

Baltimore Health Values Survey

The Baltimore 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 Baltimore study is one of five conducted in different communities across the nation including Stockton, CA; 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 Baltimore 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 2,139 surveys were completed in Baltimore; by web, 838 using a computer assisted web interview (CAWI), by mail, 1,162 using a self-administered questionnaire (SAQ), and by telephone, 139.

BALTIMORE PROFILES

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

The City of Baltimore

Compared to adults nationwide, Baltimore adults are more likely to report that they make their personal health a priority almost always, a high level of health-related self-efficacy and 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 to favor more government action in health generally. They are more likely to believe that community healthy building should be a top or high priority and that government should be involved. They also report more health-related civic engagement.

They are less likely to be healthy, with more insurance coverage from Medicaid than other insurance sources. 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 be less educated than Americans generally. They are more likely to be registered and to vote almost always. They are more likely to identify as Democrats and as political liberals.

The Typology

As in the national study, six segments or groups of Baltimore 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 Baltimore typology greatly resembles the national one. Because of demographic and other differences between the city of Baltimore and the nation as a whole, however, there are interesting variations in some of the groups. The full report on Baltimore describes how the Baltimore and national typology groups differ.

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

Committed Activists: 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. Personal health is important to this group and they tend to be more civically engaged on health issues than the overall Baltimore sample. Committed Activists are 28% of the Baltimore adult population.

Equity Idealists: Also supportive of an active role for government in health, this group resembles the Committed Activists group in its strong concerns about equity, social solidarity and the importance of the social determinants of health. Compared to Committed Activists, they are less convinced about the existence of race/ethnic and income based disparities, however. They are less civically engaged than Baltimore adults generally, but personal health is more important to adults in this group. This group is 19% of Baltimore adults.

Fair Chancers: This group is supportive of an active role for government that is driven by their belief in health equity and health care disparities. However, it is less likely than Baltimore adults generally to agree on the importance of the social determinants of health. Personal health is also less important to this group, which is composed of 21% of Baltimore adults.

Self-Reliant Individualists: These adults are skeptics about the health equity/population-health agenda. They are less concerned than Baltimore 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 higher value on personal health than the city as a whole. This group is composed 10% of Baltimore adults.

Disinterested Skeptics: Like Self-Reliant Individualists, this group is highly skeptical about the health equity/population health agenda. Unlike Self-Reliant Individualists, these adults place lower value on their own personal health. They are also less likely than adults in Baltimore generally to be civically engaged on health. Ten percent of the Baltimore sample fell into this group.

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. These adults are more supportive than Baltimore adults generally of private sector efforts—as

opposed to government efforts—to improve health at the community level. Twelve percent of Baltimore adults are Private Sector Champions.

