

The Minnesota Prevention Research Survey was commissioned by Research!America as part of a multi-year effort to build greater national support for prevention research. Poll findings indicate three of five Minnesota residents believe the United States spends too little on prevention research. Additional responses indicate there is an overwhelming belief in Minnesota that prevention research is important and is a high priority for it's citizens, particularly as it affects the state's health, education and economy. Research!America has been gauging public opinion on people's attitudes towards medical, health and prevention research since 1992. This is the sixth in this series of state-based public opinion polls.

## Public Understanding of Prevention

Minnesota residents view some behaviors more strongly associated with prevention than others. Nearly seven in ten strongly associate avoiding risky behaviors with prevention such as wearing a seat belt (69%), having safe sex (69%) and not smoking (67%). Majorities also strongly associate prevention with certain types of preventive medical care such as vaccinations for children and adults (66%) and screenings such as mammograms, colon or prostate cancer (55%).

Aspects moderately associated with prevention include regular physical checkups (48%), community safety such as safe work practices (47%), crime-free communities (45%), youth safety (44%), and a healthy lifestyle avoiding excessive drinking (49%), regular physical exercise (48%), following a healthy diet (43%), and weight control (41%). Protection from bioterrorism (36%) and mental health screening (21%) are least associated with prevention. (Figure 1)

## Understanding of Prevention

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

% Saying "Associate Very Strongly"

