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*Guideline Clarity and
Citizen Knowledge:
Maybe We Just Don't Get It*

*by Larry Hembroff
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Briefing Paper No. 1999-40

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Guideline Clarity and Citizen Knowledge: Maybe We Just Don't Get It

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The analyses and interpretations in SOSS Briefing Papers are those of the authors and do not necessarily represent the views of IPPSR or of Michigan State University.

THE SURVEY

A telephone survey of 952 adult residents of the state of Michigan was conducted by Michigan State University's Institute for Public Policy and Social Research between June 10, 1997 and July 30, 1997. This was the 11th quarterly MSU State of the State Survey (SOSS). The survey was designed to provide information on health status, utilization of health care services, sources of health information, confidence in professionals (especially health care professionals), confusion regarding health recommendations, and child care preferences. The overall sampling error is $\pm 3.2\%$. For questions discussed in this paper that were asked of only a portion of respondents, the sampling error is slightly larger—how much larger depends upon the number of people asked a question and how their answers are distributed.

The sample was designed to provide representative information for respondents from major regions of the state: Detroit City, Southeast Michigan (excluding Detroit), Southwest Michigan, Central Michigan (West and East), northern Lower Michigan, and the Upper Peninsula. (See attached information sheet for a list of the counties included in each region; also see a regional map). The data reported here are weighted to be representative of Michigan's adult population.

KEY FINDINGS

An important strategy for improving the health of Michigan's population has been to provide guidelines regarding health risks or benefits associated with some foods, medicines, behaviors, or therapies. By providing such information and encouraging people to make informed choices, Michigan's public health community hopes to optimize the long-term health of its citizenry and reduce some unnecessary morbidity and premature death. The success of such a strategy depends heavily on: how thoroughly the guideline message saturates the public, the credibility of the research on which the message is based, and the consistency with which such information directs individuals to follow the same guideline.

Questions in the SOSS interview referred to five different health areas for which guidelines have been issued. These areas differ in terms of how long the guidelines have been in place and the extent to which there is agreement as to what should be recommended. These five have to do with recommendations regarding exercising, mammograms for women, smoking, alcohol consumption, and estrogen replacement for post menopausal women. Regarding each of these areas, interviewers asked respondents if they thought current recommendations were clear and consistent or controversial or confusing. In each case, respondents who considered the recommendations clear and consistent were then asked to explain their understanding of those recommendation.

- Despite warnings by the U.S. Surgeon General, major lawsuits against the tobacco industry, the banning of advertising in some media, and increasing regulation to establish smoke-free environments, **only three-quarters of the respondents said they thought the guidelines regarding smoking are clear and consistent.**
- Nine out of ten of those who thought the recommendations are clear got it right—roughly only 67% of all respondents in the sample (i.e., $.904 \times .744$).

- Exercise was the next area for which respondents most frequently thought the guidelines were clear (57%), followed by mammograms for women (51%).
 - Women were somewhat more likely than men to consider the guidelines clear (53% vs. 49%), but less so than for exercise.
- The percentage of respondents who considered the guidelines regarding alcohol consumption clear was less than a majority (48%).
- Fewer than one in five respondents (18%) considered the guidelines regarding estrogen replacement for women clear.
- There were no consistently significant differences among any of the five health area recommendations based on gender, race, education level, income level, or age. Only on smoking were there significant differences across demographic categories—respondents with more education or higher incomes were more likely to report that the recommendations are clear. African Americans were less likely than white respondents to report that the recommendations about smoking were clear, while both younger and older respondents were less likely than those in the middle years to regard the recommendations as clear.
- Regarding all five areas of recommendations, respondents from the Upper Peninsula and from Detroit were ***much less likely*** to consider the recommendations clear and consistent. Respondents from the Southeast region—the area around Detroit—were consistently among those more likely to consider the guidelines clear and consistent.
- Of those who thought the current recommendations were clear and consistent, **only about half or less** (except in the case of smoking) correctly reported an understanding of the recommendations (see Table 1).

