

# Missouri Residents Speak Out on Public Health Research

*A Public Opinion Survey for Research!America 2004*

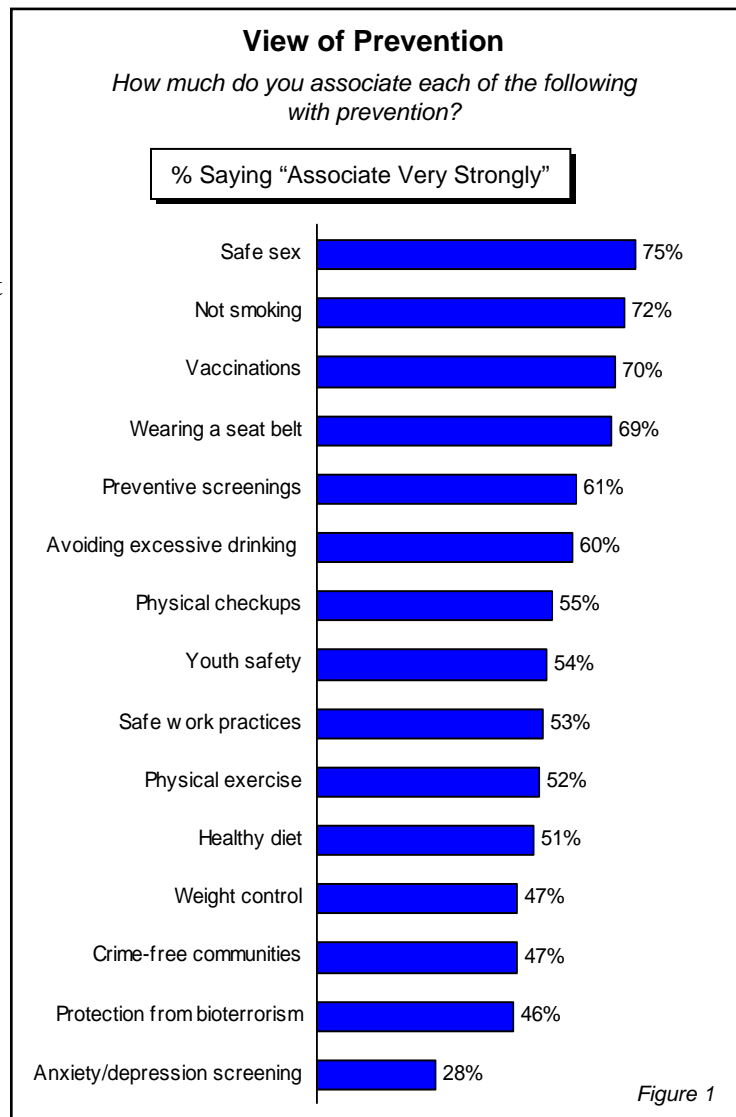
## Finding better ways to protect and promote your health—Prevention and Public Health Research

The Missouri 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 Missouri 2004 survey was conducted with 802 adults ages 18 and older between September 9, 2004 and September 21, 2004. Research!America has been gauging public opinion on people’s attitudes toward medical, health and prevention research since 1992.

### Missouri Residents’ View of Prevention

Missouri residents view some behaviors as more strongly associated with prevention than others. At least six in ten associate safe sex (75%), not smoking (72%), vaccinations for children and adults (70%), wearing a seat belt (69%), screenings such as mammograms or tests for colon or prostate cancer (61%), and avoiding excessive drinking (60%) with prevention. More than half also associate regular physical checkups by a health professional (55%), youth safety, such as protection from guns, car crashes and bicycle-related injuries (54%), safe work practices (53%), physical exercise (52%), and a healthy diet (51%) with prevention.

Keeping one’s weight down (47%) crime-free communities (47%) and protection from bioterrorism (46%) are items that are less associated with prevention by the state’s adult residents. Mental health screening (28%), is the aspect least strongly associated with prevention (Figure 1).