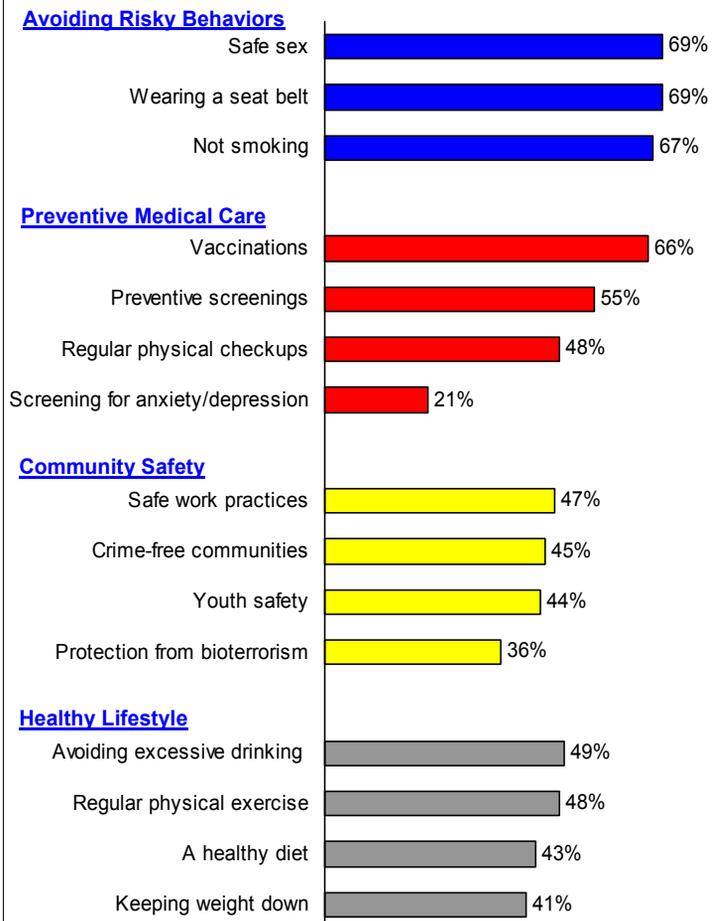


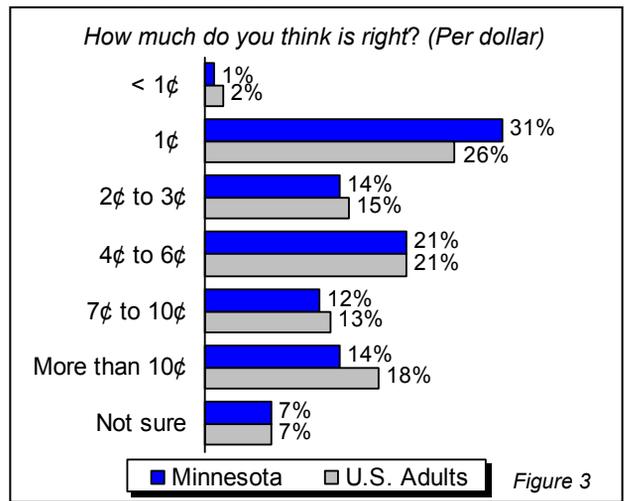
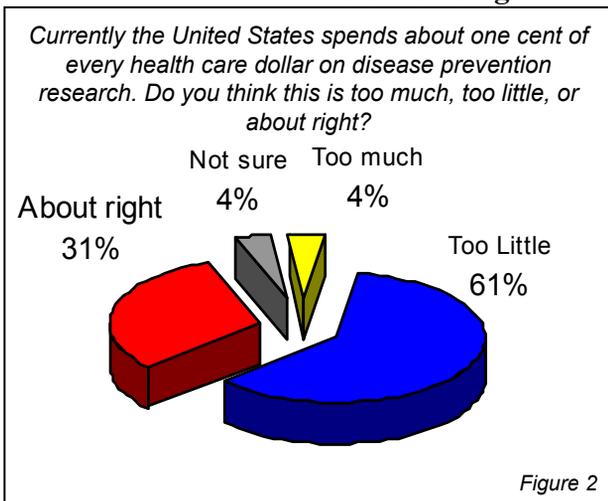
Figure 1

Compared to adults nationwide, Minnesota residents have a somewhat different understanding of prevention. Residents of the state are less likely than US adults to associate any of the asked items with prevention. The two exceptions are wearing a seatbelt and not smoking.

### Support for Increased Funding for Prevention Research

About three in five Minnesota residents think US spending on prevention research is insufficient (61%, see Figure 2). The same number also thinks that US spending should be at least 2 cents or more of every health care dollar. One in seven believe spending should be more than 10 cents per dollar (Figure 3).

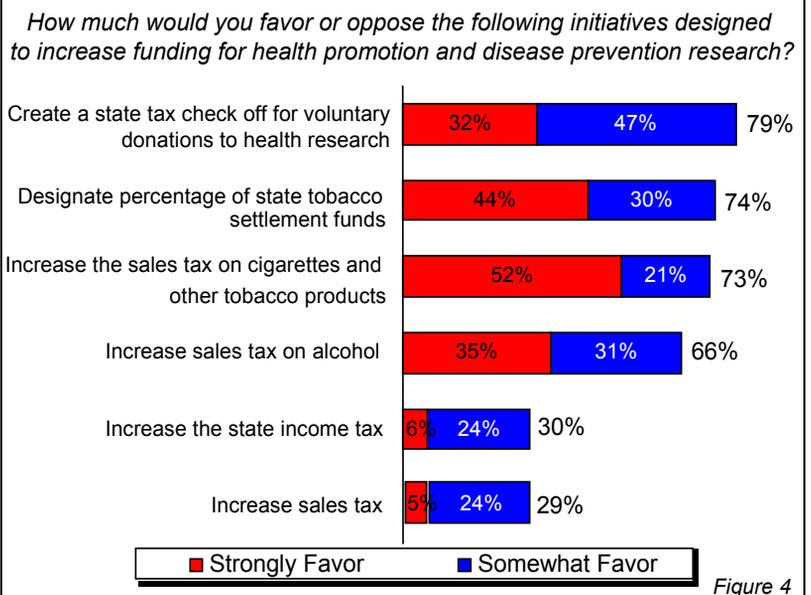
#### US Funding for Disease Prevention Research



### Initiatives to Increase Funding for Prevention Research

When presented with a range of initiatives to increase funding for prevention research, large majorities of Minnesota residents are in favor of creating a state tax check off for voluntary donations to health research (79%), designating a percentage of state tobacco settlement funds (74%) and increasing the sales tax on tobacco products (73%) as means to increase funding for prevention research. Other initiatives to increase funding include increasing the sales tax on alcohol (66%). Fewer than one in three of

