

California Residents Speak Out on Prevention Research

A Public Opinion Survey for Research!America

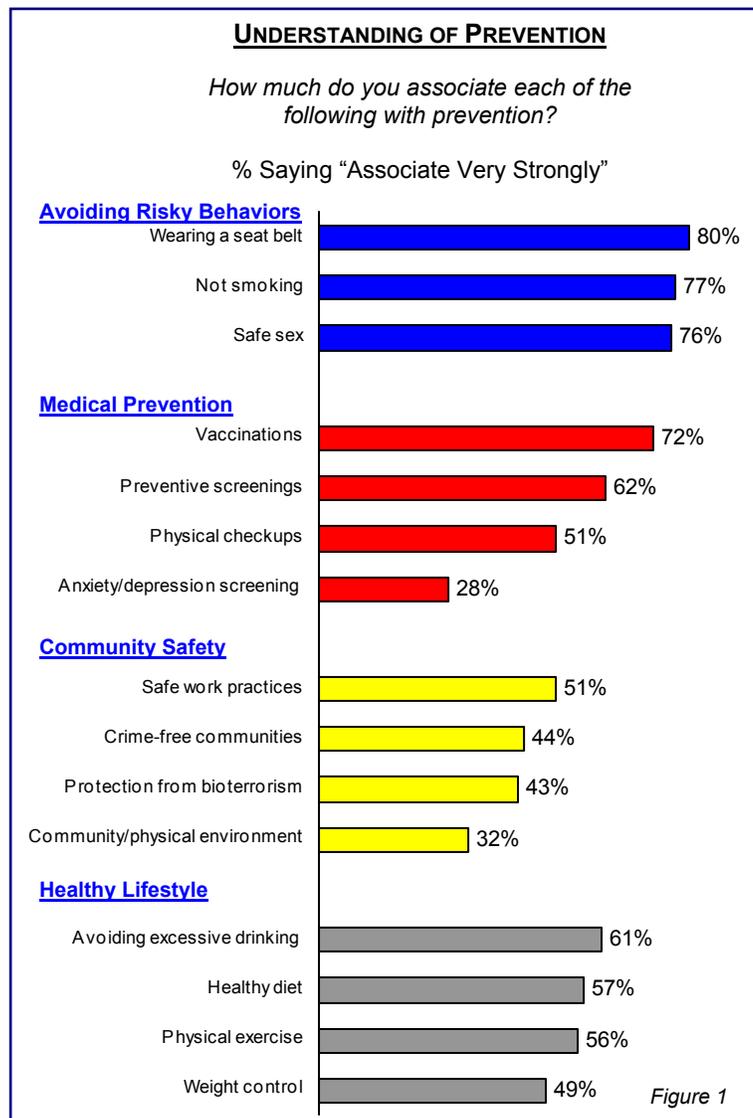
2003

The California Prevention Research Survey was commissioned by Research!America and is part of a multi-year effort to build greater national support for prevention research. The California survey was conducted with 802 adults age 18 and older, between March 3, 2003, and March 31, 2003. Results show Californians think the U.S. should spend more on prevention research and that they would be more likely to vote for a candidate who supports increased funding for prevention research. Support for this survey was provided by a grant from The Robert Wood Johnson Foundation.

PUBLIC UNDERSTANDING OF PREVENTION

California residents view some behaviors more strongly associated with prevention than others. For example, more than three in four strongly associate *avoiding risky behaviors* with prevention (that is, wearing a seat belt 80%, not smoking 77% and having safe sex 76%). Vaccinations for children and adults are also strongly associated with prevention (72%). Majorities also strongly associate some types of *preventive medical care* (preventive screenings such as mammograms, colon or prostate cancer 62%) and a *healthy lifestyle* (avoiding excessive drinking 61%, eating a healthy diet 57% and exercising 56%) with prevention.

