

Community Survey Analysis Report May 2019

EXECUTIVE SUMMARY

Purpose

The purpose of the Community Survey was to collect citizen perspectives about community health. In summary that included definitions of health and a healthy community; challenges within the community including health, social and environmental and challenges experienced by individual respondents and their families including social and access to care. Responses are to be integrated as part of the qualitative data that informs the comprehensive Essex County Community Health Assessment (CHA) along with additional qualitative and quantitative data.

Design

The target population of the survey was Essex County residents ages 18 years and older; 31,220 people. The survey was designed at a reading level of grade 7 and took respondents approximately 10 minutes to complete. It was primarily launched electronically on the Survey Monkey platform; paper versions were also available. Efforts were made to reach a wide variety of residents in terms of age, gender and social connections.

Significance

To provide a statistically significant representation of this population a sample size of just over 2,000 would be needed to achieve a desired 95% confidence level with a 4% margin of error. The sample size achieved was 354; considerably below the sample needed. While acknowledged, the results of the survey are still being analyzed and included as a glimpse into resident perspectives, as one piece of information in the comprehensive CHA.

Major Findings

In addition to statistical significance, it is important to consider respondent demographics as relevant to the following data findings as this contributes to perspective. Survey respondents, as compared to demographics of Essex County residents as a whole, were younger, more female and better educated.

When considering categories of factors that contribute to health outcomes [quality of life and longevity], the survey gathered information in areas of Medical Care Challenges, Social and Economic Challenges, Physical Environment Challenges and Health Challenges. Notable upon analysis is the fact that the survey did not capture any information about health behaviors as a group of factors leading to health problems.

The following is a summary of interpreted respondent input:

- Respondents view health as inclusive –physical, mental and social well-being.
- Features of strong, vibrant, healthy communities most commonly identified:
 - Access to healthcare
 - Clean environment
 - Livable wages
 - Affordable housing
 - Good schools
- Health challenges most commonly identified:
 - Substance abuse
 - Access to healthcare services
 - Overweight/obesity
 - Chronic diseases
 - Issues related to aging

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- Social challenge most commonly identified:
 - Lack of employment
 - Affordable housing
 - Lack of livable wages
 - Transportation
 - Access to healthy foods
- Environmental health challenges most commonly identified:
 - Vector-borne diseases
 - Stream, river & lake quality
 - Climate change
 - Drinking water quality
 - School safety
- Medical care challenges most commonly identified:
 - None of the above
 - No specialist locally
 - No dental or vision insurance
 - High co-pays or deductibles
 - Unable to afford
- Cancer services identified as lacking or missing most commonly identified:
 - Stress and anxiety resources and treatment
 - Access to affordable prescription/medication coverage
 - Access to alternative healthcare providers
 - Access to financial assistance programs for co-pays and bills
 - Access to clinical trials

Conclusions

Survey respondents identified an inclusive definition of health – physical, mental & social wellbeing.

Features identified as necessary for a strong, healthy and vibrant community were also identified as challenges within the community. Most notably these include access to healthcare, employment/livable wages and affordable housing.

Respondents identified the top 5 health challenges [from a list of 19 offered as options] as substance abuse, access to healthcare, chronic diseases, overweight/obesity and issues related to aging.

Access to healthcare was examined in more detail through the survey and respondents frequently used the “other” option to elaborate on this issue. Common themes related to healthcare access include:

- Location/Travel: respondents identified needing to travel considerable distances for specialty care.
- Availability of Providers: respondents identified waiting for months to receive specialty care.
- Affordability: respondents identified factors including high co-pays or deductibles, lack of insurance for dental & vision care and lack of affordable prescription/medication coverage.

New York State Department of health references the County Health Rankings model¹ for understanding modifiable determinants of health. This survey examined perceptions of physical environment, social and economic factors, and clinical care. It is notable that health behaviors, as a group of modifiable factors, and estimated to account for 30% of health outcomes, was not addressed in this survey. This is an area recommended for additional data collection or inclusion in such future surveys.

¹ University of Wisconsin Population Health Institute supported by the Robert Wood Johnson Foundation. County health Rankings Model. <http://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

FULL REPORT

Background

During the 2018 year, when planning data collection for the 2019 Community Health Assessment, the Essex County Health Department identified a gap in direct community member participation. The use of a community survey was identified as a way to bolster qualitative data collection allowing the Department to gain insight about the community's perception of health and factors that contribute to health outcomes.

This level of data collection/inquiry is a standard advanced by the Public Health Accreditation Board. Seeking accreditation, the Essex County Health Department brought this to the regional Community Health Planning Committee meeting facilitated by the Adirondack Rural Health Network, a program of Adirondack Health Institute. This committee, comprised of local health departments, hospitals and community organizations, decided not to pursue a seven-county regional community survey as this was not required by other governing authorities; namely New York State Department of Health or the Internal Revenue Service.

In the fall of 2018, this Department extended an inquiry to neighboring Clinton County Health Department as an accredited health department with previous community survey experience. The Clinton County Health Department shared the survey planned for use in Clinton County. That survey was developed by the Health Department with the University of Vermont Health Network (UVHN); specifically local representatives of the Champlain Valley Physician Hospital (CVPH) and a Network Senior Community Benefit Strategist from the main campus in Burlington, Vermont.

Essex County Health Department (ECHD) reviewed the Community Survey used by the University of Vermont Medical Center and integrated one question from that survey; #2 regarding vision of a healthy community. ECHD also added 1 unique question; #1 regarding a definition of health.

A request was made from ECHD to the Center for Health Workforce Studies at the University of Albany, School of Public Health for input on the draft survey. Valuable points were noted and will be worked into future surveys. However it was decided to use a nearly identical survey to Clinton County to provide regional comparability.

Building upon regional collaboration and comparability efforts, ECHD extended an invitation to Franklin County Health Department to use the same survey; they agreed. This plan resulted in 3 of the 7 Adirondack Rural Health Network counties using a nearly identical community health survey.

The preparation of the Community Survey was completed in December 2018, launched in January 2019 and remained open through March 31, 2019. It was identified as the 2019 Community Health Assessment Essex & Franklin Counties, New York: Community Survey; referred to hereafter as the Community Survey.

Purpose

The purpose of the Community Survey was to gain insight and perceptions from community members regarding their:

- vision of health and a healthy community
- perception of community challenges
 - health
 - social
 - environmental
- reported challenges for themselves or a family member
 - health
 - social
 - not getting needed care.

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There was an additional question asking about cancer care to determine perceptions of what specific cancer services are missing in the community at the request of the Cancer Center at UVHN-CVPH. Demographic information collected about survey respondents included gender identification, age, community residence, spoken language, race/ethnicity, education, income elements of disability.

The intention is to analyze this survey data in combination with other qualitative data- a Stakeholder Survey, a distributed focus group question – with quantitative data to better understand contributing factors and health outcomes of Essex County residents.

Design

Sections of the survey are described above in the Purpose Section. It included a total of 17 questions. The survey was refined to read at Grade 7 and used a font size of 12 or greater with the intention of ensuring readability by most. It was developed to be launched on paper and electronically using the Survey Monkey² platform.

Distribution

Essex County Health Department developed a Distribution Plan that relied heavily on the support of community partners to: 1) request their own staff complete the survey and 2) share with the community through their social media and website platforms and 3) share through their direct service programs.

Community partners included:

- Essex County Government Center-Board of Supervisors, Transportation, DSS, EMS, Mental Health, Motor Vehicles, Home Health, WIC & Children’s Services
- Schools - public and private;
- Healthcare – hospitals, health centers, pharmacies, Planned Parenthood;
- Aging Care Organizations - Office for the Aging, nursing homes, adult care facilities;
- Community Based Organizations – Cornell Cooperative Extension, Families First, Adirondack Community Action program, food pantries, libraries, local law enforcement agencies, Mountain Lake Services.

The Department provided full printed copies for use with senior congregate meal sites, food pantries and others as requested. It also provided electronic ads, social media messages to share, post-cards and tear-away posters for use in distribution by community partners.

Two major print media (Denton Publications and the Plattsburgh Press Republican) ran stories covering the availability of the survey following a press release and presentation at the Essex County Board of Supervisors.

Responses

Collected:

- 437 total
- 361 collected electronically through the original web link to the Survey Monkey survey
- 76 manually collected/entered; of those (76)
 - 68 as paper versions collected from residents; 8 collected by Clinton County Health Department

Exclusions:

- 31 responses excluded from analysis as Partial or Incomplete responses that did not meet “Complete” criteria. For example, a resident may have started a survey but not finished by clicking the “Done” button. This same person may have gone back to the survey & completed the survey by clicking the “Done” button.
- 1 excluded as a Hamilton County resident
- 5 Clinton County residents (and sent to Clinton County Health Department for analysis)
- 46 Franklin County residents (sent to Franklin County Health Department for analysis)

Inclusions: 354 Essex County resident responses were included in the analysis.

² Survey Monkey. About Us. https://www.surveymonkey.com/mp/aboutus/?utm_source=footer

Analysis Process

The analysis & interpretation of survey responses was a multi-step process.

Demographic Representation

The information provided by participants categorized as demographics and being questions 10-17 was compared to the latest available data for Essex County as a whole from the US Census Bureau³. This contributed to the interpretation of results given a better understanding of the type of people that engaged in the survey.

Primary Survey Inquiries

First, the Survey Monkey analysis function was used to summarize data for each question. This analysis included the number of participants that responded to each question and the percent of responses that number represented.

Second, all responses typed into the “Other (please specify)” field were also pulled out and sorted by ECHD. Responses by question were categorized into common themes. Responses were then reviewed to determine if they were an elaboration on one of the options provided. If so, the response was added as a response for the specific option. In many cases, this caused very limited change in the Survey Monkey analysis as responses per option typically increased by a single, small digit. All other responses remained in a categorized list. These changes were documented in the Community Survey Responses report (from the Survey Monkey Platform) by showing the revised number and percent of responses in new columns & dark blue color for distinction. All remaining “Other (please specify)” responses are documented by theme following each question within that same report.

Then by question, the top 5 responses or the most commonly selected options by question were identified and ranked highest to lowest. The least commonly selected options were also considered for some questions to better understand things that were at the very low end of commonly identified challenges by respondents.

Next, data visualization through charts was used to document for each question the number of response as “(N= #; Skipped=#)” and the most commonly identified responses. In some instances the least commonly identified responses were also included to demonstrate the difference between the most & least topics as selected by respondents.

Data Analysis Display

Primary survey inquiries were questions 1-9. The first two questions about defining health and features of a healthy community did not provide “Other (please specify)” options. This streamlined responses into just those options provided, though did not leave room for input of additional information from respondents. Data is displayed showing all options for these two questions.

Questions 2-5 asked respondents to choose up to five responses. Thus as part of the analysis the top 5 most commonly identified responses are displayed visually in this report. Questions 6-9 asked respondents to select all that apply and responses in this report are displayed to demonstrate the most commonly selected options. It is noteworthy that selections for specific options are much lower for these questions and some respondents skipped these questions. It is interpreted that these decreased responses are due to the fact that the respondent did not find the question applicable to their personal or familial experiences.

Specific to health challenges, the data is displayed to show perceptions of respondents about community health challenges followed by their experience of health challenges for themselves or a family member; out of order of the survey questions. These charts follow the color depiction from the Survey Monkey data results.

³ US Census Bureau. Quick Facts: Essex County, NY. People.
<https://www.census.gov/quickfacts/fact/table/essexcountynewyork/PST045218>

Analysis - Demographic Representation

When compared to US Census data for Essex County as a whole, it was found that survey respondents:

- approximately match racial distribution
- approximately match household income levels
- were more female
- were younger and
- better educated than the Essex County's general population.
- Residents of communities with increased social media connections that were able to be engaged to spread the word about the survey were better represented than the general population.

RACE/ETHNICITY

About 94% of respondents were white; aligning with the 94% of white residents in Essex County.

GENDER

About 75% (265/354) of survey respondents identified as female meaning females were over-represented in survey responses given the Essex County population is about 48% female.

AGE

About 60% of respondents were ages 18-64; 40% ages 65 and older. When excluding people 18 and under the remaining Essex County population is roughly 43% ages 18-64 and 57% 65 and older, therefore respondents were more representative of 18-64 than the general population.

LANGUAGE

100% reported English as a primary language. US Census data demonstrates about 6% of Essex County residents speaking a language at home other than English. This sub-population may be under-represented though the indicators are not exactly the same.

EDUCATIONAL ATTAINMENT

About 56% of survey respondents reported an educational attainment of a Bachelor's Degree or higher. US Census data reports the same indicator as about 27%. This reflects a higher representation of this sub-population in the survey results and under representation of those with a lesser educational attainment.

HOUSEHOLD INCOME

~34% reported \$50,000-\$99,999; falling within the Essex County median income of \$55,000.

GEOGRAPHIC REPRESENTATION

Responses were collected from residents in all 18 Essex County towns. However respondents from communities where there was great town involvement and/or community-level social media platforms in which to share the survey experienced a higher representation of respondents when compared to the breakdown of town populations. The Town of Keene was identified as the community with greatest participation.

DISABILITIES

80% did not select any of the 6 options for disabilities or issues related to disabilities. It is interpreted that the following disabilities were reported because 40% of respondents were 65 or older:

- ~10% reported serious difficulty walking or climbing stairs
- ~7% reported being deaf or having difficulty hearing
- because of a physical, mental or emotional condition
 - 6.5% reported serious difficulty in concentrating, remembering or making decisions &
 - 4.8% reported having difficulty doing errands alone, such as visiting a doctor's office or shopping
- ~3% reported being blind or having serious difficulty seeing, even when wearing glasses
- ~2% reported serious difficulty dressing or bathing

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Four (4) of the 5 identified challenges within the community are fairly well aligned with challenges respondents identified for themselves or family members. Notably, the counts of respondents identified these issue in the community is considerably higher than those identifying the issue for themselves or family member.