### Initiatives Designed to Increase Funding for Prevention Research

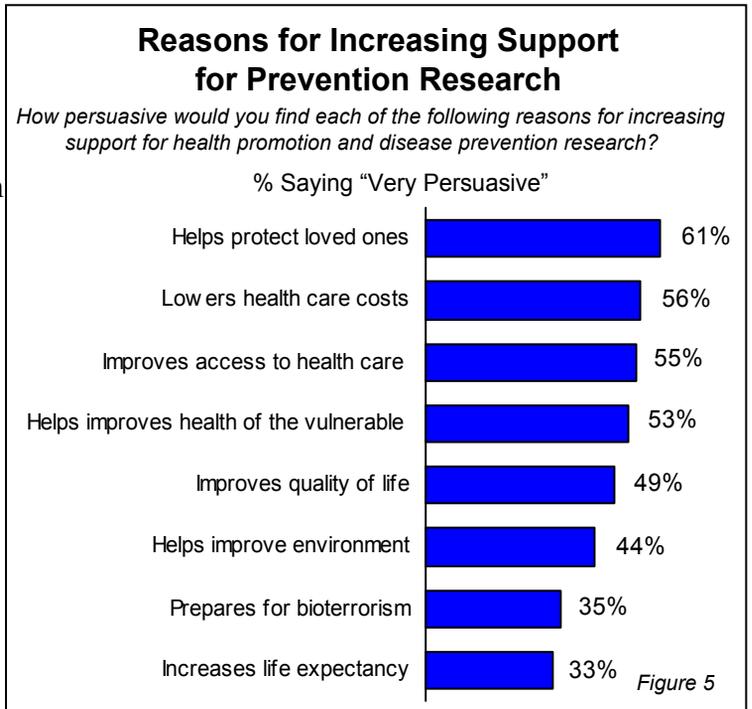


Minnesota residents would favor increasing the state's income tax (30%) or increasing sales tax (29%) to increase funding for prevention research (Figure 4).

## Persuasive Messages for Increasing Support for Disease Prevention Research

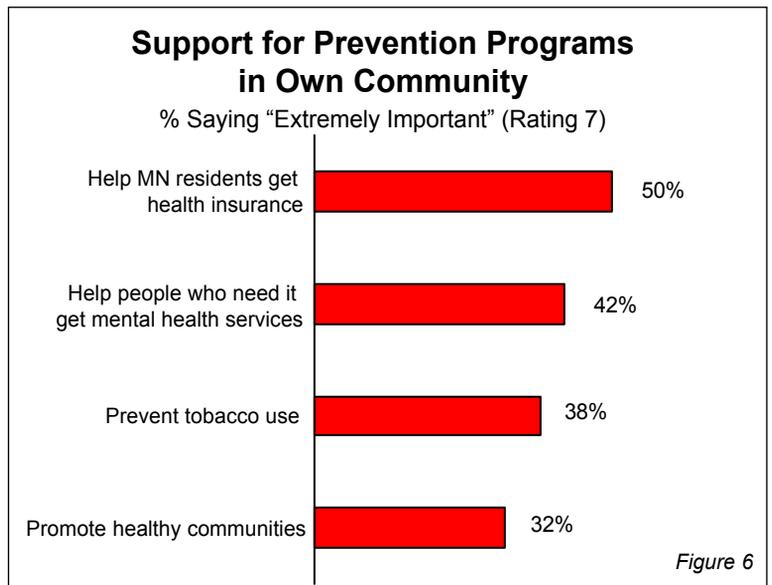
Majorities of Minnesota residents feel that messages and arguments to increase support for disease prevention research are very persuasive when they emphasize that the research will help protect loved ones (61%), lower health care costs (56%), improve access to health care services (55%) and help improve the health of vulnerable populations such as children and the elderly (53%). Improved quality of life (49%) and improving the environment (44%) are also likely to resonate with many Minnesota residents. Residents are somewhat less likely to be swayed by arguments about preparing the community to respond to bioterrorism (35%).

However, only one in three Minnesota residents is very persuaded by messages that focus on increasing life expectancy (33%, see Figure 5). Compared to adults nationwide, Minnesota residents are more likely to find messages about lowering health care costs (56% vs. 47%) and improving health care access (55% vs. 40%) to be very persuasive for increasing support of prevention research. However, Minnesota residents are less likely than adults nationwide to find a message about improving the quality of life (49% vs. 52%), and increasing life expectancy (33% vs. 47%) as a very persuasive reason to increase support for health promotion and disease prevention research.



