

Finding better ways to protect and promote your health-Prevention and Public Health Research

The Massachusetts Prevention Research Survey was commissioned by Research!America as part of a multi-year effort to build greater national support for prevention research. The Massachusetts 2003 survey was conducted with 800 adults ages 18 and older, between February 17, 2003 and March 14, 2003. Research!America has been gauging public opinion on people's attitudes toward medical, health and prevention research since 1992.

HOW MASSACHUSETTS RESIDENTS VIEW PREVENTION

Massachusetts residents view some behaviors as more strongly associated with prevention than others. For example, more than two-thirds strongly associate the following with prevention: not smoking (75%), having safe sex (72%), wearing a seat belt (67%), preventive screenings such as mammograms and screenings to detect colon or prostate cancer (67%), and vaccinations for children and adults (66%). Youth safety (63%), regular physical checkups (56%), avoiding excessive drinking (56%), safe work practices (53%), and regular physical exercise (50%) are also items that are very strongly associated with prevention. Aspects slightly less associated with prevention include eating a healthy diet (49%), crime-free communities (48%), protection from bioterrorism (43%), and weight control (42%). Mental health screening (28%) is least strongly associated with prevention (Figure 1).

Compared to adults nationwide, Massachusetts residents are significantly less likely to associate most issues and behaviors with prevention. However, residents of this state are equally as likely as the U.S. adult population to associate not smoking, regular physical checkups, preventive screenings and safe sex with prevention. Massachusetts residents are more likely to associate youth safety with prevention (63% MA vs. 58% U.S.).

UNDERSTANDING OF PREVENTION

How much do you associate each of the following with prevention?

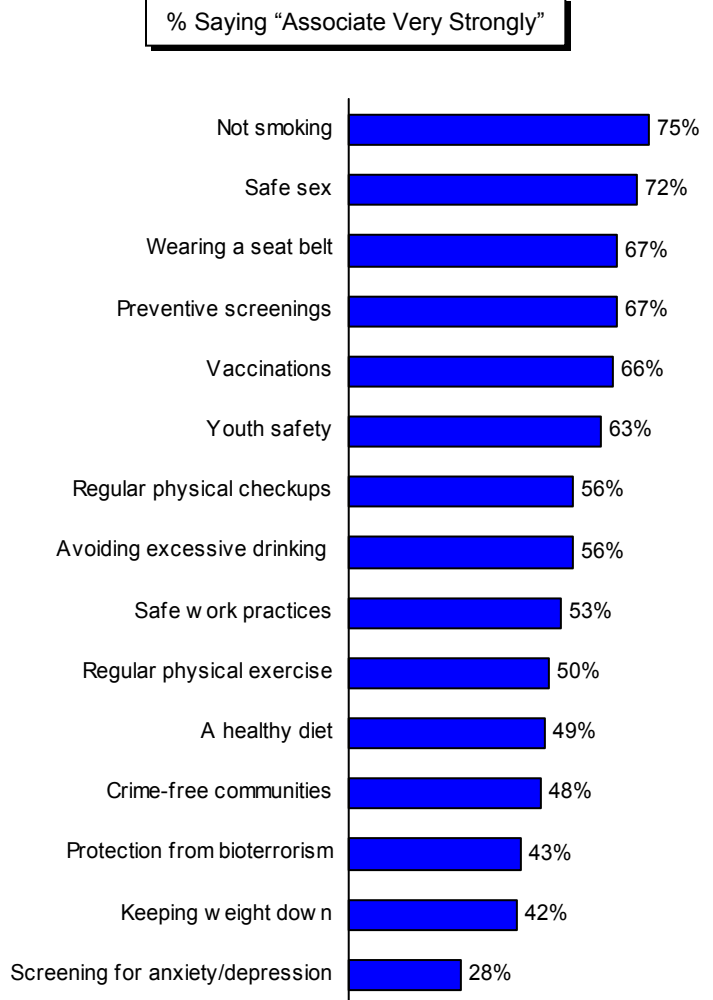


Figure 1

MASSACHUSETTS RESIDENTS BELIEVE CURRENT SPENDING ON PREVENTION RESEARCH IS INSUFFICIENT

Three in four Massachusetts residents think U.S. spending on prevention research is insufficient (75%). About the same number think U.S. spending should be at least 2 cents or more of every health care dollar. Nearly one in four (23%) believe spending should be more than 10 cents per dollar (Figures 2 and 3).