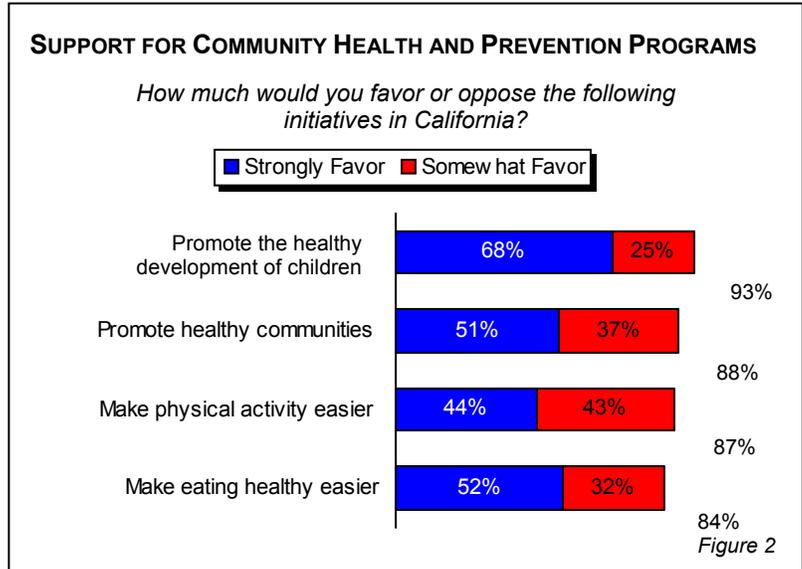
Aspects moderately associated with prevention include some *preventive medical care*, such as regular physical checkups (51%), *community safety* through safe work practices (51%) and a *healthy lifestyle* by weight control (49%). Less strongly associated with prevention include *community safety* through crime-free communities (44%) and protection from bioterrorism (43%). Screening for anxiety or depression (28%) and community or physical environment and surroundings (32%) are the components least strongly associated with prevention (see Figure 1).



Compared with adults nationwide, California residents are more likely to associate prevention with wearing a seat belt (80% vs. 73%) and not smoking (77% vs. 65%). They are less likely than adults nationwide to associate prevention with receiving preventive medical care, such as vaccinations (72% vs. 79%), preventive screenings (62% vs. 71%) and regular physical checkups (51% vs. 58%). Californians are also less likely than adults nationwide to associate community safety through safe work practices (51% vs. 58%) and crime-free communities (44% vs. 61%) with prevention.

