

Pennsylvania Residents Speak Out on Prevention Research

A Public Opinion Survey for Research!America

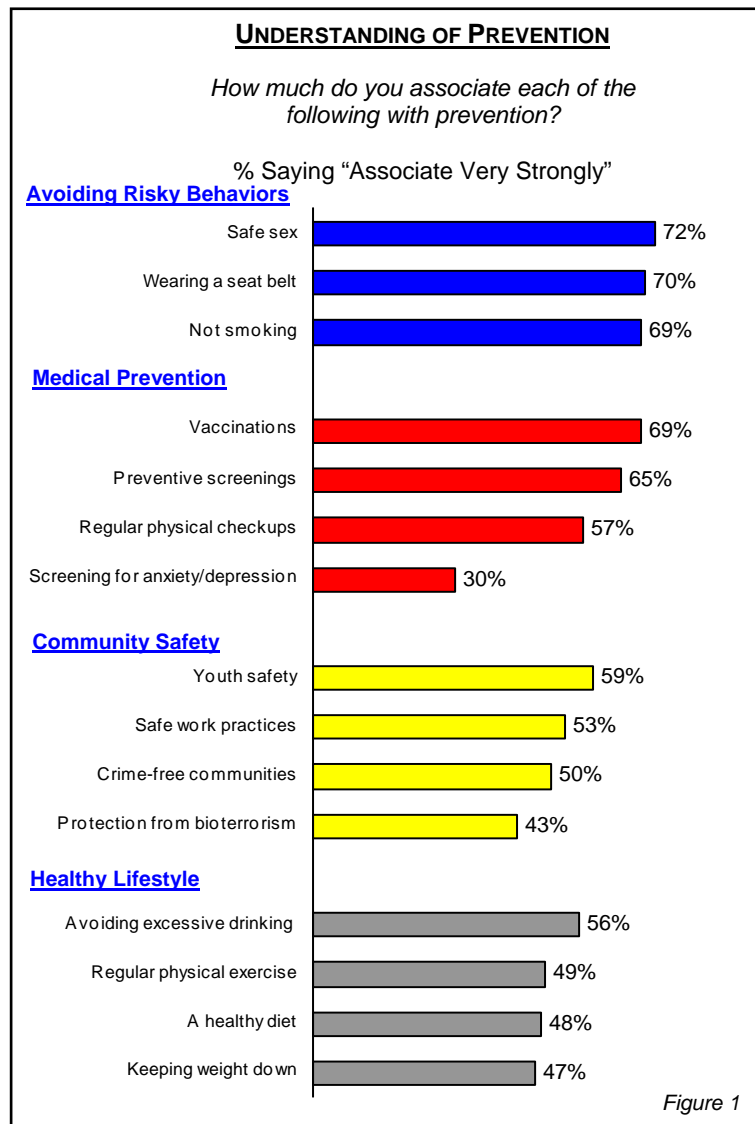
2003

The Pennsylvania Prevention Research Survey was commissioned by Research!America as part of a multi-year effort to build greater national support for prevention research. Results show the majority of Pennsylvania residents think the U.S. should at least double its current spending on prevention research. In addition, overwhelming majorities of Pennsylvanians believe the funds from the state tobacco settlement should be spent on research to prevent and cure disease. The Pennsylvania survey was conducted with 800 adults age 18 and older, between June 30, 2003 and July 29, 2003. Support for this survey was provided by a grant from The Robert Wood Johnson Foundation.

PUBLIC UNDERSTANDING OF PREVENTION

Pennsylvania residents view some behaviors to be more strongly associated with prevention than others. For example, seven in ten strongly associate avoiding risky behaviors with prevention (that is, safe sex 72%, wearing a seat belt 70%, and not smoking 69%). Vaccinations for children and adults are also strongly associated with prevention 69%). Majorities also strongly associate some types of preventive medical care (preventive screenings such as mammograms, colon or prostate cancer 65%, and regular physical checkups 57%), community safety (youth safety 59% and safe work practices 53%), and a healthy lifestyle (avoiding excessive drinking 56%) with prevention.

Aspects moderately associated with prevention include crime-free communities (50%), and regular physical exercise (49%), a healthy diet (48%), and weight control (47%). Aspects less strongly associated with prevention include protection from bioterrorism (43%). Mental health screening (30%) is least strongly associated prevention (see Figure 1).

