

Illinois Residents Speak Out on Prevention Research

A Public Opinion Survey for Research!America 2002

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

The Illinois Prevention Research Survey was commissioned by Research!America as part of a multi-year effort to build greater national support for prevention and public health research. The Illinois 2002 survey was conducted with 806 adults ages 18 and older between July 12, 2002 and August 9, 2002. Nearly seven in 10 residents think funding for prevention research is too little. Research!America has been gauging public opinion on people's attitudes toward medical, health and prevention research since 1992.

View of Prevention

Illinois residents view some behaviors as more strongly associated with prevention than others. For example, more than two-thirds strongly associate the following with prevention: having safe sex (71%), vaccinations for children and adults (69%), wearing a seat belt (69%) and not smoking (67%). Preventive screenings such as mammograms and screenings to detect colon or prostate cancer (58%), avoiding excessive drinking (55%), safe work practices (54%), youth safety (53%), and regular physical checkups (50%) are very strongly associated with prevention by many residents.

Aspects slightly less associated with prevention include crime-free communities (49%), a healthy diet (48%) regular physical exercise (48%), weight control (45%) and protection from bioterrorism (45%). Mental health screening (26%) is least associated with prevention (Figure 1).

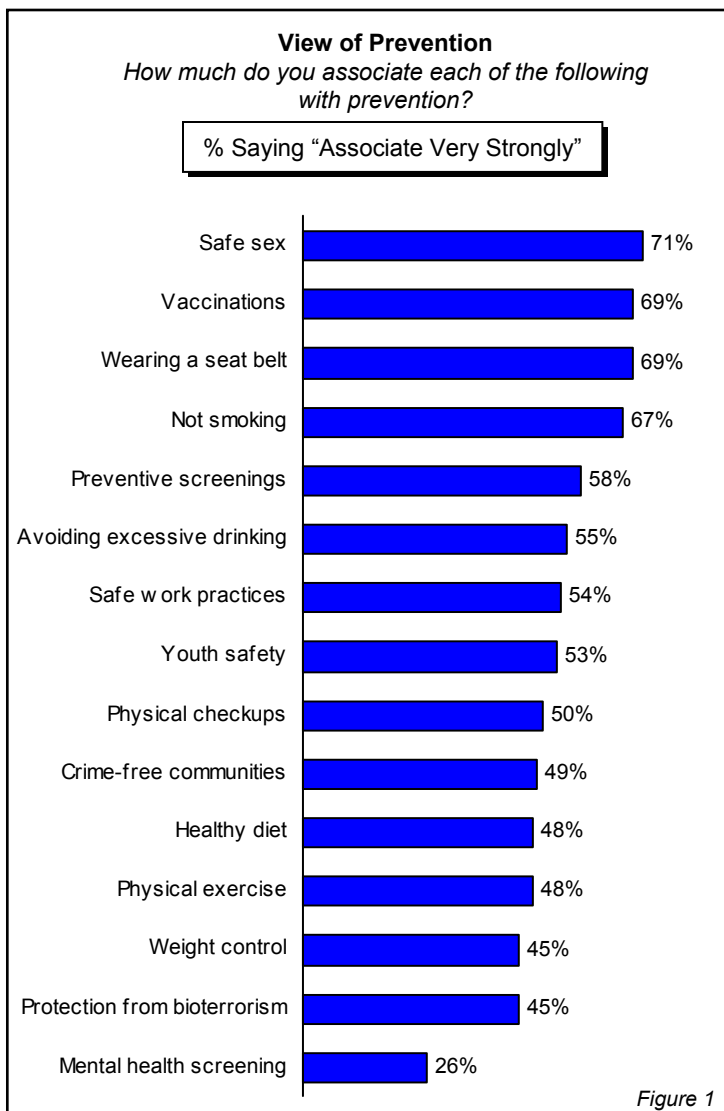
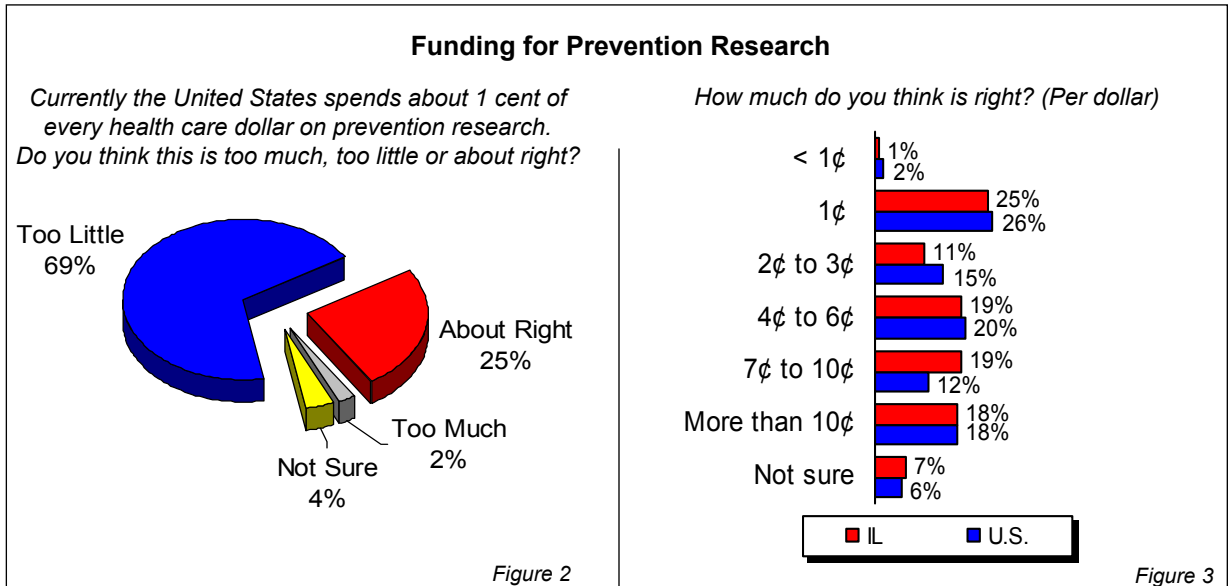


