

UNDERSTANDING AND SHIFTING CULTURE OF HEALTH MINDSETS

Audience Survey and COVID-19 Message Testing

Methodology and Key Findings



METHODOLOGY: AUDIENCE SURVEY

PARTICIPANTS & SURVEY

- **A nationally-representative sample of 2,646 adults was selected from NORC's AmeriSpeak® Panel.**
- **The survey was conducted from August 3-24, 2020.**
- **Participants could choose to complete the study in either English or Spanish.**
- **Most participants completed the survey online.**
- **The dataset has been adjusted in order to correct any imbalances between participants who took the survey and the American population.**

SEGMENTATION PROCEDURE

We used cluster analysis techniques to segment participants into one of three groups based on their responses to the following sets of survey items:

- How serious are structural factors?**
- What should the role of government be?**
- Generally speaking, do people deserve the rewards and punishments they get in the world?**

Rugged Individualists:

N = 700

26.4% of Americans

Optimistic Moderates:

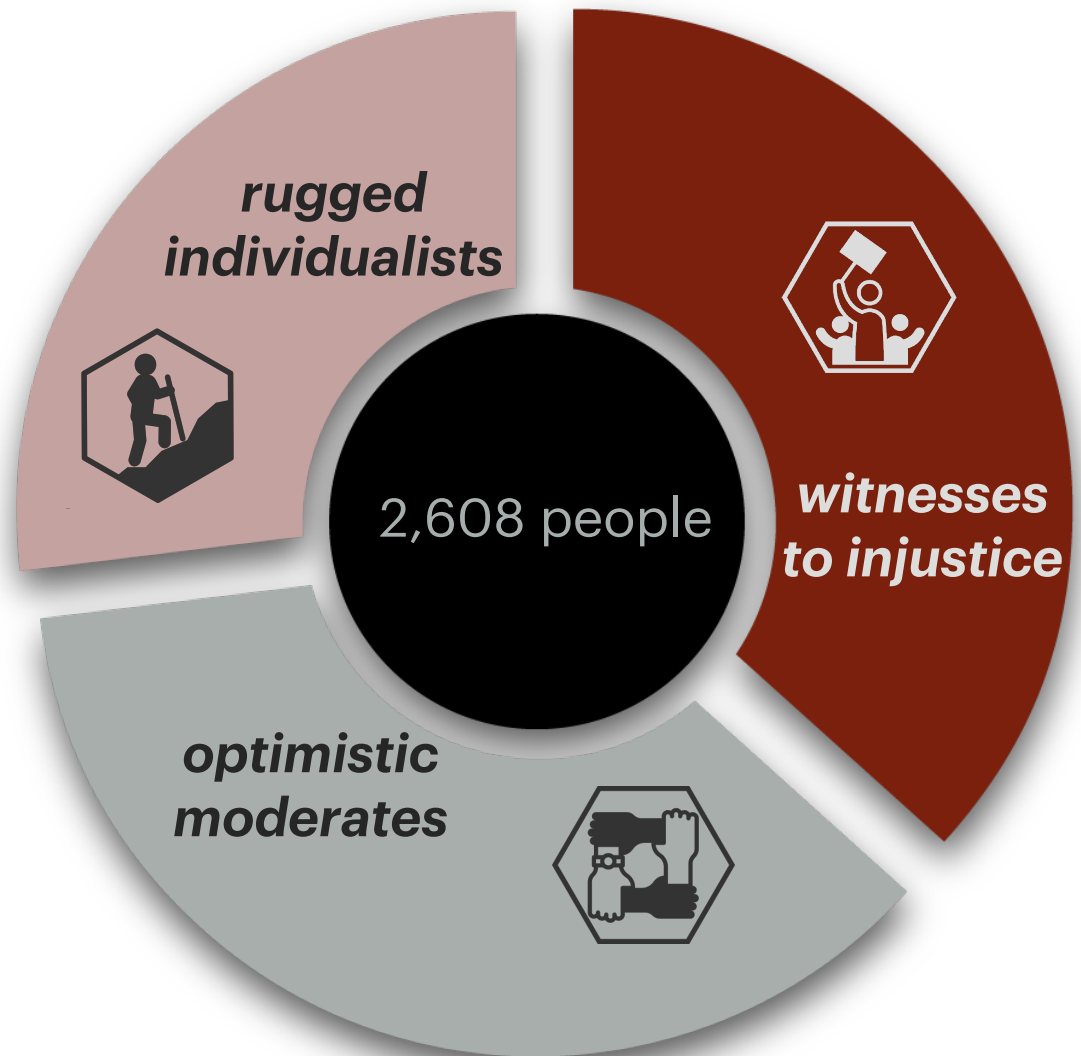
N = 951

35.9% of Americans

Witnesses to Injustice:

