

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

The Washington DC 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 Washington DC 2002 survey was conducted with 809 adults ages 18 and older between July 12, 2002 and August 9, 2002. Research!America has been gauging public opinion on people's attitudes toward medical, health and prevention research since 1992.

HOW WASHINGTON DC RESIDENTS VIEW PREVENTION

Washington DC residents view some behaviors as more strongly associated with prevention than others. For example, two-thirds or more strongly associate the following with prevention: wearing a seat belt (74%), vaccinations for children and adults (74%), safe sex (72%), not smoking (69%) and preventive screenings such as mammograms and screenings to detect colon or prostate cancer (66%). Regular physical check-ups (59%), a healthy diet (55%), youth safety (53%), safe work practices (53%), and avoiding excessive drinking (53%) are also items that more than half of Washington DC's residents very strongly associate with prevention.

Aspects slightly less associated with prevention include regular physical exercise (50%), weight control (47%), crime-free communities (47%) and protection from bioterrorism (44%). Mental health screening (35%) is least strongly associated with prevention (Figure 1).

DC residents are less likely than adults nationwide to associate prevention with not smoking (69% vs. 74% U.S.), a healthy diet (55% vs. 63% U.S.), safe work practices (53% vs. 61% U.S.), avoiding excessive drinking (53% vs. 62% U.S.), regular physical exercise (50% vs. 61% U.S.), weight control (47% vs. 54% U.S.), crime-free communities (47% vs. 55% U.S.) and protection from bioterrorism (44% vs. 50% U.S.). However, DC residents are more likely than adults nationwide to associate prevention with mental health screening (35% vs. 30% U.S.).

UNDERSTANDING OF PREVENTION

How much do you associate each of the following with prevention?

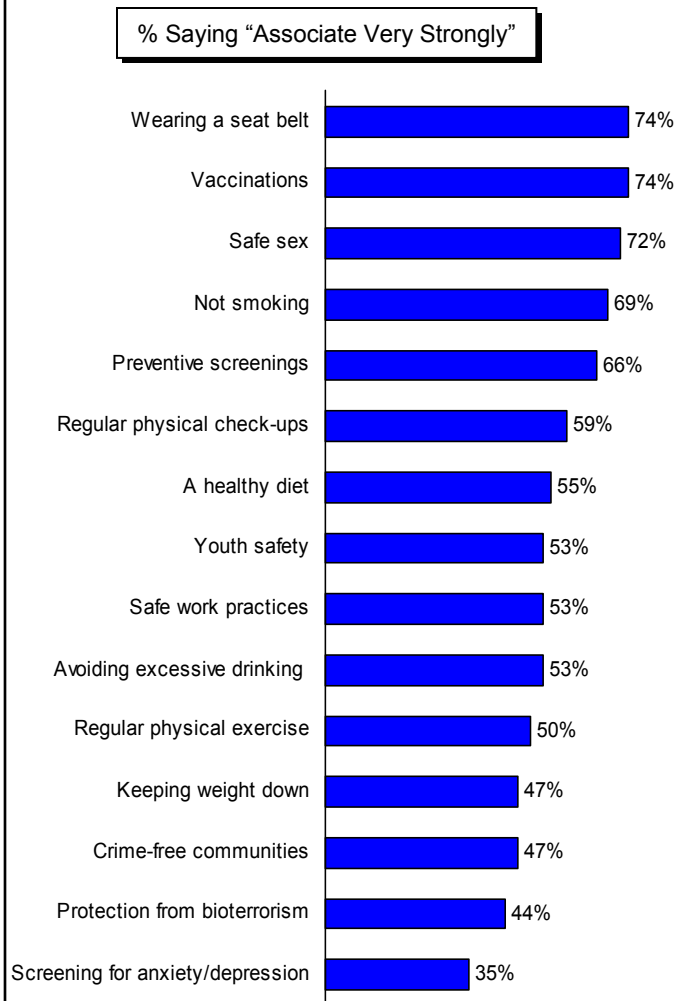
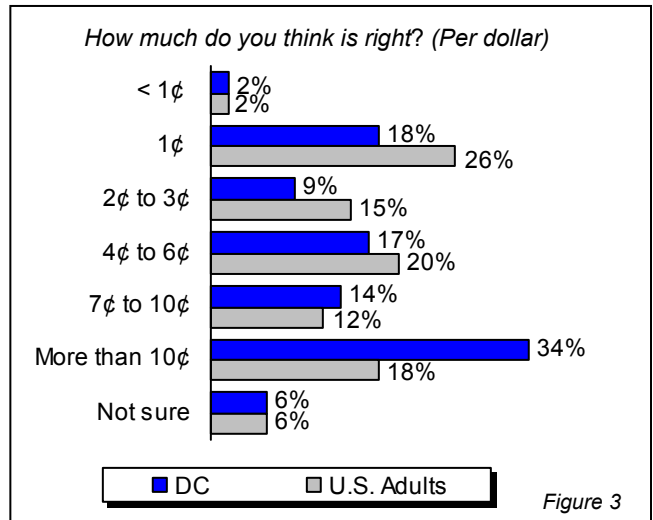
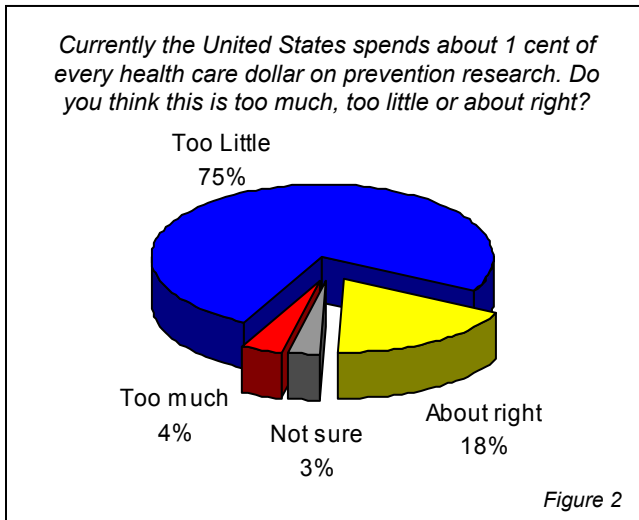


