

Ohio Residents Speak Out on Public Health Research

A Public Opinion Survey for Research!America 2004

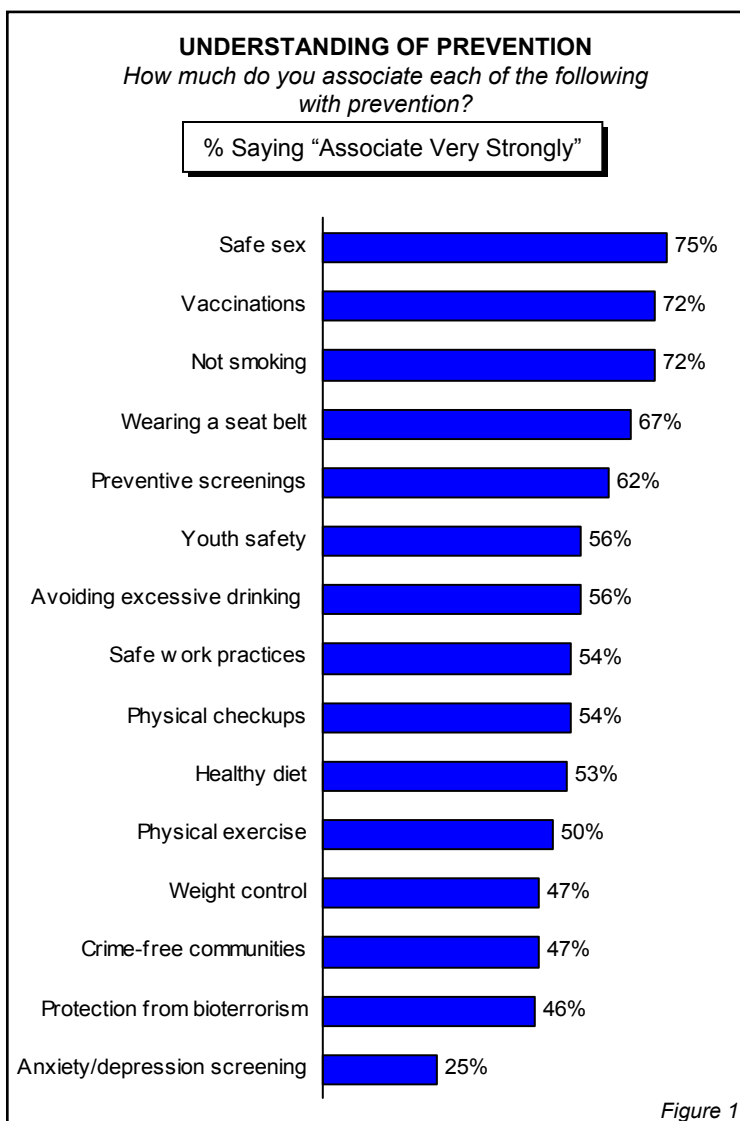
Finding better ways to protect and promote your health—Prevention and Public Health Research

The Ohio Public Health Research Survey was commissioned by Research!America as a part of a multi-year effort to build greater national support for prevention and public health research. The Ohio 2004 survey was conducted with 801 adults ages 18 and older between March 29, 2004 and April 19, 2004. Research!America has been gauging public opinion on people's attitudes towards medical, health and prevention research since 1992.

UNDERSTANDING OF PREVENTION

Ohio residents view some behaviors and practices as more strongly associated with prevention than others. For example, more than two-thirds strongly associate the following with prevention: having safe sex (75%), vaccinations for children and adults (72%), not smoking (72%) and wearing a seat belt (67%). Preventive screenings such as mammograms and screenings to detect colon or prostate cancer (62%), youth safety (56%), avoiding excessive drinking (56%), safe work practices (54%), regular physical checkups (54%), and a healthy diet (53%) are also items that are very strongly associated with prevention.