Table 1.
Percent of Respondents Who Consider Health Recommendations
for Various Behaviors, Therapies, or Screening Tests
Clear and Consistent vs. Confusing and
Percent of Those Saying Recommendations Are Clear Who
Correctly, Fully Report Recommendation

Health Recommendations About....	Smoking	Exercise	Mammogram	Alcohol	Estrogen
Consider Clear, Consistent (n)	74.4% (444)	57.0% (947)	51.2% (946)	48.4% (507)	18.4% (47)
Fully Understand Recommendation (n)	90.4% (329)	46.8% (536)	53.8% (483)	1.2% (237)	34.8% (174)

DISCUSSION

In designing these questions, we intentionally included smoking because it is perhaps the one set of recommendations that has been clearest, loudest, most publicly and pervasively expressed, most consistently for the longest time. This, perhaps, represents an almost best case for the effectiveness of a public health through education strategy. Of those we chose, we expected responses regarding estrogen replacement to be the more nearly worst case since, of these, it is the newest area in which recommendations are being disseminated. We also expected a relatively low percentage of respondents to view the guidelines regarding mammography to be clear and consistent. There had been considerable media attention given in the late spring to the controversy and disagreement among several national professional health institutes and associations regarding the utility of mammograms before age 50 and the advisability of annual mammograms after 50. By the time the survey was fielded, the groups had reached what appeared to be a rather tepid accommodation and agreement. The other topics were chosen because they have received considerable discussion from time to time, moreso perhaps than most other health behaviors, but not continually or without some inconsistencies in what the recommendations are claimed to be.