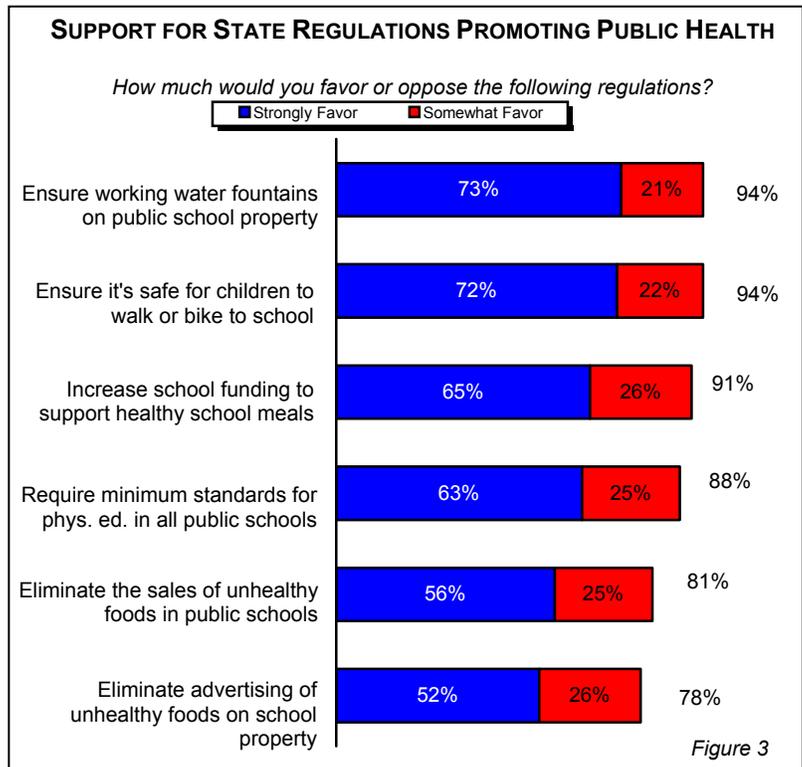
SUPPORT FOR COMMUNITY PROGRAMS

In California there is broad support for a range of community health and prevention programs that focus on health and healthy communities. When presented with a range of state initiatives for community programs, Californians gave top priority to promoting the healthy development of young children ages 0 to 5 ranked (93%). Programs that promote healthy communities and neighborhoods (88%), make physical activity easier (such as easy access to walkways and biking paths, 87%) and make eating healthy easier (such as ensuring nutritious foods are easily available in neighborhood stores, 84%) also receive broad support (see Figure 2).



SUPPORT FOR STATE REGULATIONS PROMOTING PUBLIC HEALTH

In California there is broad support for a range of statewide regulations that promote public health. When presented with a range of regulations, a large majority of California residents strongly favor ensuring that there are working water fountains on public school property (73%) and that it is safe for children to walk or bike to school by providing safe walkways, bike paths and bike racks at school (72%). Majorities also favor increasing school funding to support healthy school meals (65%), requiring minimum standards for physical education in all public schools (63%), and eliminating the sales of unhealthy foods (56%) and advertising of unhealthy foods and beverages on public school property (52%, see Figure 3).



SUPPORT FOR INCREASED FUNDING FOR PREVENTION RESEARCH

California residents think U.S. spending on prevention research is insufficient (71%, see Figure 4). Nearly three in four California residents (71%) think U.S. spending on prevention research is insufficient and should be at least twice the amount it is now. California residents are more likely than the overall U.S. population to think the U.S. spending on prevention research should be at least doubled, meaning the United States should spend two cents or more of every health care dollar on prevention research (65% U.S. vs. 71% CA) (see Figure 5).

U.S. FUNDING FOR PREVENTION RESEARCH

Currently the U.S. spends about one cent of every health care dollar on prevention research. Do you think this is too much, too little, or about right?

■ Too Little ■ About Right ■ Too Much ■ Not Sure

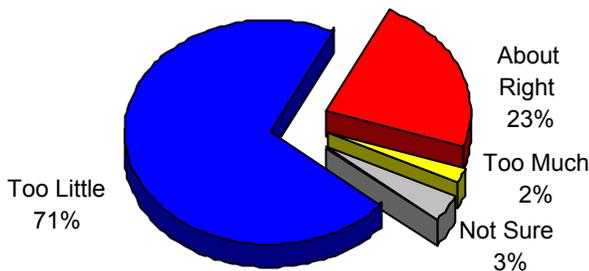


Figure 4

How much do you think is right?
Cents per \$1 to spend on prevention research:

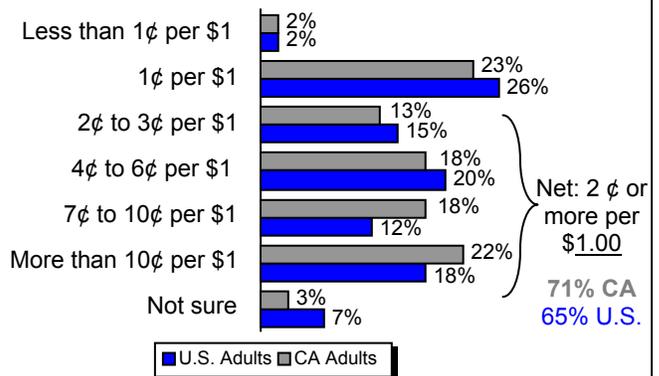


Figure 5

INITIATIVES TO INCREASE FUNDING

When presented with a range of initiatives to increase funding for prevention research, the majority of California residents are in favor of creating a state tax return check-off for voluntary donations to health research (83%), designating a percentage of state tobacco settlement funds (80%), as well as increasing the sales tax on tobacco products (75%) and alcohol (73%) as a means to increase funding for prevention research. In contrast, California residents are less likely to favor increasing the sales (36%) and state income taxes (32%) as ways to increase funding for prevention research (see Figure 6).