## Support for Prevention Programs in Own Community

One half of Minnesota residents say that helping the state's population get health insurance coverage is extremely important, followed closely by getting mental health services for people who need them (42%). About one in three of Minnesota residents say that they consider preventing tobacco use and promoting healthy communities as extremely important (Figure 6).



## Perceived Likelihood of Developing Medical Conditions

Half of Minnesota residents believe that it is likely they will get cancer in their lifetime (52%) and forty-six percent believe they are likely to suffer from heart disease. Roughly one in three think that there is a good chance that they will get diabetes. However, only about one in four think that they may end up with a mental illness such as depression, anxiety attacks or psychoses. Still fewer report that they think it is likely that they will get asthma (16%) or tuberculosis (6%). Interestingly, only four percent think that they are likely to get HIV or AIDS (Figure 7).

Many Minnesota residents believe that it is likely their health will suffer from ongoing stress and worry (47%), eating a diet high in sugar, salt or fat (44%), motor vehicle accidents (43%), exposure to air pollution and pesticides (43%), and being physically inactive (40%). About one in four think that drinking from local water supply (27%), eating genetically modified food (26%), and smoking (26%) are likely to have a negative effect on their health. Fewer, about one in six believe that it is likely their health will suffer because of high consumption of alcohol or national hazards such as earthquakes and floods. Not surprisingly, only one in eight believe lacking adequate food will affect the respondent's health (Figure 8).

## Perceived Likelihood of Developing Medical Conditions

*How likely is it that you will get [insert item]?*

% Saying "Highly Likely/Likely"

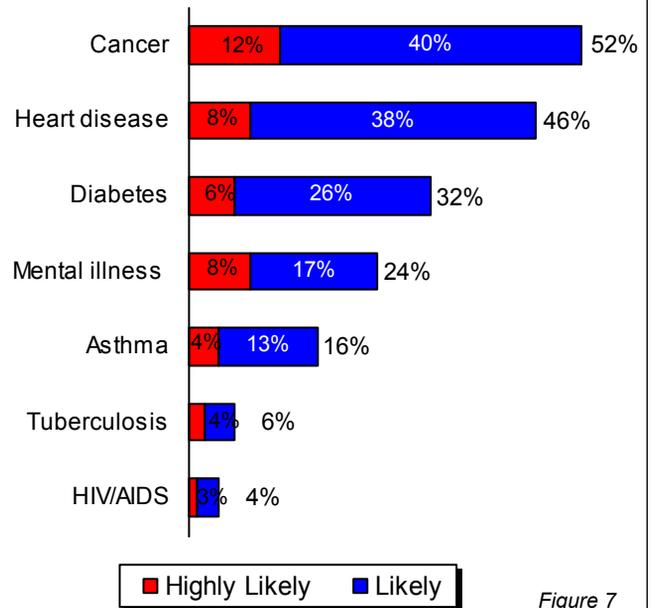


Figure 7

<i>How likely is it that your health will suffer from...?</i>	Highly Likely %	Likely %	Highly Likely/Likely %
Ongoing stress and worry	8	38	47
Eating a diet high in sugar, salt or fat	10	34	44
Motor vehicle accidents	5	39	43
Exposure to air pollution and pesticides	8	34	43
Being physically inactive	7	33	40
Drinking from local water supply	6	21	27
Eating genetically modified food	5	22	27
Smoking	10	16	26
High consumption of alcohol	7	9	16
National hazards (earthquake, floods)	1	15	16
Lacking adequate food	4	8	12

Figure 8

## Focus of Disease Prevention Research

Virtually all Minnesota adults believe that prevention research should focus on conditions that reduce the length of life (97%), with about three in five (59%) saying it should be a top priority. A large majority of people in Minnesota also believe prevention research focused on ensuring the state's residents can get health care should be a priority (92%). Nearly nine in ten Minnesota residents believe that conditions caused by poor environmental quality (89%) should be the focus of this type of research. Large majorities also say that the benefits of healthy behaviors (85%) and conditions that lower the quality of life (81%) should be priorities of prevention research (Figure 9).

