

The Texas 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 nearly two-thirds of Texas residents believe the United States spends too little on prevention research. Additional responses indicate there is an overwhelming belief that prevention research is a high priority for Texans, particularly when it involves research to prevent such illnesses as cancer, heart disease, diabetes, stroke and HIV/AIDS. Research!America has been gauging public opinion on people's attitudes towards medical, health and prevention research since 1992.

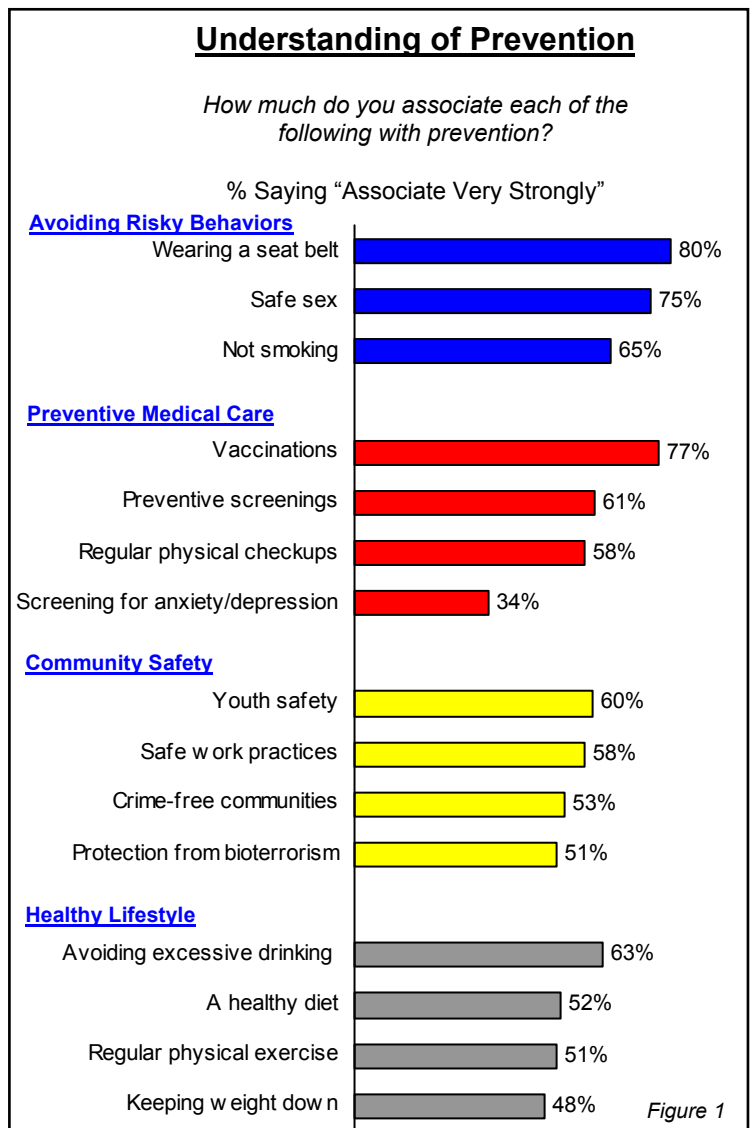
Understanding of Prevention

Texas residents view some behaviors as more strongly associated with prevention than others. For example more than three in four strongly associate avoiding risky behaviors—such as wearing a seat belt (80%) and having safe sex (75%)—and preventive medical care—such as vaccinations (77%)—with prevention.

Approximately six in 10 Texans strongly associate prevention with not smoking (65%); certain features of a healthy lifestyle, e.g., avoiding excessive drinking, (63%), preventive screenings (61%), community safety issues such as youth safety, (60%), and safe work practices (58%), and with regular physical checkups (58%).

About half of all Texans strongly associate prevention with crime-free communities (53%), eating a healthy diet (52%), protection from bioterrorism (51%), regular physical exercise (51%) and keeping one's weight down (48%). Mental health screening (34%) is least associated with prevention (Figure 1).

