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Introduction

COVID-19 was the third leading causes of death in the United States in 2020. Previously, the 10 leading causes of death had been largely consistent for many years. The introduction of a novel disease as a leading cause of death—as well as the possibility that it may contribute to the development of chronic conditions among survivors—may play a role in how the public perceives the seriousness of various health problems. Previous research showed that Americans considered cancer, heart disease, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and being overweight to be the most important health problems in the United States and that the top 10 health problems Americans considered to be “very serious” generally align with the leading causes of death. These previous surveys also examined the priority Americans placed on health issues or problems for government to address.

In 2013, we conducted a survey to examine public perception of the seriousness of 80 health-related problems. The list of health-related problems was adopted from an earlier study on the public’s health priorities (Blendon et al. [2001], hereinafter “2001 survey”) and included conditions such as cancer, diabetes, and HIV/AIDS and social determinants of health (SDOH) such as having a low income, violence, and racial discrimination. Over the past 20 years, there has been growing recognition of the impact that SDOH can have on health outcomes and their contribution to health disparities. Thus, including both medical conditions and SDOH in the list of health problems allowed these surveys to take a broader view of public perception about health-related problems—one that is also consistent with the objectives for improving health and wellbeing set by the US Department of Health and Human Services. Although previous surveys investigated which health-related problems the public believed the government should prioritize, our 2013 survey examined respondents’ priorities regarding scientific research funding. To investigate whether there have been changes in public perceptions of health-related problems and research prioritization, we conducted a new survey in 2020 and included COVID-19 as one of the health-related problems respondents were asked to rate. In this article, we examine the following questions:

1. How do Americans rate the seriousness of health-related problems? How does the rating of COVID-19 compare with other health-related problems?
2. Has public perception of the seriousness of health-related problems changed since 2013, and how does it compare with that found in earlier surveys in the early 2000s?
3. Which health problems do Americans believe should be prioritized for research funding?

The questions used to examine the seriousness of health-related problems are based on questions asked in a previous study on the public’s health priorities. To examine relative priorities for research funding, we used a best-worst scaling (BWS) exercise.

**Data Sources and Methods**

**Study Sample and Recruitment**

The survey was conducted online between September 3, 2020, and September 14, 2020.

The survey was conducted using the web-enabled KnowledgePanel®, a probability-based panel designed to be representative of the US population. Households are chosen by a random selection of telephone numbers and residential addresses, and household members are then invited by telephone or by mail to participate in the web-enabled KnowledgePanel. Individuals who agree to participate, but do not already have Internet access, are provided a laptop or netbook and Internet service provider connection at no cost. Our 2013 study was also conducted using the KnowledgePanel.

**Survey Design**

The first part of the survey asked respondents to rate the seriousness of various health-related problems on a 4-point Likert scale (“very serious problem,” “somewhat serious problem,” “not too serious of a problem,” or “not a problem at all”). Respondents were shown each problem one at a time, and the order in which the problems were asked about was randomized.

The survey included 80 health-related problems; nevertheless, to minimize respondent burden, each respondent was asked to evaluate only 40 problems. Before the survey was programmed, the 80 health-related problems were randomly assigned to one of 2 groups using Stata/SE 16.0 (StataCorp LLC, College Station, TX). Respondents were then randomly assigned to one of the 2 groups when taking the survey. The list of 80 health-related problems was the same list we tested in our 2013 survey, with the exception that we replaced baldness, the health problem with the lowest share of respondents considering it “very serious,” with COVID-19.

We first report the percent of respondents who rated each health-related problem as “very serious” and then examine how these percent vary by sex, age, and race. We also compare the 2020 results with those from the 2001 and 2013 surveys. When presenting comparisons, we tested statistical significance by calculating t tests using the pooled standard error of the 2 proportions.

The second section of the survey focused on which health problems respondents believe should be prioritized for research funding. From the list of 80 health-related problems, we selected 20 health problems that could be directly addressed through the results of medical research to include in the BWS exercise.