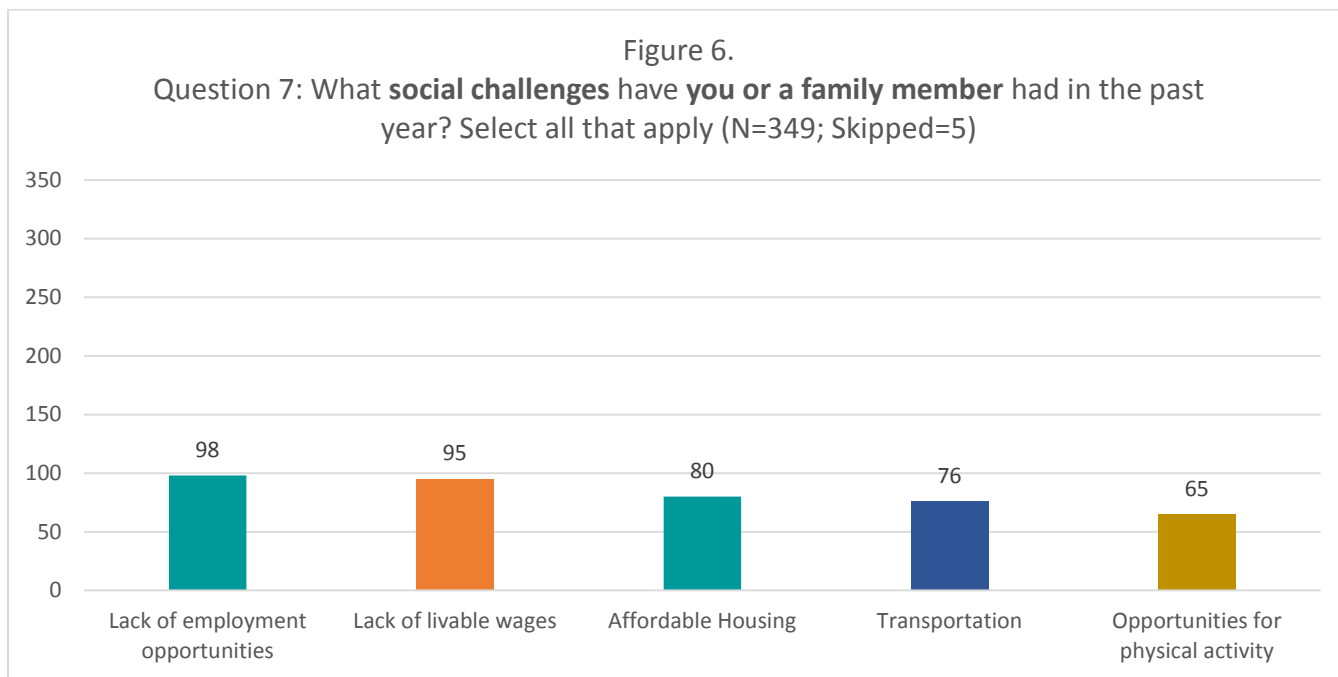
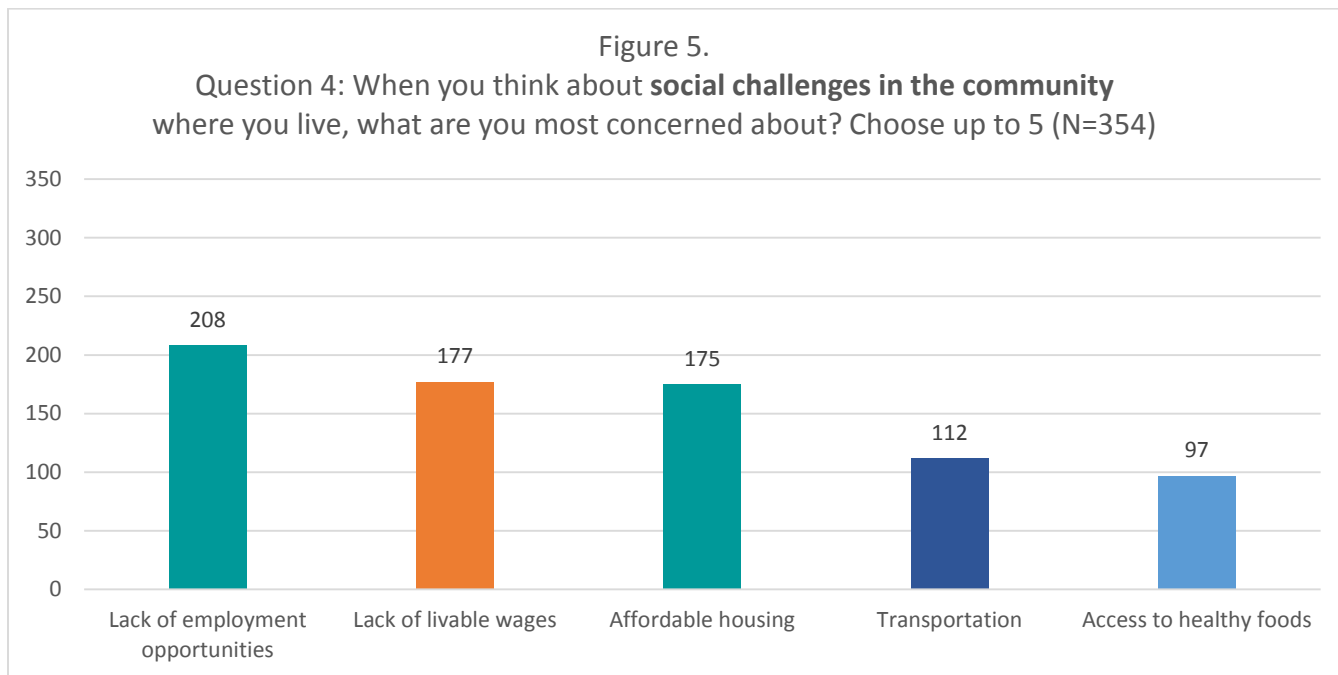
Least selected in that offering all under 10% were Immunization rates (4%), Sexually transmitted diseases (4%), Infectious Disease (7%), Lung disease (8%), Intellectual or developmental disabilities (8%).

Given 40% of respondents were ages 65 and older and the age distribution of Essex County residents (as comparably older), it is reasonable that 48% of respondents identified issues related to aging for themselves or a family member.

Access to healthcare services is an issue that has been ongoing across time in Essex County. Considerable changes in the systems of healthcare delivery system may be improving access to care, however residents continue to experience challenges related to life in a rural location including no local provider and long travel distances for specialty care, and issues related to provider shortages including long waits for appointments and reported rushed or brief healthcare visits. It is anticipated that access to healthcare will continue to be a priority issue in Essex County.

SOCIAL CHALLENGES

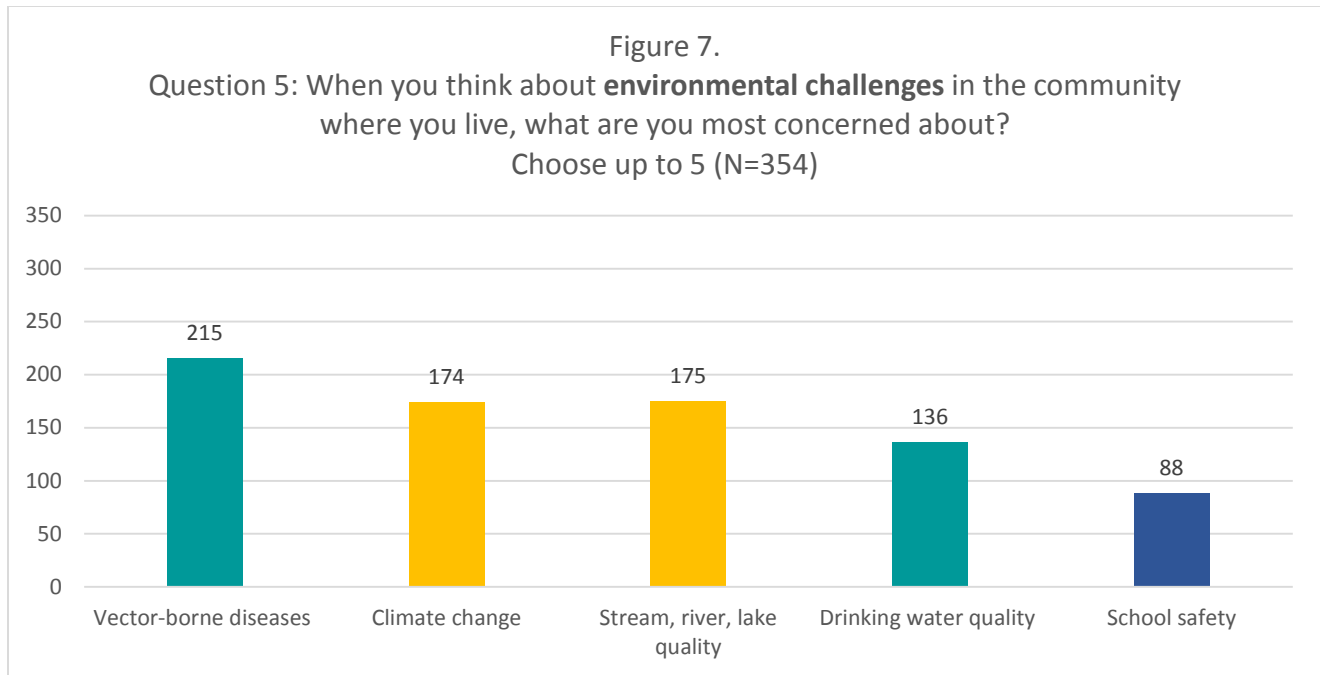
The top 5 (22 options + Other) community social challenges are pictured in Figure 5; individual/family social challenges in Figure 6.



The identified lack of employment opportunities, lack of livable wages, affordable housing and transportation as both community, and to a lesser extent individual respondents & their families, are worthy of further investigation to understand reasons for these perceptions.

Several comments were included in the “Other (please specify)” category regarding the lack of social connectivity or fear of discrimination based on sexual identity or preferences. These responses were not added to the provided option of Racial or cultural discrimination, though capture other forms of real or perceived discrimination. This is an area for inclusion in future surveys to better understand the impact in the Essex County Community.

The top 5 [of 14 plus other options] environmental challenges are pictured in Figure 7.



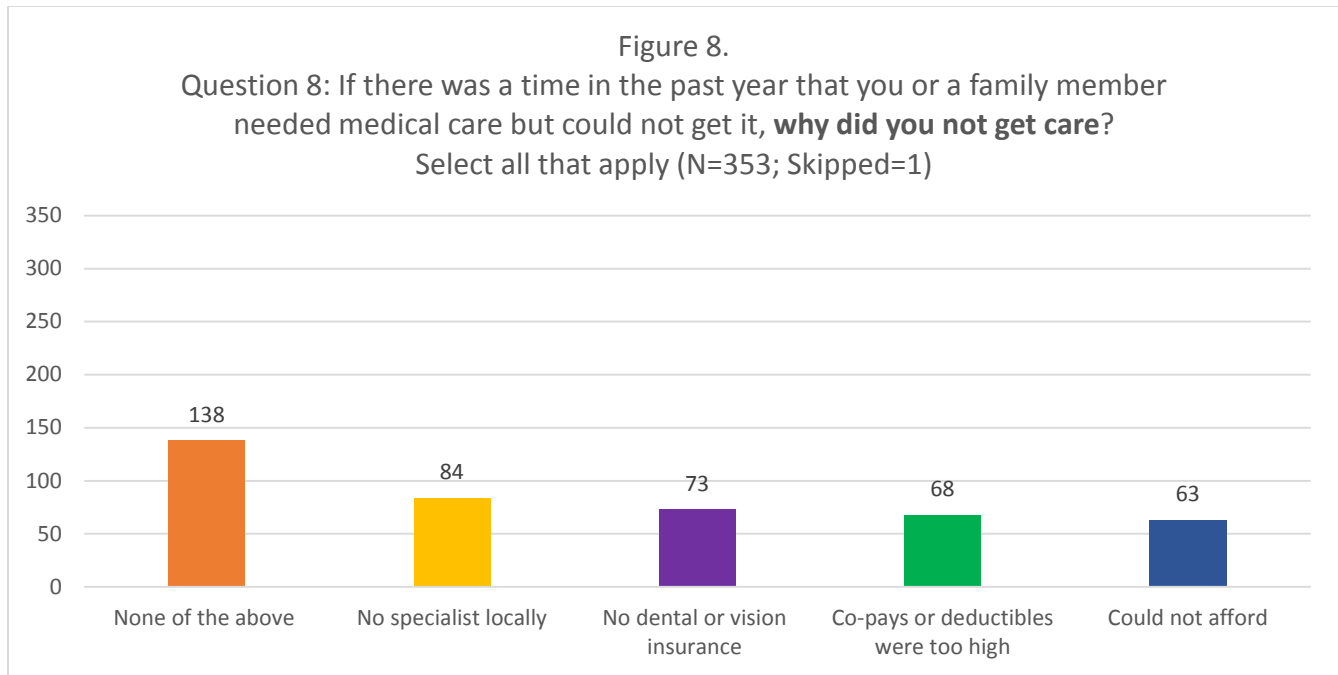
Vector-borne diseases was a stand-out in environmental health challenges with several respondents using the other option to elaborate on concerns related to Lyme disease in this question or others. Tick-borne diseases are known through quantitative data analysis to be increasing thus matching closely data and community perception. Efforts will continue to be directed to prevention and early detection of tick-borne diseases as work of this local health department and provider partners.

Climate change is an issue of local, national and global concern thereby not surprising to be identified as a community environmental health issue. Essex County has signed on as a Climate Smart Community and there are other educational opportunities being provided by community based organizations. The connection of climate change to human health and work in this area is an area of anticipated growth most especially for local health departments.

Water quality was identified by respondents as stream, river, lake and drinking water. Several comments included concerns about road treatment with salt. Further investigation regarding this concern would need to be conducted to better capture circumstances impacting water quality.

MEDICAL CARE ACCESS

The top 5 (15 options + Other) reasons for not getting medical care when needed are pictured in Figure 8.



Though access to healthcare was identified as a health challenge in Essex County, the question related to reasons for the respondent or a family member not getting care identified may need further investigation.

The “None of above” option was the most frequent Response at 138 and 41 respondents selected the “Other (please specify)” option. Further review of these other responses contributed to the remainder of most commonly identified issues as depicted in Figure 8.

Expected reasons – not having a doctor, not having child care or not able to leave work – were all under 30 responses.

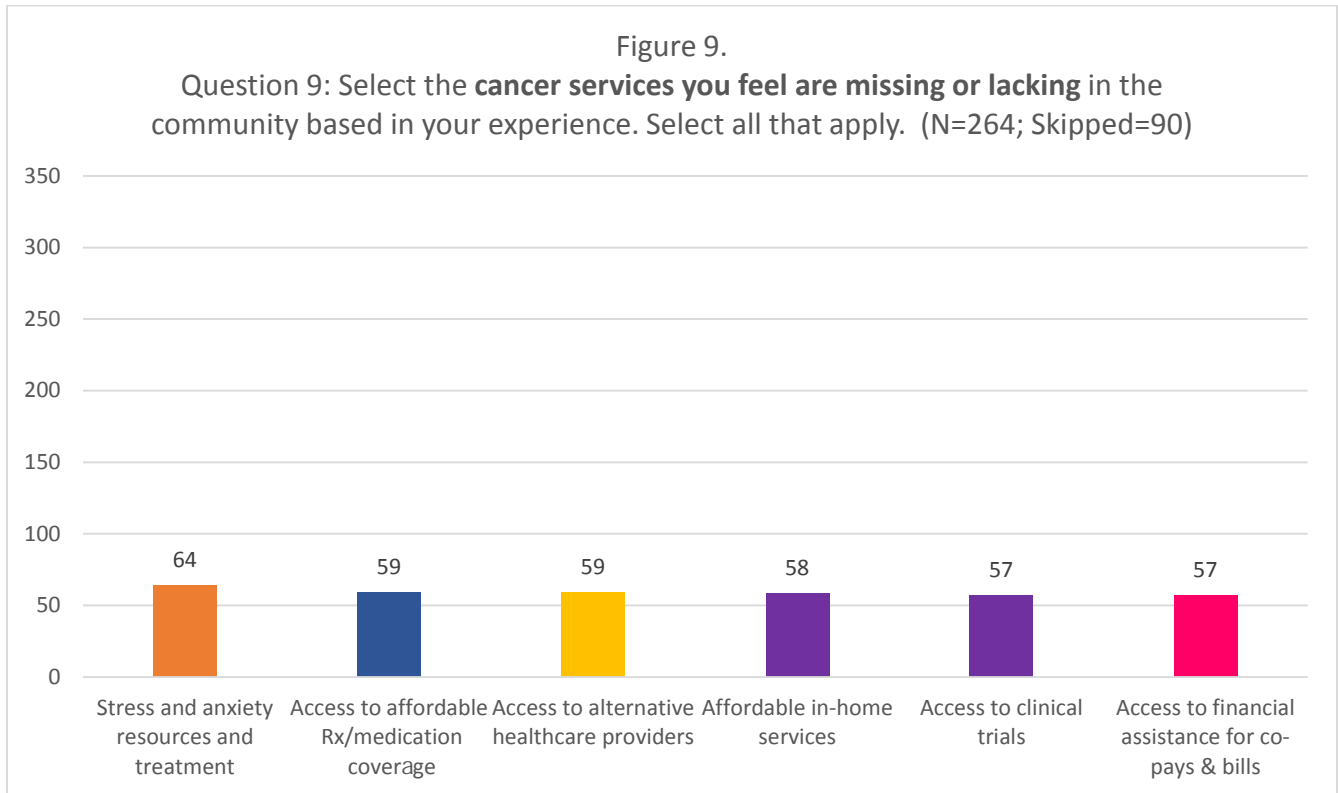
Issues such as not having access to a specialist locally or having to travel distances for care are expected in rural areas. However other issues respondents identified all have to do with affordability due to lack of dental or vision insurance, high co-pays or deductibles or an inability to afford. Additional comments included extensive waiting times for specialty care appointments with 3 months or greater being identified multiple times. This is consistent with the provider shortages experienced in Essex County and regionally.

