

The Iowa 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. The Iowa survey was conducted with 800 adults age 18 and older, between December 3, 2003, and December 23, 2003. Results show that three quarters of Iowa residents think U.S. spending on public health research is insufficient. Nearly as high a percentage (72%) believe U.S. investment in public health research should be at least 2 cents out of every health care dollar. Support for this survey was provided by a grant from The Robert Wood Johnson Foundation.

## Public Understanding of Prevention

Iowa residents have a comprehensive view of prevention. However, they view some behaviors as more strongly associated with prevention than others. For example, more than two-thirds strongly associate avoiding risky behaviors with prevention (not smoking 72%, safe sex 70%, and wearing a seat belt 67%). Vaccinations for children and adults are also strongly associated with medical prevention (69%). Majorities strongly associate preventive screenings such as mammograms, screenings to detect colon or prostate cancer (60%), regular physical checkups (52%) and avoiding excessive drinking (56%) with prevention.

Aspects more moderately associated with prevention include community safety issues such as youth safety (48%), safe work practices (47%), crime-free communities (45%), and protection from bioterrorism (42%). A healthy lifestyle, such as eating a healthy diet (46%), regular physical exercise (44%), and weight control (42%), is also moderately associated with prevention. Mental health screening (25%) is least strongly associated with prevention (Figure 1).

## Understanding of Prevention

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

% Saying "Associate Very Strongly"

