

## Mobile Health Values Survey

The Mobile 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 Mobile study is one of five conducted in different communities across the nation including Baltimore, MD; Stockton, CA; 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 Mobile 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 1,821 surveys were completed in Mobile; by web, 739 using a computer assisted web interview (CAWI), by mail, 916 using a self-administered questionnaire (SAQ), and by telephone, 166.

### MOBILE PROFILES

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

#### ***The City of Mobile***

Compared to the national sample, Mobile adults are more likely to report strong equity/solidarity values. They are more 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 more likely to say that health should be a top federal priority and are more likely to believe that community health building should be a top or high priority. Like adults nationwide, they tend to believe the government should be responsible for building healthy communities. They report more health-related civic engagement than American adults generally. The Mobile sample is similar to the national sample on their views about the importance of personal health.

They are less likely to have Medicaid as the source of their health insurance, but more likely to have a chronic condition, be limited by a physical/mental impairment and to have had a recent checkup by a doctor. They are much more likely to be African American, less likely to be Latino and significantly less likely to be non-Hispanic White. They tend to have higher incomes, but be less educated than Americans generally. They are more likely to be registered and to vote almost always. They resemble the nation in terms of their political party affiliations although they tend to be slightly more ideologically conservative.

### ***The Typology***

As with the national typology, six segments or groups of Mobile adults emerged based on their unique health value and belief profiles. Three 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. Three of the groups are skeptical, however, one of them is supportive of private-sector-led efforts to address health at the local, community level. Although there are similarities with the national typology, the Mobile groups are also different in some important ways. As a result of the differences the center of gravity in the Mobile constellation of groups falls more toward the skeptical pole of the health values and beliefs continuum, compared to the nation as a whole. There is a bit more skepticism about the equity/population health agenda in Mobile. Information about the specifics of how the Mobile and national typologies differ can be found in the full report of study findings.

Here is a thumbnail sketch of the six Mobile 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. They also tend to be more civically engaged on health than Mobile adults in general. However, compared the Mobile adults overall, personal health is not as important to these adults. This group constitutes 22% of the Mobile population.

*Nearly Committed Activists:* Also supportive of an active role for government in health, this group resembles the Community Health Proponents in its strong concerns about equity, social solidarity and the importance of the social determinants of health. They are more concerned about these things than Mobile adults in general. They are less convinced about the existence of race/ethnic and income-based disparities, however, than Mobile adults in general. They are also more civically engaged on health than the overall Mobile sample. Personal health is more important to adults in this group. The Nearly Committed Activists group is composed of 16% of Mobile adults.

*Supporters with Reservations:* Although somewhat mixed in their views, this third group is generally supportive of an active role for government in health. It is driven by their belief in equity/solidarity, the social determinants of health and income-based health care disparities. They are more likely than Mobile adults in general to hold these beliefs. As with the previous two groups, personal health is less important than in the sample as a whole and there is less civic engagement on health. The group is composed of 16% of Mobile adults.

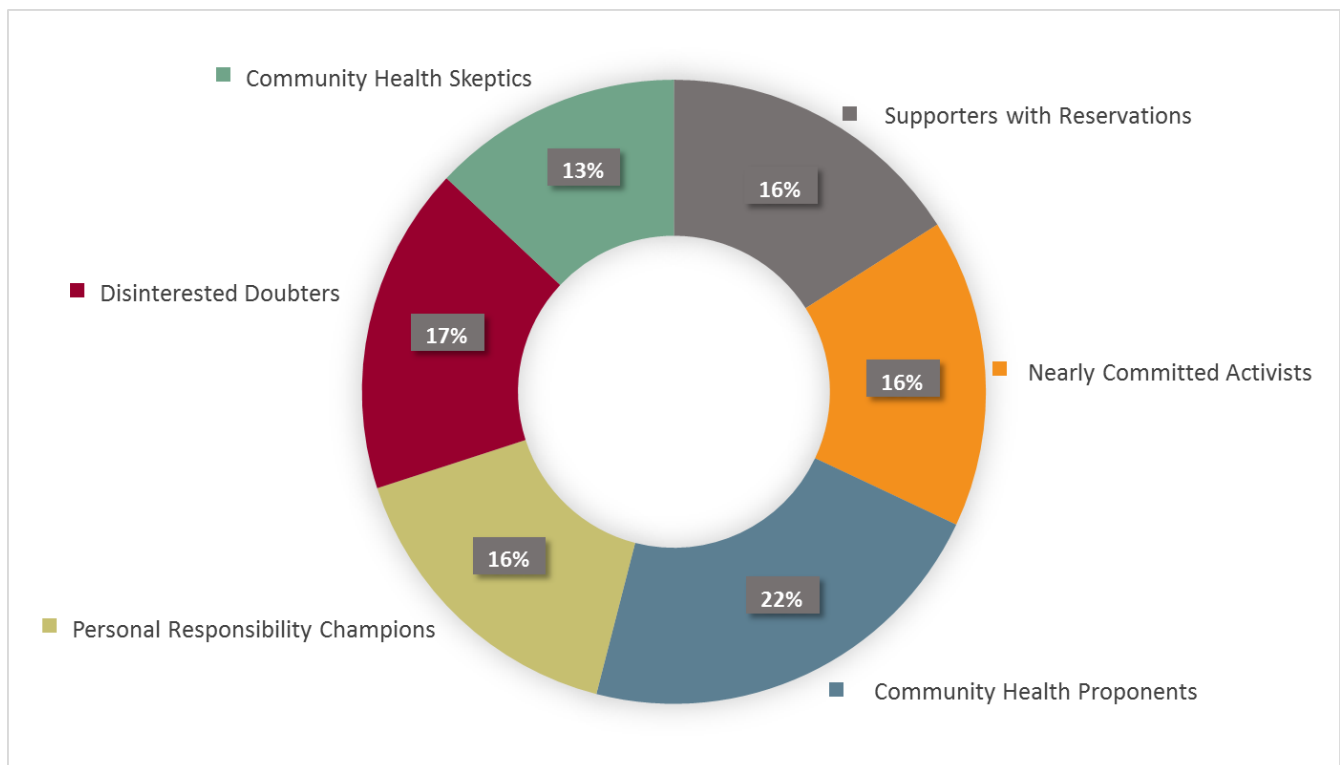
*Personal Responsibility Champions:* These adults are skeptics about the health equity/population-health agenda. They are less concerned than Mobile adults in general about equity and social solidarity, disparities and the social determinants of the health and far less likely to support an active role for government in health. This group also does not place a high value on personal health. The group constitutes 16% of Mobile adults.