It is anticipated that access to healthcare will continue as a priority issue of Essex County though work in this area will be ever evolving.

CANCER CARE SERVICES MISSING OR LACKING

Notably fewer participants engaged in answering this question with only 264 compared to the total response group of 354. This is interpreted as respondents not having personal or familial cancer care issues therefore not answering the question. The top responses were all somewhat similar in numbers and are depicted here in Figure 9.

Given cancer, as a chronic disease, is an ongoing priority in Essex County issues related to cancer care are important for residents. While public health efforts will focus on prevention and early detection, healthcare providers and systems will continue to work on advancing access to cancer care services as identified here.



Limitations and Considerations

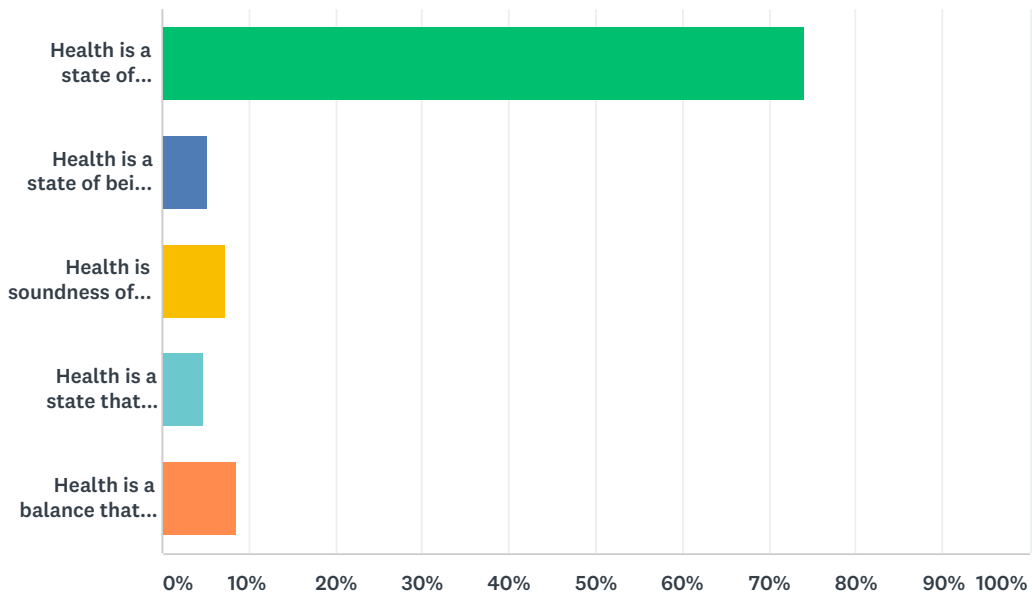
Improved understanding of community perspectives may best be captured in future surveys by integrating the limitations and considerations identified through the analysis of this full report and the general items below.

- Small sample size reduces confidence in drawing conclusions representative of the greater Essex County community; increasing participation in future surveys will improve reliability of data.
- Behaviors were not addressed in the survey though account for approximately 30% of health outcomes. Future surveys or investigations of behaviors, supports and impediments for behaviors are recommended.
- Questions most frequently allowed respondents to select up to 5 options thereby creating a more dispersed response result. Limiting responses to 3 or further refining responses will help identify stand-out issues.
- Some options within questions, though not all, included qualifiers such as “good”, “access to” “lack of” or “opportunities for” which confounds understanding of options for the survey taker. Questions that limit the use of or consistently use qualifiers will allow more clear interpretation for survey readers and analyzers.
- “Other (please specify)” was often used to elaborate on a response or provide general comments. Refining the capture of elaboration and comments aside from the capture of actual other responses is recommended.

Community Survey Responses

Q1 Which one definition below best describes what you think of as "health"? Select one.

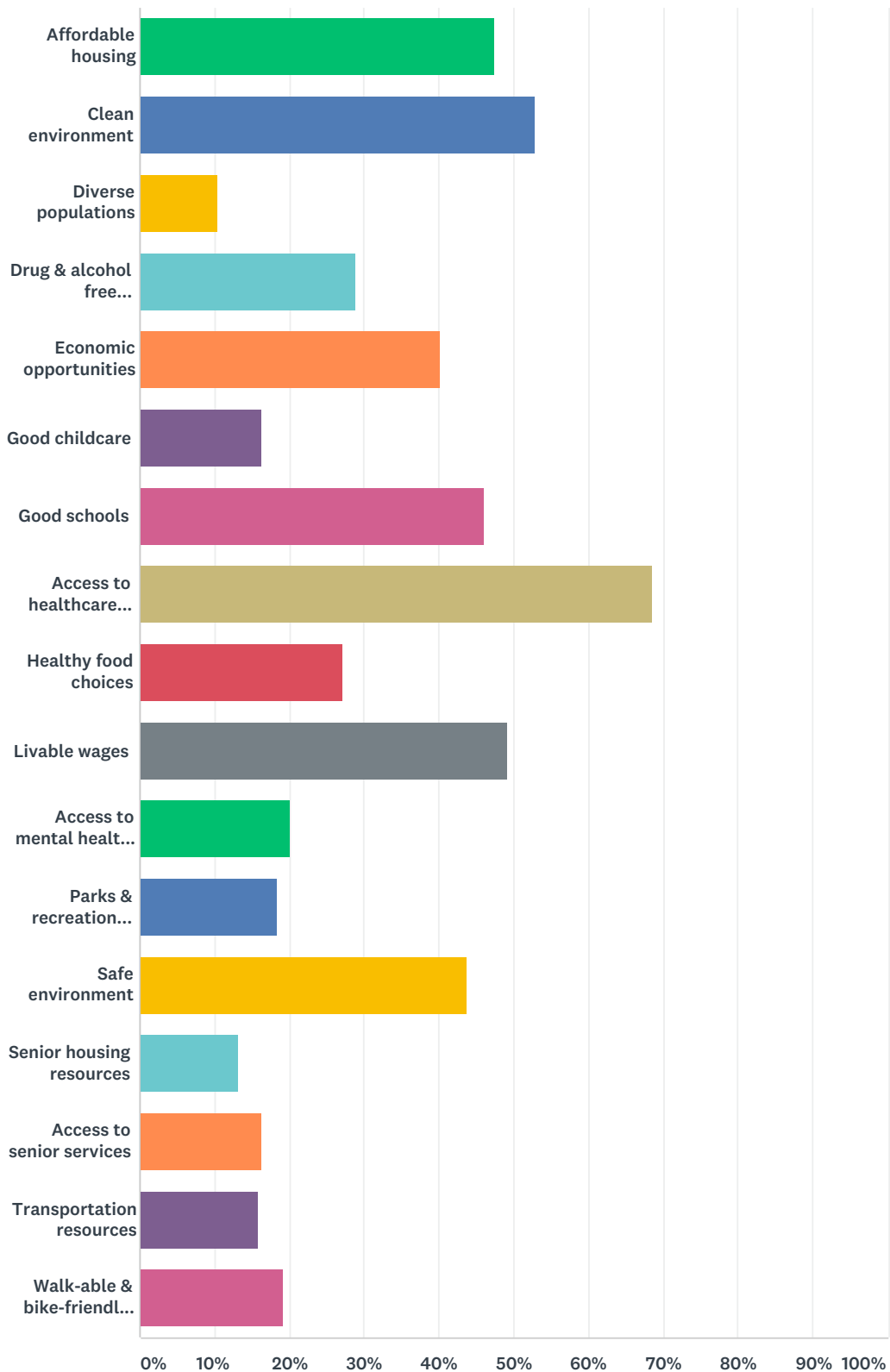
Answered: 346 Skipped: 8



ANSWER CHOICES	RESPONSES	
Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.	73.99%	256
Health is a state of being free from illness or injury.	5.20%	18
Health is soundness of mind and body	7.23%	25
Health is a state that allows an individual to cope with all demands of daily life.	4.91%	17
Health is a balance that an individual has between him/herself and his/her social and physical environment.	8.67%	30
TOTAL		346

Q2 When you imagine a strong, vibrant, healthy community, what are the most important features you think of? Choose up to 5

Answered: 354 Skipped: 0



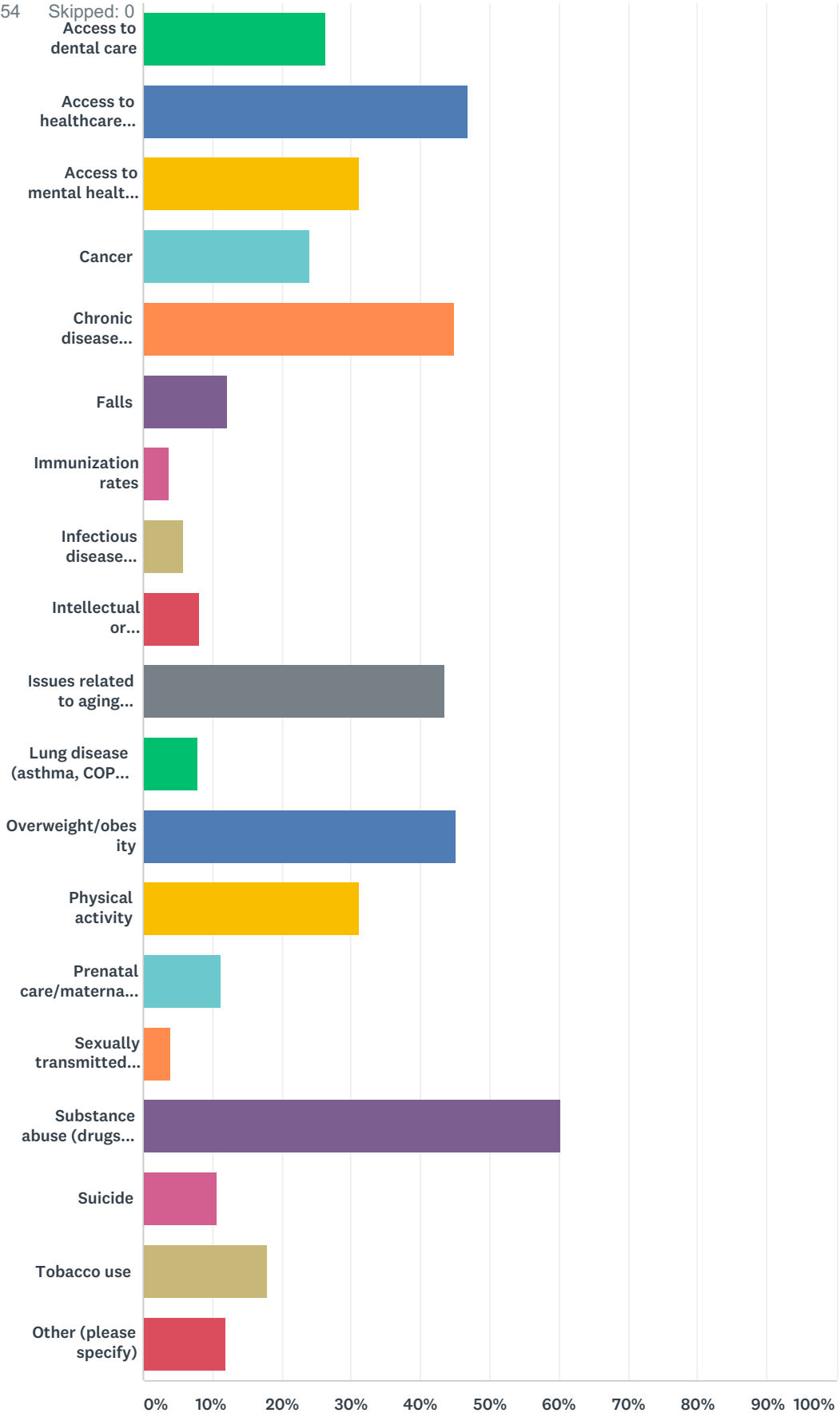
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	RESPONSES	
Affordable Housing	47.46%	168
Clean environment	52.82%	187
Diverse populations	10.45%	37
Drug & alcohol free communities	28.81%	102
Economic opportunities	40.11%	142
Good childcare	16.38%	58
Good schools	46.05%	163
Access to healthcare services	68.64%	243
Healthy food choices	27.12%	96
Livable wages	49.15%	174
Access to mental health services	20.06%	71
Parks & recreation resources	18.36%	65
Safe environment	43.79%	155
Senior housing resources	13.28%	47
Access to senior services	16.38%	58
Transportation resources	15.82%	56
Walk-able & bike-friendly communities	19.21%	68
Total Respondents: 354		

Q3 When you think about health challenges in the community where you live, what are you most concerned about? Choose up to 5

Answered: 354

Skipped: 0
Access to dental care



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Answer Choices	RESPONSES including Other responses	RESPONSES	
		26.27%	93
Access to healthcare services	50.2%	46.89%	178 166
Access to mental health services		31.07%	110
Cancer		24.01%	85
Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke, etc.)	45.2%	44.92%	160 159
Falls		12.15%	43
Immunization rates		3.67%	13
Infectious disease (Hepatitis A, B or C, flu, etc.)	7.3%	5.93%	26 21
Intellectual or developmental disabilities		8.19%	29
Issues related to aging (arthritis, hearing/vision loss, etc.)	44%	43.50%	157 154
Lung disease (asthma, COPD, etc.)		7.91%	28
Overweight/obesity		45.20%	160
Physical activity	32%	31.07%	114 110
Prenatal care/maternal & infant health		11.30%	40
Sexually transmitted infections (including HIV)		3.95%	14
Substance abuse (drugs, alcohol, etc.)		60.17%	213
Suicide		10.73%	38
Tobacco use		18.08%	64
Other (please specify)		11.86%	42
Total Respondents: 354			

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Q3. When you think about health challenges in the community where you live, what are you most concerned about? Choose up to 5.

42 total "Other" responses

- ◇ 2 excluded as equivalent to none.
- ◇ 25 interpreted to fall in one of the original options of answer choices & added to those counts as responses.
- ◇ 15 interpreted as not falling within an original answer choice & categorized by themes.

