What Shapes Health and Well-Being Survey

City Topline Report

December 2022

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What Shapes Health and Well-Being Survey

Background

The goal of the What Shapes Health and Well-Being Survey is to learn what leaders across many sectors (economic/community development, education, employment, health, housing, physical safety, public health, recreation/open space, and transportation) think are important drivers of actions and policies that promote health and well-being in their communities. The study is sponsored by the Robert Wood Johnson Foundation and conducted by Mathematica.

This report provides descriptive statistics showing the percentage of respondents who selected each response, along with the level of missingness. For survey questions 1 to 11, which were asked on a Likert scale from 1 to 5, we provide an item mean. We also provide means for the two ideology questions (Q19 and Q20).

This report provides estimates weighted according to the respondents' probability of selection into the sample and adjusted to account for nonresponse. We also provide the unweighted number of respondents overall and for specific questions that had varying numbers of respondents.

Besides providing data from the What Shapes Health and Well-Being Survey, we include comparisons to responses from two other surveys: RAND's COVID-19 and the Experiences of Populations at Greater Risk survey (Q1) and Gallup's annual poll on the values and beliefs of the general population (Q19 and Q20). We also include two combined variables: a combined race/ethnicity variable (Q18b) and a combined economic/social ideology variable (Q20b).

Methodology

We followed a step-by-step process to develop the survey instrument. We began by identifying survey questions through a literature review. We then developed new questions, formatted survey questions as tables with lists of items in a grid format with 1-5-point Likert scale response options, and combined similar questions to reduce the cognitive burden. We conducted a pre-test of the draft survey instrument to measure interview duration, test the item wording and flow, and gather feedback on the questionnaire, and made changes based on respondent feedback.

Data collection began October 9, 2020, and ended March 31, 2022. We fielded the survey in two phases: Phase 1 from October 9, 2020, to May 31, 2021 (sample of 13,193 leaders), and Phase 2 from September 28, 2021, to March 31, 2022 (sample of 5,174 leaders). We administered both survey phases via the web, mail, and computer-assisted telephone interviewing. Each survey phase was fielded over a 22 week period, and each phase included sending outreach materials, reminder emails, and telephone calls.

The target population of this study was organizational leaders in city and state government and leaders of for-profit and non-profit organizations. We selected two, mutually exclusive samples of leaders. We drew one sample from state-level organizations and agencies in all 50 states, and we drew the other sample from city-level organizations and agencies in 325 cities across the U.S. Both samples consisted of leaders in a wide array of sectors and were nationally representative. We selected a total of 17,432 leaders fielded over two phases, and also sent surveys to 935 leaders referred by respondents in an effort to identify influencers who are harder to sample, such as academic researchers or local grassroots community leaders. We received responses from 5,450 leaders, achieving a response rate of 32 percent.

Sample

This topline report includes all responses from city-level leaders (N = 4,728).

Key findings in City Topline Report

Respondent characteristics. Most respondents have been working five or more years in their current position (Q14; 62 percent). The most common age range is ages 50 to 59 (Q15; 29 percent). More people identify as male (Q16; 58 percent) than female (Q16; 35 percent). Most respondents identified as White and non-Hispanic (Q18b; 71 percent). They generally identified as moderate on economic issues (Q19; 43 percent) and moderate on social issues (Q20; 34 percent). Overall, respondents tended to lean liberal (Q20b; 44 percent).

Summary of key findings. Respondents generally had high mean scores across survey questions. High scores usually reflect high levels of importance, confidence, or likelihood, but for some questions (Q9 to Q11), high scores reflect high perceived barriers.

- **Most respondents think they can improve the health and well-being of residents, but some think they need more resources and community engagement to do so.**
  - Respondents think they can improve residents' health and well-being a moderate to considerable amount, with few respondents reporting there is nothing they can do to improve residents' health and well-being (mean of 3.3 on a 1 to 5 scale) (A1).
  - Respondents reported needing more resources and investments (27 percent), more engagement with residents (22 percent), more cross-sector collaboration (14 percent), and less regulation (14 percent) to improve the health and well-being of residents (A2).

