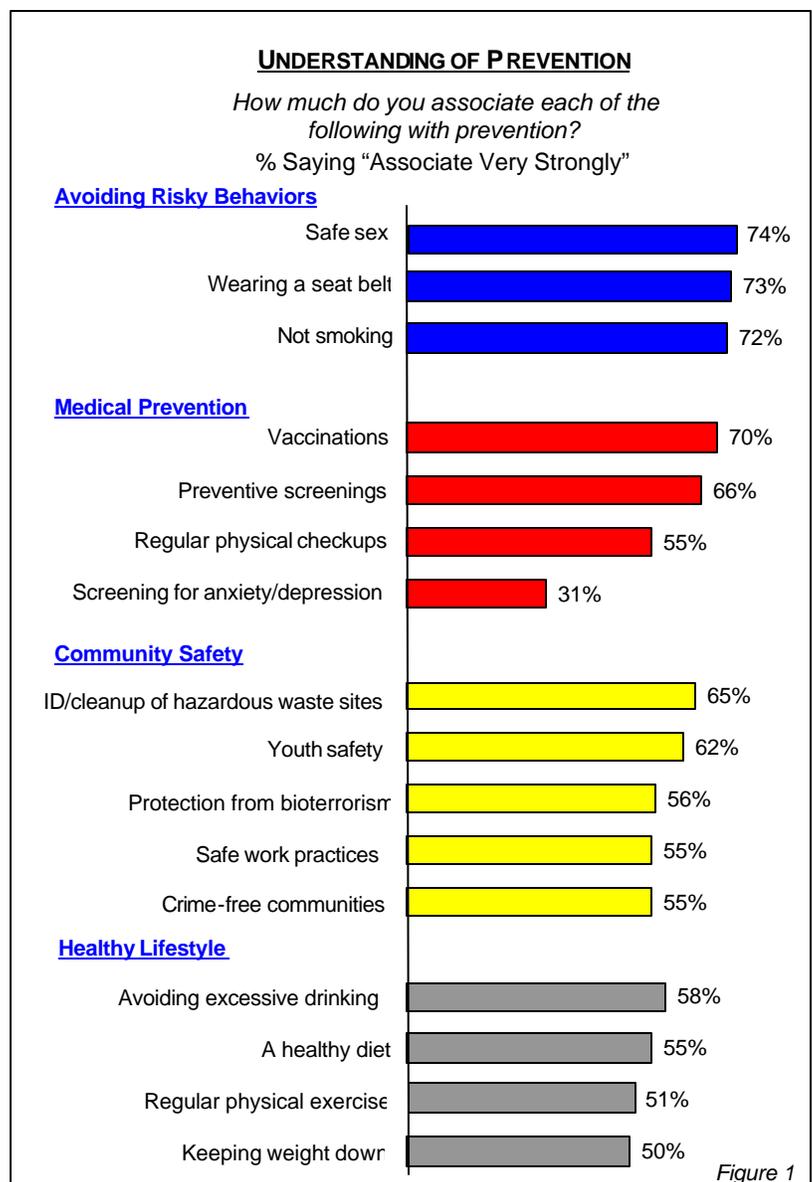


The New Jersey Public Health Research Survey was commissioned by Research!America as a part of a multi-year effort to build greater national support for public health research. Results show that three quarters of New Jersey residents think U.S. spending on public health research is insufficient and should be at least two cents. A large majority indicates that a portion of the state tobacco settlement monies should be used to increase funding for public health research. The New Jersey survey was conducted with 800 adults age 18 and older, between August 27, 2003, and September 17, 2003. Support for this survey was provided by a grant from The Robert Wood Johnson Foundation.

PUBLIC UNDERSTANDING OF PREVENTION

New Jersey residents have a comprehensive view of prevention. However, they view some behaviors as more strongly associated with prevention than others. For example, more than seven in ten strongly associate *avoiding risky behaviors* with prevention (safe sex, 74%; wearing a seat belt, 73%; not smoking, 72%). Vaccinations for children and adults are also strongly associated with prevention (70%). Majorities also strongly associate preventive screenings such as mammograms, colon or prostate cancer (66%), and *community safety* (through identification and cleanup of hazardous waste sites 65% and youth safety 62%) with prevention.

