

Dutchess County ICA Community Health Survey 2012 Final Report

March 24, 2014

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Acknowledgements

The Dutchess County Department of Health thanks the Integrated County Assessment (ICA) Workgroup for their collaboration in the design of the survey and support of this undertaking, as well as Donna Ford of Metrix Matrix for coordinating the survey administration and processing. We also wish to thank the 1,157 Dutchess County residents who participated in the survey and gave us important input.

Special thanks to Health Quest, St Francis Hospital, and the Foundation for Community Health for their financial support.

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Appendix A Map of Dutchess County

Appendix B Survey Script

Overview

Background

The purpose of this countywide survey is to identify community health and quality of life priority issues from the perspective of Dutchess County residents. The 2012-2013 community health assessment survey builds on the previous survey conducted in 2009. One thousand, one hundred and fifty-seven adults living in Dutchess County were invited to participate in a telephone survey, conducted from the end of November 2012 through mid January 2013. This report presents findings on community safety and health, access to healthcare and other social services, community features, and overall quality of life in Dutchess County.

For the purposes of data collection and analysis, the county was subdivided into four regions – three multi-zip code regions and the fourth consisting of the municipality of City of Poughkeepsie. The boundaries were established based on sociodemographic similarities/dissimilarities as well as geographic considerations. Knowledge of transportation and essential services layout throughout the county was also considered. Due to its unique qualities – notably racial and ethnic composition, population density and socioeconomic characteristics - the City of Poughkeepsie was identified as a region of its own. Survey results were analyzed by the regions described, as well as by age, gender, race/ethnicity, educational level and income.

Highlights

Substance abuse (42%) and *unsafe roads/driving* (39%) were the top two perceived threats to community safety. These were also the top two issues identified in 2009, in the reverse order. With the exception of unsafe roads and driving, City of Poughkeepsie residents were significantly more concerned about all community safety issues, especially crime and firearms.

Lyme disease was the highest ranked environmental concern (65%), particularly in the northern and eastern parts of Dutchess County. Lyme disease was also the most prevalent environmental concern in 2009.

Health insurance was the primary reason cited for not receiving needed healthcare services, both in the context of being uninsured (11.6%) or underinsured (i.e. non-coverage of certain services or providers, or the cost of copays/deductibles). Dental care, as in 2009, was the most common type of healthcare service needed but not received. Adults with health insurance were 85% less likely to have any unmet healthcare need in the past year and were 20 times more likely to have a primary care provider than uninsured adults, controlling for age, gender, race/ethnicity, income, and education.

Methodology

Regional Approach

For the purposes of data collection and analysis, the county was subdivided into four regions – three multi-zip code regions corresponding to the county’s Northwest quadrant, Southwest quadrant, Eastern region, and the fourth consisting of the municipality of City of Poughkeepsie (Appendix A). The boundaries were established based on sociodemographic similarities/dissimilarities as well as geographic considerations, access to services, and input from ICA 2009 team members based on their experience working with various population sub-groups within the county. Knowledge of transportation and essential services layout throughout the county was also considered. Due to its unique characteristics – notably racial and ethnic composition, population density and socioeconomic issues - the City of Poughkeepsie was identified as a region of its own.

The geographic boundaries used in 2012 were the same as in 2009; however, the Eastern region is no longer referred to as the “Northeastern” region, since it does include the entire eastern portion of Dutchess County from the towns of Beekman and Pawling in the southeastern quadrant to the towns of Pine Plains and Northeast in the northeastern quadrant.

Survey Data Collection

Data were collected using a telephone survey. The full survey script is available in Appendix B. The survey was conducted by Metrix Matrix, Inc., a Rochester-based telephone survey research firm. Calls were made from the end of November 2012 through mid January 2013, Mondays through Fridays, between 9:00 AM and 8:00 PM, and on Saturdays between 11:00 AM and 2:00 PM. Calls were made randomly to households and cell phones in each region of the county. Respondents were required to be at least 18 years of age and confidentiality was ensured through use of a telephone list with no addresses or names attached. In addition, respondents were not asked for any personal information aside from the demographic data included in the survey. The average length of time for each completed survey was approximately 20 minutes.

A total of 11,227 calls were made. There was a 50% refusal rate, and an additional 39% of calls were ‘retired’ due to incorrect numbers or a total of five tries without a response. The overall rate of completed surveys (n=1,157) was approximately 10%. There were 142 surveys (12%) completed by cell phone.

Survey sampling was planned so the sample of completed surveys for each region in Dutchess County was proportionate to the total population in each of the four regions. However, due to response patterns there were some deviations from the regional target

sample sizes, particularly within the City of Poughkeepsie. Correction for regional under- and over-sampling was addressed in the weighting process described below.

Survey Sample Size (Target and Actual), and 2010 Census Population Dutchess County			
Region	Target Sample n (%)	Actual Sample n (%)	2010 Census ¹ n (%)
Northwest	196 (19.6%)	213 (18.4%)	45,391 (20.0%)
East	183 (18.3%)	179 (15.4%)	40,280 (17.7%)
Southwest	511 (51.1%)	483 (41.7%)	115,212 (50.8%)
City of Poughkeepsie	110 (11.0%)	282 (24.4%)	25,468 (11.3%)
Total	1,000 (100%)	1,157 (100%)	226,351 (100%)

Data Weighting and Analysis

Post-stratification weighting was used to ensure the survey findings were representative of the total population. The 2010 U.S. Census population for Dutchess County, excluding residents incarcerated in state prisons, was used to create post-stratification weights for each region by four demographic characteristics: Gender, Age, Hispanic ethnicity, and Race.

Weighted frequencies were generated using PROC SURVEYFREQ in SAS 9.1. Differences in proportions were evaluated using the Rao-Scott chi-square test, which applies a design effect correction to the Pearson chi-square statistic.

Comparison of Surveys

To obtain the best possible estimates of current community priorities and needs, the aforementioned weighting process incorporated data from the 2010 Census rather than the 2000 Census, which was used in the 2009 survey weighting process. In most cases this should not impact the comparability of the two surveys, but it is worth noting.²

Limitations

Residents living in institutional settings and those who did not speak any English were excluded from the sample. Cell phones were included in the sampling frame, however the success rate was poor in contacting the numbers obtained. This survey relies on self-reported data, which tend to underestimate undesirable qualities and behaviors. The

¹ Incarcerated residents living in three large state prisons (n=5,759) were excluded from the 2010 Dutchess County reference population in the weighting process, as the demographic characteristics of these predominantly male cohorts are not reflective of the communities surveyed.

² New York City Department of Health and Mental Hygiene. Sep 2012. *Methodology updates to the Community Health Surveys*. <http://www.nyc.gov/html/doh/downloads/pdf/epi/epiresearch-chsmethods.pdf>.

ability to recall information about the past may also affect the accuracy of the responses. Some survey questions had a small number of respondents, making it infeasible to analyze differences between sub-groups of the county for these items. Sample size is indicated where appropriate throughout the results.

Respondent Characteristics

Throughout the report, statistically significant differences between subpopulations are identified. Non-significant results are not mentioned unless appropriate to underscore an issue.

Age, Gender, Race and Ethnicity

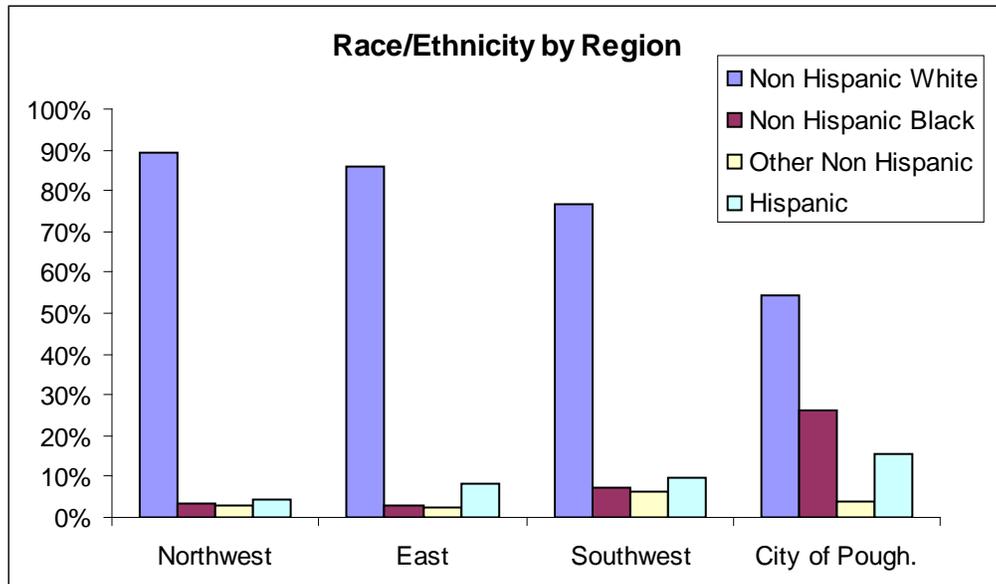
Consistent with the non-institutionalized 2010 Census population, about half of the weighted sample fell between the ages of 35 and 59 years and there were approximately as many males as females. The weighted proportion of respondents by race and ethnicity was also highly consistent with the 2010 Census population. Over three quarters of county residents self-identified as Non Hispanic White.