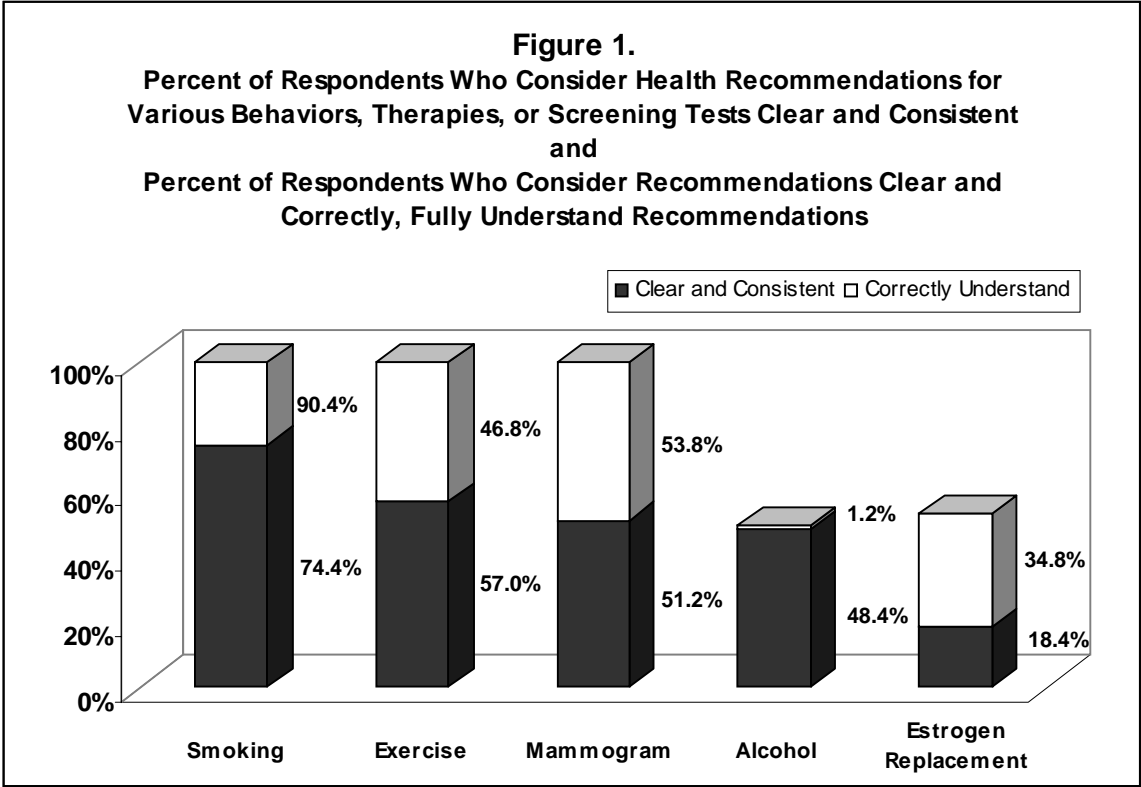


Table 1 (see page 2) shows the results for these questions (also see Figure 1). The table indicates that, despite warnings by the U.S. Surgeon General, major lawsuits against the tobacco industry, the banning of advertising in some media, and increasing regulation to establish smoke-free environments, only three-quarters of the respondents considered the

guidelines clear and consistent. Those who considered the guidelines clear were asked to explain the recommendations. If a respondent said “you should not smoke; smoking causes cancer; women should not smoke, especially during pregnancy due to its effect on fetal development,” we coded this as a clear understanding of the guidelines. If a respondent made some other negative comment about smoking without referring to at least some of this information, we coded the response as not right. If a respondent interpreted the recommendations to mean that decisions about smoking are simply personal or offered some other mildly positive comment about smoking, we coded the response as a wrong answer. The table indicates that nine out of ten respondents who considered the recommendations clear got it right—roughly only 67% of all respondents in the sample (i.e., $.904 \times .744$).

We examined whether any particular demographic group was more or less likely than others to consider the recommendations clear. Somewhat remarkably, there were no consistent significant differences among any of the five health area recommendations based on gender, race, education level, income level, or age.

Only regarding smoking were there significant differences across demographic categories. In this case, respondents with more education or higher incomes were more likely to consider the recommendations clear. Interestingly, current smokers and those who have never smoked were equally more likely than former smokers to consider the recommendations about smoking clear. African Americans were less likely than white respondents to consider the recommendations about smoking clear, while both younger and older respondents were less likely than those in the middle years to do so. Since this may be regarded as the “best case” for effective mass health education, the significant differences among demographic groups may clearly indicate which groups are easier or more difficult to reach with current information dissemination strategies.

The lack of consistent demographic differences coupled with the relatively consistent pattern of differences across regions of the state suggests that (a) health departments and health professionals, working through local media, have been differentially effective at communicating guidelines and recommendations to the general public within their areas of responsibility, or (b) the local media outlets have been less cooperative or less available to present health guidelines to the public in some areas than others. Some other explanation may also be possible.

Minimally physically active respondents were more likely than their more sedentary counterparts to consider the recommendations about exercise clear, as were obese respondents compared to their trim counterparts. There were no differences among respondents of various drinking statuses regarding the recommendations for alcohol consumption, and women who had had mammograms or had them at appropriate times were not more or less likely than their counterparts to consider the recommendations for mammograms clear and consistent.

There were, however, consistently significant differences in responses about four of the five health area recommendations across regions of the state. The differences appeared regarding the recommendations about smoking, exercise, alcohol consumption, and estrogen replacement. In all five of these, respondents from the Upper Peninsula and from Detroit were much less likely to see the recommendations as clear and consistent. Consistently, respondents from the Southeast region — the area around Detroit — were among those more likely to see the guidelines as clear and consistent.

Coupled with the relatively consistent pattern of differences across regions of the state, the lack of consistent demographic differences suggests that (a) health departments and health professionals, working through local media, have been differentially effective at communicating guidelines and recommendations to the general public within their areas of responsibility, or (b) in some areas, local media outlets have been less cooperative or available in communicating health guidelines to the public. Some other explanation may also be possible.