## Focus of Prevention Research

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

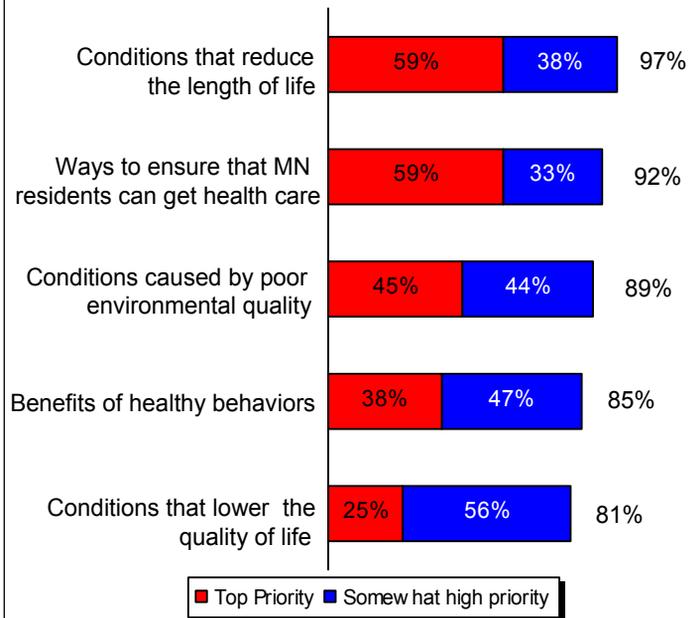


Figure 9

## Trusted Sources of Information on Prevention Research

Doctors and other health care professionals are the most trusted sources for information when it comes to the benefits of prevention research (48%). Ranking next in level of support are messages from the media (TV, radio, newspapers, magazines, and the Internet, 16%); hospitals, health clinics and medical centers (11%); and voluntary health associations such as the American Heart Association and American Cancer Society (11%). State and local public health departments are only trusted by a few of Minnesota's residents (8%). Elected officials are the least trusted source to inform the public about the benefits from research on healthy lifestyles (2%, see 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?*

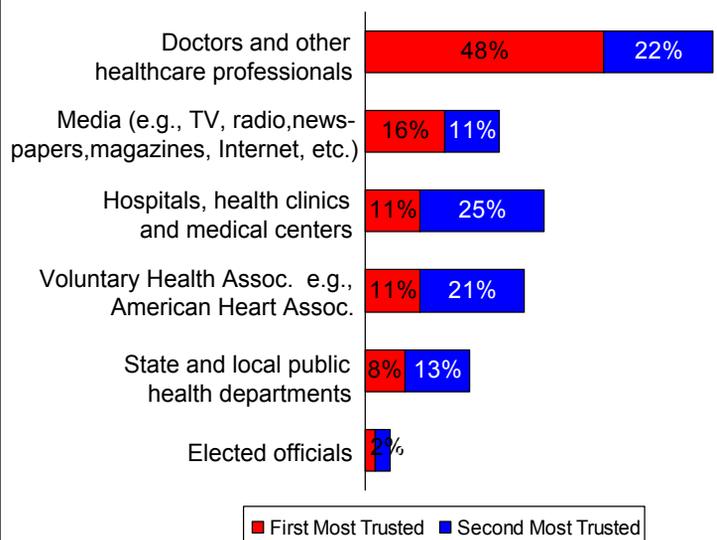
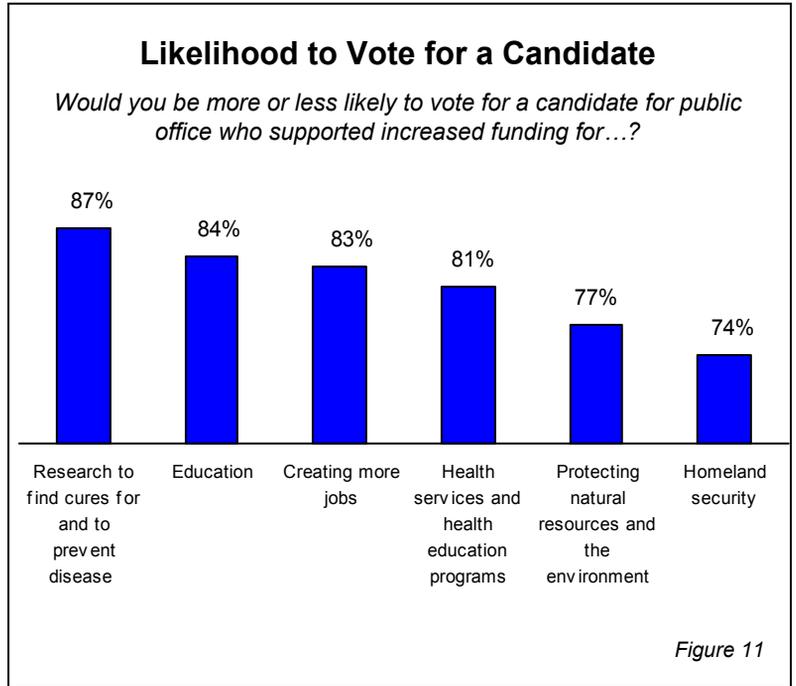