Figure 1

RESIDENTS SUPPORT INCREASED FUNDING FOR PREVENTION RESEARCH

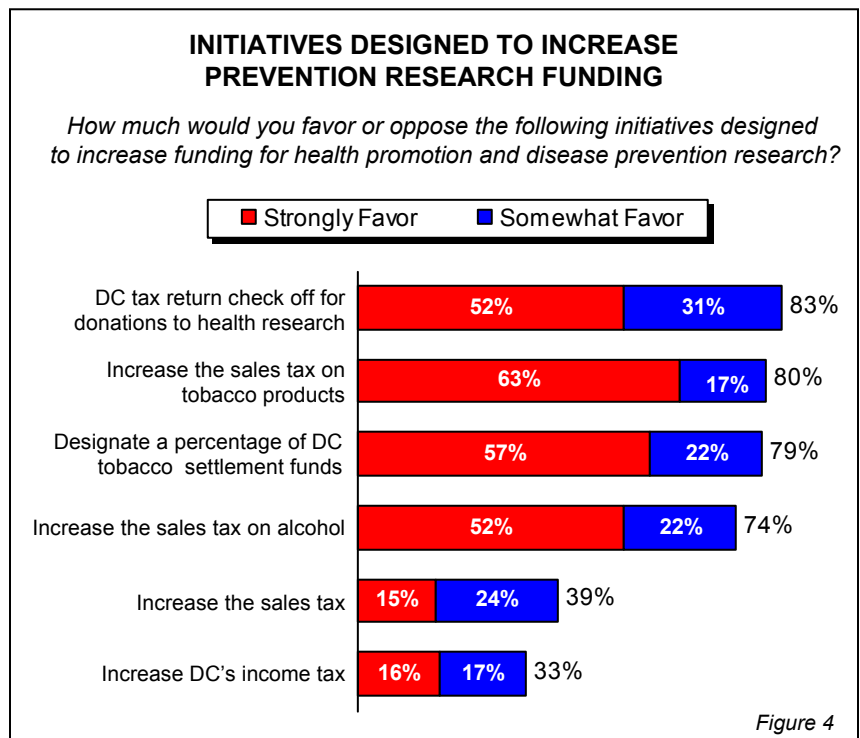
Three in four Washington DC residents think U.S. spending on prevention research is insufficient (75%). About the same number (74%) also thinks that U.S. spending should be at least 2 cents or more of every health care dollar. More than one in three (34%) believe spending should be more than 10 cents per dollar (Figures 2 and 3).

