



Post 9/11 Survey: Homeland Security Replaces Health Care as Top Public Priority

Researching public opinion on RWJF priorities

SUMMARY

From 2001 to 2004, the Harvard Opinion Research Group at the Harvard University School of Public Health, under the direction of Robert J. Blendon, ScD, conducted a total of 16 public opinion surveys on topics related to the priorities of the Robert Wood Johnson Foundation (RWJF).

The surveys examined Americans' attitudes about the following:

- The uninsured.
- Response to the anthrax attacks.
- Attitudes about the threat of a bioterrorist attack involving smallpox.
- Response to bioterrorism.
- Health care quality.
- Overweight in children.
- Smoking and pregnancy.
- Health priorities after September 11 and the impact of terrorism and the economic recession on these priorities.

Key Findings

- Since the attacks of September 11, 2001, health care has moved down on the public's agenda.
- By mid-October 2001, top priorities for government action were terrorism, war and defense, and the economy and jobs.
- A month after the first anthrax attacks Americans viewed bioterrorism as the most important health issue facing the country.
- Many Americans hold beliefs about smallpox that are scientifically incorrect.

- Following the anthrax attacks, 43 percent of respondents chose "a senior scientist from the federal Centers for Disease Control and Prevention" as the official they would most trust to provide correct information about protection from the disease.
- Most Americans do not perceive the quality of health care to be a top national problem.
- More than half of Americans (53%) report that overweight in children is a very serious problem.
- About half (51%) of Americans favor raising taxes on cigarettes and other tobacco products.

Funding

RWJF supported this project through two grants totaling \$446,976.

THE PROBLEM

Since 1993, the Harvard Opinion Research Group at the Harvard University School of Public Health, under the direction of Blendon, a former RWJF vice president, has conducted public opinion surveys around RWJF's priorities.

Survey results help RWJF staff understand how these priorities fit with those of the American public. RWJF staff also uses survey results to examine the effectiveness of strategies designed to raise the profile of RWJF's areas of interest.

The research has included comprehensive surveys on overall health and health care priorities, specialized surveys focused on particular concerns and tracking polls designed to take a quick look at specific issues at a point in time. See Program Results Report for [ID#s 021324, 022192, 028733 and 030714](#) and for [ID#s 030110 and 041570](#) for reports on the findings of other surveys.

THE PROJECT

Harvard Opinion Research Group staff continued its series of surveys for RWJF under two grants. Grant ID# 043438 provided supplemental funding to previous grant ID# 041570 to survey adult Americans about their attitudes toward those Americans lacking health insurance. After the terrorist attacks of September 11, 2001, and the anthrax attacks of October 2001, project staff, in cooperation with the federal Centers for Disease Control and Prevention (CDC), also conducted five tracking surveys on Americans' attitudes toward bioterrorism.

Under ID# 043713, project staff conducted a total of 10 surveys as follows:

- A survey on bioterrorism.
- A survey on overweight in children.
- A survey on responses to the smallpox threat.
- Two surveys on health care issues in 2002.
- A survey on smoking and pregnancy.
- A survey on the uninsured.
- A survey on quality.
- Two surveys on health priorities in 2004.

In each case, International Communications Research, a public opinion survey firm headquartered in Media, Pa., surveyed between 1,000 and 1,200 adults by telephone, under subcontract to the Harvard School of Public Health.

FINDINGS

The researchers published many of their findings and reported others to RWJF. This section covers findings on the public's attitudes about the uninsured; health priorities post September 11, and the impact of terrorist threats and the recession; the anthrax attacks; the smallpox threat; bioterrorism; health care quality; overweight children; and smoking and pregnancy.

The Uninsured

Researchers reported to RWJF findings about Americans' attitudes toward the uninsured in the October 2001 "Report on Public Awareness of the Uninsured." Key findings include:

- **Since the attacks of September 11, 2001, health care has moved down on the public's agenda.** The top issues for government action are now terrorism, the economy/jobs and national defense. Education and health care follow these issues.
- **Prior to September 11, people not being covered by health insurance and the cost of health care tied as the public's top health issues.**
- **A majority of Americans (55%) think that the uninsured can get medical care when they need it, usually in hospital emergency departments and in community clinics.** About a third of Americans think that this care is at least somewhat difficult to get (35%) and is not as good as care given to the insured (33%). About a third, (34%) believe that the uninsured can get preventive care.

