Washington Residents Speak Out on Prevention Research

A Public Opinion Survey for Research!America 2003

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

The Washington Public Health Research Survey was commissioned by Research!America as a part of a multi-year effort to build greater national support for prevention and public health research. The Washington 2003 survey was conducted with 800 adults ages 18 and older, between February 3, 2003 - March 3, 2003. Research!America has been gauging public opinion on people’s attitudes toward medical, health and prevention research since 1992.

HOW WASHINGTON RESIDENTS VIEW PREVENTION

Washington residents view some behaviors as more strongly associated with prevention than others. For example, about three in four strongly associate the following with prevention: not smoking (75%), having safe sex (74%), and wearing a seat belt (72%). Vaccinations for children and adults (60%), preventive screenings such as mammograms and screenings to detect colon or prostate cancer (57%), avoiding excessive drinking (57%), youth safety (52%), regular physical exercise (52%), and eating a healthy diet (51%) are also items that are very strongly associated with prevention by more than half of the Washington’s residents.

Aspects slightly less associated with prevention include safe work practices (47%), regular physical checkups (45%), crime-free communities (43%), weight control (41%), and protection from bioterrorism (37%). Mental health screening (23%) is least strongly associated with prevention (Figure 1).

Compared to adults nationwide, residents of the state of Washington equally as likely to associate not smoking, wearing a seat belt, and safe sex with prevention, however, they are less likely than the rest of American adults to associate all other mentioned issues with prevention.

<table>
<thead>
<tr>
<th>Understanding of Prevention</th>
<th>% Saying &quot;Associate Very Strongly&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not smoking</td>
<td>75%</td>
</tr>
<tr>
<td>Safe sex</td>
<td>74%</td>
</tr>
<tr>
<td>Wearing a seat belt</td>
<td>72%</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>60%</td>
</tr>
<tr>
<td>Preventive screenings</td>
<td>57%</td>
</tr>
<tr>
<td>Avoiding excessive drinking</td>
<td>57%</td>
</tr>
<tr>
<td>Youth safety</td>
<td>52%</td>
</tr>
<tr>
<td>Regular physical exercise</td>
<td>52%</td>
</tr>
<tr>
<td>A healthy diet</td>
<td>51%</td>
</tr>
<tr>
<td>Safe work practices</td>
<td>47%</td>
</tr>
<tr>
<td>Regular physical checkups</td>
<td>45%</td>
</tr>
<tr>
<td>Crime-free communities</td>
<td>43%</td>
</tr>
<tr>
<td>Keeping weight down</td>
<td>41%</td>
</tr>
<tr>
<td>Protection from bioterrorism</td>
<td>37%</td>
</tr>
<tr>
<td>Screening for anxiety/depression</td>
<td>23%</td>
</tr>
</tbody>
</table>
WASHINGTON RESIDENTS BELIEVE CURRENT SPENDING ON PREVENTION RESEARCH IS INSUFFICIENT

Nearly three in four Washington residents think U.S. spending on prevention research is insufficient (74%). About the same number also think that U.S. spending should be at least 2 cents or more of every health care dollar. Nearly one in five believe spending should be more than 10 cents per dollar (Figures 2 and 3).

U.S. FUNDING FOR PREVENTION RESEARCH

RESIDENTS WILLING TO PAY FOR INCREASED FUNDING OF PREVENTION RESEARCH

When presented with a range of initiatives to increase funding for prevention research, a large majority of Washington residents are in favor of designating a percentage of state tobacco settlement funds (85%), increasing the sales tax on tobacco products (78%), and increasing the sales tax on alcohol (77%), while far fewer favor a sales tax increase (36%) to increase funding for prevention research (Figure 4).

INITIATIVES DESIGNED TO INCREASE PREVENTION RESEARCH FUNDING

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

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Strongly Favor</th>
<th>Somewhat Favor</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use state tobacco settlement funds</td>
<td>53%</td>
<td>32%</td>
<td>85%</td>
</tr>
<tr>
<td>Increase the sales tax on tobacco products</td>
<td>57%</td>
<td>21%</td>
<td>78%</td>
</tr>
<tr>
<td>Increase the sales tax on alcohol</td>
<td>44%</td>
<td>33%</td>
<td>77%</td>
</tr>
<tr>
<td>Increase the sales tax</td>
<td>9%</td>
<td>27%</td>
<td>36%</td>
</tr>
</tbody>
</table>
PERSUASIVE MESSAGES FOR INCREASING SUPPORT FOR PREVENTION RESEARCH

A substantial number of Washington residents feel that messages and arguments to increase support for prevention research are very persuasive when they emphasize that the research will help improve access to health care services (50%), improve the health of vulnerable populations such as children and the elderly (48%), lower health care costs (44%), improve quality of life (43%), and help protect loved ones (40%). Washington residents are somewhat less likely to be swayed by arguments about research that increases life expectancy (32%), helps improve the environment (27%), and preparing the community to respond to bioterrorism (24%), (Figure 5).

FOCUS OF PREVENTION RESEARCH

More than nine in 10 Washington adults believe that prevention research should focus on ways to ensure that all Washington residents get the health care they need (93%) and conditions that reduce the length of life, such as cancer and heart disease (93%). A large majority of people in Washington also believe that priority should be given to prevention research focused on conditions caused by poor environmental quality, such as air and water pollution (86%), prevention research focused on the benefits of healthy behaviors such as physical activity, eating a healthy diet, and not using tobacco (83%) and conditions that lower the quality of life, such as arthritis, back pain and migraine headaches (80%), (Figure 6).