Access to Healthcare Services (12):

- Access to affordable health care/insurance
- COST of healthcare
- Barriers to accessing available services
- Having health care clinics (same day sick) in the communities, not 20 or more miles away.
- Your survey should have been done before the decision to have everything included with the UVM association. Many of us receive services to the south. The specialist we see were part of the clinics at Moses Ludington. We have had operations etc. done by them. We are being forced to accept ambulance services only to UVM associated facilities. Ticonderoga and the area community has lost its hospital and health services were considerably better and more available over 50 years ago. The move to the present system should have been discussed with all the community rather than giving the impression it was done behind closed doors. Horace Moses would "roll over in his grave" if he could see the present state of affairs regarding health care.
- Transportation to/from far off dr. Appts
- Transportation to health care facilities.
- Knowledge of available health care resources. Willingness to engage in health activities.
- Access to more family doctor
- Access to all services is a major barrier due to location
- home care aides and programs to keep people safely in their homes
- inadequate health insurance (high deductibles)

Chronic Diseases (1)

- Alzheimer's

Infectious Diseases (5)

- Lyme Disease: lack of Lyme-literate doctors/providers; Healthcare costs-100% out of pocket\$!
- Lyme disease
- Lyme & West Nile
- Lyme disease and coinfections
- Health impacts of climate change, including Lyme disease and extreme weather

Issues Related to Aging (3)

- aging population
- Long term care for elderly needing housing/assistance
- complexity of obtaining/maintaining in-home care for the aging

Physical Activity (4):

- Access to a community based fitness/child/community center
- Physical inactivity
- Our Road systems and communities do not allow for active safe lifestyles - No shoulders, No (or poor) sidewalks, Unsafe speeds
- Access to activities for teens/children

OTHER (15)

Social Isolation/Lack of Community Connectivity (8):

- Social Isolation
- A sense of community, e.g., limited isolation; community members helping community members
- opportunities to socialize frequently and emphasis on exercise as a routine part of a day, ie integrated into lifestyle.
- Intolerance of diversity, e.g., LBGTQ, persons of color... limited cultural and ethnic diversity; lack of openness to change; lack of openness to liberal ideology Lack of economic opportunity and the way that that depresses the community as a whole. And, poorly educated people running the community services and their failure to acknowledge human dignity. Entrenched ideas that the people they serve are “less than”.
- mental/emotional health of children, bullying, disrespect, anxiety of social settings
- Spiritual health
- effects of multi-generational poverty, family engagement issues with mental health and substance abuse services
- the high rate of violence, recently/fights, murder

Cost of Living/Wages/Housing (3):

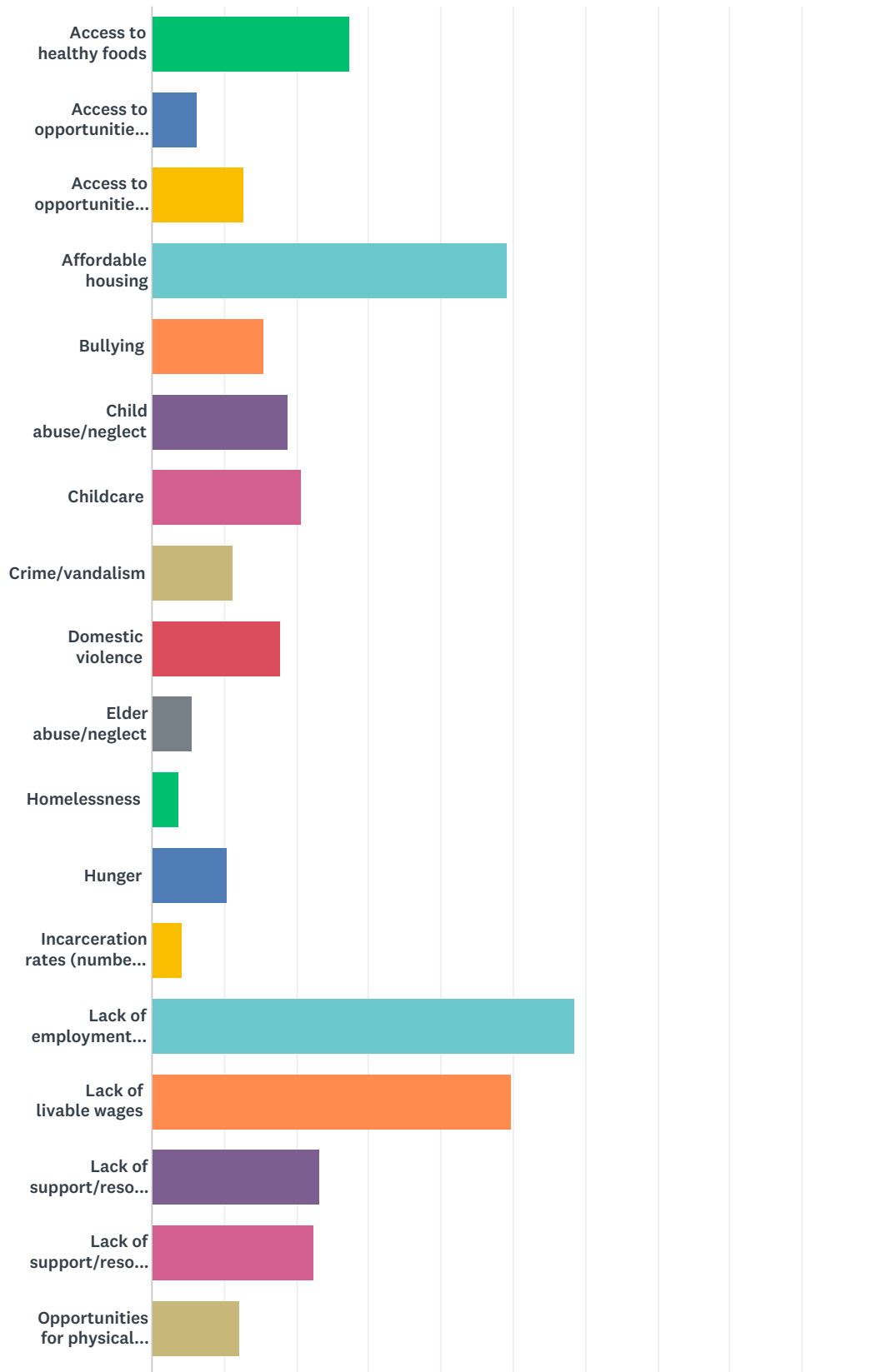
- Affordable cost of living - housing and wages
- Minimal livable wages combined with inadequate health insurance (high deductibles) lead to untreated physical conditions. Unhealthy working conditions lead to depressing and anxiety.
- Jobs and Affordable Living

Miscellaneous (4):

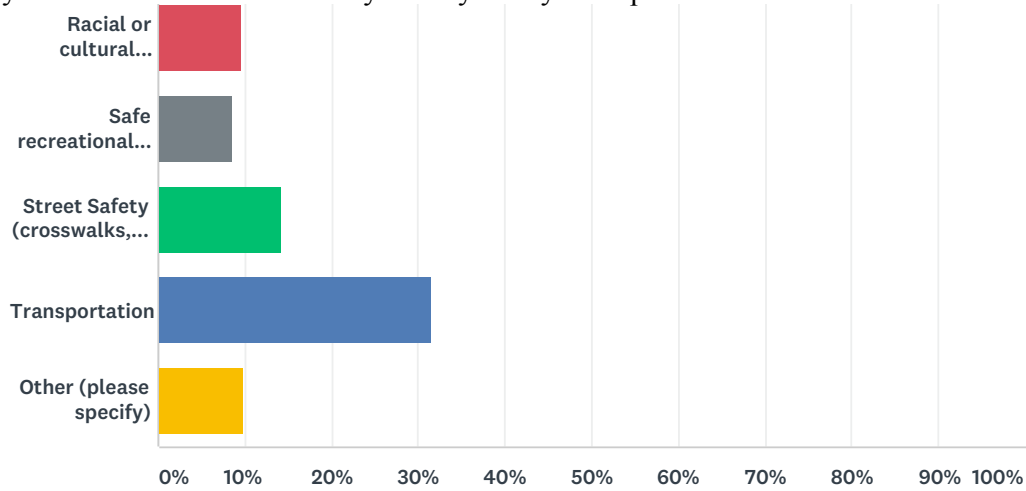
- Environmental pollution from road salt and failing septic systems
- The utter Lack-Of food safety/hygiene exhibited by those in food service, ie-allowing pets into businesses where food is served, or servers without requisite hair nets/beard nets, and finding their locks in my food!!!
- Health concerns of physical disabilities
- Health Director is unreachable and inapproachable

Q4 When you think about social challenges in the community where you live, what are you most concerned about? Choose up to 5

Answered: 354 Skipped: 0



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ANSWER CHOICES	RESPONSES including Other responses	RESPONSES
Access to healthy foods	27.40%	97
Access to opportunities for health for people with intellectual or developmental disabilities	6.21%	22
Access to opportunities for people with physical limitations or disabilities	12.71%	45
Affordable housing	49.4%	49.15% 175 174
Bullying	15.8%	15.54% 56 55
Child abuse/neglect	18.93%	67
Childcare	20.9%	20.62% 74 73
Crime/vandalism	11.30%	40
Domestic violence	17.80%	63
Elder abuse/neglect	5.65%	20
Homelessness	3.67%	13
Hunger	10.45%	37
Incarceration rates (number of people in jail)	4.24%	15
Lack of employment opportunities	58.75%	58.47% 208 207
Lack of livable wages	50%	49.72% 177 176
Lack of support/resources for seniors	23.16%	82
Lack of support/resources for youth	22.32%	79
Opportunities for physical activity	12.43%	12.15% 44 43
Racial or cultural discrimination	9.60%	34
Safe recreational areas	8.76%	8.47% 31 30
Street Safety (crosswalks, shoulders, bike lanes, traffic)	14.12%	50
Transportation	31.64%	112
Other (please specify)	9.89%	35
Total Respondents: 354		

Essex County Health Partners: Community Survey Analysis Report

Q4 When you think about social challenges in the community where you live, what are you most concerned about? Choose up to 5.

35 total "Other" responses

- ◇ 2 excluded as equivalent to none.
- ◇ 7 interpreted to fall in one of the original options of answer choices & added to those counts as responses.
- ◇ 26 interpreted as not falling within an original answer choice & categorized by themes.

Affordable Housing (1):

- safe and affordable housing

Bullying (1):

- The area is dysfunctional. There is a level of pettiness in everyday interactions and it comes from the top down. The whole area needs mass therapy. The bullies from childhood become the people in charge as adults and they're still bullies.

Childcare (1):

- Lack of community based center for overall health childcare and fitness

Lack of Employment Opportunities (1):

- Jobs with Benefits, like family health insurance, sick & vacation days, predictable hours, and a living/family wage

Lack of Livable Wages (1):

- Working poor struggle with transportation and affordable healthy food and housing

Opportunities for Physical Activity (1):

- Lack of community based center for overall health childcare and fitness

Safe Recreational Areas (1):

- no dog park or dog friendly places

OTHER (26)

Community Connectivity & Resources (8):

- Overall kindness and connectedness of the community
- resources need to be put out there. A lot of resources available, people don't know about
- Lack of knowledge of available resources.
- Lack of resources for middle class families
- Family Guidance
- Opportunities for cultural events with exchanges among people from different cultural ethnicities.
- "decent" broadband
- volunteer help for seniors

Substance Abuse/Mental Health (5):

- enabling of opioid abuse
- used needles found at the playground in park
- Impact of substance use; limited supportive housing for those in MH and SUD recovery
- peer pressure/socialization for vaping and/or drugs
- Stigma of mental health treatment

Healthcare Services (3):

- education and understanding of medical providers regarding testing & treatment for Lyme
- This survey should have been done a long time ago. Residents should be able to choose what health services will meet their needs.
- affordable health care

Animal Abuse/Control (3):

- Animal abuse
- animal abuse/cruelty
- lack of animal control and regulation

Housing Options (2):

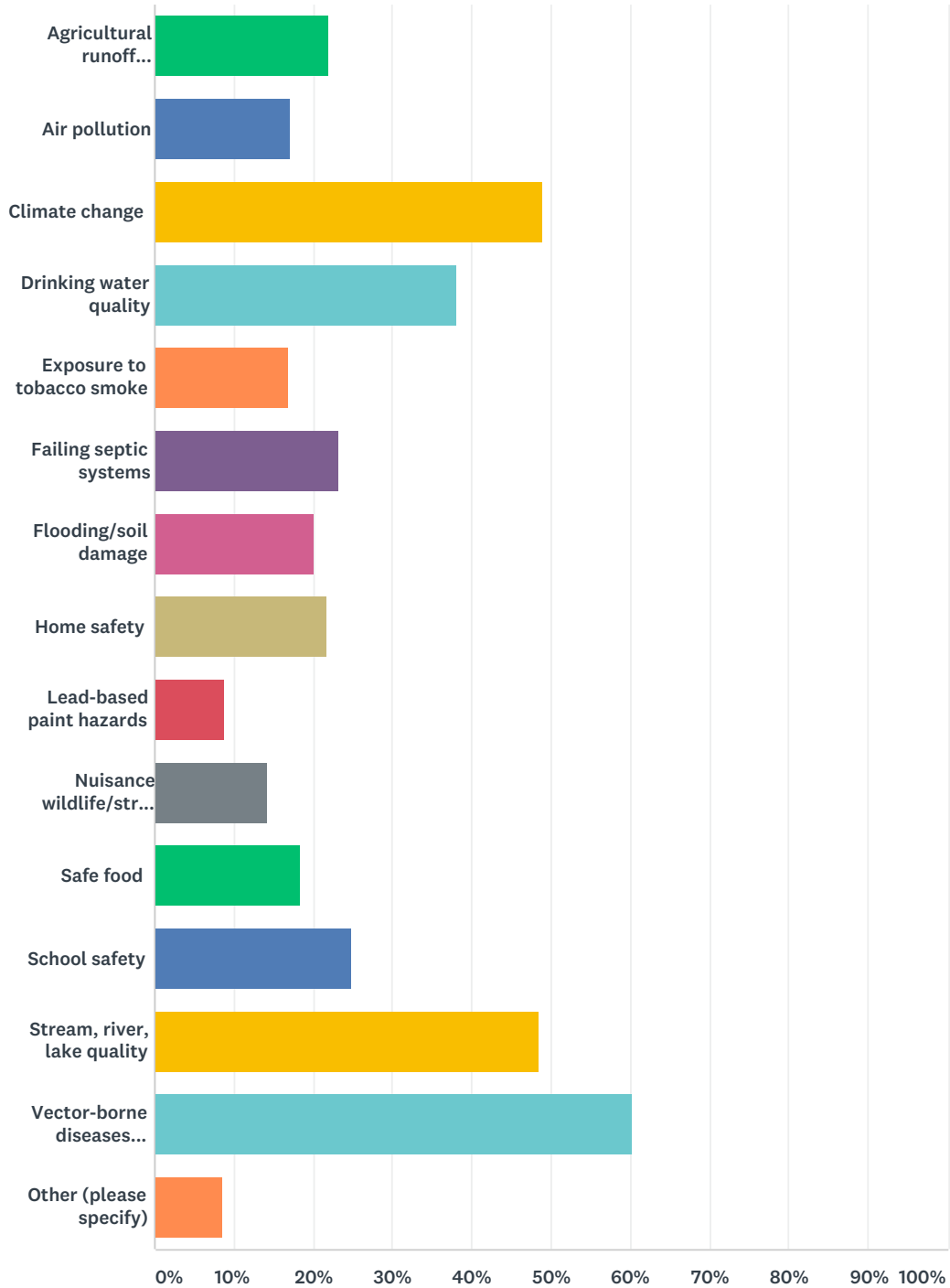
- small group living: non-institutional model
- There is no housing option for HEALTHY seniors

Miscellaneous Responses (5):

- Aging population and young people moving away. Good jobs can't be filled because we don't have the workforce.
- Impact of increased flooding on housing, economy, health, and more
- Increase in noise pollution with aftermarket truck tailpipes specifically designed to be louder and louder
- I don't think the education at the public school is preparing the next generation for the world we live in and they don't seem to be aware that they are falling very short.
- Essex County Health director is more concerned with her own political agenda than that of the community

Q5 When you think about environmental challenges in the community where you live, what are you most concerned about? Choose up to 5.

