

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

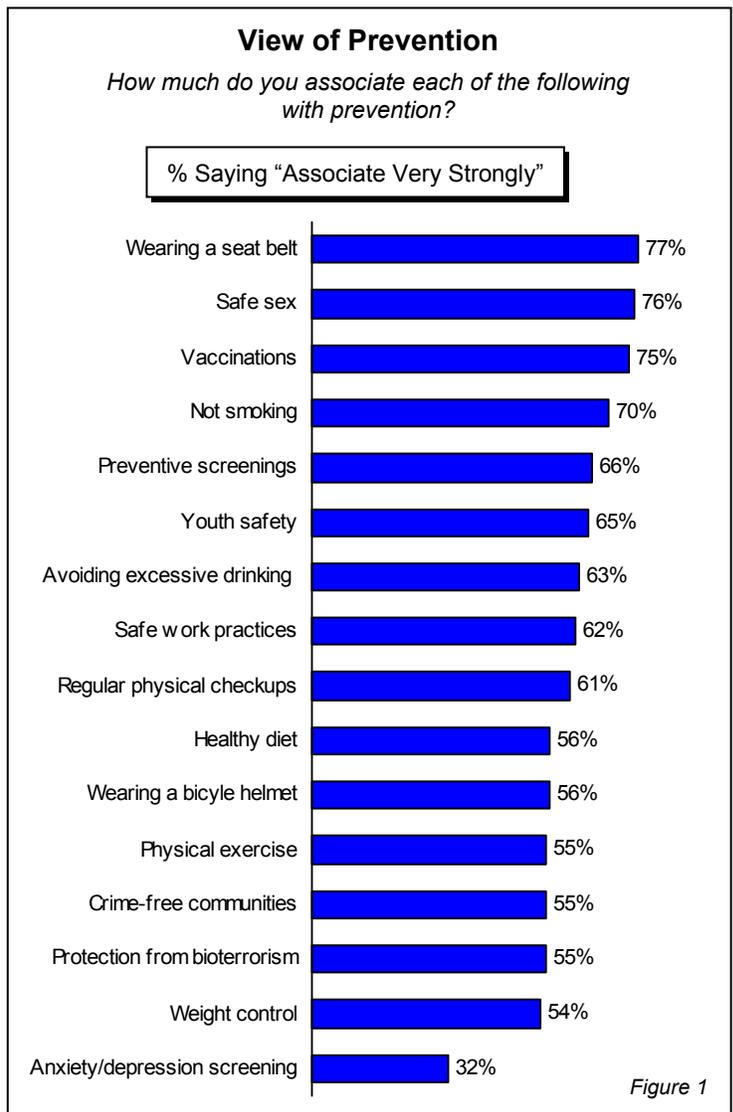
The North Carolina Public Health Research Survey was commissioned by Research!America as a part of a multi-year effort to build greater national support for prevention and public health research. The North Carolina 2005 survey was conducted with 811 adults ages 18 and older between January 20, 2005 and February 20, 2005. Research!America has been gauging public opinion on people’s attitude toward medical, health and prevention research since 1992.

North Carolina Residents’ View of Prevention

North Carolina residents view some behaviors as more strongly associated with prevention than others. At least seven in 10 associate wearing a seat belt (77%), safe sex (76%), vaccinations for children and adults (75%), and not smoking (70%) with prevention. Preventive screenings such as mammograms or tests for colon and prostate cancer (66%), youth safety such as protection from guns, car crashes and bicycle-related injuries (65%), avoiding excessive drinking (63%), safe work practices (62%), and regular physical checkups by a health professional (61%) are also measures that may associate greatly with prevention.

More than half of North Carolina resident also associate a healthy diet (56%), wearing a bicycle helmet (56%), physical exercise (55%), crime-free communities (55%), protection from bioterrorism (55%), and keeping one’s weight down (54%) with prevention. Mental health screening (32%) is the aspect least strongly associated with prevention (Figure 1).

