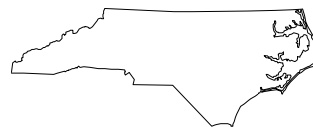

Statistical Brief



State Center for Health Statistics

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January 2002

Perceptions of Public Health, Quality of Life, and the Threat of Bioterrorism Among North Carolina Adults: Results from the 2001 NC Public Health Awareness Survey

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Introduction

The impetus for this survey comes from North Carolina's Public Health Awareness Program, aimed at measuring and building awareness of the role of public health in our state. Financial support for the survey was provided by the Robert Wood Johnson Foundation in a "Turning Point" grant to the North Carolina Division of Public Health. The primary purpose of the survey was to measure the public's understanding and perceived importance of public health services and related issues that affect quality of life.

Interviews were completed mainly in November of 2001, soon after the September 11th terrorist attacks and subsequent anthrax scare. The survey was in a position to measure the perceived threat of bioterrorism among North Carolinians shortly after the first cases of inhalation anthrax deaths were being reported in the state and national media.

The Director of the NC Public Health Awareness Program** and staff from the State Center for Health Statistics* collaborated on the development and implementation of this survey.

The Survey

The survey had four content areas: (1) Public Health (including Boards of Health), (2) Community Health,

(3) Bioterrorism, and (4) Selected Public Health Issues (teen smoking and overweight children). The first module assessed respondent knowledge of public health and personal benefit derived from public health services. The second module assessed perception of healthy communities and the importance of various quality of life issues, such as access to affordable housing. The bioterrorism module contained two questions: one on the perceived likelihood of a bioterrorist attack occurring in North Carolina, and the second on the perceived confidence of one's health being protected, in the event of an attack. Questions on overweight children and teen smoking were included in the last module.

Methods

Survey questions were field tested in early October 2001. The survey was conducted between October 29 and December 8, 2001. The survey was a random-digit-dial telephone survey of non-institutionalized North Carolina adults, ages 18 and older. The sample data was weighted to represent the statewide population of adults by age, race, and sex. The results were tabulated by demographic status and by three additional variables: voting status in the last national election, active community volunteer status, and household-with-children status. The SUDAAN software – for complex survey designs – was used in generating the statistics for this Brief.

The Sample

During the study period, a total of 813 interviews were completed with one adult randomly selected from each



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household. Table 1 shows the unweighted number of respondents, the unweighted percent of respondents, and the weighted percent of respondents by selected demographic characteristics.

Results

Following are selected results (weighted percentages) from each of the four survey modules.

I. PUBLIC HEALTH

Knowledge/use of public health services

- Close to half (45.9%) of North Carolina adults have ever gone to a local health department for services of any kind.
- An estimated 7.4 percent of North Carolina adults reported knowing a great deal about the services provided by county health departments; 25.9 percent knew something; 43.0 percent knew very little; and 23.8 percent knew nothing at all.
- 43.2 percent of females knew at least something about public health services, compared to 22.3 percent of males.
- 98.0 percent knew that there was a local health department in their county.

Rating of last visit to health department

- Among those who have been to a health department for services of any kind, one third (32.7%) of North Carolina adults rated their last visit as *excellent*.
- 81.1 percent rated their last visit to a health department as good or better.

Local Boards of Health

- Most North Carolina adults reported knowing *very little* (31.4%) or *nothing at all* (57.3%) about local Boards of Health; in contrast, most respondents (86.0%) believed that the authority of local Boards of Health to adopt policies that protect people from infectious diseases like HIV/AIDS was *very important*.

Table 1 Distribution of the 2001 North Carolina Public Health Awareness Survey Sample by Selected Demographic Characteristics				
		Unweighted Number	Unweighted Percent	Weighted Percent
Total		813	100%	100%
Sex				
	Males	304	37.4	47.7
	Females	509	62.6	52.3
Age				
	18-44	328	40.3	51.1
	45-64	282	34.7	30.4
	65+	171	21.0	14.6
	Unknown/Refused	32	4.0	3.9
Race				
	White	595	73.2	72.6
	African American	159	19.5	18.1
	Other Minorities	29	3.6	5.7
	Unknown/Refused	30	3.7	3.6
Education				
	Less than H.S.	112	13.8	13.4
	H.S. /Some College	425	52.3	52.3
	College Graduate	250	30.7	31.1
	Unknown/Refused	26	3.2	3.2
Household Income				
	Less than \$25,000	262	32.3	30.0
	\$25,000 – 49,999	197	24.2	25.1
	\$50,000+	153	18.8	21.2
	Unknown/Refused	201	24.7	23.7

Benefit from health education services

- 9.1 percent of North Carolina adults reported that they personally benefit *a lot* from health education services; 21.5 percent reported *some* benefit; 69.3 percent reported *no* personal benefit.
- African Americans (16.3%) were significantly more likely than whites (7.5%) to report benefiting *a lot* from these services.