Compared to US adults, Texas residents are less likely to associate

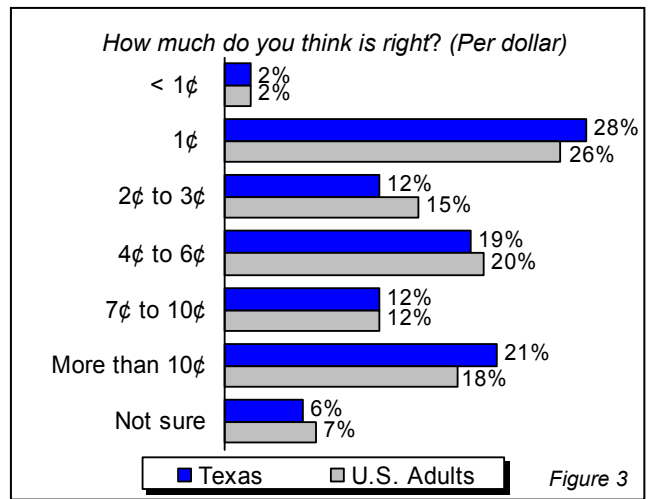
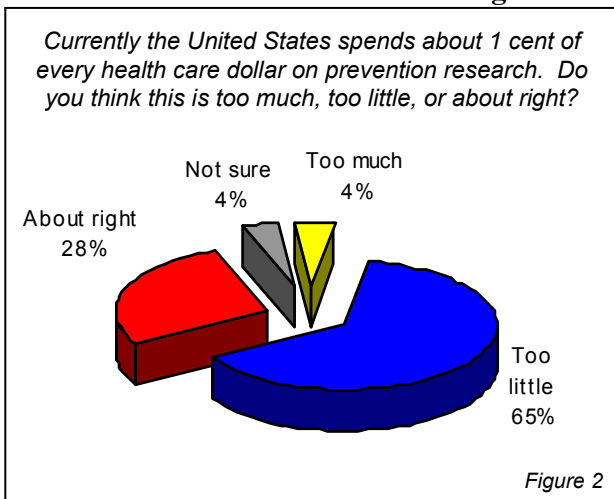


prevention with some of the attributes presented. Residents of the state are less likely than US adults to associate preventive screenings (61% vs. 71%), youth safety (60% vs. 71%), and crime-free communities (53% vs. 61%) with prevention. Texans are more likely to associate prevention with wearing a seatbelt and avoiding excessive drinking (80% vs. 73% and 63% vs. 57%).

Support for Increased Funding for Prevention Research

Nearly two-thirds of Texas residents think US spending on prevention research is insufficient (65%, Figure 2). Sixty-four percent think that US spending on prevention research should be at least 2 cents or more per health care dollar. One in five believe spending on prevention research should be more than 10 cents per health care dollar (Figure 3).

US Funding for Disease Prevention Research

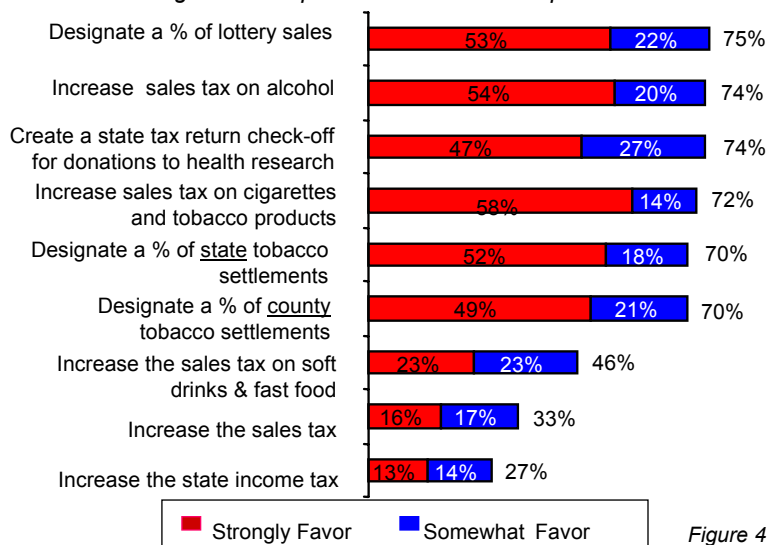


Residents Willing to Pay for Increased Funding of Prevention Research

When presented with a range of initiatives to increase funding for prevention research, a large majority of residents are in favor of the following: designating a percentage of lottery sales revenue (75%), creating a state tax check-off for voluntary donations to health research (74%), increasing the sales tax on alcohol (74%) and increasing the sales tax on tobacco products (72%). Seventy percent of Texans favor designating a percentage of the state or county tobacco settlement money. Nearly half (46%) support an increase in

