

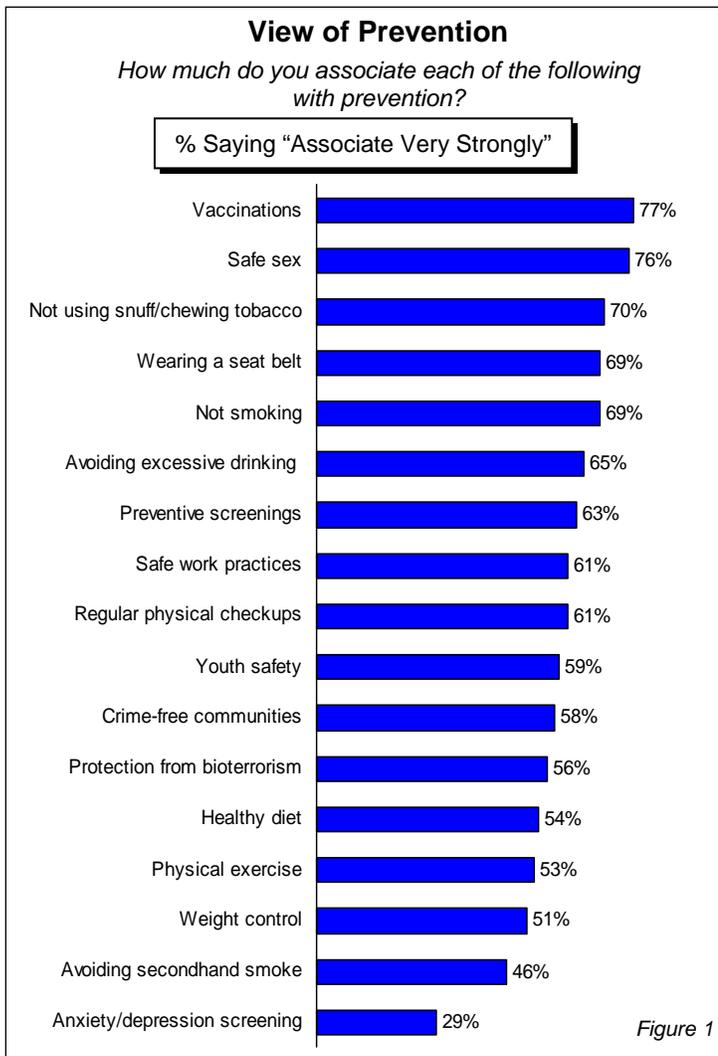
Finding better ways to protect and promote your health—Prevention and Public Health Research

The West Virginia 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 West Virginia 2004 survey was conducted with 808 adults ages 18 and older between July 12, 2004 and July 31, 2004. Almost two out of three West Virginia residents think that the United States spends too little on public health research and that funding should be at least 2 cents per health care dollar. The vast majority support using tobacco settlement funds on research to find cures for and to prevent all diseases. Research!America has been gauging public opinion on people’s attitudes toward medical, health and prevention research since 1992.

West Virginians’ View of Prevention

West Virginia residents view some behaviors as more strongly associated with prevention than others. More than three-quarters strongly associate vaccinations for children and adults (77%) and safe sex (76%) with prevention. Large majorities also associate not using snuff and chewing tobacco (70%), wearing a seat belt (69%), not smoking (69%), avoiding excessive drinking (65%), screenings such as mammograms or tests for colon or prostate cancer (63%), safe work practices (61%), and regular physical checkups by a health professional (61%) with prevention. Youth safety, such as protection from guns, car crashes and bicycle-related injuries (59%), crime-free communities (58%), protection from bioterrorism (56%), a healthy diet (54%), physical exercise (53%), and keeping one’s weight down (51%) are also items that are very strongly associated with prevention by at least half of the state’s adult residents.

