Research Australia
Public Opinion Research 2008

Final Report

September 2008

Contents

Methodology

Although the most sophisticated procedures have been used to collect and analyse the information presented here, it must be remembered that surveys are not predictions. They are designed to measure public opinion within identifiable statistical limits of accuracy at specific points in time. This survey is in no way a prediction of opinion or action at any future point in time.

This report contains results from both qualitative and quantitative research.

Two focus groups were conducted in Bendigo in May 2008: one group amongst retirees and semi-retirees aged 55 and older (including a 50/50 mix of pensioners and self-funded retirees) and one group of 25-54 year olds where men were employed full-time and women were either employed full-time or on home duties with dependent children aged under 18 living in their care; no 25-54 year-olds relied on government benefits for the majority of their income.

The quantitative research consisted of an online survey conducted among a representative national probability sample of n=832 people 18 years of age and older, stratified by gender, age and postcode and conducted between 29 July - 3 August 2008.

Crosby|Textor typically uses qualitative (percentages or proportions) and quantitative (averages or means) measures in its survey designs. In general, for a qualitative measure, the maximum margin of error for a sample size of approximately n=830 is $\pm$3.4 percentage points in 95 out of 100 cases with results at around 50%.

It should be understood, however, that this margin of error only applies to measuring a proportion based on the total sample. Margins of error will be different for comparisons between sub samples and for quantitative measures, such as means derived from ratings scales.

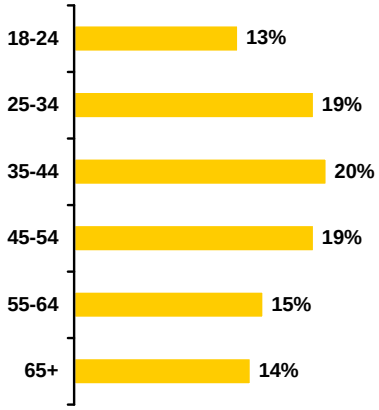
Any variation in reported percentages of $\pm$1% in this report is due only to rounding. In reporting of figures “0%” denotes mentioned by less than 0.5% and “--” denotes not mentioned or no difference.

Verbatims used for illustrative purposes are taken directly from the focus groups and may have been edited for brevity.

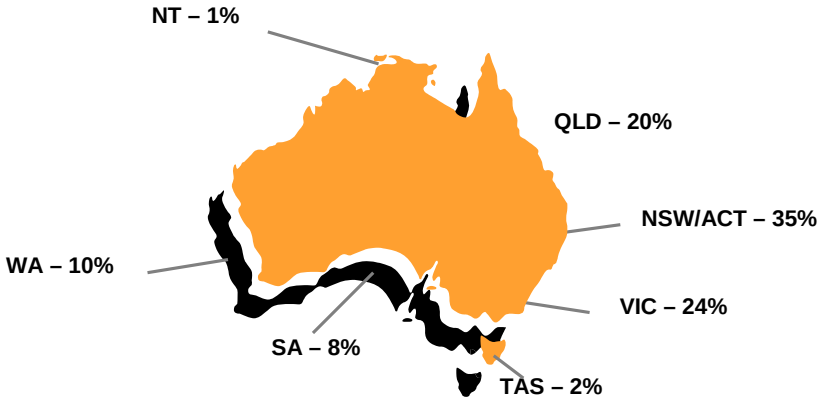
This document will be accompanied by, and is subject to, a verbal strategic debrief by Crosby|Textor.

Demographic Profile of Survey Respondents

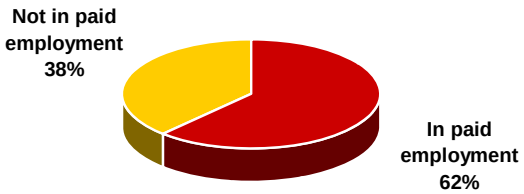
Age



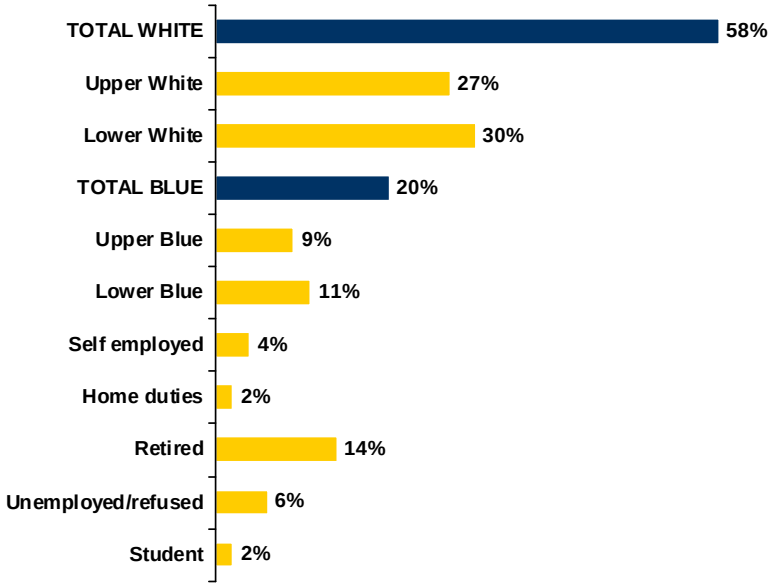
Location



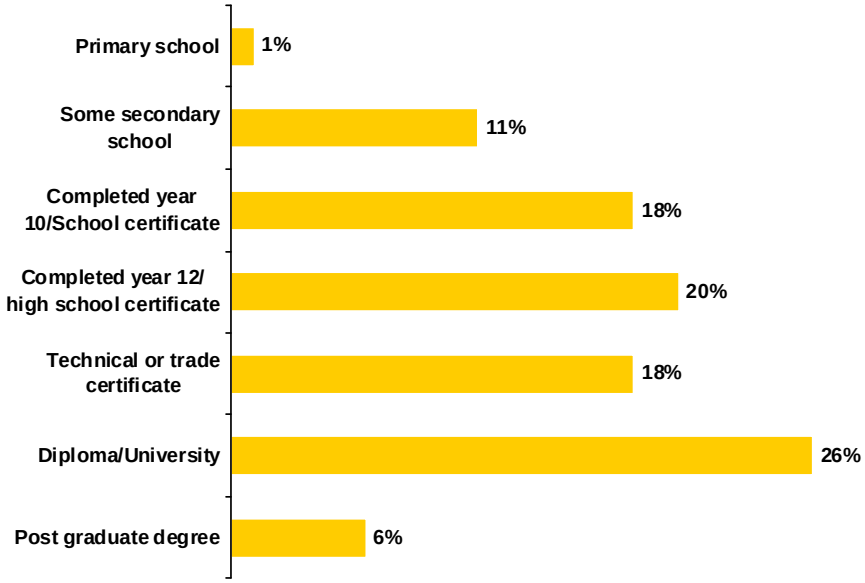
Employment



Work and household status



Highest level of education



Detailed Findings

Health continues to be the issue of greatest importance to Australians (Chart 1a). Its consistent number one position in the Research Australia Public Opinion Poll (for the past four years) as the thing Australians are most keen to see governments doing something about demonstrates the enduring nature of health as the primary issue of concern for the nation. An issue's place in the current news cycle may have a transient impact on its order of importance, but health remains unaffected, steadfastly, and clearly, retaining its number one position over time.

Reflecting the qualitative finding that Australians' views at present are significantly driven by the cost pressures they are facing in their daily lives, in particular grocery prices, petrol prices and mortgage interest rates, "doing more to keep prices and the cost of living down" has increased steadily over three years to be the second most important issue after health (88% compared to health at 94% in 2008) and also relatively to health with the gap between the two narrowing (from 9% in 2007 to 6% in 2008). Reflecting the public's increasing 'price focus' this issue along with "keeping home mortgage and business interest rates low" (78%) and "lowering taxes" (71%) are the only issues that have recorded a consistent upward trend in importance over the past three to four years.

"More research funding for health and medical research" is slightly lower (3%) than last year at 82% but maintains its status in the four year trend. "Increasing programs and funding for preventative healthcare" at 82% is also 3% lower than last year but also maintaining its status in the longer term trend. "More focus and funding for scientific research and development" fell to its lowest level in four years at 65%.

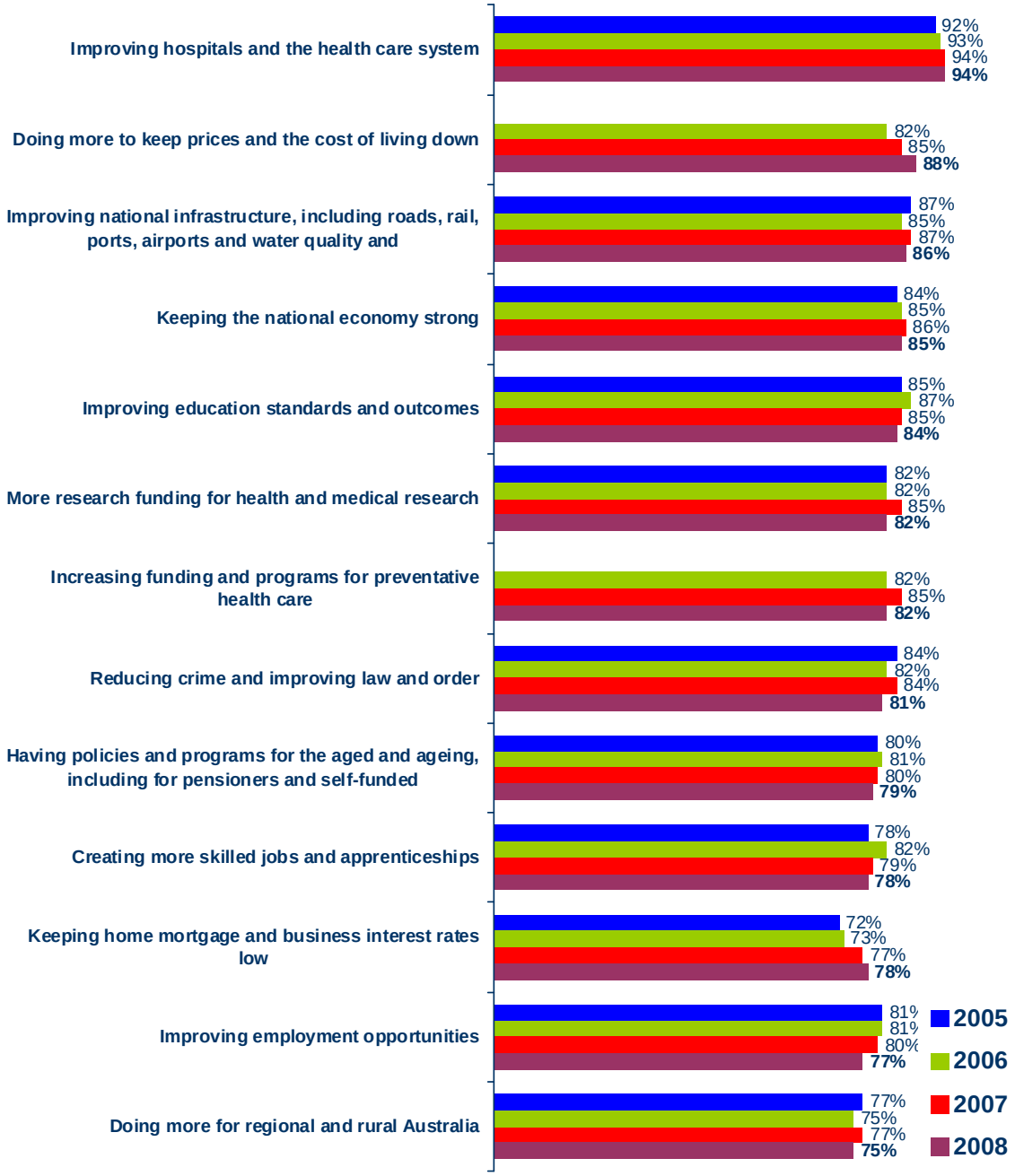
While not consistently trending downwards, law and order, defence, border security and immigration issues tend to be somewhat less important than they were four years ago.

Environmental issues have become notably less important over the past few years (Chart 1b). "Helping the environment in practical ways" fell 5% from 2007 to 72% in 2008, "addressing climate change and sustainable energy supplies" fell 9% to 71%, and "introduce an emissions trading scheme to reduce carbon pollution" debuted in the survey at just 61%.

In spite of a slight fall in the importance of health and medical research funding as an issue that governments should be doing something about, the industry nonetheless is seen qualitatively to have an important role in Australia's future because it is the foundation of a healthy population. Qualitatively, the links appear still not to be readily made by Australians (as observed in previous years) and this is perhaps reflected in the relative decline in the importance of the issue overall (Chart 1a).

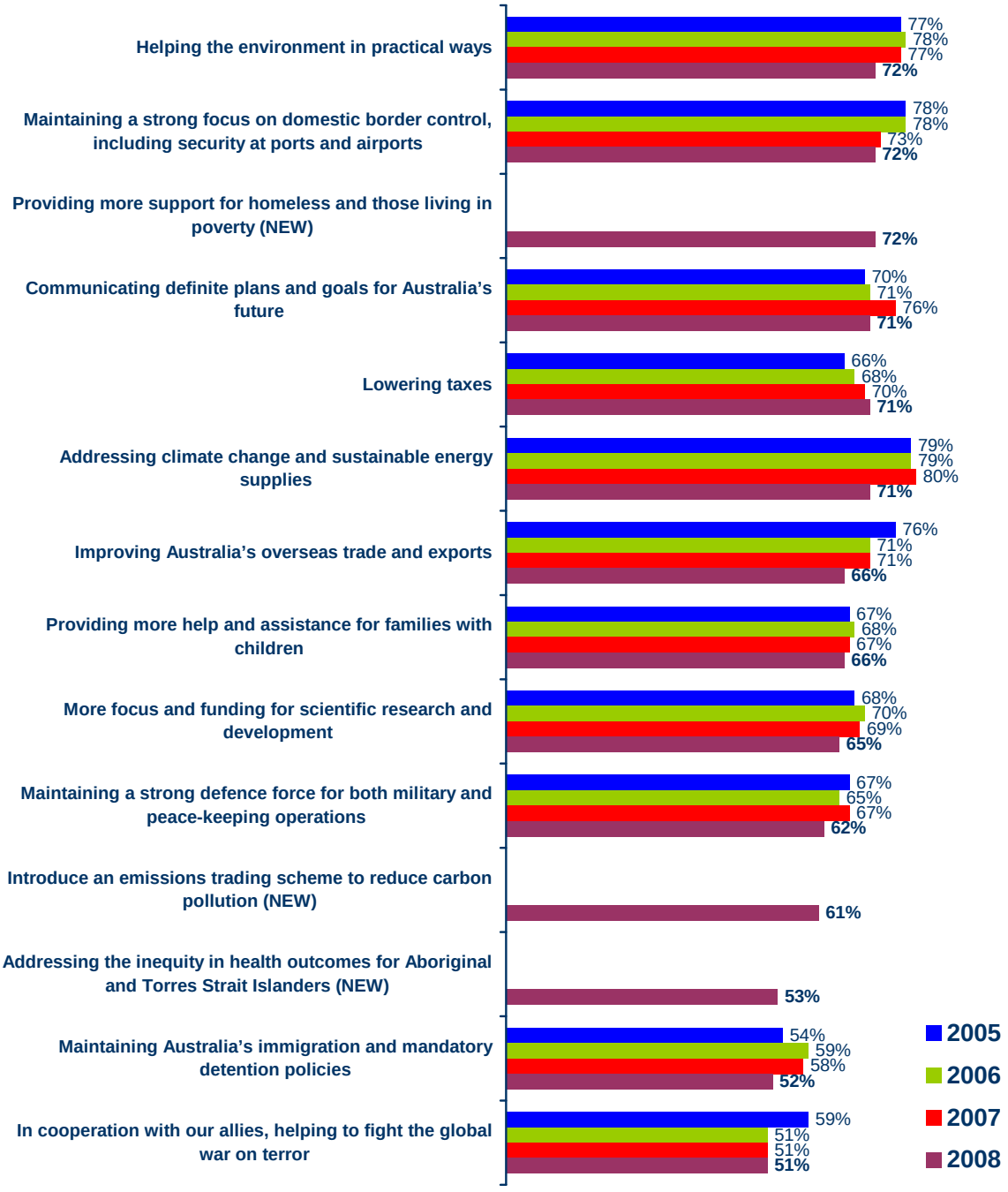
When prompted, Australians understand that a healthier workforce is more productive (with flow-on benefits to the economy) and that a sick community costs more. They conclude that with an ageing population it is even more important for older people to be well enough to stay in the workforce longer and for younger people to be able to maximise their productivity so that the costs of supporting an ageing population can be covered. This is reflected quantitatively in that ageing issues claim a place in the top 10 issues of concern (Chart 1a).

Chart 1a: Federal Government Priorities over Next 2-3 Years (% **MORE** Important) – TREND



Q Firstly, please think about what priorities you think the Federal Government should be focusing on over the next 2-3 years. As you read through the following list of issues, please rate how important you personally think each issue is, as an important priority for the Federal Government to be focusing on over the next 2-3 years. Please use a 0 to 10 scale where a 0 means that it is not so important a priority up to a 10 means that it is an extremely important or critical priority for the Federal Government to be focusing on over the next 2-3 years. (Figures in chart above are those that rated each issue 7-10).

Chart 1b: Federal Government Priorities over Next 2-3 Years (% **LESS** Important) – TREND



Q Firstly, please think about what priorities you think the Federal Government should be focusing on over the next 2-3 years. As you read through the following list of issues, please rate how important you personally think each issue is, as an important priority for the Federal Government to be focusing on over the next 2-3 years. Please use a 0 to 10 scale where a 0 means that it is not so important a priority up to a 10 means that it is an extremely important or critical priority for the Federal Government to be focusing on over the next 2-3 years. (Figures in chart above are those that rated each issue 7-10).