Figure 1

Compared to U.S. adults nationwide, Illinois adults are less likely to associate prevention with safe sex (71% vs. 76% U.S.), vaccinations for children and adults (69% vs. 79% U.S.), preventive screenings (58% vs. 71% U.S.), regular physical checkups (50% vs. 58% U.S.), crime-free communities (49% vs. 61% U.S.), and screenings for anxiety, stress or depression (26% vs. 31% U.S.).

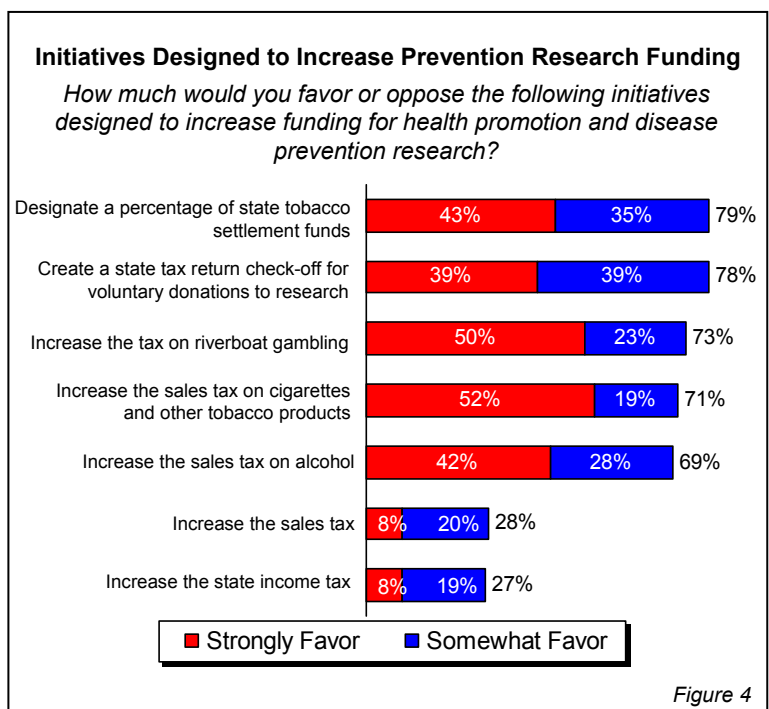
Residents Support Increased Funding for Prevention Research

