

Connecticut Residents Speak Out on Prevention Research

A Public Opinion Survey for Research!America 2001

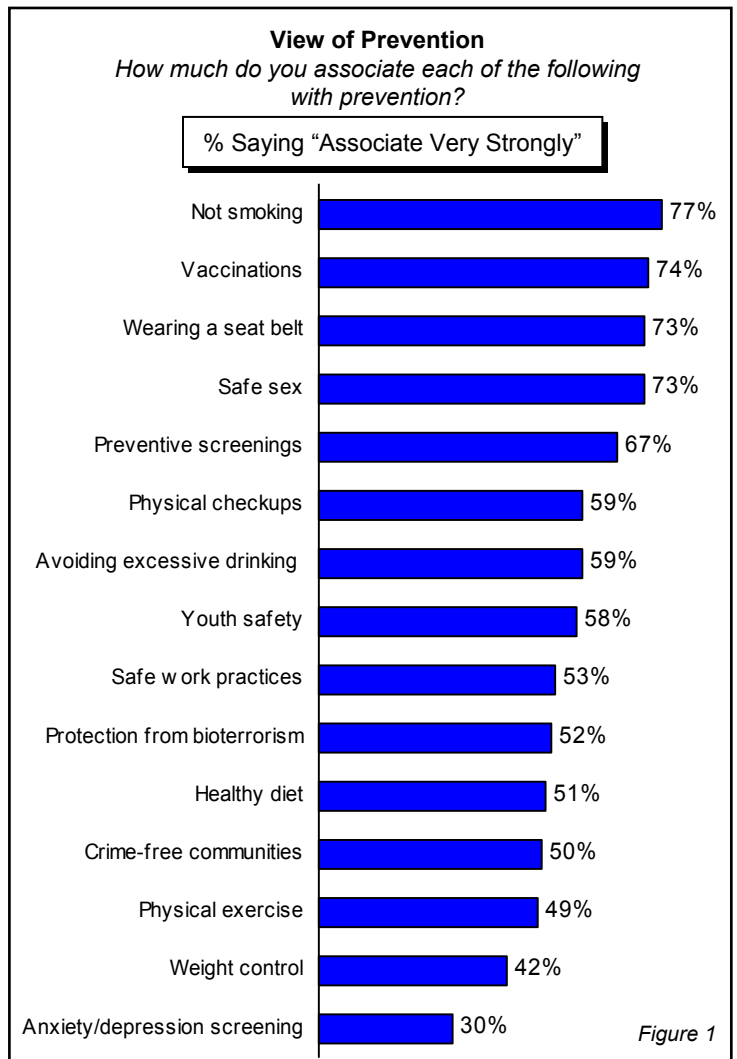
Finding better ways to protect and promote your health—Prevention and Public Health Research

The Connecticut Prevention 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 Connecticut 2001 survey was conducted with 800 adults ages 18 and older between October 18, 2001 and November 13, 2001. Ninety-three percent of residents think preventable diseases are a problem and two in five think too little is spent for health promotion and disease prevention research. Research!America has been gauging public opinion on people's attitudes toward medical, health and prevention research since 1992.

View of Prevention

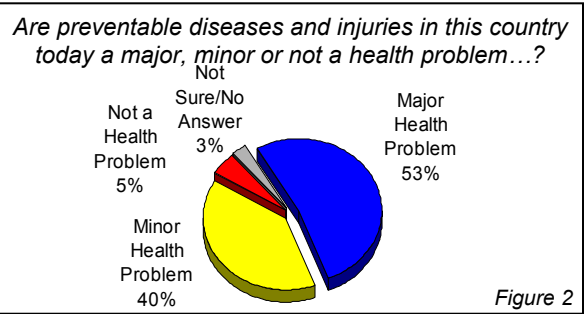
Connecticut residents view some behaviors as more strongly associated with prevention than others. For example, more than seven in 10 very strongly associate the following with prevention: not smoking (77%), vaccinations for children and adults (74%), wearing a seat belt (73%), and having safe sex (73%). Preventive screenings such as mammograms and tests to detect colon or prostate cancer (67%), regular physical checkups (59%), avoiding excessive drinking (59%), youth safety (58%), safe work practices (53%), protection from bioterrorism (52%), a healthy diet (51%), and crime-free communities (50%) are also items that are very strongly associated with prevention by at least half of the respondents.