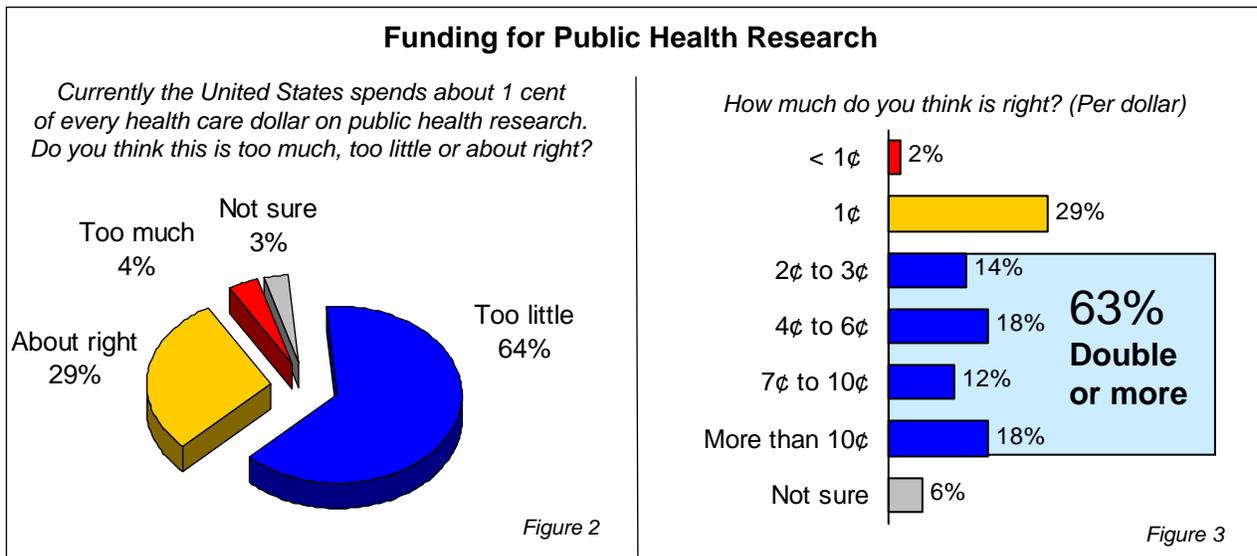
Aspects slightly less associated with prevention include not being exposed to secondhand smoke (46%) and mental health screening (29%), which is the aspect least strongly associated with prevention (Figure 1).



Compared to U.S. adults nationwide, West Virginia adults are less likely to associate prevention with some of the attributes presented, including a healthy diet (54% vs. 63% U.S.), physical exercise (53% vs. 61% U.S.), preventive screenings (63% vs. 68% U.S.) and not smoking (69% vs. 74%). However, West Virginia residents are more likely to associate prevention with vaccinations for children and adults (77% vs. 73% U.S.) and protection from bioterrorism (56% vs. 50%).

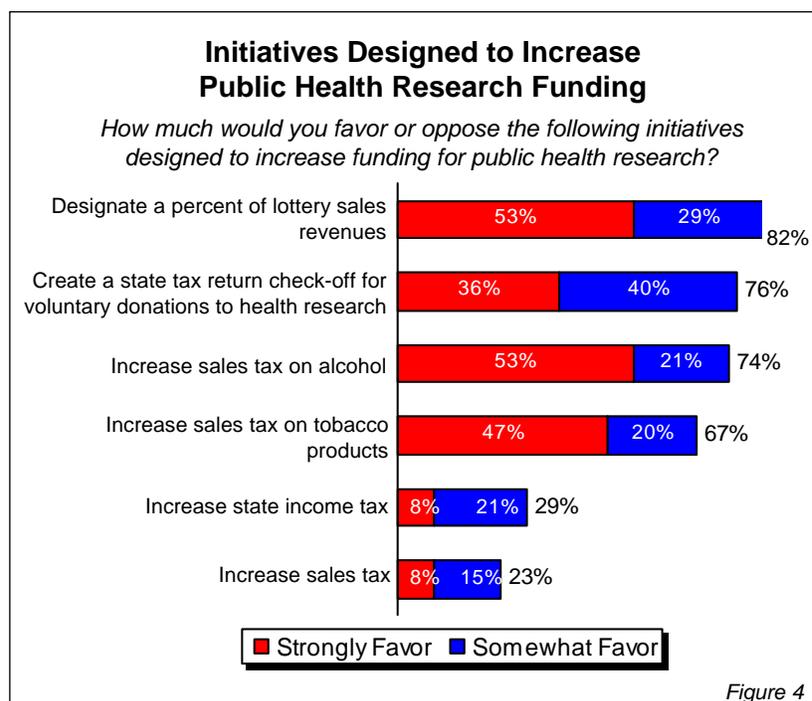
West Virginians Support Increased Funding for Public Health Research

