

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

The Georgia Prevention Research Survey was commissioned by Research!America as part of a multi-year effort to build greater national support for prevention research. The Georgia survey was conducted with 801 adults age 18 and older, between May 27, 2003 and June 20, 2003. Research!America has been gauging public opinion on people's attitudes towards medical, health and prevention research since 1992. Support for this survey was provided by a grant from The Robert Wood Johnson Foundation.

**PUBLIC UNDERSTANDING OF PREVENTION**

Georgia residents view some behaviors as more strongly associated with prevention than others. For example, more than seven in ten strongly associate avoiding risky behaviors with prevention such as having safe sex (77%), wearing a seat belt (75%), and not smoking (71%). A large majority also strongly associates prevention with certain types of preventive medical care such as vaccinations for children and adults (74%), screenings such as mammograms or tests for colon or prostate cancer (67%), as well as regular physical checkups (62%). Issues of community safety are also strongly associated with prevention such as youth safety (63%), safe work practices (61%), as well as maintaining a healthy lifestyle by avoiding excessive drinking (60%).

Aspects moderately associated with prevention include crime-free communities (57%), following a healthy diet (55%), regular physical exercise (54%), and weight control (51%). Protection from bioterrorism (48%) and mental health screening (31%) are least associated with prevention (Figure 1).

Compared to adults nationwide, Georgia residents are more likely to associate not smoking with prevention (71% GA vs. 65% U.S.), but are less likely to associate vaccinations and youth safety with prevention (74% GA vs. 79% U.S. and 63% GA vs. 71% U.S.).

**UNDERSTANDING OF PREVENTION**

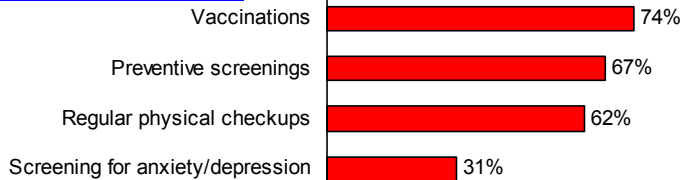
How much do you associate each of the following with prevention?

% Saying "Associate Very Strongly"

**Avoiding Risky Behaviors**



**Preventive Medical Care**



**Community Safety**



**Healthy Lifestyle**

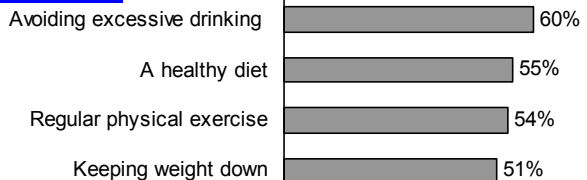


Figure 1

## GEORGIANS SUPPORT INCREASED FUNDING FOR PREVENTION RESEARCH

More than two in three Georgia residents believe U.S. spending on prevention research is insufficient (68%). About the same number believe that U.S. spending should be at least 2 cents or more of every health care dollar. One in five believe spending should be more than 10 cents per dollar (Figures 2 and 3).