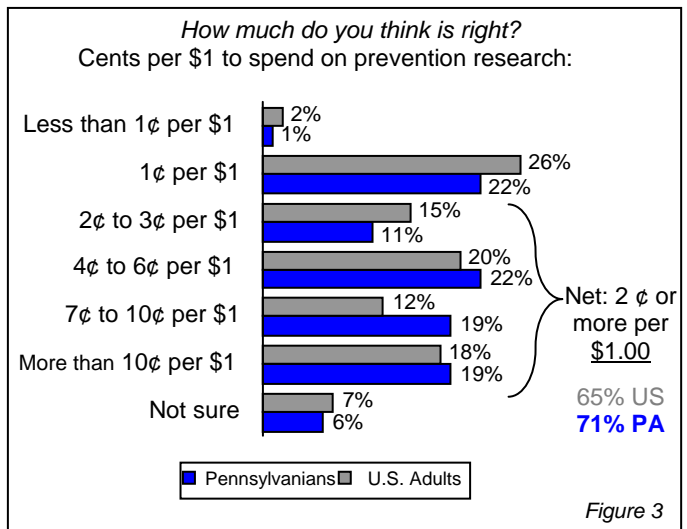
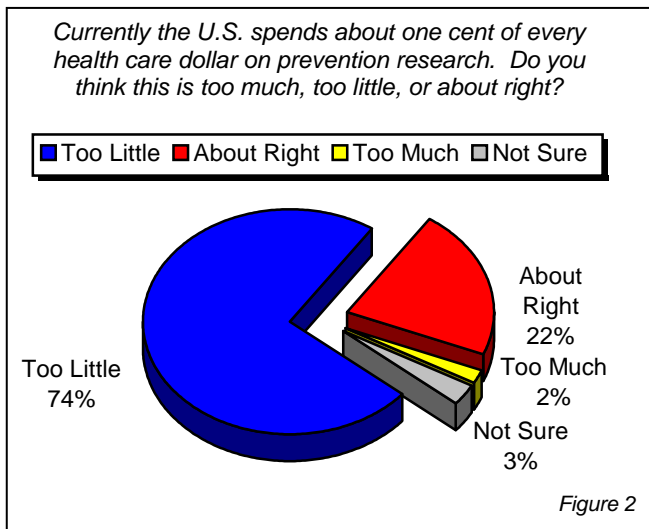


Compared with adults nationwide, Pennsylvanians are less likely to associate prevention with receiving preventive medical care, such as vaccinations (69% vs. 79%) and preventive screenings (65% vs. 71%). Pennsylvanians are also less likely than U.S. adults overall to associate youth safety (59% vs. 71%), crime-free communities (50% vs. 61%), and safe work practices (53% vs. 58%) with prevention. Finally, Pennsylvania residents are less likely than adults nationwide to associate a healthy diet (48% vs. 54%) and regular physical exercise (49% vs. 53%) with prevention.

SUPPORT FOR INCREASED FUNDING FOR PREVENTION RESEARCH

Pennsylvanians think that U.S. spending on prevention research is insufficient (74%, see Figure 2). Nearly three in four Pennsylvania residents (71%) think U.S. spending on prevention research should be at least twice the amount it is now. Pennsylvanians are more likely than the overall U.S. population to think U.S. spending on prevention research should be at least doubled, meaning the United States should spend two cents or more of every health care dollar on prevention research (65% U.S. vs. 71% PA) (see Figure 3).