West Virginia residents think that U.S. spending on public health research is insufficient (64%, Figure 2). Nearly as many adults in the state (63%) 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 for Public Health Research

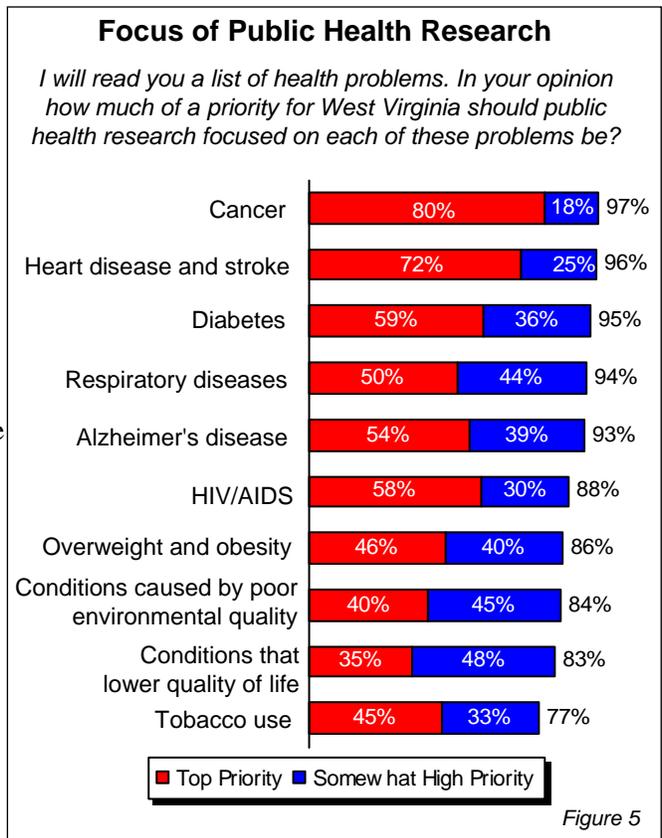
When presented with a range of initiatives to increase funding for public health research, a large majority of West Virginia residents are in favor of designating a percent of lottery sales revenues (82%), creating a state tax return check-off for voluntary donations to health research (76%), and increasing the sales tax on alcohol (74%) and tobacco products (67%). In contrast, fewer state residents support increasing the state income tax (29%) or the sales tax (23%, Figure 4).



Chronic Diseases Should Be a High Priority for Public Health Research

Majorities of West Virginia adults believe that public health research should focus on cancer (97%), heart disease and stroke (96%), diabetes (95%), respiratory diseases—including asthma (94%)—and Alzheimer’s disease (93%). HIV/AIDS (88%), overweight and obesity (86%), conditions caused by poor environmental quality (84%), and conditions that lower quality of life such as arthritis, back pain and migraines (83%) are also high on the list of priorities for West Virginia residents. Although tobacco use is at the bottom of the list, many (77%) still believe it should be a priority for public health research (Figure 5).