Aspects slightly less associated with prevention include regular physical exercise (49%) and weight control (42%). Mental health screening (30%) is least strongly associated with prevention (Figure 1).



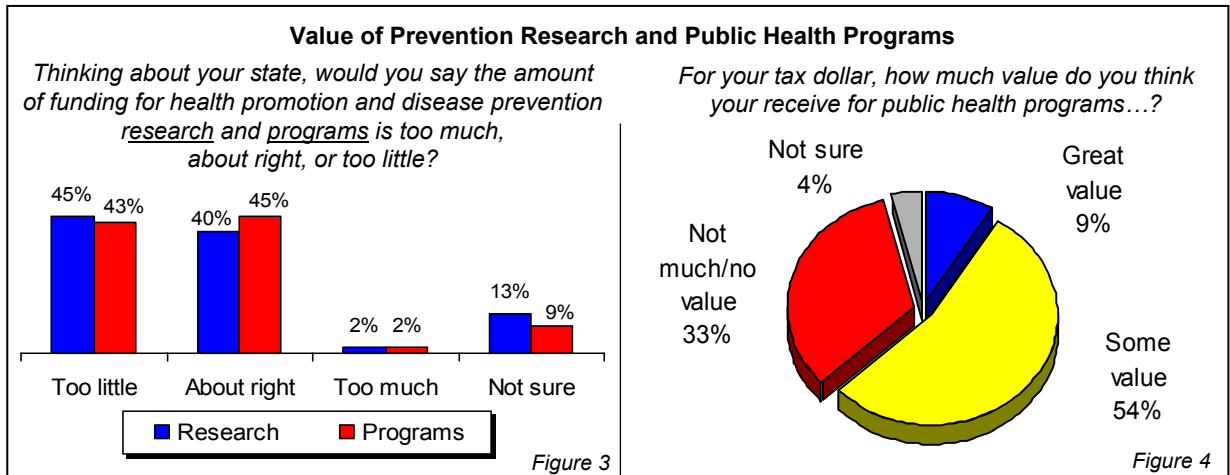
Preventable Diseases and Injuries

Nearly all Connecticut residents think that preventable diseases and injuries in this country today are a health problem (93%). More than half of the state's residents say that it is a major problem (53%, Figure 2).



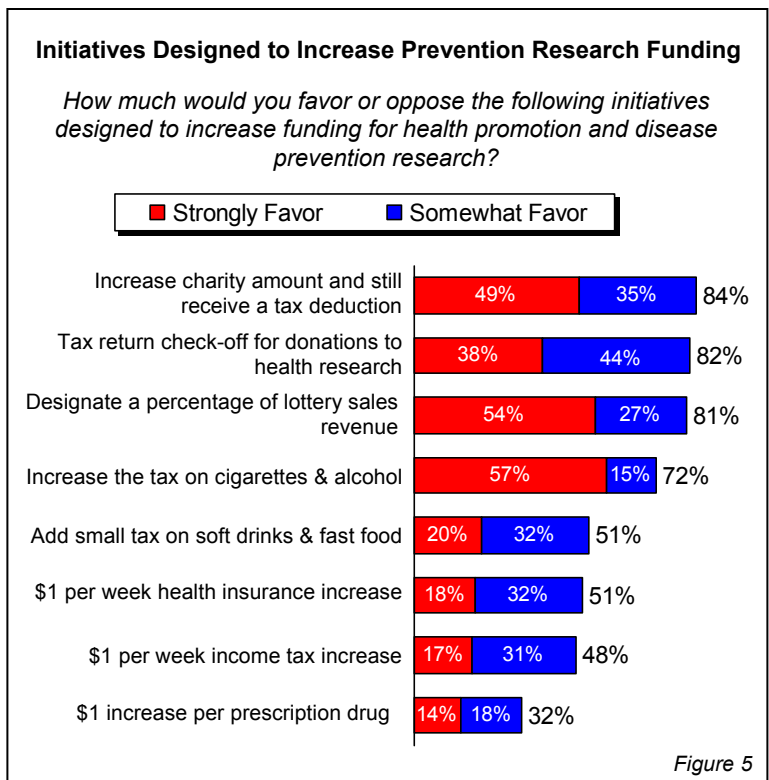
Residents Value Public Health Research and Programs

About two in five Connecticut residents think too little is spent for health promotion and disease prevention research (45%) and programs (40%, Figure 3). Nearly two-thirds (63%) of Connecticut residents say for their tax dollars, they get great or some value for public health programs (Figure 4).