Aspects slightly less associated with prevention include regular physical exercise (50%), weight control (47%), crime-free communities (47%) and protection from bioterrorism (46%). Mental health screening (25%) is least strongly associated with prevention (Figure 1).

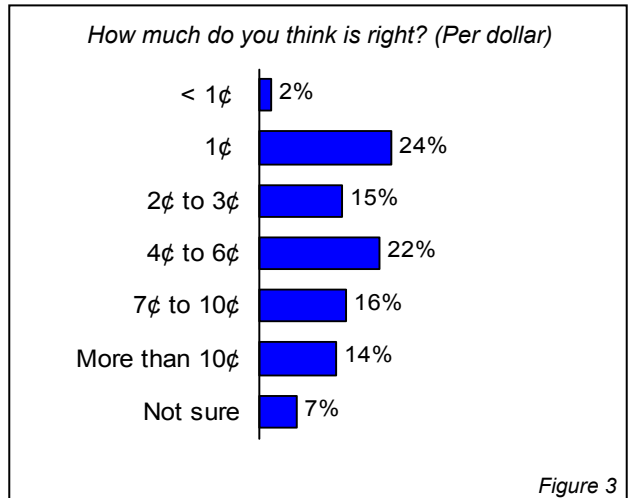
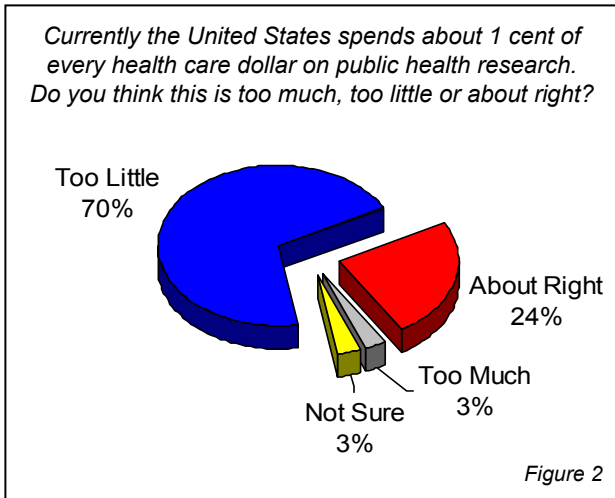


Compared to US adults nationwide, Ohio adults are less likely to associate prevention with most of the attributes presented, including wearing a seatbelt (67% OH vs. 73% US), preventive screenings (62% OH vs. 68% US), physical checkups (54% OH vs. 60% US), mental health screenings (25% vs. 30% US), safe work practices (54% OH vs. 61% US), crime-free communities (47% OH vs. 55% US), and avoiding excessive drinking (56% OH vs. 62% US). Further, Ohio residents are also less likely to associate a healthy diet (53% OH vs. 63% US), physical exercise (50% OH vs. 61% US) and weight control (47% OH vs. 54% US) with prevention.