U.S. FUNDING FOR PREVENTION RESEARCH

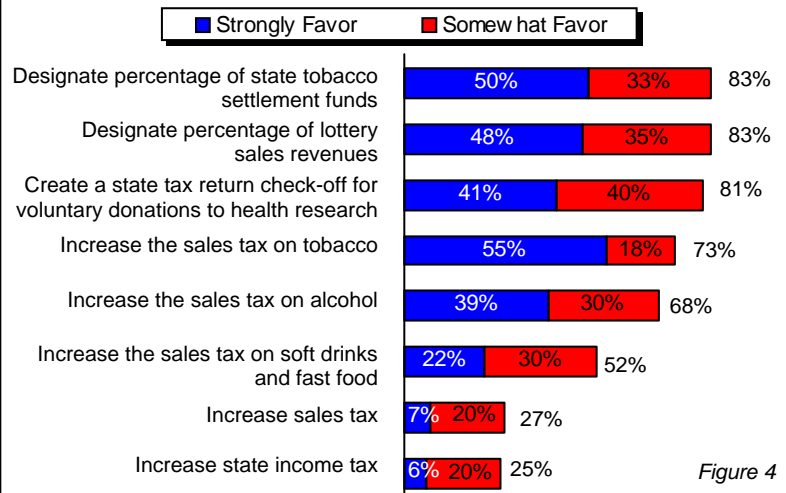


INITIATIVES TO INCREASE FUNDING

When presented with a range of initiatives to increase funding for prevention research, a large majority of Pennsylvania residents are in favor of designating a percentage of state tobacco settlement funds (83%), designating a percentage of lottery sales revenues (83%), and creating a state tax return check-off for voluntary donations to health research (81%) as means to increase funding for prevention research. Strong support is also indicated for increasing the sales tax on tobacco products (73%), alcohol (68%), and soft drinks and fast food (52%). In contrast, far fewer Pennsylvanians would favor increasing the sales (27%) and state income taxes (25%) as ways to increase funding for prevention research (see Figure 4).

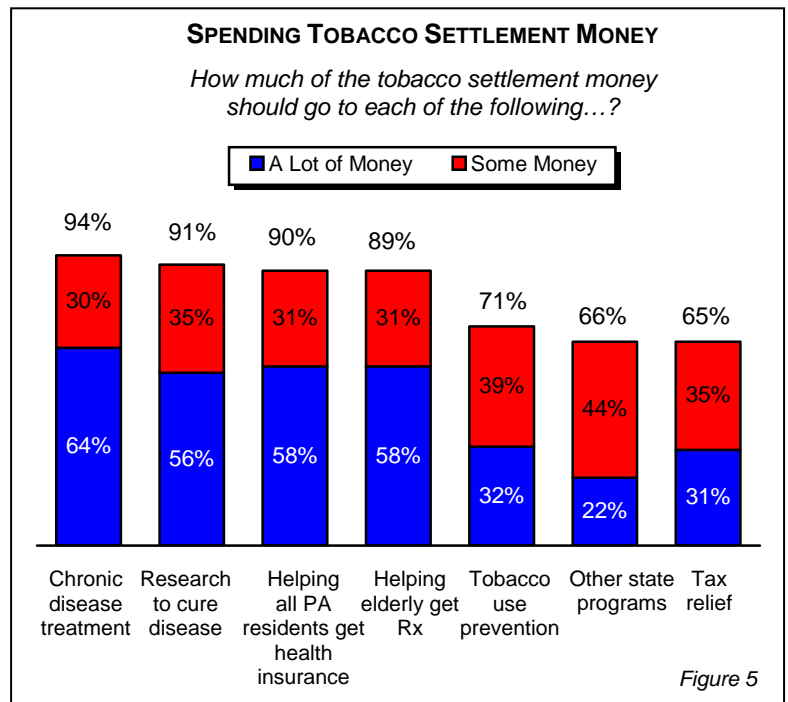
INITIATIVES DESIGNED TO INCREASE FUNDING FOR PREVENTION RESEARCH

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



TOBACCO SETTLEMENT MONEY

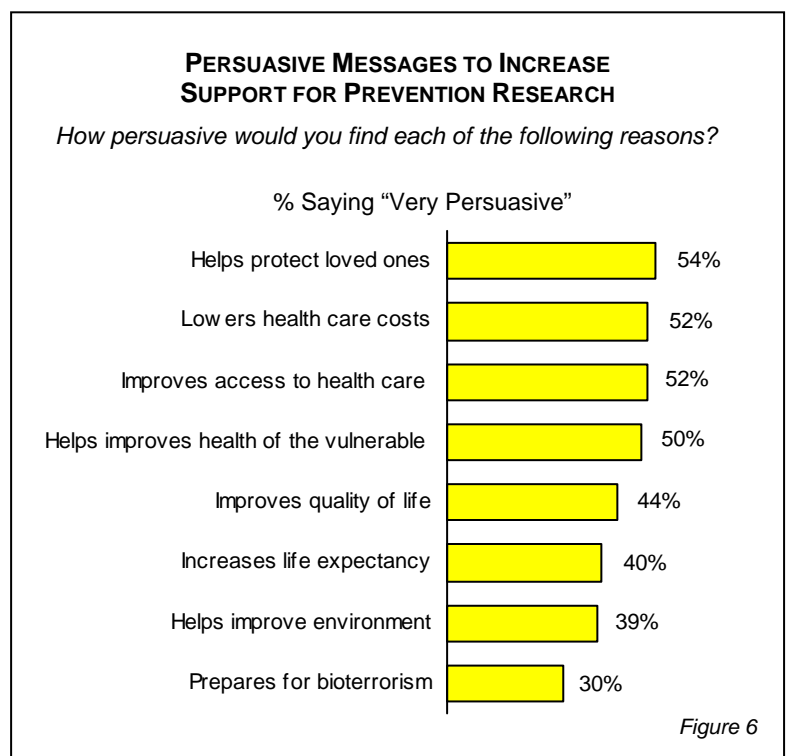
The overwhelming majority of Pennsylvania residents thinks that the state tobacco settlement money should be spent on research to treat chronic diseases (94%), research to prevent and cure all disease (91%), programs to get affordable health insurance for all Pennsylvanians (90%), and programs helping the elderly get prescriptions (89%). Designating a portion of the settlement funds for programs to prevent tobacco use (71%) is also favored by a majority of Pennsylvania residents. Other state programs and services (such as road maintenance and highways, 66%), and tax relief (65%) are less popular priorities for spending the tobacco settlement money, but majorities of Pennsylvanians would still favor spending at least some money on these programs (see Figure 5).