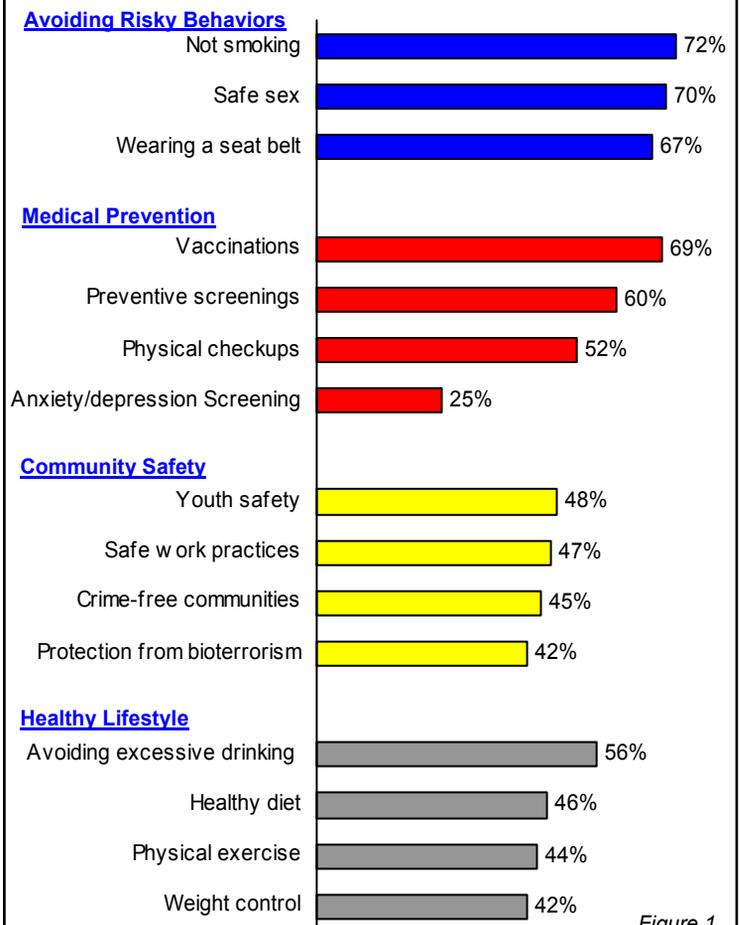


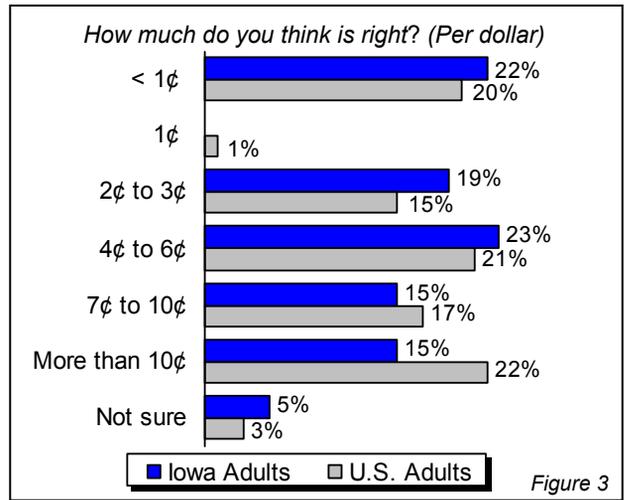
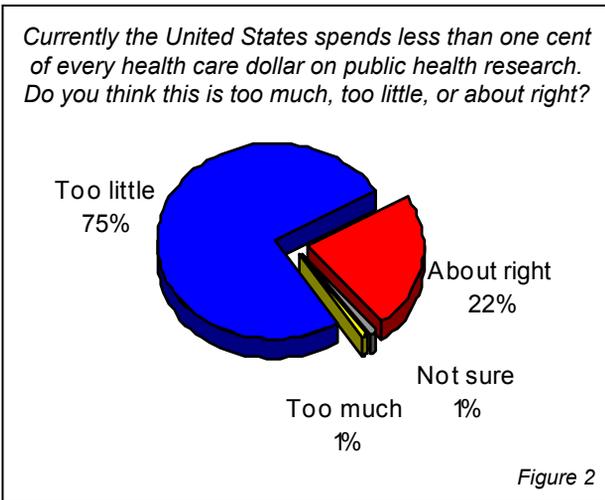
Figure 1

Compared to adults nationwide, Iowa adults are less likely than U.S. adults overall to associate prevention with most of the attributes presented. However, Iowa residents are equally as likely as adults nationwide to associate not smoking (72% IA vs. 74% U.S.) and vaccinations (69% IA vs. 73% U.S.) with prevention.

### Support for Increased Funding for Public Health Research

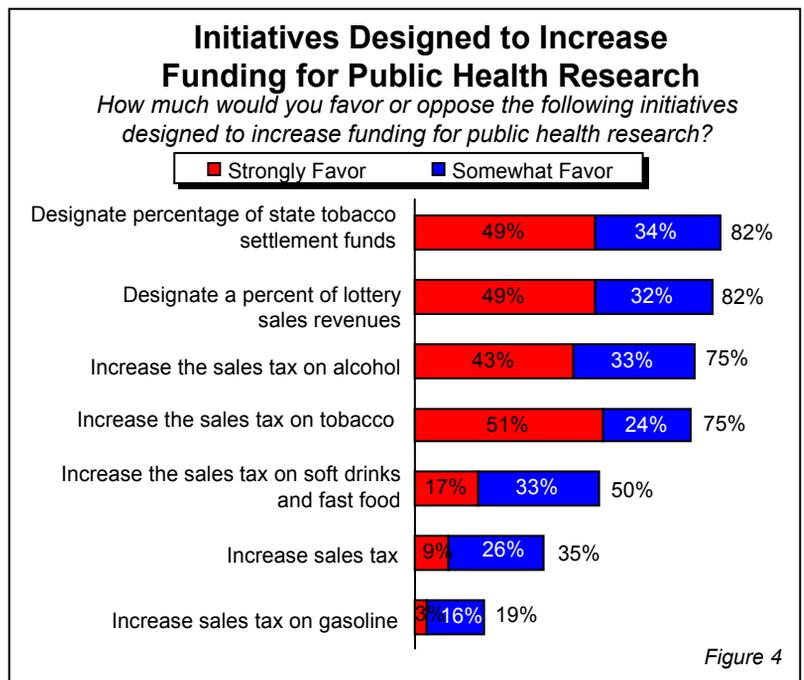
Iowa residents think that U.S. spending on public health research is insufficient (75%, Figure 2). Nearly three in four (72%) Iowa residents think U.S. spending on public health research should be at least 2 cents per health care dollar. Iowa residents are less likely than adults nationwide to believe that the U.S. should spend more than 10 cents per health care dollar on public health research (Figure 3).