BWS is a type of survey involving a stated-preference technique used for examining the relative importance of different items. In a BWS survey, respondents are asked to select the “most important” and “least important” items from a small subset of items. Respondents then repeat this exercise several times, with each exercise containing a different combination of items. There are 3 types of BWS; our study is a BWS case 1 (object case) study, meaning that the importance of each health problem is evaluated relative to the importance of the other health problems included in the BWS question. The Supplemental Materials found at https://doi.org/10.1016/j.jval.2022.01.021 include an example BWS question.

In our BWS exercise, each respondent was shown 15 different choice sets consisting of 4 health problems each and asked “When considering which health problems researchers, pharmaceutical companies, and the government should prioritize for research funding, among the 4 health problems shown here, which is the most and least important?”

Respondents were randomly assigned to see one of 20 possible BWS configurations. Each configuration contained 15 of 300 possible choice sets. Each choice set was unique with no repeated choice tasks across the 20 configurations.

The orders of the 15 choice sets and the 4 health problems within a choice set were randomly assigned for each respondent. The 15 choice sets were constructed using a balanced incomplete block design, such that each of the health problems appeared an equal number of times and appears in a choice set with every other health problem an equal number of times. Respondents saw each of the 20 health problems an average of 3 times across the entire exercise.

We present 2 BWS analyses. The first is a count analysis, which counts the total number of times each health problem was selected as “most important” and “least important” across all choice sets and respondents. In the second analysis, we used hierarchical Bayes estimation to calculate individual-level utility coefficients. The raw scores were rescaled to sum to 100 for each respondent, and we present the aggregated rescaled scores.

**Results**

A total of 768 respondents qualified and completed the 2020 survey. The completion rate for the survey was 60%. All results presented have been weighted to be representative of the demographic makeup of the US population based on sex, age, race/ethnicity, and other demographic characteristics. A total of 493 respondents qualified and completed the 2013 survey. The results of that survey are also weighted to be representative of the US population. The application of sampling weights had minimal impact on the sampling errors.

**Seriousness of Health-Related Problems**

The top 40 health-related problems ordered according to the percent of respondents who rated each as “very serious” are presented in Figure 1. Blendon et al refer to the place in this order as a health problem’s rank. The 3 problems rated “very serious” by the highest share of respondents were cancer (66%), violence (63%), and COVID-19 (62%). Overall, the 10 problems with the most “very serious” responses include a mix of both medical and social issues—with drug abuse (61%), child abuse (59%), heart disease (55%), being overweight (55%), domestic violence (55%), mental illness (54%), and racial discrimination (53%) rounding out the top 10.

The confidence intervals reflected in this figure are relatively wide, indicating that, for the health problems ranked close to each other, the difference in the share of respondents who view the health problems as “very serious” is not statistically significant. A table of all 80 problems, their estimates, and confidence intervals are available in the Supplemental Materials found at https://doi.org/10.1016/j.jval.2022.01.021.
Next, we looked to see whether there were demographic differences in the ratings of the seriousness of health-related problems. In Table 1, we see that men were less likely than women to rate health-related problems as “very serious.” Cancer, ranked first for men, was rated as “very serious” by 64% of men, whereas the health-related problem in 10th place, domestic violence, was rated as “very serious” by 45% of men—a spread of almost 20% points (P < .001). In contrast, violence, the top health-related problem for women, was rated as “very serious” by 70% of women compared with 61% who rated suicide, the problem in 10th place, as “very serious.” The share of women who rated COVID-19 as “very serious” was somewhat higher than the share of men who rated it as “very serious” (67% vs 57%, P < .10).

With respect to age, we compared the answers of 3 age groups: 18 to 34, 35 to 64, and ≥ 65 years. We chose these comparisons because these categories generally correspond with different health-related life experience: those aged younger than 35 experience fewer chronic illnesses, because such problems tend become more common after one reaches middle age.13 We find that 5 problems appear in the top 10 for all groups (cancer, drug abuse, violence, COVID-19, and child abuse), albeit in different ranked order (the “very serious” estimates are not significantly different across the 3 groups).