Answered: 354 Skipped: 0



Essex County Health Partners: Community Survey Analysis Report

ANSWER CHOICES	RESPONSES	RESPONSES	
	Other responses		
Agricultural runoff (manure, pesticides, etc.)		22.03%	78
Air pollution	17.8%	17.23%	63 61
Climate change	49.2%	48.87%	174 173
Drinking water quality	38.4%	38.14%	136 135
Exposure to tobacco smoke		16.95%	60
Failing septic systems	23.7%	23.16%	84 82
Flooding/soil damage	20.3%	20.06%	72 71
Home safety		21.75%	77
Lead-based paint hazards		8.76%	31
Nuisance wildlife/stray animals		14.12%	50
Safe food		18.36%	65
School safety		24.86%	88
Stream, river, lake quality	49.4%	48.59%	175 172
Vector-borne diseases (mosquitoes, ticks, etc.)	60.7%	60.17%	215 213
Other (please specify)		8.47%	30
Total Respondents: 354			

Q5. When you think about environmental challenges in the community where you live, what are you most concerned about? Choose up to 5.

30 total "Other" responses (1 response included 2 topics)

- ◇ 2 excluded as equivalent to none.
- ◇ 12 interpreted to fall in one of the original options of answer choices & added to those counts as responses.
- ◇ 17 interpreted as not falling within an original answer choice & categorized by themes.

Air Pollution (2):

- Wood heat air pollution
- Increasing acid rain

Climate Change (1):

- CLIMATE CHANGE X10

Drinking Water (1):

- the alarm amount of cancer in Schroon and North Hudson, The level of iron is extremely high in the water tables in North Hudson. High levels of Iron in drinking water is known to cause prostate cancer in men. The water can not even be drank at the town fire house in North Hudson due to the run off from the old dump. DOH wont even let the Seniors have their picnic at fire house with out water being brought in. 4 people have had cancer that have lived with in a stones throw of the fire house. Two have passed, one is in remission and the other is fighting for his life. The Town of Schroon ...to many funerals of people that have died of cancer and the old timers sit at each funeral talking about the old dumping grounds for transformers in the sand pit right behind Tops. One man that lived right near that pit for years and then moved to NH recently passed from cancer. Someone needs to do testing on the pits and see if there is any truth to the matter. They found it was true in a city north of us and Niagara Mohawk is doing a major clean up there.

Failing Septic Systems (2)

- Water treatment plant updates
- Failing municipal sewage treatment systems and discharges of untreated sewage to lakes and rivers

Flooding/Soil Damage (1):

- erosion around existing private bridges

Stream, River, Lake Quality (3):

- Spring contamination
- Lakefront property leaking waste into our water
- Storm water Runoff

Vector-borne Diseases (2)

- Lyme disease
- Rabies

OTHER (17)

Road Salt Contamination (4):

- road salt in waterways
- Road salt runoff
- Road salt contamination
- Road salt

Tourism Impacts (3):

- Tourist Impact on our Trails
- Overcrowding/Air B&Bs due to tourism
- Pedestrian safety towns and trailheads on Rt 73

Invasive Species (2):

- Invasive Species
- invasive species

Noise Pollution (2):

- noise pollution
- Wildly increasing noise pollution from aftermarket truck exhausts (which are illegal) and lack of enforcement. Constantly barking dogs at all hours.

Railway Oil Spill Risk (2):

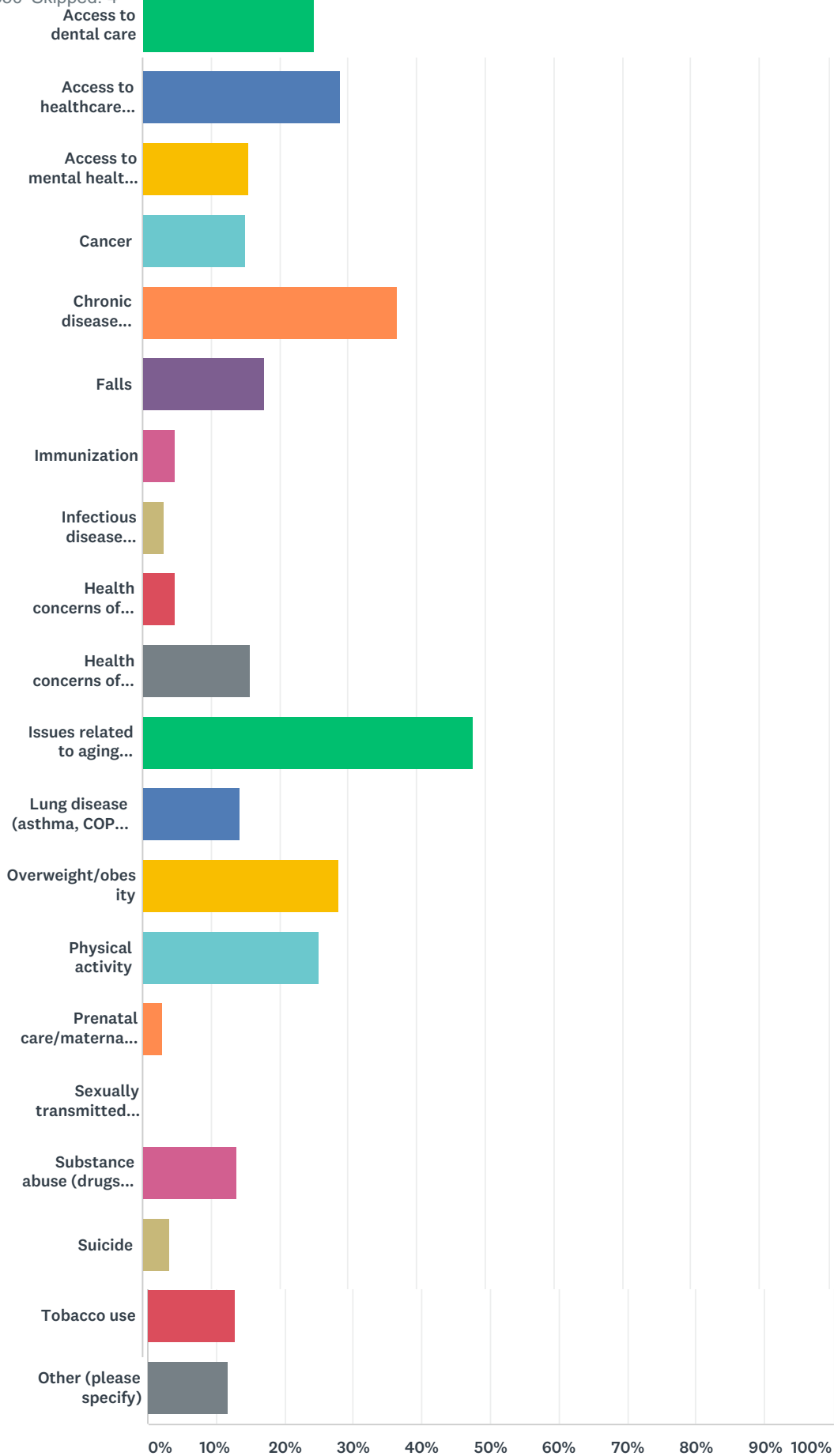
- Possibility of railroad spill of toxic materials
- "Oil Trains" passing through our area

Miscellaneous (4):

- Lack of complete and full recycling.
- Properly winterized homes
- Toxic waste, i guess something has to be causing high cancer rate.
- maintaining safe roadways in winter weather conditions

Q6 What health challenges have you or a family member had in the past year? Select all that apply

Answered: 350 Skipped: 4



Essex County Health Partners: Community Survey Analysis Report

ANSWER CHOICES	RESPONSES including Other responses	RESPONSES	
Access to dental care		25.14%	88
Access to healthcare services	33.4%	28.86%	117 101
Access to mental health services	15.7%	15.43%	55 54
Cancer		15.14%	53
Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke, etc.)		37.14%	130
Falls		17.71%	62
Immunization		4.86%	17
Infectious disease (hepatitis A, B, C, flu, etc.)		3.14%	11
Health concerns of intellectual or developmental disability	6%	4.86%	21 17
Health concerns of physical disability		15.71%	55
Issues related to aging (arthritis, hearing/vision loss, etc.)		48.29%	169
Lung disease (asthma, COPD, etc.)		14.29%	50
Overweight/obesity		28.57%	100
Physical activity	26%	25.71%	91 90
Prenatal care/maternal & infant health		2.86%	10
Sexually transmitted infections (including HIV)		0.29%	1
Substance abuse (drugs, alcohol, etc.)		13.71%	48
Suicide		4.00%	14
Tobacco use		12.86%	45
Other (please specify)		11.71%	41
Total Respondents: 350			

Essex County Health Partners: Community Survey Analysis Report

Q6. What health challenges have you or a family member had in the past year? Select all that apply.

41 total “Other” responses

- ◇ 11 excluded as equivalent to none.
- ◇ 22 interpreted to fall in one of the original options of answer choices & added to those counts as responses.
- ◇ 8 interpreted as not falling within an original answer choice & categorized by themes.

Healthcare Access (16):

- Insurance/Affordability Related:
 - Insurance Coverage
 - Family Group Health Coverage
 - Affordable health care
 - ..used to be health insurance, finally got it thru work, only took 14 year...still don't get it tho when I am laid off...it costs 689 dollars for one month of COBRA.
 - Affordable health services
 - paying for medication
 - Access to government aid
 - High cost of health and dental care
- Care Related:
 - Problems with bad surgery event
 - Medical errors
 - Gynecology concerns
- Location/Travel/Time Related:
 - We recently moved to Essex County from NYC. I needed to see a medical specialist urgently and could Norbert get an appointment within 2 months (in Essex County). So, called my NYC providers and had an appointment scheduled within a week. So drove 5 plus hours one way or medical provider
 - The amount of specialty in the area
 - Waiting 5 months for a specialist appointment-gastro. Too long!
- Respite for Alzheimer's caregivers
- Excellent, local health care, knowledgeable and caring Drs. and PAs

Access to mental health services (1):

- Access the “right kind” of mental health care, the area needs a residential behavioral therapy center and respite care that can be accessed without waiting lists or piles of paperwork or bring in full blown crisis.

Infectious Disease (4):

- Lyme Disease
- Lyme disease
- Lyme Disease
- lyme disease

Physical Activity (1):

- Lack of access to high school buildings for exercise/walking

OTHER (8)

Childcare (2):

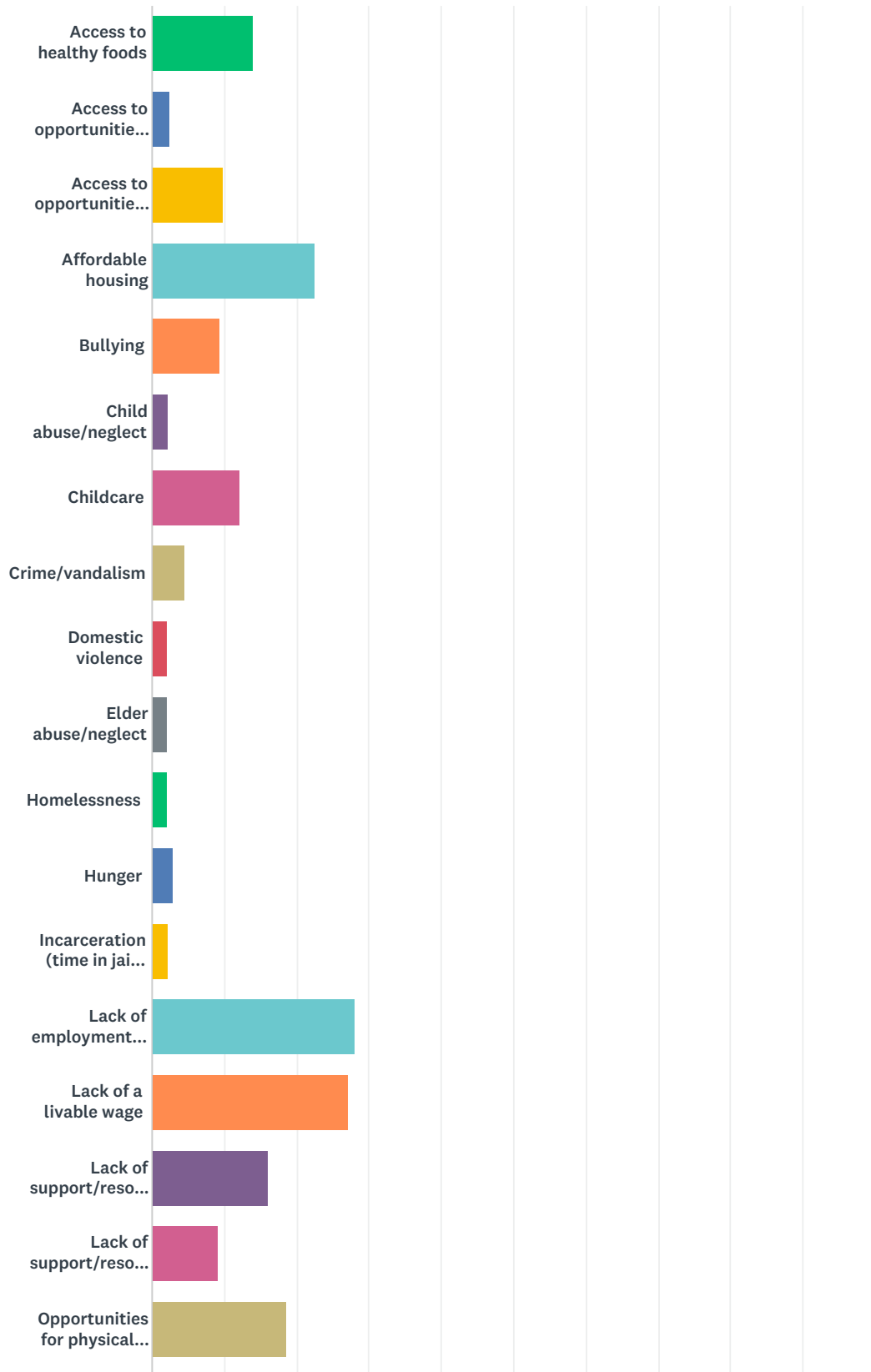
- Community based childcare center
- No child care

Miscellaneous (6):

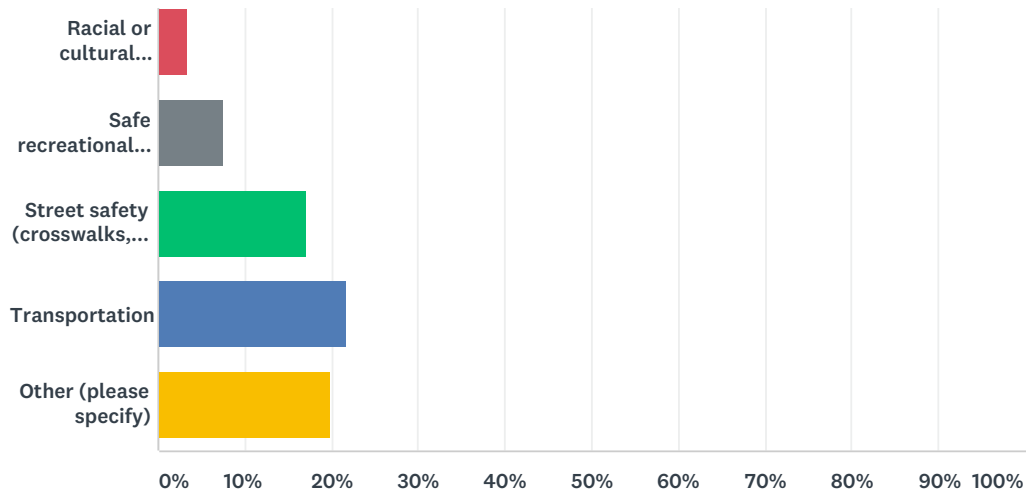
- There are not enough services more local for senior citizens who aren't exactly home bound but aren't independent. There should be community vans or other means of transportation for the elderly whom aren't driving. They could still get around and have a better quality of life.
- Driving to simply go for a walk due to unsafe neighborhoods (again, shoulders, lighting and speeds)
- Again, my mental state and sense of happiness has been impacted by the increasing noise pollution, and lack of animal control/regulation in Elizabethtown, animals particularly in the Water St/Noble Terrace area.
- Anxiety
- Health Director does not understand community which she is to represent and only represents her fellow political associates. Citizens are left with no outreach or ability to obtain assistance from her department
- Very fortunate this year

Q7 What social challenges have you or a family member had in the past year? Select all that apply.