N = 958

36.2% of Americans



GROUP MOTTONS

Rugged Individualists

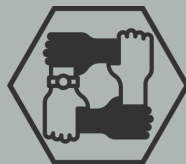


You get what you deserve.

But not everyone pulls their weight.

Take responsibility!

Optimistic Moderates



Sometimes people get left behind.

But we can fix that.

Progress is possible!

Witnesses to Injustice



Everyone deserves justice.

But the system is broken.

Demand change!

VARIABLES OF INTEREST



Entertainment preferences

News & TV Show Preferences
Motivations to Watch TV
Culture of Health TV Exposure



Beliefs about health equity

Core values and morals
Receiving government benefits
Role of government



Civic engagement

Confidence in making a difference
Civic actions taken



Beliefs about COVID-19 and race

COVID entertainment trends
COVID & discrimination beliefs
Racial discrimination beliefs



KEY FINDINGS: AUDIENCE SURVEY

TELEVISION PREFERENCES

- OMs and WIs watch a wide variety of TV, but OMs lean toward reality television, while WIs lean toward scripted TV.
- RIs do not watch as much TV as the other groups but enjoy niche cable shows like *Gold Rush* and *The Curse of Oak Island*.
- Shows that all groups watch include *Ozark*, *The Walking Dead*, and *Tiger King*.

CULTURE OF HEALTH TELEVISION

- We asked about 10 scripted shows that included storylines focused on Culture of Health topics.
- RIs and OMs who watched more of these shows had stronger Culture of Health attitudes than those who watched fewer of these shows.
- RIs who watched *Grey's Anatomy* were more likely than RI non-viewers to think that lack of access to healthcare was a serious issue.

NEWS & LEISURE

- All groups frequently turn to television for news, especially local television news.
- WIs are more likely than other groups to also get their news from other sources, like national newspapers and social media.
- Since COVID, all groups are spending more time on news, entertainment, and social media. This is particularly true for WIs and younger Americans.

ENTERTAINMENT MOTIVES

- All groups, but especially OMs, seek fun or pleasure from their entertainment. WIs are more likely to also seek meaning from entertainment.
- WIs are the most open to consuming a wide range of entertainment that reflects different values and races.
- Since COVID, WIs and OMs are more likely to think it's important to have fun while consuming entertainment.
- All groups and all ages are also re-watching old favorite TV shows and movies during COVID.

COVID-19 ATTITUDES AND POLICY SUPPORT

- **RIs are least likely to believe COVID presents a serious threat to the health of themselves or others, but they are most likely to believe it is a threat to their freedom.**
- **All groups agree that COVID represents a serious threat to the U.S. economy, but RIs are far less supportive of policy solutions to address this economic impact.**
- **OMs and WIs are more supportive of equity-based COVID policy solutions.**

COVID-19 RACIAL DISPARITIES

- **WIs are most likely to believe that racial disparities exist in COVID hospitalization rates due to external factors such lack of access to healthcare.**
- **OMs are less likely, and RIs far less likely, than WIs to think these external factors are a major reason for the disparities.**
- **Substantial proportions of all groups also consider health and lifestyle choices to be major factors for the disparities.**

MAKING A DIFFERENCE

- OMs are the most likely to say that it would be easy make their community a better place to live if people worked together.
- OMs and WIs are most likely to take civic actions based on something they learned from entertainment, including “high-effort actions” like registering to vote.
- The most common actions for all groups are relatively “low-effort” like talking to a friend or family member.

