

Healthstyles Resource Kit

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Provided by: CDC's Office of Communication

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Table of Contents

1.	Healthstyles Fact Sheet	1
2.	Mail Panel Survey Literature Summary	2
3.	Healthstyles 1999 Methodology	3
4.	List of CDC Program Areas Using Healthstyles	4
5.	References for Healthstyles [®] Published Studies	5
6.	References for Lifestyles [®] and Healthstyles [®] Methods	6
7.	CDC Case Example Reporting and Using Data for Program Development . .	7-12

Healthstyles[®] Fact Sheet

SAMPLE:

The Healthstyles[®] survey draws a sample from the annual DDB Needham Lifestyles survey, conducts additional Lifestyles surveys for under-represented (minority) populations, collects health relevant data from the entire sample, and then merges the two datasets. The estimated sample each year is 3,000. The sample is weighted on 7 demographic variables to be representative of the U.S. population. In the years 1996-1998, the weighting factors have been minimal. A description of mail panel surveys and reliability and validity is attached below.

ITEMS:

The DDB Needham Lifestyles[®] survey is conducted annually and consists of about 300-400 questions that tap into constructs such as perceived personality traits, media habits (TV, radio, newspapers, and magazines), shopping habits, political beliefs in general, religiosity, civic involvement, sensation seeking scales, general life satisfaction, demographics including family structure, and several other lifestyle type questions. Healthstyles[®] items are developed in consultation with health-related organizations and may vary from year to year. Previous years instruments are available from the OC by email to either contact name listed below.

SYNDICATION AGENT:

Porter/Novelli, a Washington social marketing and health communication firm, conducts the Healthstyles[®] survey with technical assistance and question development from several public health agencies, including CDC.

CDC'S LICENSE TO Healthstyles[®] :

Because CDC only provides technical assistance to Porter-Novelli and Porter-Novelli funds and collects the data, no OMB approval is necessary. The CDC purchases the data from Porter-Novelli that has been collected from Healthstyles[®] respondents. Participating programs are **licensed to have the entire Healthstyles[®] dataset on disk** for local analysis.

ADMINISTRATION AND REPORT DATES:

The survey is usually **administered early summer** across the U.S. Standard demographics banner reports are usually available by mid-October. Custom reports that incorporate Lifestyles[®] data, generally take 3-4 weeks to process and a small amount of additional funding.

CIO PARTICIPATION AND COSTS:

If your center or programs wish to participate, questions are due to the Office of Communication by no later than **May 1st** each year. Reimbursement the Office of Communication is assessed based on each program's level of participation in providing technical advice. Generally, this works out to be about \$1,500 per item that is suggested. The reimbursement costs vary with overall CDC participation. If a larger number of programs participate, costs per program decrease.. Dr. Susan Kirby and Dr. Bill Pollard, of the Office of Communication, coordinate this project for CDC. If you need technical assistance developing items for the survey, want a more in-depth discussion of how this survey can help your communication and program intervention efforts, or need to discuss financial details, please contact one of them by email.

MAIL PANEL SURVEYS

OVERVIEW

The respondents for Healthstyles[®] are drawn from a multi-purpose household sample known as a “mail panel.” Public and proprietary data on names, addresses and some demographic characteristics are available for the majority of the households in the U.S. In fact, companies known as “list brokers” routinely compile and license such data. Market Facts, the Healthstyles[®] data collection firm, contacts, through mailings, a large number of households to enlist members who indicate a willingness to respond to future mail and telephone surveys concerning products, services, and opinions. From these initial contacts they assemble a panel of 500,000 cooperating households representing a range of sociodemographic characteristics. The panel is updated annually. The sample for the Lifestyles[®] survey which precedes the Healthstyles[®] survey is drawn from the panel through quota sampling to obtain a group that matches the U.S. population on seven census demographics: age, sex, marital status, race/ethnicity, income, region, household size, and population density.

RELIABILITY OF MAIL PANEL DATA

There are a number of economic advantages to using mail panels due to the higher response rate and cooperation that can be obtained from preselected households. The major question however is whether, through self-selection into the panel, samples from panels are different from samples obtained through random probability sampling methods in ways that would have an effect on responses.