Answered: 349 Skipped: 5



Essex County Health Partners: Community Survey Analysis Report



ANSWER CHOICES	RESPONSES including Other responses	RESPONSES
Access to healthy foods	14.3%	50 49
Access to opportunities for health for those with intellectual or developmental disabilities		2.58% 9
Access to opportunities for health for those with physical limitations or disabilities		9.74% 34
Affordable housing	23%	80 79
Bullying		9.46% 33
Child abuse/neglect		2.29% 8
Childcare		12.03% 42
Crime/vandalism		4.58% 16
Domestic violence		2.01% 7
Elder abuse/neglect		2.01% 7
Homelessness		2.01% 7
Hunger		2.87% 10
Incarceration (time in jail or prison)		2.29% 8
Lack of employment opportunities		28.08% 98
Lack of a livable wage		27.22% 95
Lack of support/resources for seniors		16.05% 56
Lack of support/resources for youth	9.5%	33 32
Opportunities for physical activity		18.62% 65
Racial or cultural discrimination		3.44% 12
Safe recreational areas		7.45% 26
Street safety (crosswalks, shoulders, bike lanes, traffic, etc.)		17.19% 60
Transportation		21.78% 76
Other (please specify)		19.77% 69
Total Respondents: 349		

Essex County Health Partners: Community Survey Analysis Report

Q7. What social challenges have you or a family member had in the past year? Select all that apply.

69 total “Other” responses (1 answer included under 2 responses)

- ◇ 56 excluded as equivalent to none.
- ◇ 3 interpreted to fall in one of the original options of answer choices & added to those counts as responses.
- ◇ 11 interpreted as not falling within an original answer choice & categorized by themes.

Access to healthy foods (1):

- lack of access to affordable food, utilities, household items

Affordable Housing (1):

- lack of access to affordable food, utilities, household items

Lack of Support/Resources for Youth (1):

- Lack or the “right kind” of support for youth. Mental health support that doesn’t come with strings attached or a home invasion by every department in the county

OTHER (11)

Isolation or Lack of Community Connectivity (4):

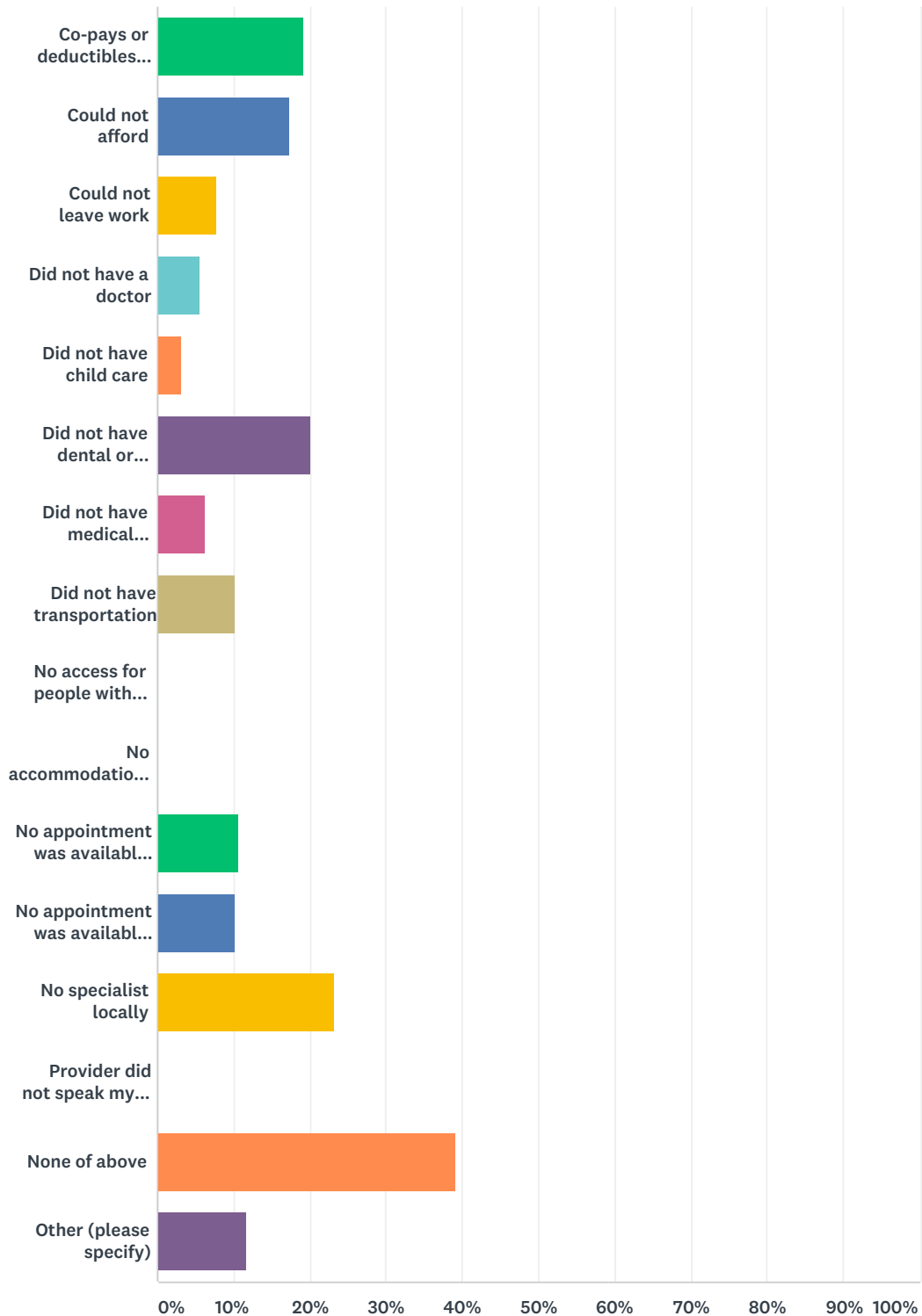
- Opportunities for social interaction
- I don't tell a soul that I happen to be gay...because of where I live, and where I work. Pretty sad...
- lack of diversity in the neighborhood
- Harassment via social media

Miscellaneous (7):

- Lyme disease
- Access to government aid
- Many of these problems for others
- Fortunately all our needs were met
- We have enough money to meet our needs personally
- Limited access to forest areas recently acquired by the state for seniors
- Twin 21 yr olds junkies or politically correct term addicted to opiates

Q8 If there was a time in the past year that you or a family member needed medical care but could not get it, why did you not get care? Select all that apply.

Answered: 353 Skipped: 1



	RESPONSES including Other responses	RESPONSES	
Co-pays or deductibles were too high		19.26%	68
Could not afford	17.8%	17.28%	63 61
Could not leave work		7.65%	27
Did not have a doctor		5.67%	20
Did not have child care		3.12%	11
Did not have dental or vision insurance	20.7%	20.11%	73 71
Did not have medical insurance		6.23%	22
Did not have transportation		10.20%	36
No access for people with physical disabilities		0.28%	1
No accommodations for people with intellectual or developmental disabilities		0.28%	1
No appointment was available (primary care)	11%	10.76%	38
No appointment was available (specialist)		10.20%	39 36
No specialist locally	23.8%	23.23%	84 82
Provider did not speak my language		0.28%	1
None of above		39.09%	138
Other (please specify)		11.61%	41
Total Respondents: 353			

Essex County Health Partners: Community Survey Analysis Report

Q8 If there was a time in the past year that you or a family member needed medical care but could not get it, why did you not get care? Select all that apply.

41 total "Other" responses

- ◇ 17 excluded as equivalent to none.
- ◇ 11 interpreted to fall in one of the original options of answer choices & added to those counts as responses.
- ◇ 13 interpreted as not falling within an original answer choice & categorized by themes

Could not afford (2):

- Medicare Part D too expensive
- Health insurance is not affordable. Physicians do not listen to concerns of their patients. Not addressing pain adequately by providers negatively impacts the patient & their family.

Did not have dental or vision insurance (2):

- Dental ins is expensive and dental work is expensive
- no insurance for dental care for elderly and pays out of pocket

No appointment was available (specialist) (3):

- We moved here 2+ years ago, and still have to travel 30-40 miles to see a dermatologist, rheumatologist, and the cardiologist.
- Could not get a referral to a specialist until I was very ill then had to wait 3 more months
- waiting 5 months for specialist appt

No specialist locally (4):

- Had to travel over an hour to see a doctor
- Most of our medical care is done in Vermont, which is a 4+ hour round trip
- Travel to quality medical care is too far
- availability of in network providers in the area

OTHER (13)

Location/Travel Availability of Providers/Services (7):

- radiation in plattsburgh, not really local. just want to say i have learned about resources are there just need to be aware.
- Unable to find a clinic for same-day sick appointment without having to drive 35 or more miles, which I was too sick to do.

Lyme Disease (2):

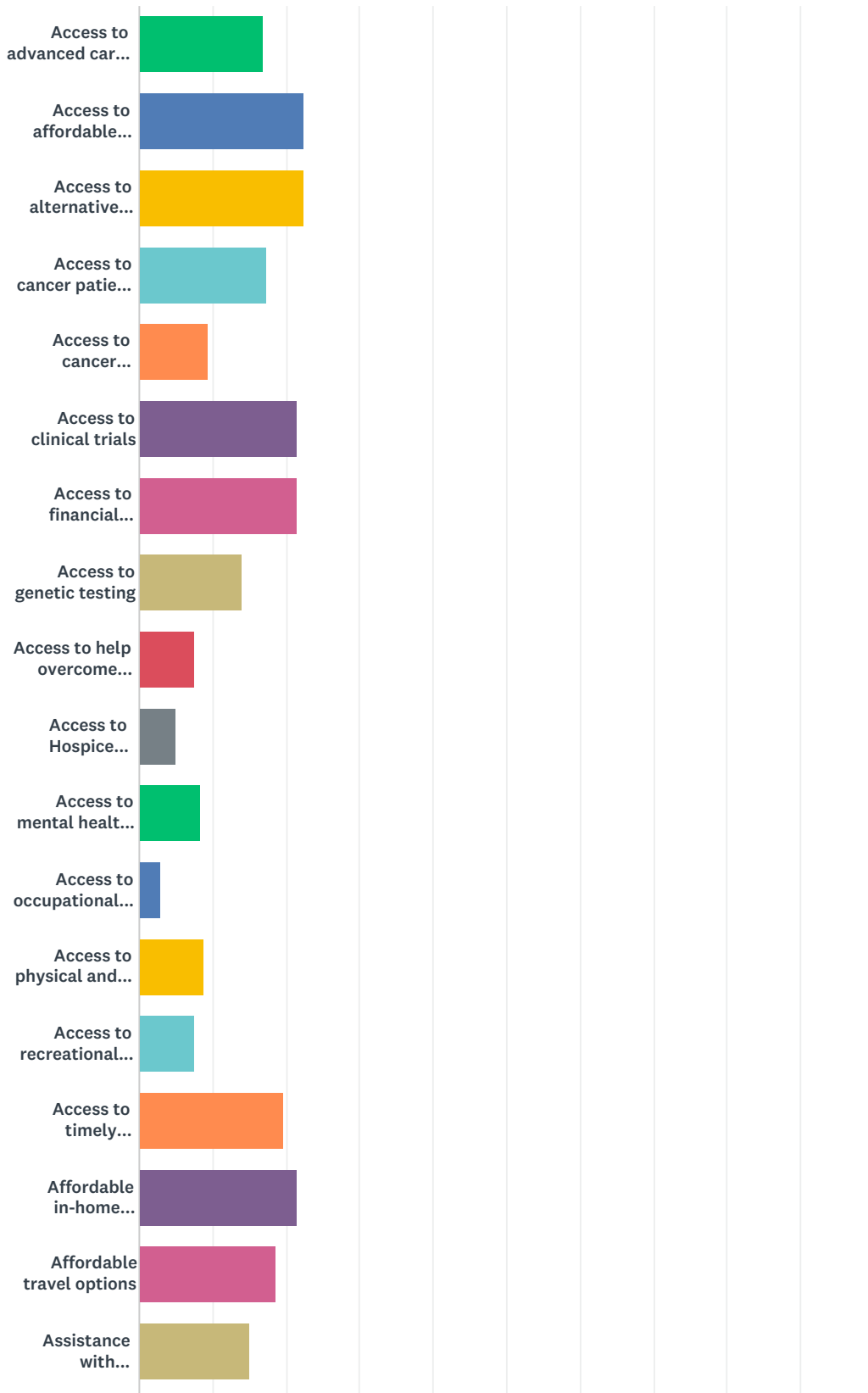
- Lyme Disease errors in testing; cost out of pocket for treatment
- Lyme disease

Miscellaneous (4):

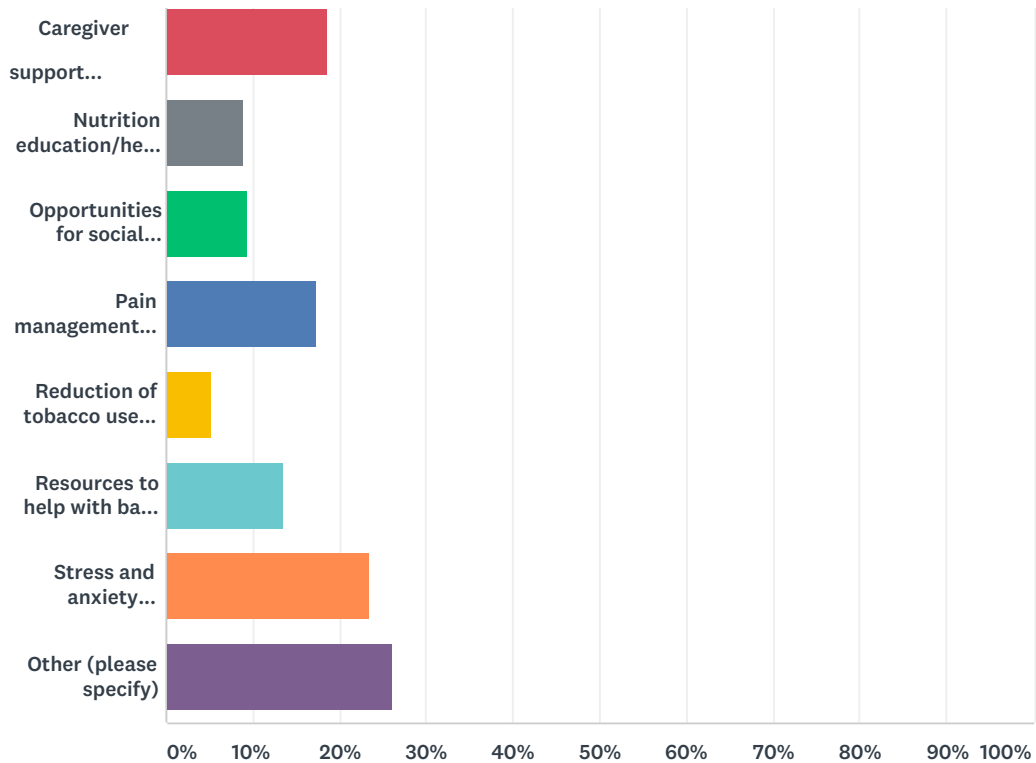
- The specialist was not willing to listen to my concerns and did not help me in any way.
- Appointment took place but specialist only saw me for <5 minutes
- mental health services
- I am a VA patient
- we have sought medical care and often paid out of pocket for it

Q9 Select the cancer services you feel are missing or lacking in the community based on your experience. Select all that apply.