Aspects more moderately associated with prevention include regular physical checkups (55%), protection from bioterrorism (56%), crime-free communities (55%), and safe work practices (55%). Avoiding excessive drinking (58%), eating a healthy diet (55%), regular physical exercise (51%), and weight control (50%) are also moderately associated with prevention. Mental health screening (31%) is least strongly associated with prevention (see Figure 1).

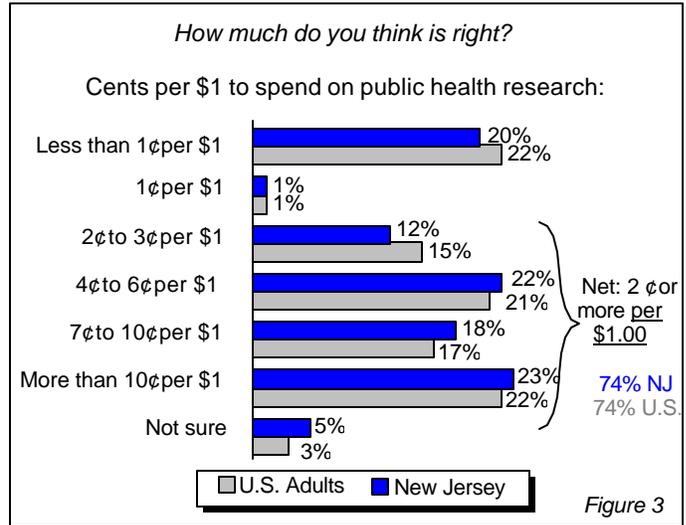
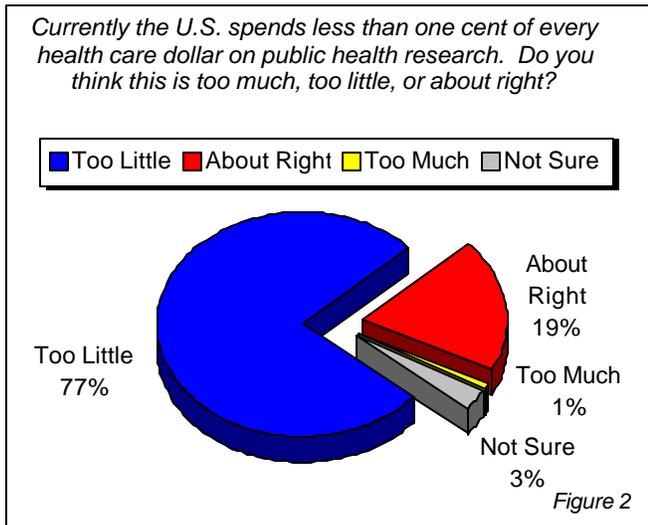


Compared to adults nationwide, New Jersey adults are less likely than U.S. adults overall to associate prevention with receiving preventive medical care, such as regular checkups (55% vs. 60%). New Jersey residents are also less likely than adults nationwide to associate safe work practices (55% vs. 61%) with prevention. Finally, New Jersey residents are less likely than U.S. adults to associate a healthy diet (55% vs. 63%) and regular physical exercise (51% vs. 61%) with prevention.