Age Group	Percent of Respondents
18-21 Years	8.6%
22-34 Years	18.6%
35-59 Years	47.8%
60-74 Years	16.7%
75+ Years	8.2%

Gender	Percent of Respondents
Male	48.2%
Female	51.8%

Race/Ethnicity	Percent of Respondents
Non Hispanic White	78.5%
Non Hispanic Black	8.0%
Non Hispanic Other	4.6%
Hispanic	8.9%

There were no significant regional differences by gender or age. However, the City of Poughkeepsie was markedly different from the other three regions with respect to race and ethnicity, having significantly higher proportions of Non Hispanic Blacks and Hispanic/Latino individuals and a lower proportion of Non Hispanic Whites. The population of the Southwest region, which includes the next largest urban area in Dutchess County (City of Beacon), was also slightly more diverse than the East and Northwest regions.



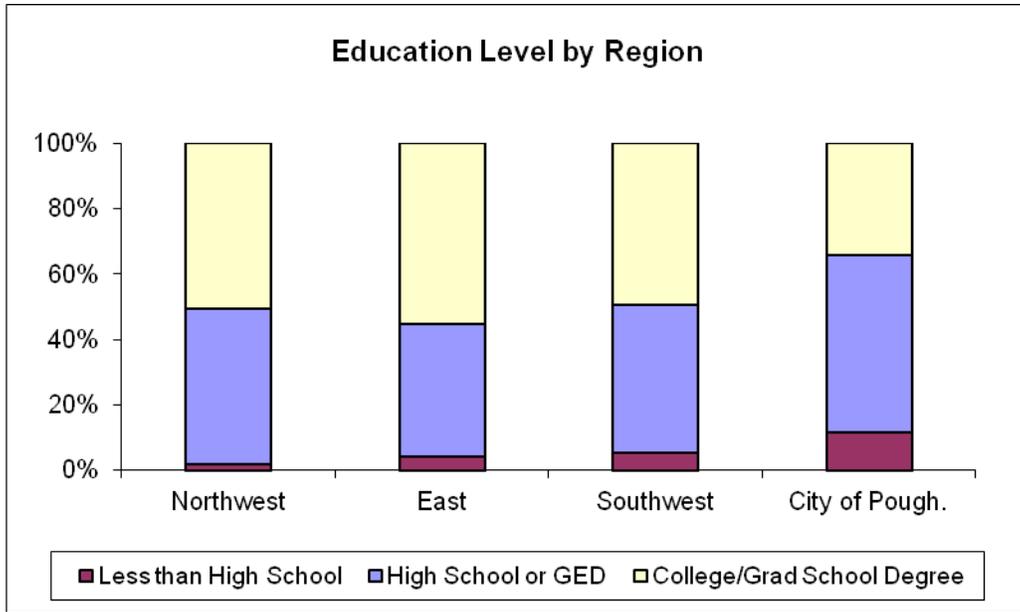
Other Demographic Characteristics

Education Level

About half of the sample had a college or graduate degree. Only a small minority (5%) did not have a high school diploma.

Level of Education	Percent of Respondents
Less than High School	5.0%
High School Diploma or GED	45.8%
College or Graduate School Degree	49.1%

There were regional disparities in educational attainment, with the City of Poughkeepsie having the highest proportion of adults without a high school diploma, and the lowest proportion of college graduates.

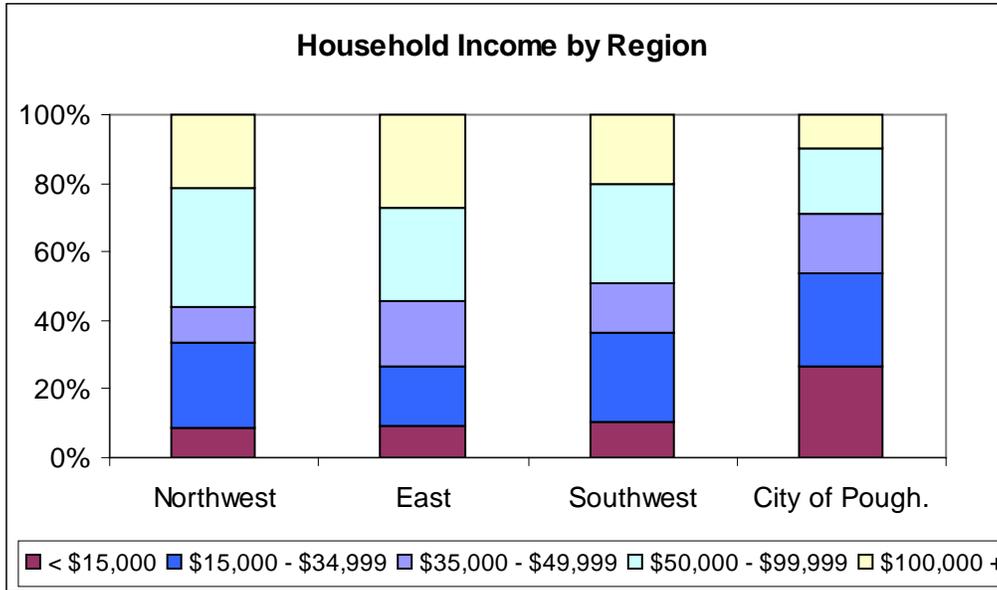


Household Income

Close to half of the respondents reported combined household incomes of \$50,000 or higher. Taking into consideration household size, approximately 40% of households were below 200% of the 2012 federal poverty guidelines (e.g., \$46,100 for a family of four).

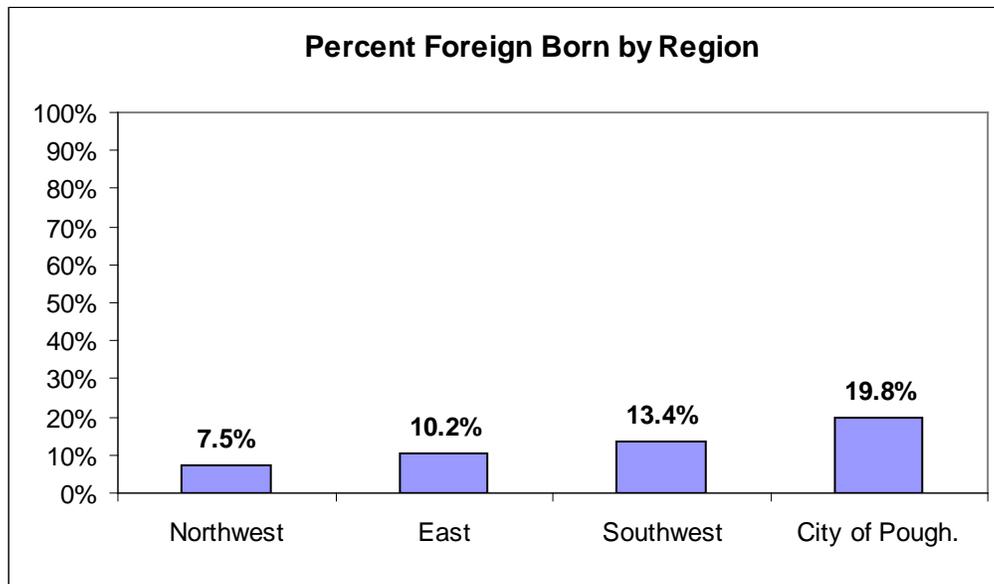
Household Income	Percent of Respondents
< \$15,000	11.6%
\$15,000 - \$34,999	24.5%
\$35,000 - \$49,999	14.6%
\$50,000 - \$99,999	28.7%
\$100,000 +	20.6%

Income disparities mirrored educational attainment. The City of Poughkeepsie had the lowest proportion of high household incomes (approximately 29%) and the highest percentage of incomes below \$15,000 (26%). The Northwest had the highest proportion of household incomes of \$50,000 or higher (approximately 56%), followed by the East (approximately 54%), and the Southwest (approximately 49%).



Country of Birth

Overall, 87.6% of respondents were born in the U.S. There were significant differences in the proportion of residents born outside the U.S. by region, ranging from a low of 7.5% in the Northwest to a high of 19.8% in the City of Poughkeepsie.



Primary Language Spoken at Home

The majority of respondents reported English as their primary language (94.8%). There were no significant regional differences although the City of Poughkeepsie had the highest percent of respondents who had a primary language other than English (9.4%), compared to a low of 2.4% in the Northwest, with the East and Southwest in between.

(5.1% and 5.5% respectively). As noted in the Limitations (see Methodology), residents who did not speak any English were not included in the sample; therefore, this survey likely underestimates the proportion of residents whose primary language was not English.