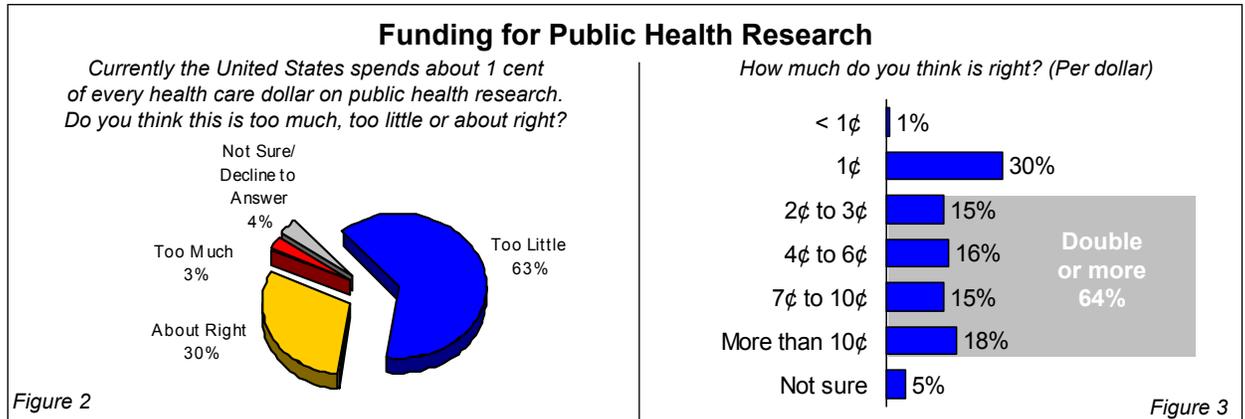
Compared to U.S. adults, North Carolinians are less likely to associate prevention with regular physical exercise (55% vs. 61% U.S.) and a healthy diet (56% vs. 63% U.S.).



However, North Carolinians are more likely than U.S. adults to link wearing a seatbelt (77% vs. 73% U.S.), youth safety (65% vs. 58% U.S.), and protection from bioterrorism (55% vs. 50% U.S.) with prevention.

Residents Support Increased Funding For Prevention Research

North Carolina residents think that U.S. spending on public health research is insufficient (63%, Figure 2). About the same number of adults in the state (64%) believe U.S. spending on public health research should be at least 2 cents per health care dollar (Figure 3).

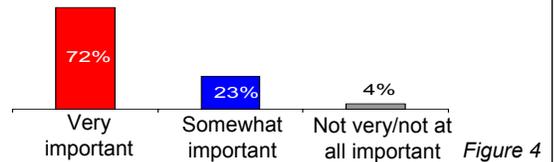


North Carolinians Want Equality in Health

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. Nearly all North Carolina 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 (Figure 4).

Important to Eliminate Health Disparities

How important do you feel it is to conduct medical or health research to understand and eliminate differences in health among people with lower incomes and among minorities?

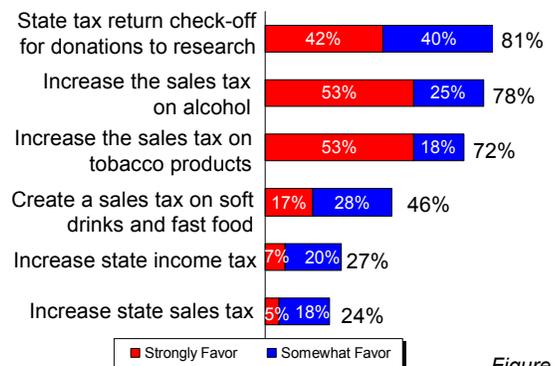


Residents Willing to Pay for Increased Funding of Public Health Research

A large majority of North Carolina residents are in favor of increasing funding for public health research by creating a state tax return check-off for voluntary donations to health research (81%), increasing the sales tax on alcohol (78%), and increasing the sales tax on tobacco products (72%). Nearly half support creating a sales tax on soft drinks and fast food (46%). However, few residents support increasing the state income tax (27%) or the sales tax (24%, Figure 5).