Qualitatively, displaying a heightened sense of a more uncertain future and more cost of living pressures compared with last year, Australians are looking for the security of a greater sense of resilience in their nation to face increased global competition and volatility.

As found in previous years, there is a widespread understanding of the decline of Australia's manufacturing sector and its replacement with cheap imports from China and India. There is also recognition that Australia cannot compete with their cheap jobs.

In this climate, technology was mentioned unprompted relatively early in the discussions of both focus groups, with a clear understanding amongst these Australians of both the nation's imperative and capacity to take the 'technology road'.

> *"We have to be smart. We're not a big country. We can't be a big industrial nation. We should be doing more in technology type stuff than being a huge manufacturer."*

> *"We have terrific talent here in R and D, yet a lot of it ends up going overseas. We've got to stop the brain drain."*

In fact, qualitatively many Australians feel technology may be the best way for Australia to be competitive. They believe Australia already has an excellent reputation in many areas, particularly medical developments, facilities and procedures.

> *"The Swiss are known for watches. If Australia is known for certain things, people will come to us."*

> *"People come from all over the world to use our medical facilities."*

Qualitatively, and as identified in previous years, Australians see this as a sustainable field of endeavour into the future when compared to what they believe is something of an over-reliance on the finite resources of the minerals boom.

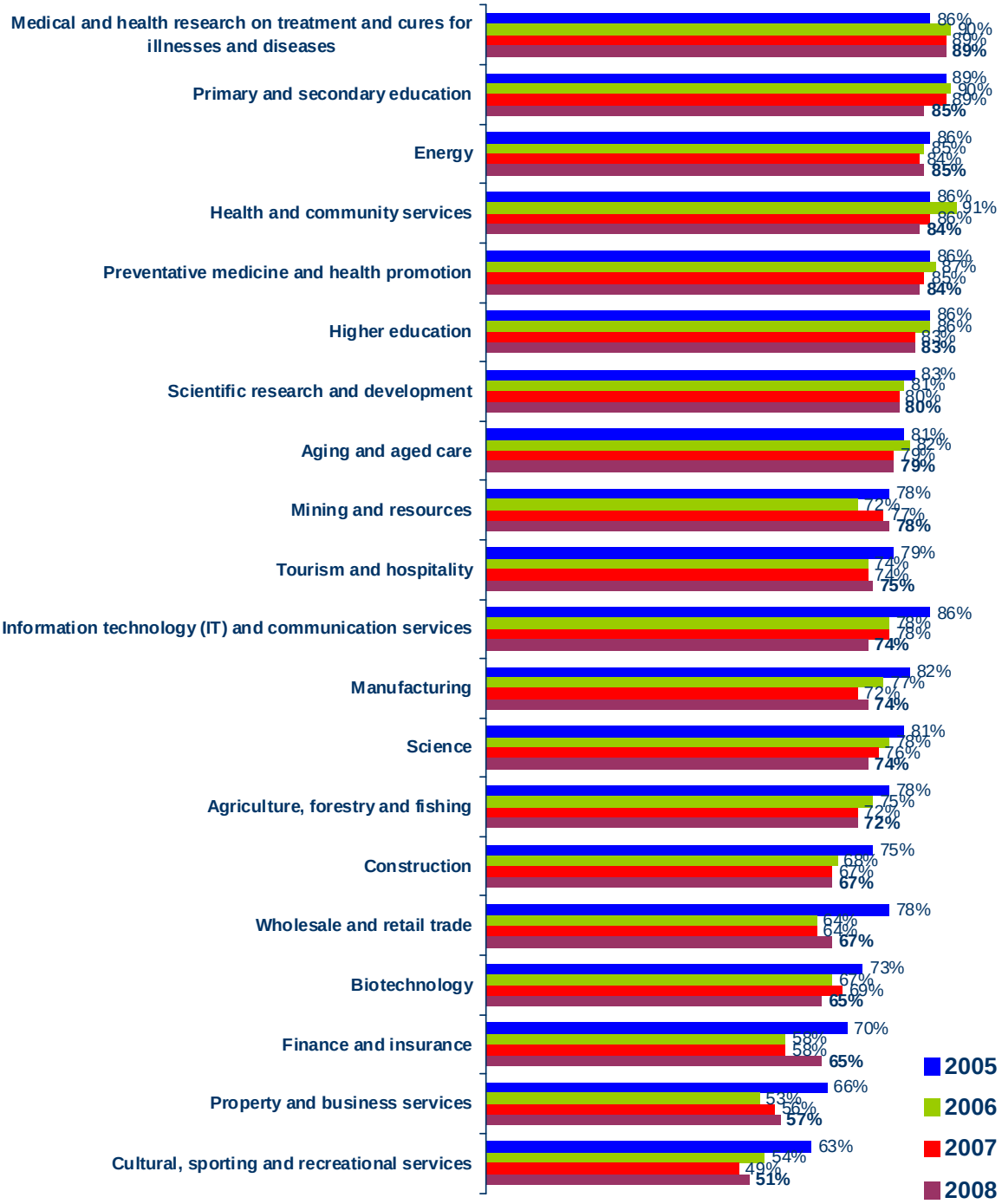
> *"We're relying on our natural resources, we're not looking hard enough for clever ways of supporting our country."*

> *"We're not value-adding to our natural resources and we're already too far behind there."*

This view is reflected quantitatively with medical and health research clearly topping the list of industries seen to play an important role in Australia's future (Chart 2a). The Index at Chart 2a shows the shift in importance of industries compared with the 2007 poll.

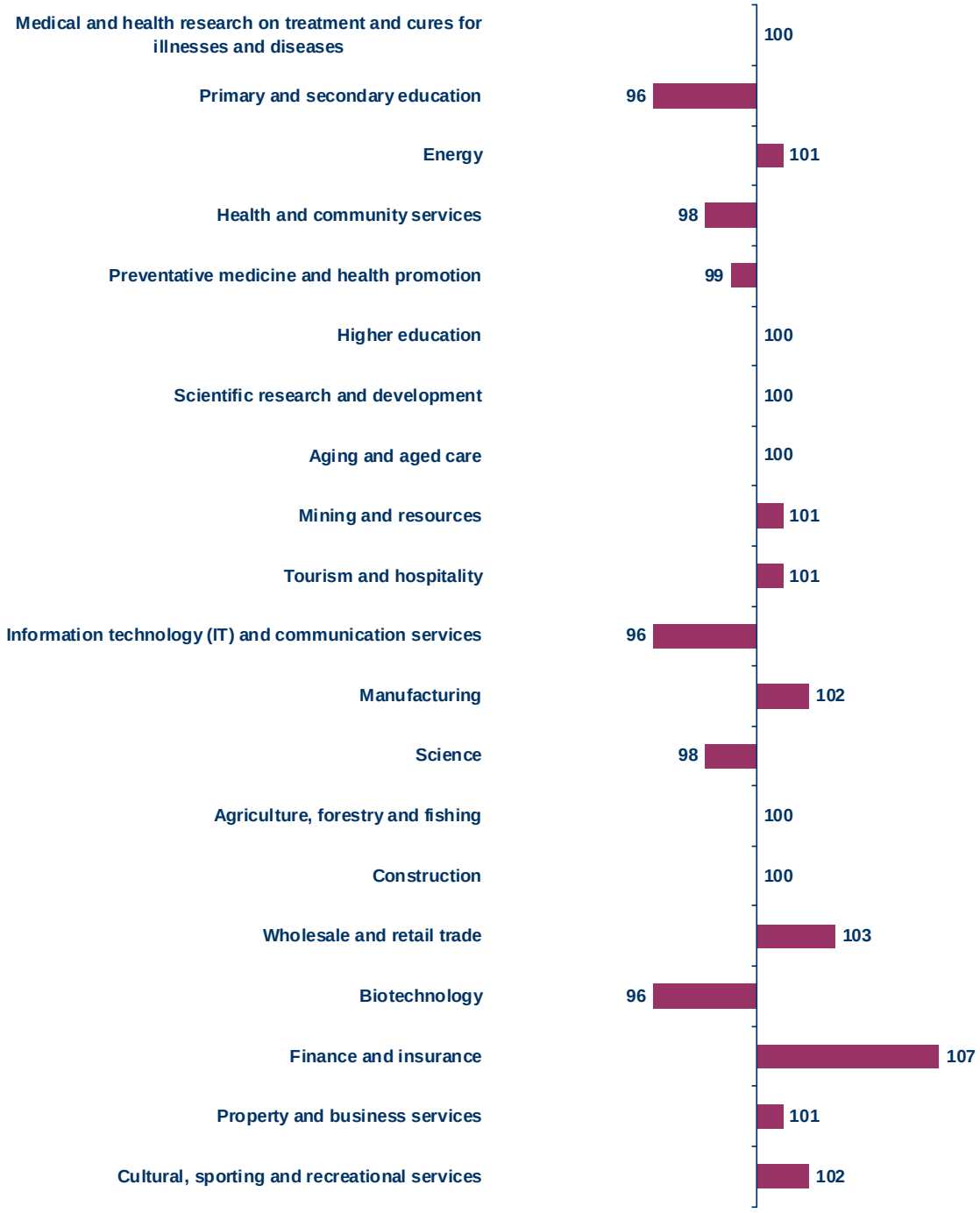
School education, IT and biotechnology are down slightly (4% each), while finance and insurance enjoys the biggest move upwards - 7% on 2007.

Chart 2a: Industries Playing Important Role in Australia's Future (% Agree) – TREND



Q Following are a list of industries and sectors that may or may not play an important role in Australia's future. For each industry or sector please rate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree that it WILL play an important role in Australia's future.

Chart 2b: Industries Playing Important Role in Australia's Future (% Agree) – INDEX



Q Following are a list of industries and sectors that may or may not play an important role in Australia's future. For each industry or sector please rate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree that it WILL play an important role in Australia's future. (Index equals 100 plus the change from 2007 to 2008).

The small fall in support for biotechnology did not make a significant difference to the ongoing perception that there are many other industries that are more important to Australia's future. However, more than three-quarters of Australians (77%) agree that the Federal Government should provide more financial incentives for emerging health and biotechnology companies in Australia to conduct and commercialise their research in Australia (Chart 3). More than one third (35%) agree strongly and 42% agree somewhat. Just one in 20 (5%) disagreed.

Qualitatively, Australians spontaneously see a role for Health and Medical Research as a revenue generator or saver for the nation in terms of:

- Preventative medicine – discoveries that keep people healthy and in the workforce longer (even though they intuitively understand the benefits of prevention, they do not readily link this with research);
- Less reliance on technologies from overseas;
- Greater employment of Australian scientists;
- Revenue derived from new discoveries; and
- Provision of drugs/vaccines to the world, for example for flu epidemics.

Also, 'staying ahead of the game' through Health and Medical Research is seen as important as "there will always be new strains of diseases coming up".

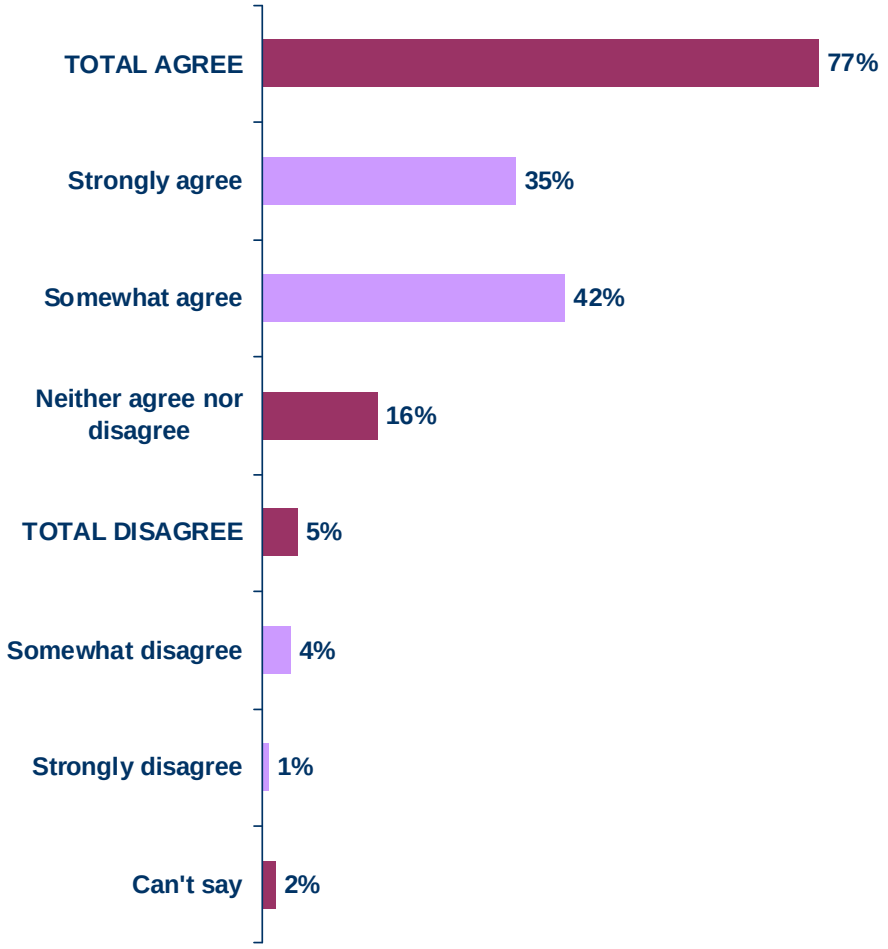
A significant barrier to Health and Medical Research is seen qualitatively to be lack of funding to support development and commercialisation of new discoveries which leads to the ideas and scientists going overseas.

> *"We have some researchers that have come up with really good ideas. There's more there but they just don't have the money to finish it."*

But quantitatively, Australians are divided as to just where that money should come from (Chart 4). 42% agree "government should invest more in these discoveries and reap the rewards if they come". 31% agree "government should provide private companies with incentives to invest but shouldn't spend tax dollars directly on investment into these discoveries". One in 10 Australians (10%) agree that "Australia is too small a market and it is sad but unavoidable that discoveries will be taken overseas to become commercialised. It should be left to the marketplace". And, almost one in five Australians (18%) either do not know or need more information to say.

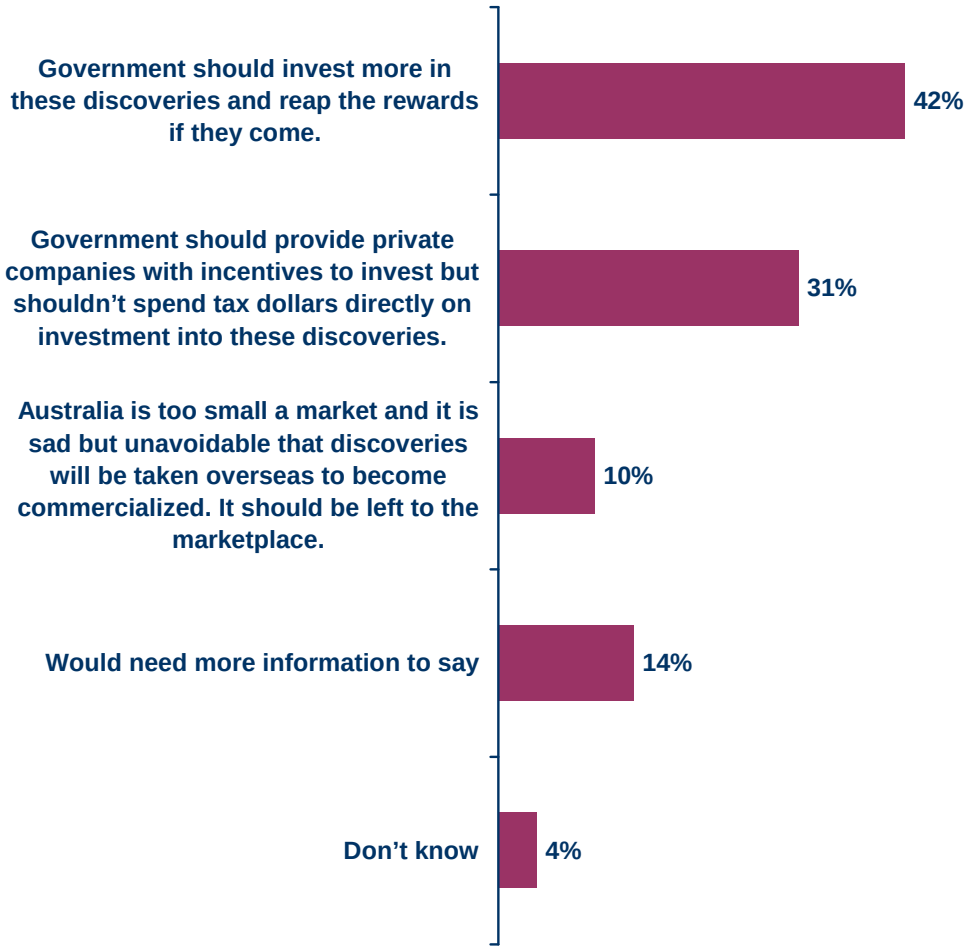
Qualitatively there is less of a sense of complaining about 'brain drain' than in previous years, with participants pointing to examples of foreign students coming to Australia to study medicine because of the quality of medical schools here, and many Australians believe Australian Health and Medical Research to be better than other countries.

Chart 3: Federal Government Incentives for Health and Biotechnology Companies



Q Do you agree or disagree that the Federal Government should provide more financial incentives for emerging health and biotechnology companies in Australia to conduct and commercialise their research in Australia. Is that strongly or somewhat agree/disagree?