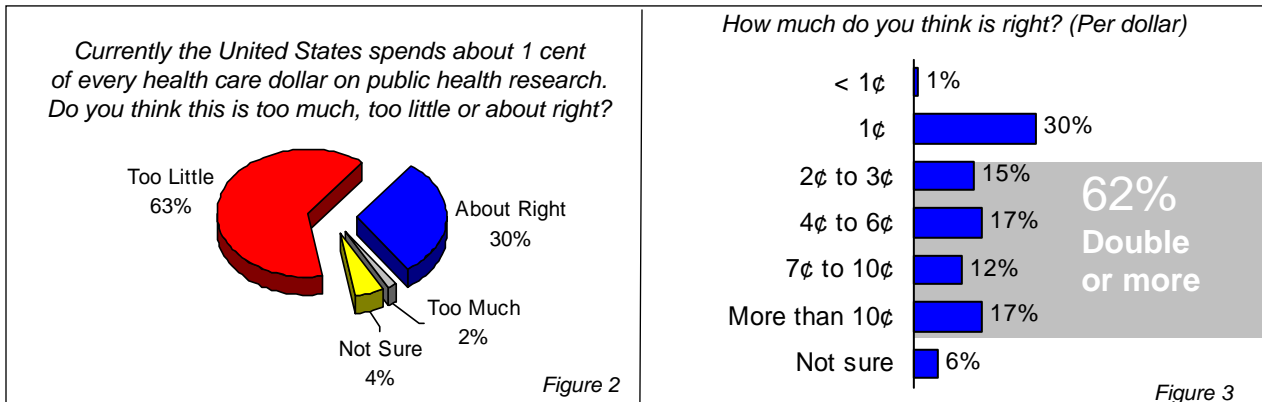


Compared to U.S. adults nationwide, Missouri adults are less likely to associate prevention with some of the attributes presented, including healthy diet (51% vs. 63% U.S.), physical exercise (52% vs. 61% U.S.), safe work practices (53% vs. 61% U.S.), keeping ones weight down (47% vs. 54% U.S.), preventive screenings (62% vs. 68% U.S.), crime-free communities (47% vs. 55% U.S), and regular physical checkups (55% vs. 60% U.S.).

### Missourians Support Increased Funding for Public Health Research

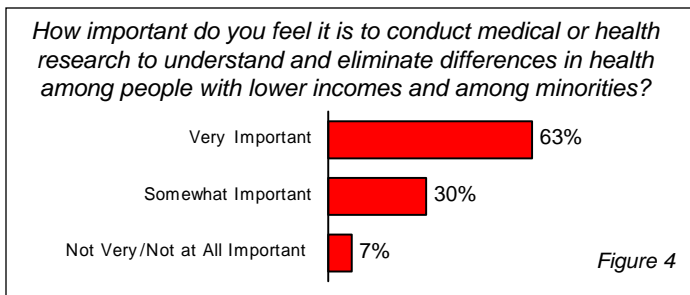
Missouri residents think that the U.S. spending on public health research is insufficient (63%, Figure 2). Nearly as many adults in the state (61%) believe U.S. spending on public health research should be at least 2 cents per health care dollar (Figure 3).