### U.S. Funding for Public Health Research



### Initiatives to Increase Funding for Public Health Research

When presented with a range of initiatives to increase funding for public health research, large majorities of Iowa residents are in favor of designating a percentage of state tobacco settlement funds (82%), designating a higher percentage of lottery sales revenues (82%), and increasing the sales tax on alcohol (75%) and tobacco (75%). Half of all respondents favor increasing the sales tax on soft drinks and fast food (50%). In contrast, fewer Iowa residents support increasing the sales tax (35%), and even fewer favor increasing the gasoline tax (19%) (Figure 4).



## Support for Specific Public Health Programs and Regulations

Majorities of Iowa residents at least somewhat favor programs designed to increase prevention in their state. Fully nine in ten Iowa adults favor initiatives designed to promote clean water (93%), clean air (91%), and healthy communities and neighborhoods (90%). More than four in five Iowans favor programs to make physical activity more accessible (85%), to prepare the community for a catastrophic event (83%), and to make healthy eating easier (82%; Figure 5).

More than half of Iowa residents also strongly favor specific public health programs primarily targeted at prevention for younger populations. Ninety-four percent of Iowa adults at least somewhat favor programs intended to ensure safety in getting to school by walking and biking, and 91% favor increasing funding for healthy school meals. Required minimum physical education standards are also supported by a large majority of Iowa adults (88%). Other popular initiatives involve controlling air emissions from large scale animal feeding operations (AFOs) (81%). Fully three in four Iowa adults at least somewhat support requiring registration to buy beer kegs to prevent underage purchase (79%) and the elimination of sales (78%) and advertisement (75%) of unhealthy food and drink in public schools (Figure 6).