Mail panel results compared to Random Digit Dialing Sample - In a study entitled “Mail panels vs. general samples: How similar and how different” Market Facts compared the responses obtained in telephone survey of a panel sample and that obtained through random digit dialing to reach the general U.S. adult population. No differences were found in items assessing a positive outlook or altruism nor in the amount of free time available that was reported, and the samples were similar on a variety of consumer behavior and lifestyle items.

Lifestyles and the General Social Survey - More specific to the Lifestyles survey, Dr. Robert Putnam, Professor of Government and Public Policy at Harvard University, has been examining Lifestyles data for use in studying civic involvement. In a manuscript currently under review, he compares data from the Lifestyles panel sample with those obtained in the widely-used General Social Survey, which uses a national probability sample and is conducted by the highly reputable National Opinion Research Center at the University of Chicago. He reports agreement within a few percentage points in (1) the level of response, (2) trends over time, and (3) the pattern of demographic correlates on a variety of opinion and lifestyle questions which were included in both surveys.

Healthstyles and NHIS, BRFSS comparisons - Regarding the Healthstyles[®] survey, some of the items do overlap with those in the National Health Interview Survey and the Behavioral Risk Factor Surveillance System. The Office of Communication’s senior statistical and evaluation scientist, Dr. William Pollard has conducted some studies to compare Healthstyles data to NHIS and BRFSS data. Smoking rates were found to be the same within a two to three percentage points in all three surveys and all three sources showed slightly higher rates for males than for females. Ratings of overall health status showed some similarities and some differences. About two percent more of the Healthstyles[®] respondents rated their health as fair or poor than did respondents to the other two surveys and about ten percent less rated their health as excellent or very good. Healthstyles[®] respondents reported somewhat higher rates of diagnosis of diabetes; this was a difference of over four percent for the overall sample, with larger differences for older age groups. Reasons for such differences may lie in item wording, survey method and in the slight skew in the Healthstyles[®] respondents toward those in older age groups.

CONCLUSIONS

A variety of examiners have studied the Lifestyles and Healthstyles datasets. A wide variety of items appearing (in exact or similar wording) in panel and random sampled survey data suggests that there is strong comparability

between sampling methodologies. While we do not suggest that the comparisons are exact, the level of comparability suggests a high level of reliability when using data from a well-designed, stratified, weighted panel sample.

Healthstyles 1999 Methodology Data Collection

Healthstyles is based on the results of three mail survey questionnaires administered annually since 1995. The sampling and data collection were conducted by Market Facts, Inc.

The initial survey, the DDB Needham Lifestyles Survey -- is conducted in April each year and is commissioned by DDB Needham Worldwide. The Lifestyles survey employs quota sampling to generate a list of 5,000 people who are representative of all US adults. A second Lifestyles survey, administered in May of each year, is a supplemental mailing of the Lifestyle survey. This mailing is designed to compensate for low response rates among low-income individuals and minorities (blacks and Hispanics). The supplemental questionnaire is sent out to 210 low-income households and 210 minority households. Sample size calculations for the supplemental mailing were based on the objective of fully representing minorities among Lifestyle respondents. The supplemental panel added another 288 low-income and minority respondents to the database. This additional low-income panel is still insufficient to fully represent low-income respondents. The supplemental data were weighted to compensate for the small sample size. The entire sample is weighted (or balanced) on the following factors: age, sex, marital status, race/ethnicity, income, region, household size, and population density.

- Of the 5,000 in the initial sample, 3,350 people completed the survey (response rate of 67%.
- Of the 420 people in the supplemental survey sample, 286 completed the survey (response rate among the supplemental sample of 68%)
- Of the 5,420 total people who received the survey, 3,636 completed it (**overall response rate of 67% for the 1999 Lifestyles and Lifestyles supplemental survey**)

The Healthstyles survey is administered in June of each year. In 1999, the Healthstyles survey was sent to 3,554 of the 3,636 people who completed the Lifestyles survey (the rest dropped out of the panel, or moved away, etc.). Of these 3,554 people, 2,636 returned the survey making **the response rate for 1999 Healthstyles 74%**.