U.S. FUNDING FOR PREVENTION RESEARCH

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

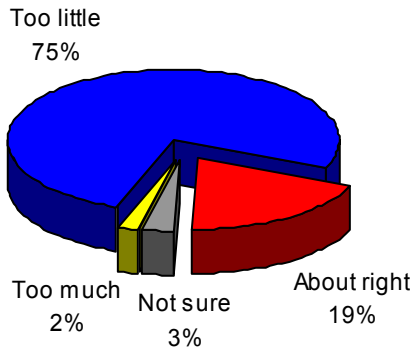


Figure 2

How much do you think is right? (Per dollar)

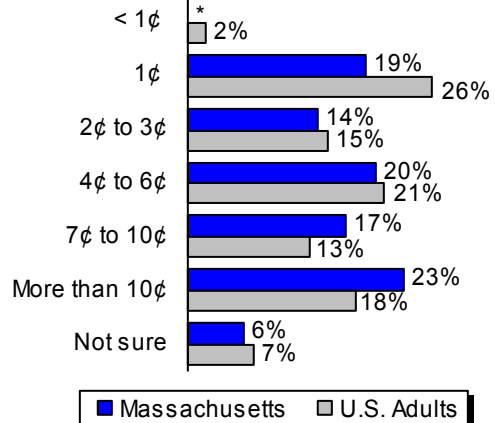


Figure 3

RESIDENTS WILLING TO PAY FOR INCREASED FUNDING OF PREVENTION RESEARCH

When presented with a range of initiatives to increase funding for prevention research, large majority of Massachusetts residents are in favor of creating a state tax return check-off for voluntary donations to health research (82%), increasing the sales tax on tobacco products (78%), designating a percent of lottery sales revenues (77%), and increasing the sales tax on alcohol (70%) as a means to increase funding for prevention research. Initiatives that would increase the sales tax on soft drinks and fast food (46%) are favored by nearly half of the state's residents. However, an increase in sales tax (28%), or the state's income tax (28%) to increase funding for prevention research was met with more opposition than favor among Massachusetts residents (Figure 4).

INITIATIVES DESIGNED TO INCREASE FUNDING FOR PREVENTION RESEARCH

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

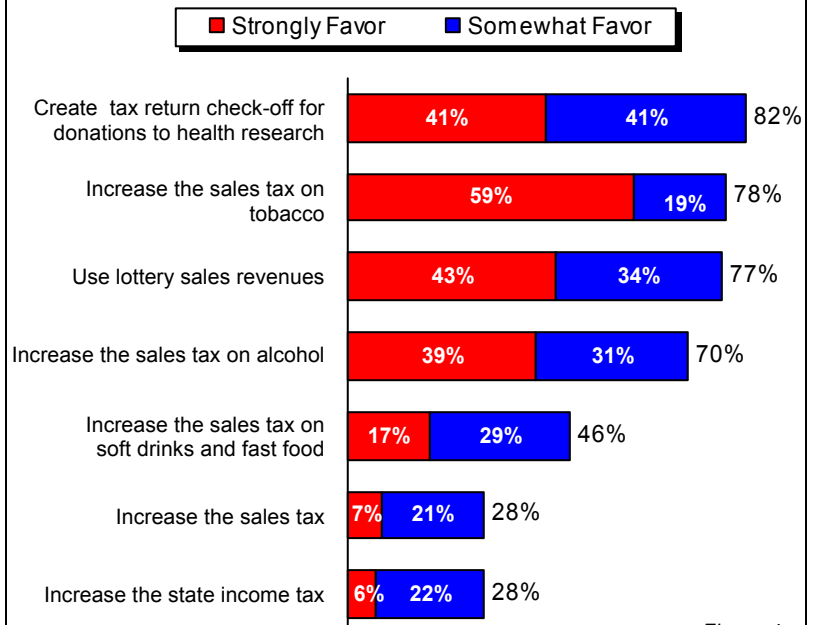
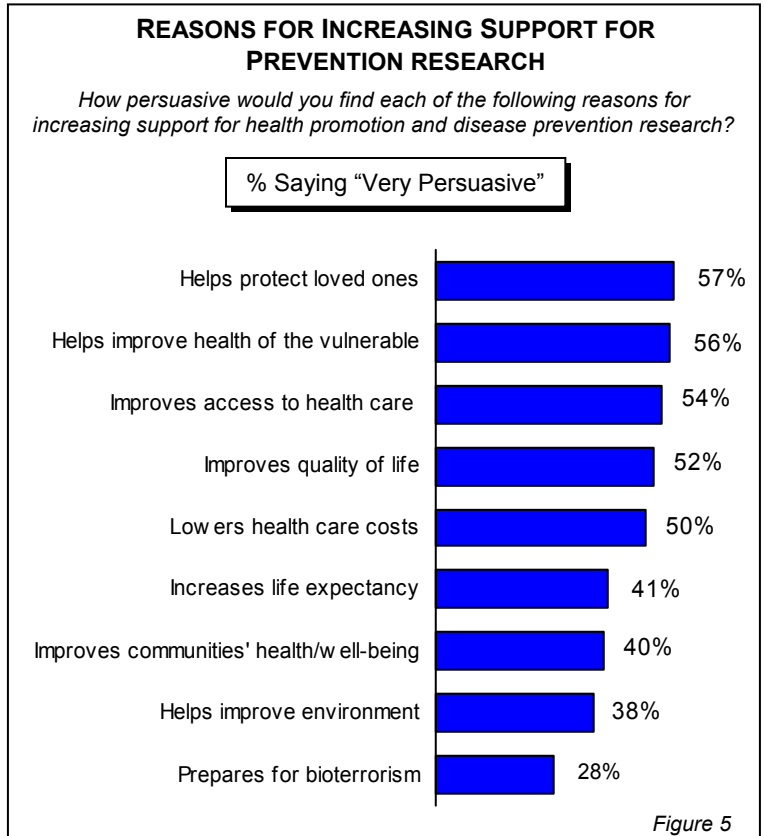