- **Respondents believe that social and behavioral factors, including social determinants of health, affect health and well-being and that it is important for their organization to address these factors.**
  - Respondents think behavioral factors (for example, the choices people make about their diet or exercise) have a very strong effect on health and well-being (mean of 4.7 on a 1 to 5 scale). Many respondents also think social conditions (for example, the place people live) have a very strong effect on health and well-being (means of 4.2 to 4.5 on a 1 to 5 scale), whereas genetics have a lesser effect (mean of 3.7 on a 1 to 5 scale) (Q1).
  - Respondents feel it is very important for their organization to address social determinants (means of 4.5 to 4.7 on a 1 to 5 scale). They believe access to public transportation is slightly less important (mean of 4.2 on a 1 to 5 scale) (Q2).

- **Respondents feel it is most important to be responsive to residents. They also believe that community and grassroots organizations, residents, and funders very much want them to take action so that all people have opportunities to be healthy.**
  - Respondents feel it is very important to be responsive to residents (mean of 4.5 on a 1 to 5 scale). They feel it is the least important to be responsive to city and state governments (mean of 4.1 on a 1 to 5 scale) (Q3).
  - In terms of taking action to improve opportunities to be healthy, respondents think community and grassroots organizations, residents, and organizations that provide funding very much want them to take action (means of 3.4 to 3.5 on a 1 to 5 scale). They think law enforcement and

businesses want them to take action the least (means of 2.7 and 2.9, respectively, on a 1 to 5 scale) (Q8).

– Respondents feel it is very important for all people—particularly people of color, people living in poverty, and people with disabilities—to have the same opportunities to be healthy as other residents (means of 4.7 on a 1 to 5 scale) (Q4).

- **Respondents feel it is important to take action to increase opportunities to be healthy, although they differ in their levels of confidence in their ability to take action.**

  – Respondents feel that actions such as addressing inequality could increase residents' opportunities to be healthy (mean of 4.3 on a 1 to 5 scale). Fewer respondents believe partnering with residents throughout planning, development, and implementation of public programs could increase residents' opportunities to be healthy (mean of 4.0 on a 1 to 5 scale) (Q5).

  – Respondents feel moderately confident in their ability to take action to increase residents' opportunities to be healthy (means of 3.1 to 3.3 on a 1 to 5 scale) (Q6).

  – Respondents think it is somewhat likely they will take action to increase residents' opportunities to be healthy in the next two years (means of 3.6 to 3.8 on a 1 to 5 scale) (Q7).

  – The pandemic neither decreased nor increased respondents' ability to take various actions to increase residents' opportunities to be healthy (means of 3.0 to 3.3 on a 1 to 5 scale) (Q12).

- **Lack of resources and lack of cross-sector collaboration are the most common barriers to taking action.**

  – Lack of resources is the primary barrier to taking action to increase opportunities to be healthy (mean of 3.7 on a 1 to 5 scale for lack of resources versus means of 2.7 to 3.0 for other barriers) (Q9).

  – Lack of coordination across sectors is the most salient barrier to promoting the fair and just distribution of resources (mean of 3.3 on a 1 to 5 scale versus means of 2.8 to 3.0 for other barriers) (Q10).

  – Lack of resources is the most salient barrier to cross-sector coordination and alignment (mean of 3.8 on a 1 to 5 scale versus means of 3.1 to 3.4 for other barriers) (Q11).

- **Respondents use various data sources in their day-to-day work.**

  – Most respondents rely on data from nonhealth sources (such as the census and transportation or housing databases) and data from their state, local, or regional public health department (68 percent and 67 percent, respectively) (Q13).

Disclosure

What Shapes Health and Well-Being Survey

Topline Results for the City Sample

Mathematica

October 9, 2020 – March 31, 2022

N = 4,728

The following results are presented as a percentages of respondents selecting each answer. Percentages are reported to one decimal point.

A1.   To what extent do you, as a (FILL SECTOR) leader, think you can improve the health and well-being of residents in your (city/state)?

	Percent	Valid Percent
1: Not at all	0.6	4.1
2: A little	3.5	22.1
3: A moderate amount	5.5	34.6
4: A considerable amount	3.7	23.5
5: A great deal	2.5	15.7
Missing	84.2	0.0

Source: Developed by Mathematica.