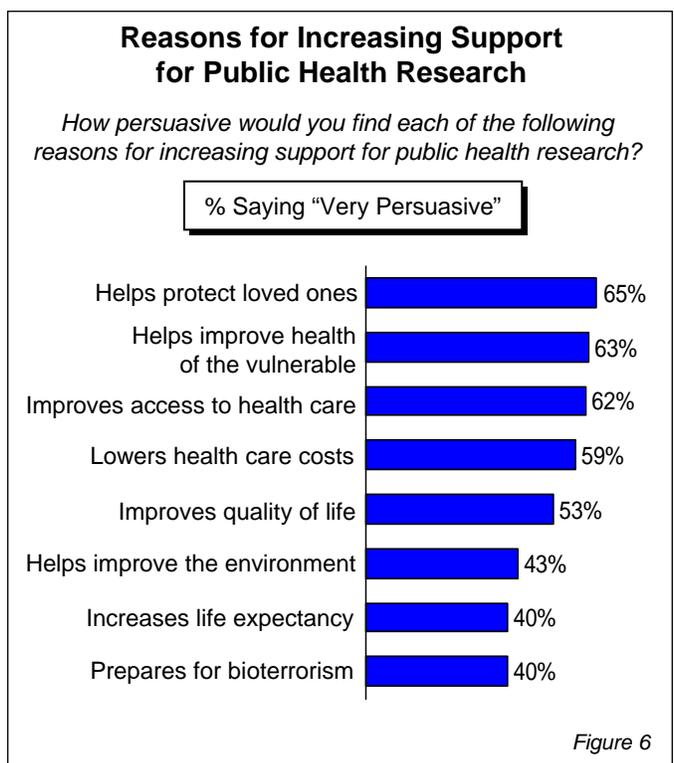
West Virginia residents place more emphasis than the nation as a whole on making overweight and obesity (86% vs. 79% U.S.) and tobacco use (77% vs. 68% U.S.) public health research priorities. However, West Virginians are less likely to consider conditions caused by poor environmental quality (84% vs. 91% U.S.) a priority.



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

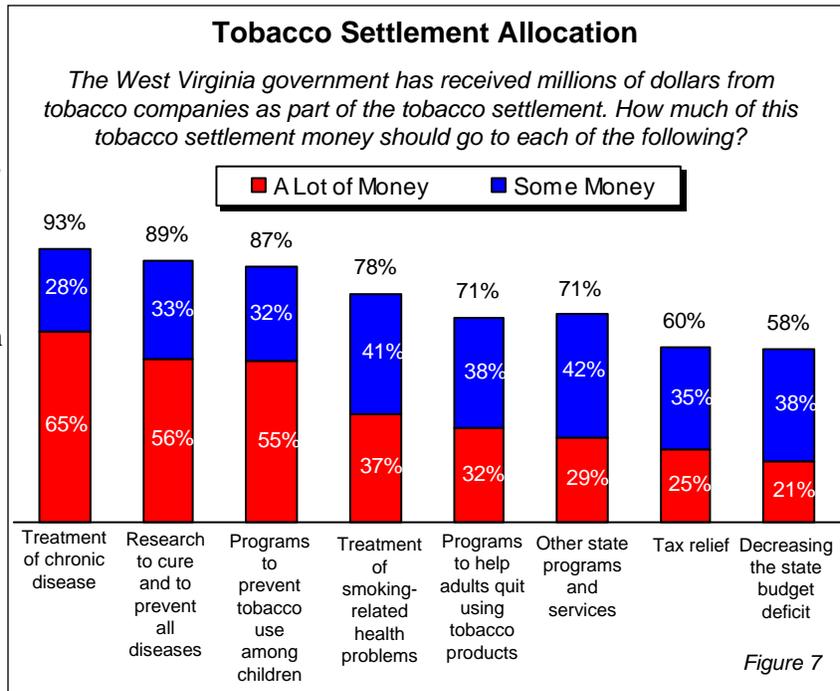
West Virginia residents indicate messages and arguments to increase support for public health research are very persuasive when they emphasize that research will help protect loved ones (65%), improve the health of vulnerable populations (63%), help improve access to health care (62%), lower health care costs (59%), and improve quality of life (53%). West Virginians are somewhat less persuaded by arguments to increase support for public health research if they focus on improving the environment (43%), increasing life expectancy (40%) or preparing the community to respond to bioterrorism (40%, Figure 6).

Compared to adults nationwide, West Virginians are more likely to be very persuaded by arguments regarding increasing life expectancy (40% vs. 35% U.S.), improving quality of life (53% vs. 48% U.S.), helping protect loved ones (65% vs. 55% U.S.) and helping to improve the health of the vulnerable (63% vs. 56% U.S.).