Figure 4

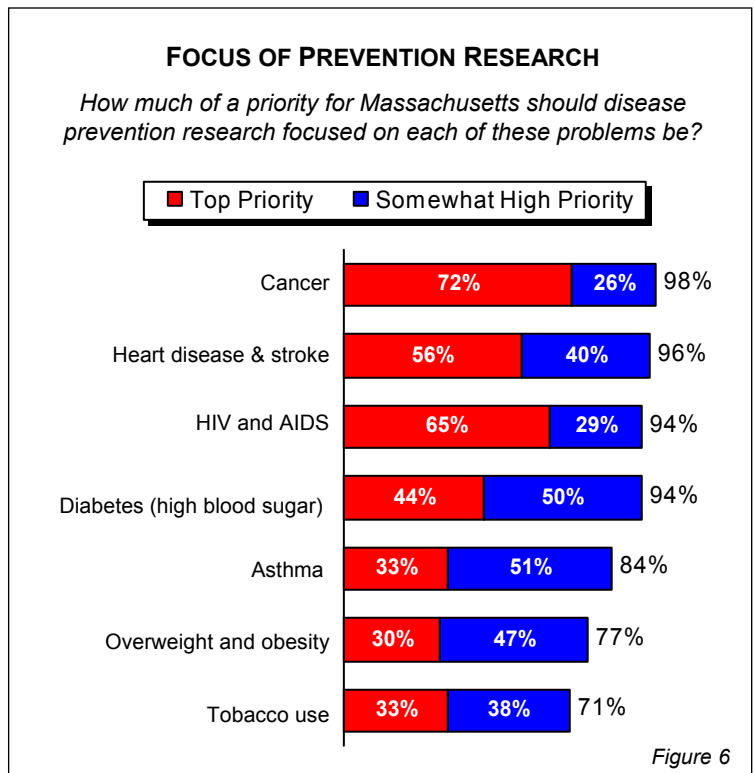
PERSUASIVE MESSAGES FOR INCREASING SUPPORT FOR DISEASE PREVENTION

Majority of Massachusetts residents feel that messages and arguments to increase support for disease prevention research are very persuasive when they emphasize the research will help protect loved ones (57%), help improve the health of vulnerable populations such as children and the elderly (56%), improve access to health care services (54%), improve quality of life (52%) and lower health care costs (50%). Research that helps increases life expectancy (41%), improves communities' health and well-being (40%), and improve the environment, including air, water and soil quality (38%) are also likely to persuade many Massachusetts residents to increase their support. They are less likely to be swayed by arguments about preparing the community to respond to bioterrorism (28%), (Figure 5).