### U.S. FUNDING FOR PREVENTION RESEARCH

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

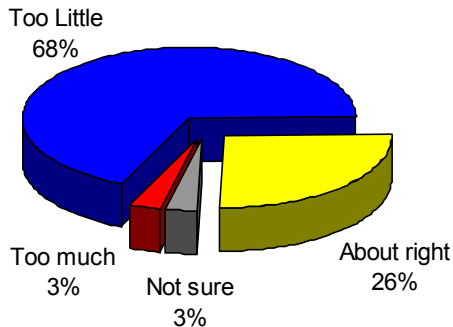


Figure 2

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

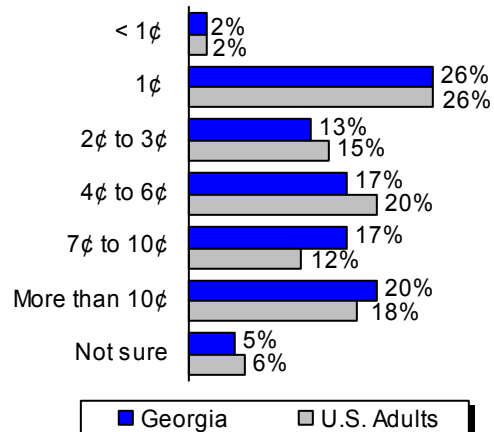


Figure 3

## RESIDENTS WILLING TO PAY FOR INCREASED FUNDING OF PREVENTION RESEARCH

When presented with a range of initiatives to increase funding for prevention research, a large majority of Georgia residents are in favor of designating a percentage of state tobacco settlement funds (79%), creating a state tax return checkoff for voluntary donations to health research (79%), and increasing the sales tax on tobacco products (77%). Other initiatives include increasing the sales tax on alcohol (75%) and designating a percent of lottery sales revenues (74%). Three out of seven Georgia residents favor increasing the sales tax on soft drinks and fast food (43%)

### 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?

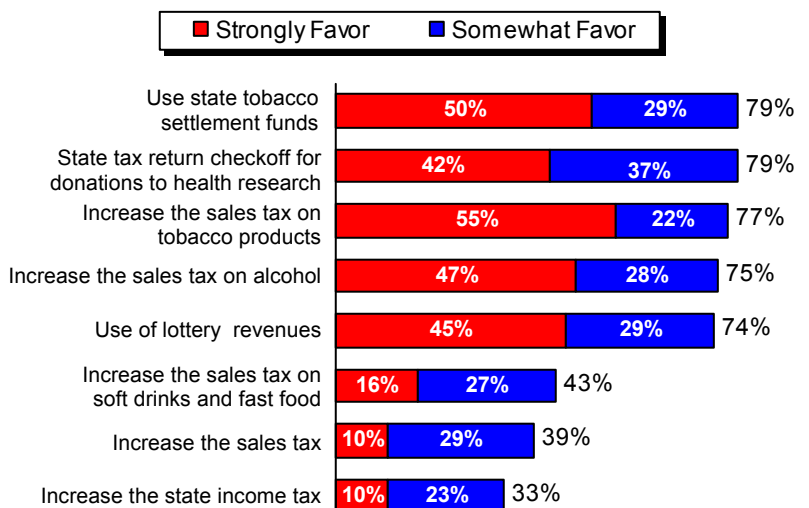


Figure 4

and fewer favor a sales tax increase (39%) or an increased state income tax (33%) to increase funding for prevention research (Figure 4). Georgia residents are more likely to favor a state tax return checkoff for voluntary donations than the adult population nationwide (79% GA vs. 72% U.S.).

## PERSUASIVE MESSAGES TO INCREASE SUPPORT FOR PREVENTION RESEARCH

A majority of Georgia residents feel that messages and arguments to increase support for prevention research are very persuasive when they emphasize that the research will help improve the health of vulnerable populations such as children and the elderly (60%), help protect loved ones (58%), improve access to health care services (58%), lower health care costs (56%), and improve quality of life (54%). While research that helps improve the environment (43%) and increases life expectancy (43%) are also likely to persuade many Georgia residents to increase their support, they are somewhat less likely to be swayed by arguments about preparing the community to respond to bioterrorism (34%), (Figure 5).

Compared to adults nationwide, Georgia residents are more likely to be persuaded by messages that emphasize improved access to health care (58% GA vs. 40% U.S.) and lower health care costs (56% GA and 47% U.S.).

## ALLOCATING GEORGIA'S TOBACCO SETTLEMENT MONEY

The Georgia government has received millions of dollars from tobacco companies as part of the tobacco settlement. When asked how this money should be spent, the vast majority of Georgia residents felt the money should be spent on the treatment of chronic diseases such as cancer, diabetes and heart disease (94%), research to find cures for and to prevent all disease (92%), initiatives to help the elderly get prescription medications they need (89%), and programs to help Georgia residents get affordable health insurance (86%). A significant number also feel the money should be spent on programs to prevent tobacco use (65%), tax relief (63%) and other state programs and services; for example, road maintenance and highways (60%), (Figure 6).