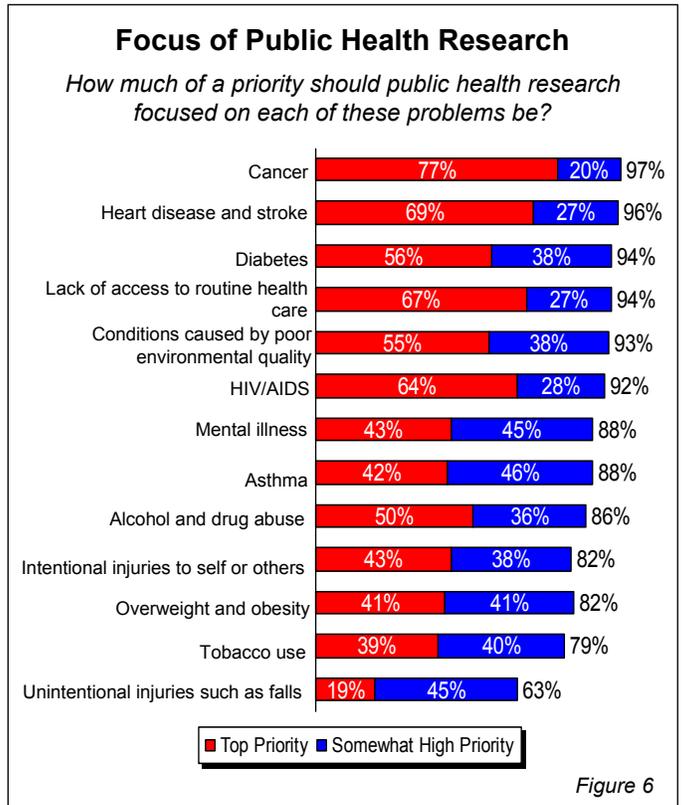
Initiatives Designed to Increase Public Health Research Funding

How much would you favor or oppose the following initiatives designed to increase funding for public health research?



Chronic Diseases a High Priority for Public Health Research

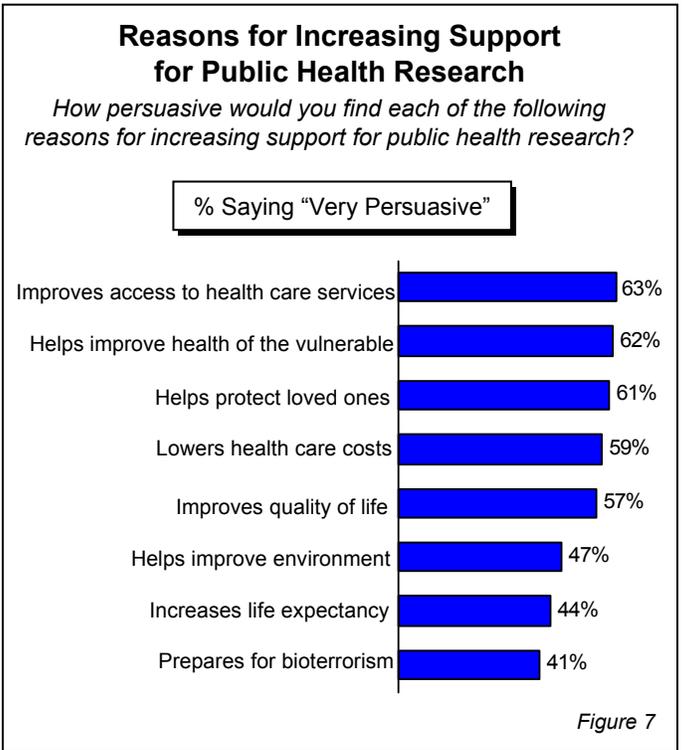
The majority of North Carolina adults believe that public health research should focus on cancer (97%), heart disease and stroke (96%), diabetes (94%), lack of access to routine health care due to cost (94%), conditions caused by poor environmental quality (93%), and HIV/AIDS (92%). Mental illness (88%), asthma (88%), alcohol and drug abuse (86%), intentional injuries to self or others (82%), overweight and obesity (82%) and unintentional injuries such as falls (63%), are also high on the list of priorities for North Carolina residents. Although tobacco use is close to the bottom of the list, more than three in four (79%) believe it should be a priority for public health research. Residents prioritize unintentional injuries lower than all the other items (Figure 6). While North Carolina residents are more likely than U.S. adults to consider tobacco use (79% vs. 68% U.S.) a priority, they are less likely to feel this way about Asthma (88% vs. 92% U.S.).