FOCUS OF PREVENTION RESEARCH

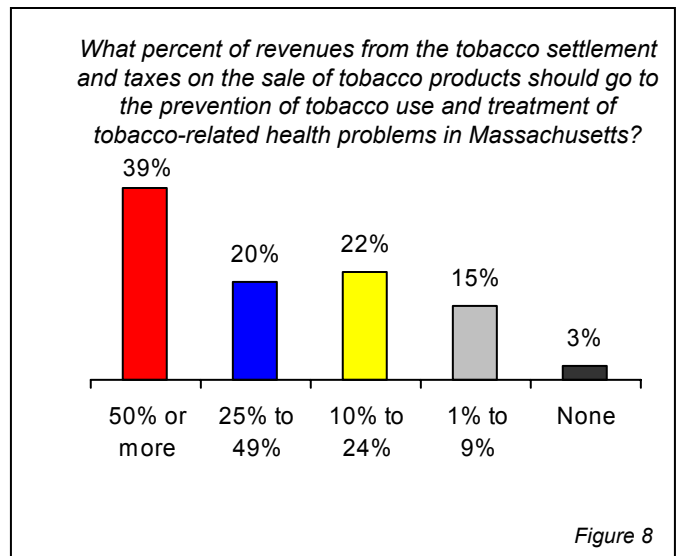
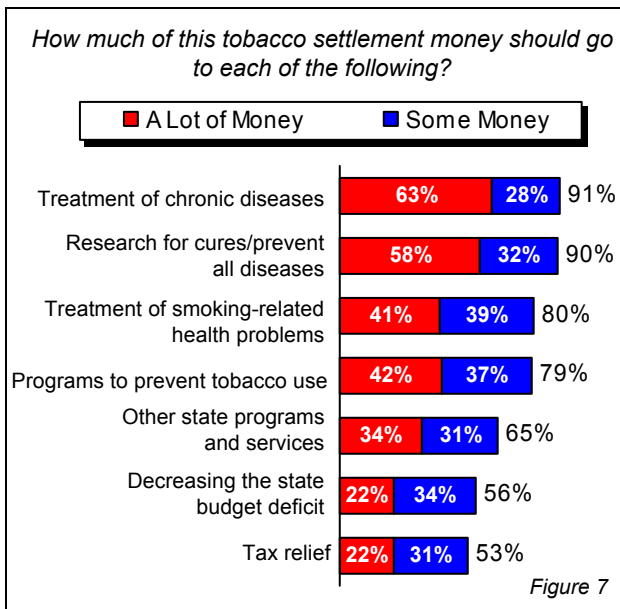
Virtually all Massachusetts adults believe that the highest priority should be given to cancer (98%), heart disease and stroke (96%), HIV and AIDS (94%), and diabetes or high blood sugar (94%). A large majority of people in Massachusetts also believe that priority should be given to prevention research focused on asthma (84%). Also a very high priority for surveyed Massachusetts residents was prevention research that would focus on issues addressed by living a healthy lifestyle such as preventing being overweight and obesity problems (77%) as well as tobacco use (71%), (Figure 6).



ALLOCATING MASSACHUSETTS' TOBACCO SETTLEMENT

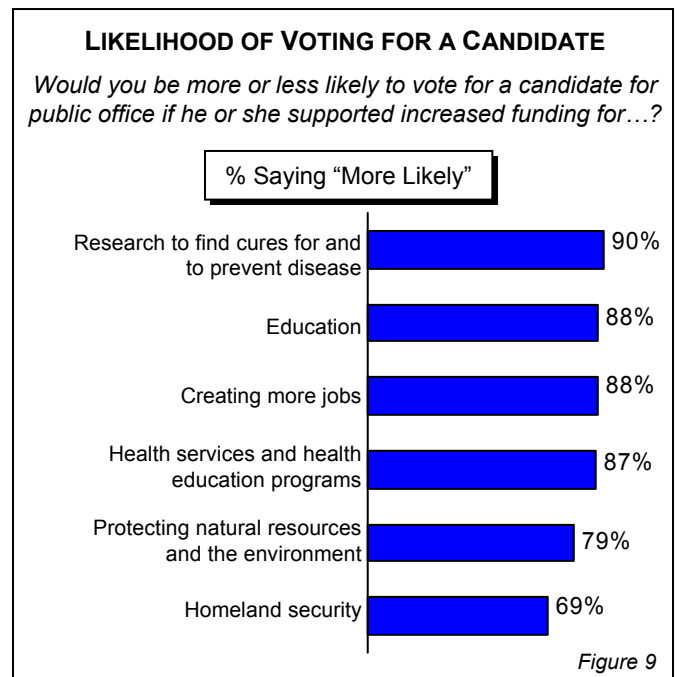
The Massachusetts government has received millions of dollars from tobacco companies as part of the tobacco settlement. Massachusetts residents feel this money should be spent on the treatment of chronic diseases, such as cancer, diabetes and heart disease (91%) and research to find cures for and to prevent all diseases (90%). Four in five feel this money should go to the treatment of smoking-related health problems (80%) and programs to prevent tobacco use (79%). A significant number also feels the money should be spent on other state programs and services; for example, prisons and support for public schools (65%), decreasing the state budget (56%) and tax relief (53%), (Figure 7).