Home Ownership

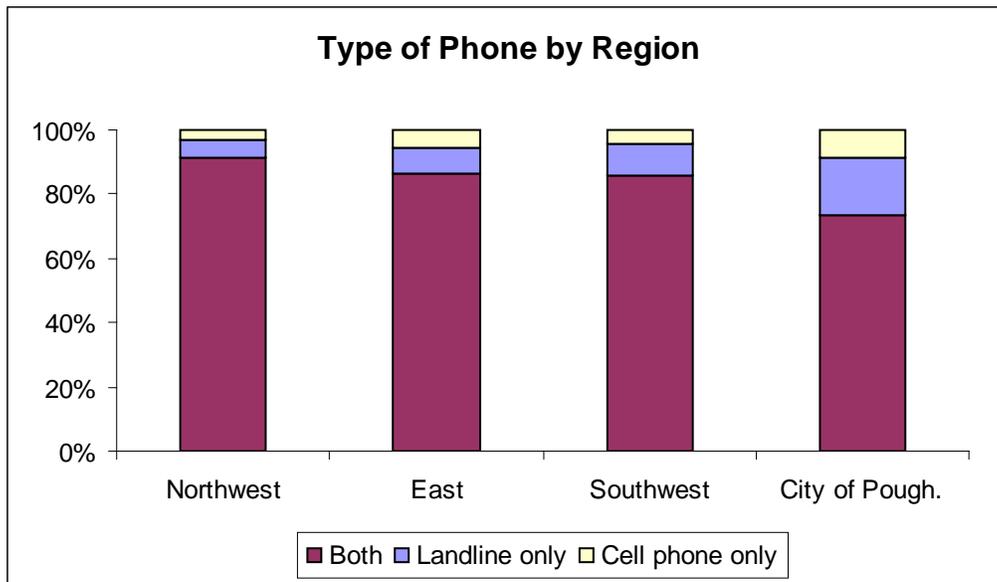
Overall, 60% of respondents reported owning their home and 40% rented. Regionally, the City of Poughkeepsie had a significantly lower rate of ownership (27.8%), followed by the Southwest (59.8%); the East and Northwest regions had the highest rates (71% and 68.5% respectively).

Military Service

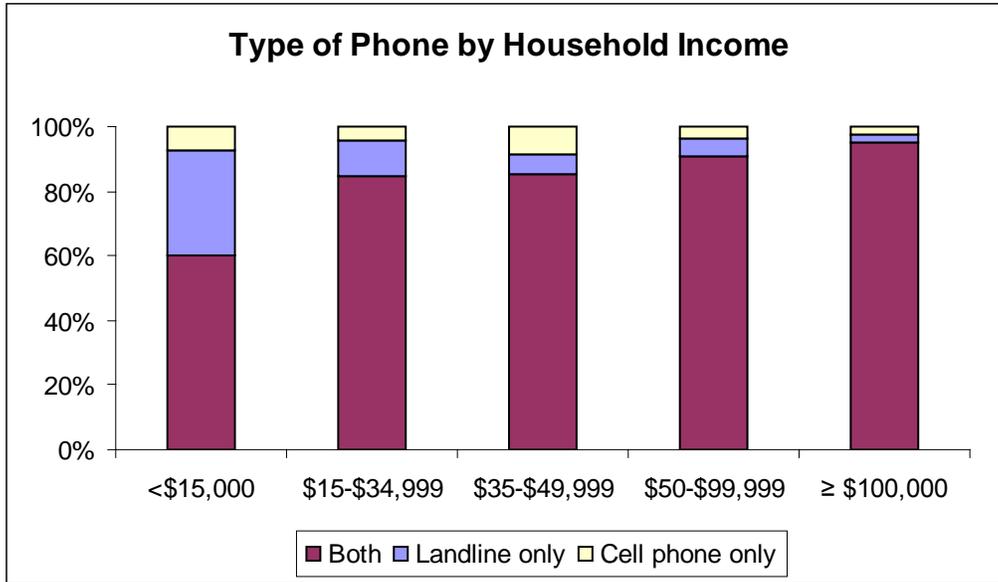
Ten percent of respondents reported current or former active military service. There were no significant regional differences.

Landline and Cell Phone Use

The vast majority of respondents (85.6%) had both a landline and a cell phone. Residents of the City of Poughkeepsie were significantly less likely to have both types of phones than residents of other regions.



Respondents living in households with higher incomes were significantly more likely to have both types of phones.



Again, as noted in the Methodology, the success rate in contacting cell phones was poor. The survey may overestimate the frequency of landline-only users and those with both a landline and a cell phone.

Community Safety

Threats to Safety

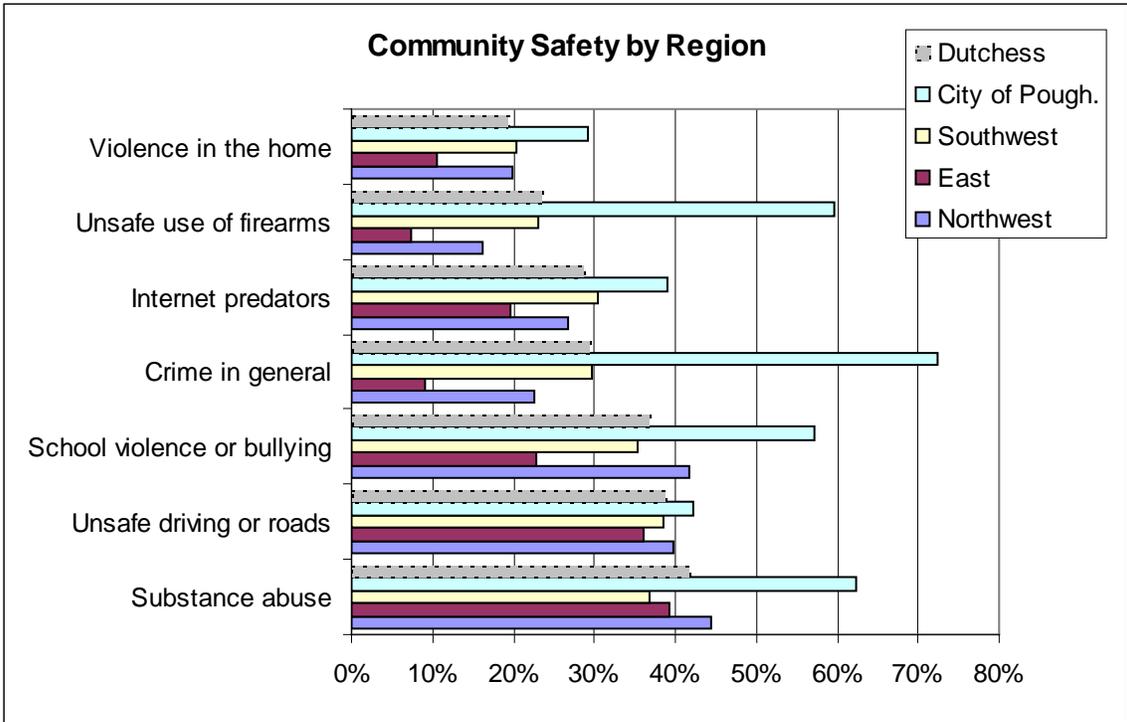
“In your opinion, are any of the following issues a serious threat to safety in your community?”

Similar to 2009, substance abuse and unsafe driving were the top two safety concerns, though in reverse order. School violence/bullying remained in the third position. Relatively large proportions of the sample answered “don’t know” when asked about the following threats: substance abuse (22%), unsafe use of firearms (20%), violence in the home (26%), school violence/bullying (27%), and internet predators (34%). The percent of “don’t know” responses increased significantly with age for substance abuse, violence in the home, and internet predators.

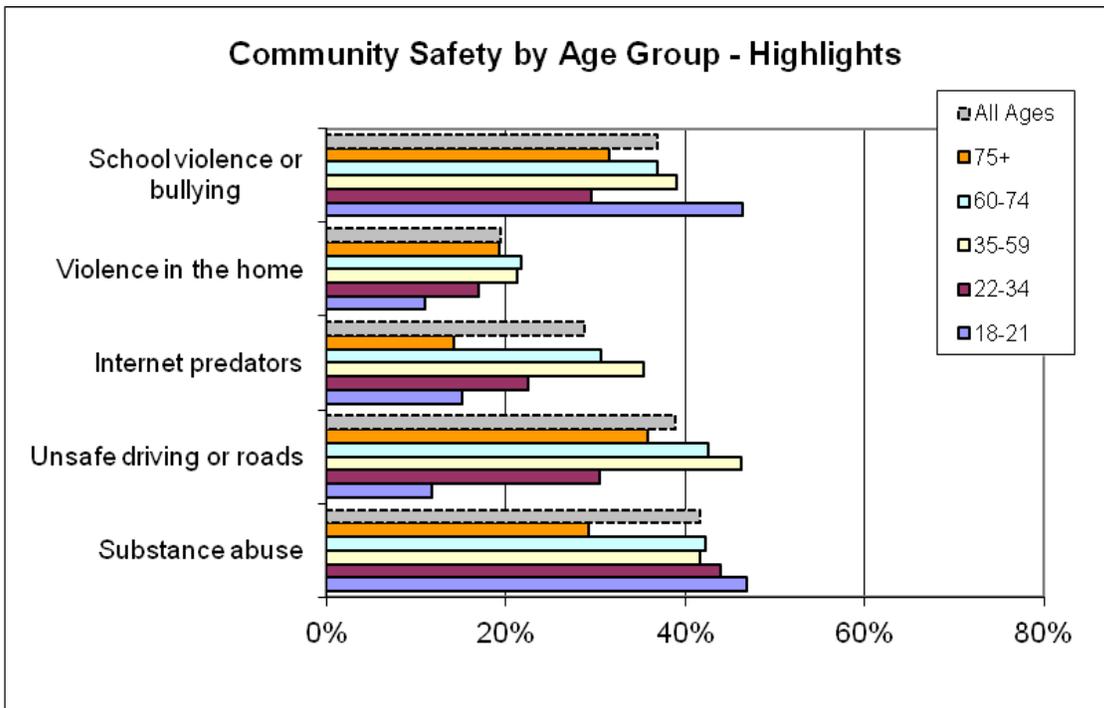
Community Safety Issues	Percent of Respondents
Substance abuse	41.6%
Unsafe driving or roads	38.8%
School violence or bullying	36.9%
Crime in general	29.4%
Internet predators	28.7%
Unsafe use of firearms	23.6%
Violence in the home	19.5%