PERSUASIVE MESSAGES FOR INCREASING SUPPORT FOR PREVENTION RESEARCH

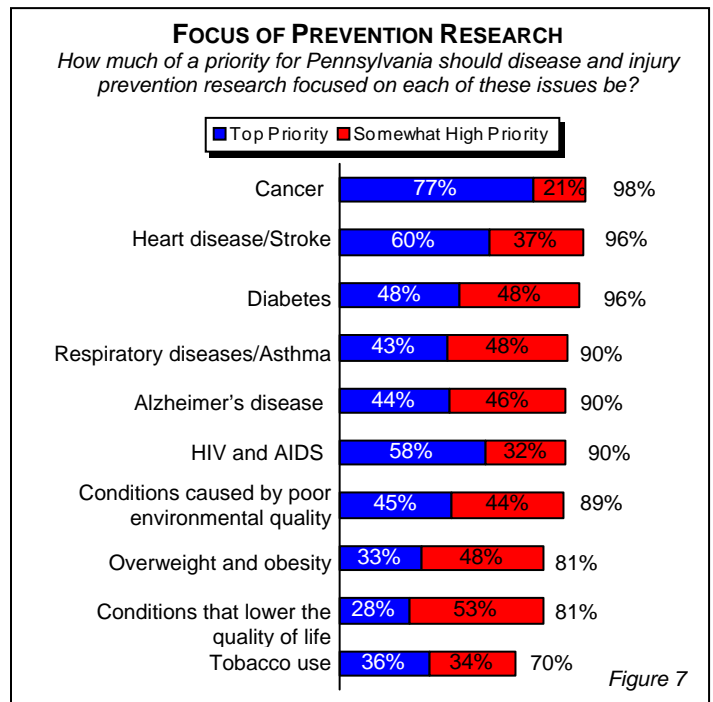
Pennsylvania residents indicate messages and arguments to increase public support for prevention research are very persuasive when they emphasize that research will help protect their loved ones (54%), lower health care costs (52%), improve access to health care services (52%), and improve the health of vulnerable populations such as children and the elderly (50%). Improved quality of life (44%) is also likely to resonate with many Pennsylvania residents. Somewhat fewer Pennsylvanians are very persuaded by arguments to increase support for prevention research when this involves increased life expectancy (40%) and improved environment (39%). Surprisingly, in light of the war with Iraq and recent terrorist attacks, residents are least likely to be swayed by arguments about preparing the community to respond to bio-terrorism (30%) (see Figure 6).

Compared to adults nationwide, Pennsylvania residents are more likely to find messages about improved access to health care services (52% vs. 40%) and about lower healthcare costs (52% vs. 47%) to be very persuasive for increasing support of prevention research. However, Pennsylvania residents are less likely than adults nationwide to find messages and arguments about increased life expectancy (40% vs. 47%) and about improved quality of life (44% vs. 52%) as very persuasive reasons to increase support for prevention research and public health initiatives.



