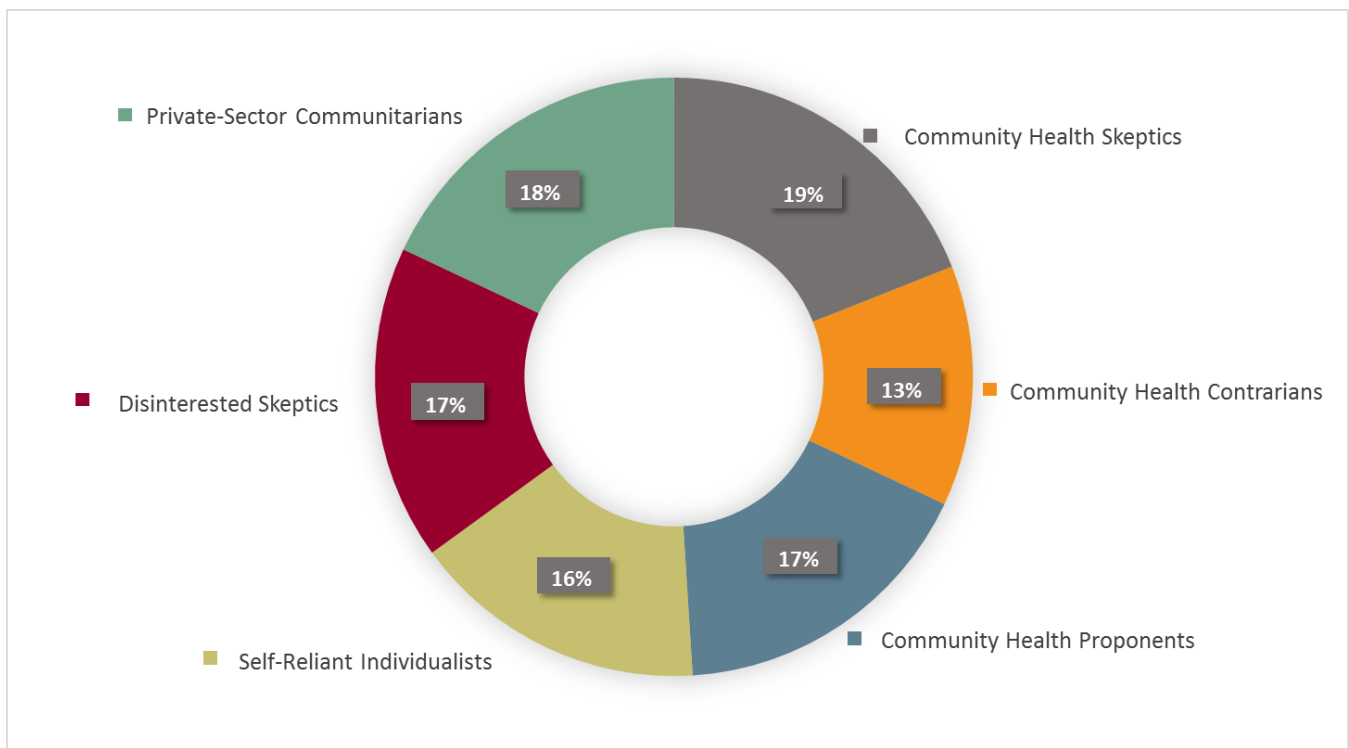
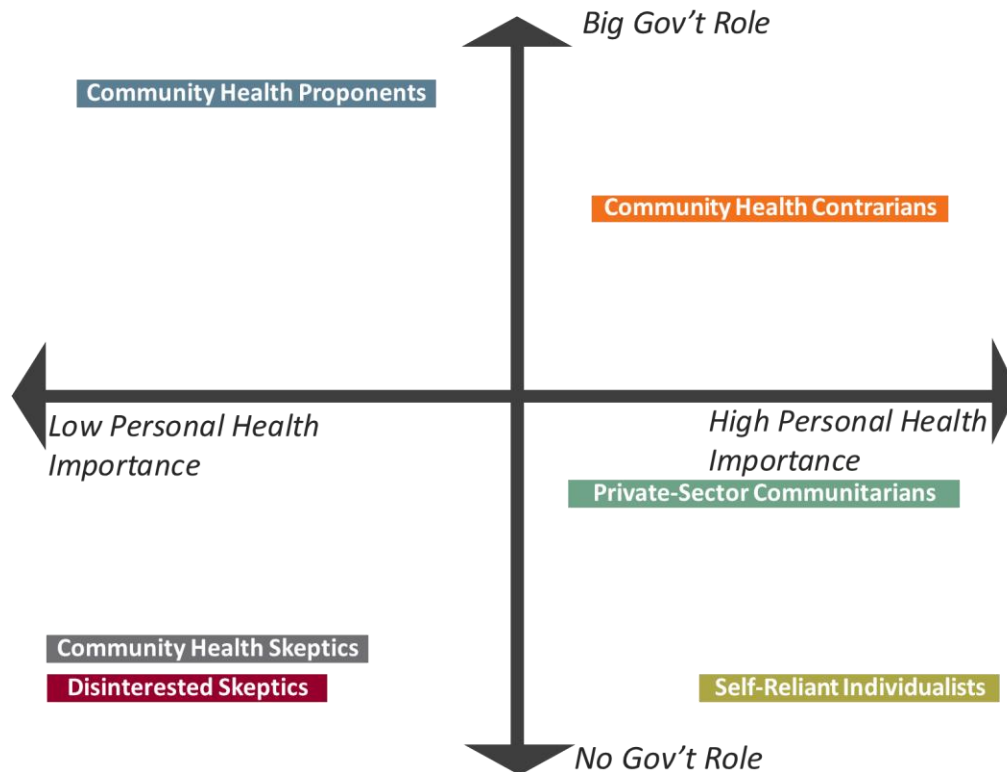


Exhibit B: How Groups Vary on Two Critical Dimensions

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 North Central Nebraska adults, lack of jobs, lack of affordable quality housing, lack of opportunity for youth, and drugs were the top four problems most mentioned as the biggest problem facing the community. All groups mentioned lack of jobs the most as the single biggest problem facing their community.

A full report and topline for the study 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>



Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.