

Montana Residents Speak Out on Public Health Research

A Public Opinion Survey for Research!America 2005

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

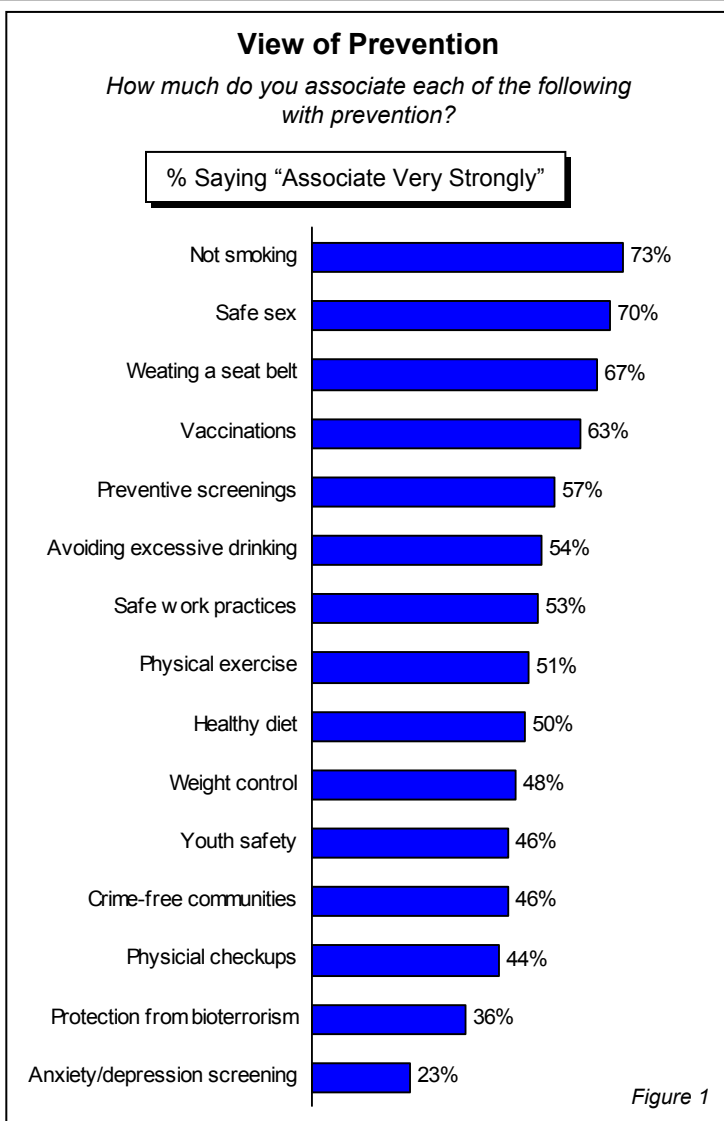
The Montana Public Health Research Survey was commissioned by Research!America as a part of a multi-year effort to build greater national support for prevention and public health research. The Montana 2005 survey was conducted with 807 adults ages 18 and older between January 13, 2005 and February 6, 2005. Research!America has been gauging public opinion on people's attitudes toward medical, health and prevention research since 1992.

View of Prevention

Montana residents view some behaviors as more strongly associated with prevention than others. At least six in 10 associate not smoking (73%), safe sex (70%), wearing a seat belt (67%) and vaccinations for children and adults (63%) with prevention. At least half also associate preventive screenings such as mammograms or tests for colon and prostate cancer (57%), avoiding excessive drinking (54%), safe work practices (53%), physical exercise (51%), and a healthy diet (50%) with prevention.