Persuasive Messages for Increasing Support for Public Health Research

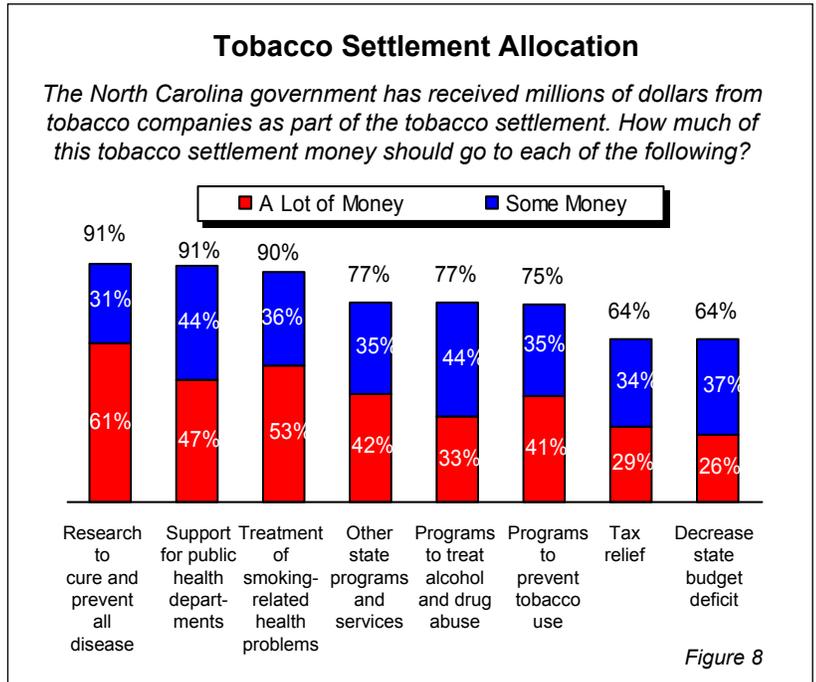
North Carolina residents indicate messages and arguments to increase support for public health research are very persuasive when they emphasize that research will help improve access to health care (63%), help improve the health of vulnerable populations (62%), protect loved ones (61%), lower health care costs (59%) and improve quality of life (57%). North Carolina adults are slightly less persuaded by arguments to increase support for public health research if these messages focus on improving the environment (47%), increasing life expectancy (44%) or preparing the community to respond to bioterrorism (41%, Figure 7).

Compared to adults nationwide, North Carolina residents more likely to find increasing life expectancy (44% vs. 35% U.S.), improving quality of life (57% vs. 48% U.S.), helping protect loved ones (61% vs. 55% U.S.), and improving the health of the vulnerable (62% vs. 56% U.S.) persuasive arguments for increasing support for public health research.



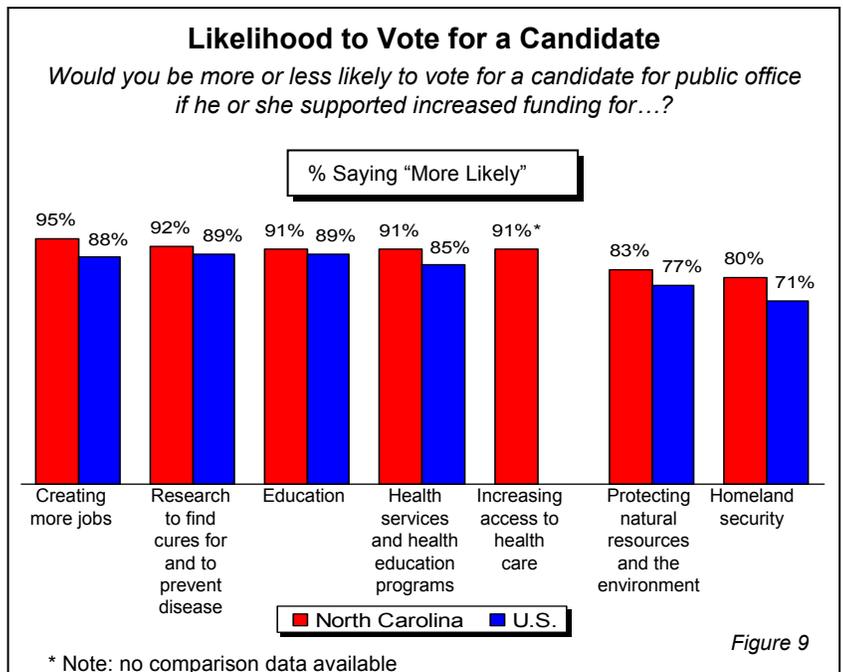
Allocating Tobacco Settlement Money

Large majorities of North Carolina residents think that the state tobacco settlement money should be spent on research to cure and prevent all diseases (91%), support for public health departments (91%), and the treatment of smoking-related health problems (90%). Other state programs (77%), including programs to treat alcohol and drug abuse (77%) and tobacco use (75%), are also popular causes to spend money on. Nearly two in three would allocate money to tax relief and to decrease the state budget deficit (64% respectively, Figure 8).