## Support for Specific Public Health Initiatives

*How much would you favor or oppose the following initiatives in Iowa?*

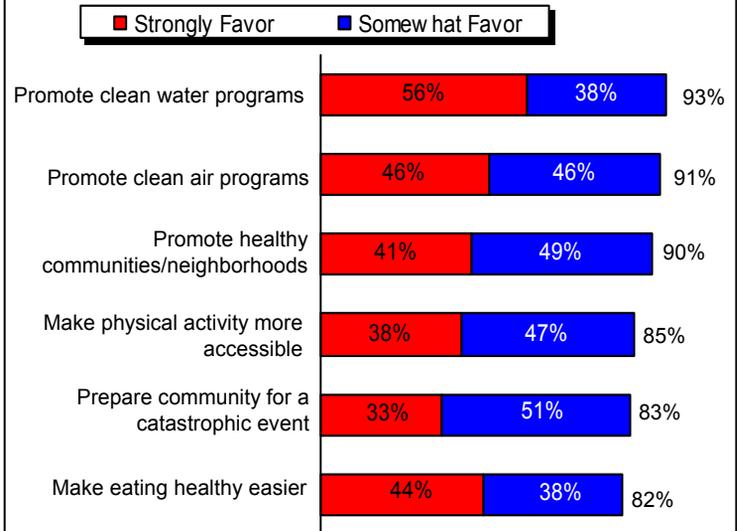


Figure 5

## Support for Specific Regulations

*How much would you favor or oppose the following initiatives in Iowa?*

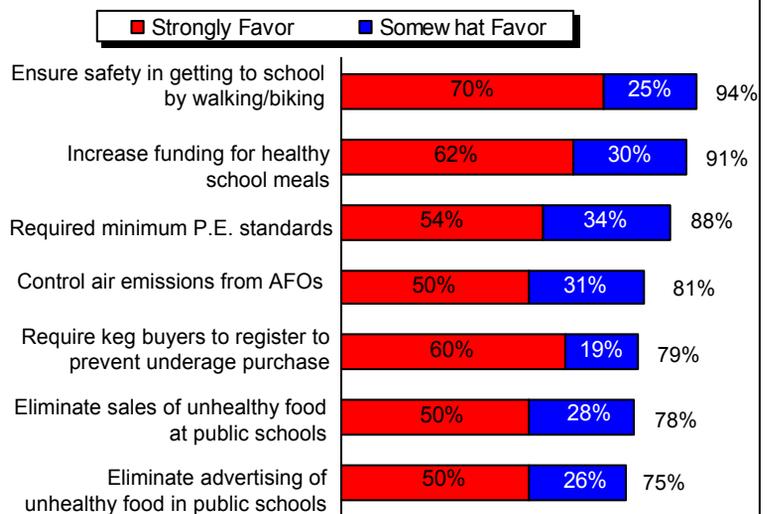
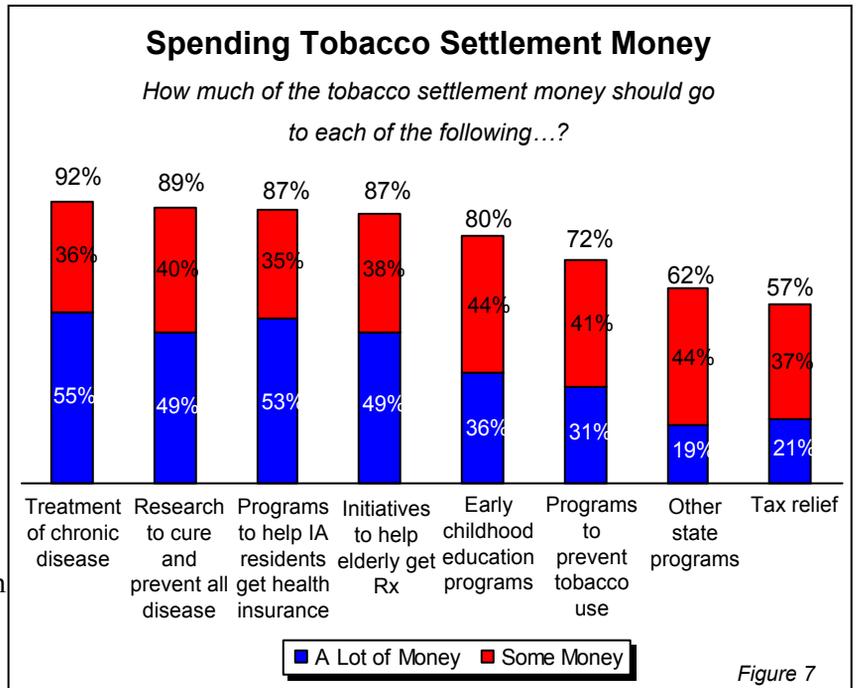


Figure 6

## Spending Tobacco Settlement Money

The vast majority of Iowa residents think that the state tobacco settlement money should be spent on research to treat chronic diseases (92%) and research to prevent and cure all disease (89%). Designating a portion of the settlement funds for programs designed to help Iowa residents get health insurance (87%), to help the elderly get prescription medications (87%), and to support early childhood education programs (80%) is also favored by a majority of Iowans. Fewer than three in four Iowa adults favor allocating the money to preventing tobacco use (72%) to other state programs and services (such as road maintenance and highways (62%), and to tax relief (57%; Figure 7).