Compared to adults nationwide, Washington residents are less likely to say that prevention research should focus on condition that lower the quality of life (80% WA vs. 84% U.S.) and conditions caused by poor environmental quality (86% WA vs. 91% U.S.).
WASHINGTON RESIDENTS SUPPORT SPECIFIC PREVENTION PROGRAMS

When asked about the importance of having certain prevention programs in their communities, a substantial number of Washington residents feel it is extremely important to have programs that help Washington residents get health insurance coverage (55%) and help people who need it get mental health services (43%). About one in three feel it is extremely important to have programs to prevent tobacco use (36%) and promote health communities, such as greater availability of affordable nutritious food and safe places to exercise (33%), (Figure 7).

In your opinion, how important is it to have programs in your community that…?

<table>
<thead>
<tr>
<th>Program</th>
<th>% Saying “Extremely Important”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help residents get health insurance coverage</td>
<td>55%</td>
</tr>
<tr>
<td>Help people who need it get mental health services</td>
<td>43%</td>
</tr>
<tr>
<td>Prevent tobacco use</td>
<td>36%</td>
</tr>
<tr>
<td>Promote healthy communities</td>
<td>33%</td>
</tr>
</tbody>
</table>

(Figure 7)

SPENDING TOBACCO SETTLEMENT MONEY

A majority of Washington residents think that the state tobacco settlement money should be spent on programs to help residents get health insurance coverage (84%). Four in five feel money should be spent on initiatives to help the elderly get the prescription medications they need (80%) and programs to prevent tobacco use (79%). Providing funds to improve the environment, including air, water, and soil quality (70%) and tuition assistance for high school graduates to help them get further education, e.g., at trade schools, community colleges, colleges and universities (66%) are also supported by many Washingtonians. Fewer than half are in favor of spending tobacco settlement money on other state programs and services, for example, road maintenance and highways and support for public schools (48%) and tax relief (41%) (Figure 8).

SPENDING TOBACCO SETTLEMENT MONEY

How much of the tobacco settlement money should go to each of the following…?

<table>
<thead>
<tr>
<th>Initiative</th>
<th>A Lot of Money</th>
<th>Some Money</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs to help residents get health insurance coverage</td>
<td>35%</td>
<td>49%</td>
</tr>
<tr>
<td>Initiatives to help the elderly get prescription medications</td>
<td>33%</td>
<td>47%</td>
</tr>
<tr>
<td>Programs to prevent tobacco use</td>
<td>39%</td>
<td>40%</td>
</tr>
<tr>
<td>Programs to improve the environment</td>
<td>44%</td>
<td>26%</td>
</tr>
<tr>
<td>Tuition assistance for high school graduates</td>
<td>41%</td>
<td>25%</td>
</tr>
<tr>
<td>Other state programs and services</td>
<td>34%</td>
<td>14%</td>
</tr>
<tr>
<td>Tax relief</td>
<td>48%</td>
<td>26%</td>
</tr>
</tbody>
</table>

(Figure 8)
TRUSTED SOURCES OF INFORMATION ON PREVENTION RESEARCH

Doctors and other health care professionals are the first most trusted sources for information when it comes to the benefits of research on healthy lifestyles (46%). Ranking next in level of support are voluntary health associations such as the American Heart Association or the American Cancer Society (19%). Hospitals, health clinics and medical centers (11%), and the media-TV, radio, newspapers, magazines and the Internet (11%), as well as state and local public health departments (10%) are the first most trusted source of information for about one in ten Washington residents. Elected officials such as state representatives and senators are last on the list in terms of trusted source to inform the public about the benefits of research on healthy lifestyles (Figure 9).

CANDIDATES POSITION ON PREVENTION RESEARCH INFLUENCES VOTING

A large majority of Washington residents are more likely to vote for elected officials who support increased funding for the creation of jobs (86%), education (85%), research to find cures and prevent disease (84%), and health services and health education programs (82%). Other issues that are slightly less likely to influence voting decisions of Washington residents, but are still mentioned by majorities, include protecting natural resources and the environment (72%) and homeland security (61%), (Figure 10).

LIKELIHOOD OF VOTING FOR A CANDIDATE

Would you be more or less likely to vote for a candidate for public office if he or she supported increased funding for…?

<table>
<thead>
<tr>
<th>Issue</th>
<th>% Saying “More Likely”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating more jobs</td>
<td>86%</td>
</tr>
<tr>
<td>Education</td>
<td>85%</td>
</tr>
<tr>
<td>Research to find cures for and to prevent disease</td>
<td>84%</td>
</tr>
<tr>
<td>Health services and health education programs</td>
<td>82%</td>
</tr>
<tr>
<td>Protecting natural resources and the environment</td>
<td>72%</td>
</tr>
<tr>
<td>Homeland security</td>
<td>61%</td>
</tr>
</tbody>
</table>

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. More than nine in ten Washington residents (91%) believe that it is very or somewhat important to conduct medical or health research to understand and eliminate differences in disease mortality among people with lower incomes and among minorities. More than half (58%) believe that it is very important (Figure 11).
Research!America commissioned the Washington 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 seventh 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 3, 2003 and March 3, 2003. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Washington. 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 Washington 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 Washington had been polled with complete accuracy.

**National Benchmarks**
National benchmark data were collected as part of the Harris Poll, August 2002 (n=1,011), and August 2003 (n=1034).

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

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.