Cancer was the problem with the highest seriousness rating for ages 35 to 64 (66%) and ≥ 65 years (70%). For each age group, COVID-19 was in the top 10 of health problems by share reporting “very serious”; nevertheless, respondents aged 35 to 64 years were less likely than both younger and older respondents to rate it as “very serious” (57% vs 67%, P > .05, and 57% vs 68%, P < .05, respectively).

When looking at those younger than 35 years, mental illness was the health problem most often rated “very serious.” A significantly higher share of respondents younger than 35 rated mental illness as “very serious” (68%) compared with those aged 35 to 64 years (13th place at 50%, P < .01) and ≥ 65 (20th place at 42%, P < .01). Those younger than 35 years were also more likely than respondents aged 65 years and older to rate racial discrimination as “very serious” (60% vs 46%, P < .05).

A higher share of respondents aged 18 to 34 years reported suicide (57%) and domestic violence (62%) as “very serious” compared with those aged ≥ 65 years (suicide, 19th place at 43%, P < .05; domestic violence, 14th place at 45%, P < .01).

Turning to race, 4 health-related problems—cancer, violence, child abuse, and being overweight—were in the top 10 rated as
Table 1. Share of Americans indicating “very serious problem” for various health problems by demographic group

| Men                      | Share, % | Std. Err., % | Women                      | Share, % | Std. Err., % |
|--------------------------|----------|---------------|-----------------------------|----------|---------------|
| Cancer*                  | 64       | 3.7           | Violence*                  | 70       | 3.5           |
| COVID-19†                | 57       | 3.7           | Drug abuse*                | 68       | 3.4           |
| Violence*                | 55       | 3.8           | Child abuse†               | 68       | 3.6           |
| Being overweight*        | 55       | 3.8           | COVID-19†                  | 67       | 3.6           |
| Drug abuse*              | 52       | 3.8           | Cancer*                    | 67       | 3.5           |
| Child abuse†             | 49       | 3.7           | Domestic violence†         | 65       | 3.7           |
| Heart disease*           | 49       | 3.8           | Mental illness†            | 65       | 3.7           |
| New infectious diseases* | 45       | 3.8           | Racial discrimination*     | 64       | 3.5           |
| Breast cancer†           | 45       | 3.7           | Heart disease*             | 61       | 3.6           |
| Domestic violence†       | 45       | 3.7           | Suicide†                   | 61       | 3.8           |

| 18-34                    | 35-64    | 65 and older  |
|--------------------------|----------|---------------|
| Mental illness†          | 68       | 5.2           | Cancer*                   | 66       | 3.4           | Cancer*                  | 70       | 4.7           |
| Drug abuse*              | 67       | 5.2           | Violence*                 | 63       | 3.4           | Violence*                | 69       | 4.7           |
| COVID-19†                | 67       | 5.3           | Child abuse†              | 60       | 3.7           | COVID-19†                | 68       | 4.5           |
| Domestic violence†       | 62       | 5.5           | Drug abuse*               | 59       | 3.5           | Heart disease*           | 61       | 5.1           |
| Cancer*                  | 61       | 5.5           | Being overweight*         | 57       | 3.6           | Drug abuse*              | 56       | 5.1           |
| Racial discrimination*   | 60       | 5.5           | COVID-19†                 | 57       | 3.7           | New infectious diseases*  | 55       | 5.2           |
| Child abuse†             | 60       | 5.5           | Domestic violence†        | 56       | 3.8           | Child abuse†             | 55       | 4.8           |
| Violence*                | 58       | 5.5           | Heart disease*            | 53       | 3.6           | Diabetes*                | 54       | 5.2           |
| Suicide†                 | 57       | 5.6           | Suicide†                  | 53       | 3.8           | Drunk driving†           | 53       | 4.9           |
| Drunk driving†           | 56       | 5.7           | New infectious diseases*   | 52       | 3.6           | Smoking*                 | 49       | 5.2           |