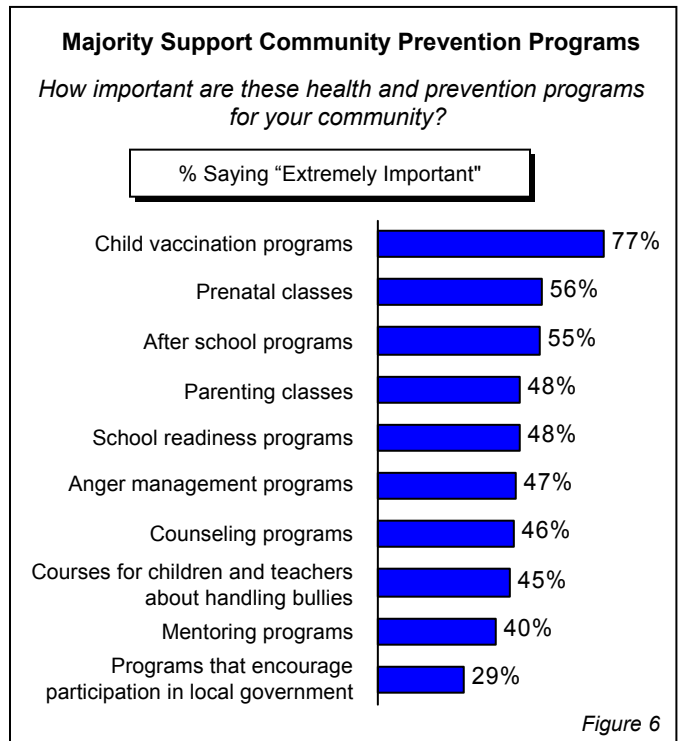
Residents Willing to Pay for Increased Funding of Prevention Research

When presented with a range of initiatives to increase funding for prevention research, a large majority of Connecticut residents are in favor of increasing the amount an individual can give to charity and still receive a tax deduction (84%), creating a tax return check-off for voluntary donations to health research (82%), designating a percentage of lottery sales revenue (81%), and increasing the sales tax on cigarettes and alcohol (72%). A moderate number favor adding a small tax on soft drinks and fast food (51%), a \$1 per week increase on health insurance (51%) and \$1 per week income tax increase (48%). Fewer favor an increase of one dollar per prescription drug (32%) to increase funding for prevention research (Figure 5).



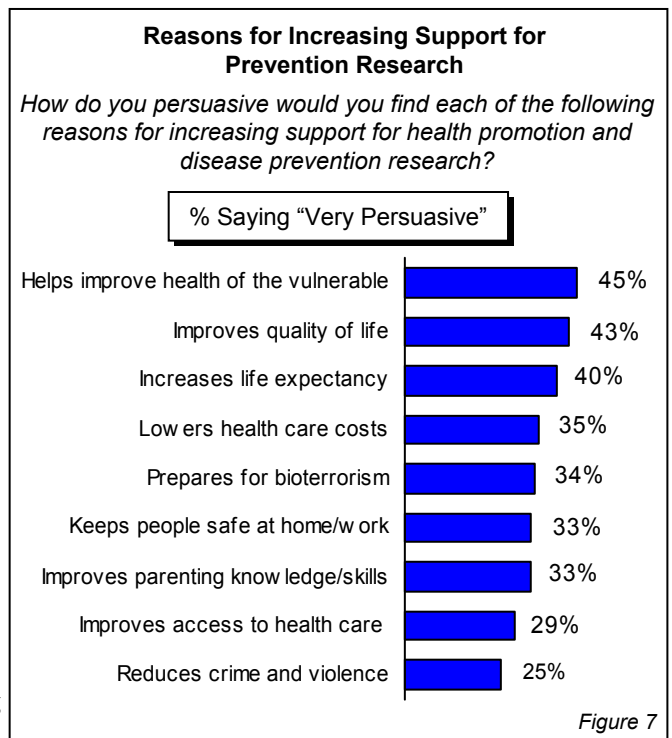
Support for Community Health and Prevention Programs

When asked about the importance of having certain community health and prevention programs, more than three in four Connecticut residents feel it is extremely important to have child vaccination programs (77%). Many feel it is extremely important to have prenatal classes (56%), after school programs (55%), parenting classes (48%), school readiness programs for pre-school children (48%), anger management programs (47%), counseling programs (46%), and courses for children and teachers about handling bullies (45%). Two in five residents feel mentoring programs (40%) are extremely important, however, fewer than one-third feel this way about programs that encourage participation in local government (29%, Figure 6).