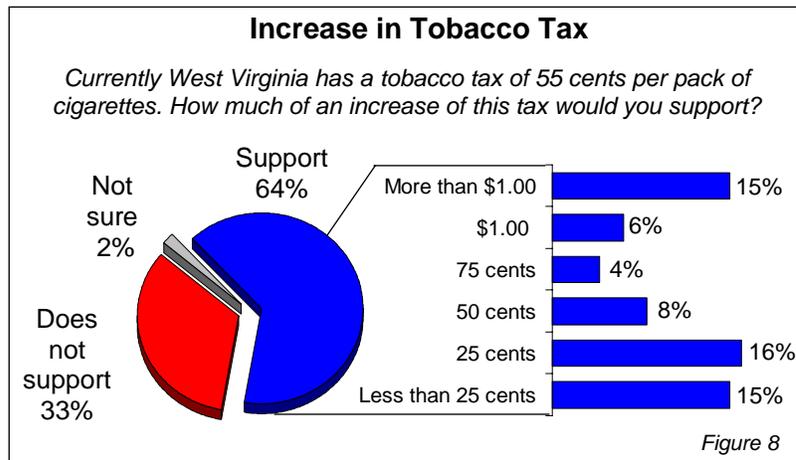
Allocating West Virginia's Tobacco Settlement Money

Large majorities of West Virginia residents think that the state tobacco settlement money should be spent on programs for the treatment of chronic disease (93%), research to find cures for and to prevent all diseases (89%), programs to prevent tobacco use among children (87%), and the treatment of smoking-related health problems (78%). Popular programs for receiving funding include programs to help adults quit using tobacco products (71%) and other state programs and services, such as prisons and support for public schools (71%). Fewer West Virginia adults believe that “a lot” or “some” of the funds from the tobacco settlement should go to tax relief (60%) or to decrease the state budget deficit (58%, Figure 7).



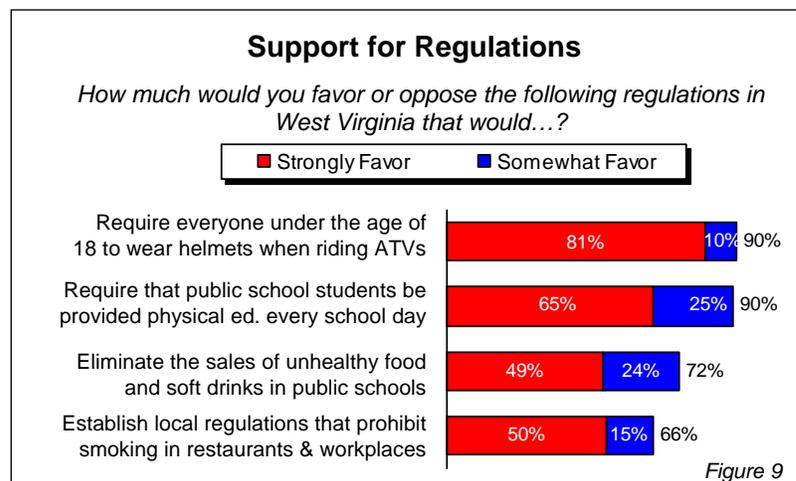
West Virginians Support Increase in Tobacco Tax

Nearly two in three (64%) West Virginia residents support an increase in the tobacco tax. More than one in five would increase the tax by at least \$1 (21%, Figure 8).



Support for Prevention-Based Regulations is High

Nine in 10 West Virginia residents favor requiring everyone under the age of 18 to wear helmets when riding ATVs (90%) and that public school students be provided physical education every school day (90%). Eliminating the sale of unhealthy food and soft drinks in public schools (72%) is favored by nearly three-quarters of people. Two in three West Virginia adults at least somewhat favor establishing local regulations that prohibit smoking in restaurants and other workplaces (66%, Figure 9).



Candidate's Position on Funding Medical and Prevention Research Influences Voting