Nearly seven in 10 Illinois residents think federal spending on prevention research is insufficient (69%, Figure 2). Nearly as many adults in the state (67%) believe spending on prevention research should be at least 2 cents per health care dollar (Figure 3).



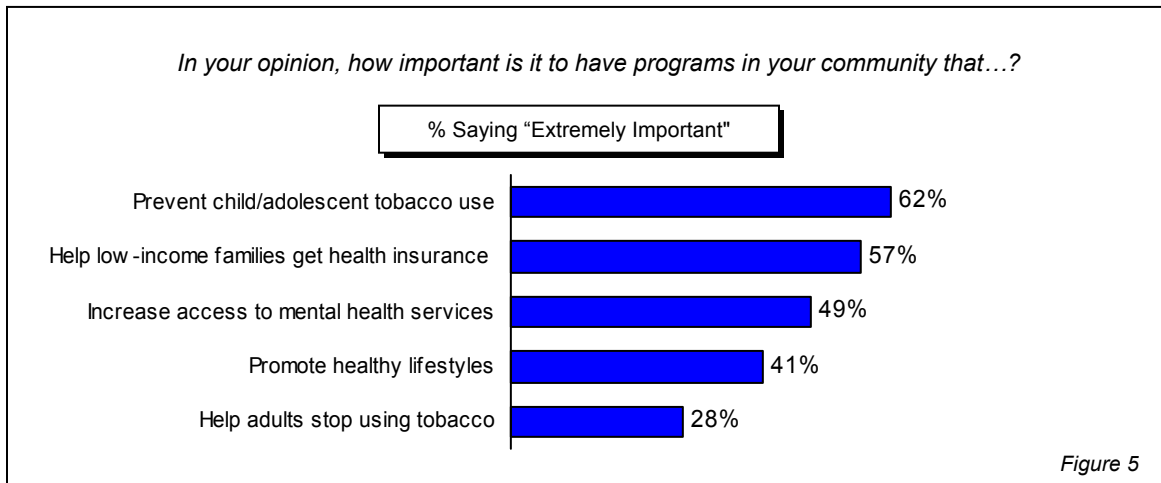
Residents Willing to Pay for Increased Funding of Prevention Research

When presented with a range of initiatives to increase funding for health promotion and disease prevention research, a large majority of Illinois residents are in favor of each of the following: designating a percentage of state tobacco settlement funds (79%), creating a state tax return check-off for voluntary donations to research (78%), increasing sales tax on riverboat gambling (73%), and increasing the sales tax on tobacco products (71%) and alcohol (69%). In contrast, fewer state residents support increasing the sales tax (28%) or income tax (27%, Figure 4).



