The Role of Public Opinion Polling in Health Legislation

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Abstract: Two public opinion polls, in Los Angeles and Michigan, on smoking in public places contradicted findings from other major surveys. Both were commissioned by the tobacco interests during consideration of non-smoking legislation to measure opinion and influence the outcome. Analysis reveals the two polls to be remarkably similar and in violation of basic principles of survey research. Response categories lacked objective or parallel phrasing, response lists were not rotated, and the ordering of items appeared prejudicial. Both polls were effectively countered and the legislation passed. (Am J Public Health 1987; 77:612-614.)

Introduction

Legislators and public health officials often want to know how many people favor or oppose an issue under consideration. Although these policy makers recognize the multifaceted complexity of legislation and administrative rules, they tend to see survey research as a quasi-referendum on the proposed general solution. Many health interest groups fulfill this expectation by funding public opinion polls and disseminating the findings. In general, results from such surveys are consistent with each other and over time. For example, public opinion polls conducted in the last 10 years by Roper, Harris, and Gallup have indicated strong and widespread support for legislation to restrict smoking in public places and work sites.

Two surveys conducted in Los Angeles and Michigan, however, revealed strong opposition to such legislation. Because these two surveys were used to influence health legislation, it is important to discover whether or not they reflect a true change in public opinion or are an artifact of the survey instrument. Careful evaluation of the quality of a survey requires that one chart a course between the Scylla of survey fundamentalism—the naive acceptance of the numbers in a survey report as a literal picture of public opinion—and the Charybdis of survey cynicism—the belief that survey researchers can manipulate findings by clever wording and instrument construction.

Context: Los Angeles

After San Francisco voters passed a referendum supporting the city's work place ordinance on smoking in November 1983, the Los Angeles City Council began exploring an anti-smoking ordinance. The original proposal by Councilman Marvin Braude called for employers to devise and post an office smoking policy. If a policy could not be agreed upon, the ordinance would require that smoking be prohibited. A second proposal by Councilman Ernani Bernardi called for a total ban on smoking in all enclosed public places. A third proposal, by Councilman Hal Bernson, sought to ban smoking in some public places, while requiring workplace managers to develop a smoking policy only when requested to do so by an employee.

In April 1984, an independent research firm, Bregman and Associates, conducted a survey on behalf of Cerrell Associates, the public relations firm representing the Tobacco Institute. They surveyed a random sample of 506 registered voters from all 13 city council districts. Respondents were asked to choose between three alternative policy statements. Only 18 percent agreed that the City Council should pass a law restricting or prohibiting smoking in all local businesses, 41 percent agreed that the council should simply urge all local businesses to establish smoking and non-smoking sections based on the employers' and employees' needs, and 39 percent agreed that the council should not pass a law on this subject because employers and employees—not the government—should determine a company's internal policies.

The first policy statement most strongly reflects the Bernardi and Braude proposals while the second reflects that part of the Berson proposal requiring a policy only if one is requested. In addition, a large majority of respondents (82 percent) felt that civil suits resulting from this law could further clog already overcrowded courts. Only 11 percent of respondents felt employees should have to sue in court to force their employers to comply, and another 9 percent thought that the police and the courts should aggressively enforce such a law.

The results of the Bregman and Associates survey were released in late May 1984. With access only to the questions and not the entire interview protocol, Californians for Nonsmokers' Rights asserted that the survey was apparently constructed to slant the responses against the proposed law. When asked about the survey, Bernson replied that pushing it backfire and the tobacco industry might end up with something stiffer. After some debate and delay, the City Council passed an amended version of the Braude proposal and the mayor signed it in early November.

Context: Michigan

In the spring of 1984, the Michigan House Public Health Committee held hearings on a clean indoor air bill. After receiving favorable testimony from virtually all sectors of the health community, legislators asked about evidence of support among the general public. In response the American Lung Association of Michigan and the American Heart Association of Michigan (Ingham County) commissioned a set of questions in an October 1984 telephone survey of 750
Michigan voters conducted by the Institute for Social Research (ISR) at the University of Michigan. Utilizing a computer-assisted telephone interview program which automatically rotates key terms, respondents were asked if they would favor/oppose a state law that limited cigarette smoking to designated smoking areas in public places such as stores, schools, offices, work places, and auditoriums. The ISR survey showed that 82.5 per cent favored restrictions on smoking in public places. It also indicated that 73.8 per cent of current smokers favored restrictions and that various demographic groups held similar favorable views.

The results of the survey were released at a press conference in late March 1985. Within a month, the Michigan Tobacco and Candy Distributors and Vendors Association commissioned a statewide survey of 500 Michigan residents conducted by Marketing Resource Group, Inc. (MRG). Like the Bregman survey in Los Angeles, the MRG survey asked respondents to choose between three alternative policy statements. In Michigan, only 16 per cent of those polled agreed that the state legislature should pass a law restricting or prohibiting smoking in all local businesses, 36 per cent said that the state legislature should simply urge all local businesses to establish smoking and non-smoking sections, based on the employers' and employees' needs, and 46 per cent believed that the state legislature should not pass a law on this subject because employers and employees should determine a company's internal policies, not the government.