*Disinterested Doubters:* Like Personal Responsibility Champions, this group is generally skeptical about the health equity/population health agenda, but to a slightly lesser degree. They are also less likely than adults in Mobile generally to be civically engaged on health and to attach a high degree of importance to personal health. This group constitutes 17% of Mobile adults.

*Community Health Skeptics:* This group is also skeptical of the health equity/population-health agenda, sharing many characteristics with the other skeptical groups discussed above. However, they are generally supportive of healthy community building as long as the private sector—as opposed to the government—is involved. The group is slightly more concerned about personal health than the sample as whole. Thirteen percent of Mobile adults fall into this group.

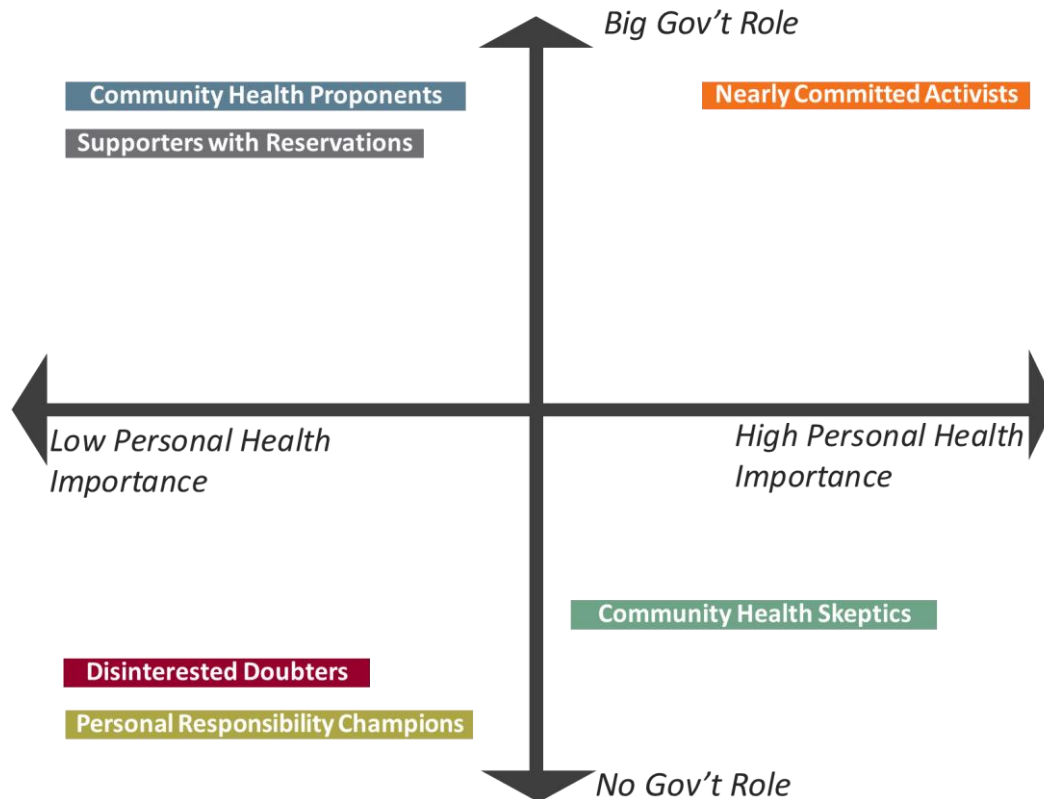
Exhibit A below presents information about the size of the groups within the adult population of Mobile.

**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 Mobile adults, lack of jobs, crime or violence, tensions between different groups, and lack of opportunity for youth were most mentioned as the single biggest problem facing the community. Lack of jobs and crime or violence were the two most mentioned across all groups. However, Personal Responsibility Champions and Community Health Skeptics were more likely to believe crime or violence is the single biggest problem rather than lack of jobs.

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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