SUPPORT FOR INCREASED FUNDING FOR PUBLIC HEALTH RESEARCH

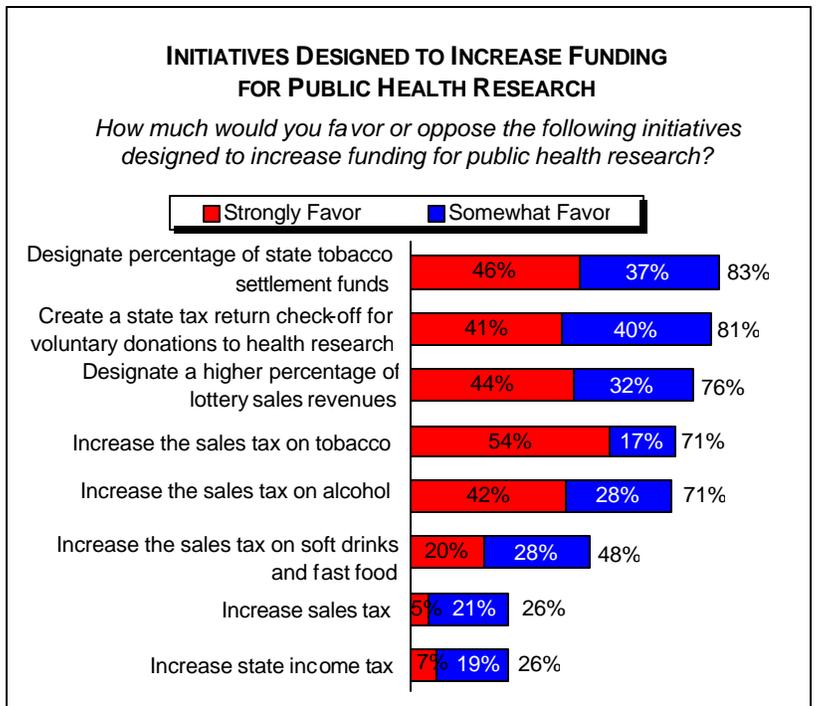
New Jersey residents think that U.S. spending on public health research is insufficient (77%, see Figure 2). Nearly three in four New Jersey residents think U.S. spending on public health research should be at least two cents per every health care dollar, and nearly one in four believes that it should be more than 10 cents per dollar (23%) (see Figure 3).

U.S. FUNDING FOR PUBLIC HEALTH RESEARCH



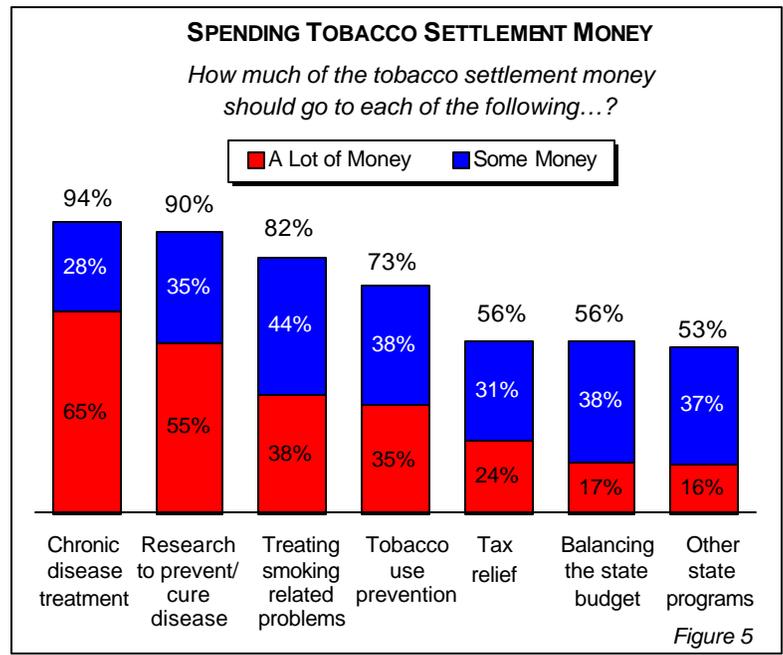
INITIATIVES TO INCREASE FUNDING

When presented with a range of initiatives to increase funding for public health research, large majorities of New Jersey residents are in favor of designating a percentage of state tobacco settlement funds (83%), creating a state tax return check-off for voluntary donations to health research (81%), and designating a higher percentage of lottery sales revenues (76%). Strong support is also indicated for increasing the sales tax on tobacco products (71%) and alcohol (71%). Nearly half of all respondents favor increasing the tax on soft drinks and fast food (48%). In contrast, far fewer New Jersey residents support increasing the sales (26%) and state income taxes (26%) (see Figure 4).