Answered: 264 Skipped: 90



Essex County Health Partners: Community Survey Analysis Report



ANSWER CHOICES	RESPONSES including Other responses	RESPONSES
Access to advanced care planning	17.05%	45
Access to affordable prescription/medication coverage	22.35%	59
Access to alternative healthcare providers (acupuncture, chiropractors, etc.)	22.35%	59
Access to cancer patient support groups	17.42%	46
Access to cancer screenings/resources/information	9.47%	25
Access to clinical trials	21.59%	57
Access to financial assistance programs for co-pays and bills	21.59%	57
Access to genetic testing	14.02%	37
Access to help overcome drug/alcohol dependence	7.58%	20
Access to Hospice services	4.92%	13
Access to mental health services	8.33%	22
Access to occupational therapy	3.03%	8
Access to physical and exercise therapy	8.71%	23
Access to recreational/exercise facilities and services for individuals with physical impairments and disabilities	7.58%	20
Access to timely specialty care	19.70%	52
Affordable in-home services	22%	21.59% 58 57
Affordable travel options	18.56%	49
Assistance with understanding health insurance benefits and coverage	15.15%	40

Essex County Health Partners: Community Survey Analysis Report

Caregiver support (respite)	18.56%	49
Nutrition education/healthy meal planning	9.09%	24
Opportunities for social connections	9.47%	25
Pain management services	18% 17.42%	48 46
Reduction of tobacco use including e-cigarettes	5.30%	14
Resources to help with basic needs (food, housing, paying bills, etc.)	13.64%	36
Stress and anxiety resources and treatment	23.48%	62
Other (please specify)	26.14%	69
Total Respondents: 264		

Q9. Select the cancer services you feel are missing or lacking in the community based on your experience. Select all that apply.

69 total "Other" responses

- ◇ 49 excluded as equivalent to none.
- ◇ 3 interpreted to fall in one of the original options of answer choices & added to those counts as responses.
- ◇ 17 interpreted as not falling within an original answer choice & categorized by themes

Affordable in-home services (1):

- Access to information about support services for persons able to pay out of pocket for those services. It's difficult to get in-home and other services if you are not on Medicaid or Medicare (and even then, it's not necessarily easy).

Pain Management Services (2):

- pain management without opioids! cannabis; food prep/menu counseling
- Access to pain management

OTHER (17)

Travel/Distance (4):

- Driving to Burlington and/or Plattsburgh at times daily for radiation/chemo was expensive and exhausting
- There are no cancer services in my community
- Need to travel for state of the art care
- How to drive a hundred miles a day to get radiation and a hundred miles every two weeks for chemo treatment

Miscellaneous (9):

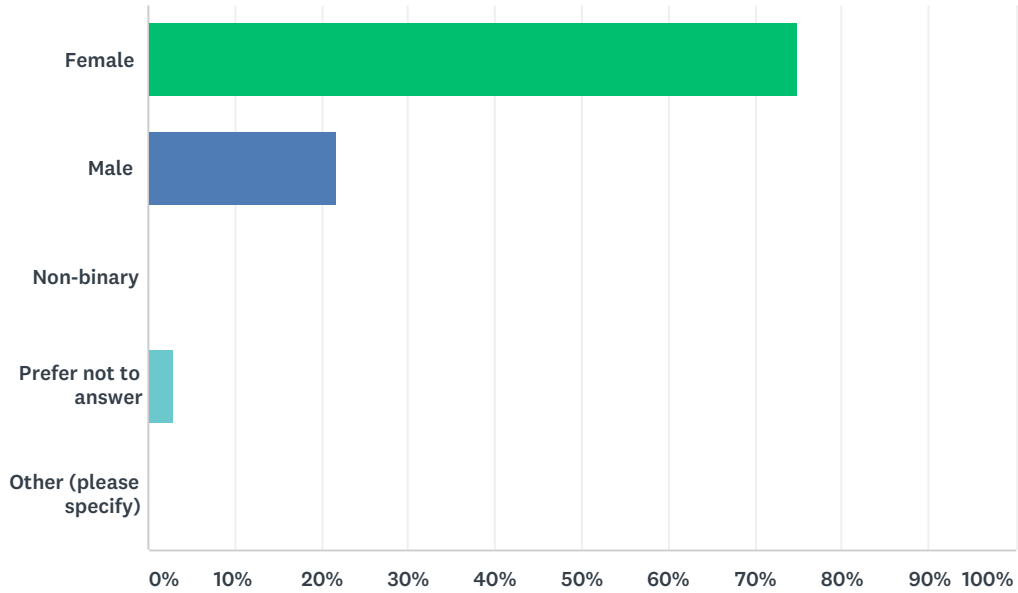
- I have only had small skin cancers, which were removed by the doctor
- My husband had cancer, but he handled his problems himself.
- This is tough for me, I lived and learned. Again, there are resources but you just go, listen and learn. I went to CVPH and had help with most of the above, also "John" at OFA was a big help.
- Don't know much about services

Miscellaneous positive experiences (4):

- We had good experiences
- I feel that we are doing really well with resources and I am happy with the help and support my grandparents had and that my aunt is getting now.
- I was diagnosed with colon cancer and had an operation to remove part of my colon. I have been very fortunate so far and have not had need of many of the services mentioned. I could imagine affordable home services being a real challenge.
- 2007...just happened to have gotten health ins just before I got diagnosed with Melanoma. Had Interferon every single day for a month, then 3 times a week for a whole year in Plattsburgh. Then 10 years of bi-yearly checkups at Fletcher Alan (to see the surgeon), and in P'burgh

Q10 What gender do you identify with?

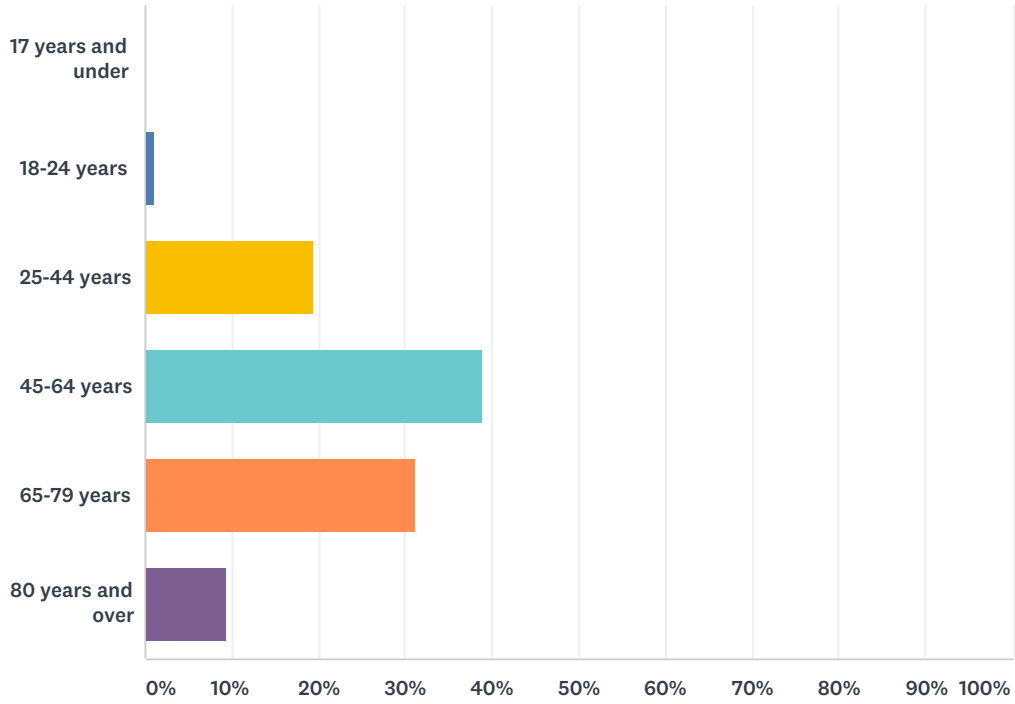
Answered: 354 Skipped: 0



ANSWER CHOICES	RESPONSES	
Female	74.86%	265
Male	21.75%	77
Non-binary	0.28%	1
Prefer not to answer	2.82%	10
Other (please specify)	0.28%	1
TOTAL		354

Q11 What is your age?

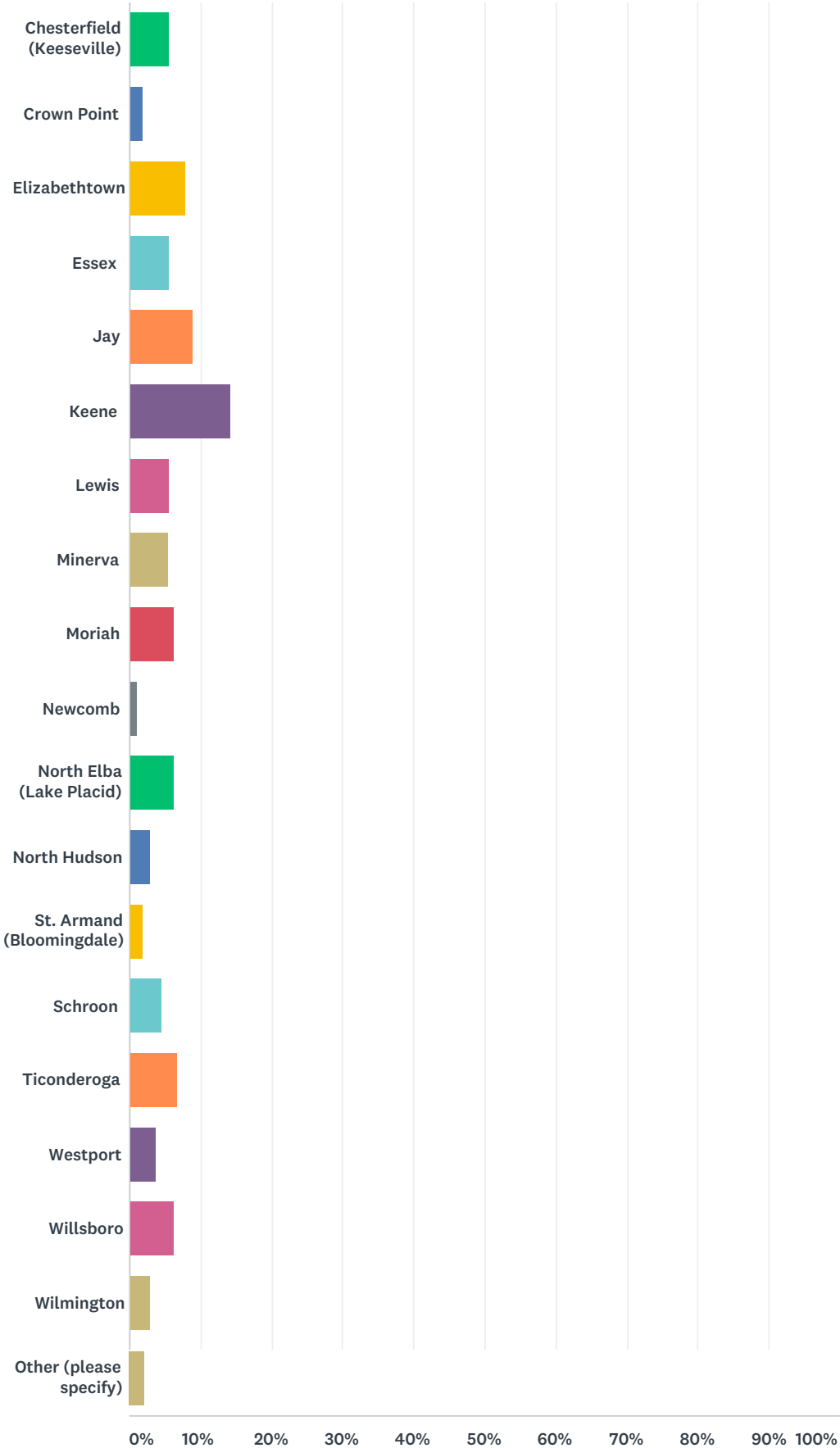
Answered: 354 Skipped: 0



ANSWER CHOICES	RESPONSES	
17 years and under	0.00%	0
18-24 years	1.13%	4
25-44 years	19.49%	69
45-64 years	38.98%	138
65-79 years	31.07%	110
80 years and over	9.32%	33
TOTAL		354

Q12 What city/town do you live in? Select only one based on your primary residence.

