

2024 LEARNING BULLETIN

How State and Local Leaders View Health: A Wakeup Call

Findings from a first-of-its-kind survey of state and local leaders provide a bit of a wakeup call for RWJF as well as concrete steps to take.

A central focus of RWJF's work is to cast health and well-being in a broader frame than individual choices. A recent Mathematica survey, however, found that most state and local leader respondents believe that people's choices about their diet, exercise, and smoking *most* affect their health and well-being. While these leaders also believe that health care and community conditions have some effect on health and well-being, those beliefs may not be as strong as we had expected.

RWJF invests heavily in working with sectors outside of traditional healthcare. The survey found that leaders in some of these sectors including physical safety, employment, and economic and community development were less likely to see themselves as promoting population health than other sectors. Certain language that RWJF uses to describe health inequities may inadvertently turn off potential allies. Researchers found that using the term structural racism or its definition seemed to have unintended consequences of alienating both conservative and liberal leaders.

Survey results also indicate a number of positive findings that can provide direction to RWJF in its approaches and funding decisions. Many state and local leaders are or can be motivated to work to increase community opportunities to be healthy when they believe community groups want them to and when they feel confident in their organization's ability to take action.

Taken as a whole, the findings of the Mathematica survey of more than 5,450 city and state leaders from 50 states, 325 cities, and nine sectors fill a crucial gap for RWJF in understanding how people in positions of influence think about what shapes health, facilitators and barriers to promoting health and health equity, and what the Foundation can do to help them.

Key Takeaways

1. RWJF's message about the importance of social determinants of health may not have reached as deeply as we hoped with the state and local leaders we seek to work with.
2. Leaders' attitudes about health and well-being vary a lot across sectors.
3. Using language like "structural racism" may get in the way of reaching leaders who could push through meaningful policy change.
4. Leaders are most likely to work to increase residents' opportunities to be healthy when they feel confident that their organization can make a difference in this area.

Context

As [RWJF broadened its focus](#) beyond healthcare and public health to include sectors like education, economic development, housing, and transportation, the Foundation has needed a better understanding of these sector leaders and whether they see the connection between their work and promoting population health and health equity. It is not first nature for leaders in the transportation industry, for example, to see promoting health as part of their job. Additionally, while a strong evidence base exists on how social determinants of health can increase or limit people's opportunities to be healthy, few studies have explored how state and local leaders view, understand, and talk about these concepts.

These leaders are key decisionmakers around funding and implementation for many policies and are the target of much of RWJF's work. Understanding how people in positions of influence think about the drivers of health and barriers to change as well as whether they believe they have responsibility in their positions to advance health equity is essential to planning RWJF's work.

With input on themes and questions from RWJF's strategic portfolios, Mathematica conducted a first of its kind, nationally representative survey of views and knowledge of people in positions of influence in local communities, businesses, and state-level organizations about their attitudes toward health and well-being. Those views included the behaviors that leaders believed would advance a culture of health, and how those attitudes vary across sectors.

Details on the Survey

The What Shapes Health and Well-Being survey, which took place between October 2020 and March 2022, probed the mindsets of those in traditional positions of power across nine sectors on social determinants of health, population health, health equity, and racial equity.

Sectors surveyed were: (1) health care systems; (2) public health and social services; (3) housing; (4) transportation; (5) recreation/open space; (6) physical safety; (7) employment; (8) education; and (9) economic/community development. Leaders worked for city councils, faith and community foundations, city and state departments, large local employers, universities, economic and community development organizations, and financial institutions, among others.

Respondents were somewhat older than the general population (37% were 60 years of age or older). Most had been working five or more years in their current job (58%). The gender split was fairly even (57% male), and the race/ethnicity mix was similar to that of the general adult population (76% non-Hispanic white). Mathematica did not find nonresponse bias by gender or by race/ethnicity.

The response rate was 32 percent. [The city and state topline reports are available here.](#)

Central Takeaways and Recommendations

Takeaway #1: RWJF's message about the importance of social determinants of health may not have reached as deeply as we have hoped with the state and local leaders we seek to work with.

