AMERICAN HEALTH VALUES SURVEY

RURAL TYPOLOGY

As part of the Robert Wood Johnson Foundation’s focus on building a Culture of Health in America, NORC at the University of Chicago conducted the American Health Values Survey (AHVS), a national survey of more than 10,000 U.S. adults. The purpose of the study was to better understand how American adults differ in their health values and beliefs at individual, community and societal levels. A typology of Americans was created from the survey findings to identify key segments related to their health values and beliefs. Six segments or groups were identified for the national typology through the k-means analysis with a validation process using socio-demographic and other more descriptive factors. To build on the AHVS, NORC worked with RWJF to create a full-scale typology of U.S. rural adults using the same national survey dataset and methods that were used to develop the typology for the whole nation. Rural respondents were identified as those living in Rural Urban Commuting Areas (RUCAs). Seven groups emerged in the rural American typology as presented below, compared to six in the national. Three of the typology groups remained the same as those that emerged from the national typology, and four were somewhat different. The groups that remained the same from the national to the rural typology included Committed Activists, Equity Advocates and Private-Sector Champions. For more details, see the full rural typology report.
Brief Descriptions of Each Group in the Rural Typology

**Committed Activists:** Compared to all the groups, these rural adults are most supportive of an active role for government in health and are the most concerned about equity and solidarity. They are also more likely than rural Americans generally to believe in the existence of health care disparities and the importance of the social determinants of health. Personal health is more important to this group than to most rural adults. They also tend to be more civically engaged on health issues than the rural sample generally.

**Community Health Proponents:** This group is similar to the Committed Activists with regard to their greater support for an active role for government in health and a heightened concern about equity and solidarity. They are also more likely to believe in the importance of the social determinants of health and the existence of income-based health care disparities than rural Americans generally. They differ from Committed Activists in that personal health is less important and they are less likely to believe in the existence of race/ethnic-based health care disparities.

**Equity Advocates:** This group’s heightened concern about equality and solidarity values, as well the existence of health care disparities, drives their civic engagement on health issues and their support for government activism in health. However, personal health is less important to these adults than to rural Americans generally and they are less likely to believe in the importance of the social determinants of health.

**Open-Minded Skeptics:** This group cares about building healthy communities and is more likely to favor government responsibility for it but otherwise is very skeptical about the equity/population health improvement agenda. Compared to the rural population generally, these adults give less value to equity and solidarity, are less likely to perceive the existence of health care disparities, and are less likely to believe in the importance of the social determinants of health. Personal health is also less important to these adults than to rural adults generally, and they are less civically engaged on health issues.

**Private-Sector Champions:** This group is conflicted about the equity/population health improvement agenda, sharing some of the characteristics of the supportive groups and some of the skeptical groups. They are more likely than rural adults generally to believe in the importance of the social determinants of health and are more civically engaged on health issues. However, they are less concerned about equity and social solidarity values and are less likely to believe in the existence of health care disparities. They are not strongly in favor of government activism in health but do have a heightened concern about building healthy communities, a task that they want led by the private sector and not government. Personal health is also of heightened importance to this group.

**Personal Responsibility Champions:** Adults in this cluster do not attach special importance to personal health—about the same level of importance as the rural sample as a whole—and are the least concerned of all the groups about equity and social solidarity. They are also less likely to believe in the existence of health care disparities and the importance of the social determinants of health than the overall rural sample. They are also overwhelmingly less likely to believe that building healthy communities is a top or high priority.

**Disinterested Doubters:** These rural adults are skeptical about the entire equity and population health improvement agenda. They are less concerned than rural Americans generally about equity and social solidarity, less likely to perceive the existence of health care disparities, and less likely to believe in the importance of the social determinants of health. They are less civically engaged on health issues and less likely to place high importance on their personal health. They are less supportive of government activism in health except at the community level, where their views resemble those of the rural sample as whole. On community health building, they are more likely than the rural population generally to favor private sector rather than government leadership.