Chart 4: Attitudes to Health Breakthroughs Being Taken Overseas



Q Australia has a strong history of producing leading breakthroughs in health, such as the cochlear ear implant, the cervical cancer vaccine and recently even a finding that may help treat malaria more effectively. However many of these and other discoveries have to be taken overseas to become commercially available, sometimes taking profits and researchers with them. Which ONE of the following comes closest to your thinking on this issue?

In terms of Government funding for Health and Medical Research, qualitatively Australians struggle to recall any specific examples and feel that government generally funds Health and Medical Research "pretty poorly".

> *"It should have a lot of funds put into it. You don't hear too much about what's going on there."*

> *"They're not curing things that need to be cured quick enough."*

Almost three-quarters of Australians (72%) agree that the rate of Federal Government funding for the National Health and Medical Research Council funding should continue to increase beyond 2010, and more than one third (38%) strongly agree (Chart 5).

There is little recall of any mention of Health and Medical Research in either the 2008 or 2007 Budgets (and noting that the 2008 Budget was announced less than two weeks before the focus groups).

> *"As a nation we're fairly heavily taxed but we don't know enough about where our money is spent."*

> *"If we knew extra tax was specifically going to health and medical research we wouldn't mind."*

An emerging qualitative sentiment not evident in 2007 is the view that government should not be the only source of funding for Health and Medical Research.

> *"There could be tax incentives to encourage commercial sponsorships."*

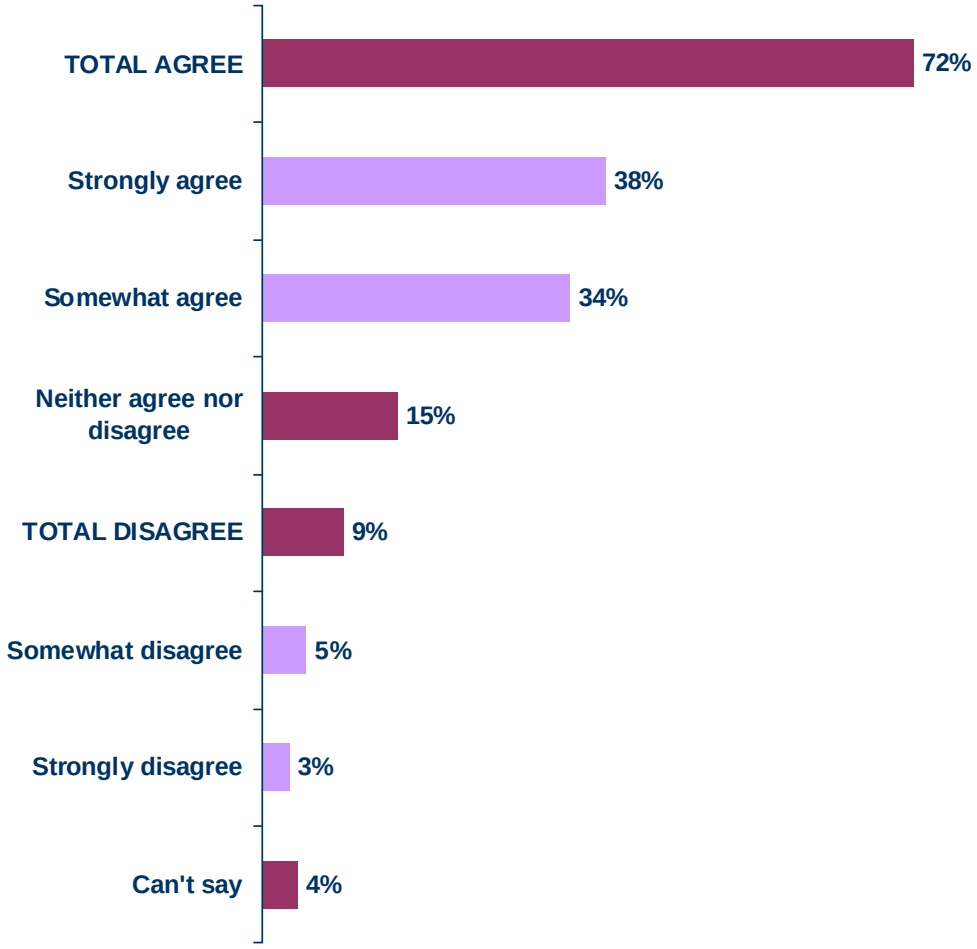
> *"If we want a better way of life you have to pay."*

> *"Some drug companies back research programs."*

However, the quantitative evidence indicates Australians generally do not see themselves as a significant component of the 'other' funding they agree should be forthcoming for Health and Medical Research (Chart 6). Less than one in 10 (8%) make personal donations to Health and Medical Research organisations at least four times a year. One quarter donate two to three times a year and one quarter say they donate only once a year. Nearly one in five (17%) say they never donate to Health and Medical Research and 16% donate less than once a year.

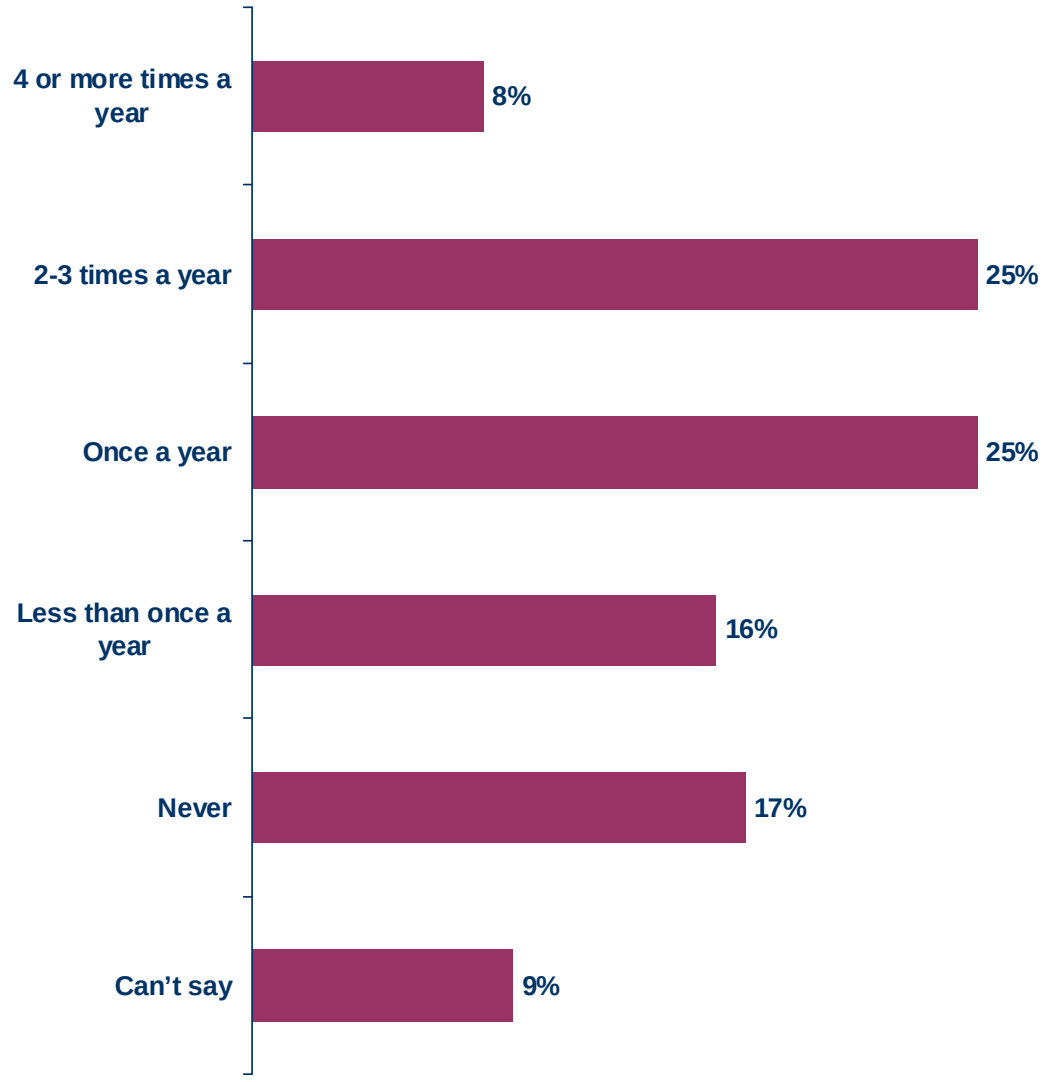
Further, more Australians disagree (31%) than agree (26%) that individuals should give more money to fund Health and Medical Research and more than one third (37%) neither agreed nor disagreed (Chart 7).

Chart 5: Should Rate of NHMRC Funding Continue to Increase Beyond 2010?



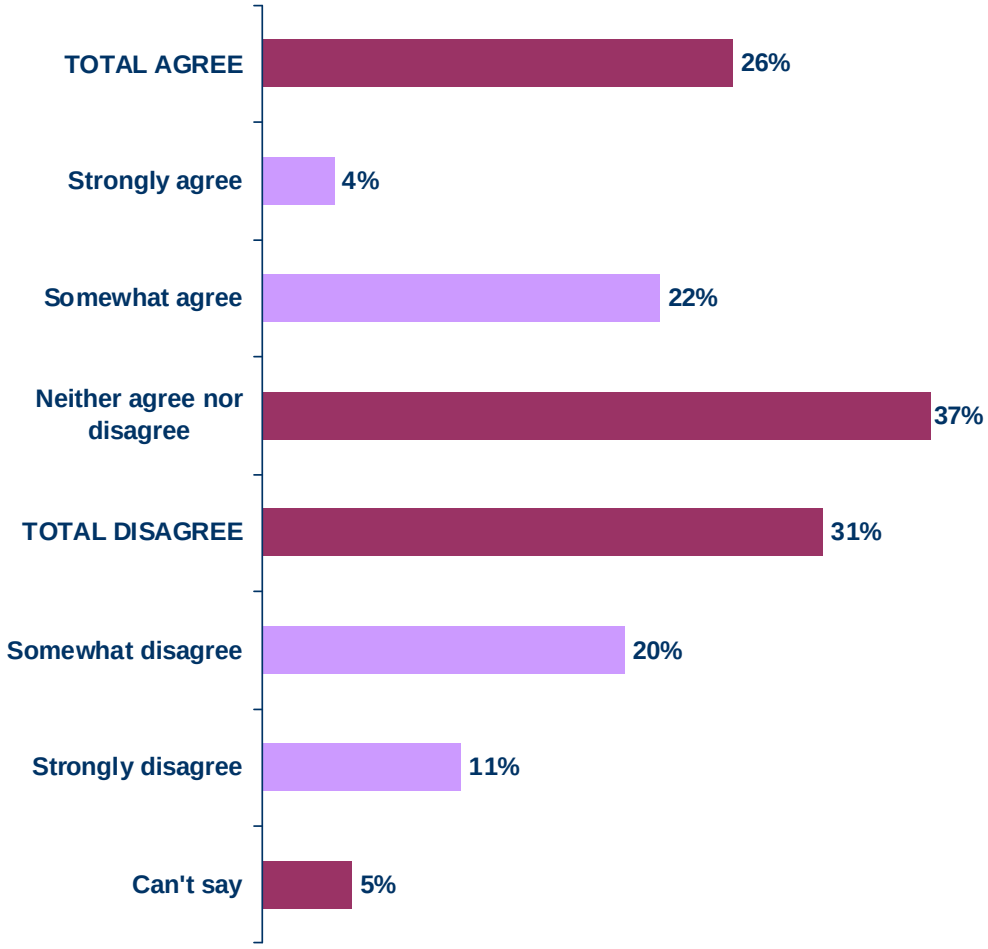
Q Federal Government budget allocations for the National Health and Medical Research Council (NHMRC) increased five-fold from 1995 to 2010. But beyond 2009-2010, no funding increases are planned. Do you agree or disagree (and is that somewhat or strongly agree or disagree) that the rate of NHMRC funding should continue to increase beyond 2010?

Chart 6: Personal Donations to Health and Medical Research Organisations



Q Thinking now specifically about funding for health and medical research in Australia. About how often do you personally donate money to health and medical research organisations?

Chart 7: Should Individuals Give More Money to HMR?



Q Still thinking about funding for health and medical research in Australia. Private individuals and philanthropic organisations currently account for about 9% of the funding provided for health and medical research, with governments and business providing the rest. Do you agree or disagree (and is that strongly or somewhat agree or disagree) that individuals such as you should give more money than you currently give to funding health and medical research?

The lack of a perceived significant role for personal giving to Health and Medical Research is further evidenced by the relatively small amounts of funding Australians say they donate to Health and Medical Research. Nearly three-quarters of Australians (73%) say they are donating $100 a year or less to Health and Medical Research with the average amount being $50 (Chart 8a). Only 14% donate between $101 and $500 a year (average $300) and just 2% give more than $500 a year (average $600). 2% say they give nothing and 9% can't say.

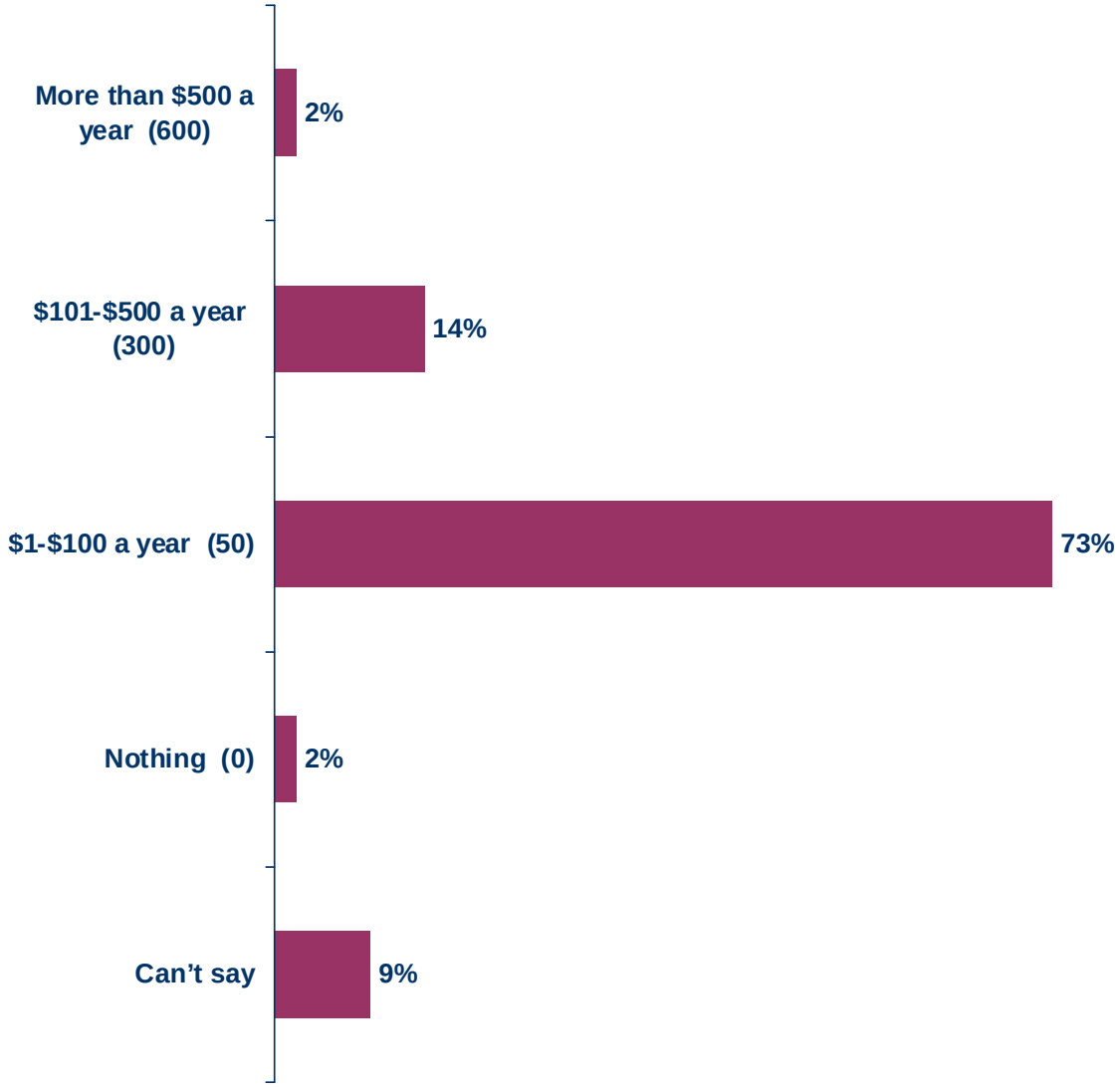
The average amount donated to Health and Medical Research is $101 a year (Chart 8b). in terms of the demographics of 'most likely' donors, men are more likely to donate to Health and Medical Research than women with a mean of $112 over women at $91. 35-49 year olds are more likely to donate than any other age group (mean $113) and 25-34 year olds much less likely (mean $83). Those with some sort of tertiary education are more likely to donate than those with Year 12 or lower qualifications. Upper white collar workers (mean $135) are much more likely to donate than lower white collar (mean $83) or blue collar workers ($94). Full time workers (mean $122) are more likely to donate than part time or casual workers ($80) or those not employed ($88).

Taking these demographics into account, the most likely target for individual giving to Health and Medical Research (that is, the most potential for success in achieving a donation) is a 35-49 year old male with a university degree, employed full-time in an upper white collar job. More broadly, it is clear that level of education and income are influential on an individual's propensity to donate to Health and Medical Research.

This is further evidenced by the finding that the largest proportion of Australians say they don't give more to Health and Medical Research because they "can't afford it" (Chart 9). 16% say they think it is a government responsibility and 15% say they support charities in other areas.

