

Michigan 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 Michigan Prevention Research Survey was commissioned by Research!America as part of a multi-year effort to build greater national support for prevention research. The Michigan 2002 survey was conducted with 800 adults ages 18 and older between July 12, 2002-August 9, 2002. Research!America has been gauging public opinion on people's attitudes toward medical, health and prevention research since 1992.

HOW MICHIGAN RESIDENTS VIEW PREVENTION

Michigan 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 (76%), wearing a seat belt (74%), vaccinations for children and adults (70%), and not smoking (68%). Avoiding excessive drinking (63%), preventive screenings such as mammograms and screenings to detect colon or prostate cancer (62%), youth safety (57%), safe work practices (57%), regular physical check-ups (54%), crime-free communities (53%), and eating a healthy diet (51%) are also items that are very strongly associated with prevention. Aspects slightly less associated with prevention include protection from bioterrorism (49%), regular physical exercise (47%), and weight control (43%). Mental health screening (27%) is least strongly associated with prevention (Figure 1).

Compared to adults nationwide, Michigan residents are less likely to associate a number of issues and behaviors with prevention, e.g., not smoking (68% MI vs. 74% U.S.), preventive screenings (62% MI vs. 68% U.S.), regular physical check-ups (54% MI vs. 60% U.S.), a healthy diet (51% MI vs. 63% U.S.), regular physical exercise (47% MI vs. 61% U.S.) and weight control (43% MI vs. 54% U.S.).

UNDERSTANDING OF PREVENTION

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

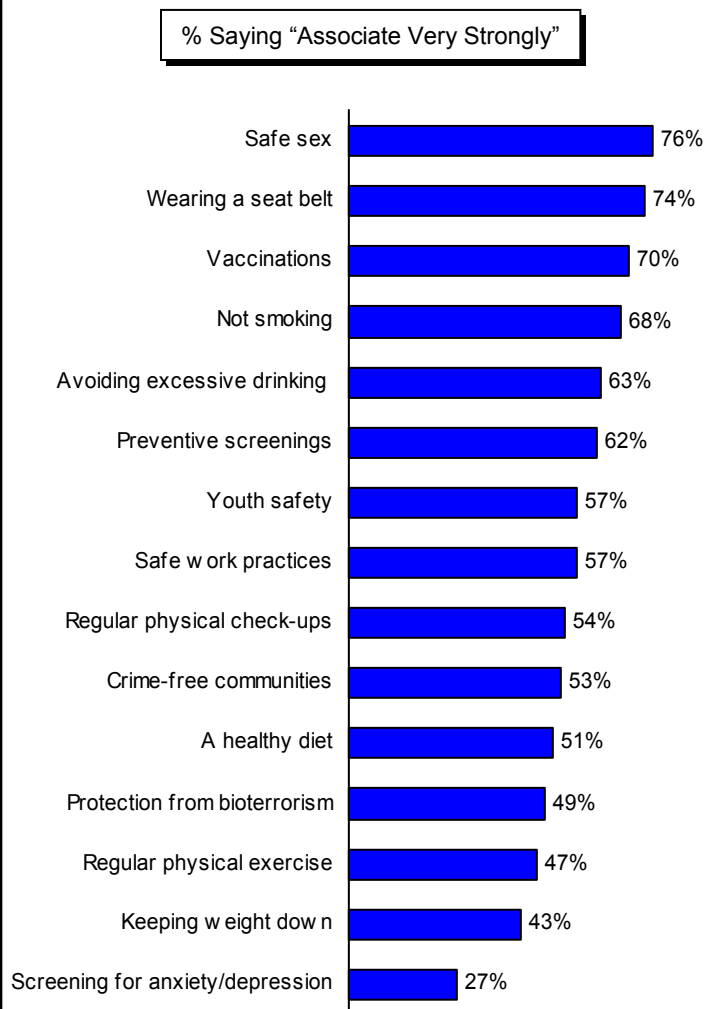


Figure 1

MICHIGAN RESIDENTS BELIEVE CURRENT SPENDING ON PREVENTION RESEARCH IS INSUFFICIENT

About seven in 10 Michigan residents think U.S. spending on prevention research that focuses on disease, disability and injury is insufficient (71%). About the same number (72%) think that U.S. spending should be at least 2 cents or more of every health care dollar. One in four believe spending should be more than 10 cents per dollar (Figures 2 and 3).