Initiatives Designed to Increase Funding for Prevention Research

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

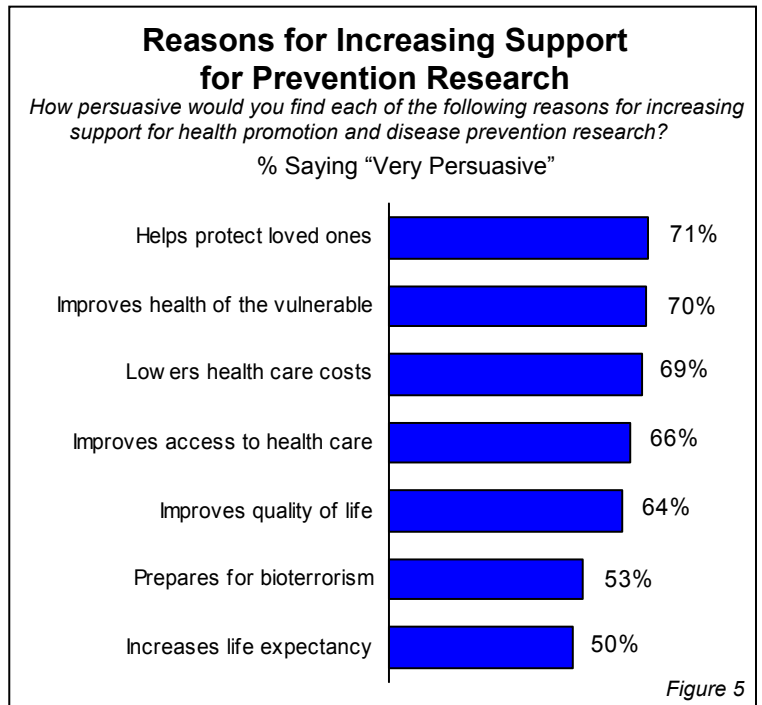


the sales tax on soft drinks and fast foods. Texas residents least favor increasing the sales tax (33%) or the state’s income tax (27%) as ways to increase funding for prevention research (Figure 4).

Persuasive Messages for Increasing Support for Disease Prevention Research

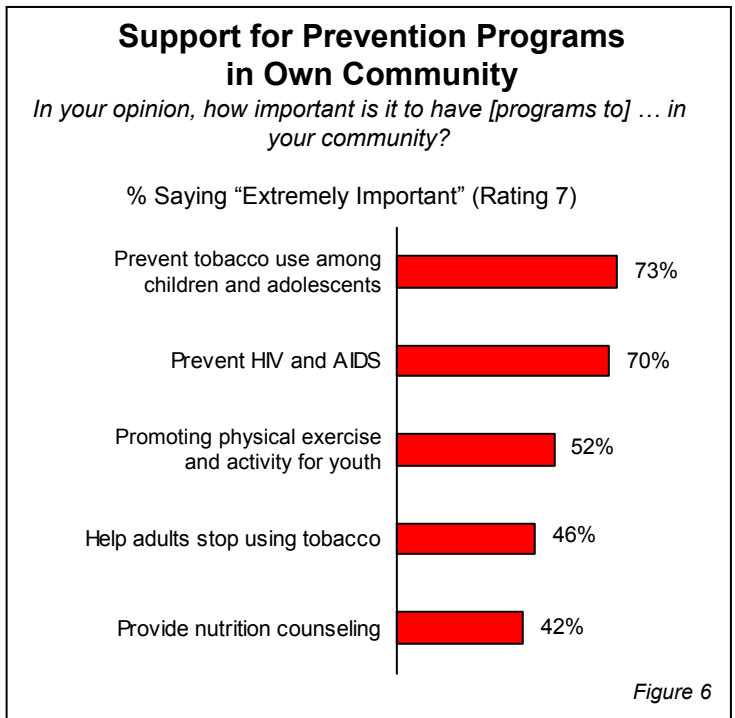
Approximately seven in 10 Texans feel that messages to increase support for disease prevention research are very persuasive when they emphasize the research will help protect loved ones (71%), help improve the health of vulnerable populations (70%), and lower health care costs (69%). Slightly smaller percentages find improved access to health care (66%) and an improved quality of life (64%) to be very persuasive messages. Messages about preparing the community to respond to bioterrorism (53%) and increasing life expectancy (50%) are also likely to resonate well.