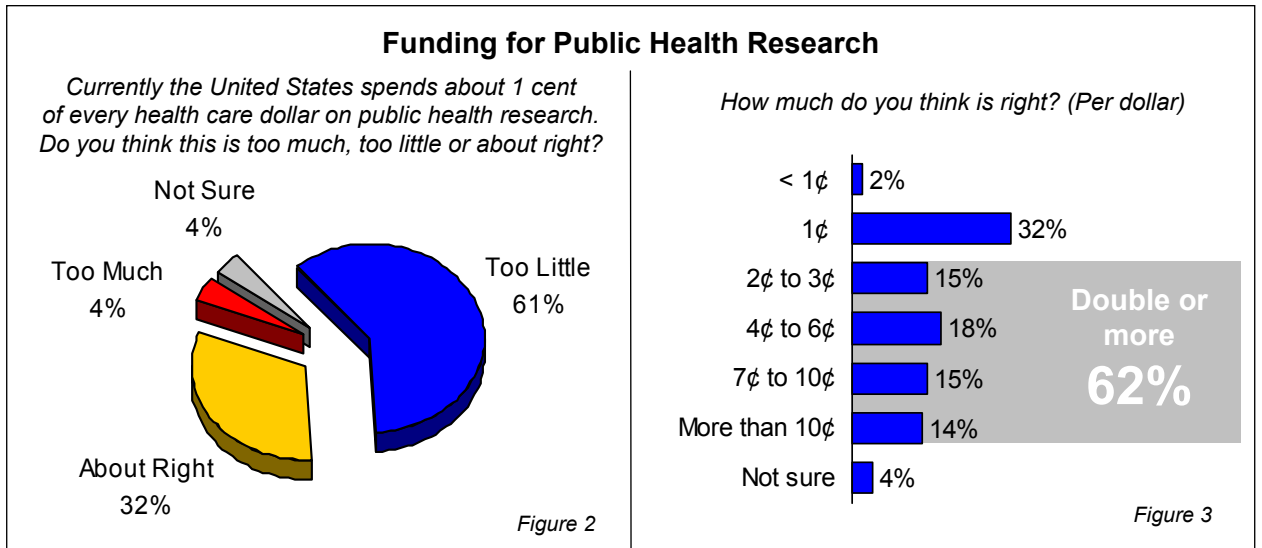
Weight control (48%), youth safety, such as protection from guns, car crashes and bicycle-related injuries (46%), crime-free communities (46%) and protection from bioterrorism (36%) are items that are less associated with prevention by the state's adult residents. Mental health screening (23%) is the aspect least strongly associated with prevention (Figure 1).

Compared to U.S. adults, Montanans are less likely to associate prevention with all attributes presented in the poll, with the exception of not smoking, which the state's residents associate the same as adults nationally.



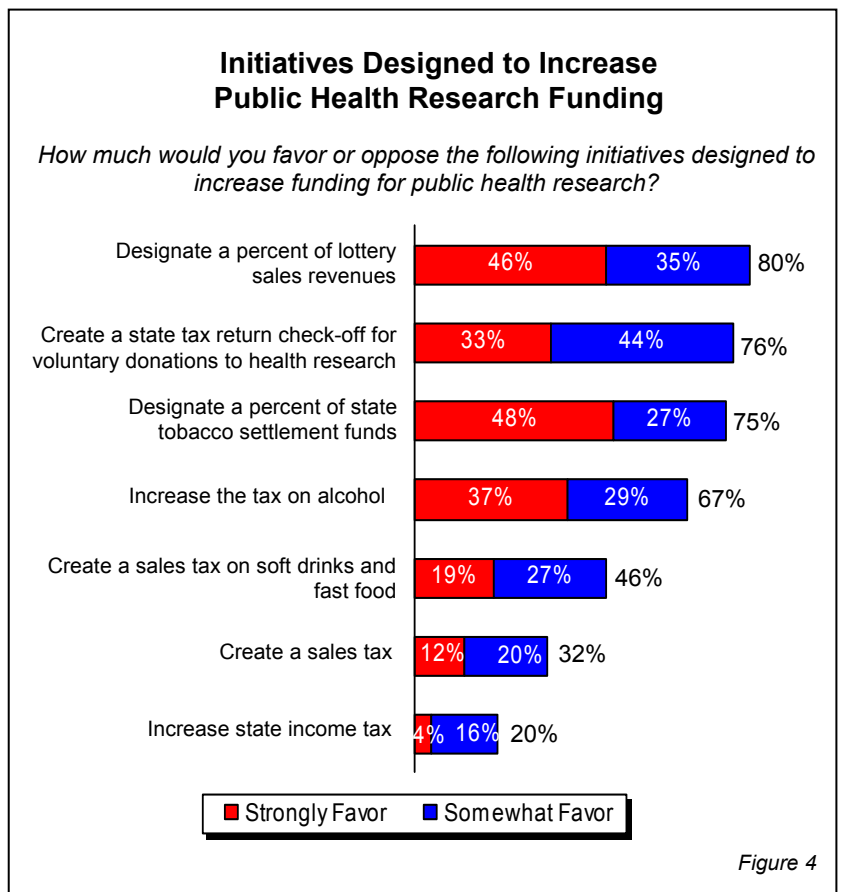
Residents Support Increased Funding For Public Health Research

Montana residents think that U.S. spending on public health research is insufficient (61%, Figure 2). Nearly as many adults in the state (62%) 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 Montana residents are in favor of increasing funding for public health research by designating a percent of lottery sales revenues (80%), creating a state tax return check-off for voluntary donations to health research (76%), designating a percent of state tobacco settlement funds (75%) and increasing the tax on alcohol (67%). Fewer than half (46%) support an increase in sales tax on soft drinks and fast food (46%). Even fewer residents support creating a sales tax (32%) or increase the state income tax (20%, Figure 4).