U.S. FUNDING FOR PREVENTION RESEARCH



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 Washington DC residents are in favor of creating a tax return check off for voluntary donations to health research (83%), increasing the sales tax on tobacco products (80%), designating a percentage of DC's tobacco settlement funds (79%), and increasing the sales tax on alcohol (74%). Far fewer D.C. residents favor a sales tax increase (39%) or an increased DC income tax (33%) to increase funding for prevention research (Figure 4).

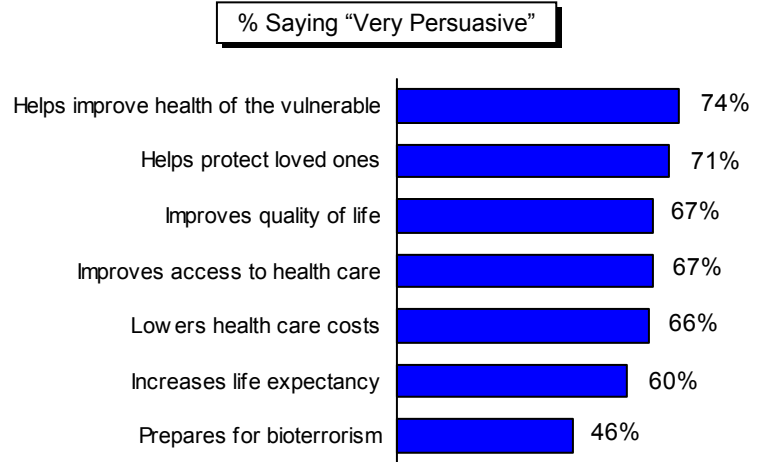


PERSUASIVE MESSAGES TO INCREASE SUPPORT FOR PREVENTION RESEARCH

A majority of Washington DC residents feel that messages and arguments to increase support for prevention research are very persuasive when they emphasize that the research will help improve the health of vulnerable populations such as children and the elderly (74%), help protect loved ones (71%), improve quality of life (67%), improve access to health care services (67%), and lower health care costs (66%). While increasing life expectancy (60%) is an argument that is also likely to persuade many DC residents, they are somewhat less likely to be swayed by arguments about preparing the community to respond to bioterrorism (46%), (Figure 5).

REASONS FOR INCREASING SUPPORT FOR PREVENTION RESEARCH

How persuasive would you find each of the following reasons for increasing support for health promotion and disease prevention research?

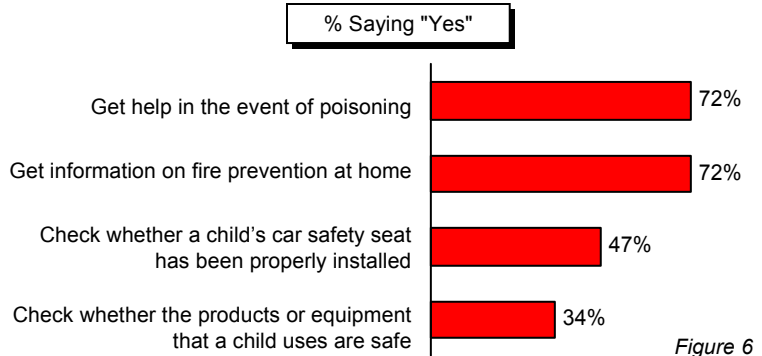


WASHINGTON DC RESIDENTS AWARE OF SPECIFIC PREVENTION PROGRAMS

The majority of Washington DC residents know of places in their community to contact for help in the event of poisoning (72%) or for information on fire prevention at home (72%). However, fewer than half know whom to contact to check whether a child's car safety seat has been properly installed (47%). Only about one in three DC residents knew whom to approach to check whether the products or equipment that a child uses are safe (34%), (Figure 6).