- **Almost half the respondents (49%) support having a major government program to provide coverage for the uninsured.** Most others (36%) favor a limited plan to cover some of the uninsured.
- **Most Americans support doing something about the problem of lack of health insurance.** Few, however, have talked with elected officials, attended political meetings or taken other actions to support the government enacting a major program for the uninsured.

Health Priorities After September 11 and the Impact of Terrorism and Recession

Researchers reported findings about Americans' health priorities after September 11, and the impact of terrorism and the economic recession on their priorities, in two articles posted on *Health Affairs* Web Exclusive: "Americans' Health Priorities Revisited after September 11" (November 13, 2001) and "The Impact of Terrorism and the Recession on Americans' Health Priorities" (January 17, 2002) and in an article in the November/December 2001 *Health Affairs*, "Americans' Health Priorities: Curing Cancer and Controlling Costs."

- **By mid-October 2001, top priorities for government action were terrorism, war and defense, and the economy and jobs.** This finding continued in December 2001. "[H]ealth care was a much lower priority than before September 11." ("Americans' Health Priorities Revisited ...")
- **Since September 11, "Americans have become more concerned about a range of serious diseases ... the public is now concerned about the health effects of terrorism."** ("Americans' Health Priorities Revisited ...")
- **Public dissatisfaction with both the public health system and the health care system has declined since May 2001.** ("The Impact of Terrorism and the Recession ...")
- **The public continues to identify cancer, heart disease and HIV/AIDS as the top three health problems.** Cancer and HIV/AIDS are top priorities for government action. ("The Impact of Terrorism and the Recession ..." and "Americans' Health Priorities: Curing Cancer and Controlling Costs.")
- **The top health care issues continue to be the cost of health care and lack of or inadequate health care insurance coverage.** The top health care issues for government action are the lack of or inadequate health care coverage and issues affecting the elderly. ("The Impact of Terrorism and the Recession ..." and "Americans' Health Priorities: Curing Cancer and Controlling Costs.")

Anthrax Attacks

Researchers reported findings about Americans' response to the anthrax attacks in "The Impact of Anthrax Attacks on the American Public" published in *Medscape General Medicine*, April 17, 2002. Key findings include:

- **A month after the first anthrax attacks Americans viewed bioterrorism as the most important health issue facing the country.** Fewer than one in 10 Americans nationwide believed it likely that they or a family member would contract anthrax.
- **Residents of areas where the anthrax attacks occurred (Washington, Trenton/Princeton, N.J., and Boca Raton, Fla.) were more likely to believe that they or a family member might contract anthrax: 17 percent in Washington, 21 percent in Trenton/Princeton and 14 percent in Boca Raton.** Over half (54%) of Trenton/Princeton residents took precautions opening their mail, such as wearing gloves or not opening it at all. In both Washington and Boca Raton, 37 percent of residents took such precautions.
- **Demands on the health care systems in the areas affected by the attacks increased, but not to a large degree.** Eleven percent of respondents in each of the three areas reported that they or another household member had interacted in some way with the health care system as a result of the attacks (e.g., talked with their physician, gotten a prescription for antibiotics, etc.).
- **Those affected by the attacks (i.e., they or a family member had been tested, had their workplace closed, etc.) were more likely to be worried about contracting anthrax, to have used related health care services in response and to have had other reactions than area residents who were not personally affected by the attacks.**

Smallpox Threat

Researchers reported key findings on Americans' attitudes about the threat of a bioterrorist attack involving smallpox in an article in the January 30, 2003 issue of the *New England Journal of Medicine* entitled "The Public and the Smallpox Threat." The article reported findings from the October–December 2002 International Communications Research survey funded by RWJF.

- **Many Americans hold beliefs about smallpox that are scientifically incorrect.** In particular:
 - Thirty percent believe there has been a case of smallpox in the United States, and 63 percent believe there has been a case somewhere in the world, in the past five years. The last reported U.S. case was in 1949 and the last world case was reported in 1977.