Compared to US adults, Texas residents are much more likely to find messages about lowering health care costs (69% vs. 47%), improving health care access (66% vs. 40%) and improving the quality of life (64% vs. 52%) to be very persuasive reasons for increasing support of prevention research (Figure 5).



Strong Support for Prevention Programs

Seven in 10 Texans say programs in their communities preventing tobacco use among the state’s children and adolescents (73%) and preventing HIV and AIDS (70%) are extremely important. More than half (52%) of Texas residents say it is extremely important to support programs promoting exercise and activity among young people. More than two in five say that programs that help adults stop using tobacco (46%) and provide nutrition counseling (42%) are also extremely important (Figure 6).



Places Where Programs to Promote Healthy Lifestyles Will be Well Received

Twenty-seven percent of residents would go to local clinics, health centers or a doctor's office if they wanted to participate in programs promoting healthy lifestyles. Nearly one in five would go to health club, YMCA or gym (19%) or a community center (18%). Local churches, synagogues or mosques would also be visited by 17 percent of Texans if they wanted to participate in programs promoting healthy lifestyles. Fewer would go to a local school (9%) or the workplace (5%). Surprisingly, none of the Texas residents said that they would not want to participate in programs promoting healthy lifestyles (Figure 7).

Places Where Programs to Promote Healthy Lifestyles Can be Offered

Where would you and your family go if you wanted to participate in programs promoting healthy lifestyles?

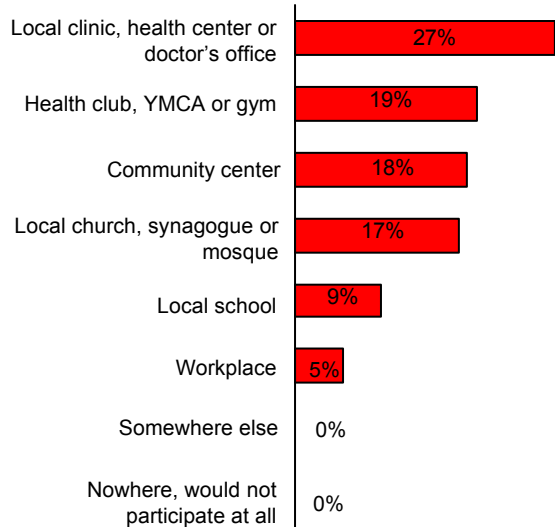


Figure 7

Arguments to Adopt Healthier Practices

The majority of residents would be extremely likely to try to adopt healthier practices, such as exercise more, not use tobacco and eat a more healthy diet, based on arguments that it would help them protect their loved ones (70%), they would be healthier more of the time (65%) and, they would live longer (64%). Many could be swayed by points such as they would be able to better enjoy their favorite activities (60%) or they would save money (57%). Half of all Texas residents would be extremely likely to try to adopt healthier practices if they would receive a financial reward by their own or their spouse's employer (Figure 8).

Likelihood to Adopt Healthier Practices

How likely would you be to adopt more healthy practices because you would...?

% Saying "Extremely Likely" (Rating of 7)

