

Arizona Residents Speak Out on Public Health Research

A Public Opinion Survey for Research! America 2004

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

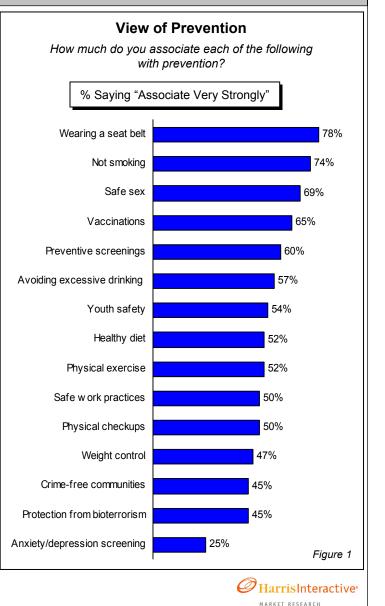
The Arizona Public Health Research Survey was commissioned by Research!America as a part of a multiyear effort to build greater national support for prevention and public health research. The Arizona 2004 survey was conducted with 802 adults ages 18 and older between October 20, 2004 and November 2, 2004. Research!America has been gauging public opinion on people's attitude toward medical, health and prevention research since 1992.

Arizona Residents' View of Prevention

Arizona residents view some behaviors as more strongly associated with prevention than others. At least six in 10 associate wearing a seat belt (78%), not smoking (74%), safe sex (69%), vaccinations for children and adults (65%), and preventive screenings such as mammograms or tests for colon and prostate cancer (60%) with prevention. At least half also associate avoiding excessive drinking (57%); youth safety, such as protection from guns, car crashes and bicycle-related injuries (54%); a healthy diet (52%); physical exercise (52%), safe work practices (50%); and regular physical checkups by a health professional (50%) with prevention.

Keeping one's weight down (47%), crimefree communities (45%) and protection from bioterrorism (45%) are items that are less associated with prevention by the state's adult residents. Mental health screening (25%) is the aspect least strongly associated with prevention (Figure 1).

Compared to U.S. adults, Arizonians are less likely to associate prevention with nearly all attributes presented in the poll, with only a few exceptions.

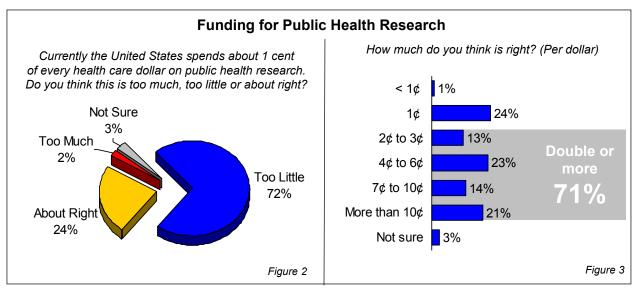


Harris Heritage. Interactive Power

Arizona residents are as likely as U.S. adults to link not smoking and youth safety to prevention in addition. They are more likely than adults nationwide to associate wearing a seat belt in motor vehicles with prevention (78% vs. 73% U.S.).

Residents Support Increased Funding For Prevention Research

Arizona residents think that the U.S. spending on public health research is insufficient (72%, Figure 2). Nearly as many adults in the state (71%) believe U.S. spending on public health research should be at least 2 cents per health care dollar (Figure 3).

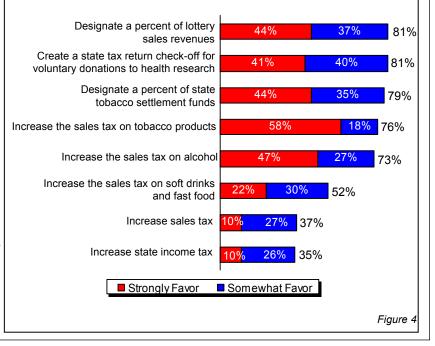


Residents Willing to Pay for Increased Funding of Public Health Research

A large majority of Arizona residents are in favor of increasing funding for public health research by designating a percent of lottery sales revenues (81%), creating a state tax return check-off for voluntary donations to health research (81%), designating a percent of state tobacco settlement funds (79%), and increasing the sales tax on tobacco products (76%) and alcohol (73%). About half support an increase in sales tax on soft drinks and fast food (52%). However, few residents support increasing the sales tax (37%) or the state income tax (35%, Figure 4).