RESIDENTS SUPPORT INCREASED FUNDING FOR PUBLIC HEALTH RESEARCH

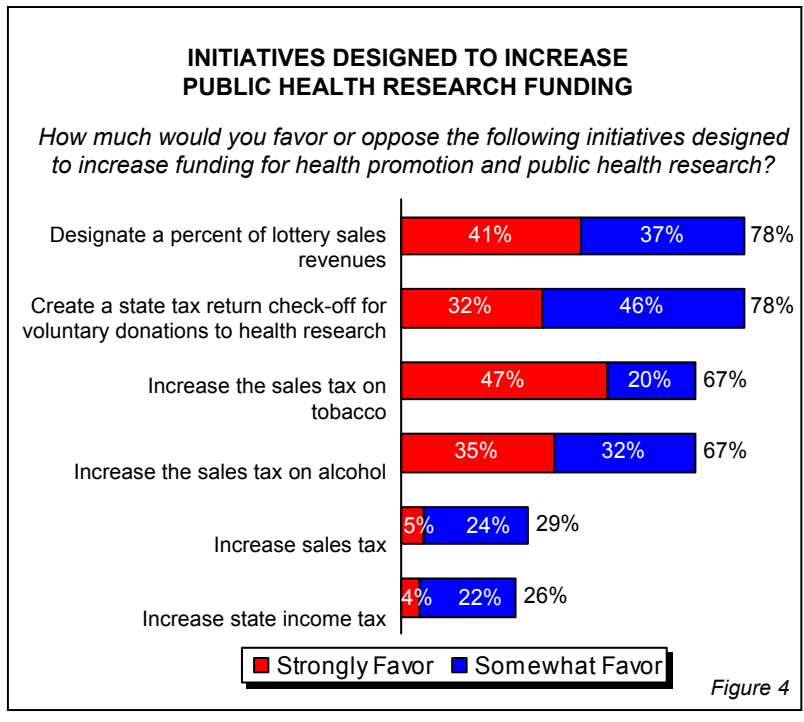
Ohio residents think that US spending on public health research is insufficient (70%, Figure 2). Nearly as many adults in the state (67%) believe US spending on public health research should be at least 2 cents per health care dollar (Figure 3).

FUNDING FOR PUBLIC HEALTH RESEARCH



RESIDENTS WILLING TO PAY FOR INCREASED FUNDING OF PUBLIC HEALTH RESEARCH

When presented with a range of initiatives to increase funding for public health research, a large majority of Ohio residents are in favor of each of the following: designating a percent of lottery revenues (78%), creating a state tax return check-off for voluntary donations to health research (78%), and increasing the sales tax on tobacco products (67%) and alcohol (67%). In contrast, far fewer state residents support increasing the sales tax (29%) or income tax (26%), (Figure 4).



OHIO RESIDENTS FEEL PUBLIC HEALTH PROGRAMS ARE IMPORTANT

Public health programs protect the population by safeguarding food, providing necessary vaccines for children, ensuring the safety of the elderly in nursing homes, and preparing for possible acts of bioterrorism and other emergencies. The majority of Ohio residents feel public health programs are very or somewhat important (93%). Nearly three in five feel these programs are very important (58%), (Figure 5).

IMPORTANCE OF PUBLIC HEALTH PROGRAMS

How important are public health programs to you?

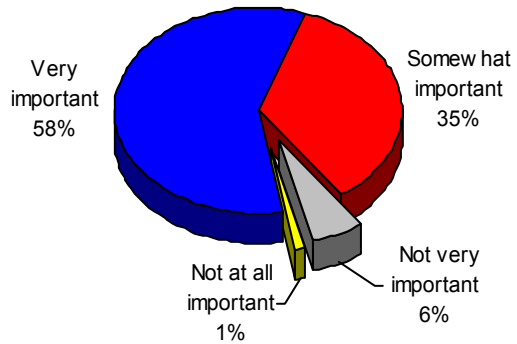


Figure 5

PUBLIC HEALTH RESEARCH SHOULD BE FOCUSED ON CHRONIC DISEASES

Virtually all Ohio adults believe that public health research should focus on cancer (99%) with three in four saying it should be a top priority. Heart disease and stroke follow closely (96%). Also ranking very high in terms of priorities are diabetes (92%), Alzheimer’s disease (92%), respiratory diseases (92%), conditions caused by poor environmental quality (91%), and HIV/AIDS (90%). Violence and injury prevention (82%), being overweight and obesity (82%), and conditions that lower the quality of life, including arthritis, back pain and migraine headaches (79%) are also high on the list of priorities for Ohio residents. Although tobacco use is at the bottom of the priorities list, most (70%) believe it should at least be a somewhat high priority for public health research (Figure 6).