Persuasive Messages for Increasing Support for Prevention Research

Connecticut residents indicate messages and arguments to increase support for health promotion and disease prevention research are very persuasive when they emphasize that research would help improve the health of vulnerable populations such as children and the elderly (45%), improve quality of life (43%), and increase life expectancy (40%). Connecticut residents are less likely to be swayed by arguments that research lowers health care costs (35%), prepares the country for bioterrorism (34%), keep people safe at home and work (33%), and improves knowledge and skills about parenting (33%). Fewer than one-third say they would be persuaded by arguments that research can improve access to health care services (29%) or reduce crime and violence (25%, Figure 7).



Compared to adults nationwide, Connecticut residents are less likely to find arguments for increased support very persuasive when talking about improved quality of life (43% vs. 52% U.S.), increased life expectancy (40% vs. 47% U.S.), lowered health care costs (35% vs. 47% U.S.), keeping people safe at home and work (33% vs. 38% U.S.), and improved access to health care services (29% vs. 40% U.S.).

Residents Value Health Promotion and Disease Prevention Research

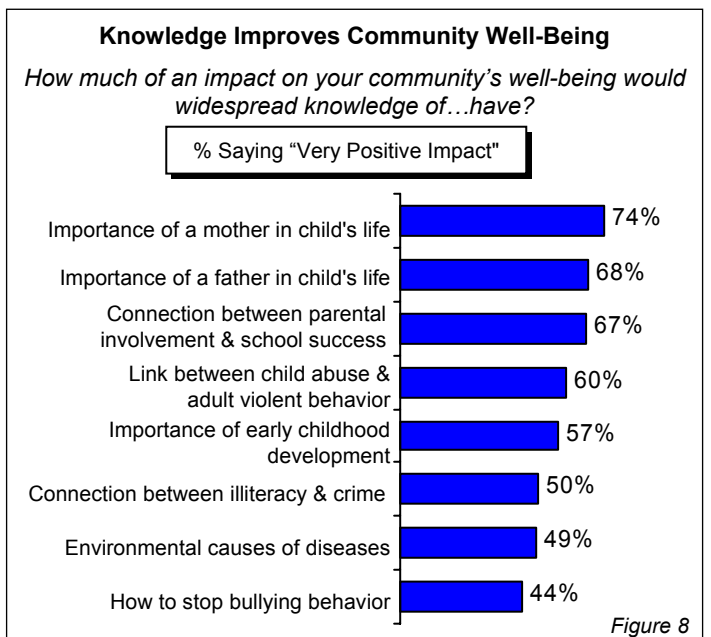
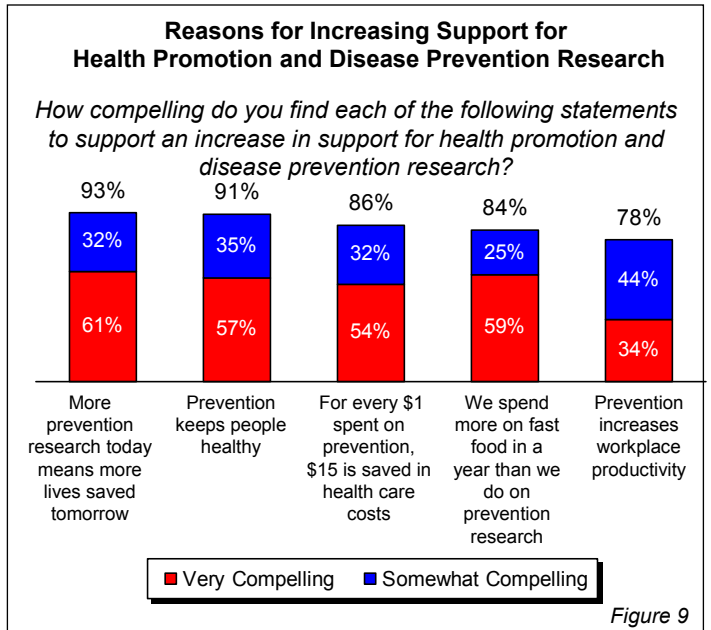
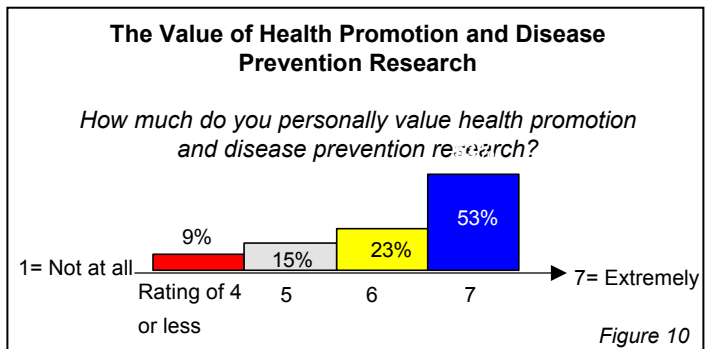
Connecticut residents place a high value on health promotion and disease research. More than half “extremely” value health promotion and disease research (53%, Figure 10).