Candidates' Positions on Funding for Certain Causes Influences Voters

Large majorities of North Carolina residents are more likely to vote for elected officials who support increased funding for the creation of jobs (95%), research to find cures for and to prevent all diseases (92%), education (91%), health services and health education programs such as vaccinations and prenatal care (91%), and increased access to health care (91%). Other issues only slightly less likely to influence the voting decisions of North Carolina residents include increased funding to protect natural resources and the environment (83%) and more money for homeland security (80%).



Compared to U.S. adults, North Carolinians have similar opinions when it comes to supporting candidates who are in favor of increased funding for the above causes with the exception of education. (Figure 9).

North Carolina Residents Support a Variety of Prevention Regulations

The majority of North Carolina residents favor adopting environmental policies to protect and improve air and water quality (91%), requiring minimum standards for physical education in public schools (88%), raising the cigarette excise tax if part of the proceeds would go to public health programs (83%), and adopting environmental policies to help curb global warming (80%). Many also favor requiring industries to decrease their greenhouse gas emissions (79%), eliminating sales of unhealthy food and beverages on public school property (78%), and eliminating advertising of unhealthy food and beverages in public schools (75%, Figure 10).

Support for Prevention Regulations

How much would you favor or oppose the following regulations in North Carolina that would . . . ?

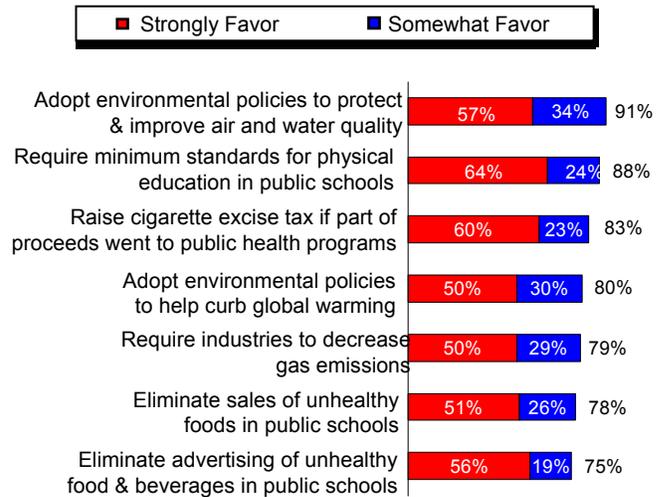


Figure 10

North Carolinians Not Willing to Pay More to Increase Number of State's Residents Covered by Health Insurance

A small majority of North Carolina residents (52%) say that they would not be willing to pay more in either higher health insurance premiums or higher taxes to increase the number of the state's residents who have insurance. However, more than one in three (38%) respondents say they would be willing to pay more. Of those willing, about the same percentage (36%) would be willing to pay between \$1 and \$10 more per month, and 41% would be willing to pay even more. Interestingly, although some respondents previously said that they are not opposed to paying more in either higher health insurance premiums or taxes, this willingness changed for some when asked specifically about how much more they would be willing pay. Some (7%) instead said that they would not pay any more (Figures 11 and 12).

Willingness to Pay More To Increase Health Coverage for State Residents

Would you be willing to pay more-either higher health insurance premiums or higher taxes -to increase the number of North Carolina residents who have insurance?

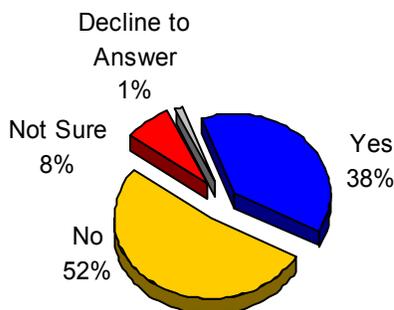


Figure 11

How much more would you be willing to pay per month?



Figure 12

Methodology

The North Carolina Public Health Research Survey was commissioned by Research!America and is the 25th 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 North Carolina survey was conducted with 811 adults ages 18 and older, between January 20, 2005 and February 10, 2005. 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 811 adults ages 18 years and older. The survey was conducted from the Harris Interactive telephone center between January 20, 2005 and February 10, 2005. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in North Carolina. 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”^[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 North Carolina population using the *March 2004 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 3.5 percentage points of what they would be if the entire adult population of North Carolina 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.