| White                    | Black    | Hispanic      |
|--------------------------|----------|---------------|
| Problem                  | Share, % | Std. Err., %  | Problem                  | Share, % | Std. Err., %  | Problem                  | Share, % | Std. Err., %  |
| Cancer*                  | 63       | 3.0           | Racial discrimination*   | 93       | 4.9           | COVID-19†                | 74       | 6.0           |
| Drug abuse*              | 60       | 3.0           | Cancer*                  | 87       | 6.0           | Cancer*                  | 68       | 7.3           |
| Violence*                | 59       | 3.1           | Depression*              | 83       | 6.5           | Violence*                | 65       | 7.5           |
| Child abuse†             | 56       | 3.2           | Child abuse†             | 83       | 6.6           | New infectious diseases*  | 65       | 7.3           |
| COVID-19†                | 56       | 3.2           | Domestic violence†       | 82       | 6.6           | Being overweight*        | 64       | 7.5           |
| Domestic violence†       | 53       | 3.2           | Drunk driving†           | 81       | 6.8           | Child abuse†             | 63       | 6.7           |
| Mental illness†          | 52       | 3.2           | Alcohol abuse†           | 80       | 6.9           | Heart disease*           | 62       | 7.5           |
| Heart disease*           | 51       | 3.1           | Suicide†                 | 79       | 7.2           | Racial discrimination*   | 61       | 7.6           |
| Being overweight*        | 49       | 3.1           | Violence*                | 79       | 7.1           | Drug abuse*              | 59       | 7.7           |
| Drunk driving†           | 48       | 3.2           | Being overweight*        | 78       | 7.1           | Suicide†                 | 58       | 6.9           |

Note. The survey used a split-sample design in which respondents were asked about a subset of health problems to evaluate. There were 388 respondents who saw list A and 380 respondents who saw list B. Items that were on List A are denoted by * and items on List B are denoted by †.

Std. Err. indicates standard error.

Source: September 2020 Survey.
very serious for white, black, and Hispanic respondents. Notably, racial discrimination appears as the top concern for black respondents at 93%, but eighth for Hispanic respondents (61%) and 14th for white respondents (44%). The top concern for white respondents was cancer at 63%, and the top for Hispanics was COVID-19 at 74%. Depression was rated as "very serious" by 83% of black respondents, whereas it does not appear on the list of top 10 for white (45%, $P < .001$) or Hispanic respondents (56%, $P < .001$).

Regarding COVID-19, it appeared in the top 10 for both white and Hispanic groups, but it ranked 12th for black respondents. In general, black respondents more often rated problems as "very serious." Thus, a higher share of black respondents (74%) compared with white respondents (56%) reported COVID-19 as "very serious" ($P < .001$).

### Changes in Seriousness Ratings Over Time

The top 20 health-related problems in the 2001 survey and how their ratings have changed over time are presented in Table 2. Cancer was the health problem most respondents rated as "very serious" over time.
serious” in each of the 3 surveys (87% in 2001, 78% in 2013, and 66% in 2020). The decline from 2013 to 2020 is statistically significant (P < .05). COVID-19 is first asked about in 2020 and enters with 62% rating it as “very serious.” The majority of the top 20 problems are consistent across all 3 surveys, and a few more missed only by 1 to 3 rankings.

The largest differences between the 2001 and 2013 surveys relate to being overweight, HIV/AIDS, sexually transmitted diseases, and harmful sexual behaviors. Although similar percent of respondents in 2001 and 2013 rated being overweight as “very serious,” the ranking jumped from 24 to 3. In contrast, although the percent who rated HIV/AIDS as “very serious” declined from 82% to 47%, it remained in the top 15 health-related problems (dropping from third to 12th). Similarly, for sexually transmitted diseases and harmful sexual behaviors, we saw large declines for both rankings and the percent of respondents who rated the problem as “very serious.”