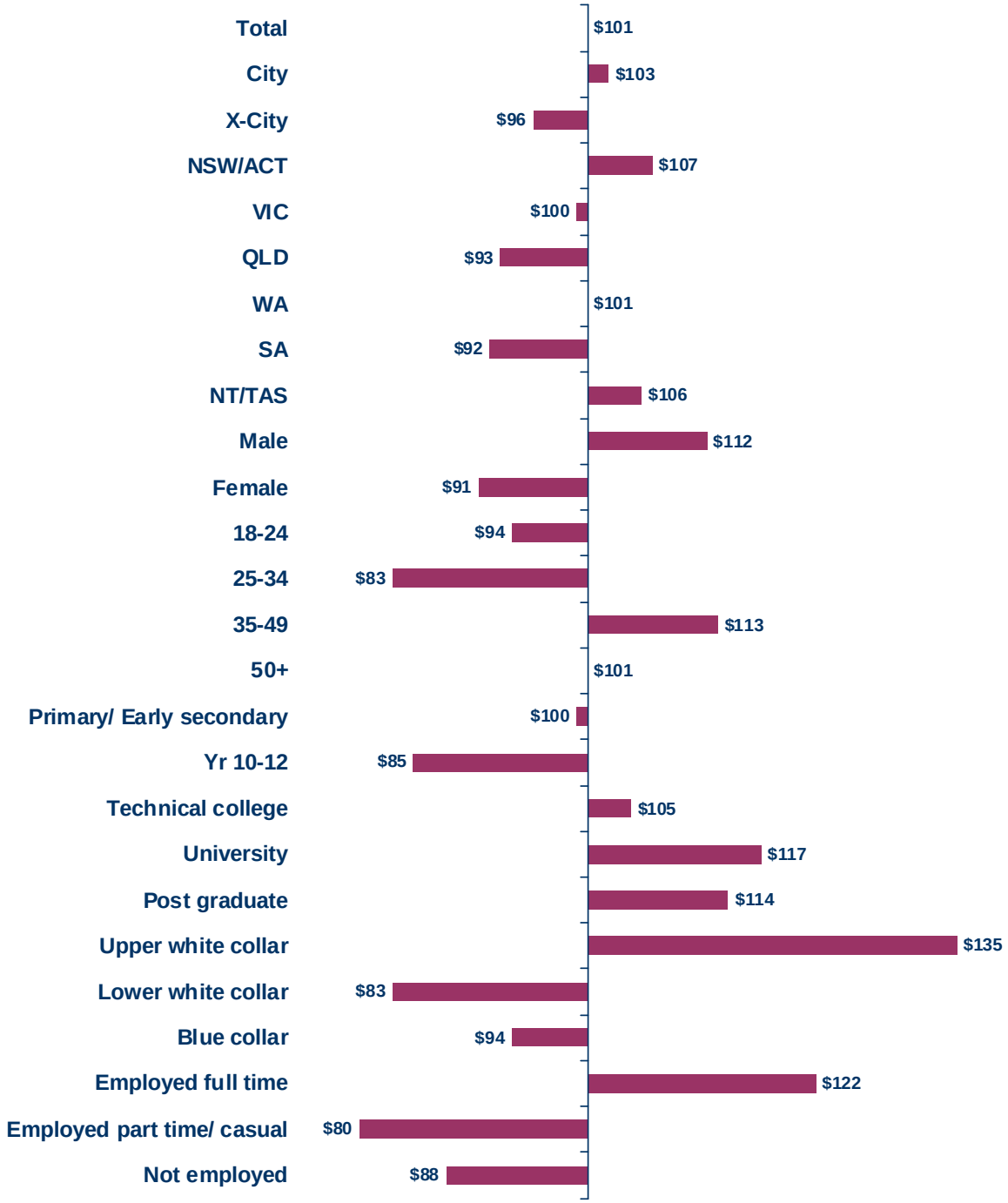
More than half of Australians (55%) are donating to disease-specific Health and Medical Research Organisations (Chart 10). More than one third (37%) make donations to hospitals and around one third (33%) donate to medical research institutes. Just 4% of Australians say they donate to universities and academic institutions.

Chart 8a: Average Annual Donations to Health and Medical Organisations



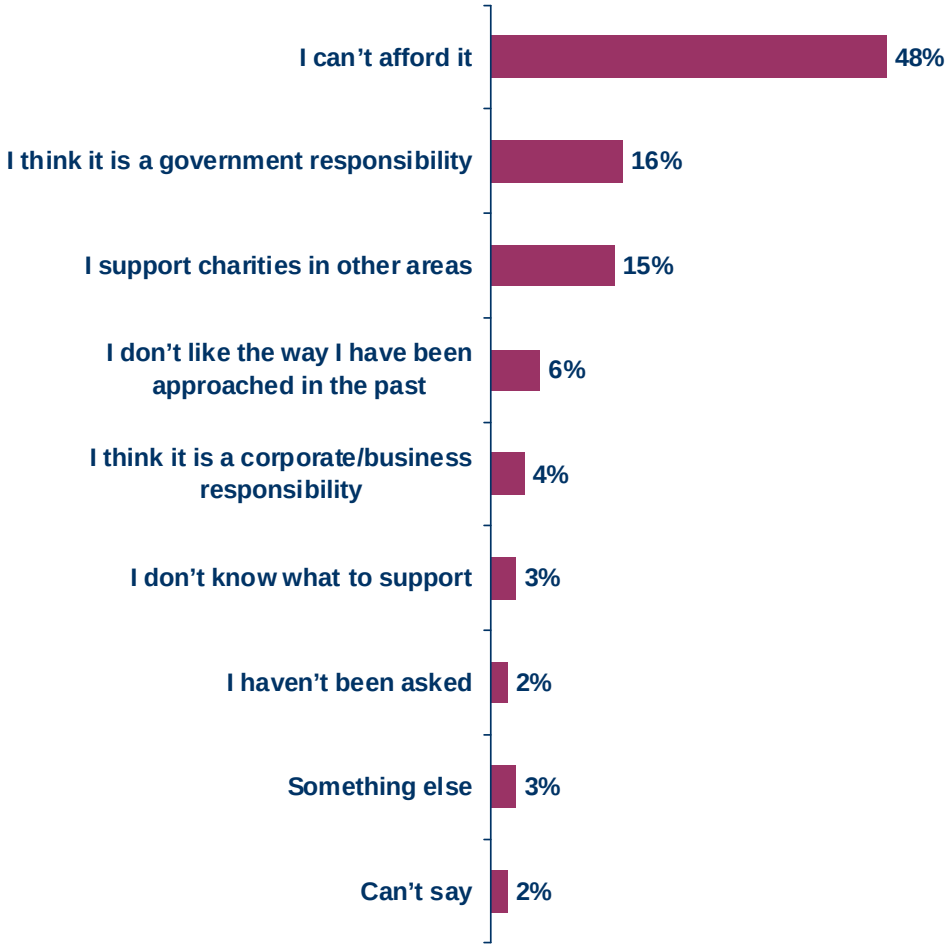
Q And, on average, about how much money in total each year would you donate to health and medical research organisations?
Base: n= 692 (Have previously donated to health and medical research in Australia).

Chart 8b: Average Annual Donations to Health and Medical Organisations – MEAN $



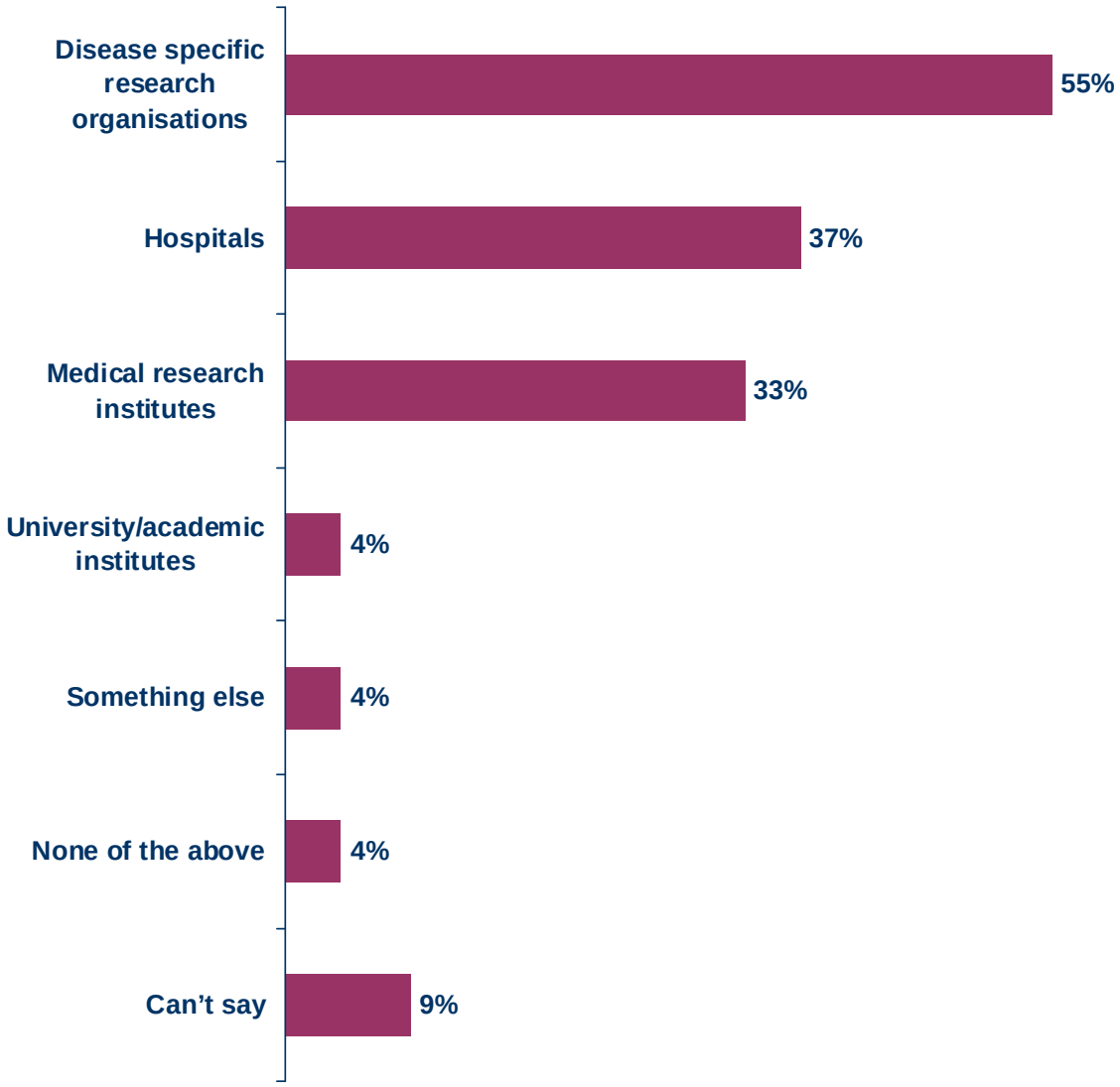
Q And, on average, about how much money in total each year would you donate to health and medical research organisations?
Base: n= 692 (Have previously donated to health and medical research in Australia).

Chart 9: MAIN Reason Would NOT Give More Money to HMR



Q Regardless of whether or not you think individuals should give more money to health and medical research organisations, which of the following MOST CLOSELY represents the MAIN reason you would not give more money to health and medical research?

Chart 10: Health and Medical Research Organisations Donated to



Q And what kinds of health and medical research organisations do you donate to (may be more than one)?
Base: n= 692 (Have previously donated to health and medical research in Australia).

In terms of where Australians think health funding should go, “more research to prevent and cure disease and disability” tops the list of suggested ways for improving health outcomes or containing the growth of healthcare costs in Australia (Chart 11). Research narrowly edges out “free dental treatment for children and low income earners” in total agreement, but lags behind dental in the proportion of Australians who strongly agree, with dental at 60% strongly agree and research at 53%. “Improved aged care, including more funding for nursing homes and carer’s support” (86% agreement), “earlier diagnosis through diagnostic tests and imaging technologies” (85%) and “fitness, nutrition and obesity awareness programs in schools” (85%) also rated highly for Australians as ways of potentially improving health outcomes or containing the growth of healthcare costs.

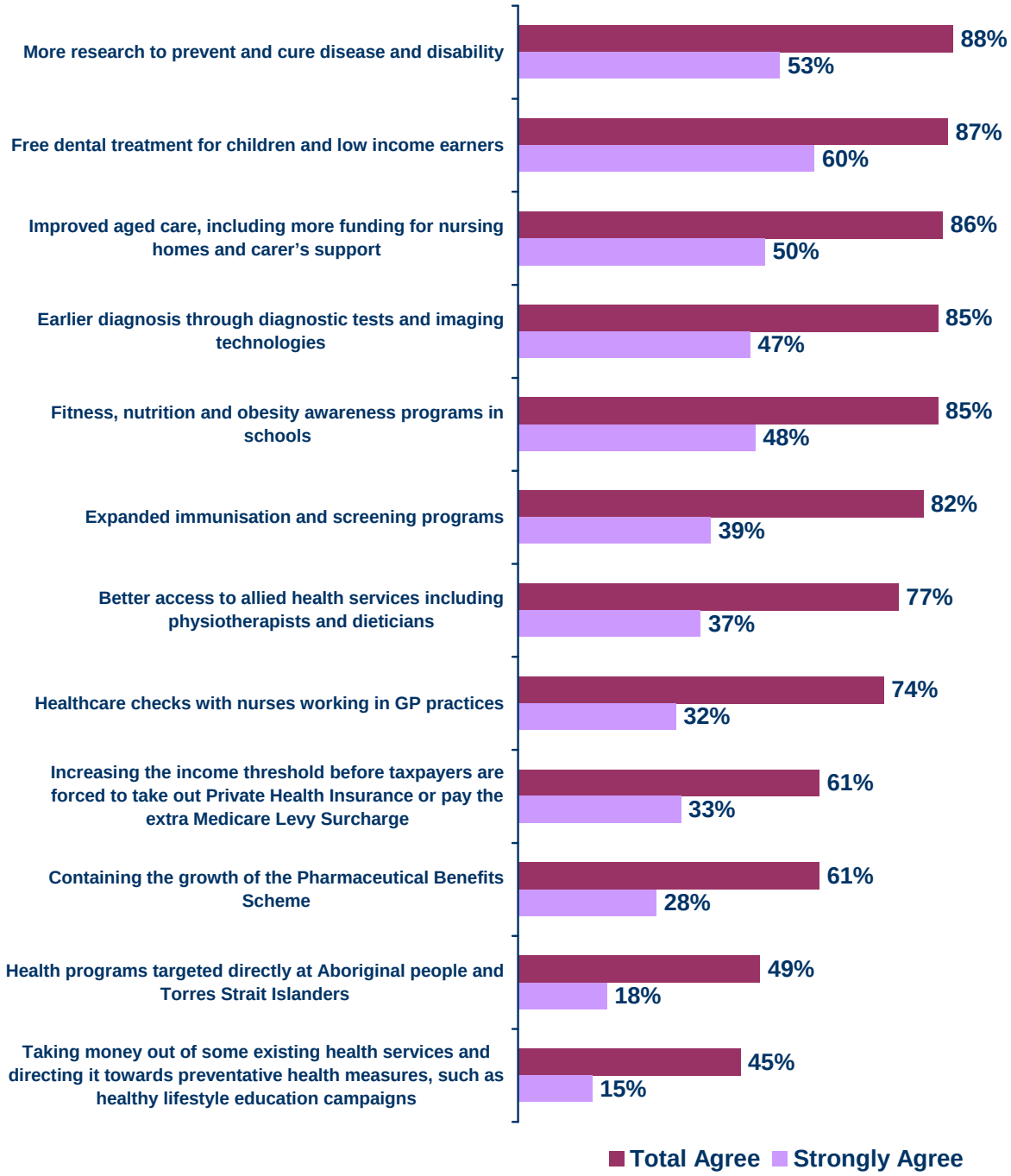
Interestingly, “taking money out of some existing health services and directing it towards preventative health measures, such as healthy lifestyle education campaigns” achieved the least support with a minority of Australians (45%) agreeing and just 15% agreeing strongly. Qualitatively, young Australians in particular can see the benefits of preventative healthcare.

> *“Stop people getting into hospital. Preventative medicine will save money and healthier individuals will take pressure off the economy.”*
>
> *“To prevent a disease is better than to have to cure it. It costs less than having to look after them.”*
>
> *“A healthier community leads to cost savings. People are happier and more productive…There are economic benefits. There is less crowding in hospitals.”*

However, it is clearly a far lower priority for Australians than health and medical research and testing, and improvements in dental care and aged care. This puts into context the finding that 82% of Australians say that “increasing funding for preventative health care” should be a government priority in the next 2-3 years (Chart 1a) – while Australians can see some benefits, they don’t want it at the expense of what they see as higher priorities for funding in health.

In terms of the illness, disease or health related activity Australians feel should be the priority focus for Health and Medical Research, cancer, heart disease and mental health/diseases (including Alzheimers, ADD and Dementia) are mentioned most often qualitatively. This is also reflected quantitatively with cancer once again the health issue mentioned first more often than any other as a priority that should be addressed by Health and Medical Research (Chart 12).

Chart 11: Suggestions for Improving Health Outcomes or Containing Growth of Healthcare Costs in Australia (% Agree/Strongly Agree)



Q Following are a number of suggestions for improving overall health outcomes in Australia or for containing the growth in cost of Australia's healthcare. Please rate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree with each suggestion for improving overall health outcomes in Australia or for containing the growth of healthcare costs.

As a priority for research, cancer is mentioned both generically and with reference to individual cancers (Chart 13). While a majority of Australians (50%) cite cancer generically as a priority for Health and Medical Research, breast cancer is the type of cancer specified most at 10% with prostate cancer at 6%.

