

Abstract

Sociodemographic, Ideological, and Structural Influences on Public Attitudes Toward Climate Change: Insights from the 2023 National Survey of Health Attitudes

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Research Objectives:

This study examines how sociodemographic factors, religiosity, perceptions of racism, and healthcare access influence attitudes toward climate change, including its public health impact and stakeholder responsibilities.

Study Design:

Data from 2023 National Survey of Health Attitudes (NSHA) were used to analyze public attitudes toward climate change. Four models explored key attitudes: (1) climate change impacts public health, (2) businesses' responsibility, (3) community responsibility, and (4) government responsibility. Independent variables included sociodemographic, ideological, and structural factors. Additional covariates accounted for geographic and social context. Ordered logistic regression with standard errors and survey weights was used, and results were considered statistically significant at P less than 0.001.

Population Studied:

The study sample consisted of 5,620 nationally representative respondents from the 2023 NSHA.

Principal Findings:

Hispanic respondents (OR=1.84) and those prioritizing affordable healthcare access (OR=3.21) were more likely to view climate change as a public health issue, while those with high religiosity showed lower agreement (OR=0.35). Females (OR=1.28), Hispanics (OR=1.88), and those valuing affordable healthcare access (OR=3.05) expressed higher expectations for climate action from businesses. Hispanics (OR=1.88), those emphasizing accessible healthcare access (OR=3.91), and those with lower religiosity (OR=0.39) showed stronger support for community climate efforts. Lastly, Hispanics (OR=2.65) and Blacks (OR=2.35) demonstrated high expectations for governmental intervention, while high religiosity (OR=0.33) correlated with lower support.

Conclusion:

Minority racial/ethnic groups, females, and individuals emphasizing accessible healthcare access are more likely to advocate for climate action across multiple levels. In contrast, respondents with high religiosity and strong disagreement with racism as a public health crisis align with lower support for proactive climate policies.

Implications:

Tailored climate messaging should emphasize the connection between climate action, public health, and equity. Outreach to religious communities can frame climate change as a moral responsibility, while health-focused, community-driven initiatives can engage marginalized groups and foster broader action.

Advocacy for health and health education Environmental health sciences Planning of health education strategies, interventions, and programs Public health administration or related administration Public health or related public policy Social and behavioral sciences