### 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"

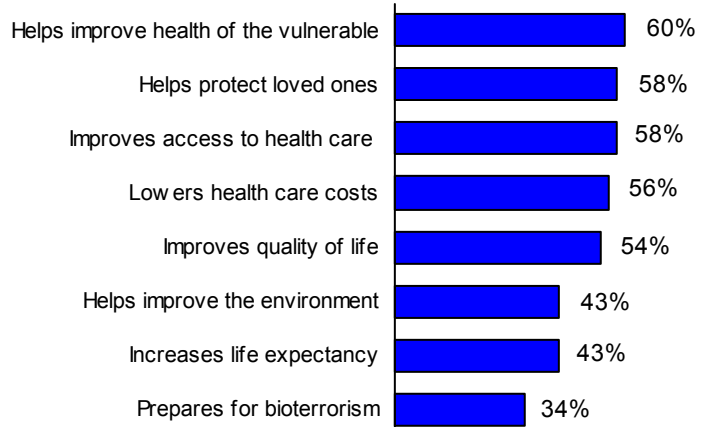


Figure 5

### TOBACCO SETTLEMENT ALLOCATION

*The Georgia 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

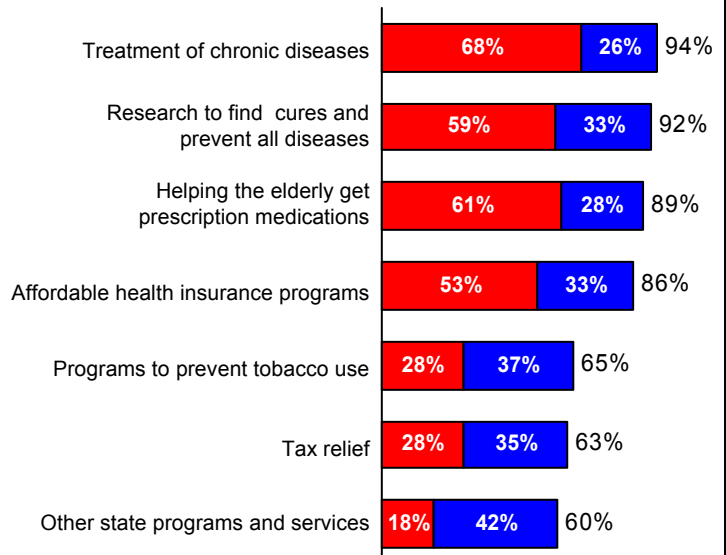


Figure 6

## FOCUS OF PREVENTION RESEARCH

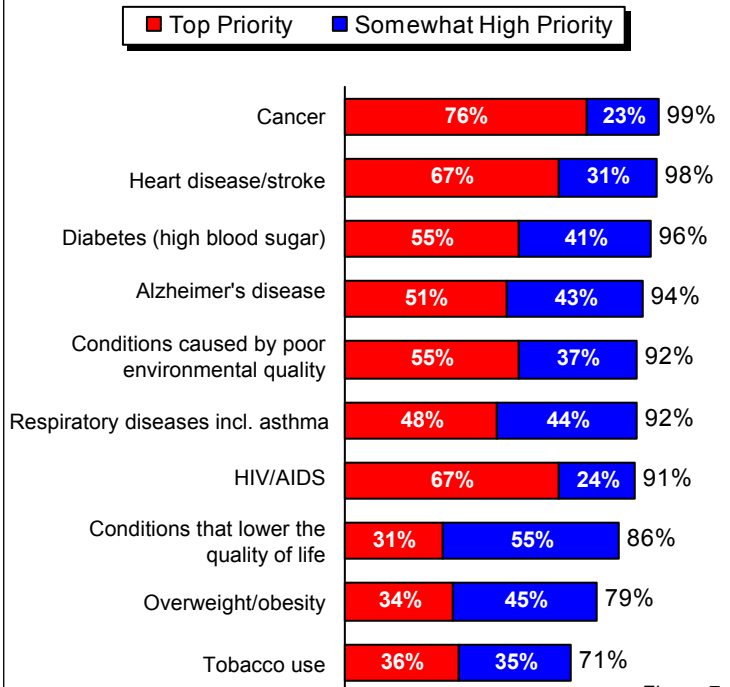
Virtually all Georgia adults believe that prevention research should focus on cancer (99%), heart disease and stroke (98%), diabetes (96%), and Alzheimer's disease (94%). A large majority of people in Georgia also believe that priority should be given to prevention research focused on conditions caused by poor environmental quality (92%), respiratory diseases including asthma (92%), and HIV/AIDS (91%). Six in seven Georgians believe that conditions that reduce the length of life (86%) should be the focus of this type of research. Large majorities also say that obesity (79%) and tobacco use (71%) should be priorities of prevention research (Figure 7).