Key Findings

The City of Poughkeepsie had significantly higher levels of concern for all safety issues *except* unsafe driving or roads, compared to the other three regions. In particular, City of Poughkeepsie residents were over 10 times more likely than Northwestern residents to report concern about crime and firearms in their communities, controlling for all other demographic characteristics.

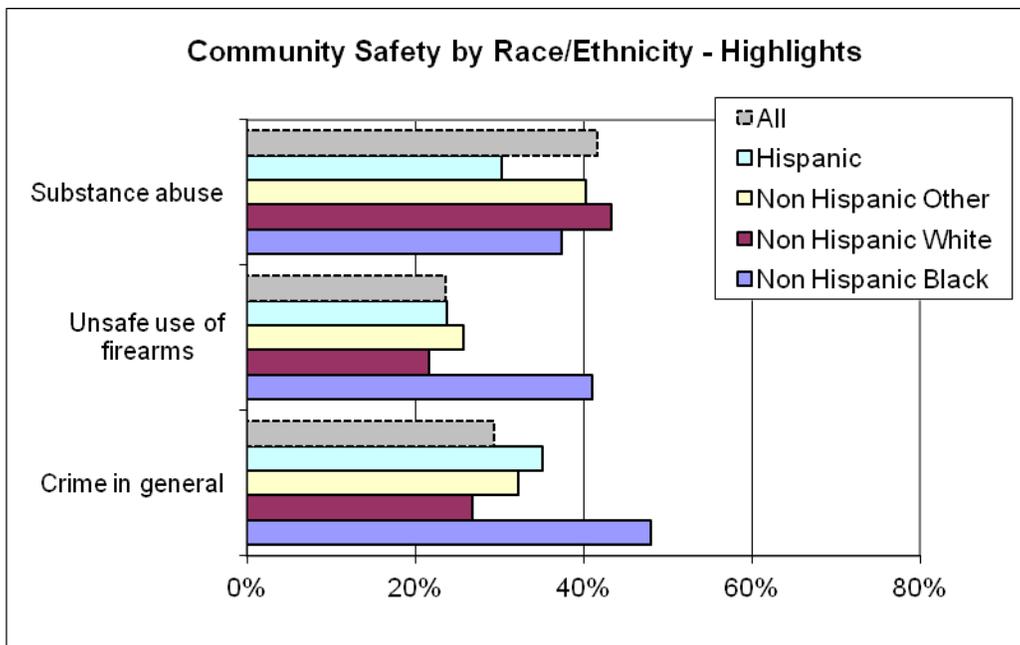


There were significant differences between age groups with regards to unsafe driving, violence in the home, school bullying, and Internet predators. Controlling for all other characteristics, young adults were more concerned about substance abuse and school violence, but less concerned about domestic violence, unsafe driving or roads, and internet predators.

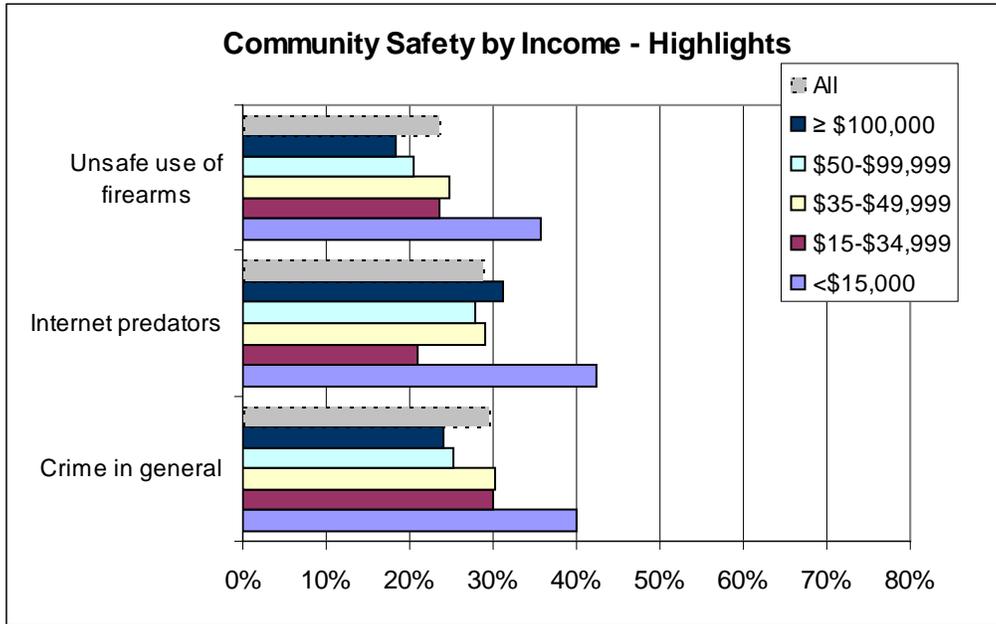


Considering race and ethnicity alone, significantly more Non Hispanic Black respondents were concerned about crime and firearms in their communities than Non Hispanic White respondents and Hispanic respondents. However, in multivariable models that controlled for other demographic characteristics, only region and gender were significant predictors of concern about crime, while region and income were the only significant predictors of concern about firearms.

Meanwhile, race/ethnicity remained significant predictors of concern about substance abuse when controlling for all other demographic characteristics. Non-Hispanic Blacks were 50% less likely than Non-Hispanic Whites to report substance abuse as a serious threat in their community, and Hispanics were 70% less likely than Non-Hispanic Whites to report substance abuse as a safety concern.



Again, when considering income alone, low-income residents were more frequently concerned about most safety threats in their community. In multivariable models, income remained a significant predictor only for concern about firearms.



Environmental Threats

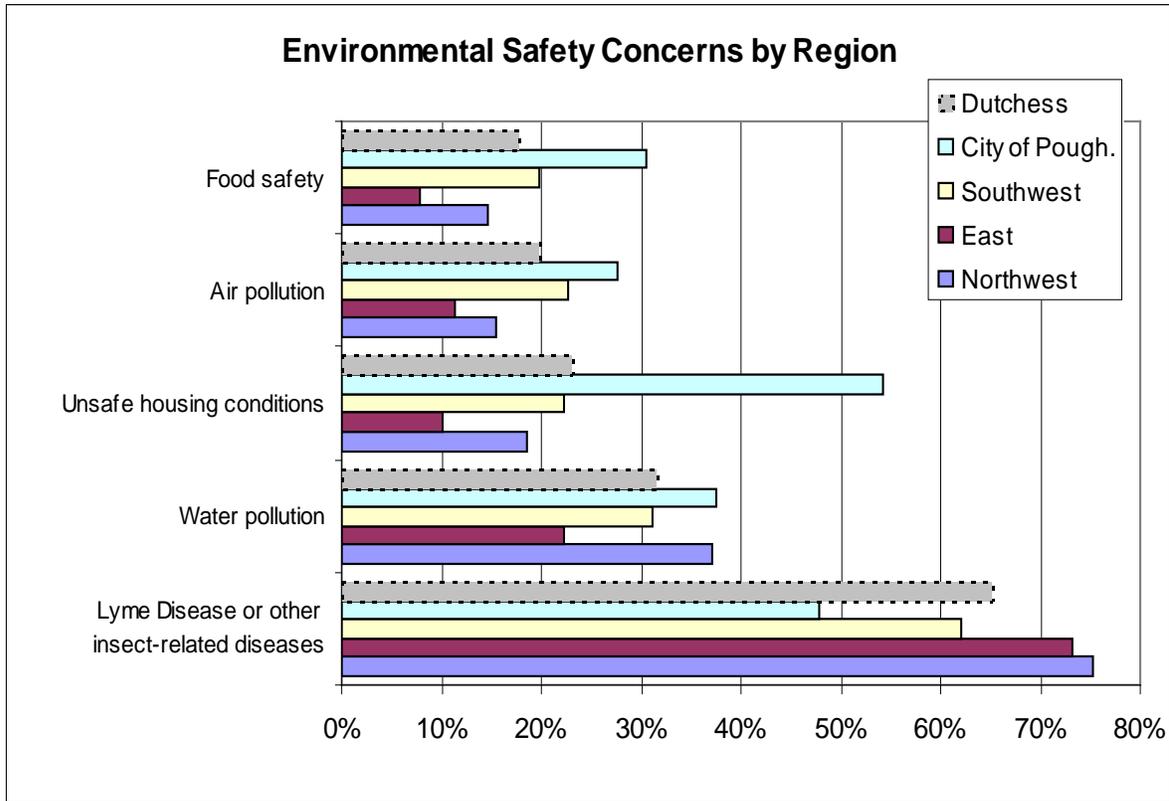
“In your opinion, are any of the following a serious environmental health issue in your community?”