The MRG survey was released in early May 1985. It asserted that 82 per cent of those polled felt that the legislature should refrain from further legislative action in this area. It claimed that only 24 per cent of non-smokers supported further legislation, and included various demographic breakdowns showing consistent and strong opposition. The report concluded that people overwhelmingly agreed that there is already too much government involvement in people's lives and that government should not be in the business of regulating private personal behavior. The MRG report contended that smokers and non-smokers alike agreed that the problem is small and that existing statutes are taking care of it.

The MRG results, then, appeared diametrically opposed to the ISR findings. Both sets of results were presented at legislative hearings in late August and early September 1985. This quickly confused both legislators and the media. As a result, the Center for Health Promotion of the Michigan Department of Public Health undertook an analysis of both the ISR and MRG surveys, and was able to obtain written copies of the telephone interview protocols. The Center's report, released in December 1985, supported the findings of the ISR survey and rejected as inaccurate the MRG survey. The analysis of the two surveys answered the question raised at the hearings nearly two years earlier by concluding that the proposed legislation is supported by a large majority of the Michigan public, smokers as well as non-smokers. Within six months, the legislature passed a bill covering smoking in public places broadly defined and, in July 1986, the governor signed it into law.

**Analysis**

It appears that the Bregman and Associates Los Angeles survey and the Marketing Resource Group's Michigan survey were practically identical. The only discernible differences in terminology between the two surveys were the interchange of "city council" and "state legislature" and the insertion of "public health department." It is important to understand how these two surveys brought about responses favorable to the sponsoring organization by exerting the influence of the interviewer on the respondent. Textbooks on research methods point out that question ordering and response categories are two important features of questionnaire construction. When evaluating the ordering of questions, one must ask if earlier questions create a mind set that could influence later questions, rather than presenting all questions in a non-prejudicial way? The MRG Michigan survey began by asking respondents to agree or disagree with two statements: "There is too much government in people's lives," and "The business of regulating private, personal behavior." The theme of these two questions reappears in a subsequent question and may have unduly influenced the respondents. In contrast, the first part of the ISR Michigan survey sought opinions on the current political campaigns and the items immediately preceding the smoking questions concerned newspaper readership.

The problems of creating unbiased response categories are plentiful. A cafeteria list of responses may include some alternatives that are not mutually exclusive or are incompatible or unscaled, while omitting others that may be more important. The wording of each alternative should be balanced and impartial. The sequence of items on a check list is important because first and last items tend to be favored when the list is read to respondents in a telephone interview. This is especially true for the last item on the list, which tends to receive a disproportionate number of responses. Good interview practice, therefore, requires that key terms be rotated.

The major question on the Los Angeles and MRG Michigan surveys violated these principles. It asked respondents to select one of three policies. The first policy mentioned was a law to restrict or prohibit smoking in all local businesses, the second said the legislature should urge business to establish smoking and non-smoking sections based on need, and the third called for not passing any law because government should not determine a company's internal policies. The printed instructions told the interviewer: "READ 1-3 DO NOT ROTATE." These alternatives do not appear to be mutually exclusive. Only the third contains a rationale—and one which recalls the first two questions on government involvement in the private sector. In addition, the third alternative was always read last; we contend that this combination ensured that the anti-government involvement alternative would be highly favored. In contrast, the ISR Michigan survey asked the question on legislation in a more straightforward manner and used a computer-assisted telephone interview program to automatically rotate key items.

A second question on the Los Angeles and MRG Michigan surveys about enforcement had the same faults. The first response presented stated that police, health departments, and the courts should aggressively enforce such a law, while the last response said that government should not spend tax dollars enforcing such a law. As before, the instructions to the interviewers were not to rotate the items. Consequently, the last answer was agreed to by 45 per cent of those surveyed.

**Conclusions**

Public opinion polling has become a major facet of political life, including debates of public health initiatives and
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policies. Both advocates and opponents of health legislation can utilize survey results. Advocates want to show the existence of strong and widespread support for the proposal on a general level. Opponents, on the other hand, probe for weaknesses in the proposal by discovering which horrible hypothetical scenario raises the most fears and generates the most opposition. In the case at hand, the groups interested in promoting restrictions on smoking were able to show high levels of general support, while those opposed to this action were able to identify enforcement and government interference in the private sector as sensitive issues. The survey results helped establish the points to be negotiated as the proposal advanced through the legislative process.

The influence of public opinion polls can be easily overstated, and it is misleading to argue that one poll by itself should determine a vote or accredit a policy. Elected representatives and public officials are obligated to listen to their constituents and other interest groups. A properly conducted public opinion survey can indicate the general feelings of the community. Nevertheless, problems may arise when survey results are interpreted as a binding quasi-referendum or are taken as the primary basis for policy making.

One solution is to compare the results of surveys with each other and over time. In general, a statewide or local poll will be compatible with national polls on the same topic. The two cases discussed above, however, indicate that polls sponsored by vested interests may also be constructed to slant responses against public health initiatives supported by a majority of the populace. The best defense is to insist upon obtaining a copy of the complete interview questionnaire and survey protocol, and then to examine them thoroughly for violations of acceptable survey procedure.

In Michigan, legislators viewed the Department of Public Health’s Center for Health Promotion as a reliable evaluator of the two surveys. Its report ended the controversy over the contradictory poll results and validated the overwhelming public support for the bill to restrict smoking in public places. As a result the legislation emerged from committee, was passed by both houses, and signed into law.

REFERENCES