INITIATIVES DESIGNED TO INCREASE FUNDING FOR PREVENTION RESEARCH

How much would you favor or oppose the following initiatives designed to increase funding for prevention research?

■ Strongly Favor ■ Somewhat Favor

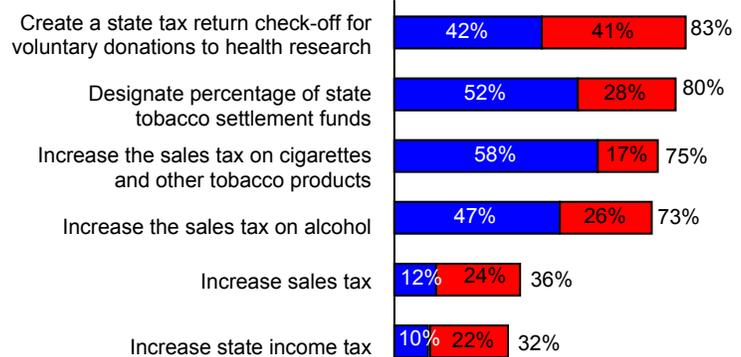
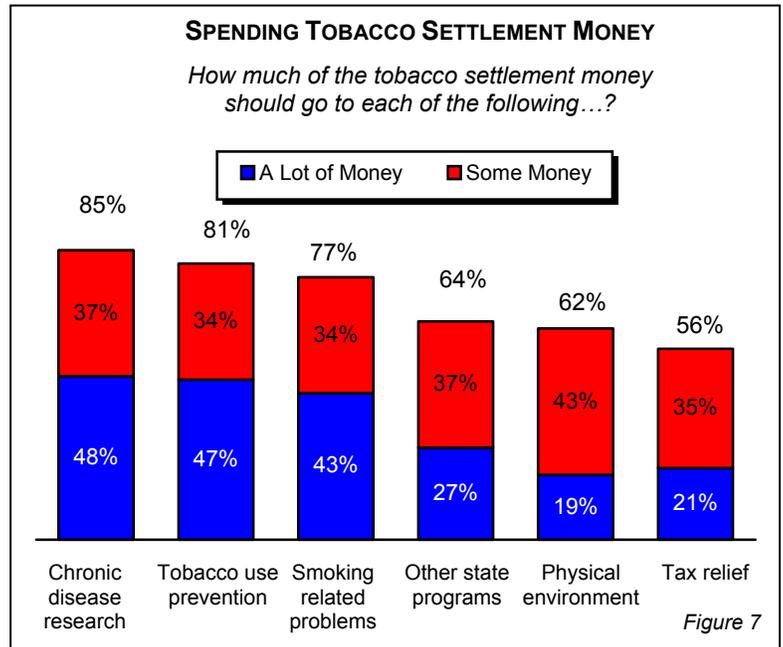