TOBACCO SETTLEMENT MONEY

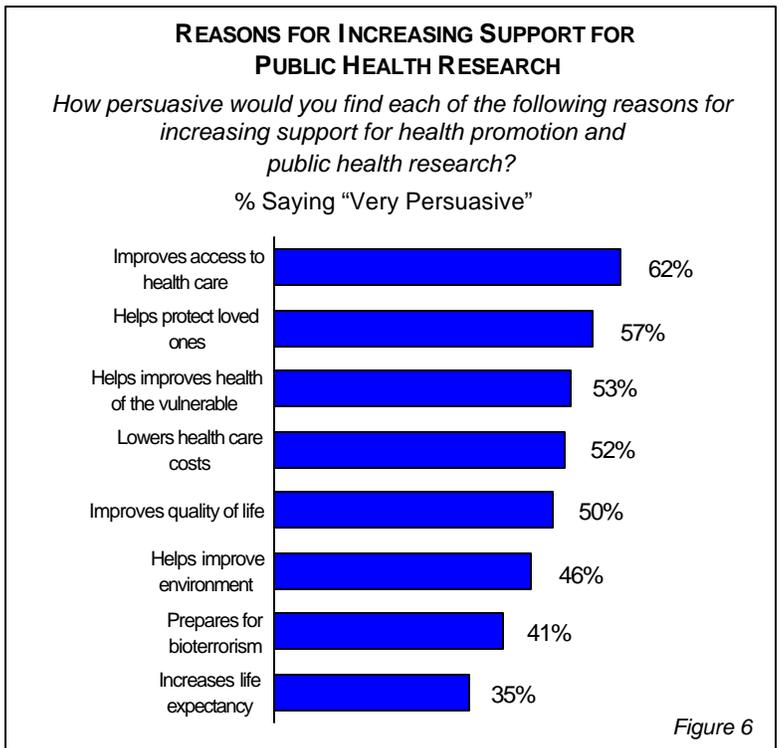
The vast majority of New Jersey residents think that the state tobacco settlement money should be spent on research to treat chronic diseases (94%) and research to prevent and cure all disease (90%). Designating a portion of the settlement funds for programs designed to treat smoking related problems (82%) and preventing tobacco use (73%) are also favored by a majority of New Jersey residents. Significantly fewer New Jersey adults favor allocating the money to tax relief (56%), balancing the state budget (56%), and other state programs and services (such as road maintenance and highways, 53%) (see Figure 5).



PERSUASIVE MESSAGES FOR INCREASING SUPPORT FOR PUBLIC HEALTH RESEARCH

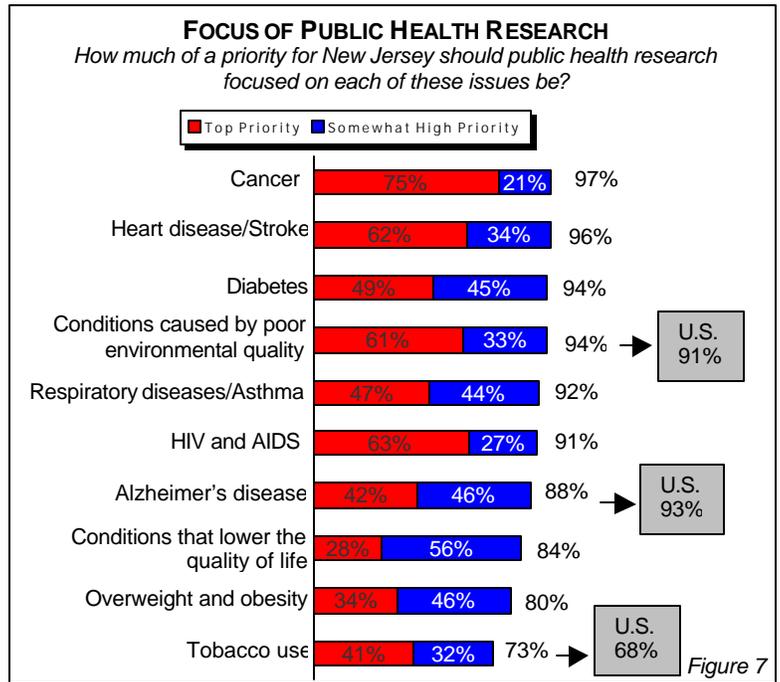
New Jersey residents indicate messages and arguments to increase public support for public health research are very persuasive when they emphasize that research will improve access to health care services (62%), help protect their loved ones (57%), improve the health of vulnerable populations such as children and the elderly (53%), and lower health care costs (52%). Improved quality of life (50%) is also likely to resonate with half of New Jersey's residents. Slightly fewer New Jersey adults are very persuaded by arguments to increase support for public health research when this involves improving the environment (46%). Surprisingly, in light of the war with Iraq and recent terrorist attacks, only two in five (41%) New Jersey residents say they would find arguments preparing the community to respond to bioterrorism very persuasive. The argument least likely to be very persuasive in increasing support for health promotion and public health research is messages that focus on increase of life expectancy (35%) (see Figure 6).

