Mississippians’ View of Prevention

Mississippi residents view some behaviors as more strongly associated with prevention than others. For example, three in four residents more strongly associate the following with prevention: having safe sex (81%), vaccinations for children and adults (75%), and wearing a seat belt (75%). Not smoking (71%), preventive screenings such as mammograms and screenings to detect colon or prostate cancer (69%), youth safety (65%), avoiding excessive drinking (65%), safe work practices (65%), regular physical checkups (64%), and crime-free communities (63%) are also items that are very strongly associated with prevention.

Aspects slightly less associated with prevention include protection from bioterrorism (58%), a healthy diet (55%), physical exercise (54%) and weight control (52%). Mental health screening (37%) is least strongly associated with prevention (Figure 1).
Residents Willing to Pay for Increased Funding of Public Health Research

When presented with a range of initiatives to increase funding for public health research, a large majority of Mississippi residents are in favor of each of the following: creating a state tax return check-off for voluntary donations to health research (82%), designating a percent of gaming revenues (79%), and increasing the sales tax on alcohol (74%) and tobacco products (73%). In contrast, far fewer state residents support increasing the sales tax on soft drinks and fast food (39%), or increasing the income tax (35%) or sales tax (28%, Figure 4).

Compared to U.S. adults nationwide, Mississippians are more likely to associate safe sex (81% vs. 75% U.S.), youth safety (65% vs. 58% U.S.), crime-free communities (63% vs. 55% U.S.), protection from bioterrorism (58% vs. 50% U.S.), and screenings for anxiety, stress or depression (37% vs. 30% U.S.) with prevention. However, Mississippi residents are less likely to associate prevention with a healthy diet (55% vs. 63% U.S.) and regular physical exercise (54% vs. 61% U.S.).

Mississippians Support Increased Funding for Public Health Research

Mississippi residents think that U.S. spending on public health research is insufficient (59%, Figure 2). Nearly as many adults in the state (58%) believe U.S. spending on public health research should be at least 2 cents per health care dollar (Figure 3).

Residents Willing to Pay for Increased Funding of Public Health Research

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Focus of Public Health Research

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

<table>
<thead>
<tr>
<th>Problem</th>
<th>Top Priority</th>
<th>Somewhat High Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>85%</td>
<td>13%</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>78%</td>
<td>19%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>69%</td>
<td>26%</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>61%</td>
<td>32%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>69%</td>
<td>22%</td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>53%</td>
<td>36%</td>
</tr>
<tr>
<td>Conditions caused by poor</td>
<td>56%</td>
<td>32%</td>
</tr>
<tr>
<td>environmental quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence and injury prevention</td>
<td>49%</td>
<td>36%</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>47%</td>
<td>38%</td>
</tr>
<tr>
<td>Conditions that lower the</td>
<td>41%</td>
<td>44%</td>
</tr>
<tr>
<td>quality of life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td>47%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Figure 5

Chronic Diseases Should Be a High Priority for Public Health Research

More than nine in 10 Mississippi adults believe that public health research should focus on cancer (98%), heart disease and stroke (97%), diabetes (95%), Alzheimer’s disease (93%), and HIV/AIDS (91%). Respiratory diseases (89%); conditions caused by poor environmental quality, such as air and water pollution (88%); violence and injury prevention (85%); being overweight and obesity (85%); and conditions that lower the quality of life (85%) are high on the list of priorities for Mississippi residents. Although tobacco use is lower on the priorities list, most (76%) still believe it should be a high priority for public health research (Figure 5).

Mississippians are more likely than adults nationwide to see tobacco use (76% vs. 68% U.S.), and overweight and obesity (85% vs. 80% U.S.) as priorities for public health research. However, they are slightly less likely to prioritize respiratory diseases (89% vs. 92% U.S.) and conditions caused by poor environmental quality (88% vs. 91% U.S.).