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

Exhibit A: Size of Typology Groups

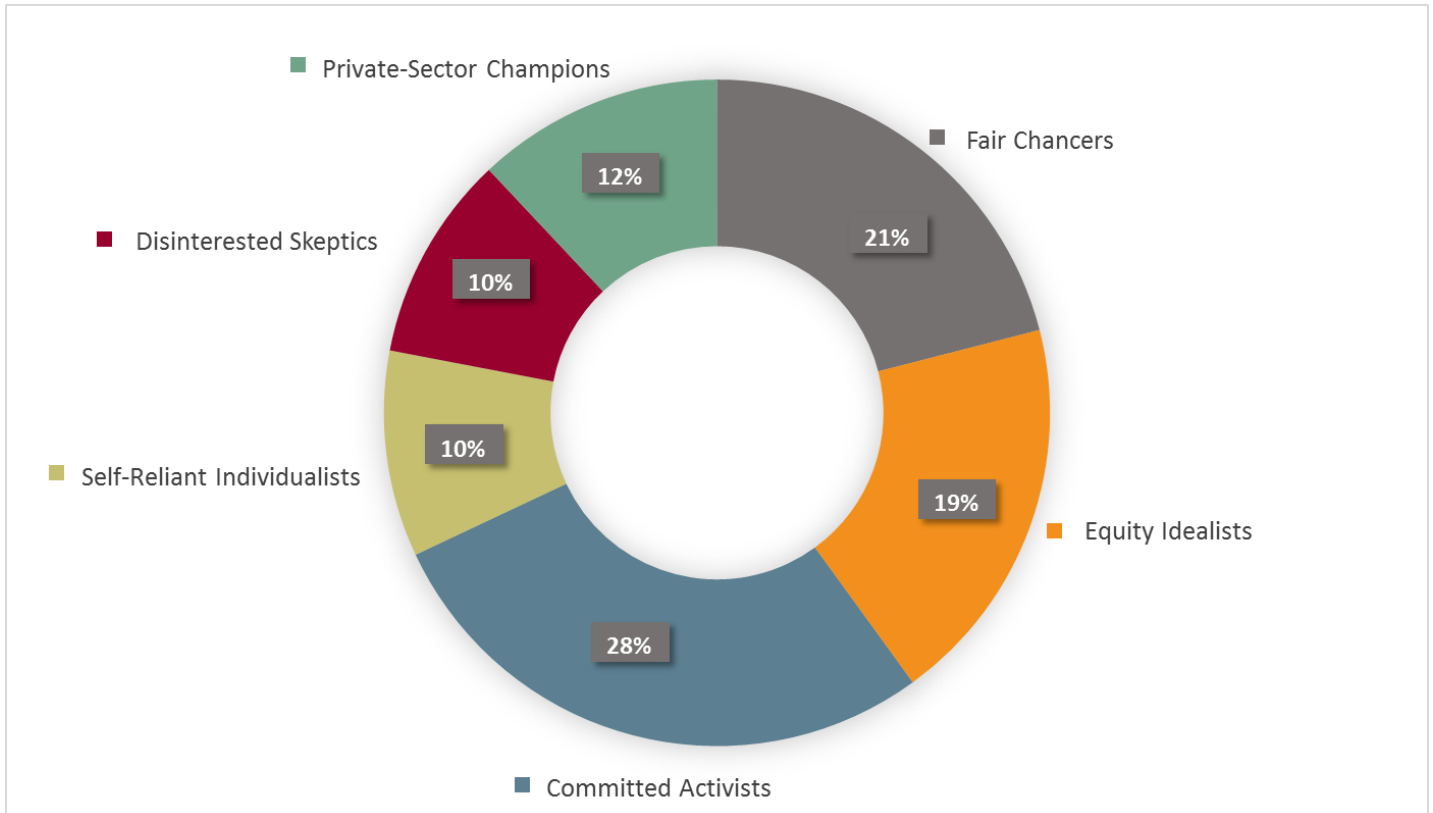
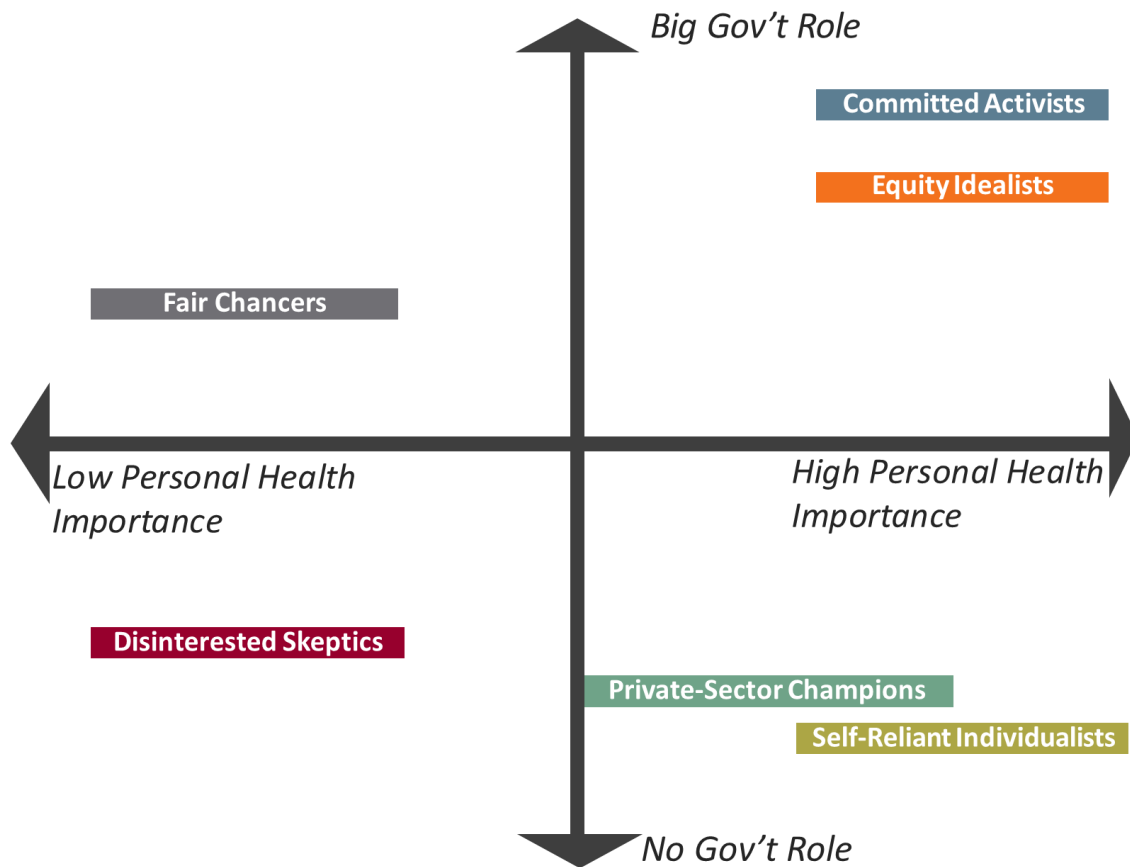


Exhibit B: How Groups Vary on Two Critical Dimensions

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 Baltimore adults, crime or violence, lack of jobs, drugs, and lack of opportunity for youth were the top four problems most mentioned as the biggest problem facing the community, with almost equal proportions stating crime or violence or lack of jobs is the single biggest problem. Crime or violence, lack of jobs, and drugs were among the top three mentioned across all groups. However, Equity Idealists, Committed Activists and Private-Sector Champions were slightly more likely to believe lack of jobs is the biggest problem rather than crime or violence.

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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