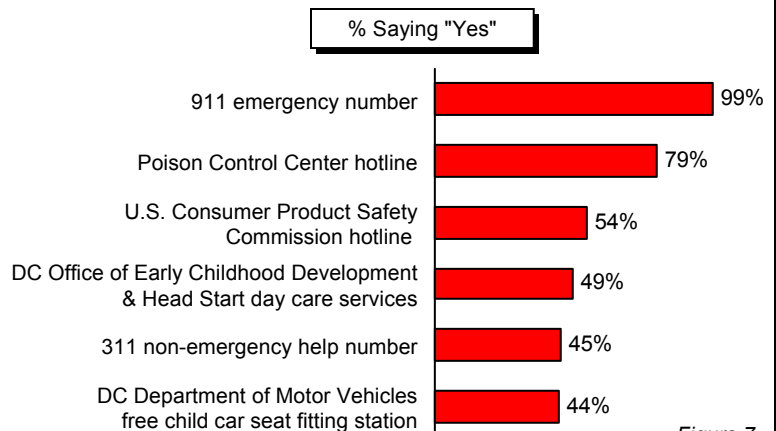
AWARENESS OF COMMUNITY PREVENTION PROGRAMS

Do you know of any places in your community that you could contact if you needed to...?



Almost all Washington DC residents have heard about the 911 emergency number (99%). A significant number have also heard about the Poison Control Center hotline (79%). Fewer DC residents are aware of the U.S. Consumer Product Safety Commission hotline (54%), day care services offered by the DC Office of Early Childhood Development and Head Start (49%), 311 non-emergency help number (45%) and free child car seat fitting station at the DC Department of Motor Vehicles (44%), (Figure 7).

Have you ever heard about the...?



THE IMPORTANCE OF COMMUNITY PREVENTION PROGRAMS

When asked about the importance of community prevention programs, more than three in four Washington DC residents feel it is extremely important to have hotlines to contact in the event of poisoning (79%). The majority of DC residents also say it is extremely important to have child safety programs for parents and other child care providers (68%), programs about fire safety at home (66%), programs to address the safety needs of adults and children with disabilities (65%), and hotlines about product and equipment safety for children and teenagers (57%), (Figure 8).

WASHINGTON DC RESIDENTS OFFER STRONG SUPPORT FOR PREVENTION REGULATIONS

Four in five DC residents favor laws requiring children ages 16 and under to wear helmets every time they ride a bike, scooter or skateboard (80%). About one in six would be in opposition (15%) and a very small number are unsure whether they would favor or oppose such laws (3%), (Figure 9).

TRUSTED SOURCES OF INFORMATION ON PREVENTION RESEARCH

Doctors and other health care professionals (32%) are the first most trusted sources for information about research on prevention of unintentional injuries and disabilities. Ranking next are public safety officers, such as fire fighters, paramedics and police officers (17%), followed by hospitals, health clinics and medical centers (15%) and the media (13%). Fewer Washington DC residents identified the following as their first most trusted source: the DC Department of Health (10%), voluntary health associations such as DC Safe Kids (7%), and religious leaders, such as a pastor, priest, rabbi, etc. (4%) (Figure 10).

THE IMPORTANCE OF COMMUNITY PREVENTION PROGRAMS

How important is it to have in... your community?

% Saying "Extremely Important"

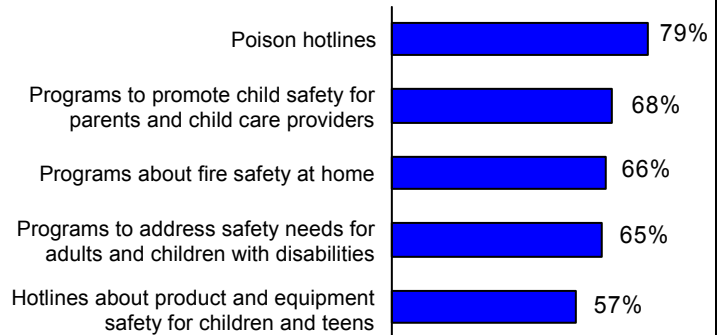


Figure 8

SUPPORT FOR PREVENTION REGULATIONS

Would you favor or oppose laws requiring that children age 16 and under wear helmets every time they ride a bike or scooter, or skateboard?