Several problems related to mental health and SDOH, such as racial discrimination and domestic violence, enter the top 20 for the first time in 2020. In general, we observed that issues related to SDOH and mental health increased in perceived seriousness. The 5 problems with the biggest increases from 2013 to 2020 were racial discrimination (+32% points rating it as “very serious,” P < .01), new infectious diseases (+20%, P < .01), depression (+19%, P < .01), and mental illness (+17%, P < .01). The 5 biggest decreases from 2013 to 2020 were stroke (−19%, P < .01), HIV/AIDS (−15%, P < .05), cancer (−13%, P < .05), prostate cancer (−12%, P > .05), and heart disease (−12%, P > .05).

### Research Priorities in Healthcare

The BWS results in Table 3 show the proportion of times that a health problem was rated as the most or least important, out of the total number of times it was shown to respondents.

Two front runners emerge. More than 70% of the time that cancer was shown to respondents, it was selected as the most important. Similarly, 62% of the time COVID-19 was shown to respondents, it was selected as the most important. Heart disease (44%), Alzheimer’s disease (42%), and mental illness (41%) follow. Smoking and being overweight were likely to be selected as the least important for research funding. Smoking was selected as least important 74% of the time it was shown, and being overweight was selected as least important 65% of the time.

### Table 3. Respondent ranking results via BWS: The importance of health problems as a priority for research funding by researchers, pharmaceutical companies, and the government.

| Health problem                  | Proportion of times rated | Hierarchical Bayes estimates |
|---------------------------------|--------------------------|-------------------------------|
|                                 | Most important            | Least important               | Probability-scaled item scores | 95% lower CI | 95% upper CI |
|                                 | (a)                       | (b)                           | (c)                           | (d)          | (e)          | (f)          |
| Cancer                          | 70.9%                     | 1.5%                          | 11.9                          | 11.6         | 12.3         |
| COVID-19                        | 62.1%                     | 12.4%                         | 9.8                           | 9.3          | 10.3         |
| Heart disease                   | 44.0%                     | 4.2%                          | 9.7                           | 9.4          | 10.1         |
| Alzheimer’s disease             | 42.5%                     | 8.0%                          | 8.8                           | 8.5          | 9.2          |
| Mental illness                  | 40.6%                     | 11.0%                         | 8.0                           | 7.6          | 8.4          |
| Diabetes                        | 27.2%                     | 14.0%                         | 6.0                           | 5.6          | 6.3          |
| Parkinson’s disease             | 24.5%                     | 11.6%                         | 5.9                           | 5.6          | 6.2          |
| Stroke                          | 24.2%                     | 9.7%                          | 6.0                           | 5.7          | 6.3          |
| HIV/AIDS                        | 20.1%                     | 25.4%                         | 4.3                           | 3.8          | 4.7          |
| Multiple sclerosis              | 19.3%                     | 20.0%                         | 4.3                           | 4.0          | 4.5          |
| Spinal cord injuries            | 18.2%                     | 19.0%                         | 4.2                           | 3.9          | 4.5          |
| Drug abuse                      | 16.9%                     | 37.8%                         | 3.2                           | 2.8          | 3.5          |
| Kidney disease                  | 16.7%                     | 16.4%                         | 4.1                           | 3.9          | 4.4          |
| Pneumonia and influenza         | 15.6%                     | 28.8%                         | 3.1                           | 2.8          | 3.4          |
| High blood pressure             | 15.6%                     | 22.2%                         | 3.0                           | 2.7          | 3.2          |
| Muscular dystrophy              | 14.7%                     | 22.2%                         | 3.5                           | 3.2          | 3.7          |
| Lack of immunizations           | 8.5%                      | 52.8%                         | 1.3                           | 1.0          | 1.5          |
| People being overweight         | 8.5%                      | 64.7%                         | 1.4                           | 1.2          | 1.7          |
| Asthma                          | 6.4%                      | 36.7%                         | 1.3                           | 1.2          | 1.5          |
| Smoking                         | 3.2%                      | 73.6%                         | 0.5                           | 0.3          | 0.6          |

Note. 1. Calculated as the weighted number of times the health problem was rated as “Most Important” divided by total number of times shown. 2. Calculated as the weighted number of times the health problem was rated as “Least Important” divided by total number of times shown. 3. The figures in column (d) are the average probability-scaled scores for a given health problem across all respondents; these scores total to 100 (for each respondent, and the averages across respondent) and are ratio-scaled.