> *"I heard one in three people in Australia will die of cancer or have some form of malignancy."*
>
> *"Not enough is being done to cure it quicker."*
>
> *"Finding a cure to any particular one will have a flow on effect to other cures."*
>
> *"They can't get enough money for research."*
>
> *"It's the most common fatal disease in this country."*
>
> *"One of the biggest killers – affects so many people."*
>
> *"Everyone you talk to has some form of cancer – there are so many different varieties."*
>
> *"Breast cancer needs more support for research and development."*

Given the competing priorities within the health system, because of its perceived prevalence, research into cancer is also seen as cost effective because it has the potential to affect the greatest proportion of the population.

> *"Diseases that have the biggest impact on the community such as cancer."*
>
> *"Fix the obvious. Statistically if you've got a lot of people with something, wouldn't you treat that?"*

Heart disease is the second most mentioned priority for health funding after cancer generically (by 27% of Australians).

> *"The incidence of deaths from heart disease is high."*
>
> *"If your heart is healthy you can fight off other things."*

Diabetes is mentioned by 25% of Australians as a funding priority, obesity is mentioned by 15% and depression/mental illness by 12%. Alzheimer's and dementia are each mentioned by 5% of Australians as a priority for Health and Medical Research.

> *"Alzheimers is a shocking thing. Curing that would save us lots of money."*

"If we find a cure for Alzheimers and dementia older people could still contribute to the community."

"Alzheimers because of the flow on affects to families and carers."

"ADD/ADHD is on the increase and it's affecting children who are our future."

"Mental health impacts on the whole family and there is still a stigma out there."

While there is a belief that mental health treatment has probably progressed from 30-40 years ago, there is a strong sentiment that "there is still a long way to go".

"There isn't a vaccine for mental health."

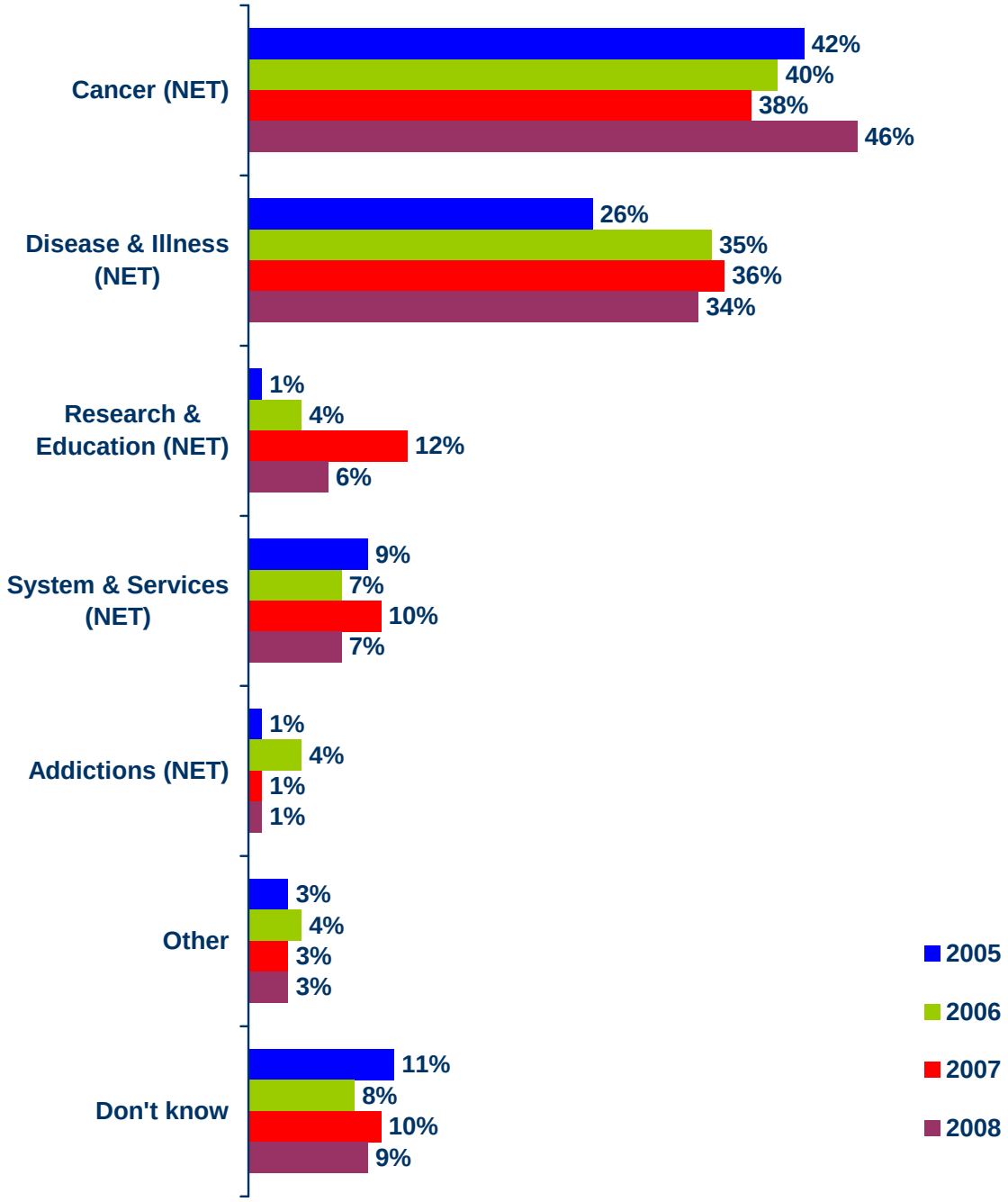
"Sometimes there are no warning signs."

"It's different for everyone."

In fact, when asked whether the Government should focus more on addressing the impacts of climate change or addressing mental health, qualitatively mental health was the hands-down winner. Australians believe that mental health is more important than climate change as a Government priority, but "there are not enough votes in mental health". Quantitatively, the previously noted fall in support for addressing climate change as a government priority (Chart 1b) and the growing relative gap in Australians' views towards what they see as health priorities and climate change priorities are further evidence of this.

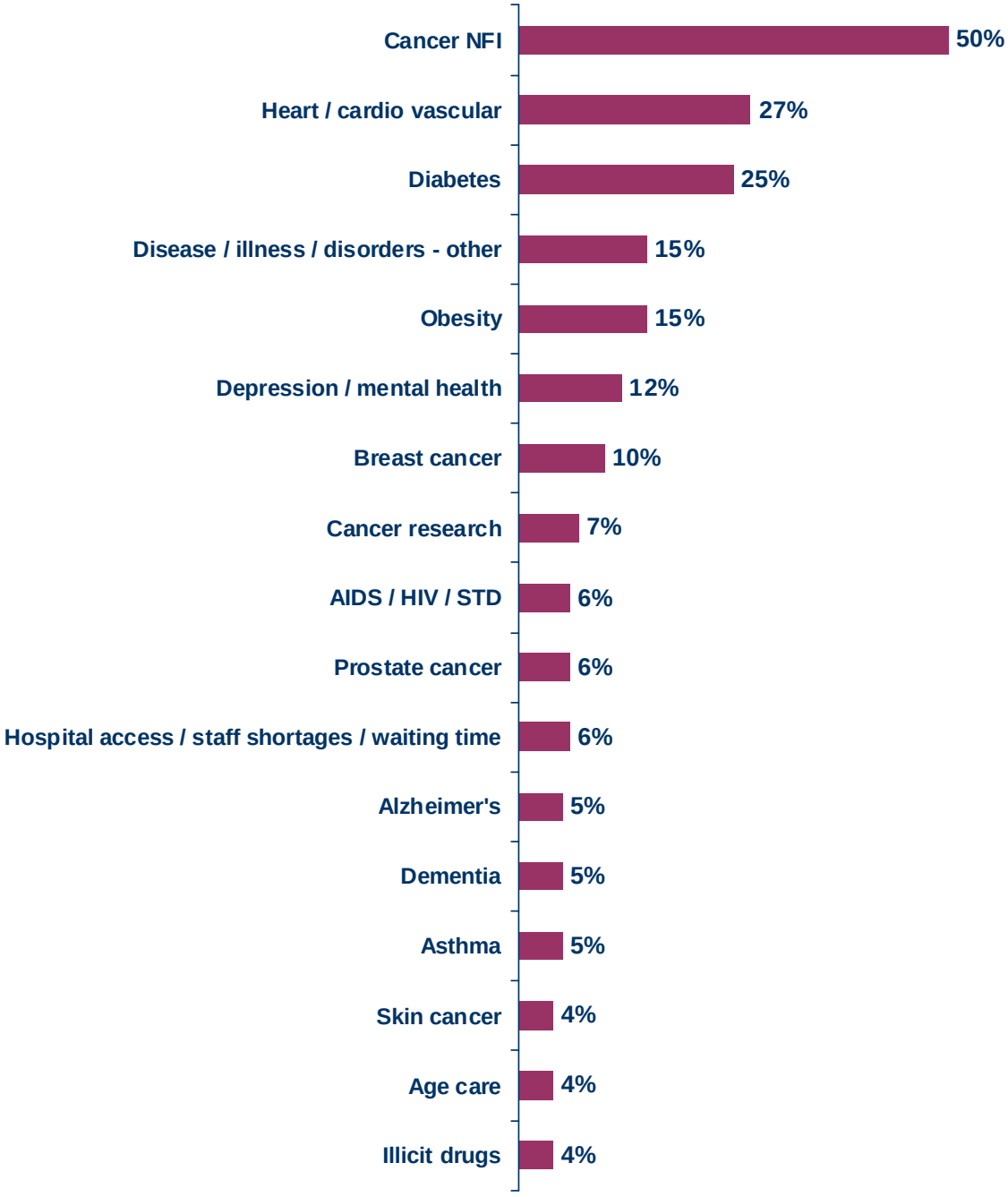
"Worrying about climate change is just another stress on mental health."

Chart 12: Most Important Health/Medical Problems for Funding (1st Nominated NETS) – TREND



Q In your opinion, what, specifically, are the three most important health and medical problems, issues or diseases to you, your family or to Australia as a whole that should receive a significant increase in funding for research into their prevention and cure? Please be as specific as you can, using a minimum of 3-5 words to describe the issue or disease.

Chart 13: Most Important Health/Medical Problems for Funding (TOTAL INDIVIDUAL MENTIONS 4%+)



Q In your opinion, what, specifically, are the three most important health and medical problems, issues or diseases to you, your family or to Australia as a whole that should receive a significant increase in funding for research into their prevention and cure? Please be as specific as you can, using a minimum of 3-5 words to describe the issue or disease.

More Australians think they are at a higher risk of getting arthritis in their lifetime than any other single illness (Chart 14a) while emphysema and asthma top the list of diseases more Australians think they are not at risk of at all (Chart 14b). People living in non-metropolitan areas are generally more pessimistic about their likelihood of contracting disease or illness.

43% of Australians believe they have a significant chance (one in 10 or more) of getting arthritis in their lifetime compared to just 2% who think they are at no risk at all of getting arthritis.

In other results:

- 39% of Australians believe they have a significant chance of getting anxiety or depression in their lifetime compared to only 10% who think they are at no risk at all of getting anxiety or depression.

- 30% of Australians believe they have a significant chance of getting heart disease compared to just 3% who believe they are at no risk at all of heart disease.

- 27% of Australians believe they have a significant chance of suffering hearing loss compared to 5% who believe they are at no risk of hearing loss in their lifetime. People outside metropolitan areas believe they are significantly more likely to suffer hearing loss than city people, 33% to 23%. Men (34%) believe they are significantly more likely to suffer hearing loss than women (20%).

- 25% believe they have a significant chance of contracting Type 2 diabetes while 9% think they have no risk of getting Type 2 diabetes in their lifetime.

- 24% believe they have a significant chance of getting asthma while 22% believe they are at no risk.

- 23% believe they have a significant chance of having a stroke while just 4% believe they have no risk.

- 17% of Australians believe they have a significant chance of contracting lung cancer and 14% think they have no risk of lung cancer in their lifetime.

- 15% believe they have a significant chance of getting dementia while 6% believe they have no risk at all of getting dementia.

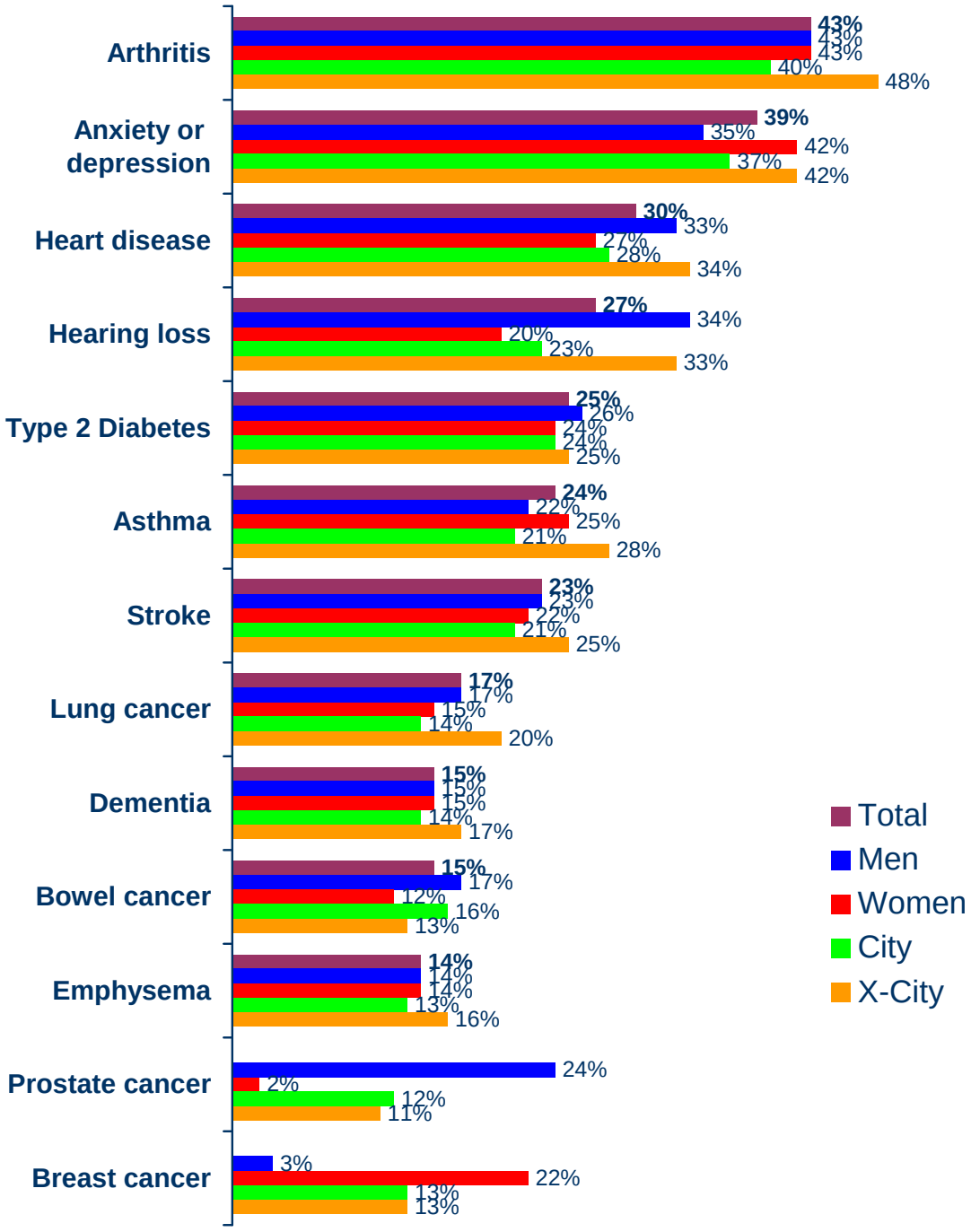
- 15% believe they have a significant chance of getting bowel cancer while 7% believe they have no chance.

- 14% believe they have a significant chance of getting emphysema and 23% think they will not get it at all.

- 24% of men think they have a significant chance of getting prostate cancer in their lifetime – as do 2% of women! – (compared to 4% of men and only 76% of women who think they are at no risk).