FOCUS OF PUBLIC HEALTH RESEARCH

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

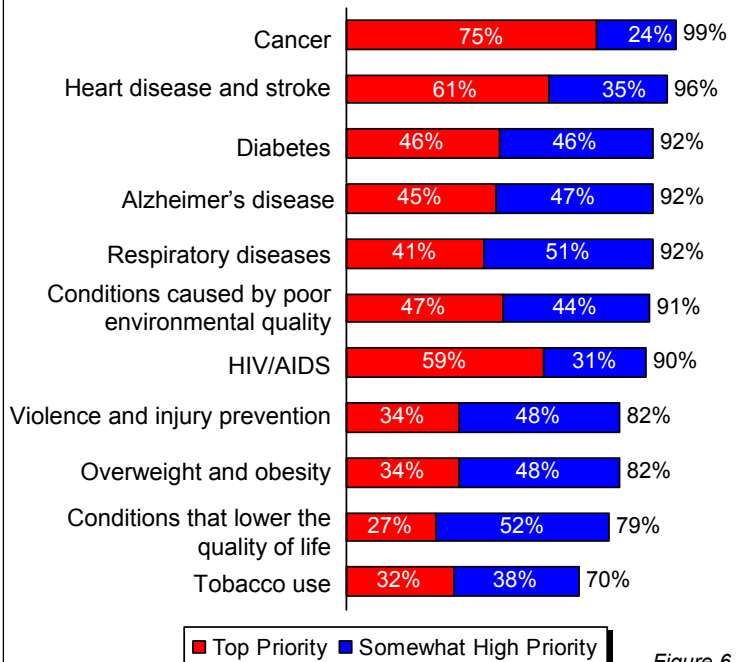


Figure 6

Ohio residents are less likely than adults nationwide to see conditions that lower the quality of life as a priority for public health research (79% OH vs. 84% US).

PERSUASIVE MESSAGES FOR INCREASING SUPPORT FOR PUBLIC HEALTH RESEARCH

Ohio residents indicate messages and arguments to increase support for public health research are very persuasive when they emphasize that research will improve access to health care services (58%) and help protect their loved ones (55%). Lowering health care costs (51%) and improving the health of vulnerable populations (50%) such as children and the elderly, are also likely to resonate with the state's residents. Fewer Ohio adults are very persuaded by arguments to increase support for public health research if these arguments focus on improving quality of life (43%), improving the environment (37%) or increasing life expectancy (35%).

REASONS FOR INCREASING SUPPORT FOR PUBLIC HEALTH RESEARCH

How persuasive would you find each of the following reasons for increasing support for health promotion and public health research?

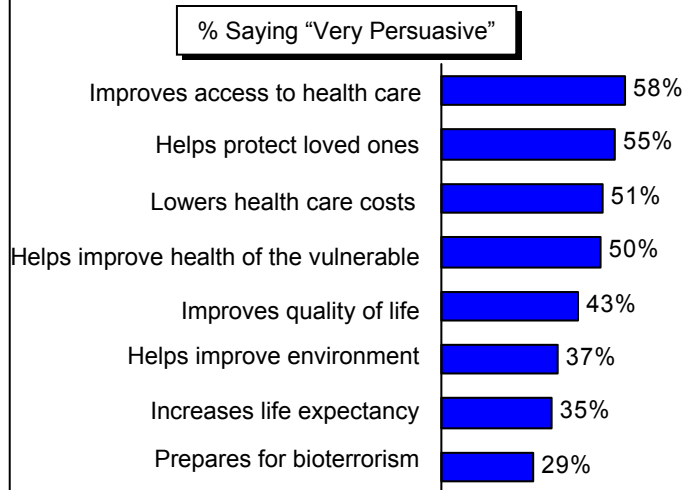


Figure 7

In spite of the war with Iraq and recent terrorist attacks, fewer than one-third (29%) say they would find arguments in support of preparing the community to respond to bioterrorism very persuasive (Figure 7).