Compared to adults nationwide, New Jersey residents are similarly likely to find most arguments for increased support very persuasive. However, New Jersey residents are less likely than U.S. adults as a whole to find argument about lower health care costs (52% vs. 57%) to be very persuasive for increasing support for public health research.



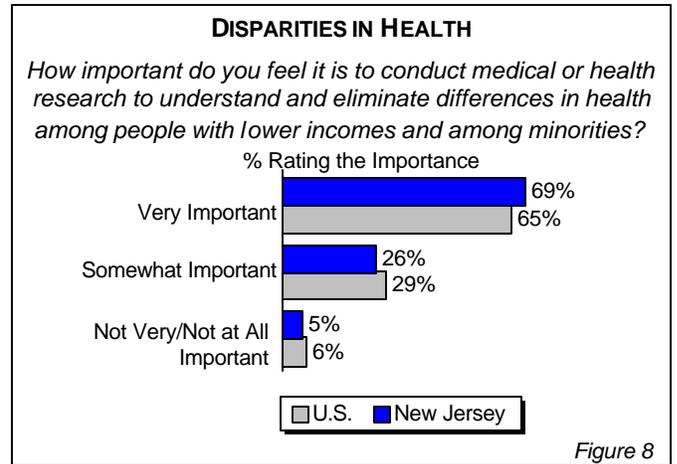
FOCUS OF PUBLIC HEALTH RESEARCH

Virtually all New Jersey adults believe that public health research should focus on cancer (97%), with three fourths saying it should be a top priority. Ranking nearly as high a priority are heart disease (96%), diabetes (94%), and conditions caused by poor environmental quality (such as air and water pollution, 94%). About nine in ten believe that public health research should be focused on respiratory diseases (92%), HIV & AIDS (91%), and Alzheimer's disease (88%). Similarly, a majority believes conditions that lower the quality of life (84%) and obesity (80%) should be the focus of public health research. Fewer (73%) believe that tobacco use should be the focus of prevention research in their state. Compared to the U.S. as a whole, New Jersey residents place higher priority on conditions caused by poor environmental quality (94% vs. 91%) and tobacco use (73% vs. 68%). However, New Jersey residents are less likely than U.S. adults to view Alzheimer's disease as a priority (88% vs. 93%) (see Figure 7).