Connecticut Residents Compelled by Messages of Hope and Economic Impact

The vast majority of Connecticut residents feel very or somewhat compelled to support health promotion and disease prevention research when they hear statements such as “More prevention research today means more lives saved tomorrow” (93%), “Prevention keeps people healthy” (91%), “For every \$1 spent on prevention, \$15 is saved in health care costs” (86%), and “We spend more on fast food in a year than we do on prevention research” (84%). Slightly fewer feel compelled by statements such as “Prevention increases workplace productivity” (78%, Figure 9).

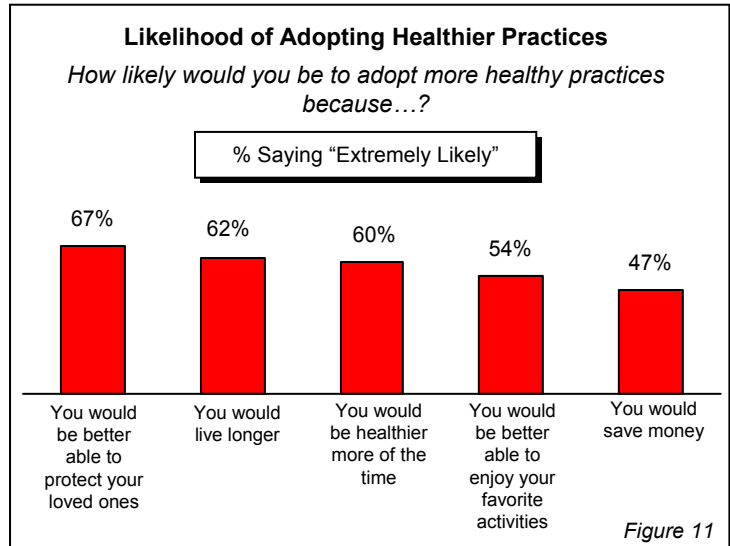
The Impact of Widespread Knowledge to Improve Community Well-Being

The majority of Connecticut adults believe that widespread knowledge regarding the importance of a mother and father in the life of a child (74% and 68% respectively), the connection between parental involvement and a child’s life and the child’s success at school (67%), the link between child abuse and adult violent behavior (60%), and the importance of early childhood development from birth to age 3 (57%) would have a very positive impact on a community’s well-being. Slightly fewer Connecticut adults believe that widespread knowledge about the connection between illiteracy and crime (50%), environmental causes of diseases (49%) and how to stop bullying behavior (44%) would have a very positive impact on their community (Figure 8).