#### Funding for Public Health Research



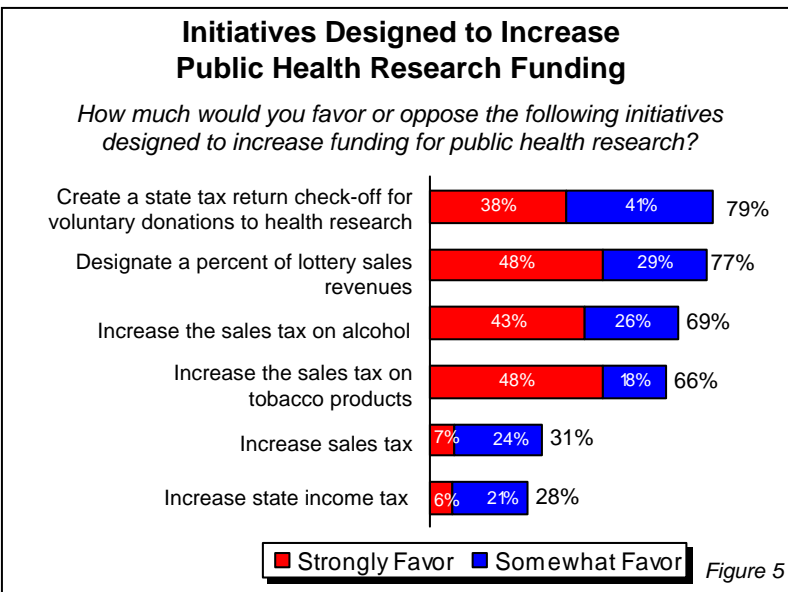
### Important to Eliminate Health Disparities

Nearly all Missouri residents (93%) 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 (Figure 4).



### Residents Willing to Pay to Increase Funding for Public Health Research

When presented with a range of initiatives to increase funding for public health research, a large majority of Missouri residents are in favor of creating a state tax return check-off for voluntary donations to health research (79%), designating a percent of lottery sales revenues (77%), increasing the sales tax on alcohol (69%) and tobacco products (66%). In contrast, fewer state residents support increasing the sales tax (31%) or the state income tax (28%, Figure 5).



## Chronic Diseases Should Be a High Priority for Public Health Research

Majorities of Missouri adults believe that public health research should focus on cancer (98%), heart disease and stroke (97%), diabetes (94%), Alzheimer's disease (93%), and asthma (91%). HIV/AIDS (90%), conditions caused by poor environmental quality (87%), violence and injury prevention (83%) overweight and obesity (82%), and conditions that lower quality of life (82%) are also high on the list of priorities for Missouri residents. Although tobacco use (72%) is at the bottom of the list, many still believe it should be a priority for public health research (Figure 6).

Missouri residents are less likely than U.S. adults to consider conditions caused by poor environmental quality a top or somewhat high priority (87% vs. 91% U.S.) otherwise they have similar views on what public health research should be focused.

### Focus of Public Health Research

*How much of a priority should public health research focused on each of these problems be?*

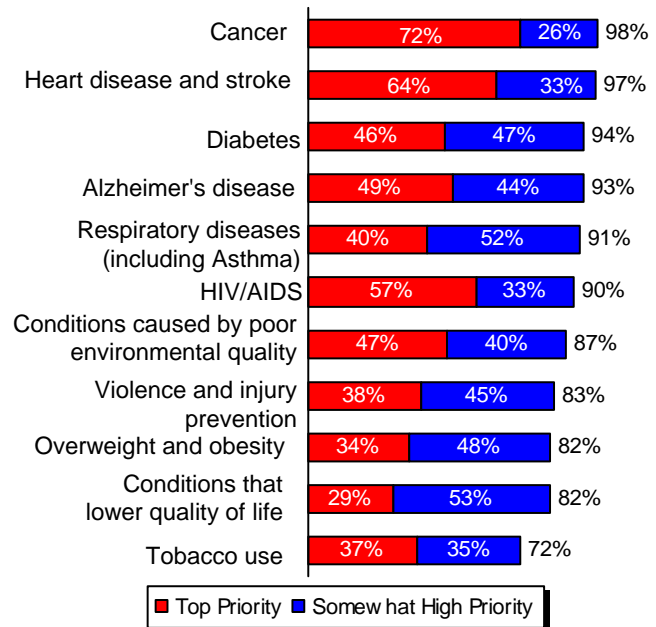


Figure 6

## Helping to Protect Loved Ones is a Persuasive Message for Increasing Support for Public Health Research

Missouri residents indicate messages and arguments to increase support for public health research are very persuasive when they emphasize that research will help to protect loved ones (59%), help improve access to health care (59%), lower health care costs (59%), and improve the health of vulnerable populations (58%). Missouri adults are somewhat less persuaded by arguments to increase support for public health research if these focus on improving the quality of life (47%), improving the environment (40%), preparing the community to respond to bioterrorism (35%) or increasing life expectancy (34%, Figure 7).