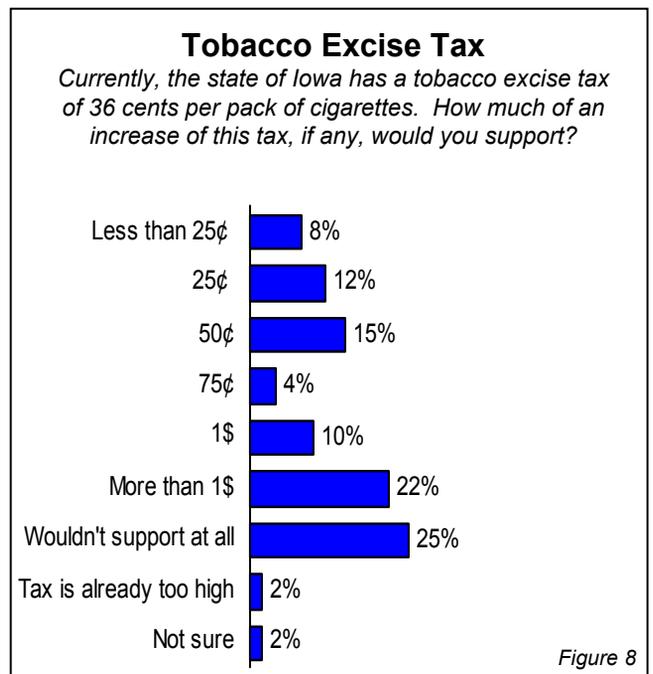


## Support for Increasing the Tobacco Excise Tax

There is strong support for an increase of the tobacco excise tax in Iowa. Seven in ten Iowa residents would support an increase of the tobacco excise tax in the state (71%). More than half of Iowa adults (51%) support an increase of 50 cents or more. And more than one in five (22%) support an increase of more than a dollar (Figure 8).

### Focus of Public Health Research

Virtually all Iowa adults believe that public health research should focus on cancer (97%), with seven in ten saying it should be a top priority. Ranking nearly as high a priority are heart disease (96%), diabetes (93%), and Alzheimer's disease (90%). Conditions caused by poor environmental quality (such as air and water pollution, 88%), respiratory diseases (87%), and HIV/AIDS (86%) are also high on the list of priorities for Iowa residents. About four in five believe that public health research should be focused on overweight and obesity (82%), conditions that lower the quality of life (82%), and violence and injury prevention (79%). Even though Iowa residents view tobacco

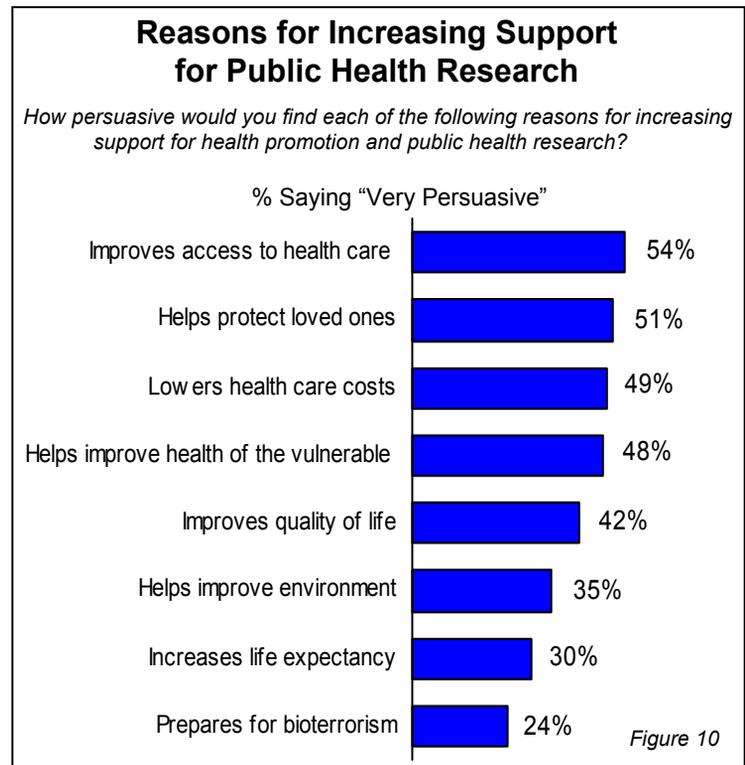
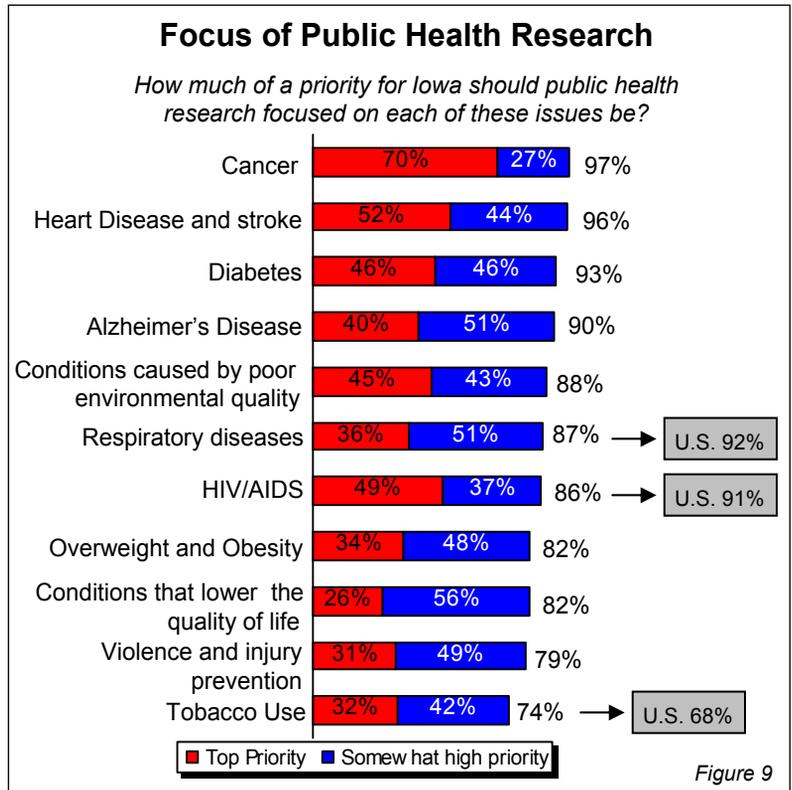