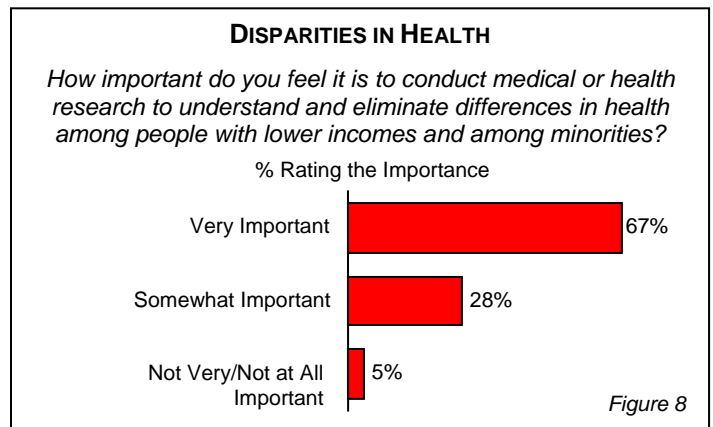
FOCUS OF PREVENTION RESEARCH

Virtually all Pennsylvania adults believe that prevention research should focus on cancer (98%), with more than three fourths saying it should be a top priority. Ranking nearly as high as a top priority are heart disease (96%) and diabetes (96%) prevention research. Nine in ten believe that injury and prevention research should be focused on respiratory diseases (90%), Alzheimer's disease (90%) HIV & AIDS (90%), and conditions caused by poor environmental quality (such as air and water pollution, 89%). Four in five Pennsylvanians think obesity (81%) and conditions that lower the quality of life (81%) should be the focus of prevention research. Fewer (70%) believe that tobacco use should be the focus of prevention research in their state (see Figure 7).



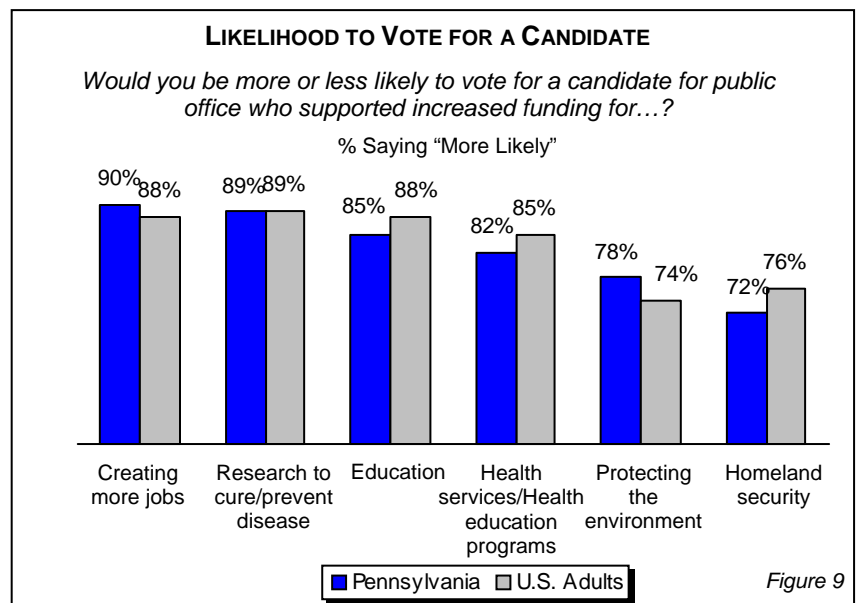
UNDERSTAND AND ELIMINATE DISPARITIES IN HEALTH

Pennsylvania residents believe in the importance of medical and health research to eliminate disparities in health. Nearly all Pennsylvania residents (95%) believe that it is very or somewhat important to conduct medical or health research to understand and eliminate differences in disease and mortality among people with lower incomes and among minorities. Two-thirds (67%) believe that it is very important (see Figure 8).