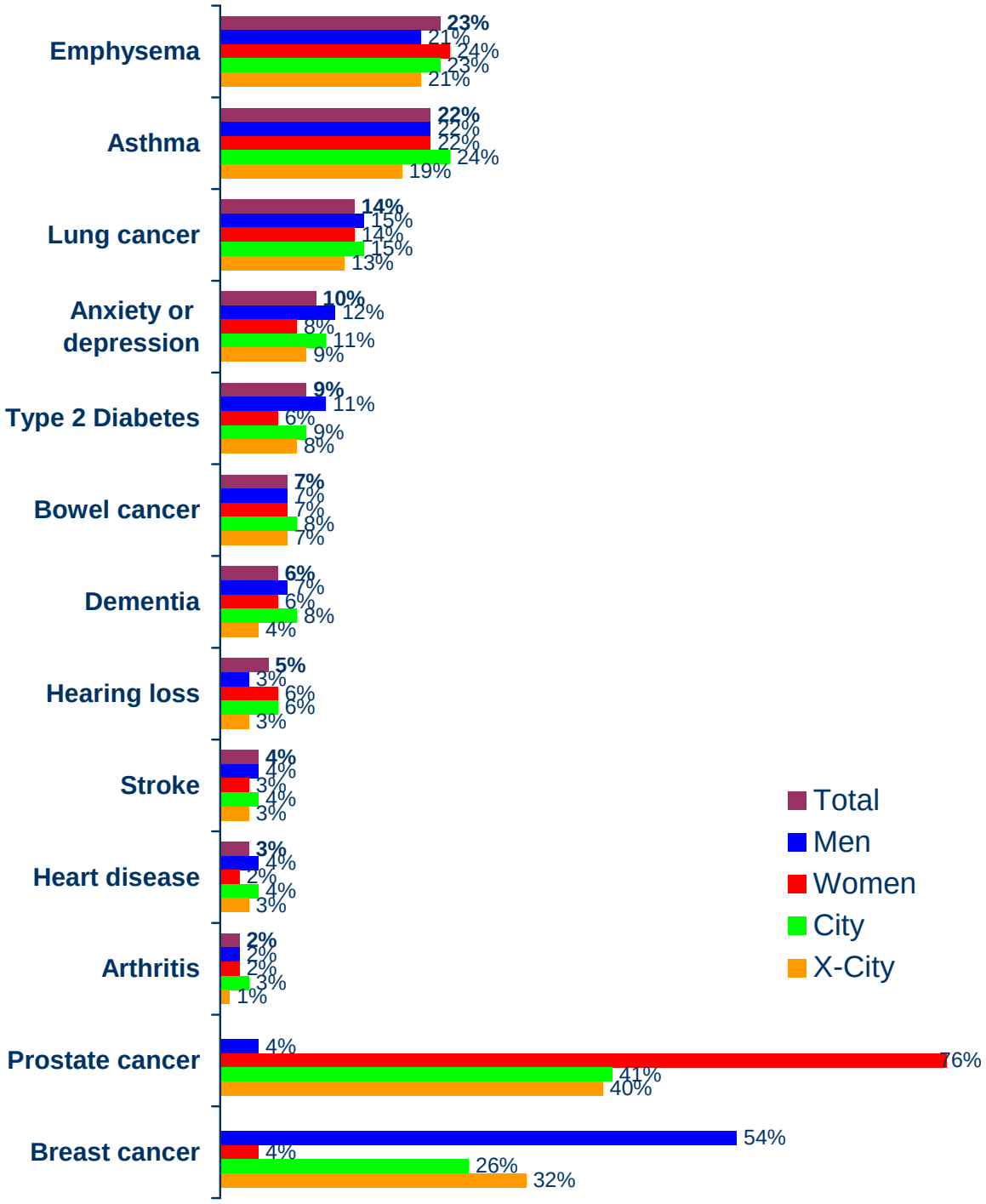
- 22% of women, and also 3% of men, think they have a significant chance of getting breast cancer in their lifetime (compared to 4% of women and 54% of men who think they have no chance).

Chart 14a: Chance of Contracting Medical Condition (1 in 10 Chance or More)



Q Please indicate what you believe (or you would guess) the chances are of you personally contracting the following medical conditions in your lifetime.

Chart 14b: Chance of Contracting Medical Condition (no risk at all)



Q Please indicate what you believe (or you would guess) the chances are of you personally contracting the following medical conditions in your lifetime.

In terms of the things Australians are doing to embark on a healthier lifestyle, increasing their general physical activity (47%) and cutting down on fat and sugar intake (46% and 45% respectively) top the list of actions Australians say they introduced as a regular part of their lifestyle in the past six months (Chart 15). Qualitatively, their 'healthier' activities focus on exercise and diet.

"Keeping active, walk instead of drive."

"Being active, walking."

"Healthy eating."

"Healthy diet, exercise."

"Watching what I eat."

"Reducing fatty oils, using olive oil instead, eating vegetables and fruit, keeping weight under control."

Qualitatively, many Australians simply point to improvements in their current behaviours in relation to diet and exercise in terms of what sort of things they think they SHOULD probably be doing but aren't that might minimise their risks.

"More diligent on the above."

"More of specific exercises, better diet."

"Eating better fresh foods."

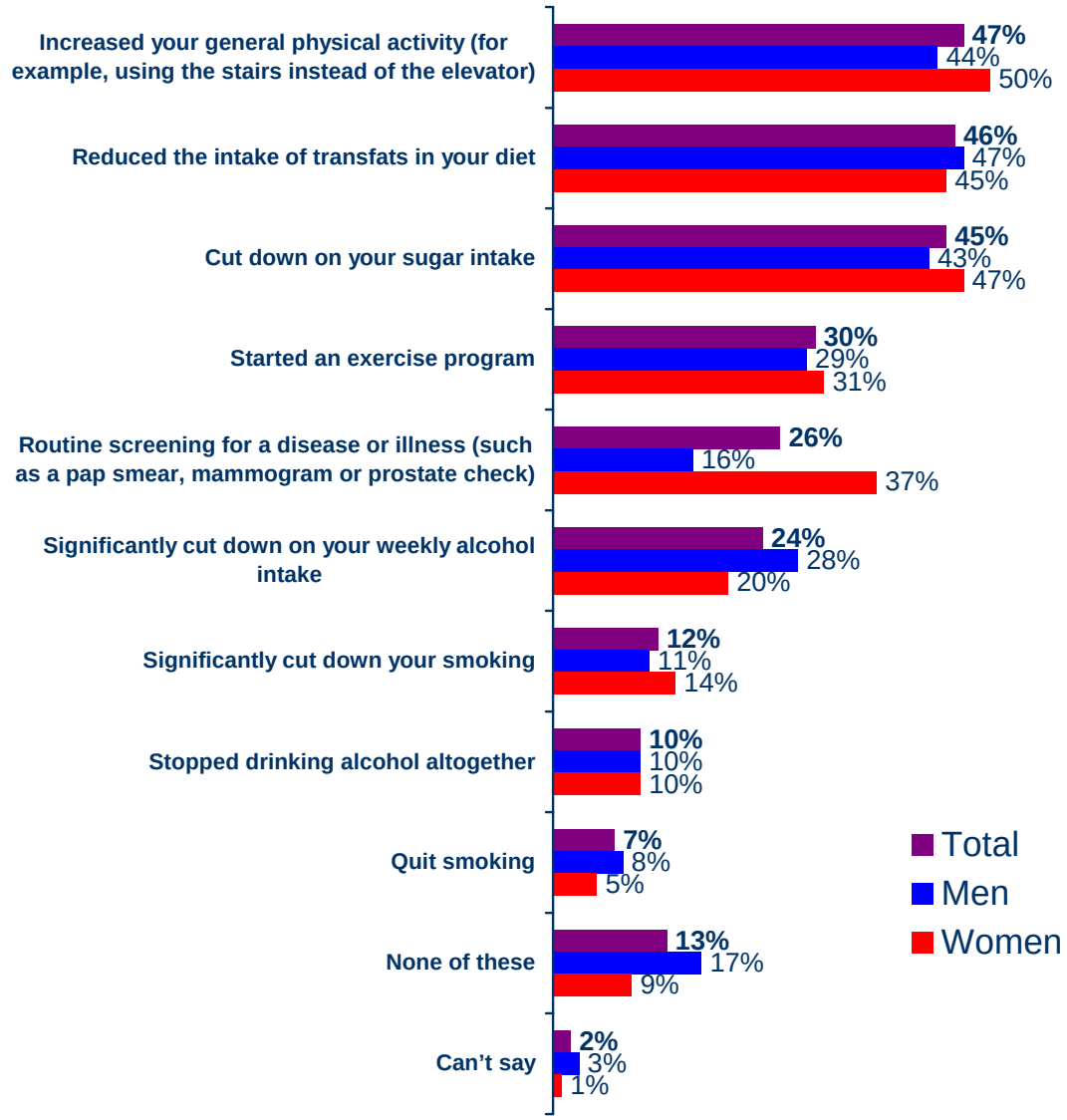
"More exercise, avoid fatty foods."

Almost one third (30%) say they have started a regular exercise program and more than one in four (26%) say they have undergone routine screening for a disease or illness in the past six months, however just 11% of 18-24 year olds have undergone routine screening compared with 16% of 25-34 year olds, 23% of 35-49 year olds and 40% of those aged 50 and over.

More than one in 10 (12%) say they have significantly cut down their smoking and 7% say they have quit smoking.

One in 10 Australians (10%) say they have given up drinking alcohol altogether and one in four (24%) say they have significantly cut down on their weekly intake of alcohol.

Chart 15: Regular Practices Introduced Into Lifestyle in Past Six Months



Q During the past six months, which of the following practices have you introduced as a regular part of your lifestyle?

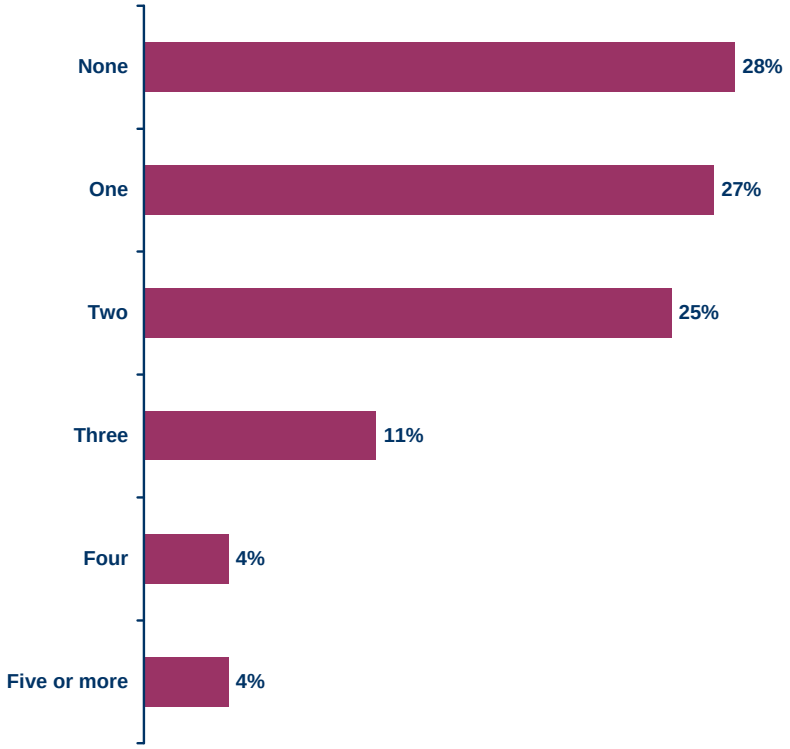
Australians are divided as to what is the maximum 'safe' number of standard alcoholic drinks per day (Chart 16a). Roughly one quarter say "none" (28%). Women (34%) are more likely to say "none" than men (23%). Around one quarter of Australians say "one" (27%) and one quarter say "two". Almost one in five (19%) say more than two drinks a day is 'safe'.

The average 'safe' number of drinks per day is 1.6 (Chart 16b). The average for males is slightly higher than average at 1.9 (females were slightly lower at 1.3) and for 18-24 year olds significantly higher at 2.3 drinks a day.

The average 'safe' number of drinks per week is 8.2 (Chart 16c). People in non-metropolitan areas, Queensland and Western Australia think a higher number of drinks per week is safe with their averages 9.7, 10.0 and 9.5 drinks respectively.

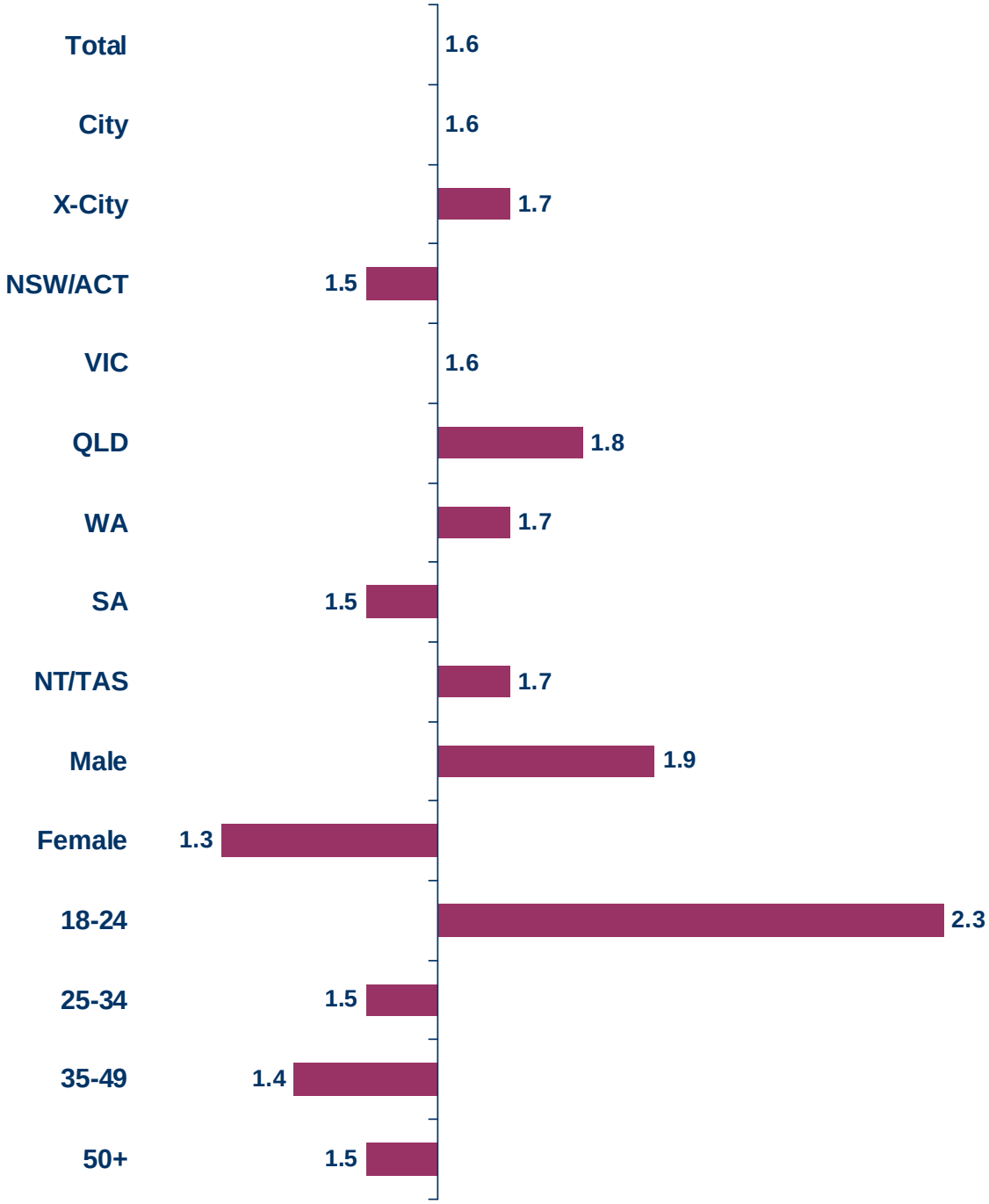
Interestingly, and in stark contrast to their assessment of the 'safe' daily number of drinks, 18-24 year olds were slightly below the average for the 'safe' number of drinks per week at 8.1. Those 50+ years were higher at 9.0 drinks a week.

Chart 16a: Maximum Safe Number of Standard Drinks PER DAY



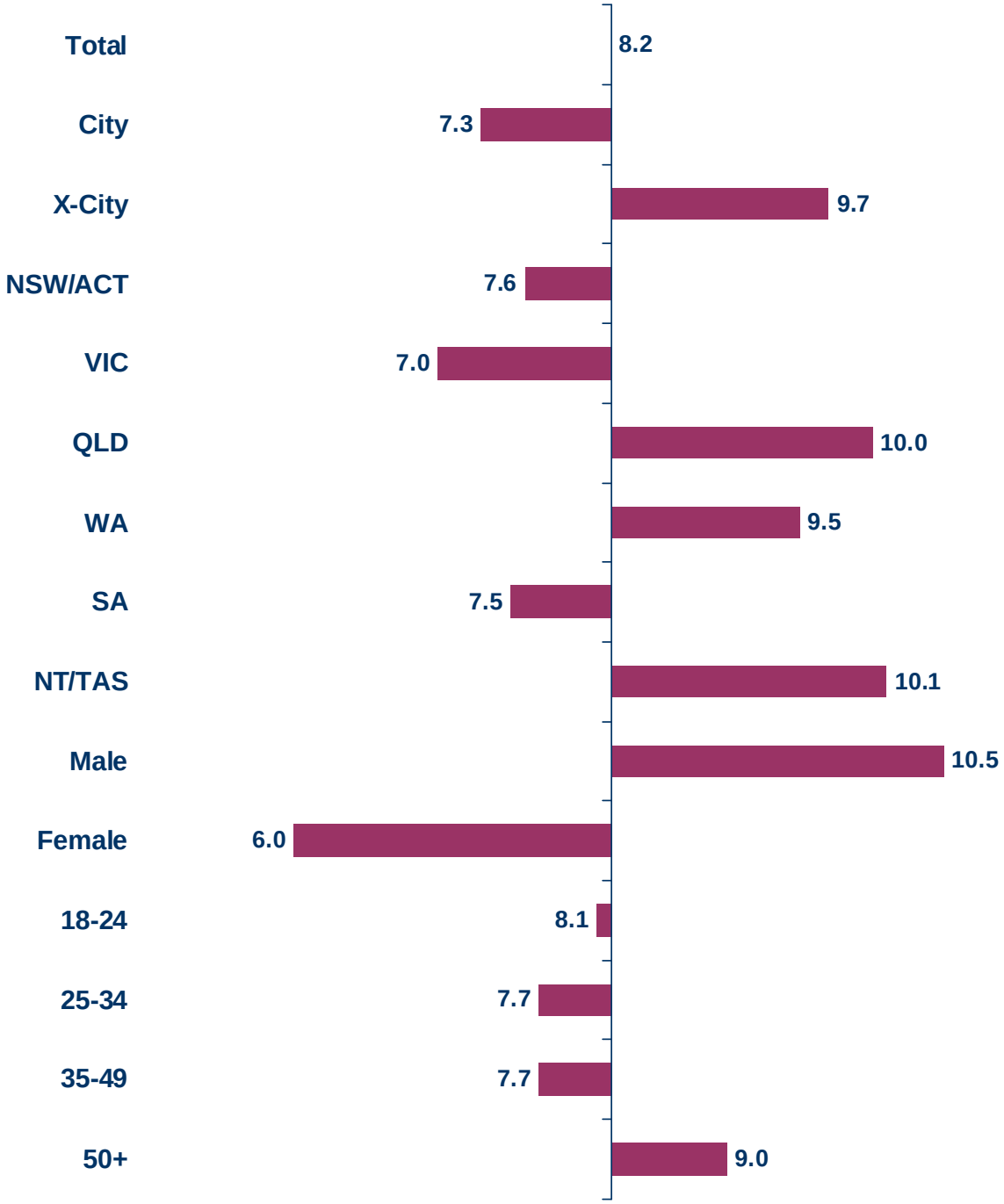
Q Thinking now about alcoholic beverages. In Australia, a 'standard' drink is defined as one that contains about 10 grams of alcohol. That is, a pot (285ml) of full strength beer, a 30ml shot of spirits, three-quarters of an average (180ml) glass of wine or two-thirds of a 375ml can of ready-to-drink mixed spirits. Thinking about 'standard' drinks, what is the maximum number of standard drinks per day or per week you think (or you would guess) is safe for you personally to consume with respect to your health?