Source: September 2020 Survey.
scoring significantly higher than COVID-19 and heart disease using paired t-tests at \( P < .01 \). At the other end of the scale, research funding for smoking was ranked as the least important across respondents and approximately 25 times less important than cancer.

Although cancer and COVID-19 were, on average, highly prioritized, the scores for the importance of cancer are normally distributed, whereas the scores for COVID-19 follow a bimodal distribution, as shown in Figure 2. This means respondents are divided on thinking funding for COVID-19 is either very important or very unimportant.

**Discussion**

Our survey demonstrates how COVID-19 quickly became a research priority for the American public. This is consistent with previous research that has found the public’s health priorities can change quickly to reflect current public concerns. For example, studies in 2001 and 2006 showed that terrorism-related health problems and avian flu were top health concerns in those respective years when those issues were top of mind.8,9 Thus, the prioritization of COVID-19 is not surprising given the timing of the survey during the early stage of the pandemic.

The survey also illustrates how health-related problems that were once a top concern can decline in perceived seriousness, perhaps related to advances in medical care or more health literate behaviors that reduce mortality.

For example, just one-third of respondents rated HIV/AIDS as “very serious” in 2020—a large decline from the 82% who had rated it as “very serious” in 2013. This overall decrease in the perception of the seriousness of HIV/AIDS appears to coincide with the introduction of antiretrovirals and the associated decline in HIV-related deaths.16,17 In the United States, HIV-related death rates decreased 48.4% between 2010 and 2017.18 Moreover, the life expectancy of people living with HIV/AIDS has improved because of antiretroviral therapy.19 Such improvements in HIV/AIDS-related morbidity and mortality may have contributed to public reassessment of HIV/AIDS relative to other problems.

Declines in disease-associated death rates may also have played a role in the declines we observed between 2013 and 2020 in the percent of respondents who considered cancer and stroke as “very serious.” For example, cancer statistics show that, although still a leading cause of death in the United States, cancer mortality has been declining, particularly for prostate, lung, and colorectal cancers.20 Stroke mortality rates, too, have been steadily declining over recent years.21

Note too that the rating for smoking has been on the decline in surveys of this type over time, consistent with the decline in smoking in the United States over recent years.22

The survey results regarding being overweight suggest changing perceptions about this problem as well. Our 2013 survey found a significant increase from earlier studies in the share of respondents who considered being overweight a “very serious” health problem. The response “being overweight” and its ascent during that time correlate with an increase in the prevalence of obesity.23 Our current survey found that being overweight was a lower-than-average priority for research funding, consistent with previous research that showed that, although the public viewed being overweight as major health problem, few believed it should be a top priority for government action.23

Some issues rose over time in their perceived seriousness. Those issues new to the top 20 in 2020—COVID-19, new infectious diseases, domestic violence, racial discrimination, mental illness, suicide, and depression—demonstrate clear patterns of an increase in attention to new infectious disease (COVID-19 being one of them), SDOH, and mental illness. Domestic violence and mental health concerns were at highs during the early COVID-19 pandemic.24,25 Furthermore, both violence and racial discrimination were frequent topics of the news cycle in 2020, and the survey results may reflect that increased attention focused on these issues. It may be that the period in which the survey was conducted—during a pandemic and immediately after a summer of increased attention on racial issues—may have heightened the public’s concern for SDOH, such that our survey detected a recent (and perhaps temporary) increase in concern for these problems rather than a trend that had been developing slowly over time.