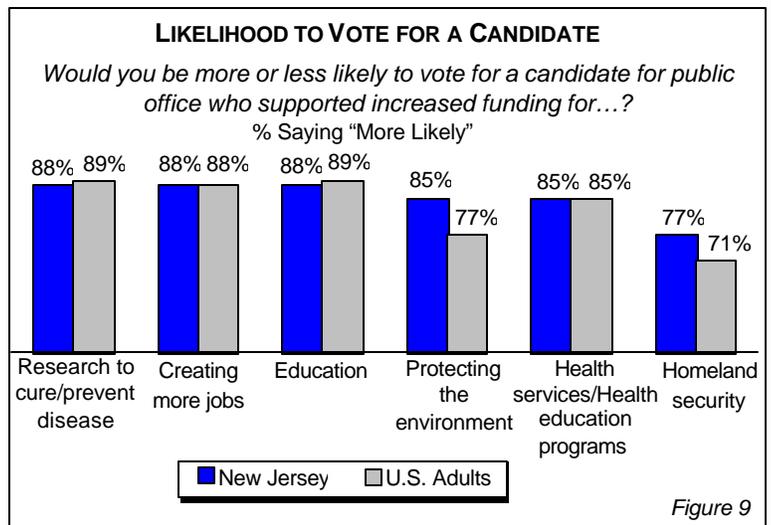
DISPARITIES IN HEALTH

New Jersey residents believe in the importance of medical and health research to eliminate disparities in health. Nearly all New Jersey residents (95%) 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. Nearly seven in ten (69%) believe that it is very important. New Jersey adults feel similarly to adults nationwide that it is very important to conduct medical or health research to understand and eliminate differences in health (see Figure 8).



VOTING IN SUPPORT OF PUBLIC HEALTH RESEARCH

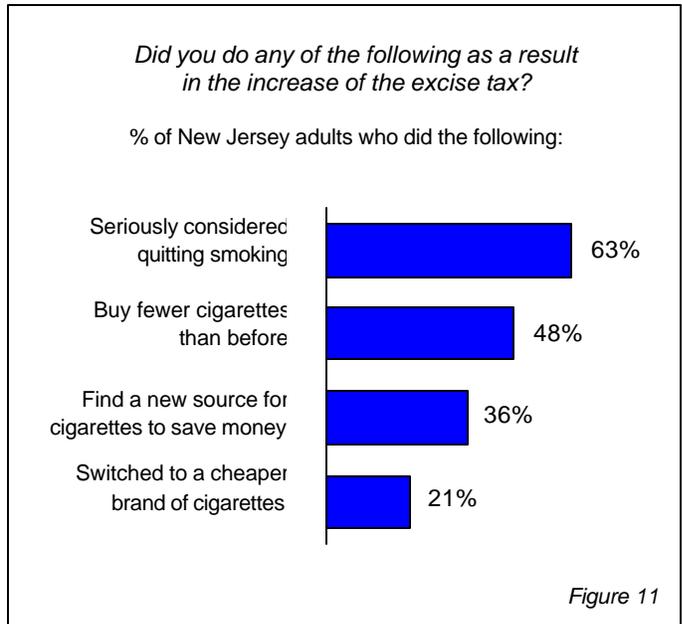
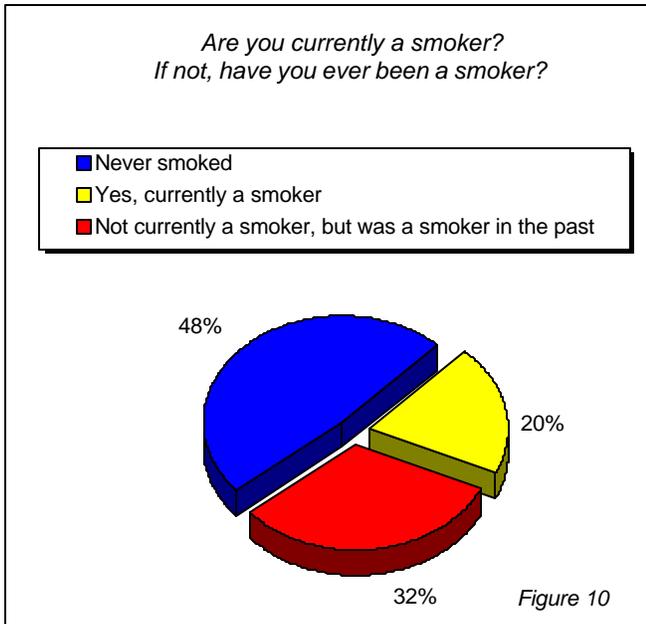
Majorities of New Jersey residents are more likely to vote for elected officials who support increased funding for research to find cures and prevent disease (88%), creation of jobs (88%), and education (88%). Other issues that are slightly less likely to influence voting decisions of New Jersey residents include protecting the environment (85%), health services and health education programs (85%), and homeland security (77%). Compared to U.S. adults as a whole, New Jersey adults are more likely to vote for candidates who advocate environmental protection (85% vs. 77%) and homeland security (77% vs. 71%) (see Figure 9).