Figure 6

TOBACCO SETTLEMENT MONEY

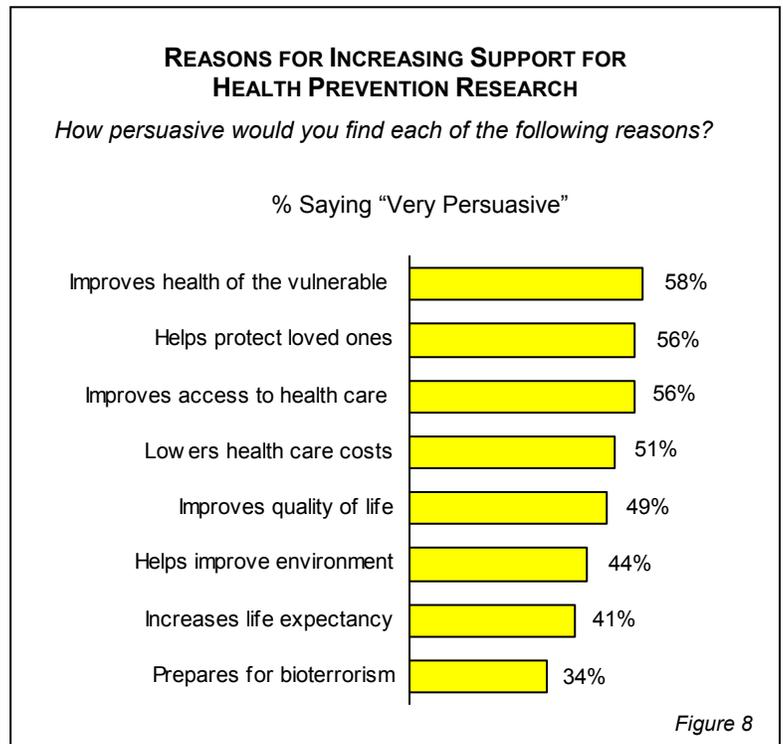
The majority of California residents think that the state tobacco settlement money should be spent on research to cure and prevent chronic diseases (85%). Designating a portion of the settlement funds for programs to prevent tobacco use (81%) and treatment of smoking-related health problems (77%) are also favored by a majority of California residents. Other state programs and services (such as road maintenance and highways, 64%), programs that improve the physical environment of communities (such as community gardens, mural projects and neighborhood parks, 62%) and tax relief (56%) are less popular priorities for spending the tobacco settlement money (see Figure 7).



REASONS FOR INCREASING SUPPORT FOR PREVENTION RESEARCH

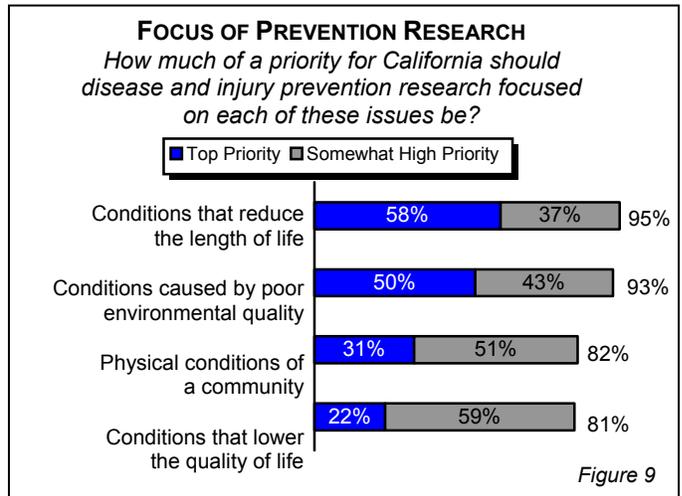
California residents indicate messages and arguments to increase public support for prevention research are very persuasive when they emphasize the research will help improve the health of vulnerable populations such as children and the elderly (58%), protect of their loved ones (56%) and help improve access to health care services (56%). Lower health care costs (51%) and improved quality of life (49%) are also likely to resonate with many California residents. Somewhat fewer Californians respond favorably to arguments involving improved environment (44%) and increased life expectancy (41%). Surprisingly, in light of the war with Iraq and recent terror attacks, residents are less likely to be swayed by arguments about preparing the community to respond to bioterrorism (34%) (see Figure 8).

Compared to adults nationwide, California residents are more likely to find messages about improved access to health care services very persuasive (56% vs. 40%). However, California residents are less likely than adults nationwide to find messages and arguments about increased life expectancy as very persuasive reasons to increase support for prevention research and public health initiatives (41% vs. 47%).