Initiatives Designed to Increase Public Health Research Funding

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



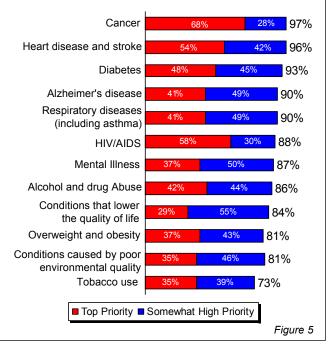
Chronic Diseases a High Priority for Public Health Research

Majorities of Arizona adults believe that public health research should focus on cancer (97%), heart disease and stroke (96%), diabetes (93%), Alzheimer's disease (90%), and asthma (90%). HIV/AIDS (88%), mental illness (87%), alcohol and drug abuse (86%), conditions that lower quality of life (84%), conditions caused by poor environmental quality (81%) and overweight and obesity (81%), are also high on the list of priorities for Arizona residents. Although tobacco use (73%) is at the bottom of the list, nearly three in four believe it should be a priority for public health research (Figure 5).

Arizona residents are less likely than U.S. adults to consider Alzheimer's disease (90% vs. 93% U.S.), HIV/AIDS (88% vs. 91% U.S.) and conditions caused by poor environmental quality a priority (81% vs. 91% U.S.), but they are slightly more likely than adults nationwide to prioritize tobacco use (73% vs. 68% U.S.).

Focus of Public Health Research

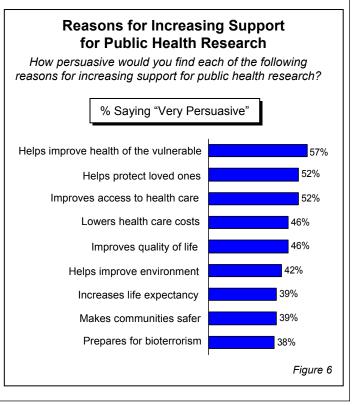
How much of a priority should public health research focused on each of these problems be?



Persuasive Messages for Increasing Support for Public Health Research

Arizona residents indicate messages and arguments to increase support for public health research are very persuasive when they emphasize that research will help improve the health of vulnerable populations (57%), protect loved ones (52%) and help improve access to health care (52%). Arizona adults are slightly less persuaded by arguments to increase support for public health research if these messages focus on lowering health care costs (46%), improving quality of life (46%), improving the environment (42%), increasing life expectancy (39%), making communities safer (39%) or preparing the community to respond to bioterrorism (38%, Figure 6).

Compared to adults nationwide, Arizona residents are less likely to find improving access to health care (52% vs. 60% U.S.) lowering health care costs (46% vs. 57% U.S.), and improving the environment (42% vs. 47% U.S.) persuasive arguments for increasing support for public health research.

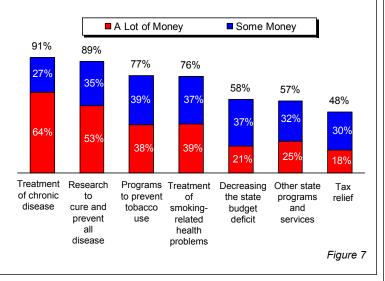


Allocating Tobacco Settlement Money

Large majorities of Arizona residents think that the state tobacco settlement money should be spent on programs for the treatment of chronic disease (91%) and research to cure and prevent all diseases (89%). Support for programs to prevent tobacco use (77%) and the treatment of smoking-related health problems (76%) are also popular programs to spend money on. More than half would allocate money to decrease the state budget deficit (58%) and to fund other state programs and services (57%). Fewer Arizona adults (48%) believe that at least some of the funds from the tobacco settlement should go to tax relief (Figure 7).

Tobacco Settlement Allocation

The Arizona 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?

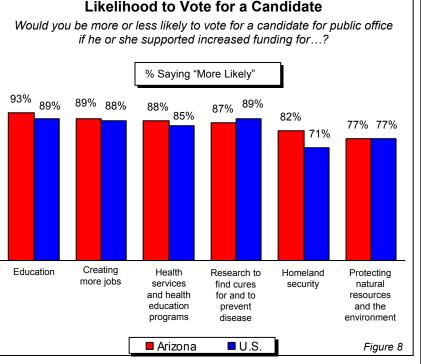


Candidates' Position on Funding for Certain Causes Influences Voters

Large majorities of Arizona residents are more likely to vote for elected officials who support more money for education (93%), increased funding for the creation of jobs (89%), more funding on research to find cures for and to prevent all diseases (87%), and health services and health education programs such as vaccinations and prenatal care (88%). Other issues only slightly less likely to influence the voting decisions of Arizona residents include more money for homeland Security (82%), and increased funding to protect natural resources and the environment (77%). Compared to U.S. adults

as a whole, Arizona adults are

more likely than the rest of the



nation to vote for a candidate who supports education (93% vs. 89% U.S.), and homeland security (82% vs.71% U.S.). In all other categories Arizonians have similar opinions to the rest of the country (Figure 8.)