use at the bottom of the priorities list, almost three-quarters still believe it should at least be a somewhat high priority for public health research. Compared to the nation, Iowa residents are more likely to see tobacco use as a major focus of public health research (Figure 9).

### Persuasive Messages for Increasing Support for Public Health Research

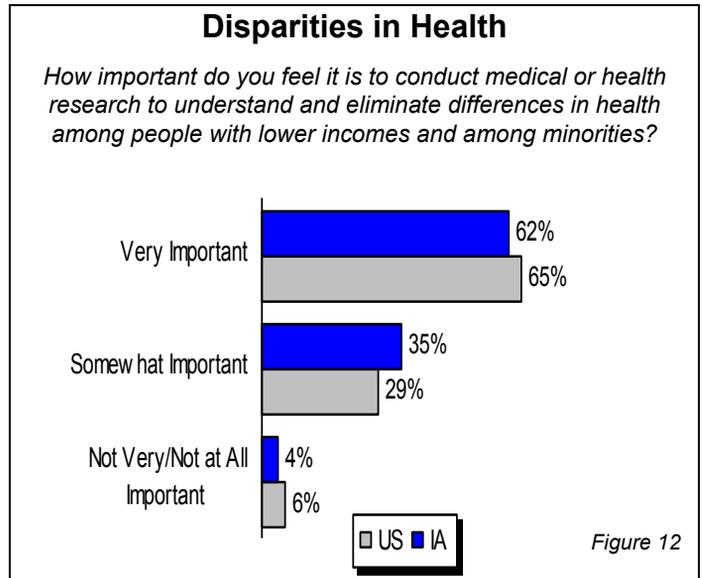
Iowa residents indicate messages and arguments to increase public support for public health research are very persuasive when they emphasize that research will improve access to health care services (54%), help protect their loved ones (51%), lower health care costs (49%), and improve the health of vulnerable populations such as children and the elderly (48%). Improved quality of life (42%) is also likely to resonate with two in five Iowa residents. Slightly fewer Iowa adults are very persuaded by arguments to increase support for public health research when this involves improving the environment (35%) or increasing life expectancy (30%). Surprisingly, in light of the war with Iraq and recent terrorist attacks, fewer than a quarter (24%) of Iowa residents say they would find arguments preparing the community to respond to bioterrorism very persuasive (Figure 10).