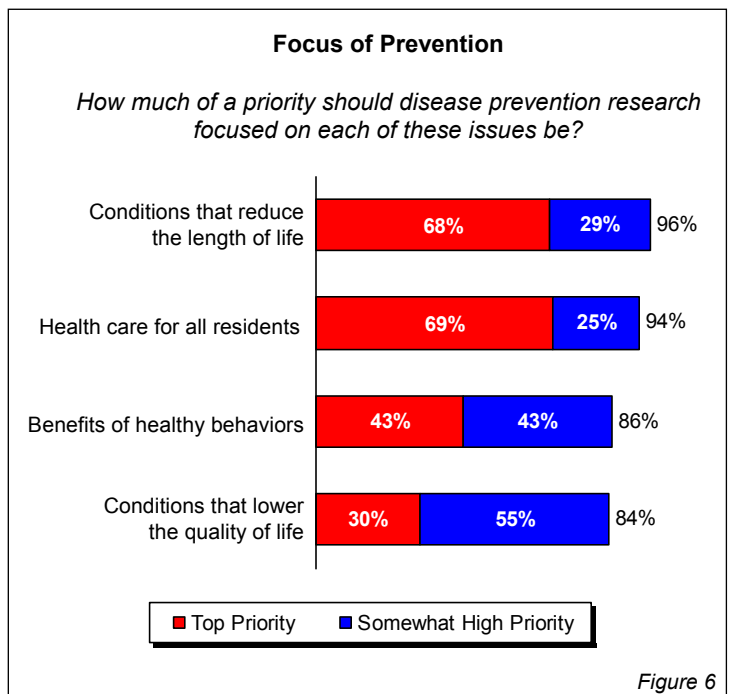
Support for Specific Prevention Programs in Illinois

When asked about the importance of having certain prevention programs in their communities, a substantial number of Illinois residents feel it is extremely important to have programs that prevent children and adolescents from using tobacco (62%), help low-income families get health insurance coverage (57%), and increase access to mental health services (49%). Promoting healthy lifestyles, such as physical activity and a healthy diet, is also considered extremely important by many residents (41%). About one in four feel that having prevention programs to help adults stop using tobacco is extremely important (28%, Figure 5).



Chronic Diseases Are a High Priority for Prevention Research

Nearly all Illinois adults believe that disease prevention research should focus on conditions that reduce the length of life, such as cancer and heart disease (96%), and ways to ensure that all residents can get the health care they need (94%). The benefits physical activity, maintaining a healthy diet, and not using tobacco (86%), and conditions that lower the quality of life, such as arthritis, back pain and migraine headaches (84%), are also priorities for large majorities (Figure 6).



Persuasive Messages for Increasing Support for Prevention Research

Illinois residents indicate they would be very persuaded to increase support for disease prevention research if the message emphasizes the research will help protect loved ones (58%), improve the health of vulnerable populations such as children and the elderly (56%), lower health care costs (55%), improve access to health care services (51%), and improve quality of life (51%). Illinois residents are less likely to be swayed by arguments about research that increases life expectancy (38%), and only about one-third (35%) say they would find arguments in support of preparing the community to respond to bioterrorism very persuasive (Figure 7).

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?

% Saying "Very Persuasive"

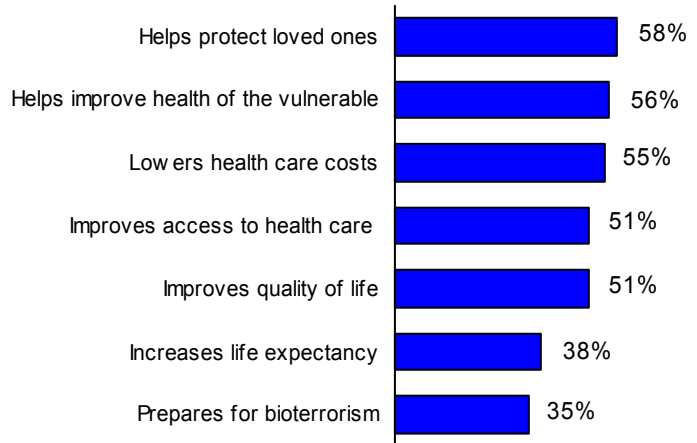


Figure 7

Allocating Illinois' Tobacco Settlement Money

The majority of Illinois residents think the state tobacco settlement money should be spent on the treatment or cure of all diseases (90%) and on health education programs to prevent children and adolescents from using tobacco (90%). Three in four feel the money should be spent on research for the treatment of smoking-related diseases (75%). About two-thirds favor spending the money for other state programs and services such as prisons and support for public schools (66%), programs to help adults stop using tobacco (65%) and tax relief (61%, Figure 8).