Notes: Question included only in phase 2 of survey (N = 1,192). Valid percent excludes missing values.

A2.   What do you, as a (FILL SECTOR) leader, need most in order to improve the health and well-being of residents in your (city/state)?

	Percent	Valid Percent
1: Less regulation	2.2	13.7
2: More resources and investments (such as financial, more staff, or employees)	4.3	27.3
3: More autonomy to make the types of changes I think will help residents	1.5	9.3
4: Nothing, we don't affect health and well-being	0.6	3.5
5: More collaboration and consensus among (city/state) leaders and sectors	2.3	14.7
6: More engagement and collaboration with local residents	3.5	21.9
7: Less discussion and input from other (city/state) leaders	1.0	6.2
8: Other	0.5	3.3
Missing	84.1	0.0

Source: Developed by Mathematica.

Notes: Question included only in phase 2 of survey (N = 1,191). Valid percent excludes missing values.

The next question asks about things that may affect people's health and well-being.

Q1.   Here is a list of some things that may affect people's health and well-being. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect.

Note on data: data from COVID-19 and the Experiences of Populations at Greater Risk Survey (RAND, 2021) included for comparison purposes.

	1 No effect	2	3	4	5 Very strong effect	4 and 5 Strong/ Very strong effect	Mean	Missing
The health care they get (e.g., preventive and care when sick)								
What Shapes Health and Well-Being Survey	0.4	1.5	8.8	29.1	60.1	89.2	4.5	0.2
RAND COVID-19 survey (general population)	4.5	3.1	20.1	21.3	51.0	72.3	4.1	0.0
The place they live (e.g., community conditions, housing)								
What Shapes Health and Well-Being Survey	0.5	3.1	16.1	34.3	45.8	80.1	4.2	0.2
RAND COVID-19 survey (general population)	6.5	6.4	26.7	34.3	26.2	60.5	3.7	0.0
The choices they make about their diet, exercise, smoking, etc.								
What Shapes Health and Well-Being Survey	0.3	0.8	4.6	19.5	74.6	94.1	4.7	0.1
RAND COVID-19 survey (general population)	3.5	1.4	14.0	20.1	61.0	81.1	4.3	0.0
How they were born (their genetics/DNA)								
What Shapes Health and Well-Being Survey	2.0	9.0	30.1	30.4	28.1	58.5	3.7	0.4
RAND COVID-19 survey (general population)	8.5	10.9	37.5	22.5	20.6	43.1	3.4	0.0

Source: COVID-19 and the Experiences of Populations at Greater Risk Survey (RAND, 2021).

Note: Means from the COVID-19 and the Experiences of Populations at Greater Risk Survey calculated by Mathematica.

For the next several questions, please respond on behalf of your (organization/office).

Q2.   How important is it to your (organization/office) that all (FILL LOCATION) residents have access to the following?

	1 Very unimportant	2 Somewhat unimportant	3 Neither important nor unimportant	4 Somewhat important	5 Very important	4 and 5 Somewhat/ Very important	Mean	Missing
A living wage job	1.9	0.8	5.7	20.8	70.6	91.4	4.6	0.2
Healthy and affordable food	1.5	0.6	4.4	19.9	73.5	93.4	4.6	0.1
Quality and affordable housing	1.7	0.7	6.8	21.1	69.6	90.7	4.6	0.0
Quality k-12 education	1.7	0.6	4.7	15.6	77.2	92.8	4.7	0.2
Quality and affordable childcare	1.8	0.9	8.2	26.4	62.3	88.7	4.5	0.4
A safe neighborhood	1.5	0.3	4.1	19.0	74.8	93.8	4.7	0.2
Clean air and water	1.6	0.4	4.2	15.4	78.0	93.4	4.7	0.4
Affordable health insurance	1.7	0.9	7.3	22.1	67.9	90.0	4.5	0.1
Quality and affordable health care	1.6	0.4	4.7	17.9	75.1	93.0	4.7	0.2
Quality and affordable mental and/or behavioral health care (including substance abuse treatment)	1.5	0.9	5.5	23.4	68.6	92.0	4.6	0.3
Public transportation	2.3	3.6	11.9	31.6	50.4	82.0	4.2	0.2

Source: Developed by Mathematica.