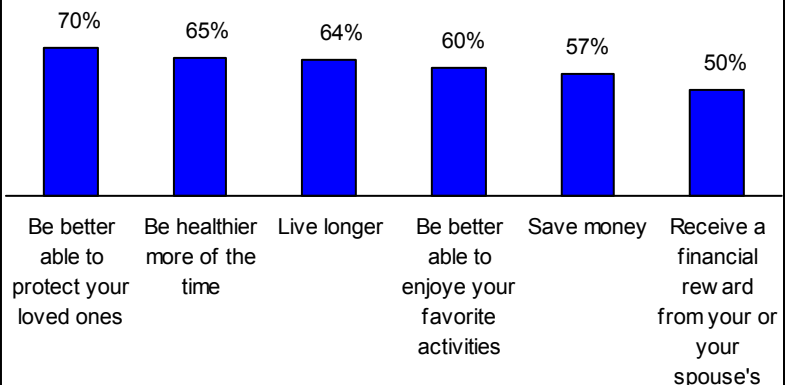


Figure 8

Focus of Prevention Research

Virtually all Texas adults believe that prevention research should focus on cancer (98%) and heart disease (97%), with 80% of Texans saying cancer is a top priority. More than nine in 10 believe that diabetes (95%), stroke (94%), high blood pressure (93%) and HIV and AIDS (91%) should also be high priorities for prevention research. Fewer, but still large majorities of Texas residents feel that asthma (86%), high cholesterol (85%) and problems associated with obesity (82%) should be at least somewhat high priorities for this type of research. Finally, prevention research dealing with problems caused by tobacco use is considered a high priority by 71 percent of Texas adults (Figure 9).

Trusted Sources of Information on Prevention Research

Texas residents overwhelmingly consider doctors and other health care professionals to be the trusted source for information about the benefits from research on healthy lifestyles (51%). Ranking next, but far behind are messages from voluntary health associations (15%), Texas state and local public health departments (10%), media outlets such as TV, radio, newspapers, magazines and the Internet (9%), and religious leaders (6%). Conversely, television personalities or celebrities (such as actors and athletes) and the Texas governor are the least trusted sources of information about the benefits of research on healthy lifestyles (2% and 2%, respectively) (Figure 10).