As in 2009, about two-thirds of the survey population responded “yes” to Lyme disease and other insect-related diseases. The percent of “don’t know” responses ranged from approximately 15% to 20% across the environmental health issues.

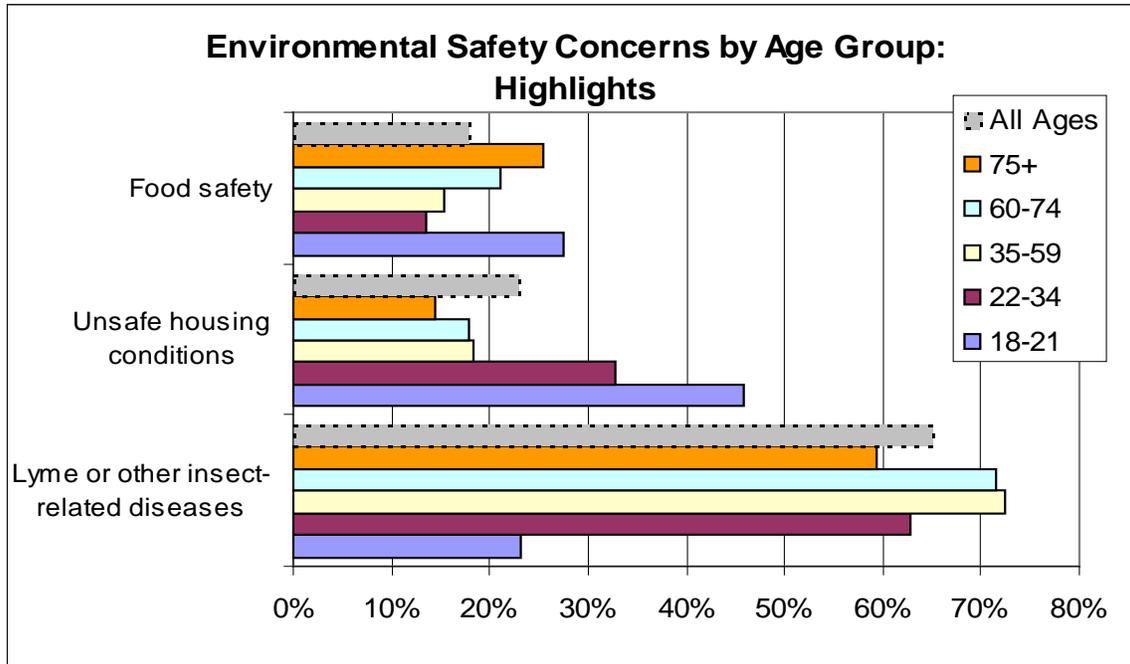
Environmental Health Issues	Percent of Respondents
Lyme Disease or other insect-related diseases	65.1%
Water pollution	31.5%
Unsafe housing conditions	23.0%
Air pollution	19.8%
Food safety	17.8%

Key Findings

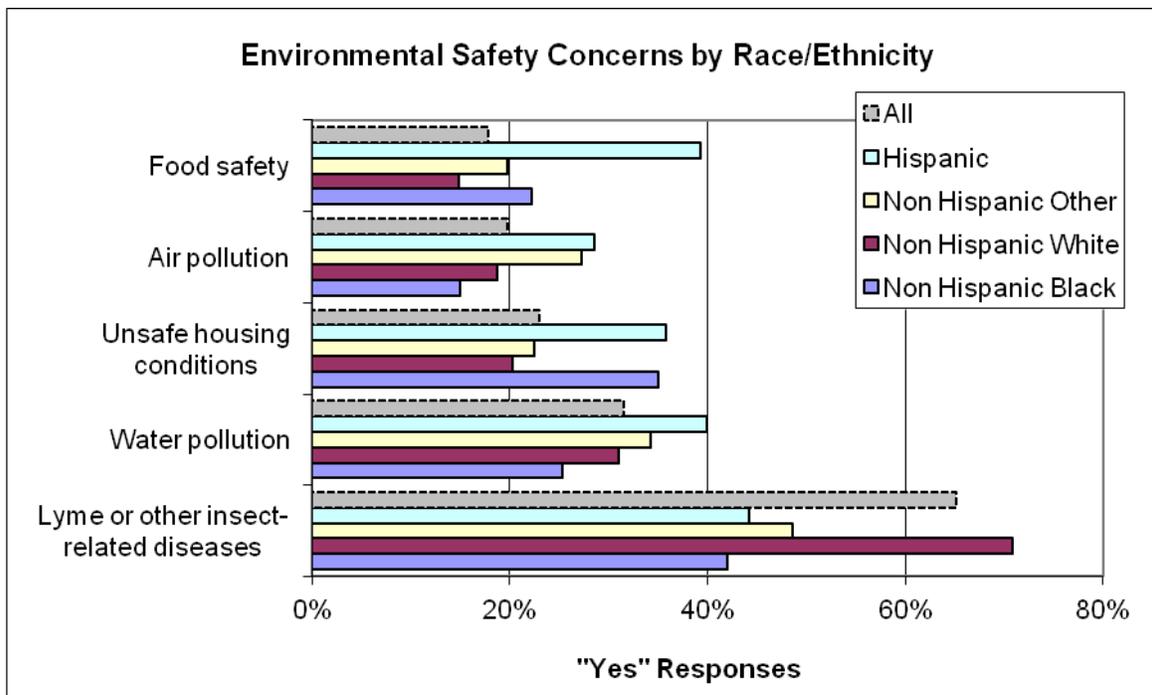
Lyme disease (and other insect-related diseases) was the only one of the five health issues that a majority of respondents considered a serious health issue in their community. A particularly high proportion of residents in the Northwest region (75%) and Eastern region (73%) were concerned about tick-borne diseases. Residents of the City of Poughkeepsie were considerably more concerned about unsafe housing (54%) than all other regions (less than 25%).



Age-specific differences were observed for three of the five issues. Young adults were least concerned about insect-related disease but most concerned about unsafe housing. In multivariable models controlling for all other demographic characteristics, age remained a significant predictor of concern about unsafe housing conditions, with decreasing concern associated with older age.

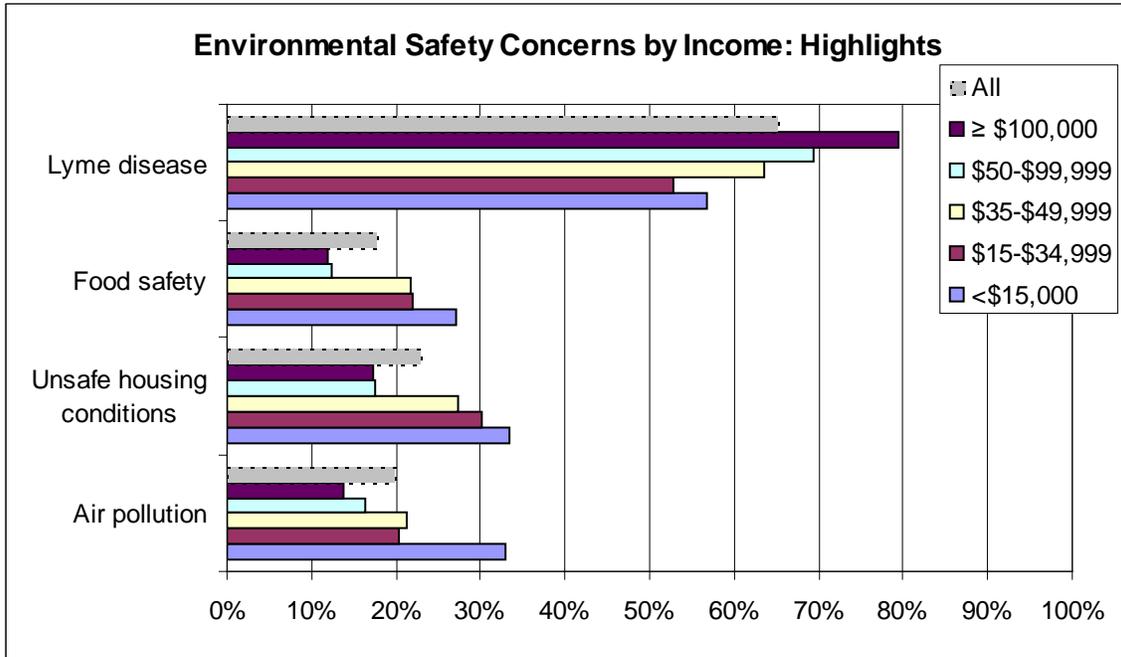


Controlling for all other demographic characteristics, Non-Hispanic White respondents were twice as likely to be concerned about Lyme disease and other insect-related diseases than Non-Hispanic Blacks. Meanwhile, Hispanics were four times more likely to be concerned about food safety than Non-Hispanic Whites.