The Lifestyles survey contains most of the demographic and media use questions. The Healthstyles questionnaire contains the core Healthstyles instrument, a host of other health questions developed to support basic segmentation and profiling work, and questions that meet the information needs of specific clients and public health in general.

CDC Program Areas Using Healthstyles[®]

CIO	Program area	Contact Name	Year
AHCPR	Patient Quality	Howard Holland	1997
Off. Managed Care	Patient Quality	Blake Caldwell	1997
NCCDPHP	DACH-arthritis	Kathy Harben; Teresa Brady	1999
NCCDPHP	DNPA	Fred Fridinger	1995
NCCDPHP	DNPA	Fred Fridinger	1996
NCCDPHP	DNPA	Fred Fridinger	1997
NCCDPHP	DNPA	Fred Fridinger	1999
NCCDPHP	Diabetes and Flu	Marc Safran	1997
NCCDPHP	Diabetes and Flu	Marc Safran	1998
NCCDPHP	DDT	Wendy Holmes	1999
NCCDPHP	NDEP (diabetes)	Faye Wong/NIDDK	1998
NCCDPHP	NDEP (diabetes)	Faye Wong	1999
NCCDPHP	Epilepsy	Kathy Harben	1998
NCEH	Radiation Education	Joan Morrisey	1997
NCEH	Folic Acid	Katherine Lyon-Daniels	1996
NCEH	Folic Acid	Katherine Lyon-Daniels	1997
NCEH	Folic Acid	Katherine Lyon-Daniels	1998
NCEH	BDDD	Katherine Lyon-Daniels	1999
NCEH	Genetics	Kris Sheedy	1998
NCHSTP	Respect Yourself	May Kennedy	1996
NCID	H. Pylori	Julia Smith	1998
NCID	H Pylori	Julia Smith	1999
NCID	Antibiotic Resistance	Deb Durkin or Ben Schwartz	1998
NCID	Hep. C	Scott Damon	1999
NCID	Strep B and Pregnant Women	Sara Zywicki	1998
NCID	Strep B	Deb Durkin	1999
NCIPC	Div. Of Violence; Injury	Mary Ann Fenley	1998
NCIPC	Div. Of Unintentional Inj.	Steven Stewart	1999
NIOSH	Health and Safety	Andrew Maxfield	1997
NIOSH	Hearing Loss	Andrew Maxfield	1998
NIOSH	Heating Loss	Andrew Maxfield	1999
NIP	Childhood Vaccinations	John Anderton	1995
NIP	Vaccinations	Gary Rhine, Bette Pollard	1996
NIP	OD-OC	Glen Nowak	1999
ODPHP	Internet	Mary Jo Deeting	1999
OC	Marketing Public Health	Susan Kirby	1995
OC	Marketing Public Health	Susan Kirby	1996
OC	Marketing Public Health, Youth Health Priorities, Menopause	Susan Kirby	1997
OC	Marketing public health, health info seeking, trust in CDC, Hep A,B,C awareness, Parenting skills segmentation	Susan Kirby	1998
OC	Quality of Life for DACH, Soap Opera Viewing, Internet and Health Information, Asthma & smoking	Susan Kirby	1999

References for Healthstyles^{©©} Published Studies

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- Slater, M.D. (1996) Theory and Method in Health Audience Segmentation. *Journal of Health Communication* Vol 1;267-283.
- Basil, M. D., Basil, D. Z., Maibach, E. W. & Slater, M. D. (forthcoming). Low fat eating, dieting, and exercise: A cluster analysis. *Proceedings of the 1997 Innovations in Social Marketing Conference*.
- Basil, M. D. Cigarette advertising and biases in estimates of smoking prevalence. *Health Communication*. [to undergo first review]
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- MMWR, Vol 46, #42, October 24, 1997 (*H. Pylori* research)
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CDC Case Example

