

American Health Values Survey and Typology: Political Culture Differences

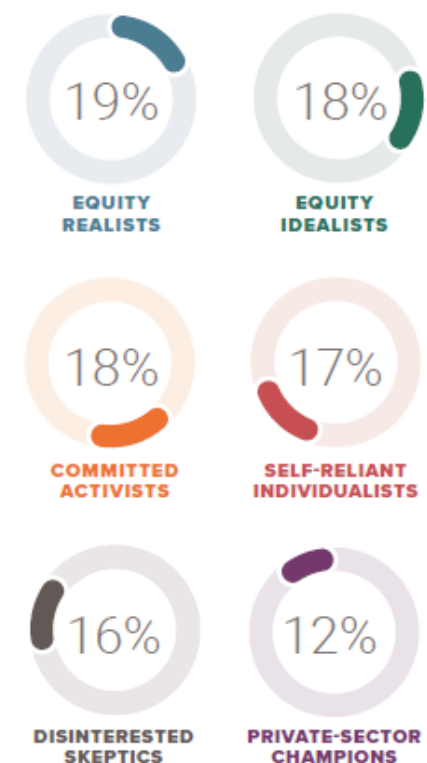
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NORC at the University of Chicago conducted the American Health Values Survey (AHVS) for the Robert Wood Johnson Foundation in 2016 and 2020. The survey focused on health values and beliefs among U.S. adults, including social equity and solidarity values, perceptions about the existence of health care disparities, impact of social and environmental factors on health, government involvement in health, and health-related civic engagement. NORC used the data from the AHVS to create typologies in 2016 and 2020, classifying U.S. adults into six segments or typology groups based on their health values and beliefs (Figure 1).

The goal of this analysis was to explore how health values and beliefs vary across the U.S. partisan divide, between people living in those states conventionally grouped as Red States and Blue States by journalists and other analysts. We partitioned respondents from the 2020 survey into Blue States and Red States based on how the two major party presidential candidates performed in each state in the last four presidential elections. Using the same approach, we also created a Purple States category. More information about our method for classifying the states is provided in the methods section of this brief report. We also compared the views of partisans at the individual level—how views of Democrats and Republicans in the national sample differed. This is important since Red/Blue/Purple State differences do not tell the whole story about the relationship between political views and health values and beliefs.

Red/Blue/Purple State differences mask significant variation within the states and state groups; there are often significant numbers of Democrats in Red States and significant numbers of Republicans in Blue States. Overall, we found that majorities of adults in both Blue and Red States fall into typology groups generally supportive of health and health equity promotion. The majority is larger in Blue States than Red States. When we look at how typology groups are distributed among individuals who identify as Democrats and those who identify as Republicans in the national sample, however, we find much bigger politically-based differences.

Figure 1. The Six National Typology Groups in 2020



Typology Groups: Political Culture Differences

We first present the data on Blue, Purple and Red State differences and then the data on differences at the individual level.

Blue, Purple, and Red State Differences

Figure 2 displays the sizes of typology groups for adults residing in the Blue, Purple, and Red States. As in the nation, majorities of adults in Blue, Purple and Red States fall into the three groups supportive of health and health equity promotion. The majority is largest among adults from Blue States (57%) and smallest among adults from Red States (51%).

The majority of adults fall into three groups very supportive of health and health equity promotional efforts underway in the nation, Committed Activists, Equity Idealists and Equity Realists. The others fall into two groups that are skeptical (Self-Reliant Individualists and Disinterested Skeptics) and another group with conflicted views about the issues (Private-Sector Champions).

The most supportive group, Committed Activists, is one that is aligned across-the-board on issues central to health and health equity promotion. Two other supportive groups, the Equity Idealists and Equity Realists, differ from the Committed Activist group largely because they do not agree on the importance of the social determinants of health and existence of health care disparities. The two less supportive groups, Self-Reliant Individualists and Disinterested Skeptics, are skeptical across-the-board on these issues. Private Sector Champions are conflicted, aligned on some of the issues but not others with concerns about the role of government and a preference that leadership for change come from the private sector.