Focus of Prevention Research

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

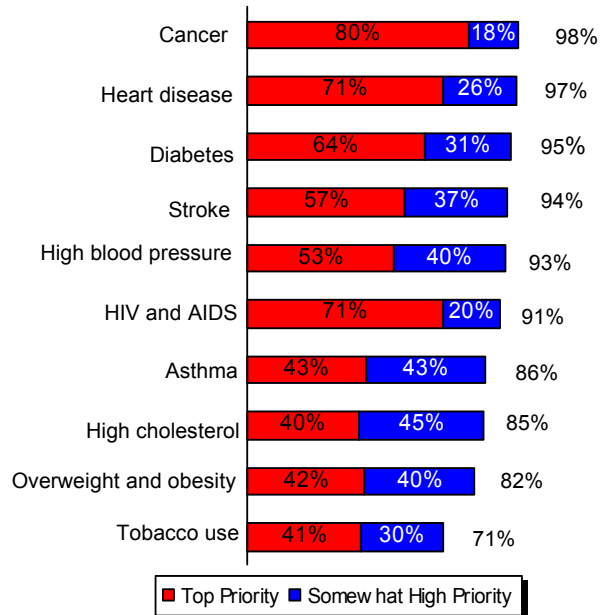


Figure 9

Most Trusted Sources of Information

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

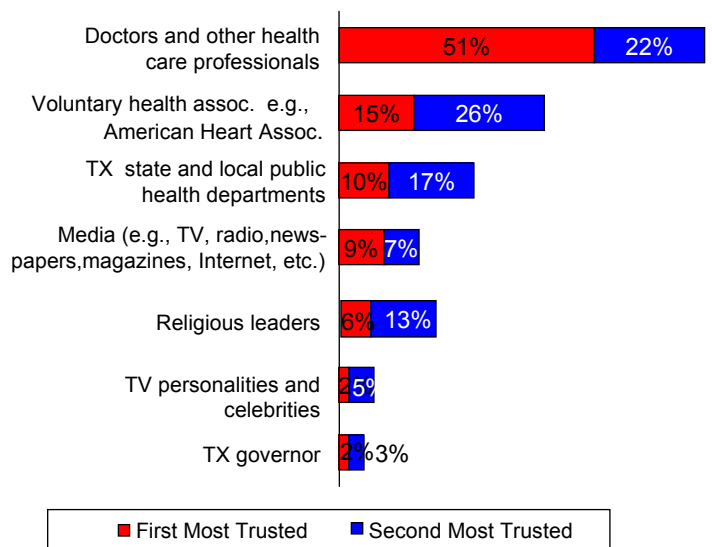


Figure 10

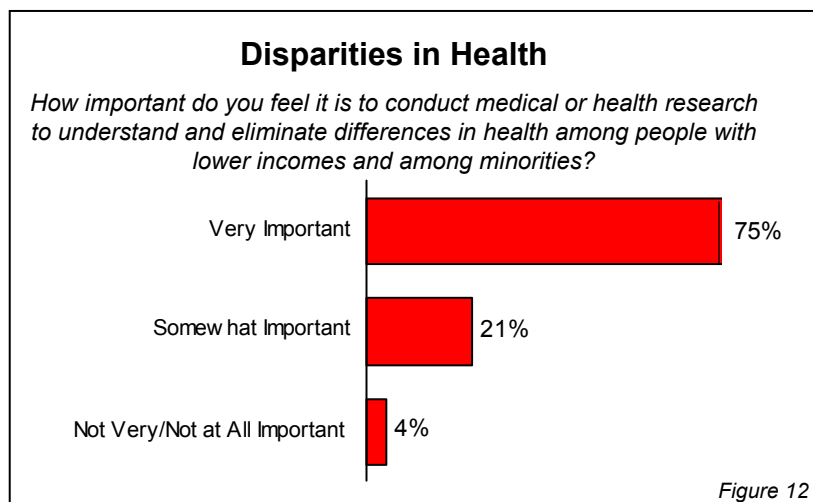
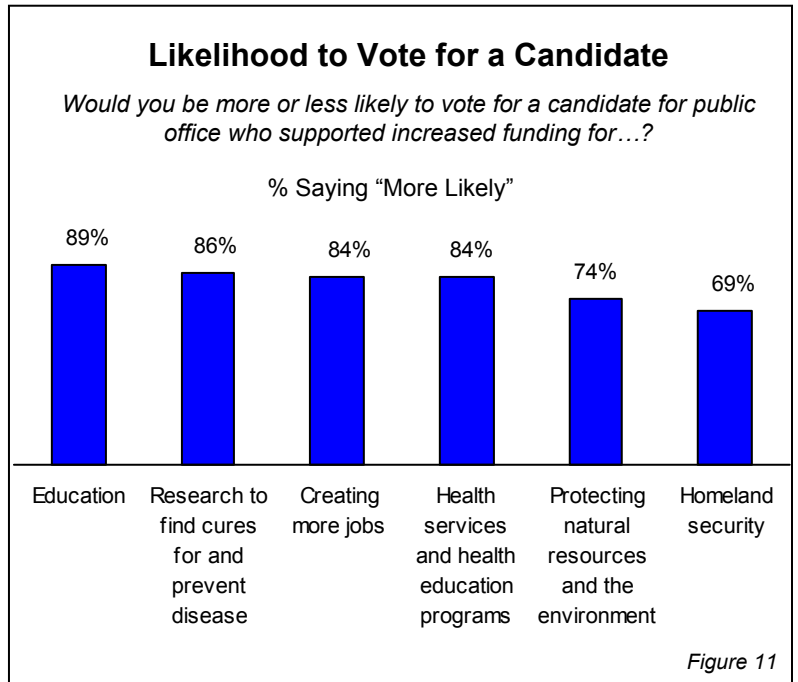
Candidates Position on Prevention Research Influences Voting

Nearly nine out of 10 Texas residents are more likely to vote for elected officials who support increased funding for education (89%), research to find cures for and to prevent disease (86%), creating more jobs (84%), and health services and health education programs, such as vaccinations and prenatal care

(84%). Other issues that are less likely to influence the voting decisions of Texas residents, but were still mentioned by about seven in 10, include protecting natural resources and the environment (74%) and homeland security (69%). Texans are less likely than US adults to vote for a candidate who supports creating more jobs (84% vs. 88%) or for somebody who supports homeland security (69% vs. 76%) (Figure 11).

Disparities in Health

Texas residents believe in the importance of medical and health research to eliminate disparities in health. Three in four Texas residents believe that it is very 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 one in five believe that it is somewhat important (Figure 12).



Methodology

Research!America commissioned the Texas 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.

Telephone Sample

Harris Interactive conducted a 15-minute telephone survey with a representative sample of 807 adults age 18 years and older. The survey was conducted from the Harris Interactive telephone center between July 12, 2002 and August 9, 2002. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Texas. 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 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 Texas 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% 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 Texas 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

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[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.