Chart 16b: Maximum Safe Number of Standard Drinks PER DAY – MEANS



Q Thinking now about alcoholic beverages. In Australia, a 'standard' drink is defined as one that contains about 10 grams of alcohol. That is, a pot (285ml) of full strength beer, a 30ml shot of spirits, three-quarters of an average (180ml) glass of wine or two-thirds of a 375ml can of ready-to-drink mixed spirits. Thinking about 'standard' drinks, what is the maximum number of standard drinks per day or per week you think (or you would guess) is safe for <u>you personally to consume</u> with respect to your health?

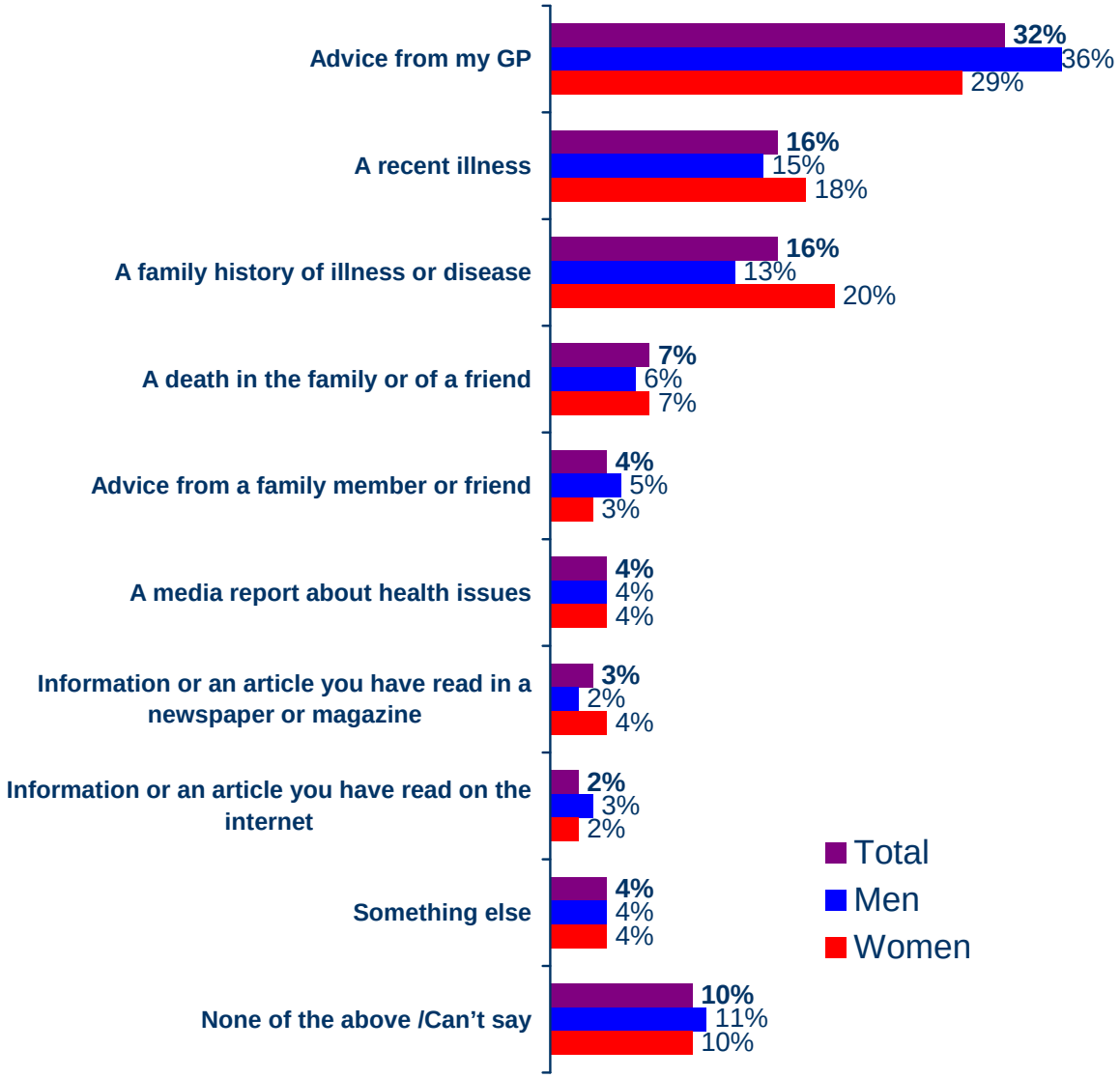
Chart 16c: Maximum Safe Number of Standard Drinks PER WEEK – MEANS



Q Thinking now about alcoholic beverages. In Australia, a 'standard' drink is defined as one that contains about 10 grams of alcohol. That is, a pot (285ml) of full strength beer, a 30ml shot of spirits, three-quarters of an average (180ml) glass of wine or two-thirds of a 375ml can of ready-to-drink mixed spirits. Thinking about 'standard' drinks, what is the maximum number of standard drinks per day or per week you think (or you would guess) is safe for <u>you personally to consume</u> with respect to your health?

Australians are most influenced by advice from their General Practitioner when it comes to changing their lifestyle to protect their health (Chart 17). Almost one third of Australians (32%) say they are most likely to be influenced by their GP, while half that proportion say they are most likely to be influenced by a recent illness (16%) or a family history of illness or disease (16%). The internet is the greatest influence on changing behaviour for just 2% of Australians, while the media is most influential for just 4%.

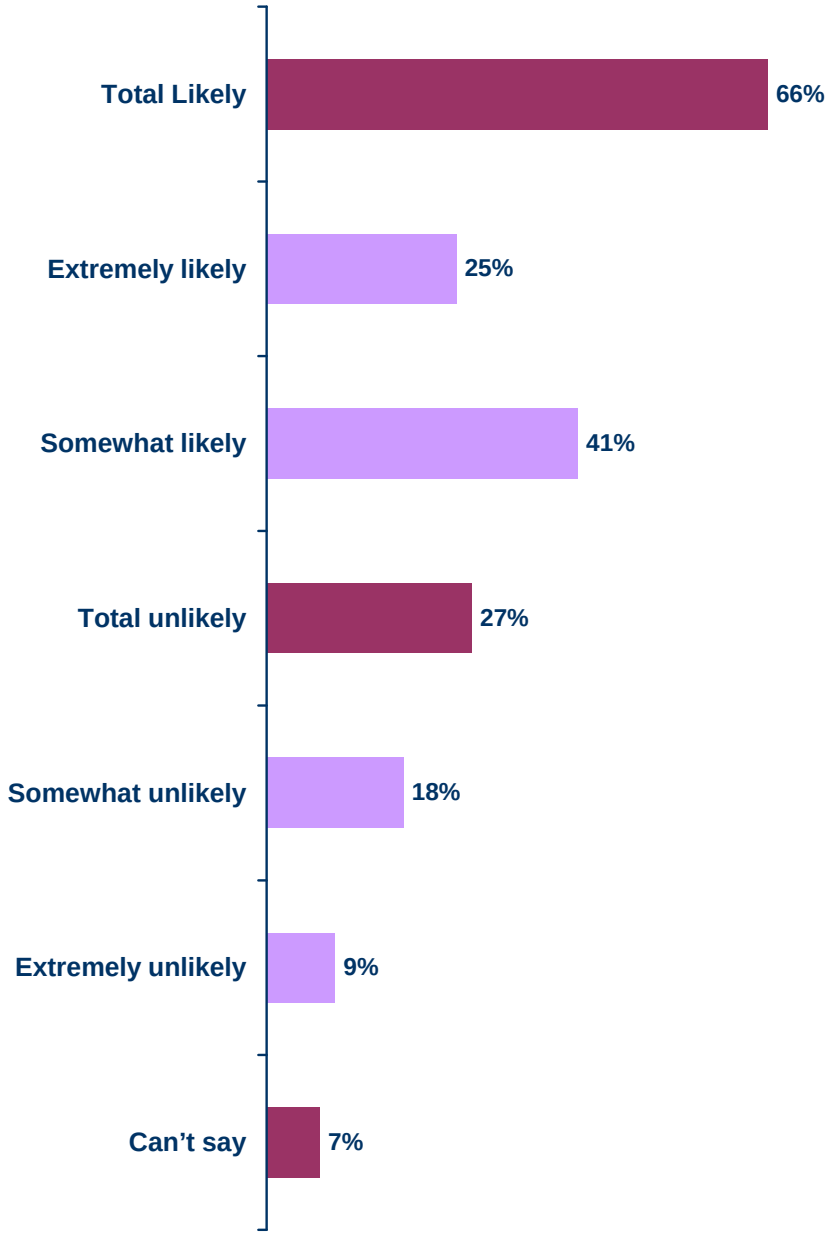
Chart 17: MOST Likely to Influence Lifestyle Change to Improve or Protect Health



Q Regardless of whether or not you have recently introduced any changes into your lifestyle to improve or protect your health, which ONE of the following is MOST likely to influence you to introduce a change to your lifestyle to improve or protect your health?

Two-thirds of Australians (66%) say they are likely (25% extremely likely) to take a test for a disease even when they know there is no cure for that disease (Chart 18). 27% say they are unlikely to do so.

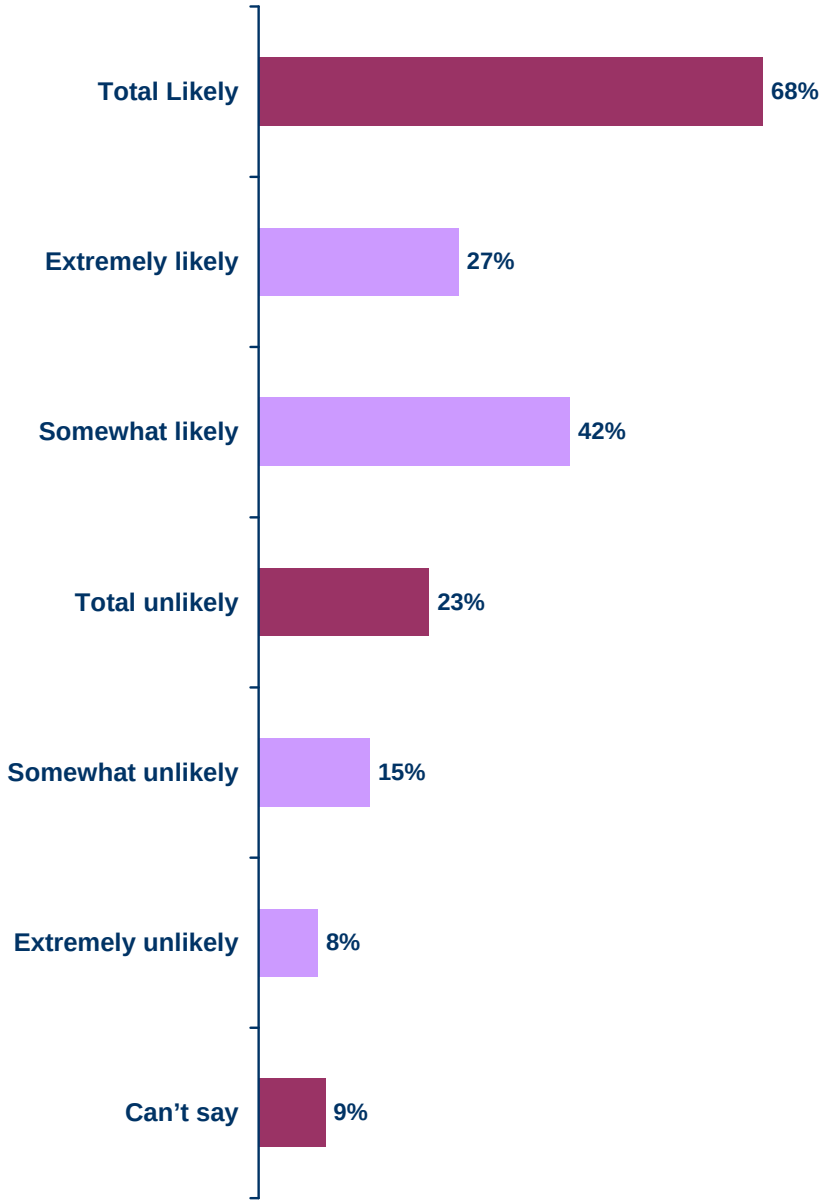
Chart 18: Likelihood to Take a Disease Test, Even if Treatment Not Available



*Q Medical research has provided a range of scanning technologies that can identify the signs of some diseases before symptoms occur, for example the test for Alzheimer's disease. How likely or unlikely would you be to take such a test, even if you knew a treatment was **not** currently available for the disease?*

More than two-thirds of Australians (68%) say they are likely to participate in a Health and Medical Research clinical trial (27% extremely likely), while 23% say they are unlikely to participate (Chart 19).

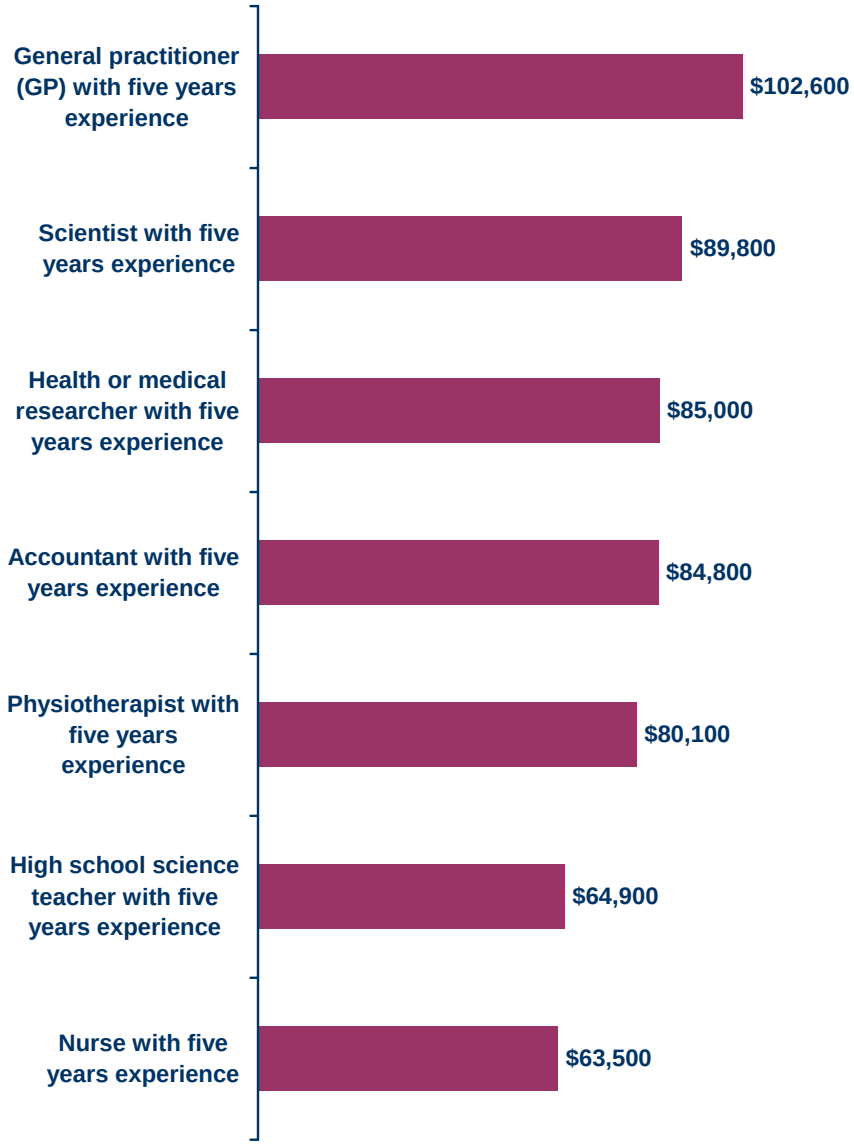
Chart 19: Likelihood to Participate in HMR Clinical Trial



Q Health and medical research often requires people to take part in clinical trials once the research is well advanced. How likely is it that you personally would be prepared to participate in a clinical trial to assist with health and medical research, knowing that the trial was subject to strict ethical and safety standards?

Australians believe scientists with five years experience earn an average annual salary of $89,800 and are better paid than their counterparts in health and medical research ($85,000pa), accounting ($84,800pa), physiotherapy ($80,100pa), high school science teaching ($64,900pa) and nursing ($63,500pa) (Chart 20). The professionals Australians believe earn more than scientists and health researchers are GPs with an estimated average salary of $102,600pa.