Figure 2. How Typology Groups are Distributed in the Blue, Purple, and Red States

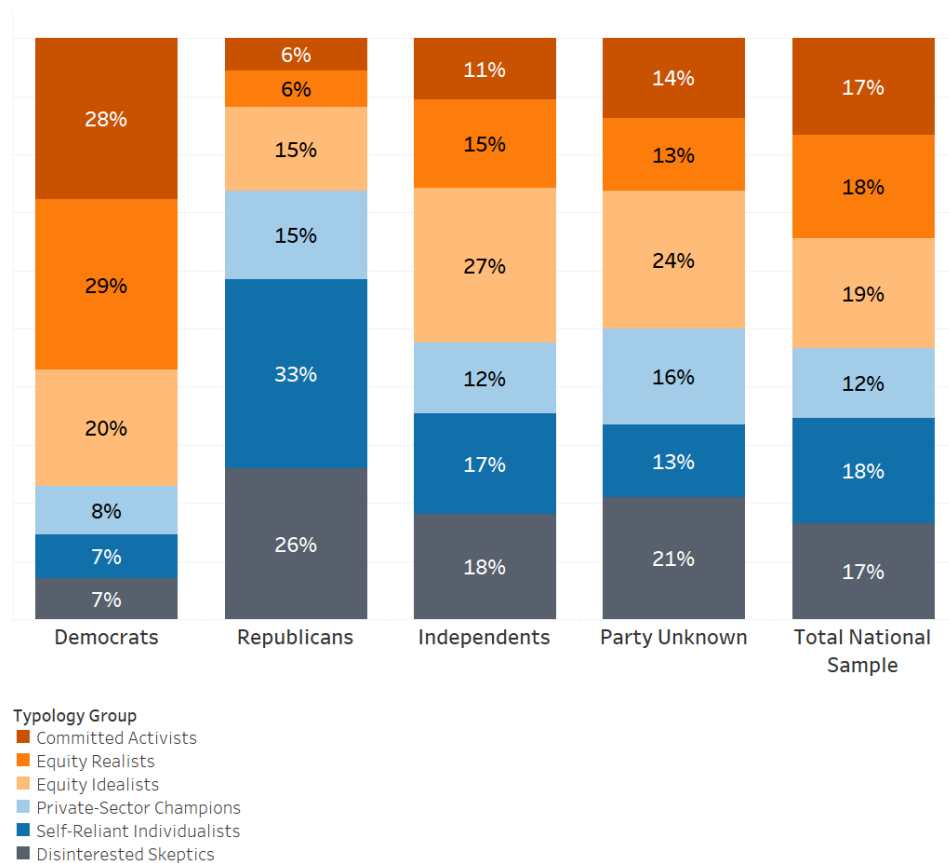
	Blue States	Purple States	Red States
Committed Activists	17%	17%	17%
Equity Idealists	19%	21%	19%
Equity Realists	21%	15%	15%
Private-Sector Champions	12%	13%	12%
Self-Reliant Individualists	17%	16%	20%
Disinterested Skeptics	15%	18%	18%

Differences between Individuals Identifying as Democrats, Republicans, and Independents

As one might expect, political differences at the individual level were much larger. These data are presented in Figure 3 below. The vast majority of Democrats (77%) fall into the three supportive groups, Committed Activists, Equity Realists and Equity Idealists. More than half of Independents also fall into those supportive groups (52%) as do one-half (50%) of those not providing a party identification.

A majority of Republicans (59%) fall into the two skeptical groups, Self-Reliant Individualists and Disinterested Skeptics. However, a sizeable minority (42%) fall into the other groups; about one-quarter (27%) fall into the three supportive groups and an additional 15% fall into the conflicted, Private-Sector Champions group.

Figure 3. How Typology Groups Are Distributed by Party Affiliation



Independents and the Party Unknown categories were only included in the analysis of the typology groups. These categories were not included in analysis of specific values and beliefs.

Specific Health Values and Beliefs: Similarities and Differences Between Red, Blue, and Purple States

In addition to examining typology differences between the state groups, we also compared the state groups in terms of the specific values and beliefs used to develop the typology. These results are presented in this section of the brief. Overall, we find similarities as well as differences. When differences exist, however, they are often not very large.