Among all leaders, there is still a tendency to view people's health and wellbeing through the lens of individual choice. The survey found leaders believe that people's choices about their diet, exercise, and smoking most affect their health and well-being. These leaders also believed that health care and community conditions have some effect on health and well-being.

More than 93.5% of respondents said that the choices people make have a strong or very strong effect. Some 83.3% believe that health care and community conditions have a strong effect on health and well-being. Those in some sectors, like housing, see a strong connection to health. For others, like the economic and community development sector, it is less clear that those leaders view promoting residents' health as part of their organization's job.

Recommendation: Leaders could benefit from receiving information showing that people's ability to try and become healthier is constrained by community conditions and the opportunities they can access in health care and beyond. Specifically, the Foundation could stress the importance of improving community conditions and access to health care as a central way of promoting health equity. Additionally, sectors such as the economic and community development ones may not be familiar with the broader understanding of health as described in the social determinants of health and therefore could use some targeted outreach.

Takeaway #2: Leaders' attitudes about health and well-being vary a lot across sectors.

Leaders in the physical safety (e.g., police and fire departments, emergency medical services, etc.) and employment sectors (e.g., organizations such as job training and employment services, etc.), and at times the economic and community development sector—a central focus of recent RWJF investment—had less positive attitudes about promoting population health than other sectors. Additionally, the public health sector lags in its understanding of the importance of community engagement, the findings noted.

Recommendation: Researchers suggested RWJF target leaders in physical safety, employment, and economic and community development sectors when implementing its strategies. Additionally, RWJF may want to share resources to help leaders in healthcare fields work with partners in these sectors. Among those resources, [issue briefs](#) can help them discuss and write about health disparities.

Takeaway #3: Using language like “structural racism” may get in the way of reaching leaders who could push through meaningful policy change.

During the first phase of data collection, some respondents had strong negative reactions to the perceived bias of the survey language, particularly terms like structural racism. Follow up tests of language found that the term structural racism or its definition was off putting to both conservatives and liberals. If respondents are turned off by survey language, they are less likely to respond to the survey.

Recommendation: Researchers noted that language that focuses on closing gaps that reference universal goals such as ensuring that all people have an opportunity to be healthy rather than gaps between groups may be more effective. Additionally, language that focuses on the future rather than the past causes of problems may help response rates.

Takeaway #4: Leaders are most likely to work to increase residents’ opportunities to be healthy when they feel confident that their organization can make a difference in this area.

Leaders view social determinants of health and health equity as important factors influencing their community’s health. However, on the whole, leaders lack confidence in their organization’s ability to improve residents’ opportunities to be healthy.

The second strongest predictor of a leader’s likelihood of working to improve residents’ opportunity to be healthy is the organization’s belief that other various groups want them to take action. And, findings show that leaders are not confident that various groups—such as residents, businesses, and grassroots organizations—want them to take action.

In comparing relative levels of confidence across sectors, researchers found that leaders from public health and social services, housing, and recreation/open space/physical activities had the highest level of confidence and leaders from the employment and economic/community development sectors had the lowest.

Recommendation: For leaders who want to increase their confidence in promoting programs and policies focused on children and families, researchers noted that RWJF could point them to a practical template, such as [The Assessment for Advancing Community Transformation Tool](#). State and local leaders may also benefit from information showing that residents, businesses, and grassroots organizations *do* want them to take action in improving people’s health.

What Comes Next

This survey established a baseline of data on the beliefs and attitudes of state and local leaders who are important decisionmakers in promoting RWJF's strategies for health and wellbeing.

RWJF invested in an extensive survey infrastructure that did not exist before and that can now be used to provide additional insights for the foundation. A second wave of this survey could provide insight into whether any organizational shifts have taken place in some sectors in thinking about responsibility in promoting public health and health. It can also show whether any demographic shifts have taken place in who are in positions of leadership. The follow up survey can also dig into whether attitudes about social determinants of health change over time and whether behavioral intention translates into actual behavior that increases residents' opportunities to be healthy.

Research briefs produced by Mathematica:

- [How State and Local Leaders View Social Determinants of Health and Health Equity](#)
- [How Do Social and Economic Ideology Affect Reactions to Racial Equity Language?](#)

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