Chronic Diseases a High Priority for Public Health Research

Majorities of Montana adults believe that public health research should focus on cancer (96%), heart disease and stroke (92%), diabetes (92%), inadequate pre and postnatal care (91%), Alzheimer’s disease (90%), respiratory diseases (86%), alcohol and drug abuse (85%), HIV/AIDS (85%), mental illness (85%), conditions that lower quality of life (82%), overweight and obesity (80%). Poor nutrition (79%), unintentional injuries (78%), conditions caused by poor environmental quality (78%), tobacco use (73%) and inadequate physical activity (73%) are also high on the list of priorities for Montana residents. Although dangerous physical conditions in the community and unintentional injuries are at the bottom of the list, just over half (64% and 55%, respectively) believe they should be a priority for public health research (Figure 5).

Persuasive Messages for Increasing Support for Public Health Research

Montana residents indicate messages to increase support for public health research are very persuasive when they emphasize that research will help improve access to health care (59%), lower health care costs (59%), help improve the health of vulnerable populations (56%) and protect loved ones (54%). They are less persuaded by messages that focus on improving quality of life (43%), improving the environment (39%), increasing life expectancy (29%) or preparing the community to respond to bioterrorism (28%, Figure 6).

Compared to adults nationwide, Montana residents are less likely to find improving quality of life (43% vs. 48% U.S.), improving the environment (39% vs. 47% U.S.), increasing life expectancy (29% vs. 35% U.S.) and preparing for bioterrorism (28% vs. 38%) persuasive arguments for increasing support for public health research.