Blue, Purple, and Red State Similarities

We found similarities in levels of health-related civic engagement and the belief in collective efficacy, the idea that people working together can affect positive change in the community. There were generally no significant differences between the state groups on the importance of moral obligation (e.g., to help the poor and the sick), social solidarity (being as concerned about the needs of others as your own needs), and overall equality of opportunity (the opportunity to be successful in life). There were no significant differences in views about whether some groups have more opportunity for success than others or in views about the importance of the social determinants as influences on individual health. The state groups also did not significantly differ in the importance given to personal health in day-to-day living and health-related self-efficacy (confidence in knowing where, how, and when to access care, as well as how to prevent health problems).

Blue, Purple, and Red State Differences

Despite these similarities, we did find a significant differences between the state groups. We found significant differences in beliefs about the existence of race/ethnic-based disparities in health care access and health outcomes as well as agreement that the causes of outcomes disparities are often systemic in nature. The state groups differed in their views about the seriousness of the problem of income-based life span disparities in the U.S. They also differed in the importance of health equity as a societal value, the idea that society should ensure equal opportunity to be healthy and that this is a matter of justice.

Although there was strong support for prioritizing the building of healthy communities, it was not equally strong across all three groups. Importantly, there were significant differences in support for government involvement in health as well as in other important areas such as ensuring general equality of opportunity and addressing income inequality. The extent of trust in science and the health care system also differed across the groups. Across all these issues, adults in Blue States were more likely than adults in other states to take stances aligned with efforts to promote a population health and health equity agenda.

Figure 4 below displays data on some of the measures where the Blue, Purple, and Red States differ. They indicate the main pattern across the study: when statistically significant Blue, Purple and Red State differences exist, they are often not large. We observed differences much larger in size when we moved away from geographic comparisons and instead to comparisons between adults who identify with each of the two main political parties.

Figure 4: Differences Among State Groups on Specific Health Values and Beliefs

	Blue States	Purple States	Red States
Belief that it is harder for African Americans to get health care than White Americans	39%	33%	32%
Strongly agree that our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy	64%	63%	60%
Strongly agree that our country should do whatever is necessary to reduce the large differences in income that exist among Americans	19%	13%	15%
Strongly agree that it is the obligation of the government to ensure that everyone has access to healthcare as a fundamental right	28%	27%	23%
Belief that the government should do more to make sure that Americans are healthier, even if it costs the taxpayers more	61%	63%	55%
Belief that government or both government and private-sector should have the main responsibility for making sure something is done about large differences in income	25%	20%	21%
Agree that the shorter life spans of people with low incomes is a serious national problem	25%	23%	22%
Agree with the preference to trust in the wisdom of ordinary people than the opinions of experts and intellectuals	62%	57%	58%

Specific Health Values and Beliefs: Differences Between Democrats and Republicans

This section focuses on the specific value and belief differences between Democrats and Republicans in the national sample. Unlike with the state groups, we found almost no similarities between Democrats and Republicans. Also, differences between the party identifiers tended to be much larger in size than among the three state color groups.

Differences between Democrats and Republicans

We found large differences on all the issues examined in AHVS II, except for beliefs about collective efficacy, where there were no partisan differences. These include issues of moral obligation, importance of social equity and solidarity, influence of the social determinants of health, existence of disparities in healthcare access and government involvement in health. Across all these issues, Democrats were more likely than Republicans to share views supportive of health and health equity promotion. However, only one health promotion issue, that of health-related self-efficacy (where, how, and when to access care, as well as prevention of health problems), we found that Republicans were more likely to report high levels than Democrats.

Figure 5 below presents data on partisan differences on the specific topics. As the data indicate, the differences between Democrats and Republicans were significant and often quite large, and larger than those we saw above between Blue, Purple, and Red States.

Figure 5: Comparison of Specific Health Values and Beliefs of Democrats and Republicans

	Democrat	Republican
Belief that it is harder for African Americans to get health care than White Americans	58%	13%
Strongly agree that our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy	78%	41%
Strongly agree that our country should do whatever is necessary to reduce the large differences in income that exist among Americans	25%	6%
Strongly agree that it is the obligation of the government to ensure that everyone has access to healthcare as a fundamental right	37%	13%
Belief that the government should do more to make sure that Americans are healthier, even if it costs the taxpayers more	81%	34%
Belief that government or both government and private-sector should have the main responsibility for making sure something is done about large differences in income	34%	11%
Agree that we as a nation must take action to address the shorter life spans of people with low incomes	37%	15%
Agree with the preference to trust in the wisdom of ordinary people than the opinions of experts and intellectuals	66%	59%

Descriptive Characteristics: Trust of Health Information Sources

For this analysis we examined political culture differences related to trust in various sources of health information and in the importance given to religion and spirituality. The findings on trust in source of health information are summarized below.