Answered: 354 Skipped: 0



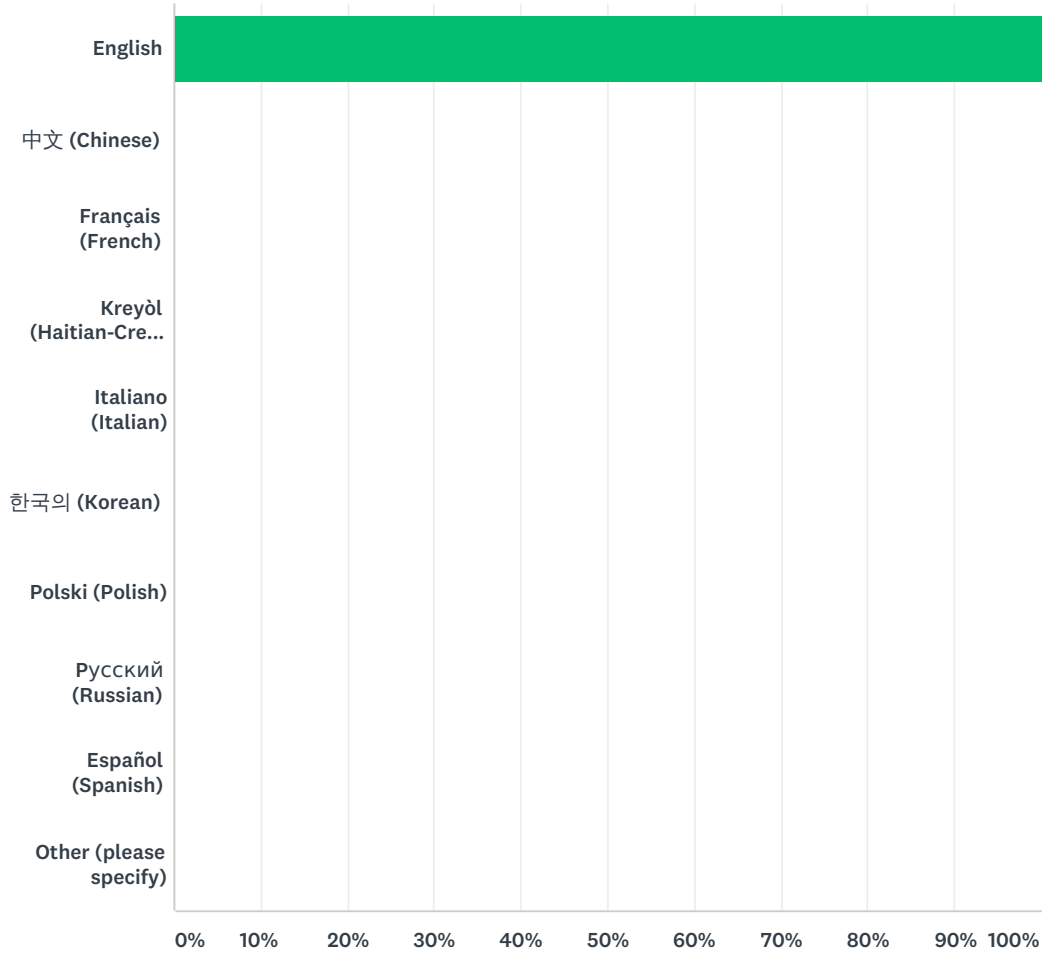
Essex County Health Partners: Community Survey Analysis Report

ANSWER CHOICES

	RESPONSES	
Chesterfield (Keeseville)	5.65%	20
Crown Point	1.98%	7
Elizabethtown	7.91%	28
Essex	5.65%	20
Jay	9.04%	32
Keene	14.12%	50
Lewis	5.65%	20
Minerva	5.37%	19
Moriah	6.21%	22
Newcomb	1.13%	4
North Elba (Lake Placid)	6.21%	22
North Hudson	2.82%	10
St. Armand (Bloomingdale)	1.98%	7
Schroon	4.52%	16
Ticonderoga	6.78%	24
Westport	3.67%	13
Willsboro	6.21%	22
Wilmington	2.82%	10
Other (please specify)	2.26%	8
TOTAL		354

Q13 What is the primary language spoken in your household?

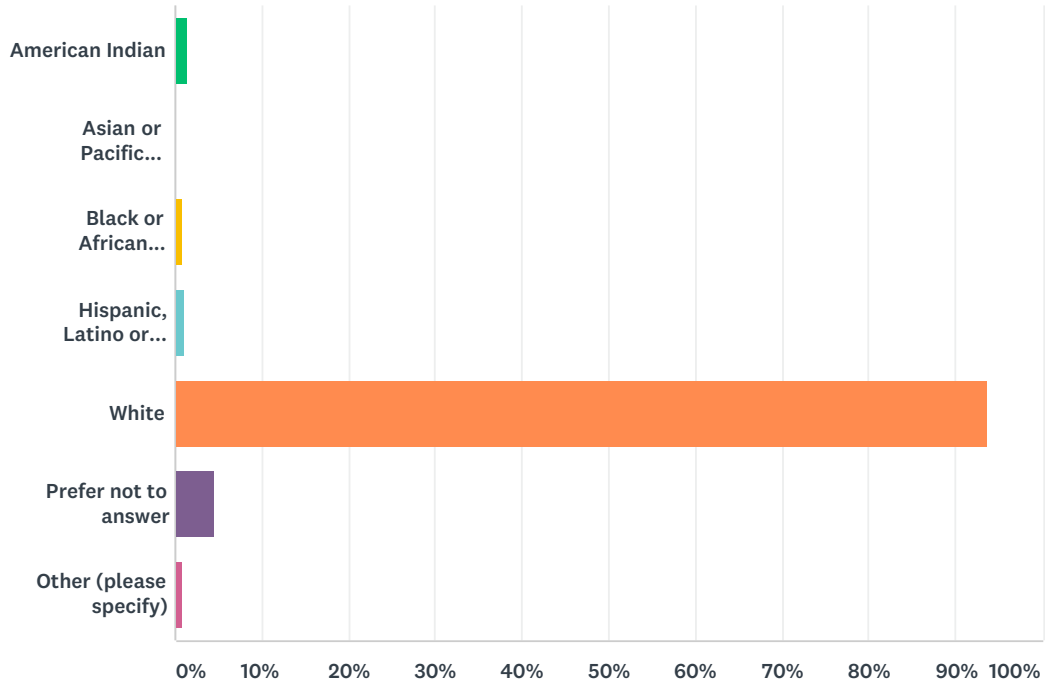
Answered: 354 Skipped: 0



ANSWER CHOICES	RESPONSES	
English	100.00%	354
中文 (Chinese)	0.00%	0
Français (French)	0.00%	0
Kreyòl (Haitian-Creole)	0.00%	0
Italiano (Italian)	0.00%	0
한국의 (Korean)	0.00%	0
Polski (Polish)	0.00%	0
Русский (Russian)	0.00%	0
Español (Spanish)	0.00%	0
Other (please specify)	0.00%	0
TOTAL		354

Q14 What is your race/ethnicity? Select all that apply.

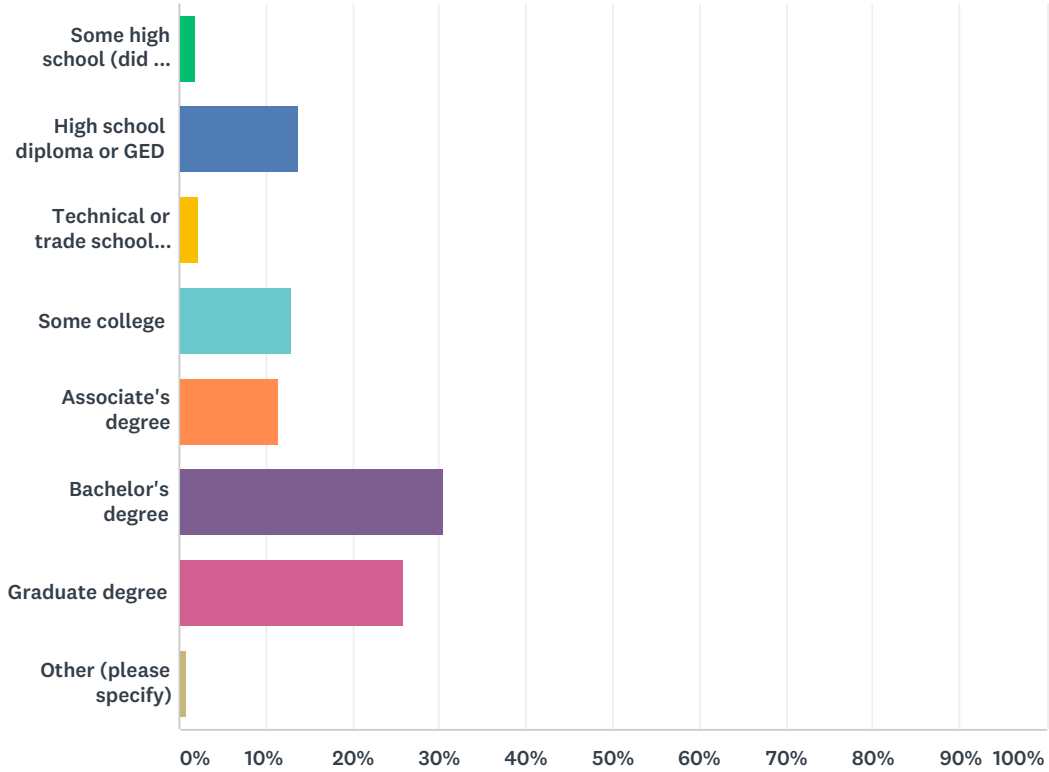
Answered: 354 Skipped: 0



ANSWER CHOICES	RESPONSES	
American Indian	1.41%	5
Asian or Pacific Islander	0.28%	1
Black or African American	0.85%	3
Hispanic, Latino or Spanish origin	1.13%	4
White	93.79%	332
Prefer not to answer	4.52%	16
Other (please specify)	0.85%	3
Total Respondents: 354		

Q15 What is your highest level of education?

Answered: 354 Skipped: 0

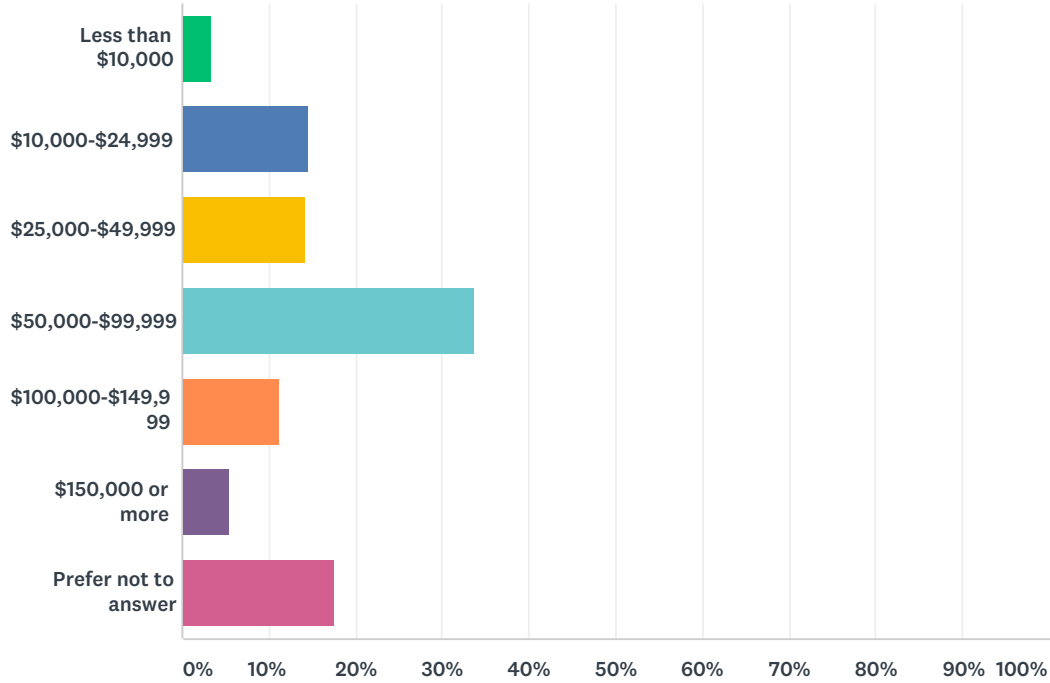


ANSWER CHOICES	RESPONSES	
Some high school (did not finish)	1.98%	7
High school diploma or GED	13.84%	49
Technical or trade school certificate	2.26%	8
Some college	12.99%	46
Associate's degree	11.58%	41
Bachelor's degree	30.51%	108
Graduate degree	25.99%	92
Other (please specify)	0.85%	3
TOTAL		354

Essex County Health Partners: Community Survey Analysis Report

Q16 What is your household's annual income?

Answered: 354 Skipped: 0

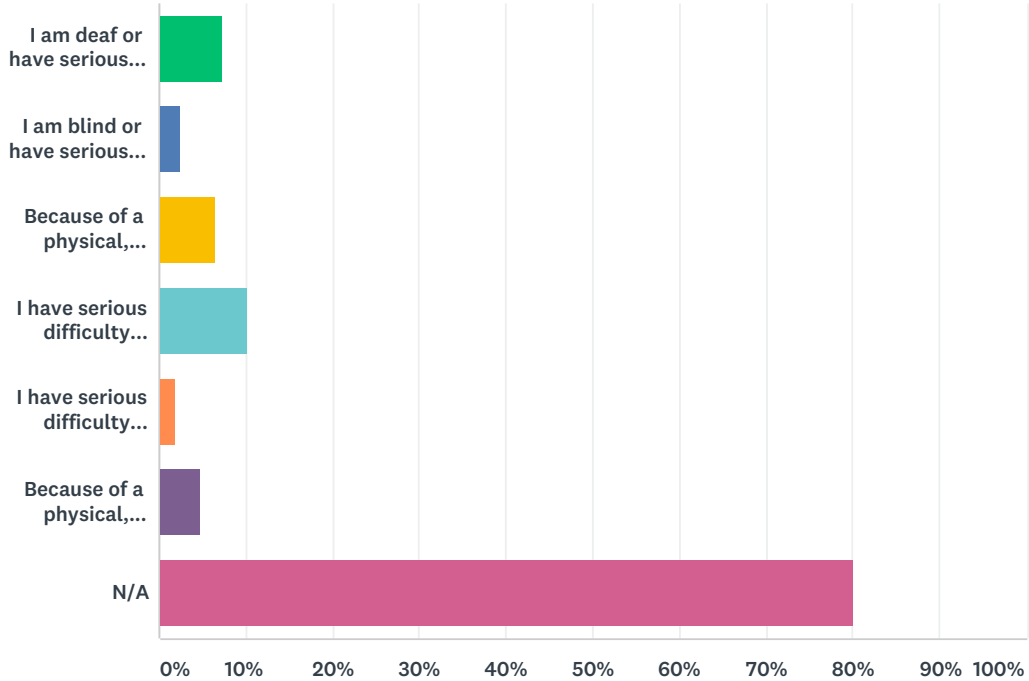


ANSWER CHOICES	RESPONSES	
Less than \$10,000	3.39%	12
\$10,000-\$24,999	14.69%	52
\$25,000-\$49,999	14.12%	50
\$50,000-\$99,999	33.62%	119
\$100,000-\$149,999	11.30%	40
\$150,000 or more	5.37%	19
Prefer not to answer	17.51%	62
TOTAL		354

Essex County Health Partners: Community Survey Analysis Report

Q17 Do any of the following apply to you? Select all that apply.

Answered: 354 Skipped: 0



ANSWER CHOICES	RESPONSES	
I am deaf or have serious difficulty hearing	7.34%	26
I am blind or have serious difficulty seeing, even when wearing glasses	2.54%	9
Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions.	6.50%	23
I have serious difficulty walking or climbing stairs	10.17%	36
I have serious difficulty dressing or bathing	1.98%	7
Because of a physical, mental, or emotional condition, I have difficulty doing errands alone, such as visiting a doctor's office or shopping.	4.80%	17
N/A	80.23%	284
Total Respondents: 354		