U.S. FUNDING FOR PREVENTION RESEARCH

Currently the United States spends about one cent of every health care dollar on prevention research. Do you think this is too much, too little, or about right?

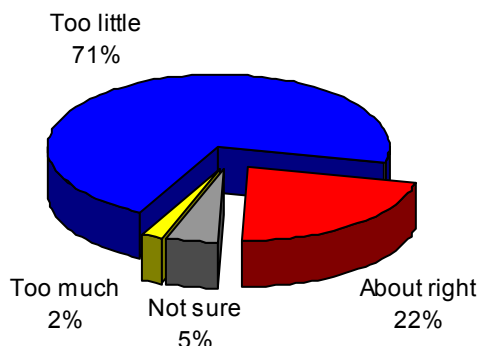


Figure 2

How much do you think is right? (Per dollar)

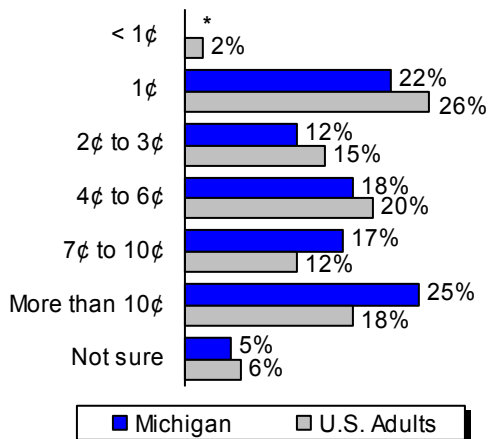


Figure 3

RESIDENTS WILLING TO PAY FOR INCREASED FUNDING OF PREVENTION RESEARCH

When presented with a range of initiatives to increase funding for prevention research, more than four in five Michigan residents are in favor of creating a state tax return check-off for voluntary donations to health research (82%) and designating a percentage of state tobacco settlement funds (81%).

Large majorities also favor increasing the sales tax on alcohol (72%) and increasing the sales tax on tobacco products (65%) as means to increase funding for prevention research. Other, but much less popular initiatives, include increasing the sales tax (32%) and increasing the state income tax (30%), (Figure 4).

INITIATIVES DESIGNED TO INCREASE PREVENTION RESEARCH FUNDING

How much would you favor or oppose the following initiatives designed to increase funding for health promotion and disease prevention research?

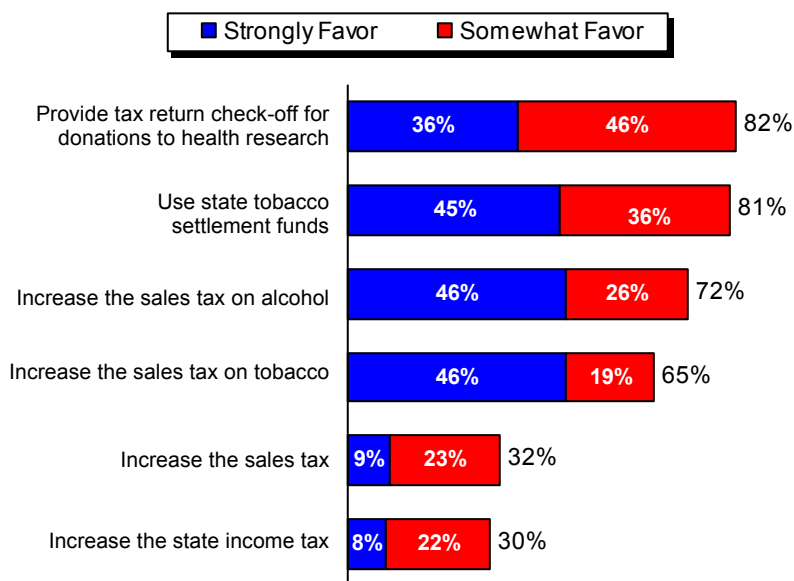


Figure 4

PERSUASIVE MESSAGES FOR INCREASING SUPPORT FOR DISEASE PREVENTION

Majorities of Michigan residents feel that messages and arguments to increase support for disease prevention research are very persuasive when they emphasize the research will improve access to health care services (55%), help protect loved ones (54%), help improve the health of vulnerable populations such as children and the elderly (52%), and lower health care costs (50%). While research that improves quality of life (46%) is likely to persuade many Michigan residents to increase their support, they are somewhat less likely to be swayed by arguments about improving the environment (37%), increasing life expectancy (34%) and preparing the community to respond to bioterrorism (34%), (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?