Females were 72% more likely to report concern about unsafe housing conditions, controlling for all other characteristics. There were no other significant differences

between males and females in environmental safety concerns. While concerns about food safety, housing conditions, and air pollution decreased significantly with increasing household income, the reverse was true for Lyme disease and other insect-borne illnesses. Income trends in concern about air pollution, food safety, and insect-borne diseases remained significant in multivariable models.



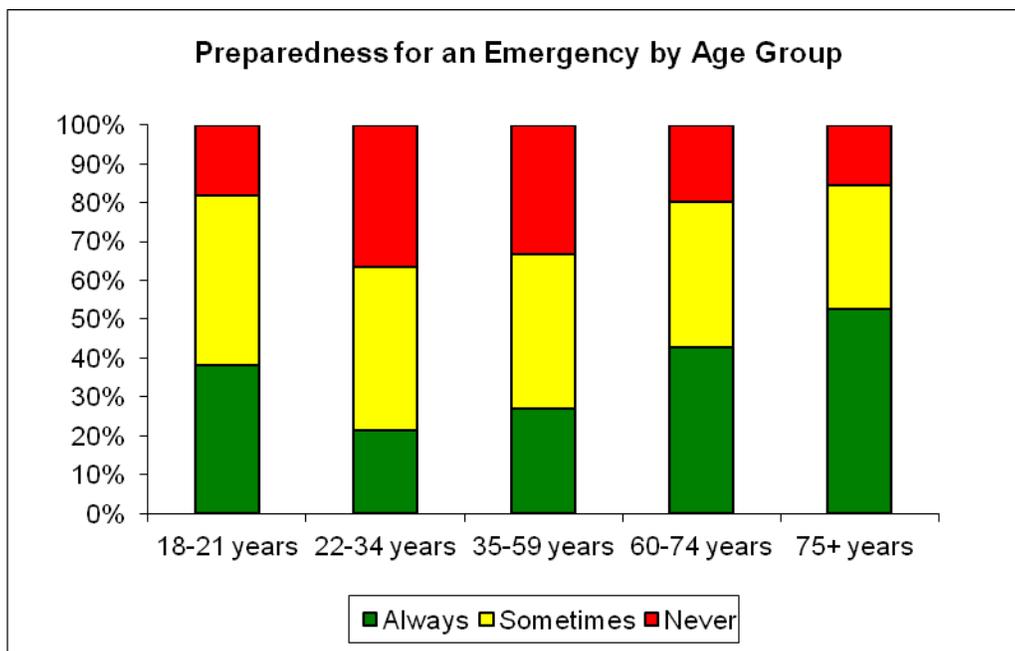
Natural Disasters and Emergency Preparedness

“In preparation for an emergency - like a winter storm - do you stockpile at least a two week supply of emergency food and supplies, such as canned food, bottled water and any medicine you take regularly?”

Overall, 32% of residents were not prepared at all. This was similar to but slightly lower than the proportion of respondents who reported never having a stockpile of food, supplies, and medications in the 2009 survey (38%).

Respondents prepared with two-week supply of food, supplies, and medications for an emergency (n = 1,157)	
Always	32.0%
Sometimes	39.4%
Never	28.6%

Differences across regions, gender, and racial/ethnic groups were not statistically significant with the exception of age. Controlling for all other demographic characteristics, older adults were twice as likely to prepare for emergencies at least some of the time compared with younger adults (grouping together the two youngest age groups), with borderline statistical significance.



Healthcare Access

Health Insurance Coverage

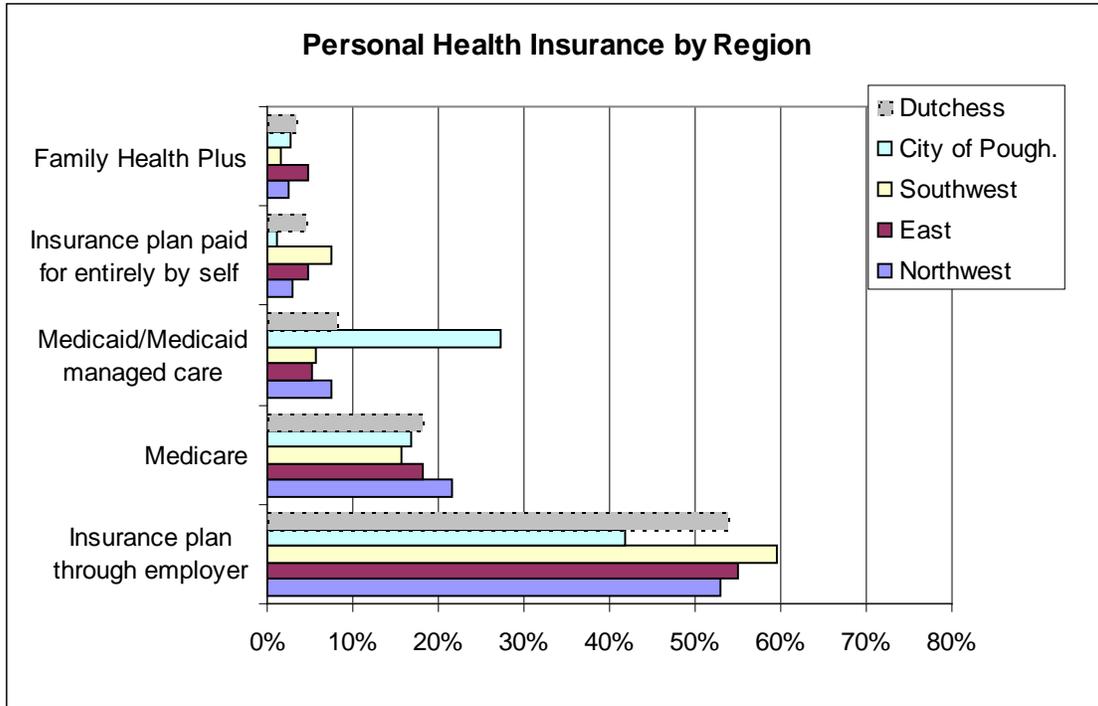
“What kind of health insurance do you currently have for yourself?”

The proportion of residents who reported not having any health insurance (11.6%) was similar to the 2009 survey (10.8%). Both estimates were somewhat higher than the U.S. Census Bureau estimate (9.3%) for 2010-2012 (*American Community Survey*).

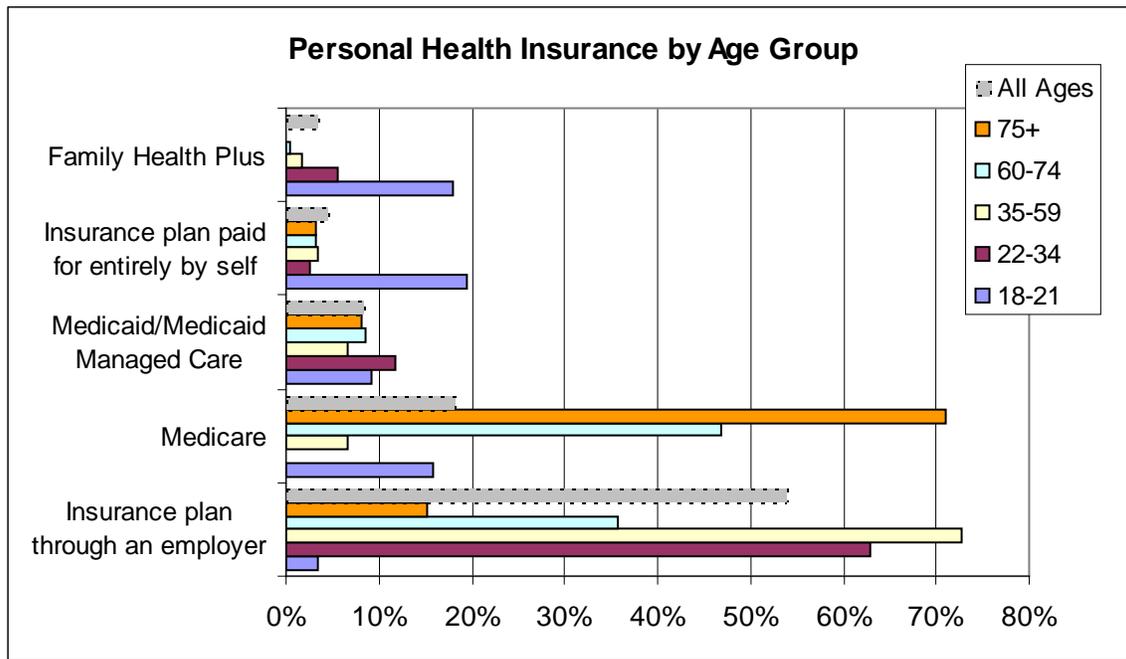
Insurance Coverage	Percent of Respondents
Insurance plan through employer	53.9%
Medicare	18.3%
Medicaid/Medicaid managed care	8.3%
Insurance plan paid for entirely by self	4.5%
Family Health Plus ³	3.5%
Do not have health insurance	11.6%