Nearly two in five (39%) Massachusetts residents feel that half or more of revenue from the tobacco settlement and taxes on tobacco products should go specifically to the prevention of tobacco use and treatment of tobacco-related health problems of the state's residents (Figure 8).



CANDIDATES POSITION ON PREVENTION RESEARCH INFLUENCES VOTING

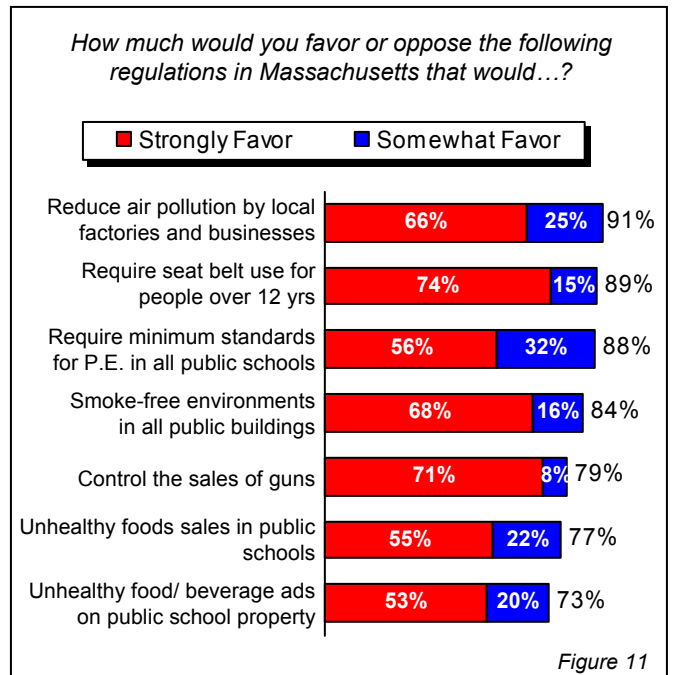
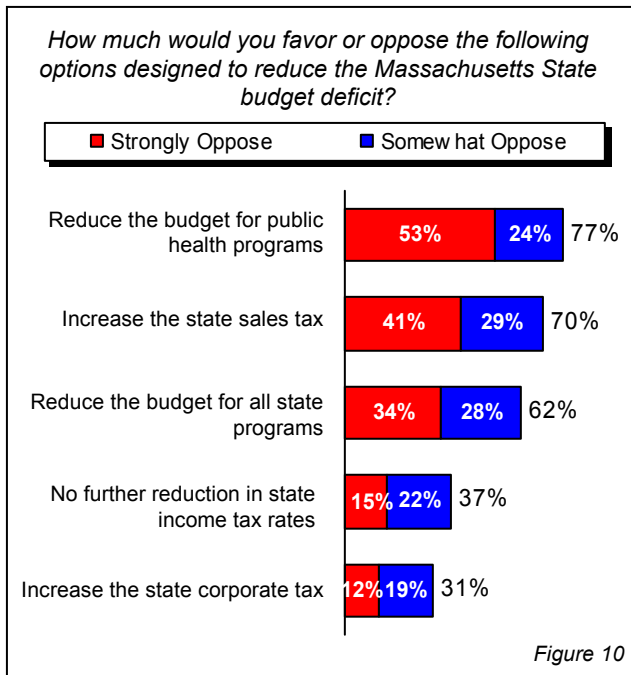
Majorities of Massachusetts residents are more likely to vote for elected officials who support increased funding for research to find cures and prevent disease (90%), education (88%), the creation of jobs (88%), and health services and health education programs (87%). Other issues slightly less likely to influence voting decisions of Massachusetts residents, but still ranked very high in voting likelihood, are protecting natural resources and the environment (79%) and homeland security (69%). There is no difference between Massachusetts residents and U.S. adults when it comes to the likelihood of voting for a particular candidate who supports the named causes (Figure 9).