## 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 prevention research (48%). Ranking next in level of support are voluntary health associations such as the American Heart Association or the American Cancer Society (18%). Hospitals, health clinics and medical centers, as well as the media (TV, radio, newspapers, magazines and the Internet) are the first most trusted source of information for one in 10 Georgia residents. Fewer turn to state and local health departments as their first most trusted source for health information (6%). TV personalities or celebrities such as actors and athletes (3%) and elected officials (2%) are the least trusted source to inform the public about the benefits of research on healthy lifestyles (Figure 8).

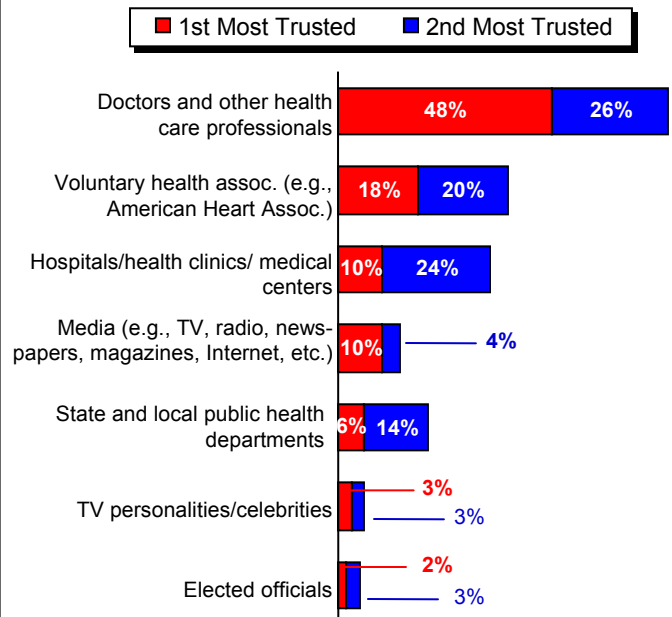
### FOCUS OF PREVENTION RESEARCH

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



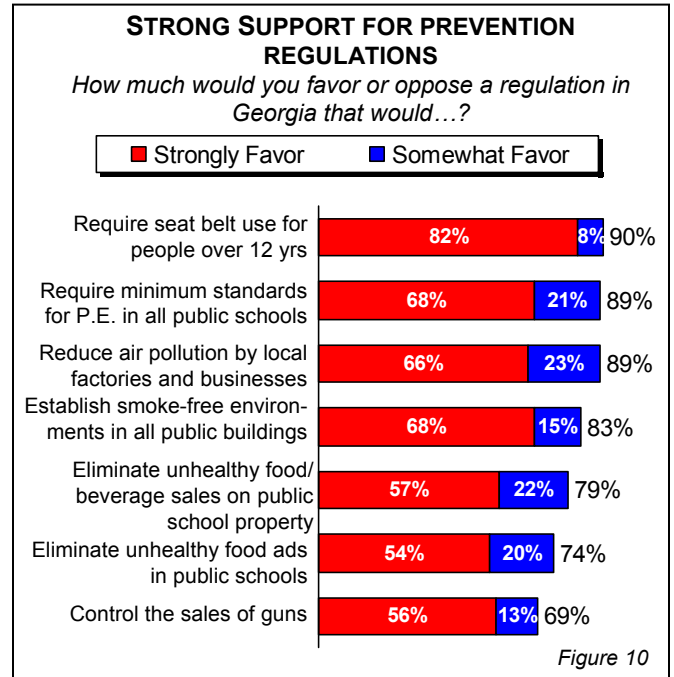
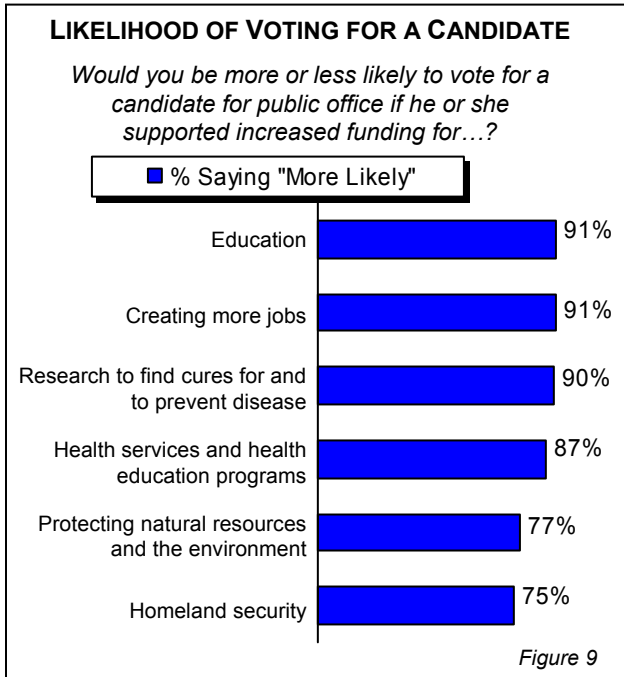
### MOST TRUSTED SOURCES OF INFORMATION