Q3.   How important is it to your (organization/office) to be responsive to each of the following groups?

	1 Very unimportant	2 Somewhat unimportant	3 Neither important nor unimportant	4 Somewhat important	5 Very important	4 and 5 Somewhat/ Very important	Mean	Missing
(FILL LOCATION) residents	2.8	1.3	8.3	19.3	68.0	87.3	4.5	0.3
Community and grassroots organizations	2.4	2.0	11.1	34.0	50.1	84.1	4.3	0.3
Businesses	2.2	3.9	14.6	35.3	43.7	79.0	4.2	0.3
Law enforcement	3.3	3.5	16.9	26.5	49.5	76.0	4.2	0.2
State government [state sample] / City government [city sample]	3.5	2.9	11.6	29.8	52.0	81.8	4.2	0.2
City government [state sample] / State government [city sample]	3.8	3.3	14.2	36.2	42.2	78.4	4.1	0.2
Health care organizations (e.g., hospitals, health clinics)	2.7	1.7	12.2	33.6	49.6	83.2	4.3	0.1
Social services organizations (e.g., housing, income support)	2.6	2.1	12.6	34.9	47.5	82.4	4.2	0.2
Public health organizations (e.g., department of public health)	2.6	2.9	12.7	33.4	47.9	81.3	4.2	0.3
Organizations that provide funding (e.g., foundations, government agencies)	2.5	2.1	10.5	28.5	56.1	84.6	4.3	0.3

Source: Developed by Mathematica.

The next several questions use the term "opportunities to be healthy."

Opportunities to be healthy: people have a fair and just opportunity to be as healthy as possible. This includes promoting healthy behaviors, systems, and environments to ensure health and well-being. This might include removing obstacles (such as poverty and racism) and increasing access to living wage jobs, culturally appropriate health care, quality education, and housing.[a]

Q4.   How important is it to your (organization/office) that each group listed below has the same opportunities to be healthy as other (FILL LOCATION) residents?

	1 Very unimportant	2 Somewhat unimportant	3 Neither important nor unimportant	4 Somewhat important	5 Very important	N/A	4 and 5 Somewhat/ Very important	Mean	Missing
People of color in (FILL LOCATION)	3.7	0.3	4.6	7.4	83.9		91.3	4.7	0.1
People living in poverty in (FILL LOCATION)	3.4	0.3	3.9	8.5	83.8		92.3	4.7	0.0
People living in rural areas in (FILL LOCATION)	3.8	1.3	6.6	12.6	54.9	20.5	67.5	4.4	0.1
People living with disabilities in (FILL LOCATION)	3.4	0.3	4.2	10.5	81.5		92.0	4.7	0.1
Immigrants in (FILL LOCATION)	3.6	0.8	6.9	12.6	75.9		88.5	4.6	0.1

Source: Developed by Mathematica.

[a] An experimental version of the survey excluded the terms "racism" and "culturally appropriate" from the above text box; 617 respondents answered the experimental survey version.

The next few questions ask about <u>specific actions</u> your (organization/office) may take to increase opportunities to be healthy in (FILL LOCATION).

Q5.   To what extent does your organization think <u>these actions</u> will increase all (FILL LOCATION) residents' opportunities to be healthy? *"These actions" refers to each of the actions listed below.*

	1 Not at all	2 A little	3 A moderate amount	4 A considerable amount	5 A great deal	4 and 5 A considerable amount/ great deal	Mean	Missing
Promoting (city/state)-level program and policy initiatives that prioritize the well-being of residents from disadvantaged communities	2.4	5.5	15.4	30.9	45.1	76.0	4.1	0.7
Promoting fair and just distribution of resources in (FILL LOCATION) (e.g., funding, staffing, services)	2.8	4.3	15.9	31.3	45.0	76.3	4.1	0.7
Partnering with (FILL LOCATION) residents throughout planning, development, and implementation	2.5	6.1	20.7	33.1	37.1	70.2	4.0	0.6
Promoting better coordination and alignment across health care, social services, and public health systems	2.3	3.8	12.6	33.6	47.1	80.7	4.2	0.6
Addressing inequalities faced by people of color in the public safety, housing, education, economic, health, cultural, and/or other sectors[a]	2.7	4.2	11.3	26.1	55.1	81.2	4.3	0.6
Promoting (city/state)-level program and policy initiatives that prioritize the well-being of children and families	2.4	4.5	16.0	33.5	43.1	76.6	4.1	0.6

Source: Developed by Mathematica.