% Saying "Very Persuasive"

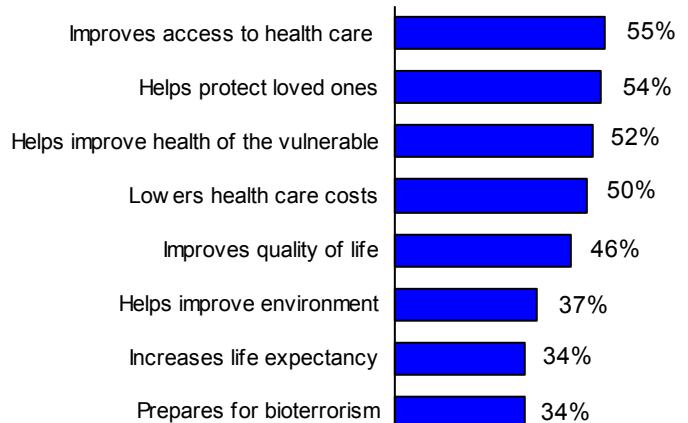


Figure 5

ALLOCATING MICHIGAN'S TOBACCO SETTLEMENT

The Michigan government has received millions of dollars from tobacco companies as part of the tobacco settlement. When asked how this settlement money should be spent, the vast majority of Michigan residents feel the money should be spent on initiatives to help the elderly get prescription medications they need (87%), programs to help Michigan residents get affordable health insurance (86%), programs to improve the environment, including air, water and soil quality (76%), programs to prevent tobacco use (74%), and tuition assistance for high school graduates to help them get further education, e.g., at trade schools, community colleges, colleges and universities (71%). A significant number also feel the money should be spent on other state programs and services; for example, road maintenance and highways (53%), and tax relief (52%), (Figure 6).

TOBACCO SETTLEMENT ALLOCATION

The Michigan State 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?

■ A Lot of Money ■ Some Money

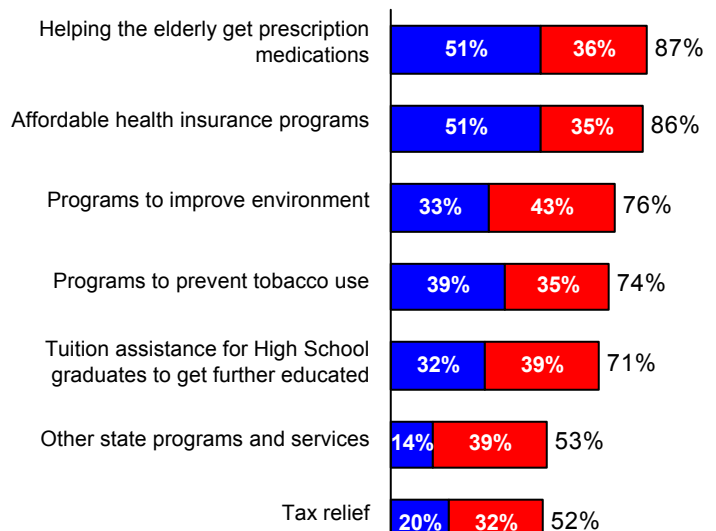


Figure 6

FOCUS OF PREVENTION RESEARCH

Virtually all Michigan adults believe that prevention research should focus on conditions that reduce the length of life, such as cancer and heart disease (97%), ways to ensure that all Michigan residents can get the health care they need (93%), and conditions caused by poor environmental quality, such as air and water pollution (93%). A large majority of people in Michigan also believe that priority should be given to prevention research focused on benefits of healthy behaviors, such as physical activity, a healthy diet and not using tobacco (84%) and conditions that lower the quality of life, such as arthritis, back pain and migraine headaches (84%), (Figure 9).