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



## CANDIDATES POSITION ON PREVENTION RESEARCH INFLUENCES VOTING

A large majority of Georgians are more likely to vote for elected officials who support increased funding for education (91%), the creation of jobs (91%), research to find cures and prevent disease (90%), and health services and health education programs (87%). Other issues that are slightly less likely to influence voting decisions of Georgia residents, but were still mentioned by more than three in four, include protecting natural resources and the environment (77%) and homeland security (75%), (Figure 9).

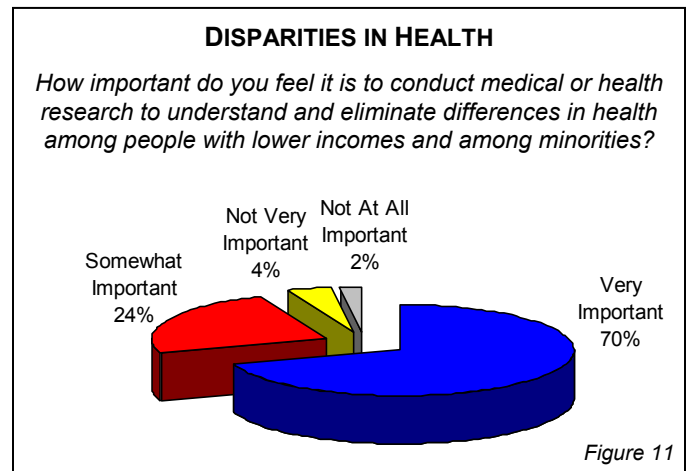


## GEORGIANS OFFER STRONG SUPPORT FOR PREVENTION REGULATIONS

Nine out of 10 Georgia residents favor prevention programs that require the use of seat belts for people over 12 years of age (90%). About the same number favor minimum standards for physical education in all public schools (89%) and reducing air pollution by local factories and business (89%). A large majority also favors programs to establish smoke-free environments in all public buildings (83%) and eliminate sales and advertising of unhealthy food and beverages on public school property (79% and 74%). Regulations to control the sales of guns (69%) also hold high favor among Georgia residents (Figure 10).

## 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. More than nine in 10 Georgia residents (94%) 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. Seven in 10 (70%) believe that it is very important (Figure 11).



## METHODOLOGY

Research!America commissioned the Georgia 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 prevention research. This state survey is the tenth in a series conducted for the Prevention Research Initiative.

### *Telephone Sample*

Harris Interactive conducted a 15-minute telephone survey with a representative sample of 801 adults ages 18 years and older. The survey was conducted from the Harris Interactive telephone center between May 27, 2003 and June 20, 2003. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Georgia. 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 Georgia 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 Georgia 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:  
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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.