[a] An experimental version of the survey worded this item as "Addressing inequalities in the health sector"; 617 respondents answered the experimental survey version.

Q6.   How confident is your (organization/office) in its ability to take these actions to increase all (FILL LOCATION) residents' opportunities to be healthy? "*These actions" refers to each of the actions listed below.*

| | 1 | 2 | 3 | 4 | 5 | 4 and 5 | | |
	Not at all confident	Slightly confident	Moderately confident	Very confident	Extremely confident	Very/ extremely confident	Mean	Missing
Promoting (city/state)-level program and policy initiatives that prioritize the well-being of residents from disadvantaged communities	11.4	14.0	31.4	26.0	16.8	42.8	3.2	0.4
Promoting fair and just distribution of resources in (FILL LOCATION) (e.g., funding, staffing, services)	13.1	14.2	32.1	23.8	16.4	40.2	3.2	0.4
Partnering with (FILL LOCATION) residents throughout planning, development, and implementation	10.3	14.0	29.6	29.0	16.7	45.7	3.3	0.4
Promoting better coordination and alignment across health care, social services, and public health systems	14.9	16.4	28.7	25.1	14.5	39.6	3.1	0.4
Addressing inequalities faced by people of color in the public safety, housing, education, economic, health, cultural, and/or other sectors[a]	11.1	15.4	27.3	26.4	19.3	45.7	3.3	0.4
Promoting (city/state)-level program and policy initiatives that prioritize the well-being of children and families	11.8	14.7	31.5	25.0	16.6	41.6	3.2	0.5

Source: Developed by Mathematica.

[a] An experimental version of the survey worded this item as "Addressing inequalities in the health sector"; 617 respondents answered the experimental survey version.

Q7.   In the next two years, how likely is it that your (organization/office) will take <u>these actions</u> to increase all (FILL LOCATION) residents' opportunities to be healthy? *"These actions" refers to each of the actions listed below.*

	1 Very unlikely	2 Somewhat unlikely	3 Neither likely nor unlikely	4 Somewhat likely	5 Very likely	4 and 5 Somewhat/ very likely	Mean	Missing
Promoting (city/state)-level program and policy initiatives that prioritize the well-being of residents from disadvantaged communities	11.2	5.9	19.8	31.5	31.2	62.7	3.7	0.4
Promoting fair and just distribution of resources in (FILL LOCATION) (e.g., funding, staffing, services)	11.3	7.5	21.1	30.5	29.2	59.7	3.6	0.4
Partnering with (FILL LOCATION) residents throughout planning, development, and implementation	9.8	7.5	19.9	30.2	32.2	62.4	3.7	0.4
Promoting better coordination and alignment across health care, social services, and public health systems	11.6	8.0	22.2	28.4	29.3	57.7	3.6	0.4
Addressing inequalities faced by people of color in the public safety, housing, education, economic, health, cultural, and/or other sectors[a]	9.3	6.0	17.2	28.7	38.4	67.1	3.8	0.4
Promoting (city/state)-level program and policy initiatives that prioritize the well-being of children and families	10.9	6.4	21.4	30.6	30.3	60.9	3.6	0.4

Source: Developed by Mathematica.

[a] An experimental version of the survey worded this item as "Addressing inequalities in the health sector"; 617 respondents answered the experimental survey version.

This question uses the term "take action."

> **Take action:** engage in behaviors (e.g., promoting programs, passing policies, allocating resources) to change the circumstances that may affect health (including having a living wage job, neighborhood safety, quality of education, housing affordability, and access to health care).