Compared to adults nationwide, Missouri residents are less likely to find improving the environment a persuasive argument for increasing support for public health research (40% vs. 47% U.S.).

### Reasons for Increasing Support for Public Health Research

*How persuasive would you find each of the following reasons for increasing support for public health research?*

% Saying "Very Persuasive"

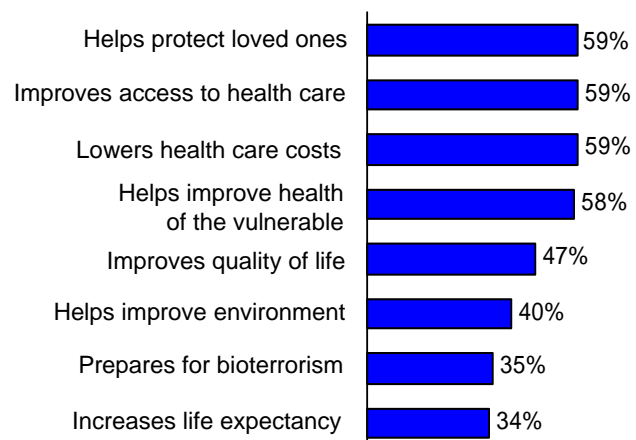
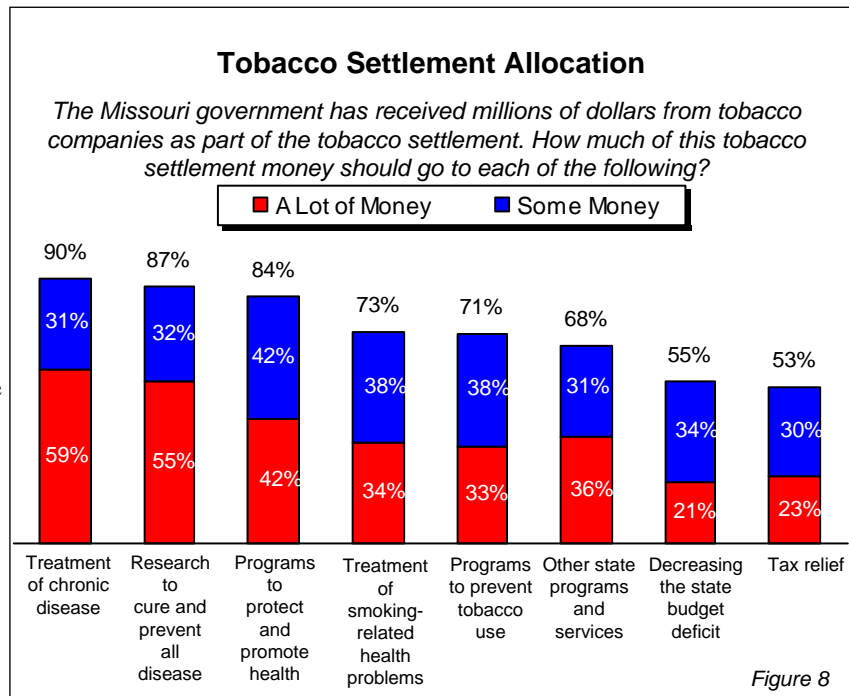