- Although there is no treatment for smallpox, 78 percent believed the disease could be treated.
- Almost half of previously vaccinated respondents thought they would be protected, yet vaccination immunity is likely to be negligible after 20 years and the U.S. vaccination program ended in 1972.
- Twenty-five percent said it was likely they would die from the smallpox vaccine, although serious adverse reactions are expected to be rare.
- While the government claims that enough doses exist to vaccinate everyone in the United States, a majority of Americans (84%) believes that there is not enough vaccine available to vaccinate everyone. Seventy-two percent believed that, if it was not possible to vaccinate everyone quickly, wealthy and influential people would get the vaccine first; 43 percent believed that distribution of the vaccine would discriminate against the elderly, and 22 percent believed that it would discriminate against blacks.
- **If offered as a precaution against a bioterrorist threat, 61 percent of Americans would choose vaccination.** Seventy-three percent would be vaccinated if their physician and most other physicians were vaccinated; only 21 percent would be vaccinated if their own and many other physicians refused vaccination.
- **Respondents voiced strong support for proposed state emergency powers during a bioterrorist smallpox attack.** These include legislation requiring hospitals to treat people with smallpox (87% favored) and requiring isolation of people with smallpox (73% favored).

Bioterrorism

Researchers reported findings on the public's response to bioterrorism in an article in the September 2003 *Journal of Health Communication*, "Using Opinion Surveys to Track the Public's Response to a Bioterrorist Attack."

- **Following the anthrax attacks, 43 percent of respondents chose "a senior scientist from the federal Centers for Disease Control and Prevention" as the official they would most trust to provide correct information about protection from the disease.** More than 16 percent said they trusted "no other official." Respondents chose from a list of six, which included heads of the Department of Health and Human Services (16%), Office of Homeland Security (4%) and FBI (3%); the U.S. Surgeon General (13%); and the respondent's city or state health commissioner (9%).
- **Soon after the attacks, 57 percent of respondents reported taking one or more precautions in response.** Six percent talked to their physicians about bioterrorism, 5 percent obtained a prescription for antibiotics and 4 percent called a health professional to get information about anthrax vaccine.

- **Less than half (43%) of American who responded to the surveys knew that if a person has been exposed to smallpox but does not have symptoms, getting a vaccination will prevent the person from developing the disease.** Some 32 percent knew that once a person develops symptoms of smallpox, there is no cure.
- **In the May 2002 Harvard School of Public Health/RWJF survey, 28 percent of African Americans believed that health professionals would discriminate against African Americans during a smallpox outbreak.**

Health Care Quality

Researchers reported Americans' views on health care quality in an April 2004 report to RWJF, "The Public and the Quality of Health Care." This report also incorporated findings from polls that the Harvard Opinion Research Group did not conduct. Key findings include:

- **Most Americans do not perceive the quality of health care to be a top national problem.** However, a majority is dissatisfied with the quality of health care in the United States, with more dissatisfied in 2003 (56%) than in 2000 (44% per Gallup Poll, September 2000).
- **Over half (56%) of Americans believe that efforts to improve health care quality will increase the cost of health care.** Less than half (42%) believes that quality improvement efforts will result in long-term savings by improving people's health.
- **Most Americans (85%) are satisfied with the quality of their own health care.** Yet, in late 2003, 25 percent reported a quality problem in the past 12 months for themselves or a family member, significantly more than in mid-2002 (15% per NPR/Kaiser Family Foundation/Kennedy School of Government poll, March–May 2002). The increase may have resulted from overcrowded medical facilities during the influenza outbreak of late 2003.
- **About one in 10 Americans reported seeing information rating doctors in their community.** A majority (63%) indicated that they would switch from a low-rated doctor to a more highly rated one. However, only 1 percent of Americans reported actually having changed doctors based on ratings (per Harris Interactive Poll, 2003).