KEY TAKEAWAYS

- **WIs and OMIs make up nearly three-quarters of the U.S. adult population; they enjoy a wide variety of TV and are highly responsive to socially-relevant content.**
- **The top scripted shows reach all three audiences, but they are most popular with the WIs and OMIs.**
- **These groups are also likely to take civic actions based on something they learned from fictional TV/movies.**
- **This shows the potential power of entertainment to foster a culture of health.**

KEY TAKEAWAYS

- While RIs watch less television and are less likely to be moved to action through television, they may still be able to be influenced through popular culture.
- The findings from *Grey's Anatomy* watchers suggest hypotheses for future impact research in this area.
- Even among the WIs, there is room for growth in Culture of Health mindsets.



METHODOLOGY: COVID-19 MESSAGE TESTING

PARTICIPANTS & SURVEY

- **We partnered with the Behavioral Insights Team (BIT) to conduct an online experiment with nearly 17,000 participants.**
- **BIT's proprietary platform, Predictiv, was used to recruit participants and conduct the experiment.**
- **The sample was demographically similar to the U.S. census**
- **Participants were sorted into the same subgroups using the same segmentation tool as the nationally-representative survey.**

NARRATIVE DESCRIPTIONS

- **We tested four versions of a story about Nathan, a fast food worker, who goes to a BBQ and is exposed to COVID-19.**
- **In the story, he decided to stay home from work to protect his coworkers, even though he did not have paid sick leave or health insurance.**
- **The stories varied in two ways: 1) if the story attributed the COVID exposure only to Nathan's choices, or if it also included external factors; and 2) what type of solution (if any) the story provided.**

NARRATIVE DESIGN: NATHAN'S STORY

1

Personal Responsibility
No Solution

2

Hybrid
No Solution

3

Hybrid
Individual Solution

4

Hybrid
Systemic Solution

Story describes personal choices leading to protagonist's exposure to COVID-19



Story combines personal choices with external factors



See [Appendix B](#) for the full
narratives used in this
experiment design

Solution that puts
responsibility on
individuals

Solution that puts
responsibility on
systems



KEY FINDINGS: COVID-19 MESSAGE TESTING

BLAME AND RESPONSIBILITY

- Across all conditions, personal responsibility remained important; most participants blamed Nathan.
- Those who read any of the “hybrid” narratives were less likely to blame Nathan, and more likely to blame the employer or government policies.
- RIs were the least likely to say that the government and large businesses should be responsible for ensuring good health for everyone.
- However, RIs who read hybrid stories placed greater responsibility on these entities.

CULTURE OF HEALTH MINDSETS

- Those who read the hybrid story with a social solution were more likely to believe that our country should do whatever is necessary to make sure that everyone has an equal opportunity to be healthy.
- For OMs, the hybrid stories translated into even greater mindset shifts regarding health equity.
- For this group, the hybrid story with a social solution and the hybrid story with no solution fared better than the hybrid story with an individual solution.

POLICY SUPPORT

- **OMs who read the hybrid story with no solution were most likely to support paid sick leave.**
- **That story, as well as the one with a systemic solution, increased paid sick leave support among WIs, but the story with an individual solution was less persuasive.**
- **RIs who read the story with a systemic solution were more likely to support policies not explicitly mentioned, like suspending rent payments and guaranteeing unemployment.**

WHO IS HIGH RISK?

- We asked people to imagine they are responsible for deciding how to distribute a key preventive medicine for COVID.
- Three-quarters of participants agreed that they would distribute the medicine to “high risk” groups first, but they differed in how they defined high risk.
- Those who read the hybrid stories were more likely to say that “not having insurance” – which was directly mentioned in the stories – makes someone high risk.

TAKEAWAYS

- **Stories that situate personal choices in the broader context of structural constraints can be quite powerful, even without a systemic solution.**
- **However, stories about individual-level solutions that don't address the underlying external factors may not be as persuasive.**
- **Stories are more likely to influence support for policies that are explicitly mentioned, but they can also translate to general Culture of Health mindsets.**

TAKEAWAYS

- **Stories that acknowledge systemic barriers can begin to encourage RIs to recognize the responsibility of employers and the government.**
- **These shifts may translate to broader mindsets and policy support for RIs, even for policies not explicitly mentioned.**
- **For OMs and WIs, stories that balance personal choices and systemic factors can influence perceptions of blame, policy support, and broader culture of health mindsets.**

THANK YOU!

Emily B. Peterson, PhD: emilyp@usc.edu

Erica Rosenthal, PhD: erosenth@usc.edu

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