Regardless of what percentage of respondents considered particular guidelines clear and consistent, we needed to know if they consistently perceived consensus correctly. **The lower portion of Table 1 shows the percentage of respondents who correctly identified current health recommendations in each of the five health areas of the respondents who had said that there are clear, consistent recommendations in that area (see also the darker areas of the vertical columns in Figure 1).** The percentages reported in the table are probably the most conservative estimates. These questions were open-ended. The following were considered to be the current guidelines for each of the health areas:

Exercise: For a minimum of 20 minutes at least three times per week, everyone should exercise vigorously enough to raise their breathing and heart rates to a level commonly achieved by brisk walking.

Mammograms: Women ages 18-35 should get a mammogram only if there is a problem or a family history of poor breast health; women ages 35-40 should get a baseline mammogram for later comparison purposes; women ages 40-49 should get a mammogram every two years; women age 50 or older should get a mammogram every year.

Smoking: Do not smoke—smoking causes cancer. Women should especially not smoke during pregnancy.

Alcohol Consumption: Some alcohol occasionally (e.g., 1 glass per day or less) promotes health. More than 1 drink per hour is excessive; 2 or more per day is heavy and unhealthy. Women should especially not drink during pregnancy. Do not drink and drive.

Estrogen Replacement: Menopausal, postmenopausal, or women who have had a hysterectomy should take estrogen unless they are in a high-risk group for breast cancer—the benefit outweighs the risk for most (at time of survey).

As we illustrated regarding smoking, those responses that indicated a close approximation to at least some portion of the current guidelines and did not include incorrect information were counted as correct. Those that contained errors, such indicating mammograms should be obtained more often, less often, or earlier than is recommended, or indicating exercise needs to occur more often, less often, or for greater duration than is recommended, or indicating not to drink at all or not to drink to excess without indicating what quantity that might represent, were coded as possibly partially correct. Other comments were typically counted as incorrect responses.

Including responses that might be considered partially correct regarding smoking (i.e., only mentioning that pregnant women should not smoke) would raise the percentage of respondents who gave a correct response by only 0.2% to 91%. Including partially correct

responses would have a much greater effect on the estimate for the other health areas. For exercise, including those who indicated one needs to exercise more than three times per week (14%) and for longer than 20 minutes at a time (5%) would raise the estimated percentage of those who know the current recommendation to 65%. For mammograms, including those who said simply that women should get annual mammograms (9%) or get them more often or start getting them younger than recommended (15%) would raise the percentage estimated of those who know the current recommendation to 77%. For alcohol consumption, including those who said only that consuming some alcohol daily is healthy (9%), do not drink and drive (4%), do not drink during pregnancy (8%), drink only in moderation (20%), or drink no more than 1 or 2 drinks per day (6%) would raise the estimated percentage of those who know the current recommendation to 48%. Another 15% said one should not drink at all. For estrogen replacement, including those who simply said it is recommended without any qualifications (13%) or only to rely on the advice of one's doctor (6%), or do not take it if there is a family history of cancer (type unspecified — 0.8%) would raise the estimated percentage of those who know the current recommendation to 55%.

Again, we would point out that these are the percentages who gave “correct” responses about what the guidelines are, but these follow-up questions were only asked of those who thought there is a clear, consistent recommendation in each health area. If we assume that those who said there is no clear, consistent guideline or did not know would be unable to correctly recite the guideline, then the estimated percentages of all respondents who know the current recommendations are (based on the more conservative counting used in Table 1):

Smoking	67%
Exercise	27%
Mammograms	28%
Alcohol Consumption	0.6%
Estrogen Replacement	6.0%

Based on the more liberal counting of “correct” responses, the estimated percentages would be:

Smoking	67%
Exercise	37%
Mammograms	39%
Alcohol Consumption	23%
Estrogen Replacement	10%

CONCLUSION

This would seem to indicate that there is a long way to go to make known and to clarify the current best medical advice to the general public even in these areas that have received a great deal of attention over the past two decades. It may be that there are simply too many voices with too many disparate messages trying to advise the public to optimize the effect on the general health of the citizenry.

SURVEY QUESTIONS

NOTE: The full wording of questions for items discussed in this briefing paper is given here. The order in this list conforms with the order of questions in the survey instrument. The actual question number for the instrument is presented in brackets in front of the question, for example >RC1<. Overall, the interviews lasted an average of 22 minutes.