Compared to adults nationwide, Iowa residents are less likely to find most arguments for increased support very persuasive. However, Iowa residents are equally as likely as U.S. adults as a whole to find arguments about helping to protect loved ones (51% vs. 55%) to be very persuasive for increasing support for public health research.



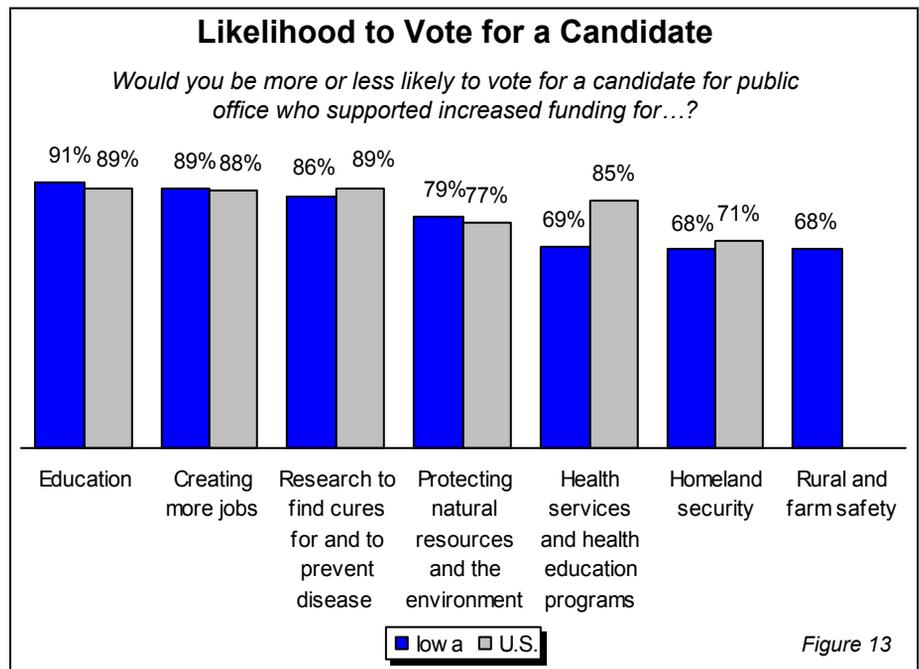
## Disparities in Health

Iowa residents believe in the importance of medical and health research to eliminate disparities in health. Nearly all Iowa residents (96%) 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. More than one in six (62%) believe that it is very important. Iowa adults feel similarly to adults nationwide that it is very important to conduct medical or health research to understand and eliminate differences in health (Figure 12).



## Voters Support Candidates Who Favor Research

Majorities of Iowa residents are more likely to vote for elected officials who support increased funding for education (91%), creation of jobs (89%), research to find cures and prevent disease (86%), and protection of natural resources (79%). Other issues that are less likely to influence voting decisions of Iowa residents include health services and health education programs (69%), homeland security (68%), and rural and farm safety (68%).



Compared to U.S. adults as a whole, Iowa adults are equally as likely to vote for candidates who support an array of issues. However, U.S. adults are far more likely than Iowa adults to vote for a candidate who supports increased funding for health services and health education programs (Figure 13).

## **Methodology**

The Iowa Public Health Research Survey was commissioned by Research!America and is the 15<sup>th</sup> 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 Iowa survey was conducted with 800 adults age 18 and older, between December 3, 2003, and December 23, 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 December 3, 2003, and December 23, 2003. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Iowa. 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 samples make 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”<sup>[1]</sup>. The sample design also ensures 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 Iowa population using the *March 2002 Current Population Survey* from the U.S. Census Bureau. Because of 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 Iowa 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](http://www.researchamerica.org)  
1-800-366-CURE

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[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.