Compared to adults nationwide, Ohio residents are less likely to find arguments for increased support very persuasive when talking about lowering health care costs (51% OH vs. 57% US), helping improve the health of the vulnerable (50% OH vs. 56% US), improving the quality of life (43% OH vs. 48% US), helping improve the environment such as air, water and soil quality (37% OH vs. 47% US), and preparing the community to respond to bioterrorism (29% OH vs. 38% US).

ALLOCATING OHIO'S TOBACCO SETTLEMENT MONEY

The vast majority of Ohio residents think that the state tobacco settlement money should be spent on programs for the treatment of chronic diseases (91%) and research to fund cures for and to prevent all diseases (88%). Programs and services to protect and promote health (82%) are also popular causes on which to spend money. About three in four support providing funds to cover the treatment of smoking-related health problems (75%) and programs to prevent tobacco use (73%). Fewer, but more than half, are in

TOBACCO SETTLEMENT ALLOCATION

The Ohio 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?

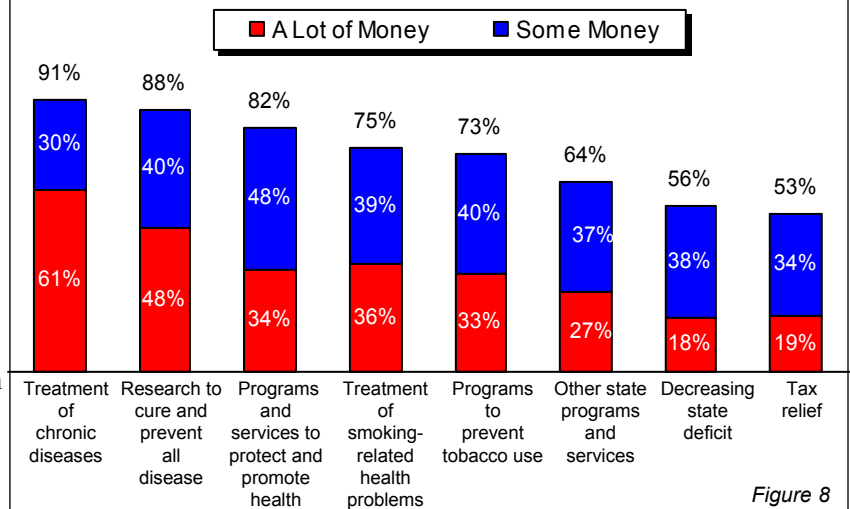
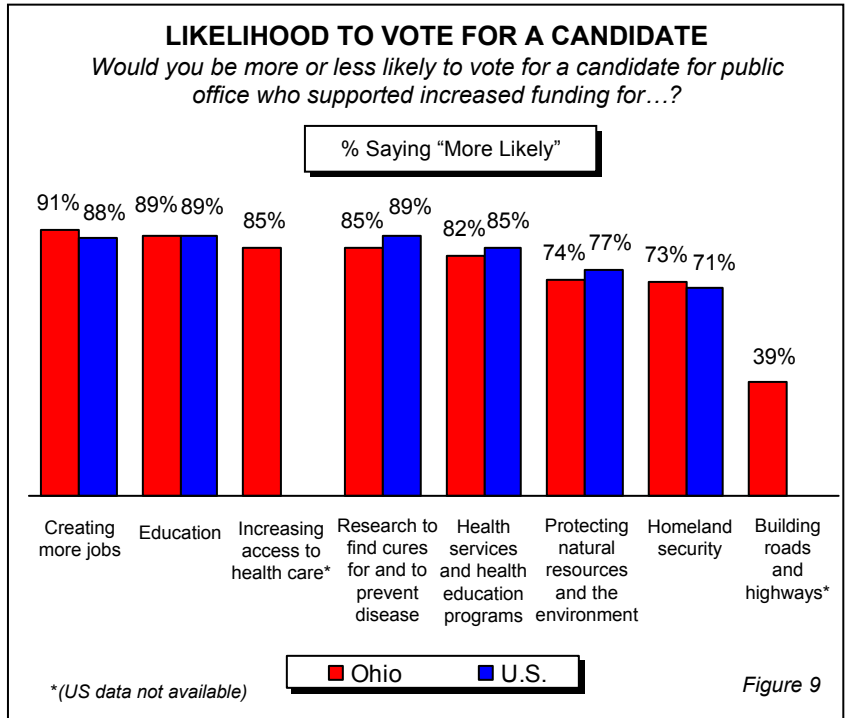