We found both differences as well as similarities among adults living in Blue, Purple, and Red States and among Democrats and Republicans. The pattern of differences among the individual partisans is generally consistent with the pattern we found when comparing the Blue, Purple, and Red States. We found more differences at the individual level, however, than at the state group level.

Blue, Purple, Red State Comparisons

We found the following significant differences between the Blue, Purple, and Red States:

Media Sources: There are similarities in levels of trust for CNN, USA Today, PBS/ NPR, network TV and radio news, and people followed on social media. We found differences related to the New York Times, which enjoys more trust in Blue than Red States. Trust of MSNBC is highest in Blue States and the Wall Street Journal is more trusted in Blue than Purple and Red States. On Fox News, Red States adults are more trusting than those in Purple or Blue States.

Corporations and Other Private Voluntary Groups: As with media sources, we found both similarities as well as some differences. Environmental groups are more trusted in Blue and Purple States than in Red States. The Republican Party is more highly trusted in Red and Purple States; the same is true of religious leaders. We found no differences related corporations/business leaders, social change groups (e.g., Action for Healthy Kids, Center for Food Safety), neighborhood/civic groups, and, surprisingly, the Democratic Party.

We found no significant differences across state groups related to trust of elected officials (either national or local) and health and scientific organizations (health care provider groups, groups and foundations working in health, university scientists and researchers).

Democratic and Republican Comparisons

We found more differences by party affiliation:

Elected Officials: Democrats were slightly more likely to trust local elected officials, however, we found no differences related to national elected officials.

Health/Scientific Organizations: Democrats were more trusting of university scientists and researchers than Republicans. There were no differences in trust of health care provider organizations and groups and foundations working in health.

Media Sources: Democrats were much more trusting of the New York Times, CNN, MSNBC, PBS/NPR, and network TV and radio news; they were also more trusting of the Wall Street Journal and USA Today. As expected, we found that Fox News is more highly trusted by Republicans. We found no differences related to people followed on social media.

Corporations and Other Private Voluntary Groups: Democrats were much more trusting of the environmental groups, and social change groups. Republicans were much more trusting of religious leaders. There were differences for neighborhood/civic groups and corporations/business leaders. Trust of the two political parties varied as one would expect; trust was far higher among each party's own identifiers.

Differences in Importance of Religion/Spirituality

In addition to information source trust, we also looked at the importance of religion and spirituality. We found that Red State adults were more likely than those from Blue and Purple States to report putting a great deal of effort into prayer and meditation, attending services weekly and that religion is very important to them. The same was true of Republicans compared to Democrats. The differences between Democrats and Republicans were more sizeable than the differences between the state groups.

Summary

There are differences between Blue, Purple, and Red States in both the distribution of the AHVS typology groups and the specific values and beliefs used to construct the typology. These differences are smaller than one might expect, however. They are also smaller than differences between Democratic and Republican individuals. States are, of course, not monolithic but, rather, diverse in their internal politics. Urban versus rural, regional and other differences exist. Just because one party tends to dominate statewide in high visibility election contests, does not mean that there are not sizeable numbers of partisans on the other side. Elections are often won by small margins. As a result, while it is important to appreciate partisan differences on the issues, activists and advocates should not write off whole groups of states or portions of the nation when planning health and health equity promotional efforts.

Political Analysis Methodology

Assignment of States to Color Groups

The assignment of states to three color groupings was completed as follows:

Blue States: States that cast electoral votes for the Democratic candidate for President in at least three of the last four presidential elections. These states included CA, CO, CT, DE, DC, HI, IL, ME, MD, MA, MI, MN, NV, NH, NJ, NM, NY, OR, PA, RI, VT, VA, WA, and WI.