FOCUS OF PREVENTION RESEARCH

How much of a priority for Michigan should disease prevention research focused on each of these issues be?

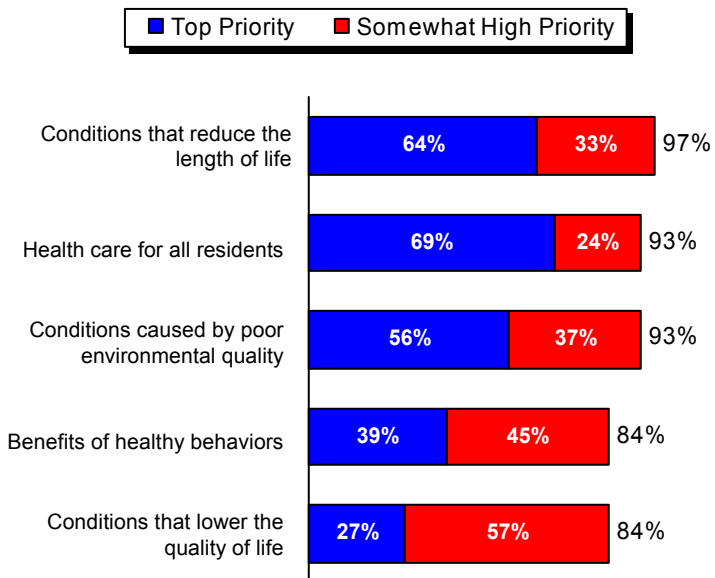


Figure 9

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 the benefits of research on healthy lifestyles such as physical activity, eating a healthy diet and not using tobacco (46%). Ranking next in level of trust are voluntary health associations such as the American Heart Association and American Cancer Society (22%). Surprisingly, Michigan residents would first trust messages from the media, such as TV, radio, newspapers, magazines and the Internet (13%) rather than hospitals, health clinics and medical centers (10%). Even fewer consider their state and local public health departments (6%) as the most trusted source of information and nobody would go to their elected officials first to inform them about the benefits from research on healthy lifestyles; however, two percent mention them as their second most trusted source (Figure 10).

MOST TRUSTED SOURCES OF INFORMATION

Which one of the following would you trust most to inform you about benefits from research on healthy lifestyles?

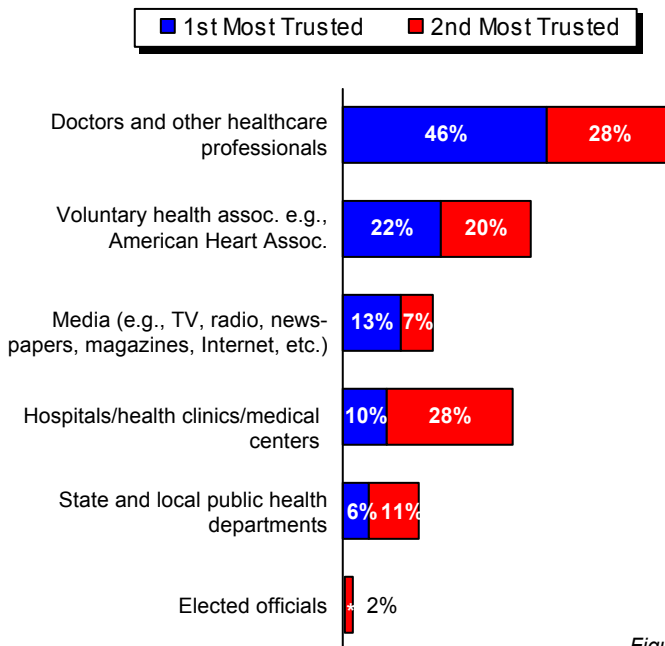


Figure 10

CANDIDATES POSITION ON PREVENTION RESEARCH INFLUENCES VOTING

Majorities of Michigan residents are more likely to vote for elected officials who support increasing funding for research on education (87%), to find cures and prevent disease (87%), creating more jobs (86%), health services and health education programs (86%), and protecting natural resources and the environment (83%). Another issue slightly less likely to influence voting decisions of Michigan residents, but still mentioned by about three in four respondents, was homeland security (74%), (Figure 11). Michigan residents are more likely than U.S. adults to vote for a candidate who supports increased funding for protecting natural resources and the environment (83% MI vs. 77% U.S.).