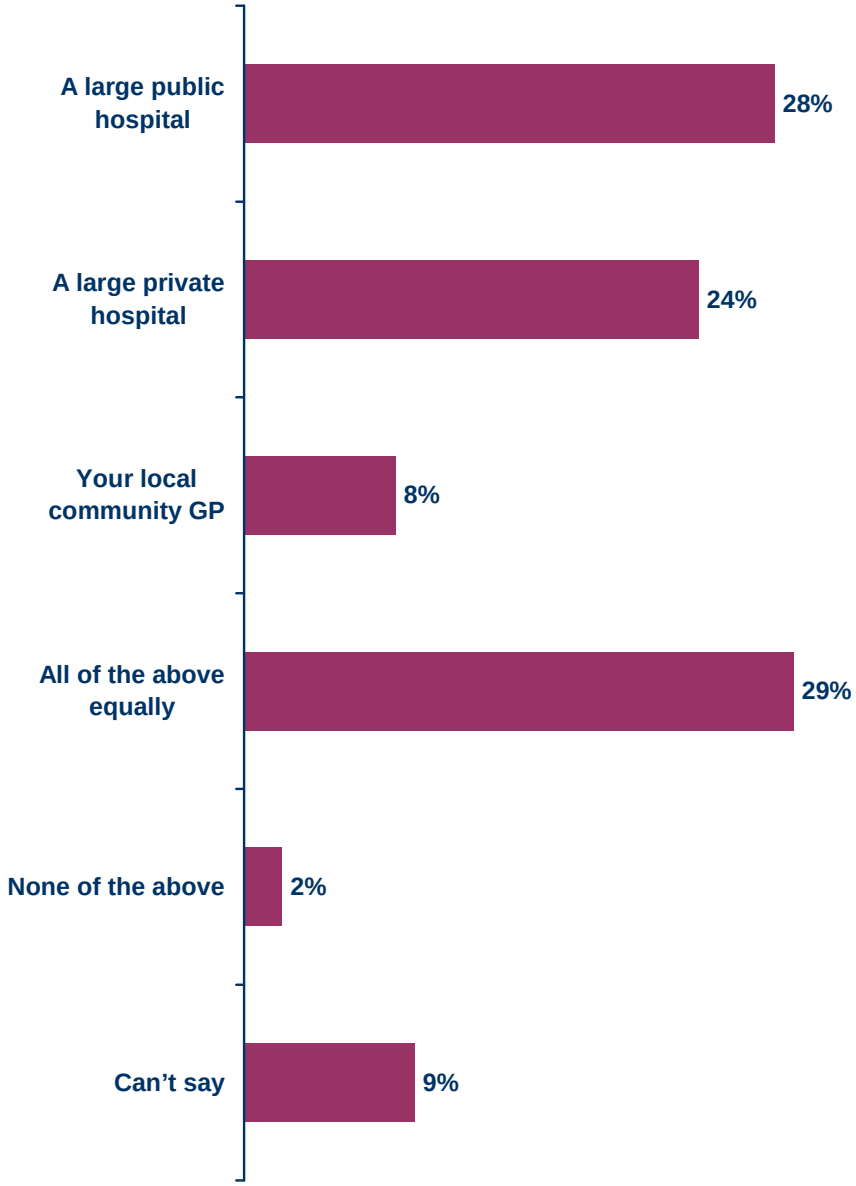
Chart 20: Salary Estimate for University Graduates with Five Years Workforce Experience – MEANS



Q Thinking now about the level of salaries paid to university graduates who have been in the workforce for five years. What do you believe (or would you guess) the salaries would be for each of the following occupations after five years in the workforce?

Nearly one third of Australians (29%) believe the benefits of the latest research in healthcare are likely to flow equally to public and private hospitals and their local General Practitioner (Chart 21). 28% believe large public hospitals are most likely to reap the benefits while 24% believe large private hospitals are most likely to reap the benefits. Just 8% believe that local community GPs are most likely to see or receive benefits from the latest research in healthcare.

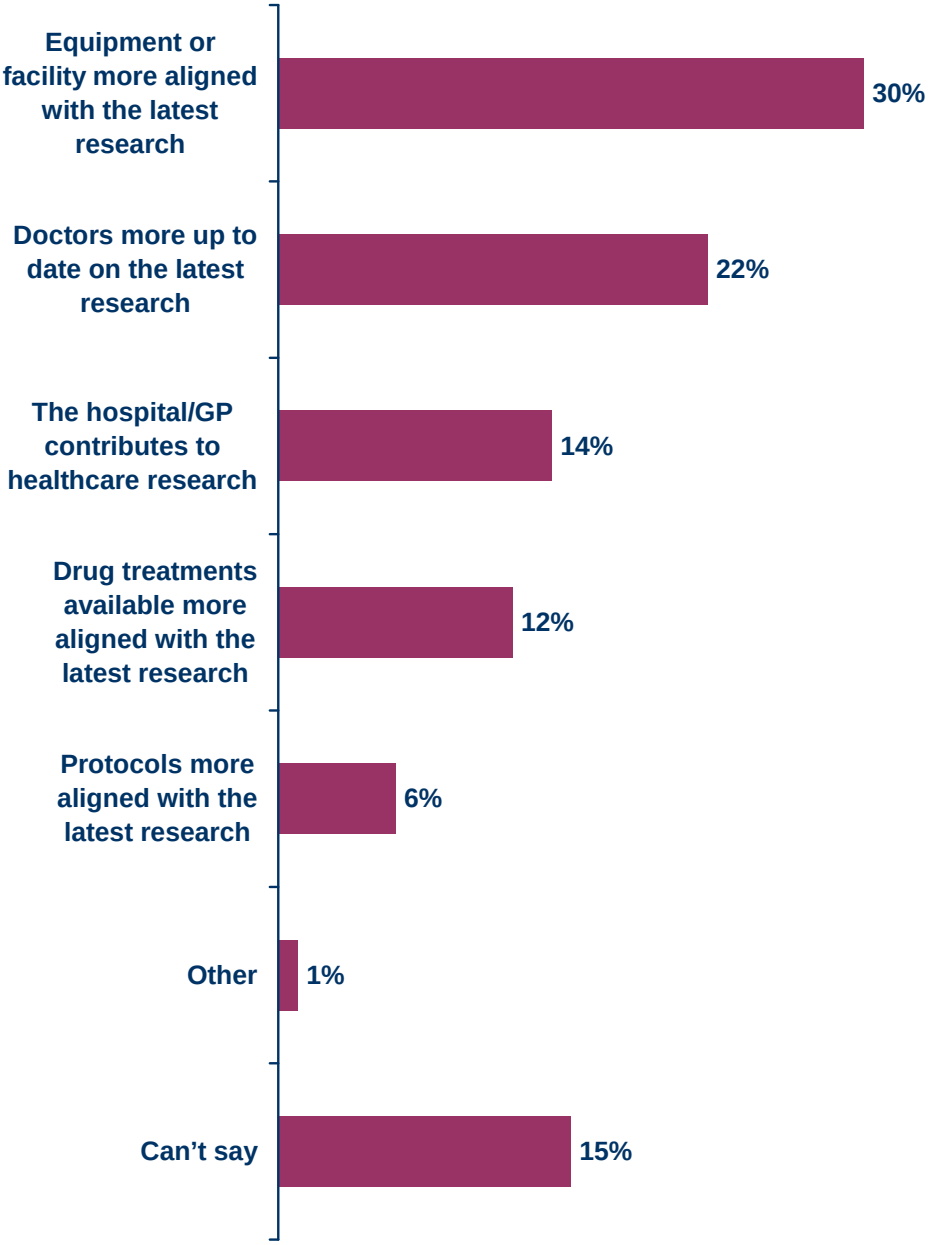
Chart 21: MOST Likely to See/Receive Benefits of Latest Research in Healthcare



Q From which of the following do you think you would be MOST likely to see or receive the benefits of the latest research in healthcare?

In terms of where the benefits of the latest research in healthcare might come from, almost one third of Australians (30%) believe it will come from the latest equipment or facilities, 22% believe it will come from doctors' knowledge of the latest research, 14% believe it will flow from a hospital or GP contributing to the research, and 12% thought it would flow from the latest drug treatments (Chart 22).

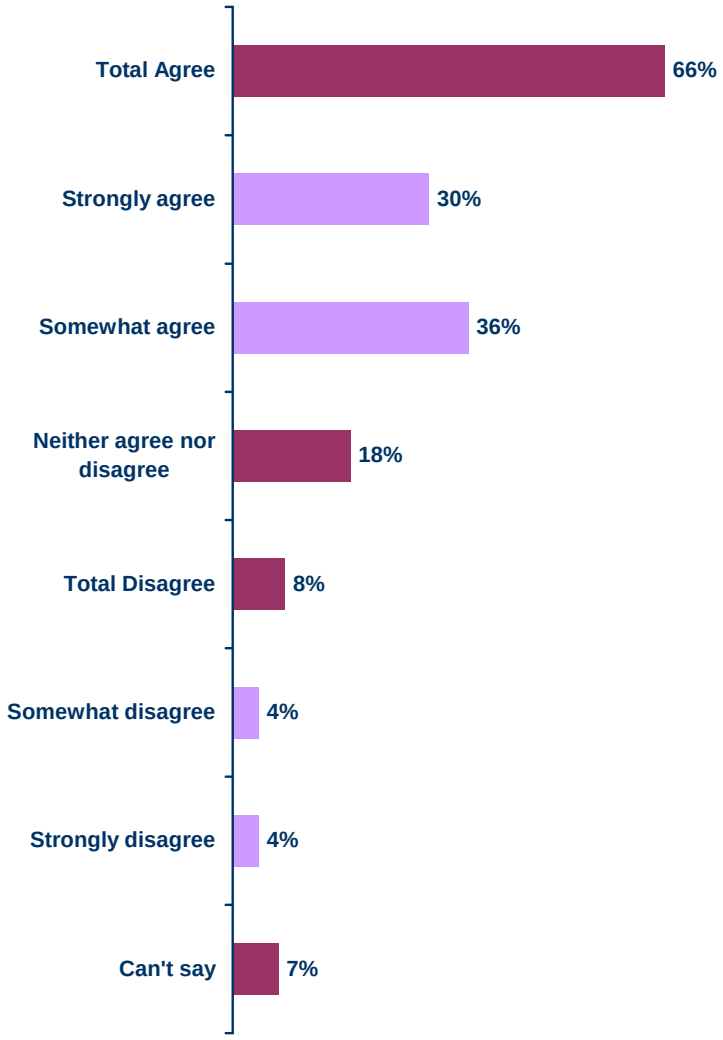
Chart 22: MOST Likely Source of Benefit of Latest Research in Healthcare



Q Which of the following is the MOST likely source of that benefit?
Base: n=742 (Nominated a beneficiary)

Two thirds of Australians (66%) are comfortable with their personal Medicare claims data and Pharmaceutical Benefits Scheme claims data being made available to academic health researchers for analysis on condition that it is de-identified, used only for research and not made available to government departments or private health funds (Chart 23). Just 8% disagreed.

Chart 23: Support for Personal Medicare and PBS Claims Data Being Made Available to Academic Health Researchers

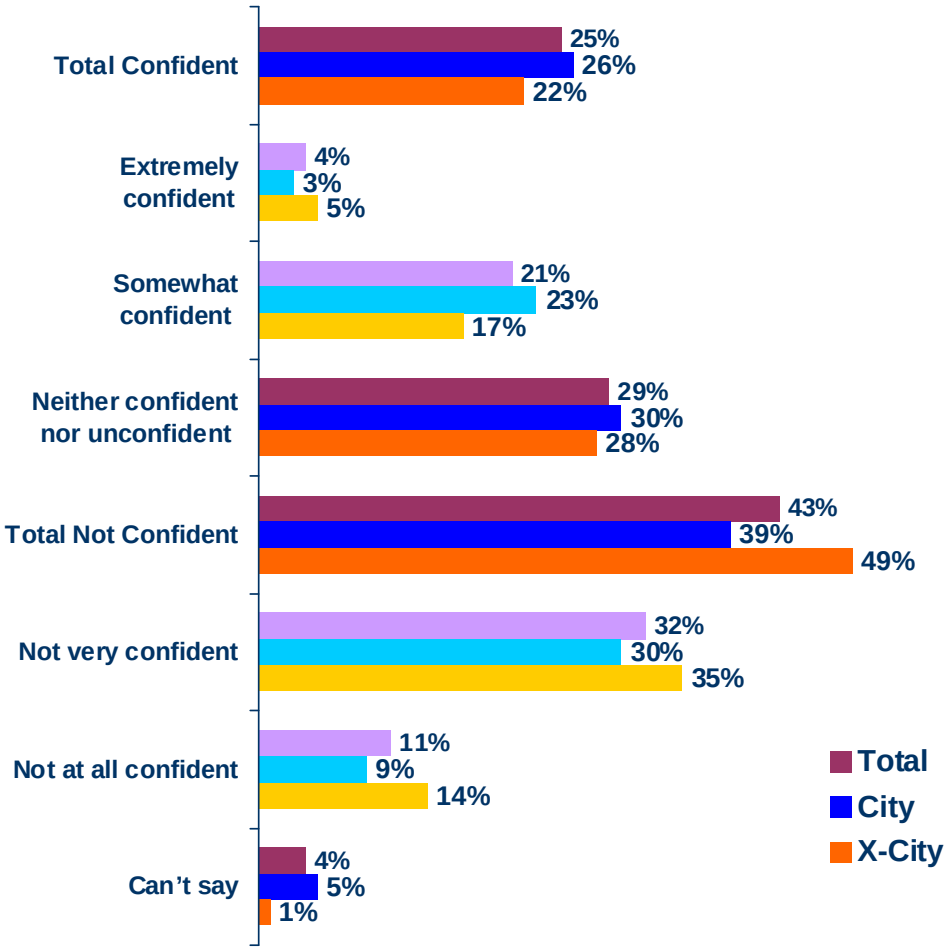


Q To assist academic health researchers in evaluating their ideas and producing new information do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with your personal Medicare claims data and Pharmaceutical Benefits Scheme claims data being made available to them for analysis? The following protections would apply:

- *Information that could identify you personally would be taken out of the data*
- *It could be used only for research*
- *Your personal information and data would not be made available to government departments or private health funds.*

Just one in four Australians (25%) is confident that a $10.4 million investment by the NHMRC on research into indigenous health will lead to improvements in the state of health of indigenous people (Chart 24). Almost half (43%) are not confident improvements in indigenous health will be achieved as a result of the research with people in non-metropolitan areas even less confident (49%).

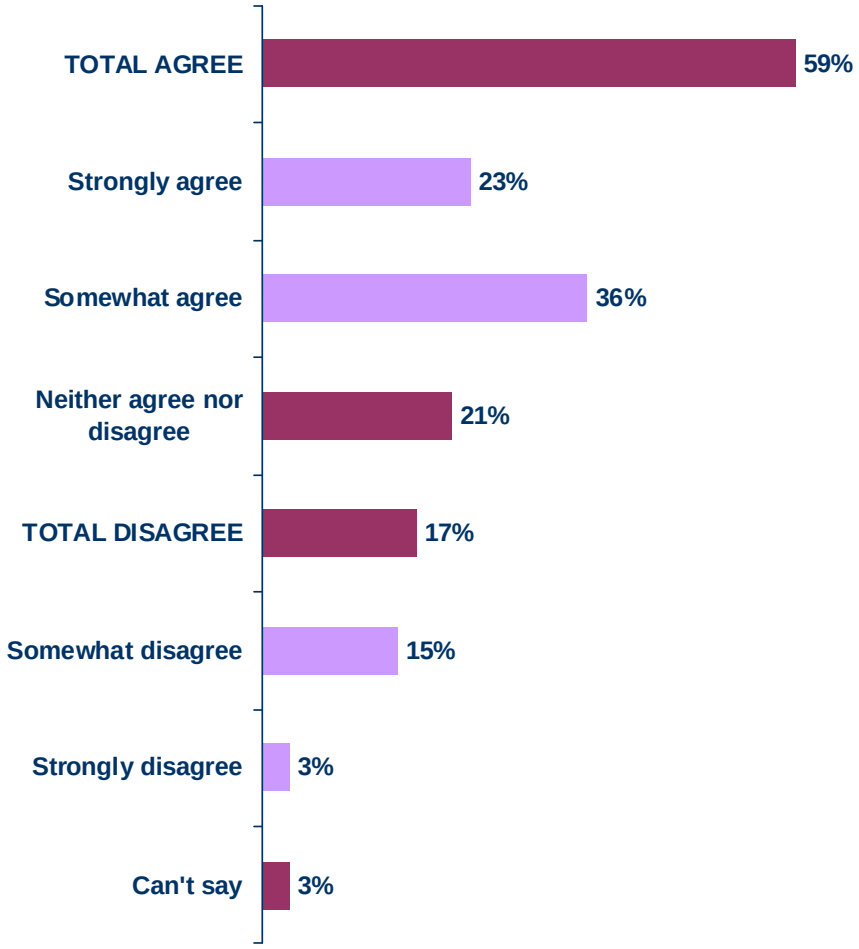
Chart 24: Confidence of NHMRC Research Funding Improving Indigenous Health



Q The NHMRC spent $10.4 million on research into indigenous health in 2007. How confident are you that this will lead to improvements in the state of health of indigenous people?

A majority of Australians (59%) agree that “there should be more government funding for research into the effectiveness of complementary medicines” while 17% disagree and 21% neither agree nor disagree (Chart 25).

Chart 25: More Research Funding into Effectiveness of Complementary Medicines?



Q In 2007, the National Health and Medical Research Council provided $5.7 million for research into the effectiveness of complementary medicines including vitamins and dietary supplements. Do you agree or disagree (and is that strongly or somewhat agree or disagree) that there should be more government funding for research into the effectiveness of complementary medicines?