We also note that although racial discrimination was rated as “very serious” by high percent of both black and Hispanic respondents, significantly more black respondents rated this problem as “very serious.” Because the phrasing of the item as “racial discrimination” may have been interpreted by respondents to exclude discrimination based on ethnicity, further research is warranted to determine whether respondents perceive the seriousness of discrimination based on ethnicity similar to racial discrimination and whether a difference in these opinions by race/ethnicity grouping persists.
We also found that black respondents were more likely to rate depression as “very serious” than white or Hispanic respondents. This result may reflect racial disparities in mental health.26,27 Although the survey does provide data on the changing perceptions of the American public, it also reveals there are several health problems, such as noncommunicable diseases, like those in cardiovascular and mental health, that have remained consistent as top concerns.

Finally, even amid the COVID-19 pandemic, cancer appears to be the health problem that the American public considers most important when prioritizing research funding. Heart disease is the leading cause of death, yet our results show that respondents were much more likely to say that cancer and COVID-19 are more important research priorities than heart disease. These results reflect previous research that has found that cancer is the disease that the public is most afraid of getting.28

It is also worth noting that our results also reflect some observable funding patterns, in which cancer research generally receives more government funding and private donations than research for other diseases.29 For example, cancer research received over 3 times more funding from the National Institute of Health than cardiovascular research in 2019.30

The results also indicate that when prioritizing health problems for research funding, respondents were more likely to rank health problems that could be perceived to involve patient behavior—such as smoking and being overweight—as less important.

We also observed that respondents are of a more divided opinion of COVID-19, thinking funding for it is either very important or very unimportant. The timing of the survey in the early months of the pandemic—before vaccines were developed—likely plays a role in respondents’ opinions, and it is unknown whether the prioritization of COVID-19 would prove as persistent as cancer over time.

Limitations

Because the 2020 survey was designed to maintain a basis for comparison to earlier studies, we generally used the same question wording, Likert scale, and description of health problems as used in those studies. We recognize that there are some limitations of the survey design that apply across all 3 studies. First, the survey does not define what is meant by “seriousness,” leaving it to respondents to apply their meaning of this concept. Factors respondents may have considered in determining whether a problem is serious include notions of prevalence, mortality rates, quality of life, or current treatment options.

Second, some of the 80 health-related problems rated in the first part of the survey are somewhat broad concepts that may encompass many different problems. Examples of these include “chronic diseases,” “lung disease,” and “injuries.” Other problems are narrower and fall within broader problems also included. For example, the list includes “cancer,” but also specific types of cancer, namely breast cancer and prostate cancer. Likewise, the list includes problems such as depression and schizophrenia, but also includes the larger category “mental illness.” Because the problems were presented in a randomized order and respondents rated each problem individually, we do not think any overlap between problems would materially affect respondents’ rating of a problem as “very serious.”

Finally, the survey includes some phrasing, such as using “being overweight” rather than “overweight” or “obesity,” that may emphasize the role of behavior more so than in the wording of some other problems.

Our comparison of the 2001 survey with the 2013 and 2020 surveys also has some limitations. The 2001 survey was conducted via telephone, whereas our surveys were self-administered online. Speaking directly to an interviewer might have made it more likely that respondents rated a health problem as “very serious,” so the apparent decline in the percent of respondents who rated a health problem as “very serious” may be partly attributable to such a phenomenon.

Conclusions

The results of our BWS analysis offer guidance as to the disease areas for which the public would value further public and private investment in treatment innovations. In the broader analysis, we also document some persistent concerns about key disease areas, perhaps driven in part by persistent mortality and morbidity; nevertheless, further examination of the role of those factors remains an area for additional research. Improved treatments and declines in mortality rates could be important factors in perceptions of seriousness and are an area for potential future research. We also found that SDOH were increasingly perceived by many respondents as “very serious” problems. Future research might endeavor to examine public preferences and priorities for solutions to address problems associated with SDOH.

Supplemental Material

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