INDIVIDUAL PREVENTION PRACTICES : SMOKING

One in five New Jersey adults is currently a smoker (20%). In addition one in three (32%) have been smokers at some point in their lives (see Figure 10). Smokers in New Jersey report that recent increases in the price of tax on cigarettes affected their behavior. While only one in five smokers (21%) report switching to a cheaper brand of cigarettes after the price increase, almost half (48%) say that they bought fewer cigarettes. Even more, almost two thirds of current smokers, report that the price increase caused them to seriously consider quitting smoking (63%).

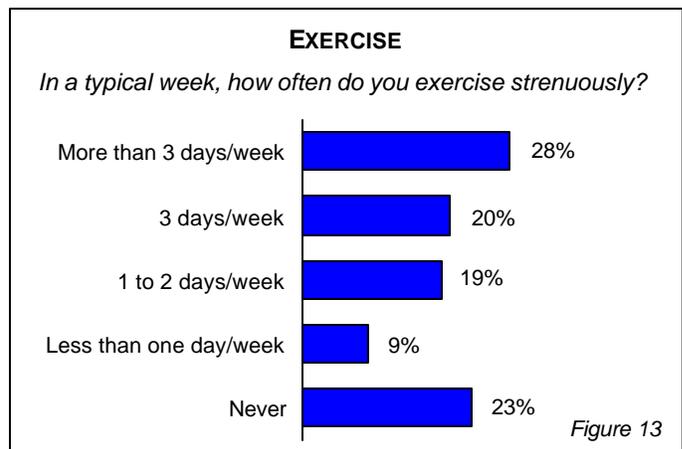
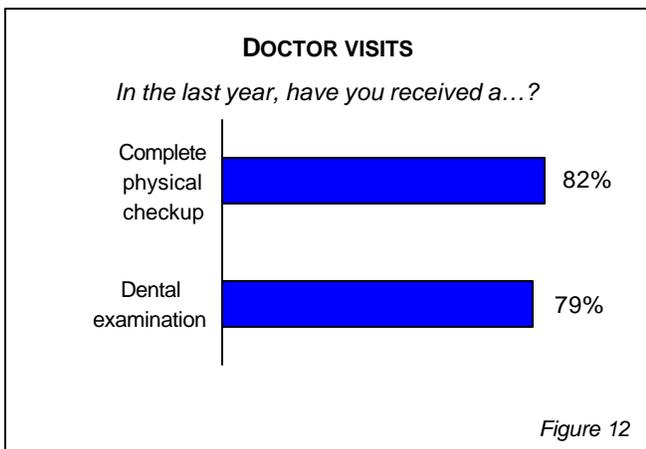
INDIVIDUAL PREVENTION PRACTICES : SMOKING