Tobacco Settlement Allocation

The Illinois government has received millions of dollars from tobacco companies as part of the tobacco settlement. How much of this tobacco settlement money should go to each of the following?

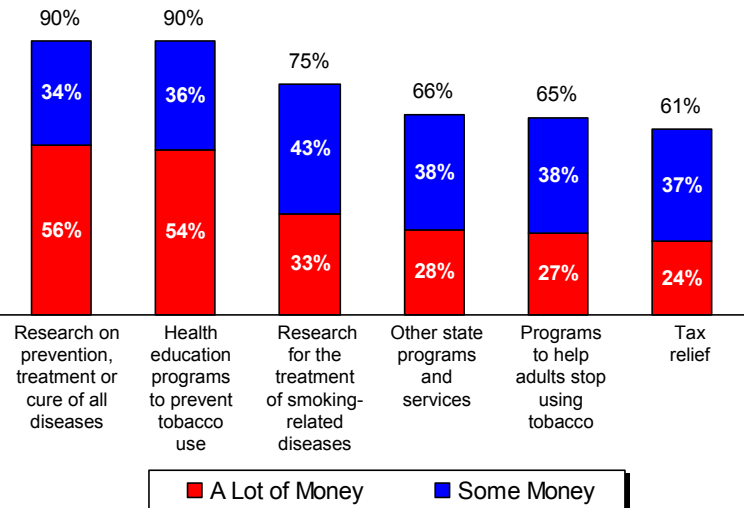


Figure 8

Candidates' Position on Funding for Certain Causes Influences Voters

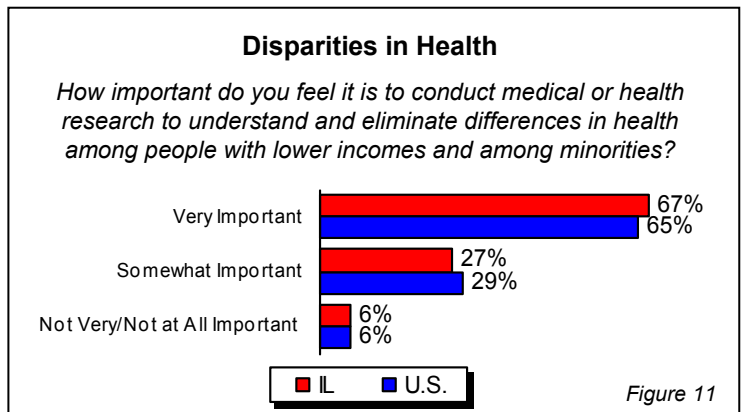
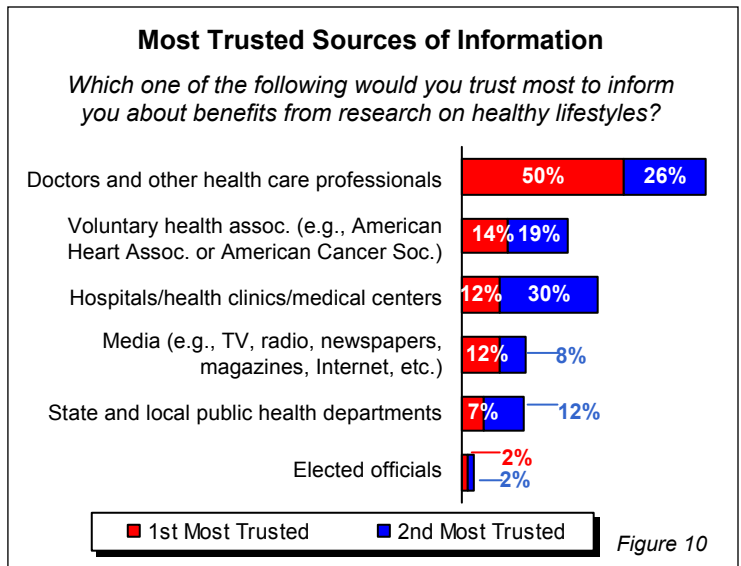
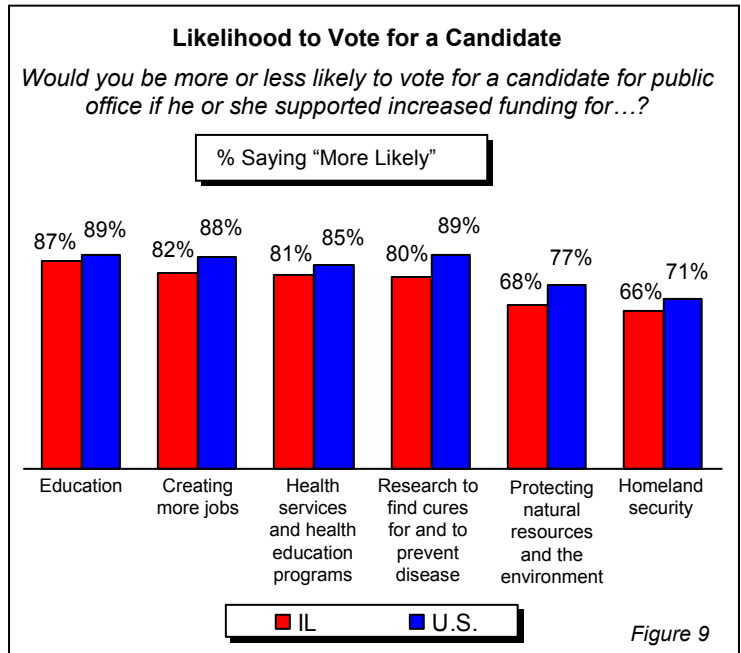
Majorities of Illinois residents are more likely to vote for elected officials who support increased funding for education (87%), creating more jobs (82%), health services and health education programs such as vaccinations and prenatal care (81%), and research to find cures for and to prevent disease (80%). Other issues likely to influence the voting decisions of Illinois residents include protecting natural resources and the environment (68%) and homeland security (66%). Compared to U.S. adults, Illinois adults are less likely to be influenced by candidates position on most of these causes. Residents are as likely as respondents nationwide to be influenced by a candidate's support of increased funding for education (Figure 9).

Trusted Sources of Information on Prevention Research

Doctors and other health care professionals are the first most trusted sources for information when it comes to explaining benefits of prevention research (50%). Ranking next in the level of trust are voluntary health associations (14%), hospitals, health clinics and medical centers (12%), and the media (12%). State and local public health departments (7%) and elected officials (2%) are last on the list of trusted sources for information about the benefits of research on healthy lifestyles (Figure 10).

Disparities in Health

Nearly all Illinois residents (94%) believe it is very or somewhat important to conduct medical and health research to understand and eliminate differences in disease and mortality among people with lower incomes and among minorities. Two in three adults in the state of Illinois (67%) believe it is very important (Figure 11).



METHODOLOGY

The Illinois Prevention Research Survey was commissioned by Research!America and is the third 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 Illinois survey was conducted with 806 adults ages 18 and older, between July 12, 2002 and August 9, 2002. 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 806 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 Illinois. 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 Illinois population using the *March 2001 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 Illinois had been polled with complete accuracy.

National Benchmarks

National benchmark data were collected as part of the Harris Poll, September 2001 (n=1,012) and August 2002 (n=1,011). Additional benchmark data comes from 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:
www.researchamerica.org
1-800-366-CURE
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[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.