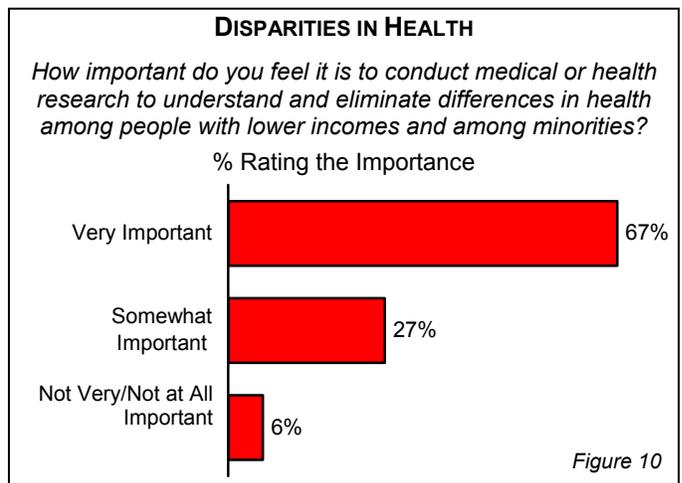
FOCUS OF PREVENTION RESEARCH

Virtually all California adults believe that prevention research focused on conditions that reduce the length of life (such as cancer and heart disease, 95%) and conditions caused by poor environmental quality (such as air and water pollution, 93%) should be a priority for California. About half think it should be a top priority. Majorities also think that physical conditions of a community (82%) and conditions that lower the quality of life (81%) should be at least a somewhat high priority for California (see Figure 9).



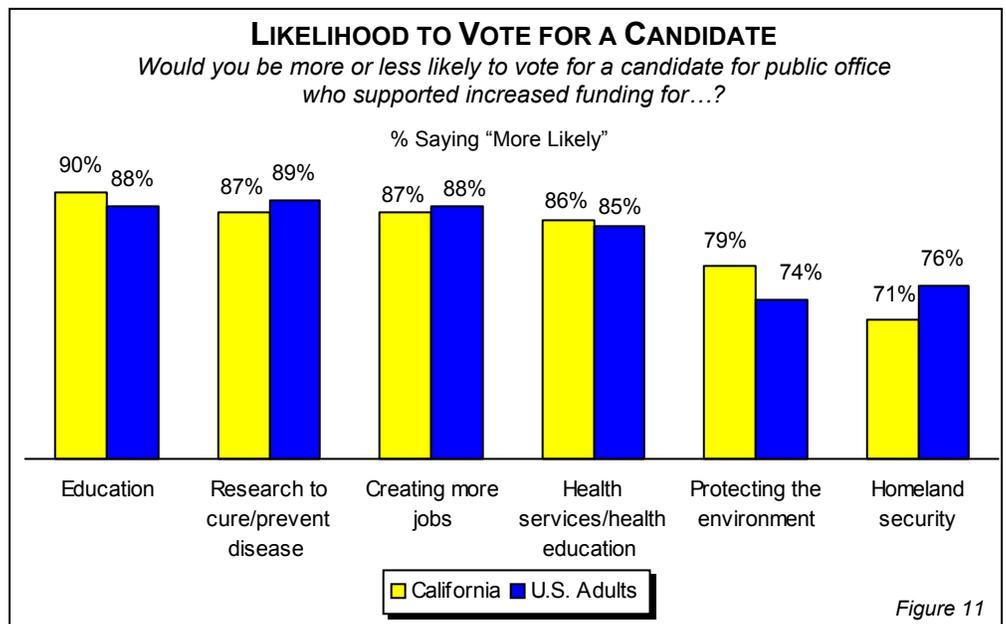
DISPARITIES IN HEALTH

California residents believe in the importance of medical and health research to eliminate disparities in health. Nearly all California residents (94%) believe that it is very or somewhat important to conduct medical or health research to understand and eliminate differences in disease and mortality among people with lower incomes and among minorities. Two-thirds (67%) believe that it is very important (see Figure 10).