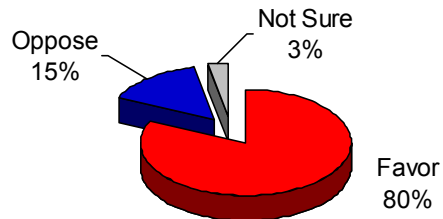


Figure 9

MOST TRUSTED SOURCES OF INFORMATION

Which one of the following would you trust most to inform you about research on prevention of unintentional injuries and disabilities?

1st Most Trusted **2nd Most Trusted**

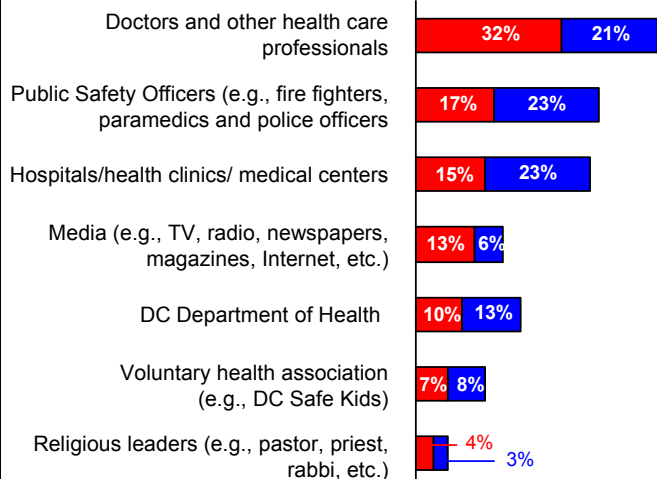
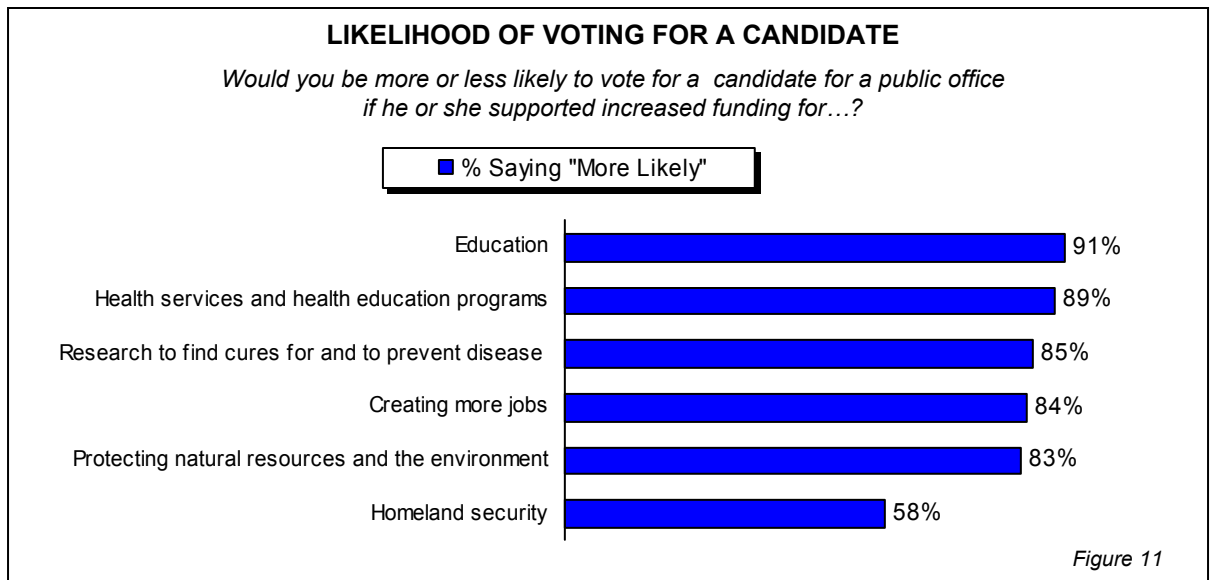