Overweight in Children

Researchers reported findings about overweight in children in a grant report to RWJF:

- **More than half of Americans (53%) report that overweight in children is a very serious problem.** Fifty-two percent believe the problem is at a crisis level.
- **Americans believe the major reasons for overweight in children include: eating too many fast foods (86%), not getting enough exercise (85%), eating too many**

high fat and sugar snacks (85%) and not eating enough fruit and vegetables (80%).

- **Almost all Americans think that schools should require physical education (96%) and teach about nutrition, fitness and health (94%).** A majority (63%) favor reducing the number of fast food ads on television.

Smoking and Pregnancy

Researchers reported findings about smoking and pregnancy in a grant report to RWJF:

- **About half (51%) of Americans favor raising taxes on cigarettes and other tobacco products.** Forty-eight percent favors raising taxes at least 50 cents per pack. In the context of infant deaths caused by smoking, the proportion of those favoring increases in taxes increases to 57 percent.
- **When not told about the link between smoking and infant death, 45 percent say that smoking causes 10 percent of infant deaths annually.** When informed of the link, the response increased to 59 percent who say that smoking causes 10 percent of infant deaths.

See the [Bibliography](#) for publication details on all cited articles and reports.

Recommendations

In an article in the fall 2004 Compass, a publication of the Center for Public Leadership at Harvard University's John F. Kennedy School of Government, principal investigator Blendon and researcher John M. Benson made the following recommendations to public leaders for communications during a biological crisis.

- **"At a time of biological threat, Americans are more likely to trust advice from their own doctors than from public officials....** [W]e recommend that public leaders make it a priority to communicate with primary care and emergency room doctors before and during a biological crisis."
- **"[D]uring a crisis, perceived managerial competence is a key factor affecting the public's trust in its officials....** Leaders should emphasize early and often during a crisis that first responders are at work, a system is in place to address the situation, and vulnerable groups are not being discriminated against. Officials should also present people with detailed, concrete actions to take to protect themselves and their families.... [P]ublic leaders need to behave in ways that are consistent with the advice they are giving to the public."

- **"[L]eaders must be sensitive to widespread concerns about discrimination.... [I]t is important to formulate policies that avoid coercion. Police power should be used only as a last resort.... [O]fficials should make an effort to explain, even over-explain, the basis for governmental decisions ... [and] ... secure endorsements from major medical and scientific leaders for government policies before they are implemented."**

Communications

Project staff reported findings in two *Health Affairs* Web Exclusives and in articles published in *Health Affairs*, *Medscape General Medicine*, *New England Journal of Medicine*, *Journal of Health Communication*, *Compass* and *Challenge: Magazine of Economic Affairs*. See the [Bibliography](#).

The principal investigator presented findings on Americans' health priorities and on the public's response to bioterrorism to members of the U.S. House of Representatives and the Senate at the Annual Commonwealth Fund/Kennedy School of Government Bipartisan Congressional Retreats in 2002 and 2003 and to Congressional staffers at a retreat in 2002. The principal investigator also made presentations at 14 other meetings, including the National Preparedness Leadership Initiative, the National Governor's Association-sponsored New State Health Commissioners Conference and the Director's Conference at the federal Centers for Disease Control and Prevention.

Survey results are available through the [Roper Center for Public Opinion Research at the University of Connecticut](#).

CONCLUSIONS

In an article in the August 2003 *Journal of Health Communication* entitled "Using Opinion Surveys to Track the Public's Response to a Bioterrorist Attack," researchers offered the following conclusion about the use of surveys in times of emergency.

- **"Short-duration, rapid-turnaround surveys can provide information vital to public officials' responses to events and communications with the public.... [I]n circumstances where events can change public behavior and attitudes rapidly, short-duration polls can provide timely information without an unacceptable risk of being inaccurate."**

SIGNIFICANCE TO THE FIELD

According to Blendon, these survey findings have generated strong interest nationally. In particular, legislators, congressional staff, community organizations, reporters and lobbyists have used survey findings to change strategies to make their activities more responsive to the public.

Prepared by: Mary B. Geisz

Reviewed by: Kelsey Menehan and Molly McKaughan

Program Officer: Kelly A. Hunt

Grant ID# 43438, 43713

Program area: Enterprise Level

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