Q8.   How much do each of the following <u>groups</u> want your (organization/office) to take action so that all (FILL LOCATION) residents have an opportunity to be healthy?

	1 Not at all	2 A little	3 A moderate amount	4 A considerable amount	5 A great deal	4 and 5 A considerable amount/ great deal	Mean	Missing
(FILL LOCATION) residents	11.4	13.0	25.8	25.5	23.6	49.1	3.4	0.6
Community and grassroots organizations	10.4	11.6	23.2	28.1	25.7	53.8	3.5	0.9
Businesses	16.1	18.1	32.8	19.5	12.5	32.0	2.9	0.9
Law enforcement	23.7	20.8	25.4	16.4	12.8	29.2	2.7	0.8
State government [state sample] / City government [city sample]	13.8	13.7	24.0	24.7	23.0	47.7	3.3	0.7
City government [state sample] / State government [city sample]	17.7	18.5	26.6	21.5	15.0	36.5	3.0	0.6
Health care organizations (e.g., hospitals, health clinics)	16.3	14.9	24.2	23.2	20.6	43.8	3.2	0.7
Social services organizations (e.g., housing, income support)	14.8	13.5	23.4	24.0	23.6	47.6	3.3	0.7
Public health organizations (e.g., department of public health)	17.0	13.6	22.4	23.8	22.5	46.3	3.2	0.7
Organizations that provide funding (e.g., foundations, government agencies)	12.8	12.2	22.7	27.6	23.8	51.4	3.4	0.9

Source: Developed by Mathematica.

The next question asks about <u>barriers</u> to your (organization/office) taking action to increase opportunities to be healthy in (FILL LOCATION). This question and the next one use the term and "structural racism."[a]

Structural racism: historical injustices strongly reinforced by policies, practices, and norms and perpetuated by institutions and individuals who may not have any conscious intent to discriminate.

Q9. To what extent are <u>these items</u> barriers to your (organization/office) taking action to increase all (FILL LOCATION) residents' opportunities to be healthy? *"These items" refers to the list below.*

	1 Never a barrier	2 Rarely a barrier	3 Sometimes a barrier	4 Often a barrier	5 Always a barrier	4 and 5 Often/ always a barrier	Mean	Missing
State government [state sample] / City government [city sample]	14.8	24.3	37.8	15.4	4.8	20.2	2.7	2.8
City government [state sample] / State government [city sample]	11.7	17.1	37.1	25.4	6.1	31.5	3.0	2.7
Lack of resources (e.g., funding, staffing, services)	7.2	7.6	20.9	32.7	29.0	61.7	3.7	2.6
Lack of political leader motivation	14.4	20.0	31.9	22.3	8.7	31.0	2.9	2.7
Community beliefs about who should receive health and social services	16.6	23.0	33.1	18.6	5.7	24.3	2.7	3.1
Community beliefs about the impacts of structural racism[b]	14.1	19.0	31.6	23.1	9.4	32.5	3.0	2.7
Lack of available health care services	13.6	19.0	33.9	22.9	7.8	30.7	2.9	2.7

Source: Developed by Mathematica.

[a] An experimental version of the survey excluded the term "structural racism" and its definition; 617 respondents answered the experimental survey version.

[b] An experimental version of the survey worded this item as "Community beliefs about the impact of inequalities reinforced by policies and practices"; 617 respondents answered the experimental survey version.

The next question asks about how resources (e.g., funding, staffing, services) are distributed among (FILL LOCATION) residents.

Q10.   To what extent are these items barriers to your (organization/office) promoting fair and just distribution of resources among (FILL LOCATION) residents? *"These items" refers to the list below.*

	1 Never a barrier	2 Rarely a barrier	3 Sometimes a barrier	4 Often a barrier	5 Always a barrier	4 and 5 Often/always a barrier	Mean	Missing
Lack of data on resource distribution	10.3	17.3	34.4	26.7	7.7	34.4	3.0	3.5
Lack of political leader motivation	14.4	20.9	32.3	21.2	7.9	29.1	2.9	3.3
Lack of coordination across sectors	9.2	11.6	32.1	32.6	11.0	43.6	3.3	3.4
Community beliefs about who should receive health and social services	14.1	23.3	34.9	18.9	5.5	24.4	2.8	3.3
Community beliefs about the impacts of structural racism[a]	12.8	19.2	32.8	22.9	9.0	31.9	3.0	3.4
Lack of engagement between (FILL LOCATION) leaders and disadvantaged groups	12.1	21.3	34.3	21.6	7.3	28.9	2.9	3.4

Source: Developed by Mathematica.