Focus of Public Health Research

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

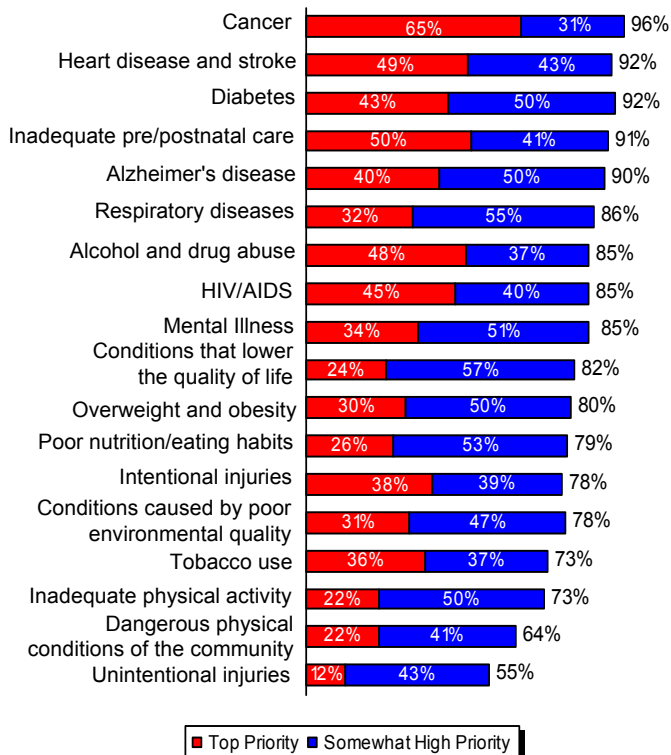


Figure 5

Reasons for Increasing Support for Public Health Research

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

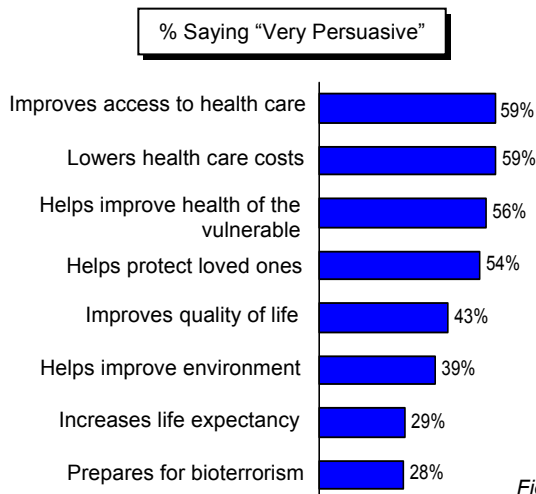
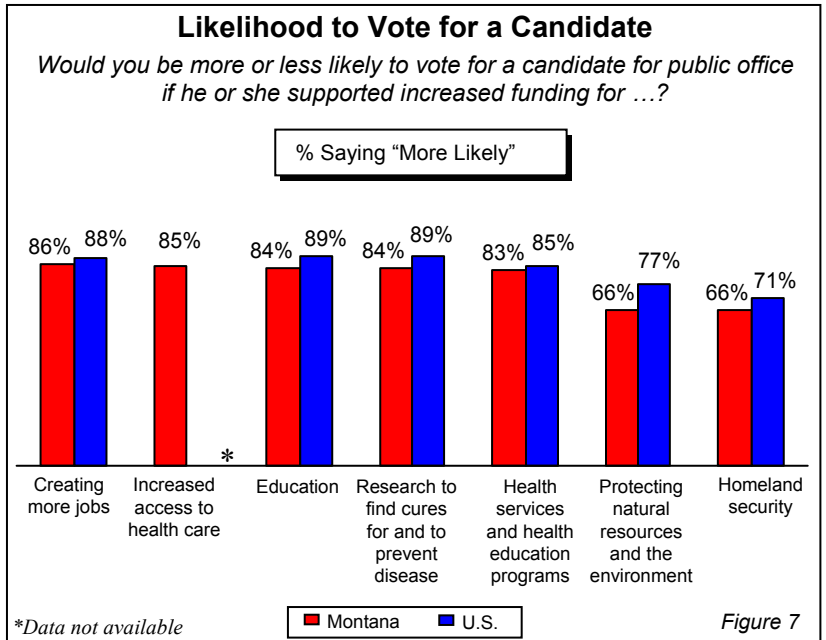


Figure 6

Candidates' Position on Funding for Certain Causes Influences Voters

Large majorities of Montana residents are more likely to vote for elected officials who support increased funding for the creation of jobs (86%), increased access to health care (85%), more money for education (84%), more funding for research to find cures for and to prevent all diseases (84%), and health services and health education programs such as vaccinations and prenatal care (83%). Other issues only slightly less likely to influence the voting decisions of Montana residents include increased funding to protect natural resources and the environment (66%) and homeland security (66%, Figure 7).

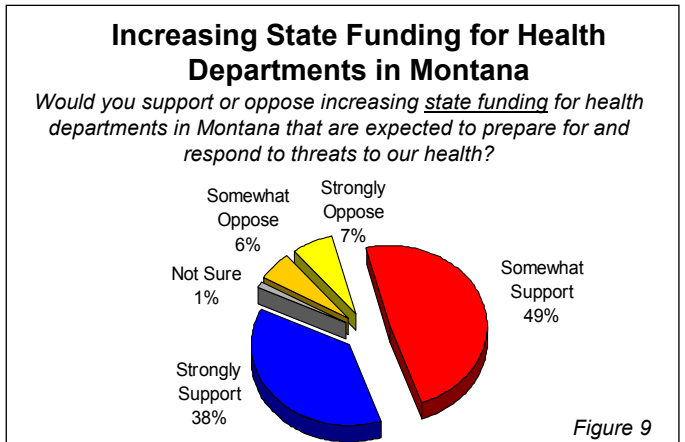
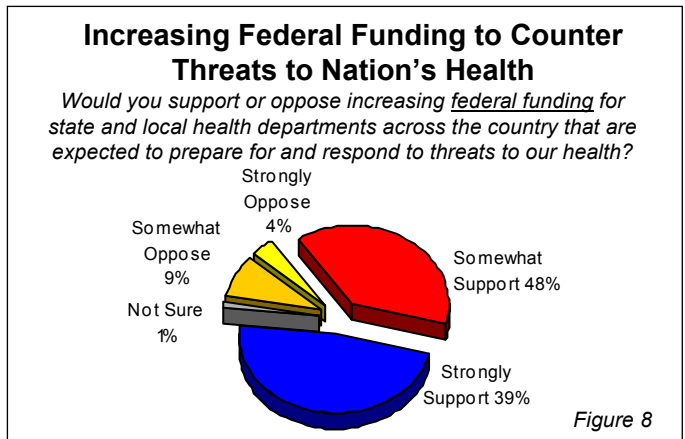


Compared to U.S. adults as a whole, Montana adults are less likely than the rest of the nation to vote for a candidate who supports education or research to find cures for and to prevent disease (both 84% vs. 89% U.S.), protecting natural resources and homeland security (66% vs. 77% U.S. and 66% vs. 71%, respectively).