Figure 8

favor of spending tobacco settlement money on other state programs and services; for example, road maintenance and highways and support for public schools (64%), decreasing the state deficit (56%) and tax relief (53%), (Figure 8).

VOTERS INFLUENCED BY CANDIDATE’S POSITION ON FUNDING FOR CERTAIN CAUSES

Large majorities of Ohio residents are more likely to vote for elected officials who support increased funding for the creation of jobs (91%), education (89%), increased access to health care (85%), research to find cures for and to prevent disease (85%), and health services and health education programs such as vaccinations and prenatal care (82%). Other issues likely to influence the voting decisions of Ohio residents include protecting natural resources and the environment (74%) and homeland security (73%). Support for increased funding to build roads and highways (39%) is the least likely cause that would influence voters (Figure 9).

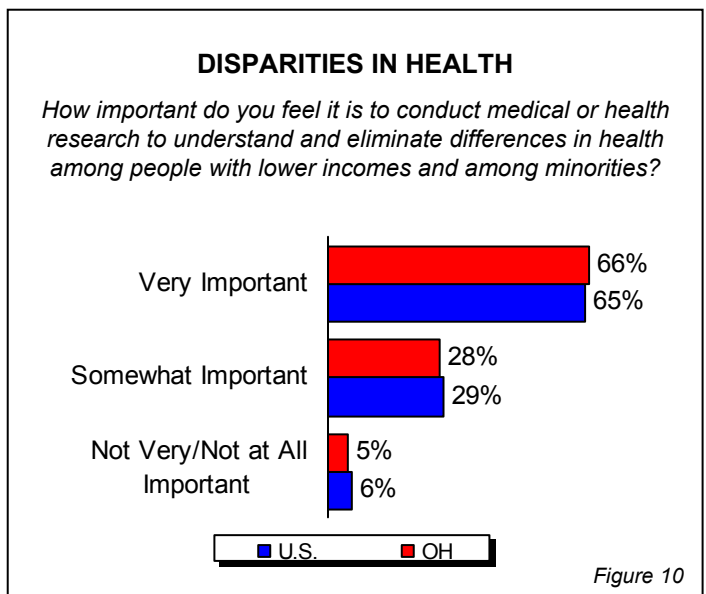


Compared to US adults as a whole, Ohio adults are more likely to vote for candidates who support an increase in funding for the creation of jobs (91% OH vs. 88% US) but are less likely to support politicians based on their endorsement of an increase in funding for research to find cures for and to prevent disease (85% OH vs. 89% US).

DISPARITIES IN HEALTH

Ohio residents strongly believe it is important to conduct medical and health research to eliminate disparities in health. Nearly all Ohio 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. Two in three adults in the state of Ohio (66%) believe that eliminating disparities is very important (Figure 10).

Ohio residents feel the same as residents nationwide about this issue.



Methodology

The Ohio Public Health Research Survey was commissioned by Research!America and is the 17th 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 Ohio survey was conducted with 801 adults ages 18 and older, between March 29, 2004 and April 19, 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 801 adults age 18 years and older. The survey was conducted from the Harris Interactive telephone center between March 29, 2004, and April 19, 2004. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Ohio. 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”^[1]. 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 Ohio population using the *March 2002 Current Population Survey* from the US 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 4 percentage points of what they would be if the entire adult population of Ohio 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

Some households “unlisted” as the result of assignment for unlisted phone numbers by the telephone carrier. 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.