Preventable Diseases and Injuries Are a Problem

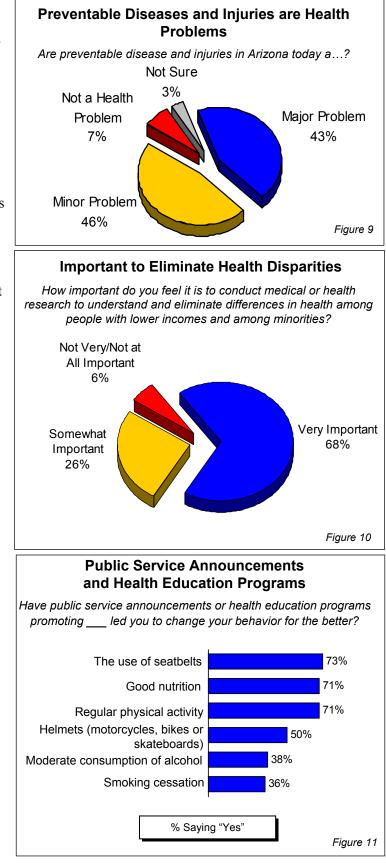
Almost all (89%) of Arizona adults view preventable diseases and injuries as a health problem today. Only 7% do not consider preventable diseases and injuries to be a health problem in the state of Arizona (Figure 9).

Arizonans Want Equality 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 Arizona residents (94%) 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 (Figure 10).

Public Service Announcements and Health Education Programs Reach Residents

More than seven in 10 Arizona adults changed their actions regarding the use of seat belts (73%), good nutrition (71%) and regular physical activity (71%) as a result of public service announcements and health education programs. These messages also encouraged many Arizonians to change their behavior for the better concerning the use of helmets when doing recreational activities such as biking or skateboarding (50%), moderate alcohol consumption (38%), and smoking cessation (36%, Fig. 11). The numbers include residents who indicated "does not apply" (e.g., nonsmokers). If responses were recalculated excluding respondents who said "non-applicable" the numbers would be even higher.



Arizona Residents Support a Variety of Prevention Regulations

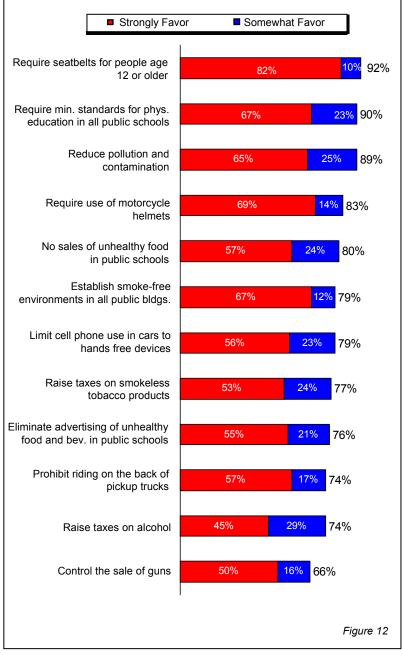
Majorities of Arizona residents favor requiring the use of seat belts in people over 12 years of age (92%), requiring minimum standards for physical education in public schools (90%), reducing the pollution and contamination from local factories and businesses (89%), requiring the use of motorcycle helmets (83%), eliminating sales of unhealthy food in public schools (80%), establishing smoke-free environments in all public buildings (79%), as well as limiting cell phone use in cars to hands-free devices.

Many also favor raising taxes on smokeless tobacco products (77%) eliminating advertising of unhealthy food and beverages on public school property (76%), prohibiting people from riding on the back of pickup trucks (74%), and raising taxes on alcohol (74%).

In contrast, controlling the sales of guns was only supported by twothirds of Arizona residents (66%, Figure 12).

Support for Prevention Regulations

How much would you favor or oppose the following regulations in Arizona?



Methodology

The Arizona Public Health Research Survey was commissioned by Research!America and is the 22nd in a series of state surveys conducted for its Prevention Research Initiative, a multi-year effort to build greater national support for public health research. The Arizona survey was conducted with 802 adults ages 18 and older, between October 20, 2004 and November 2, 2004. 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 802 adults ages 18 years and older. The survey was conducted from the Harris Interactive telephone center between October 20, 2004 and November 2, 2004. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Arizona. The study was conducted in both English and Spanish. 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"[11]. 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 Arizona population using the *March 2003 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 Arizona had been polled with complete accuracy.

National Benchmarks

National benchmark data were collected as part of the Harris Poll with 1,034 adults ages 18 years and older in August 2003.

For more information on this or other surveys commissioned by Research!America: www.researchamerica.org 1-800-366-CURE

L 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.