[a] An experimental version of the survey worded this item as "Community beliefs about the impact of inequalities reinforced by policies and practices"; 617 respondents answered the experimental survey version.

The next question asks about ongoing coordination and alignment of health care, social services, and public health systems within (FILL LOCATION) to address residents' needs and goals.

Q11.   To what extent are <u>these items</u> barriers to ongoing coordination and alignment across health care, social services, and public health systems in (FILL LOCATION)? *"These items" refers to the list below.*

	1 Never a barrier	2 Rarely a barrier	3 Sometimes a barrier	4 Often a barrier	5 Always a barrier	4 and 5 Often/ always a barrier	Mean	Missing
Lack of trust and communication across sectors	5.4	13.2	35.2	32.0	9.9	41.9	3.3	4.2
Data privacy, systems, and measurement	8.1	18.1	37.3	23.4	8.7	32.1	3.1	4.4
Lack of shared vision	5.2	11.1	32.4	34.6	12.6	47.2	3.4	4.2
Difficulty changing established roles and relationships	5.4	10.9	35.4	33.8	10.3	44.1	3.3	4.2
Lack of resources (e.g., funding, staffing, services)	4.1	6.5	22.5	35.3	27.4	62.7	3.8	4.2
Lack of community involvement	5.8	16.5	40.1	26.3	7.1	33.4	3.1	4.2

Source: Developed by Mathematica.

The next question asks about your (organization's/office's) experience since the COVID-19 outbreak began in (FILL LOCATION).

Q12.   How much have your (organization's/office's) actions in these areas decreased or increased due to COVID-19 in (FILL LOCATION)? *"These areas" refers to each of the areas listed below.*

	1 Decreased a lot	2 Decreased a little	3 Neither decreased nor increased	4 Increased a little	5 Increased a lot	4 and 5 Increased a little/ a lot	Mean	Missing
Promoting (city/state)-level program and policy initiatives that prioritize the well-being of residents from disadvantaged communities	7.9	10.9	43.7	19.3	14.1	33.4	3.2	4.1
Promoting fair and just distribution of resources in (FILL LOCATION) (e.g., funding, staffing, services)	6.6	9.8	46.6	19.5	13.3	32.8	3.2	4.2
Partnering with (FILL LOCATION) residents throughout planning, development, and implementation	10.9	14.1	45.7	16.7	8.5	25.2	3.0	4.1
Promoting better coordination and alignment across health care, social services, and public health systems	6.8	9.6	41.5	22.6	15.2	37.8	3.3	4.2
Addressing inequalities faced by people of color in the public safety, housing, education, economic, health, cultural, and/or other sectors[a]	5.9	8.9	44.2	21.5	15.3	36.8	3.3	4.2
Promoting (city/state)-level program and policy initiatives that prioritize the well-being of children and families	7.9	10.9	47.7	17.3	12.1	29.4	3.2	4.2

Source: Developed by Mathematica.

[a] An experimental version of the survey worded this item as "Addressing inequalities in the health sector"; 617 respondents answered the experimental survey version.

The next question asks about the types of data used in your current position.

Q13.   Do you use any of the following data in your work?

	Mark one per row		
	1	0	
	Yes	No	Missing
National-level health datasets (e.g., Behavioral Risk Factor Surveillance System, National Health and Nutrition Examination Survey)	39.0	56.9	4.1
City-level datasets (e.g., City Health Dashboard)	43.9	52.1	4.0
Data from your state, local, or regional public health department (e.g., COVID-19 dashboards, maternal and child health reports)	67.2	28.7	4.0
Data from County Health Rankings and Roadmaps	43.6	52.2	4.2
Non-health data sources (e.g., Census, transportation, housing data)	68.3	27.7	4.0
Data from local hospitals or health systems	44.8	51.3	3.9

Source: Developed by the Robert Wood Johnson Foundation.