VOTING IN SUPPORT OF PREVENTION RESEARCH

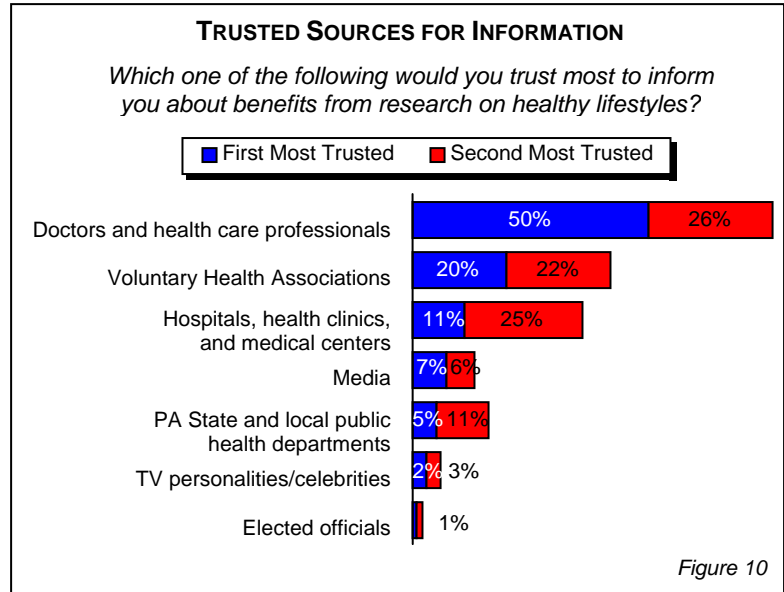
Large majorities of Pennsylvania residents say they are more likely to vote for elected officials who support increased funding for the creation of jobs (90%), research to find cures and prevent disease (89%), education (85%), and health services and health education programs (82%). Other policy priorities that are slightly less likely to influence voting decisions of Pennsylvania residents include protecting the environment (78%) and homeland security (72%).



Compared to U.S. adults as a whole, Pennsylvanians are more likely to vote for candidates who advocate environmental protection (78% vs. 74%). However, Pennsylvania residents are less likely than U.S. adults nationwide to be influenced by candidates favoring increased support for homeland security (see Figure 9).

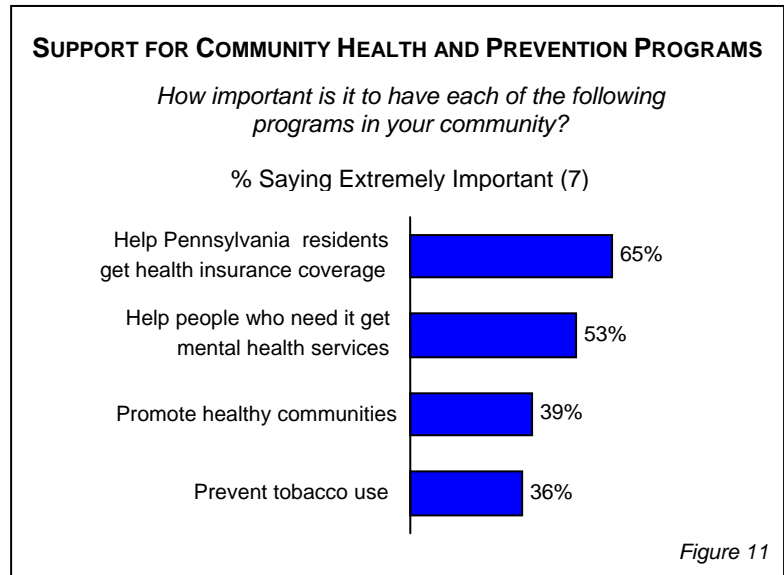
TRUSTED SOURCES FOR INFORMATION ON PREVENTION RESEARCH

Doctors and other health care professionals are the most trusted sources for information on the benefits of prevention research (50%). Ranking next in level of support are messages from voluntary health associations (such as the American Heart Association and American Cancer Society, 20%); hospitals, health clinics, and medical centers (11%); and the media (TV, radio, newspapers, magazines, Internet, 7%); state and local public health departments (5%). Celebrities (2%) and elected officials (1%) are the least trusted source to inform the public about the benefits from research on healthy lifestyles (see Figure 10).



SUPPORT FOR COMMUNITY PROGRAMS

In Pennsylvania there is broad support for a range of community health and prevention programs that focus on health and healthy communities. When presented with a range of state initiatives for community programs, two thirds of Pennsylvania residents believe that programs that help residents get health insurance coverage are extremely important (65%). Over half (53%) believe it is extremely important to have programs to help people get the mental health services they need. Only approximately one third, however, believe it is extremely important to have programs promoting healthy communities (39%) and programs preventing tobacco use (36%) (see Figure 11).



METHODOLOGY

The Pennsylvania Prevention Research Survey was commissioned by Research!America and is the 12th in a series of state surveys conducted for the Prevention Research Initiative, a multi-year effort to build greater national support for prevention research. The Pennsylvania survey was conducted with 800 adults aged 18 and older, between June 30, 2003 and July 29, 2003. 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 aged 18 years and older. The survey was conducted from the Harris Interactive telephone center between June 30, 2003 and July 29, 2003. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Pennsylvania. 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”¹. 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 Pennsylvania population using the *March 2002 Current Population Survey* from the U.S. Census Bureau.

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 Pennsylvania 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
1-800-366-CURE
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.