INDIVIDUAL PREVENTION PRACTICES : DOCTOR VISITS AND EXERCISE

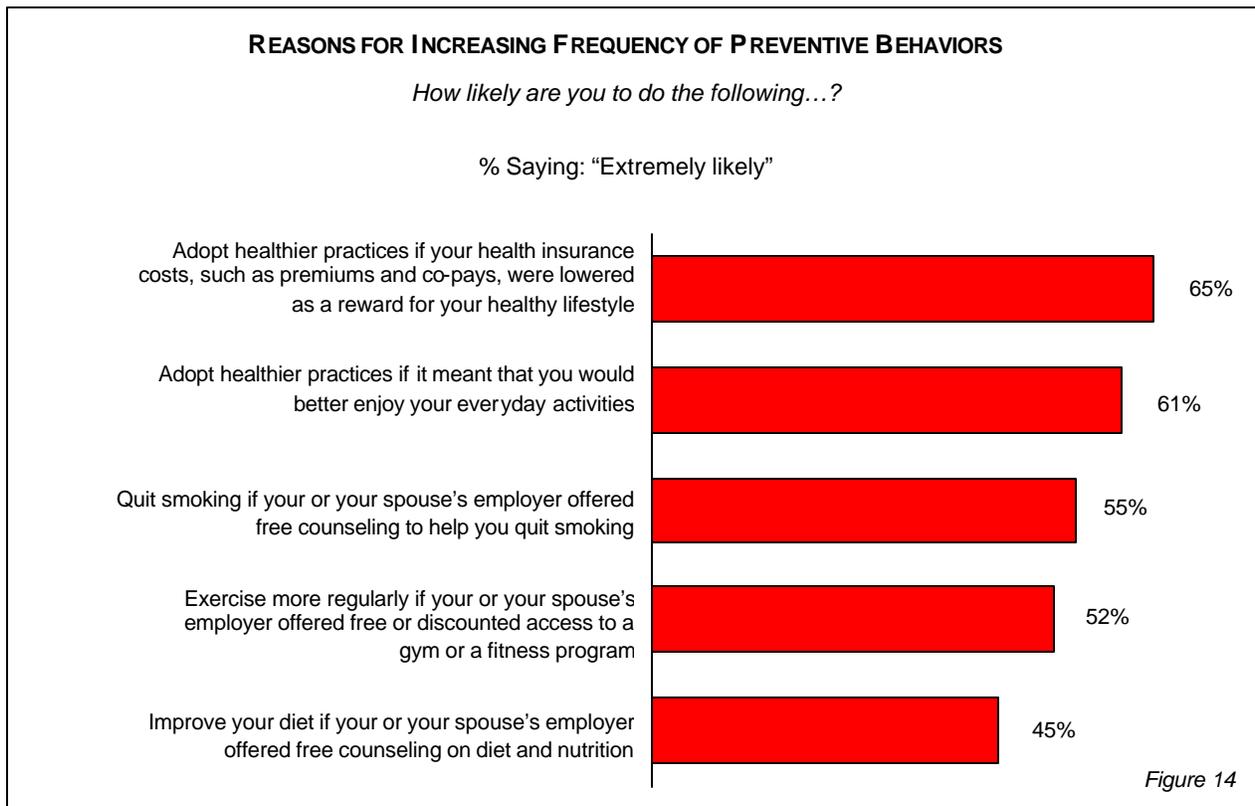
In the last year, most New Jersey residents have personally practiced prevention by means of complete physical checkups (82%) and dental examinations (79%, see Figure 12). Also, over two thirds of New Jersey adults report that they exercise strenuously at least once a week (67%) with almost half reporting exercising three days a week or more (48%, see Figure 13).

INDIVIDUAL PREVENTION PRACTICES



REASONS FOR INCREASING FREQUENCY OF PREVENTIVE BEHAVIORS

Given an incentive, most New Jersey residents report that they would be extremely likely to adopt preventive behaviors. For instance, two thirds of New Jersey adults say they would be extremely likely to adopt healthier practices if their health insurance costs, such as premiums and co-pays, were lowered as a reward for their healthy lifestyles (65%) or if it meant that they would better enjoy everyday activities (61%). Over half of New Jersey adults would be extremely likely to quit smoking if their spouses' or their own employers were to offer free counseling to help them quit (55%). Majorities of New Jersey adults could be convinced to exercise more regularly if employers offered discounted access to a gym or fitness program (52%). Nearly half of New Jersey adults responded that they would improve their diets if given free diet and nutrition counseling from employers.



METHODOLOGY

The New Jersey Public Health Research Survey was commissioned by Research!America and is the 14th in a series of state surveys conducted for its Prevention Research Initiative, a multi-year effort to build greater national support for public health research. The New Jersey survey was conducted with 800 adults age 18 and older, between August 27, 2003, and September 17, 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 800 adults age 18 years and older. The survey was conducted from the Harris Interactive telephone center between August 27, 2003, and September 17, 2003. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in New Jersey. 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 assure 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 New Jersey 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 had been polled with complete accuracy.

National Benchmarks

National benchmark data were collected as part of the Harris Poll with 1,034 adults age 18 years and older, in August 2003.

For more information on this or other surveys commissioned by Research!America:
www.researchamerica.org
1-800-366-CURE
info@researchamerica.org

¹ 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.