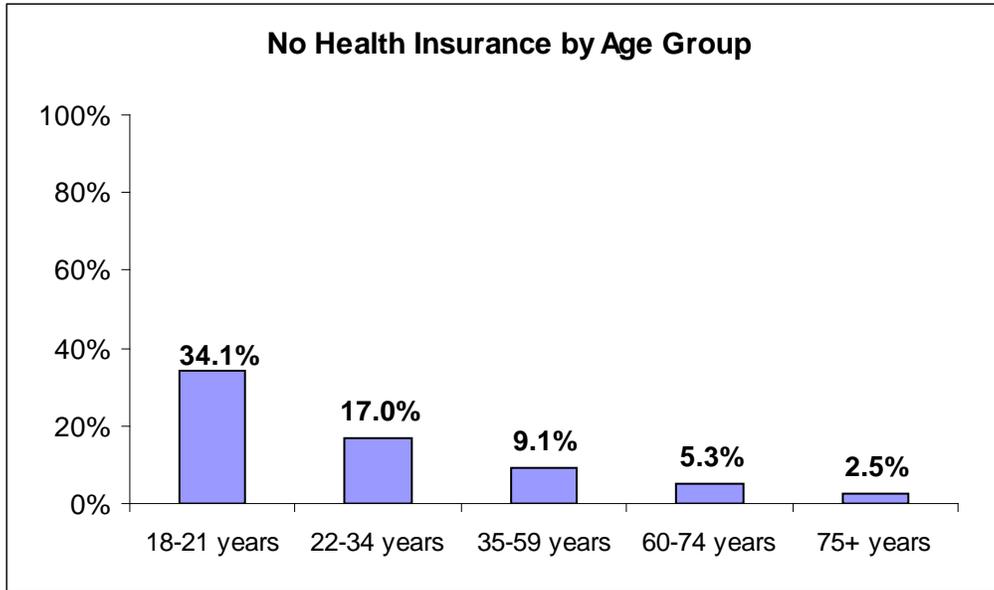
There were no meaningful differences in the percent of uninsured residents by region, while the City of Poughkeepsie had the highest proportion of Medicaid recipients (27% versus less than 10% in the other regions) and the lowest proportion of employer-based health plans (41% versus more than 50% in the other regions).

³ Under the Affordable Care Act, Family Health Plus will end in 2014; however, members will be eligible to enroll in a new plan via the NYS Health Marketplace.

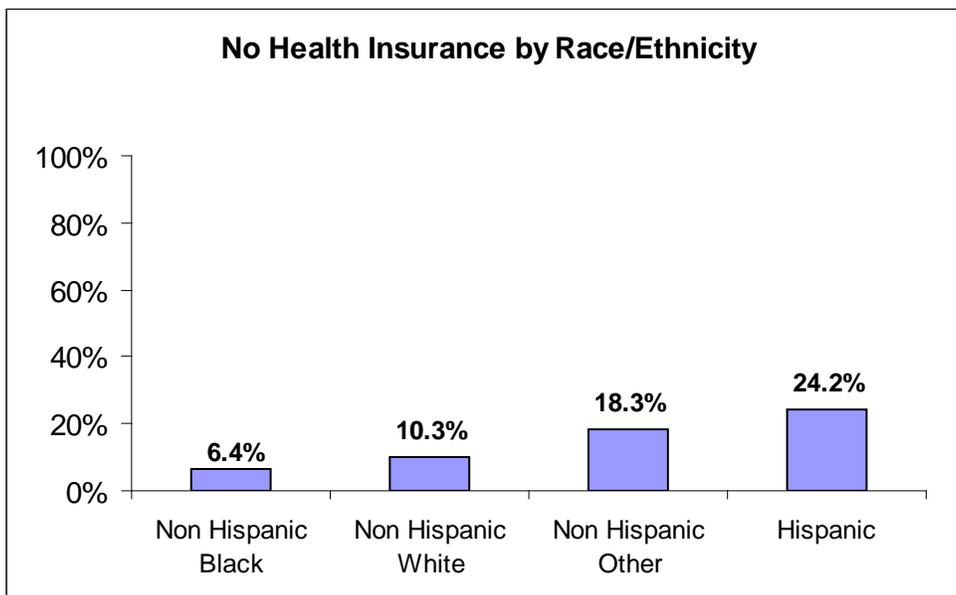


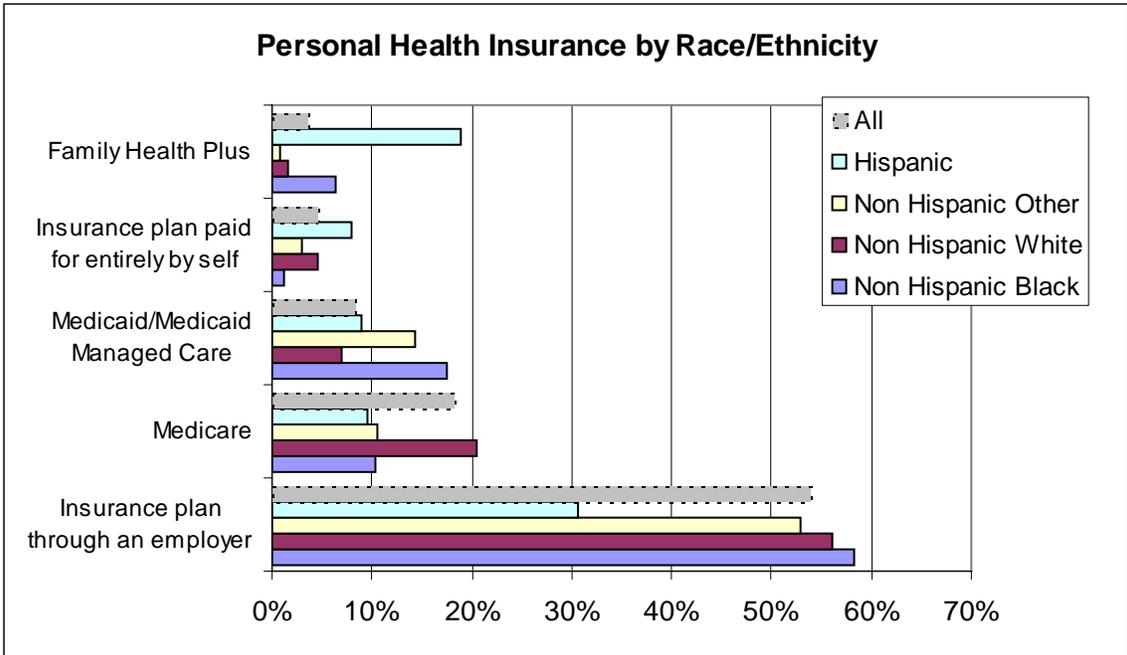
Gender and age were significant predictors of insurance status. The percent of uninsured males (15%) was almost double that of females (8%). One third of young adults (ages 18-21) were uninsured compared to 3-5% among the 60+ respondents. As a result of Medicare, adults 75 years and older were 29 times more likely to be insured than 18-34 year olds, controlling for all other demographic characteristics.