Helping Improve the Health of Vulnerable Populations is a Persuasive Message for Increasing Support for Public Health Research

Mississippi residents indicate messages and arguments to increase support for public health research are very persuasive when they emphasize that research will help improve the health of vulnerable populations (67%), help protect their loved ones (63%) and improve access to health care (61%). Lowering health care costs (58%) and improving quality of life (55%) are also likely to resonate with the state’s residents. Fewer Mississippi adults are very persuaded by arguments to increase support for public health research if these focus on improving the environment (44%), preparing for bioterrorism (41%) or increasing life expectancy (38%, Figure 6).
Compared to adults nationwide, Mississippi residents are more likely to find the following arguments for increased support very persuasive: helping improve the health of vulnerable populations (67% vs. 56% U.S.), improving quality of life (55% vs. 48% U.S.), and helping to protect loved ones (63% vs. 55% U.S.).

**Allocating Tobacco Settlement Money**
The vast majority of Mississippi residents think that state tobacco settlement money should be spent on programs for the treatment of chronic diseases (92%) and initiatives to help the elderly get prescription drugs (90%). Research to find cures for and prevent all diseases (90%) and programs to help the state’s residents get affordable health insurance (85%) also are popular causes on which to spend settlement money. More than seven in 10 support providing funds to cover the Medicaid budget deficit (77%), programs to prevent tobacco use (71%), and treatment of smoking-related health problems (71%). Fewer, but still more than half, support other state programs and services (69%), tax relief (55%) and decreasing the state budget deficit (52%, Figure 7).

**Support for Tobacco Tax Increase**
Three in four (75%) Mississippi residents support an increase in the tobacco tax. One in five would increase the tax by $1.50 or more (Figure 8).

**Expanding Health Insurance Coverage to More Americans**
When presented with a variety of ways to guarantee health insurance for more Americans, a large majority of state residents are in favor of expanding state government programs for low income people (79%), requiring businesses to offer private health insurance for their employees (79%), and offering

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**Increase in Tobacco Tax**
*Currently Mississippi has a tobacco tax of 18 cents per pack of cigarettes. How much of an increase of this tax would you support?*

- Less than 50 cents: 24%
- 50 cents: 21%
- 75 cents: 3%
- $1.00: 6%
- $1.25: 1%
- $1.50: 3%
- More than $1.50: 17%
- Would not support any increase: 21%

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**Ways to Guarantee Health Insurance for More Americans**
*Please tell me if you would favor or oppose…?*

- Expanding government programs for low income people: 79%
- Requiring businesses to offer private health insurance to employees: 79%
- Giving tax credits/financial assistance to the uninsured to purchase private health insurance: 75%
- Requiring individuals to have health insurance: 53%
- A national, taxpayer-financed, single government plan for all Americans: 48%
uninsured Americans tax credits or other financial assistance to help them purchase private health insurance on their own (75%). Fewer state residents favor requiring individuals to have health insurance (53%) or a national health plan, financed by taxpayers, in which all Americans would get their health insurance from a single government plan (48%, Figure 9).

**Candidates’ Position on Medical and Prevention Research Influences Voting**

Large majorities of Mississippi residents are more likely to vote for elected officials who support increased funding for the creation of jobs (89%), education (89%), increased access to health care (87%), research to find cures for and to prevent disease (87%), and health services and health education programs such as vaccinations and prenatal care (84%). Other issues likely to influence the voting decisions of Mississippi residents include homeland security (78%), and protecting natural resources and the environment (70%, Figure 10).

Compared to U.S. adults as a whole, Mississippi adults are more likely to vote for candidates who support an increase in funding for homeland security (78% vs. 71% U.S.) but are less likely to support politicians based on their endorsement of an increase in funding for protecting natural resources and the environment (70% vs. 77% U.S.).

**Important to Eliminate Health Disparities**

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. Mississippi residents strongly believe it is important to conduct medical and health research to eliminate disparities in health. Nearly all Mississippi residents (94%) 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 seven in 10 adults in the state of Mississippi (72%) believe that it is very important (Figure 11).

Mississippi residents are more likely than U.S. adults to feel that addressing these differences are very important (72% vs. 65% U.S.).
Methodology
The Mississippi Public Health Research Survey was commissioned by Research!America and is the 18th 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 Mississippi survey was conducted with 800 adults ages 18 and older, between June 1, 2004 and June 22, 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 800 adults age 18 years and older. The survey was conducted from the Harris Interactive telephone center between June 1, 2004, and June 22, 2004. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Mississippi. 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”[1]. 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 Mississippi 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 Mississippi 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
1-800-366-CURE

[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.