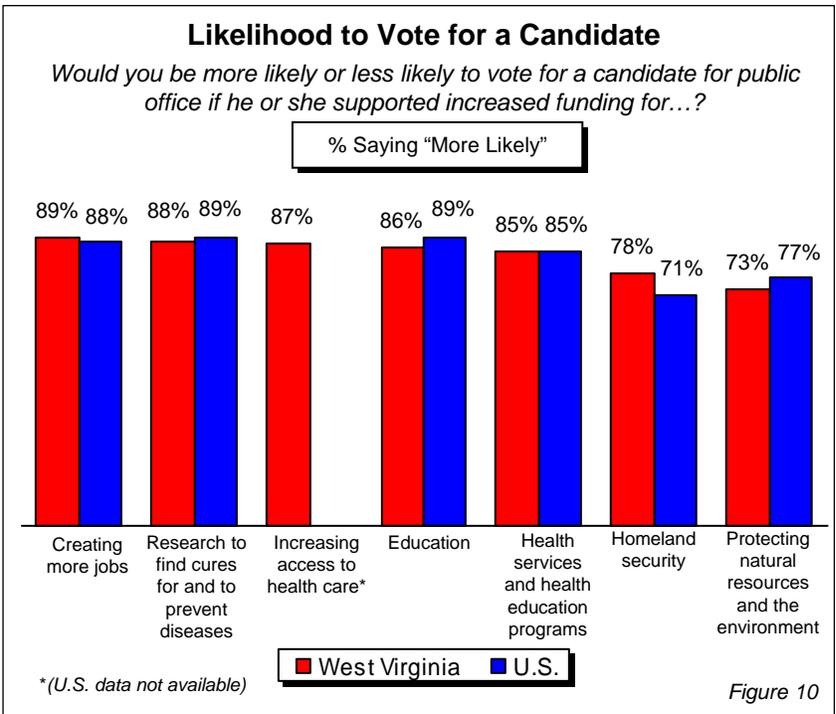
Large majorities of West Virginia residents are more likely to vote for a candidate who supports increased funding for the creation of jobs (89%), research to find cures for and to prevent diseases (88%), increase access to health care (87%), education (86%), and health services and health education programs including vaccinations and prenatal care (85%). Other issues somewhat less likely to influence the voting decisions of West Virginia residents include homeland security (78%) and protecting natural resources and the environment (73%).

Compared to U.S. adults as a whole, West Virginia adults are less likely to vote for candidates who support protecting natural resources and the environment (73% vs. 77% U.S.) However, West Virginia 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 10).

Important to Eliminate Health Disparities

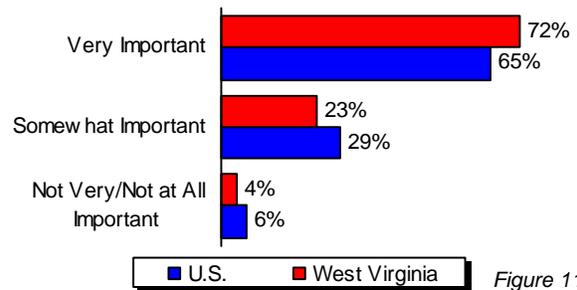
Studies show that certain health problems such as diabetes, heart disease and infant mortality happen more often among people with lower incomes and among minorities. West Virginia residents strongly believe it is important to conduct medical and health research to eliminate disparities in health. Nearly all West Virginia 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 11).

Most West Virginians (87%) at least somewhat favor increasing funding for public health programs designed to reduce health problems among people with lower incomes and among minorities (Figure 12).



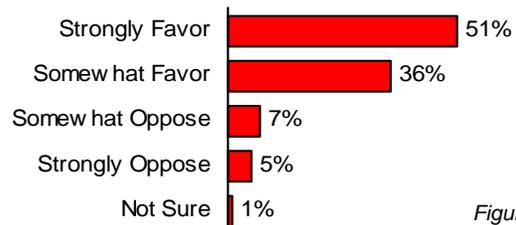
Important to Eliminate Health Disparities

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?



Support for Public Health Programs to Reduce Health Disparities

How much would you favor or oppose increasing funding for public health programs designed to reduce health problems among people with lower incomes and among minorities?



Methodology

The West Virginia Public Health Research Survey was commissioned by Research!America and is the 20th in a series of state surveys conducted for its Prevention Research Initiative, a multi-year effort to build greater national support for prevention and public health research. The West Virginia survey was conducted with 808 adults ages 18 and older, between July 12, 2004 and July 31, 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 808 adults ages 18 years and older. The survey was conducted from the Harris Interactive telephone center between July 12, 2004, and July 31, 2004. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in West Virginia. 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 West Virginia 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 3.5 percentage points of what they would be if the entire adult population of West Virginia 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.