Residents Support Increased Funding to Respond to Health Threats

The large majority (86%) of Montana residents support an increase in federal funding for state and local health departments across the country that are expected to prepare for and respond to threats to our health. Nearly two in five (39%) would strongly support an increase in federal funds designated for this purpose (Figure 8).

About the same number of Montanans (87%) also support an increase in state funding for health departments specifically in Montana that are responsible to prepare for and respond to health threats. Again, similar to the findings for the residents' support for more federal funding, nearly two in five (38%) strongly support an increase in these state funds (Figure 9).



Majority of Montanans Do Not Recognize the Centers for Disease Control and Prevention

When asked about what government agency in the United States is primarily responsible for disease prevention and health promotion, many different agencies or organizations were mentioned. More than half of residents were unable to correctly identify the Centers for Disease Control and Prevention (CDC). The CDC was correctly identified by only 23% of residents. Other agencies mentioned were the Department of Health, Education and Welfare (14%), the Food and Drug Administration (6%) and the Department of Health and Human Services (4%, Figure 10).

United States Should Train Individuals to Protect Community Health

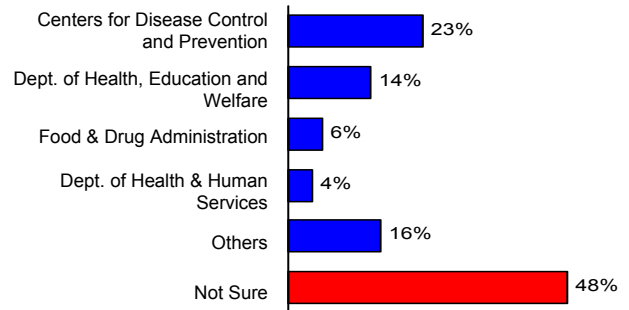
An overwhelming majority (91%) of residents of Montana say that it is important for the nation to educate and train individuals qualified to serve as state and local public health officers and others responsible for protecting community health. More than half of Montanans say that it is very important to the country (Figure 11).

Montanans 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 (92%) of Montana's residents 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, more than one in two (56%) say that it is very important (Figure 12).

Majority Do Not Recognize the CDC

*What is the name of the government agency in this country whose primary mission is disease prevention and health promotion in this country?**



*Multiple response question

Figure 10

Important to Educate and Train Individuals Qualified to Serve

How important is it for the United States to educate and train individuals qualified to serve as state and local public health officers and others responsible for protecting community health? Would you say it is very important, somewhat important, not too important or not at all important?

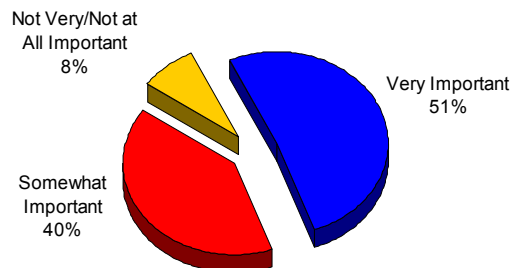


Figure 11

Important to Eliminate Health Disparities

How important do you feel it is to conduct medical or health research to understand and eliminate differences in health among people with lower incomes and among minorities?

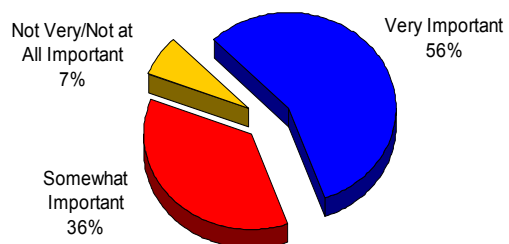


Figure 12

Methodology

The Montana Public Health Research Survey was commissioned by Research!America and is the 24th 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 Montana survey was conducted with 807 adults ages 18 and older, between January 13 and February 6, 2005. 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 807 adults ages 18 years and older. The survey was conducted from the Harris Interactive telephone center between January 13 and February 6, 2005. The study relied upon a stratified sampling process to produce representative samples of persons in telephone households in Montana. 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 Montana 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 Montana 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

[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.