Q. 1. Now I'd like to ask you about a few specific health recommendations. As I read each one, I would like you to tell me if you think there are current clear and consistent guidelines or recommendations on the health recommendation -or- whether there is currently controversy or confusion about the recommendation. [>RC1<]

How about the exercise?

Do you think there are clear and consistent recommendations on the amount and frequency of exercise, or do you think there is controversy or confusion on the amount and frequency of exercise?

Q. 1A. [If said clear, consistent] What are the recommendations regarding exercise? [>RC1a<]

Q. 2. How about when women should start having regular mammograms and how often? (Do you think there are current clear and consistent recommendations on mammograms or do you think there is controversy or confusion about mammograms? [>RC2<]

Q. 2A. [If said clear, consistent] What are the recommendations regarding mammograms? [>RC2a<]

Q. 3. How about smoking? [>RC3<]

(Do you think there are clear and consistent recommendations on smoking or do you think there is controversy or confusion about smoking?)

Q. 3A. [If said clear, consistent] What are the recommendations regarding smoking? [>RC3a<]

Q. 4. How about whether drinking alcoholic beverages is good for your health?

Do you think there are clear and consistent recommendations about alcohol being good for your health or do you think there is controversy or confusion about this? [>RC4<]

Q. 4A. [If said clear, consistent] What are the current recommendations regarding alcohol? [>RC4a<]

Q. 5. How about whether or not women should take estrogen after menopause? [>RC5<]

(Do you think there are current clear and consistent recommendations about estrogen replacement or do you think there is controversy or confusion about estrogen replacement?)

Q. 5A. [If said clear, consistent] What are the current recommendations regarding estrogen replacement? [>RC5a<]

REGIONAL CATEGORIES

NOTE: This survey was conducted using regions established by the Michigan State University Extension Service, with one exception: Detroit City is treated as a separate region.

- Detroit:** City of Detroit
- East Central:** Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola
- Northern L.P.:** Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Otsego, Oscoda, Presque Isle, Roscommon, Wexford
- Southeast:** Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (excluding Detroit)
- Southwest:** Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren
- U.P.:** Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft
- West Central:** Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

BACKGROUND INFORMATION

Michigan State University
State of the State Survey [MSU SOSS]

What Is MSU SOSS?

The MSU State of the State Survey is a quarterly statewide survey of a random sample of the residents of Michigan. Although dozens of surveys are conducted in Michigan every year, no other is designed to provide a regular systematic monitoring of the public mood in major regions of the state. Through SOSS, MSU aims to fill this information gap. SOSS has five main purposes: (1) to provide timely information about citizen opinions on critical issues; (2) to provide data for scientific and policy research by MSU faculty; (3) to provide information for programs and offices at MSU; (4) to develop survey research methodology; and (5) to provide opportunities for student training and research.

Each quarterly round or “wave” of SOSS has a different main theme: (a) Winter–quality of life, governmental reform, higher education; (b) Spring–family, women, and children; (c) Summer–ethnic and racial groups, Michigan communities; (d) Fall (even numbered years)–politics, the election, and political issues; (odd-numbered years)–health and the environment. This wave of SOSS departed from this pattern and focused predominantly on health care-related issues.

Who Conducts SOSS?

The State of the State Survey is administered by the Survey Research Division (SRD) of the Institute for Public Policy and Social Research (IPPSR), using its computer-assisted telephone interviewing (CATI) technology.

The design and overall planning of SOSS is the responsibility of a 17-person Steering Committee chaired by Dr. Brian D. Silver, Director of SOSS for IPPSR. The Steering Committee consists of representatives from sponsoring units, which are primarily colleges and other administrative offices within MSU.

Subject to final approval by the Steering Committee, the questionnaire for each wave of SOSS is developed by a Working Group, most of whom also serve as principal investigators or analysts for that wave. The Working Group for the June 1997 survey was comprised of:

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