Figure 10

CANIDATES' POSITION ON MEDICAL AND PREVENTION RESEARCH INFLUENCES VOTING

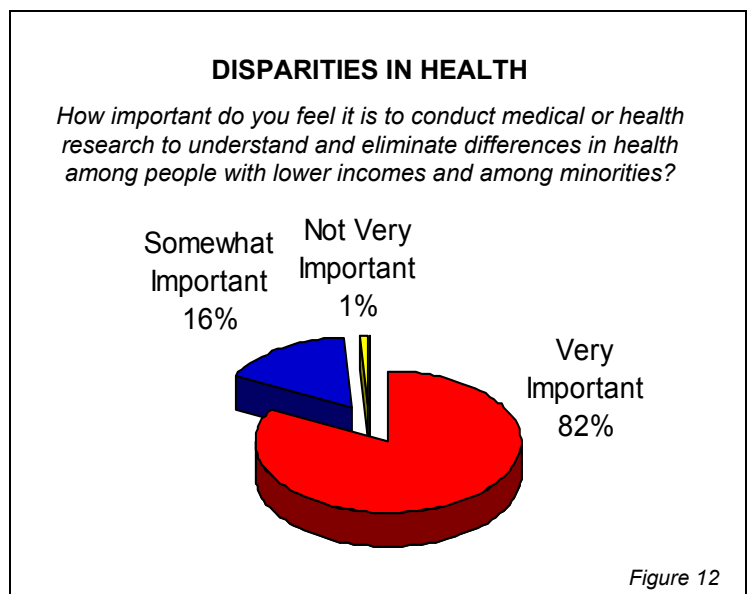
A large majority of Washington DC residents are more likely to vote for elected officials who support increased funding for education (91%); health services and health education programs (89%); research to find cures for and to prevent disease (85%); the creation of jobs (84%); and protecting natural resources and the environment (83%). Less likely to influence voting decisions of Washington DC residents, but still mentioned by about three in five, is homeland security (58%), (Figure 11).

Compared to adults nationwide, DC residents are less likely to endorse a candidate if he or she supports research to find cures for and to prevent disease (85% vs. 89% U.S.), creating more jobs (84% vs. 88% U.S.), and homeland security (58% vs. 76% U.S.). However, they are significantly more likely to stand behind a candidate if he or she supports protecting natural resources and the environment (83% vs. 74% U.S.), education (91% vs. 88% U.S.), and health services and health education programs, such as vaccinations and prenatal care (89% vs. 85% U.S.).



DISPARITIES 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 Washington DC residents (98%) believe that it is very or somewhat important to conduct medical or health research to understand and eliminate differences in disease mortality among people with lower incomes and among minorities. More than four in five (82%) believe that it is very important (Figure 12).



METHODOLOGY

Research!America commissioned the Washington DC Prevention Research Survey—funded by a grant from The Robert Wood Johnson Foundation—as part of a multi-year effort to build greater national support for prevention and public health research. This state survey is the fourth in a series conducted for the Prevention Research Initiative.

Telephone Sample

Harris Interactive conducted a 15-minute telephone survey with a representative sample of 809 adults ages 18 years and older. The survey was conducted from the Harris Interactive telephone center between July 12, 2002 and August 9, 2002. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Washington DC. 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.” The sample design also ensured 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, DC community area (Northwest, Northeast, Southwest, Southeast), household size and the number of telephone lines in the household to reflect the demographic composition of the Washington DC population using the March 2001 Current Population Survey from the U.S. Census Bureau. Due to 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 percent 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 Washington DC had been polled with complete accuracy.

National Benchmarks

National benchmark data were collected as part of the Harris Poll, August 2002 (n=1,011). Additional benchmark data comes from the Research!America Survey of the Public conducted by Harris Interactive, August 2003 (N=1,034).

For more information on this or other surveys commissioned by Research!America:
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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.