Figure 7

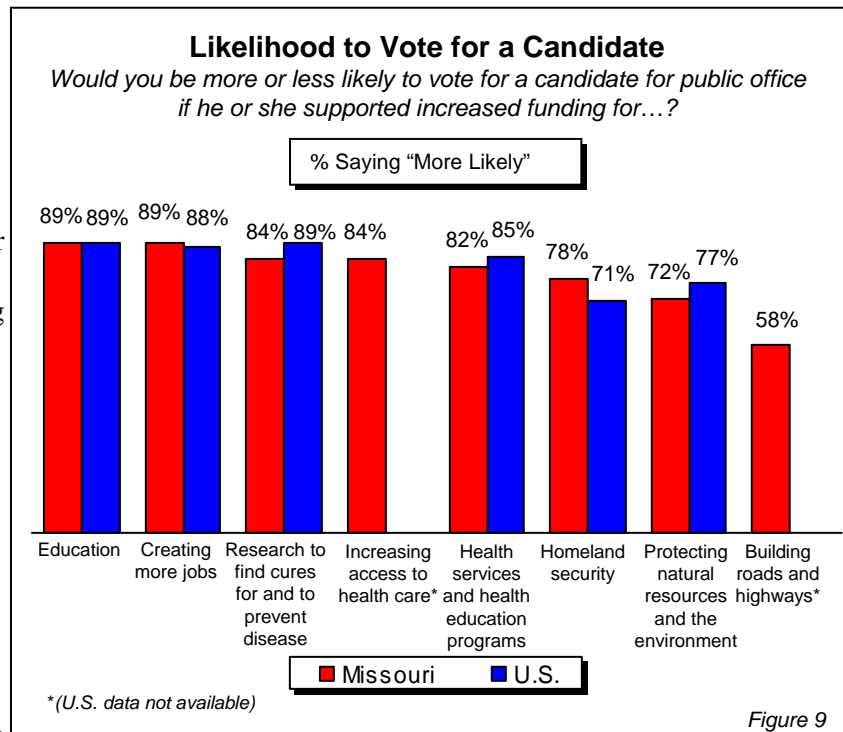
## Allocating Missouri's Tobacco Settlement Money

Large majorities of Missouri residents think that the state tobacco settlement money should be spent on programs for the treatment of chronic disease (90%), research to cure and prevent all diseases (87%), and programs to protect and promote health, such as reducing deaths due to heart disease, reducing birth defects through health education, or the making work places safer (84%). Support for the treatment of smoking-related health problems (73%), programs to prevent tobacco use (71%), and other state programs and services (68%) are also popular programs to spend money on (Figure 8).



## Candidates' Position on Funding Medical and Prevention Research Influences Voting

Large majorities of Missouri residents are more likely to vote for elected officials who support education (89%), increased funding for the creation of jobs (89%), research to find cures for and to prevent all diseases (84%), increasing access to health care (84%), and health services and health education programs such as vaccinations and prenatal care (82%). Other issues only slightly less likely to influence the voting decisions of Missouri residents include homeland security (78%), protecting natural resources and the environment (72%), and building roads and highways (58%).



Compared to U.S. adults as a whole, Missouri adults are less likely to vote for candidates who support protecting natural resources and the environment (72% vs. 77% U.S.) and research to find cures for and to prevent disease (84% vs. 89% U.S.) However, Missouri residents are more likely than the rest of the nation to vote for a candidate who supports homeland security (78% vs. 71% U.S., Figure 9).

## Missouri Residents Support Life Sciences Research

More than half of Missouri residents feel at least somewhat positive (55%) about life sciences research including research of DNA, genetics, therapeutic cloning and stem cell research. More than one in three Missourians feels very positive about this type of research. About one in five (21%) feel at least somewhat negative (21%) about life sciences research (Figure 10).

## Missourians Support Embryonic Stem Cell Research

Three in five (60%) Missouri residents at least somewhat favor the type of research where embryonic stem cells are extracted from fertilized eggs that would otherwise be discarded. Only slightly more than a third are opposed to this type of research. Nearly three in four (71%) Missouri adults at least somewhat favor embryonic stem cell research where the embryonic stem cells are created without the fusion of human sperm and egg. Only about a quarter (27%) of Missourians oppose this type of research (Figure 11).