Figure 10

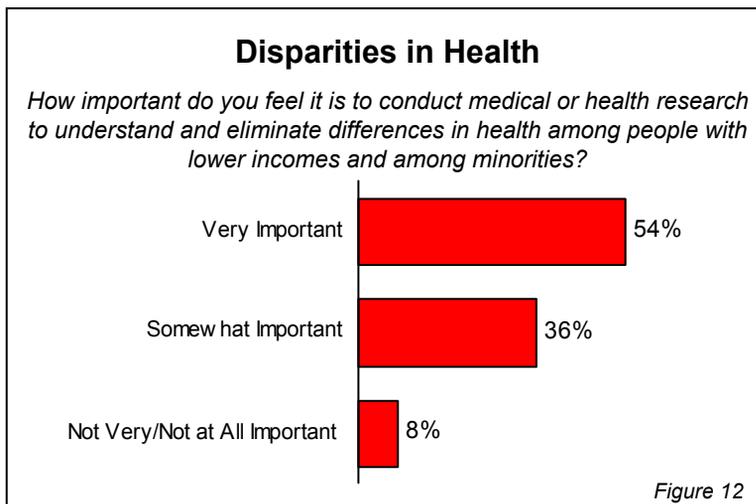
## Voting in Support of Prevention Research

Majorities of Minnesota residents are more likely to vote for elected officials who support increased funding for research to find cures and prevent disease (87%), education (84%), the creation of jobs (83%), and health services and health education programs (81%). Other issues that are slightly less likely to influence voting decisions of Minnesota residents, but were still mentioned by more than three in four respondents, include protecting natural resources and the environment (77%) and homeland security (74%). There is no difference between Minnesota residents and US adults when it comes to the likelihood of voting for a particular candidate who supported the named causes (Figure 11).



## Disparities in Health

Minnesota residents believe in the importance of medical and health research to eliminate disparities in health. Nine in ten Minnesota residents (90%) 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 half (54%) believe that it is very important (Figure 12).



## Methodology

Research!America commissioned the Minnesota 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 sixth in a series conducted for the Prevention Research Initiative.

### *Telephone Sample*

Harris Interactive conducted a 15-minute telephone survey with a representative sample of 804 adults age 18 years and older. The survey was conducted from the Harris Interactive telephone center between September 5, 2002 and September 30, 2002. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Minnesota. Households were selected through computerized random digit dialing (RDD) generated by Survey Sampling, Inc., assuring 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 assure 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”<sup>[1]</sup>. 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 Minnesota population using the *March 2002 Current Population Survey* from the US 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 Minnesota had been polled with complete accuracy.

### *National Benchmarks*

National benchmark data were collected as part of the Harris Poll, September 2001 (n=1,021) and August 2002 (n=1,011). Additional benchmark data comes from Research!America Survey of the Public conducted by Harris Interactive, December 2000 (N=1,053).

For more information on this or other surveys commissioned by Research!America:  
[www.researchamerica.org](http://www.researchamerica.org)  
1-800-366-CURE  
[info@researchamerica.org](mailto:info@researchamerica.org)

[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.