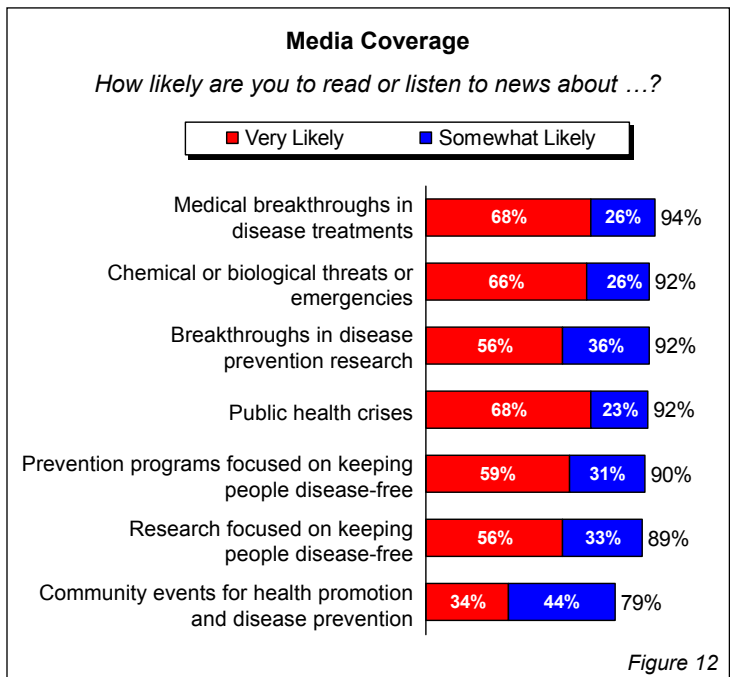
Likelihood of Adopting Healthier Practices

The majority of Connecticut residents would be extremely likely to adopt healthier practices, such as exercising, giving up smoking or a healthy diet, based on the arguments they would be able to protect their loved ones (67%), live longer (62%), be healthier more often (60%), and be able to enjoy their favorite activities (54%). Nearly half of Connecticut residents would be extremely likely to adopt more healthy practices if they would save money (47%, Figure 11).



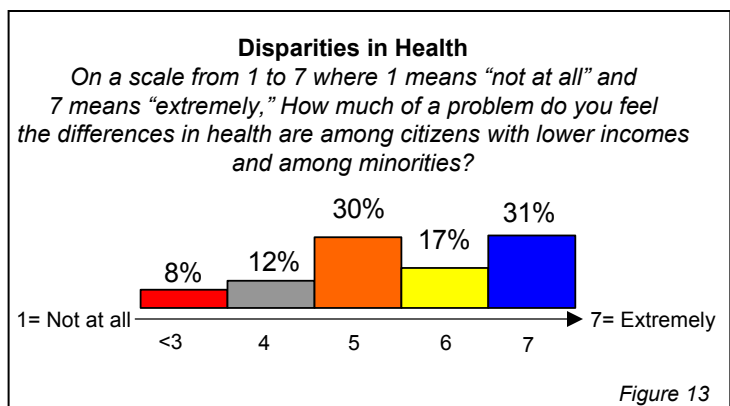
Connecticut Residents Interested in Media Coverage on Prevention Research

Almost all Connecticut residents are likely to read or listen to news about medical breakthroughs in the development of treatments for diseases, new drugs for cancer or AIDS (94%), chemical or biological threats and emergencies (92%), breakthroughs in disease prevention research (92%), public health crises such as outbreaks of diseases; West Nile Virus or E-Coli (92%), prevention programs and research focused on keeping people disease-free (90% and 89%, respectively). More than three in four residents are likely to read or listen to news about community events for health promotion and disease prevention (79%, Figure 12).



Disparities in Health

Studies show that certain health problems such as diabetes, heart disease and infant mortality happen more often among citizens with lower income and among minorities. The majority of Connecticut residents see this as a serious problem (78%), and nearly one in three believe this is an extremely serious problem (31%, Figure 13).



Methodology

The Connecticut Prevention Research Survey was commissioned by Research!America and is the first 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 Connecticut survey was conducted with 800 adults ages 18 and older, between October 18, 2001 and November 11, 2001. 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 ages 18 years and older. The survey was conducted from Harris Interactive Telephone Center between October 18, 2001 and November 13, 2001. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Connecticut. 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 Connecticut population using the *March 2000 and 2001 Current Population Surveys* 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 Connecticut had been polled with complete accuracy.

National Benchmarks

National benchmark data were collected as part of Research!America Survey of the Public with 1,053 adults ages 18 years and older in December 2000.

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.