## Of Those Opposed, Half Cite Religious Objections to Embryonic Stem Cell Research

Nearly half (48%) of Missouri residents who oppose the different types of embryonic stem cell research at least somewhat do so because of religious objections while a similar portion of the population does so based on other grounds (46%, Figure 12).

## Residents Support Law Allowing Therapeutic Cloning

The majority (66%) of Missouri residents would support a state law that bans using embryonic stem cells to clone a human being but allowed it to be used for the pursuit of cures for diabetes, paralysis, Parkinson's disease and other diseases (Figure 13).

### Feelings Toward Life Sciences Research

What are your feelings toward life sciences research...?

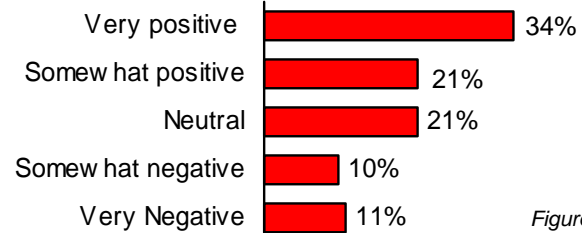


Figure 10

### Support for Embryonic Stem Cell Research

How much would you favor or oppose the following statements about embryonic stem cell research...?

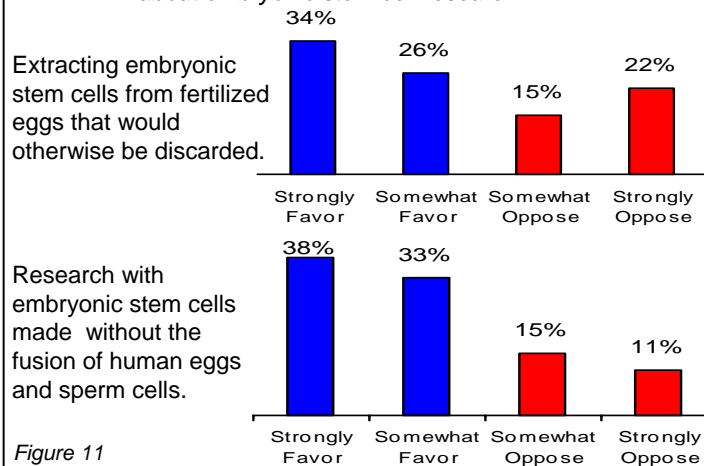


Figure 11

### Half Cite Religious Objections

Is your concern about embryonic stem cell research based on...?

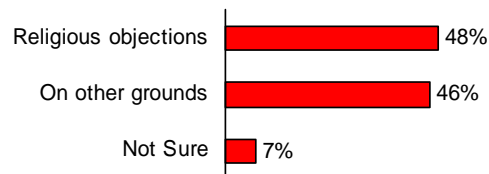


Figure 12

### Residents Support Law Allowing Therapeutic Cloning

Would you support a MO law that bans using embryonic stem cells to clone a human being but allowed it to be used for the pursuit of cures for diabetes, paralysis, Parkinson's disease and other diseases?

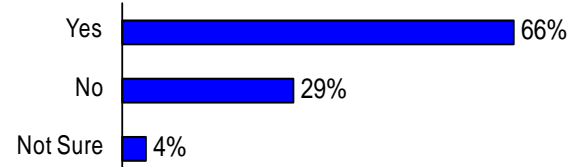


Figure 13

## Methodology

The Missouri Public Health Research Survey was commissioned by Research!America and is the 21st 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 Missouri survey was conducted with 802 adults ages 18 and older, between September 9, 2004 and September 21, 2004. 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 age 18 years and older. The survey was conducted from the Harris Interactive telephone center between September 9, 2004, and September 21, 2004. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Missouri. 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 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 Missouri population using the *March 2003 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% 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 Missouri had been polled with complete accuracy.

### *National Benchmarks*

National benchmark data were collected as part of the Harris Poll with 1,034 adults ages 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

<sup>[1]</sup> 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.