Reporting and Using Data for Program Development

Soap Opera Viewers and Health Information

1999 Healthstyles[®] Survey Executive Summary

Findings

The 1999 Healthstyles[®] Survey reveals that almost half (48%) of the people who report they watch soap operas at least twice a week learned something about diseases and how to prevent them from the daytime drama storylines, and more than one-third (34%) took some action as a result. One in four (25%) told someone about it, 13% suggested someone do something about it, 7% visited a clinic or doctor, and 6% did something to prevent the problem. The findings are based on a national sample of adults 18 and over who watch network television daytime dramas on ABC, NBC and CBS. Almost one-fifth (19%) of the adults surveyed are regular viewers, watching two or more times a week. One-third (33%) watch at least a few times a month.

Analysis of the Healthstyles[®] data was conducted by the Centers for Disease Control and Prevention to assess if audiences learn about health information from soap operas and what actions they take as a result. Based on characteristics of soap opera audiences from this and other surveys, regular viewers include some of the age groups, education and income levels, and minorities most at risk for preventable diseases. Health communication research suggests these groups are less likely to trust, use and have access to traditional sources of health information.

Implications

The Healthstyles[®] findings suggest T.V. soap operas can serve a critical health education service by providing accurate, timely information about disease, injury and disability in their storylines for the more than 38 million people who watch daytime dramas. When even a small percentage of viewers takes action as the result of a T.V. soap opera, to protect or improve their own health or the health of someone they know, millions of people and their families can benefit. If soap operas fail to convey accurate information, or show risky behavior without the associated health consequences, there is the possibility millions of people can also suffer a negative impact.

About the Healthstyles[®] Survey and Soap Opera Viewing Data

The Healthstyles[®] Survey sample is drawn from the DDB Needham Lifestyles survey which bases its sampling on seven U.S. Census Bureau characteristics, considered by most market research experts to create a sample that best represents the U.S. population. Healthstyles[®] is a proprietary database product developed by Porter Novelli, a full-service social marketing and public relations firm. A total of 2,636 respondents answered questions on a mail survey for the 1999 Healthstyles[®] Survey.

The information in this summary is based on analysis of five items:

- Frequency of soap opera viewing
- Sources of information about diseases or how to prevent them
- Kinds of TV programs as sources of information about diseases or how to prevent them
- Action taken after hearing something about a health issue or disease on a soap opera
- Preference for more health storylines on T.V.

Summary of Findings

(Sample Size: 2,636 Respondents)

Impact of Health Topics in Soap Operas: Action Taken

- **More than one-third (34%) of regular viewers (watch at least twice a week) took one or more actions after hearing something about a health issue or disease on a soap opera in the past year:**
 - Told someone about it (25%)
 - Told someone to do something to prevent the health problem (13%)
 - Visited a clinic or doctor (7%)
 - Did something to prevent the problem (6%)

- **Women who are regular viewers reported the following actions after hearing something about a health issue or disease on a soap opera:**
 - 29% told someone about it – 38% of Black, 31% of Hispanic, and 26% of white
 - 15% told someone to do something to prevent the health problem – 29% of Black, 24% of Hispanic, and 10% of white
 - 7% visited a clinic or doctor – 16% of Black, 13% of Hispanic, and 4% of white
 - 6% did something to prevent the problem – 17% of Black, 2% of Hispanic, and 4% of white

Television and Daytime Drama As Sources of Learning About Disease and Prevention

- **Regular soap opera viewers report they learned something about diseases or how to prevent them from the following television entertainment shows in the past year:**
 - Soap operas (48%)
 - Primetime television shows (41%)
 - Television talk shows (38%)

- **The three sources from which regular viewers report they most often learned something about diseases or how to prevent them in the past year are:**
 - Television (88%)
 - Newspapers/Magazines (81%)
 - Family/Friends/Doctors/Nurses/Others (74%)

- **These same sources were reported most often by all survey respondents (viewers and non-viewers of soap operas):**
 - Television (83%)
 - Newspapers/magazines (78%)
 - Family/friends/doctors/nurses/others (71%)
 - Radio (24%)
 - Internet (13%)
 - Hotlines (1%).