The last few questions ask about your background. These questions will be aggregated and used to describe the characteristics of all survey respondents.

Q14.   How long have you been in your current position? *Mark one only*.

1: Less than a year	5.7
2: 1 to 2 years	12.2
3: 3 to 4 years	16.6
4: 5 or more years	61.6
Missing	3.9

Q15.   What is your age? *Mark one only*.

1: 19 or younger	0.2
2: 20-29	0.9
3: 30-39	7.9
4: 40-49	18.8
5: 50-59	29.3
6: 60-69	27.7
7: 70 or above	11.3
Missing	4.1

Q16.   What is your gender? *Mark one only*.

1: Male	57.9
2: Female	35.0
3: Prefer not to say	3.1
4: Prefer to self-identify	0.2
Missing	3.8

Q17.   Are you of Hispanic, Latino, or Spanish origin?

1: Yes	7.6
0: No	88.3
Missing	4.1

Source: American Community Survey (U.S. Census, 2020).

Q18.   What is your race? You may select one or more categories. *Mark all that apply*.

1: African-American or Black	10.2
2: American Indian or Alaskan Native	1.1
3: Asian	3.7
4: Caucasian or White	77.2
5: Native Hawaiian or Pacific Islander	0.8
6: Other	3.7
Missing	5.5

Source: American Community Survey (U.S. Census, 2020). Percentages add up to more than 100 percent since respondents could select more than one category.

Q18b.   Constructed race/ethnicity variable

Hispanic, any race	7.6
Black, non-Hispanic	9.2
Other, non-Hispanic	6.8
White, non-Hispanic	70.8
Missing	5.5

Note: Developed by combining race (Q17) and ethnicity (Q18) questions.

Q19.   Please indicate how you would describe your views on economic issues. *Mark one only*.

Note on data: data from Gallup Poll Series: Values and Beliefs (Gallup, 2020) included for comparison purposes.

	1	2	3	4	5	4 or 5		No opinion or missing
	Very conservative	Conservative	Moderate	Liberal	Very Liberal	Liberal or very liberal	Mean	
What Shapes Health and Well-Being Survey	3.0	19.7	43.0	21.7	7.6	29.3	3.1	5.0
Gallup poll (random sample)	8.0	31.0	38.0	17.0	4.0	21.0	2.7	1.0

Source: Gallup Poll Social Series: Values and Beliefs (Gallup, 2020).

Note: Means from the Gallup Poll Social Series: Values and Beliefs calculated by Mathematica. Data from the 2021 Gallup Poll Social Series shows that 41.0 percent identify as conservative or very conservative, 34.0 percent identify as moderate, and 25.0 percent identify as liberal or very liberal on economic issues.

Q20.   Please indicate how you would describe your views on social issues. *Mark one only*.

Note on data: data from Gallup Poll Series: Values and Beliefs (Gallup, 2020) included for comparison purposes.

	1	2	3	4	5	4 or 5		No opinion or missing
	Very conservative	Conservative	Moderate	Liberal	Very Liberal	Liberal or very liberal	Mean	
What Shapes Health and Well-Being Survey	2.7	12.0	34.1	31.9	14.3	46.2	3.5	5.0
Gallup poll (random sample)	8.0	27.0	36.0	21.0	8.0	29.0	2.9	1.0

Source: Gallup Poll Social Series: Values and Beliefs (Gallup, 2020).

Note: Means from the Gallup Poll Social Series: Values and Beliefs calculated by Mathematica. Data from the 2021 Gallup Poll Social Series shows that 30.0 percent identify as conservative or very conservative, 35.0 percent identify as moderate, and 34.0 percent identify as liberal or very liberal on social issues.

Q20b.   Constructed economic/social ideology

	1	2	3	4	5	
	Conservative	Moderate	Liberal	Libertarian	Mixed	Missing
What Shapes Health and Well-Being Survey	14.5	25.3	44.2	9.8	1.1	5.1

Note: Developed by combining economic ideology (Q19) and social ideology (Q20).