Benefit from disease prevention services

- 12.0 percent of North Carolina adults reported benefiting *a lot* from disease prevention services; 23.6 percent reported *some* benefit; 64.4 percent reported *no* personal benefit.
- Those most likely to report benefiting *a lot* from these services included females, African Americans, those with less than a high school education, and those from middle income households (\$25,000-49,999).

Benefit from injury prevention services

- 19.8 percent of adults reported benefiting *a lot* from injury prevention services; 24.8 percent reported *some* benefit; 55.4 percent reported *no* personal benefit.
- Females (24.2%) were significantly more likely than males (15.0%) to report benefiting *a lot* from these services.

II. COMMUNITY HEALTH***Perception of community health***

- *Clean air and water and good health for everyone* were most often equated with the term “healthy community.”
- 95.4 percent of adults believed that their community is a healthy place to live and raise a family.
- 31.5 percent of adults believed that their community has a great deal of influence on their own personal health; persons who were active community volunteers (37.7%) were significantly more likely than non-volunteers (23.4%) to share this belief.

Responsibility for community health

- The health department was most often cited (40.2%) as the agency most responsible for making sure the community is a healthy place to live.
- 63.2 percent of adults believed that it is very important that some tax dollars be used to help make the community a healthy place to live.

Quality of life related to health care

- 92.1 percent of males and 96.5 percent of females believed that being able to get quality health care is *very important* to quality of life; this opinion was highest (97.4%) among those from households with children.

Quality of life related to work

- 95.2 percent of 18 to 44 year olds, 89.1 percent of 45 to 64 year olds, and 69.0 percent of 65+ year olds believed that *finding work at a living wage* is very important to quality of life.

Quality of life related to housing

- 84.2 percent of adults believed that affordable housing is very important to quality of life; 87.7 percent of African Americans and 80.2 percent of whites shared this opinion.

Quality of life related to personal health

- 61.6 percent of adults reported making changes in their personal behaviors or lifestyles to improve their health in the past year; 58.6 percent of whites and 76.3 percent of African Americans reported making these changes.

III. BIOTERRORISM***Likelihood of a bioterrorist attack in North Carolina***

- 42.5 percent of adults believed that a bioterrorist attack in North Carolina is *very likely*; 41.9 percent believed that it is *somewhat likely*; 12.6 percent believed that it is *not very likely*; and 3.1 percent believed that it is *not at all likely*.
- African Americans, those with less than a high school education, and those with household incomes under \$25,000 were *most likely* to believe that a bioterrorist attack in North Carolina is very likely.

Confidence in health being protected in the event of a bioterrorist attack in North Carolina

- 12.5 percent of adults reported that they are *very confident* in their health being protected in the event of an attack; 45.1 percent were *somewhat confident*; 31.1 percent were *not very confident*; and 11.3 percent were *not at all* confident in their health being protected.
- Those most likely to be *very confident* in their health being protected included males (15.5%), 65+ year olds (16.4%), and those with less than a high school education (17.0%).

IV. SELECTED PUBLIC HEALTH ISSUES***Problem of overweight children***

- 50.4 percent of adults believed that the problem of overweight children and youth in North Carolina is very serious; 60.0 percent of African Americans and 47.6 percent of whites held this opinion.
- Persons age 65 and older were significantly more likely than 18 to 44 year olds, and those who voted in the last national election were significantly more likely than those who did not vote, to believe that overweight children and youth is a very serious problem.

The availability of commercial fast foods in North Carolina public schools

- 74.9 percent of adults believed that allowing commercial fast foods (e.g., McDonald’s hamburgers) to be sold during lunch hours in NC public schools has a negative effect on students’ health; this opinion was highest among college graduates (83.1%) and those who voted in the last national election (80.1%).

Support for 100% smoke-free North Carolina public school campuses

- 68.6 percent of adults reported that they *strongly support* 100% smoke-free policies for all students, staff, and visitors on NC public school campuses (buildings and grounds); this opinion was highest among African Americans (75.0%), 65+ year olds (74.1%), and those from upper income (\$50,000+) households (74.4%).

Comment

Knowledge of and personal benefit derived from public health services was higher among females than males, and higher among African Americans than whites. This is partly explained by the fact that females are more likely than males, and African Americans are more likely than whites, to use health department services.

Much of these results are based on subjective opinion. Personal opinion can change over time. For example, we would expect the public’s fear of bioterrorism to be elevated during the time this survey was conducted. As more time elapses from the anthrax scare, we would expect the fear of bioterrorism to be lower.

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NOTE: The results for most items on this survey may be viewed at the State Center’s website: <http://www.schs.state.nc.us/SCHS/healthstats/>

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