- **Women who are regular viewers and report they learned something about diseases or how to prevent them from soap operas in the past year are:**
 - 53% of all women
 - 69% of Black women
 - 56% of Hispanic women
 - 48% of white women

Frequency of Daytime Drama Viewing By Audiences

- **One-third (33%) of all respondents 18 years old and over report they watch daytime dramas at least a few times a month:**
 - Almost one-fifth (19%) are regular viewers who watch soaps two or more times every week.
 - A majority of regular viewers (12% of all respondents) watch soaps four or more times every week.

- **Regular soap opera viewing is reported by:**
 - 25% of females and 12% of males
 - 31% of Blacks, 25% of Hispanics and 17% of whites
 - 25% of ages 18-29, 20% of age 65 and over, and 16% of ages 30-64
 - 26% of those with high school or less education, and 15% with college or more
 - 29% of those earning under \$20,000, 20% earning \$20-50,000, and 12% earning over \$50,000

Preferences for More Health Topics in Daytime Drama

- 38% of regular viewers of soap operas agree they would like to see more health storylines on television. Only 17% disagree and the remaining were neutral.

CDC Case Example
Reporting and Using Data for Program Development
Approved News Backgrounder for Soap Opera Awards



Backgrounder

October 8, 1999
Contact: CDC, Division of Media Relations
(404) 639-3286

CDC Sentinel for Health Award for Daytime Drama **October 8, 1999**

The CDC announced today the Sentinel for Health Award for Daytime Drama to recognize exemplary portrayals of health issues in television soap operas. The 10 network soap operas that originate and air in the United States are eligible to enter the competition, which encourages soap opera producers and writers to use more health information in their storylines. The announcement was made by CDC director Jeffrey P. Koplan, at the Soap Summit conference held Oct. 8-9 in New York. The conference, hosted by Population Communications International, is for writers and producers of daytime dramas.

Koplan cited findings from the 1999 national Healthstyles[®] Survey, which reveals that almost half (48%) of the regular viewers of daytime dramas learned something about diseases or how to prevent them from soap operas in the past year. More than one-third (34%) of those

viewers report that they took one or more actions as a result: one in four (25%) told someone about it; 13% suggested someone do something about it; 7% visited a clinic or doctor; and 6% did something to prevent the problem.

Television was cited as a major source of health information for more respondents (83%) in the past year than any other source listed. Nearly one out of five people (19%) age 18 and over who filled out the mailed household survey said they watch soap operas at least twice a week. The Healthstyles[®] Survey is a proprietary database product developed by Porter Novelli, a full-service social marketing and public relations firm.

“The CDC recognizes the critical role television plays in imparting health information to viewers who tune in for entertainment,” said Koplan, “and these findings tell us that viewers not only learn about health, but they also act on the information they hear.”

Koplan said the most loyal audiences of soap operas include some of the age groups, education and income levels, and minority groups most at risk for preventable diseases and injuries, making soap operas a critical channel for relaying health information. The award is designed to encourage partnerships between CDC experts and the shows, and foster programming that benefits viewers.

“CDC provides the scientific data and the writers tell the stories their audiences love, with portrayals that promote health and prevent disease,” said Koplan.

Entries for the Sentinel for Health Award for Daytime Drama are due to CDC by June 15, 2000. To be eligible, soap opera storylines must continue for at least three episodes and finish airing by May 31, 2000. A panel of judges from public health, entertainment, advocacy and academic organizations will review entries and select a winner or winners, if runners up are

chosen for recognition. Winning storylines will be those that achieve one or more of the following:

- Convey a unique and compelling storyline about a priority health topic;
- Communicate how to prevent disease, injury or disability through action or dialogue;
- Show the consequences of risky behavior or the benefits of healthy behavior;
- Examine the causes and impact of disease, injury or disability;
- Dispel common misconceptions and myths about disease, injury or disability.

The CDC has developed a resource book for T.V. writers and producers that includes background information on priority topics, and additional resources and contacts for other health topics. T.V. writers can request a book from the CDC by calling (404) 639-7180, and can access CDC health information online at <http://www.cdc.gov>.