Red States: States that cast electoral votes for the Republican candidate for President in at least three of the last four presidential elections. These states included AL, AK, AR, AZ, GA, ID, IN, KS, KY, LA, MS, MO, MT, NE, ND, OK, SC, SD, TN, TX, UT, WV, and WY.

Purple States: States with a varied pattern of casting electoral votes across the two main parties over the last four presidential elections. These states included FL, IA, and OH. We also made the decision to add NC to this list after reviewing the results of the last four elections in the state. Hence, the final list of Purple States was FL, IA, OH, and NC.

Sample Sizes

In the sample there were 4,339 adults from Blue States, 1,231 adults from Purple States, and 2,679 adults from Red States. In terms of party affiliation there were 4,029 Democrats, 3,027 Republicans and 1,193 adults in the Independent/Decline to State categories.

Additional Weighting of AHVS II Dataset Prior to Commencing the Analysis

Following the 2020 presidential election the American Association for Public Opinion Research (AAPOR) issued a report documenting the under-response of Republicans in pre-election surveys. Initial review of our AHVS II data for this analysis effort showed numbers of Republicans in Red States to be suspiciously low. As a result, we decided to further adjust the data weights based on known political party affiliation differences among U.S. adults. This adjustment of the weights involved use of three additional data items: a block group partisanship score, one previously developed by NORC for all U.S. Census Block Groups; information on the political party identification of registered voters derived from NORC's 2020 large-scale (n=100,000+) VoteCast survey of registered voters as well as a modeling technique developed by Catalist; and, data on the correct proportions of registered versus non-registered voters in the nation.

Comparisons and Statistical Significance

For the analysis of specific value and belief differences we compared Blue, Purple and Red States respondents with T-tests being used to identify statistically significant differences between the groups. We also compared individuals in the entire national sample who identified as Democrats with those who identified as Republicans. T-tests were also conducted to identify statistically significant differences between these groups. For these analyses, we dichotomized all the study variables using the same approach as in our development of the 2020 AHVS II typology.

For the analysis of the distribution of the typology groups across Blue, Purple and Red States as well Democratic and Republican identifiers (aggregated from the entire national sample), no tests of significance were used. For the typology group analysis, we also included the data for Independents and those who declined to provide a party affiliation. These groups were not included in the analysis of specific value and belief differences.

American Health Values Survey Wave 1 and Wave 2 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. As noted in the brief, the survey examined values and beliefs related to a wide variety of health and health equity promotional issues facing the nation. In 2020, the study was conducted again (Wave 2) to assess whether change had taken place in the values and beliefs as well the structure of the typology. In 2020, a few new measures were added to the questionnaire. To deal with the additional survey length, about one half of the final items were asked of half of the sample (n=4,069) and the other one half of items were asked of the other half of the sample (n=4,192).

The data collection period for Wave 1 was from June 2015 through February 2016 and for Wave 2, from December 2019 through July 2020. For both waves, each a separate cross-sectional sample, data was collected using a multi-mode survey design. For each wave two samples were used, an address-based list sample (ABS) and the NORC probability-based survey 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. The number of respondents by mode for the Wave 1 dataset included:

- 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

The survey data for each wave were weighted to account for non-response and imbalances in important respondent characteristics (age, sex, race, education, and region). The weights were then normalized to allow for comparison of the two waves.

To develop the typology of U.S. adults following each survey wave, k-means cluster analytical methods were used. 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 our case the input variables were all measures of values/beliefs and not measures of demographic or other characteristics. 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 an optimal solution where the observations within each cluster are similar and the difference between the cluster means is greatest. New typologies were developed after each wave using these same methods. The overall process was standardized to ensure that we could validly assess change over time in the resulting typologies.

Additional Resources

Visit rwjf.org or everyfamilyforward.org for additional resources.

Topline Tables of Political Differences

The topline data tables provide percentages for each response option for all survey questions from both wave 1 and 2 surveys as well as information about statistical significance.

Comprehensive Report: Findings from the AHVS (2020)

The report describes the survey methodology, 2020 AHVS findings, and changes over time since 2015-2016.

Key Trends from Wave 1 to Wave 2 of the AHVS

This report highlights key trends over the two waves of the survey as well as findings on new issues explored only in the wave 2 survey in 2020.

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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 Sacramento. 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.