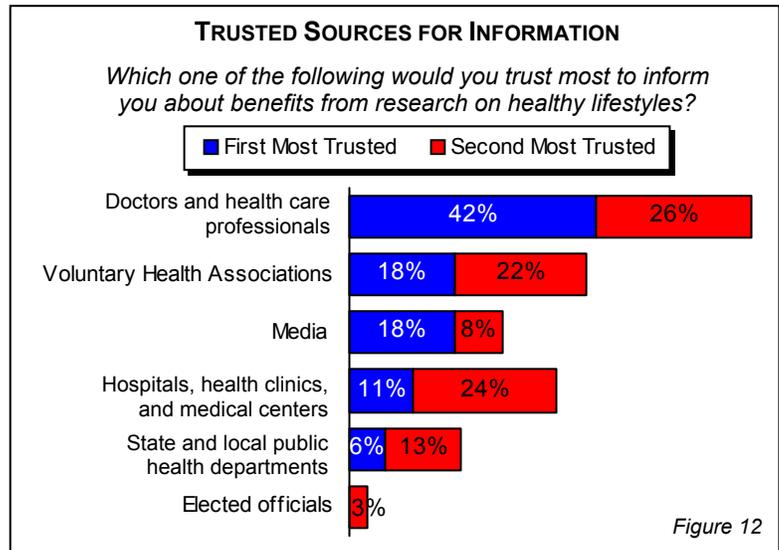
VOTING IN SUPPORT OF PREVENTION RESEARCH

California residents favor elected officials who support research. Ensuring support for prevention and medical research is among the top policy priorities California residents say may influence their voting decisions. A large majority of residents report that they would be more likely to vote for a candidate for public office if he/she supported increased funding for education (90%), research to find cures for and to prevent diseases (87%), creating more jobs (87%), and increased funding for health services and health education programs (86%). Protecting the environment (79%) and homeland security (71%) are also policy priorities for a majority of Californians (see Figure 11).



TRUSTED SOURCES FOR INFORMATION ON PREVENTION RESEARCH

Doctors and other health care professionals are the most trusted sources for information on the benefits of prevention research (42%). Ranking next in level of support are messages from voluntary health associations (such as the American Heart Association and American Cancer Society, 18%); the media (TV, radio, newspapers, magazines, Internet, 18%); hospitals, health clinics, and medical centers (11%); and state and local public health departments (6%). Elected officials are the least trusted source to inform the public about the benefits from research on healthy lifestyles (see Figure 12).



METHODOLOGY

The California Prevention Research Survey was commissioned by Research!America and is the ninth in a series of state surveys conducted for the Prevention Research Initiative, a multi-year effort to build greater national support for prevention and public health research. The California survey was conducted with 802 adults aged 18 and older, between March 3, 2003, and March 31, 2003. Support for this survey was provided by a grant from The Robert Wood Johnson Foundation.

Telephone Sample

Harris Interactive conducted a 15-minute telephone survey with a representative sample of 802 adults aged 18 years and older. The survey was conducted from the Harris Interactive telephone center between March 3, 2003, and March 31, 2003. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in California. The study was conducted in both English and in Spanish. Households were selected through computerized random digit dialing (RDD) generated by Survey Sampling, Inc., assuring that the number of households assigned to each exchange in the “community” was based on the proportion of households in that exchange. Harris Interactive sample makes use of random-digit selection procedures to ensure sample representation of persons in households with telephone numbers “listed” in telephone directories, as well as persons in households with telephone numbers that are “unlisted”¹. The sample design also ensured proper representation of households in different geographic regions of the state and in cities, suburbs and rural areas.

Weighting the Data

The survey data were weighted by age, sex, race/ethnicity, education, income, Metropolitan Statistical Area (MSA), household size and the number of telephone lines in the household to reflect the demographic composition of the California population using the *March 2002 Current Population Survey* from the U.S. Census Bureau.

¹ Some households are “unlisted” at the request of the telephone subscriber. Other households are “unlisted” in the published directory because the telephone number was assigned after the publication date of the directory. Samples that are restricted to directory listed numbers only may contain serious sample biases because of the exclusion of various types of unlisted households.

Reliability of Survey Percentages

In theory, with a probability sample of this size, one can say with 95 percent certainty that the results have a statistical precision of plus or minus 4 percentage points of what they would be if the entire adult population had been polled with complete accuracy.

National Benchmarks

National benchmark data were collected as part of the Harris Poll, September 2001 (n=1,021) and August 2002 (n=1,011). Additional benchmark data comes from Research!America Survey of the Public conducted by Harris Interactive, December 2000 (N=1,053).

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