LIKELIHOOD OF VOTING FOR A CANDIDATE

Would you be more or less likely to vote for a candidate for public office if he or she supported increased funding for...?

% Saying "More Likely"

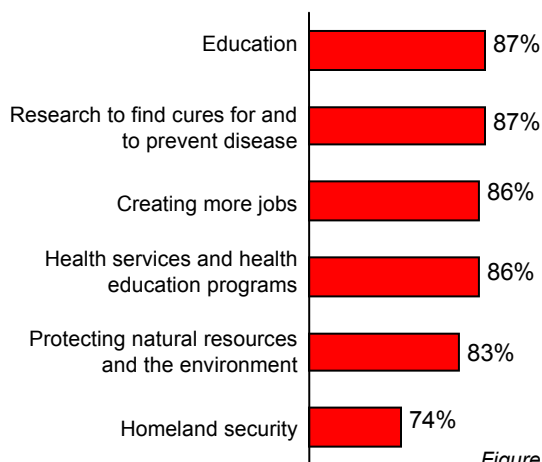


Figure 11

SUPPORT FOR SPECIFIC COMMUNITY PROGRAMS

How important is it to have programs in your community that would...?

% Saying "Extremely Important"

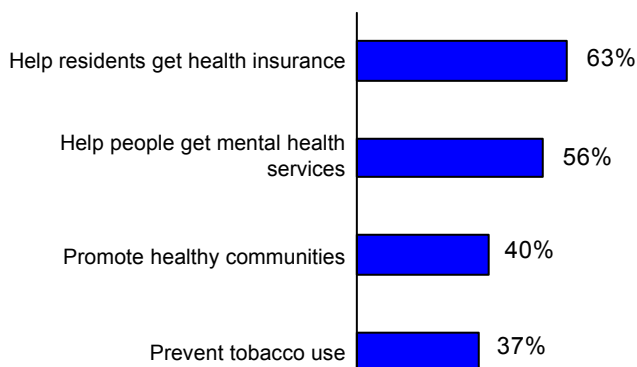


Figure 12

SUPPORT FOR SPECIFIC COMMUNITY PROGRAMS IN MICHIGAN

Majorities of Michigan residents favor community programs that help them get health insurance coverage (63%) and help people who need it get mental health services (56%). Two in five favor programs that promote healthy communities, such as greater availability of affordable nutritious food and safe places to exercise (40%), a slightly smaller number feel it is extremely important to have programs that prevent tobacco use (37%), (Figure 12).

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. Four in six Michigan residents (67%) believe that it is very important to conduct medical or health research to understand and eliminate these differences, while just over a quarter of residents believe it is somewhat important. A very small number of residents believe that it's not very important (4%) or not at all important (1%), (Figure 13).

DISPARITIES IN HEALTH

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?

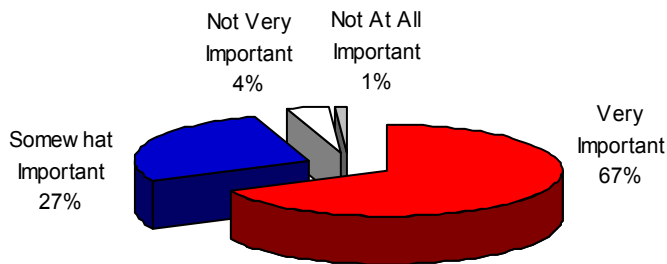


Figure 13

METHODOLOGY

Research!America commissioned the Michigan 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 public health research. This state survey is the fifth in a series conducted for the Prevention Research Initiative.

Telephone Sample

Harris Interactive conducted a 15-minute telephone survey with a representative sample of 800 adults age 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 Michigan. 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, Metropolitan Statistical Area (MSA), household size and the number of telephone lines in the household to reflect the demographic composition of the Michigan population using the March 2002 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 Michigan 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 Research!America Survey of the Public conducted by Harris Interactive, August 2003 (N=1,034).

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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.