SUPPORT FOR SPECIFIC PREVENTION PROGRAMS IN MASSACHUSETTS

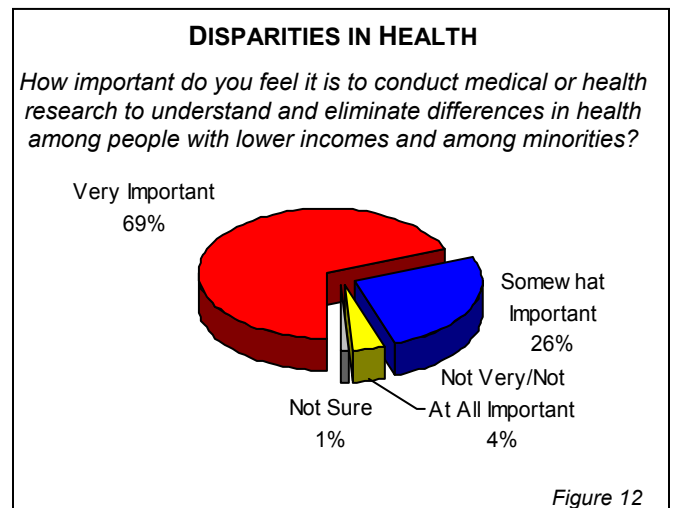
Majorities of Massachusetts residents oppose reducing the budget for public health programs (77%), an increase in the state sales tax (70%) and reducing the budget for all state programs (62%) as ways to reduce the state's budget deficit. Other ways to reduce the deficit, such as no further reduction in income tax rates (37%), increasing the state's corporate tax (31%) are also options that are opposed by about one in three Massachusetts residents (Figures 10).

About nine in 10 Massachusetts residents favor regulations that reduce air pollution by local factories and businesses (91%), require the use of seat belts for people over 12 years of age (89%) and require minimum standards for physical education in all public schools (88%). Large majorities also favor programs to establish smoke-free environments in all public buildings (84%), control the sales of guns (79%) and eliminate the sale of unhealthy foods in public schools (77%) as well as advertising of unhealthy food and beverages on public school property (73%), (Figure 11).



DISPARITIES IN HEALTH

Studies show that certain health problems such as diabetes, heart disease and infant mortality happen more often among people with lower incomes and among minorities. The vast majority of Massachusetts residents (95%) believe that it is important to conduct medical or health research to understand and eliminate differences in disease mortality among people with lower incomes and among minorities. Nearly seven in 10 (69%) believe that it is very important (Figure 12).



METHODOLOGY

Research!America commissioned the Massachusetts Prevention Research Survey—funded by a grant from the Robert Wood Johnson Foundation—as part of a multi-year effort to build greater national support for public health research. This state survey is the eighth in a series conducted for the Prevention Research Initiative.

Telephone Sample

Harris Interactive conducted a 15-minute telephone survey with a representative sample of 800 adults ages 18 years and older. The survey was conducted from the Harris Interactive telephone center between February 17, 2003 and March 14, 2003. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Massachusetts. Households were selected through computerized random digit dialing (RDD) generated by Survey Sampling, Inc., ensuring 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”. 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 Massachusetts population using the March 2002 Current Population Survey from the U.S. Census Bureau. Due to rounding percentages may not always add to shown net values.

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 of Massachusetts had been polled with complete accuracy.

National Benchmarks

National benchmark data were collected as part of the Harris Poll, August 2002 (n=1,011). Additional benchmark data comes from Research!America Survey of the Public conducted by Harris Interactive, August 2003 (N=1,034).

For more information on this or other surveys commissioned by Research!America:
www.researchamerica.org
1-800-366-CURE
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Some households are “unlisted” as the result of a request for an unlisted phone number by 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.