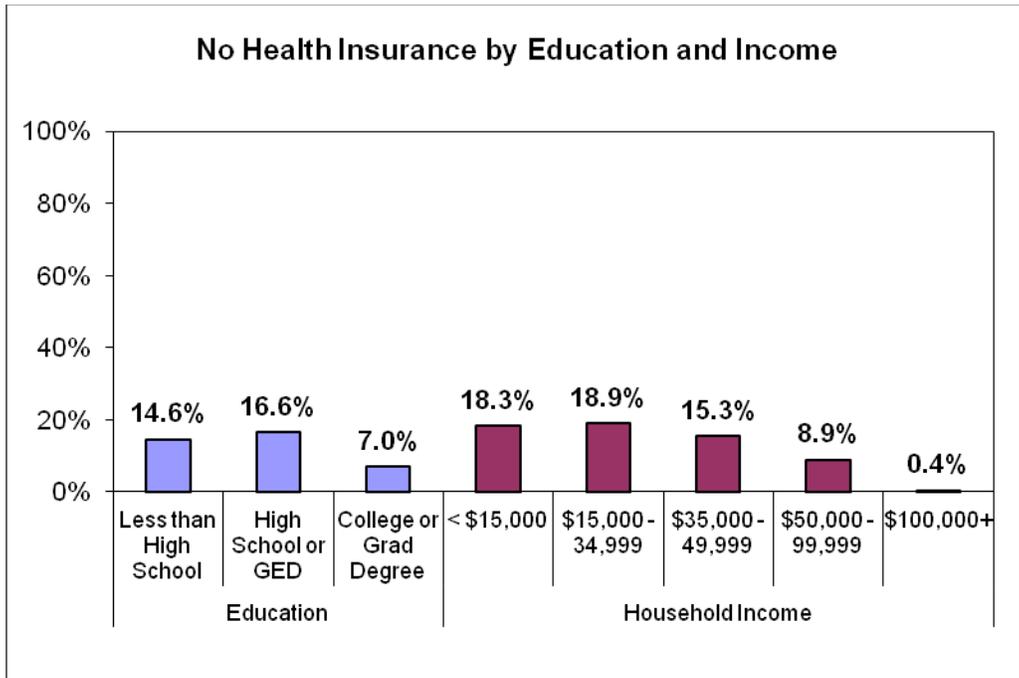


Hispanics accounted for the highest proportion of uninsured residents by race/ethnicity (24%). In particular, Hispanics had the lowest proportion of employer-funded health insurance and the highest enrollment in Family Health Plus (a public insurance program). Controlling for all other characteristics, Non-Hispanic Blacks were significantly *less* likely to be uninsured than Non-Hispanic Whites, most likely as a result of Medicaid and Family Health Plus coverage.



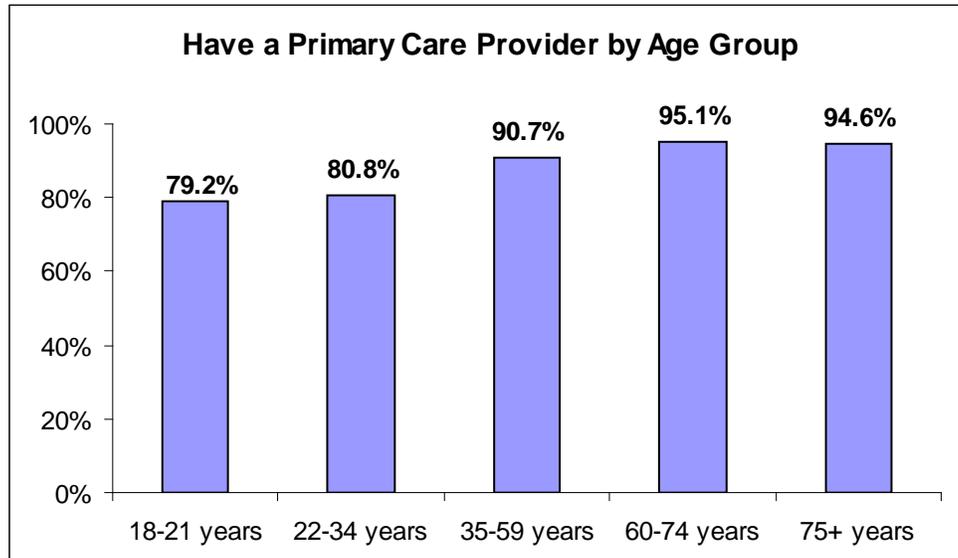


Economic disparities were striking. Almost 20% of respondents with household incomes below \$35,000 did not have any health insurance, and those without a college education were over five times more likely to go without health insurance than those with a college or graduate school degree. Income remained a significant predictor of having health insurance, controlling for all other demographic characteristics.



Primary Care Provider

The majority of respondents (89%) indicated they currently had a primary care provider. This question was not included in the 2009 survey. Significantly fewer younger respondents had a primary care provider, mirroring the observation of young adults being the least insured age group. Having health insurance, in fact, was the only significant predictor of having a primary care provider in a model controlling for age, gender, race/ethnicity, income, and education; adults with health insurance were 20 times more likely than those without insurance to have a primary care provider.



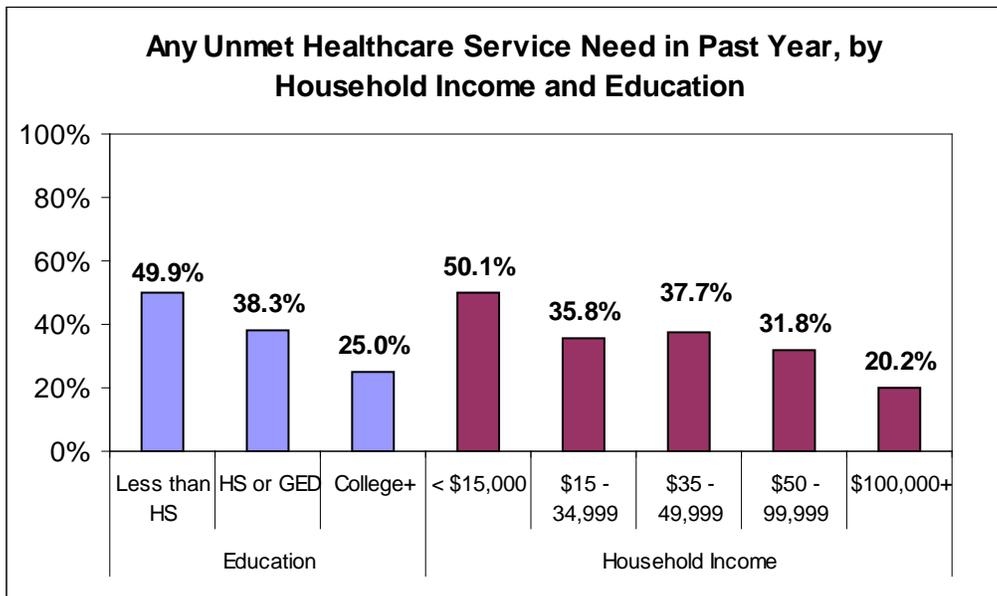
Correspondingly, among the 11% of respondents who did not have a primary care provider, almost 60% identified health insurance as a barrier to primary care, either as a result of not having coverage or not having enough coverage. One third of residents without a primary provider felt they did not need one.

Reasons for Not Having a Primary Care Provider	% of Respondents without Primary Care Provider (n = 103)
Problems with health insurance	58.4%
Don't need a primary care provider	32.8%
No convenient location	14.5%

Healthcare Services Needed but Not Received

“At any time in the past year, did you or any member of your immediate household need but did not receive any of the following healthcare services?”

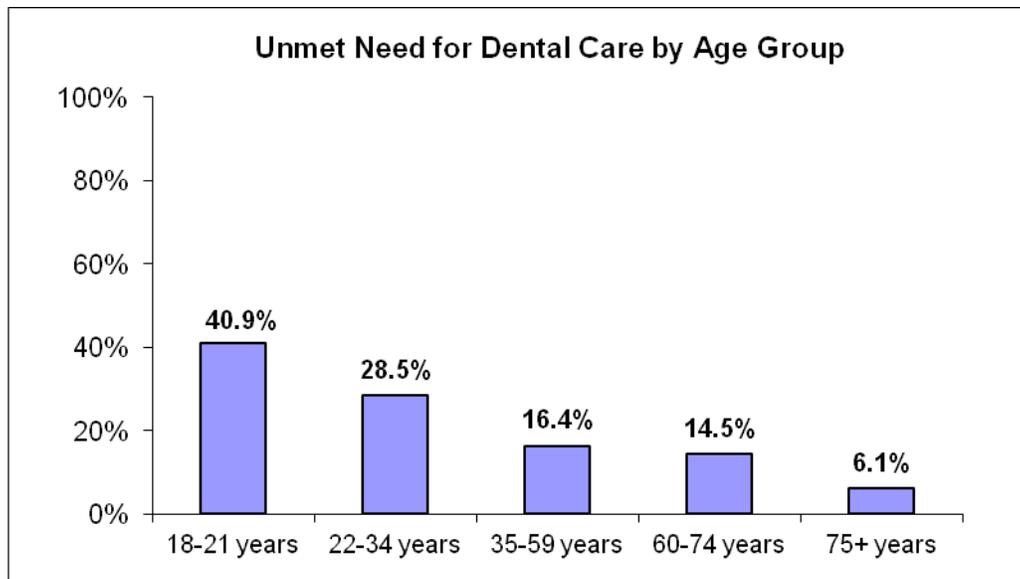
Close to one third of respondents missed at least one type of healthcare service for themselves or another person in their household. This was slightly higher than the less than 20% who reported needing but not receiving one or more services in 2009. Controlling for other demographic characteristics, adults with health insurance were 85% less likely to have any unmet healthcare need than those without it, elderly adults were 58% less likely to have any unmet need than younger adults, and adults with a college degree were over 60% less likely to have an unmet need than adults who did not complete high school.



Dental care was by far the most frequently cited healthcare service that was needed but not received in 2012. It was also the highest unmet service need in 2009. Adult primary care and eye care remained in the second and third position respectively.

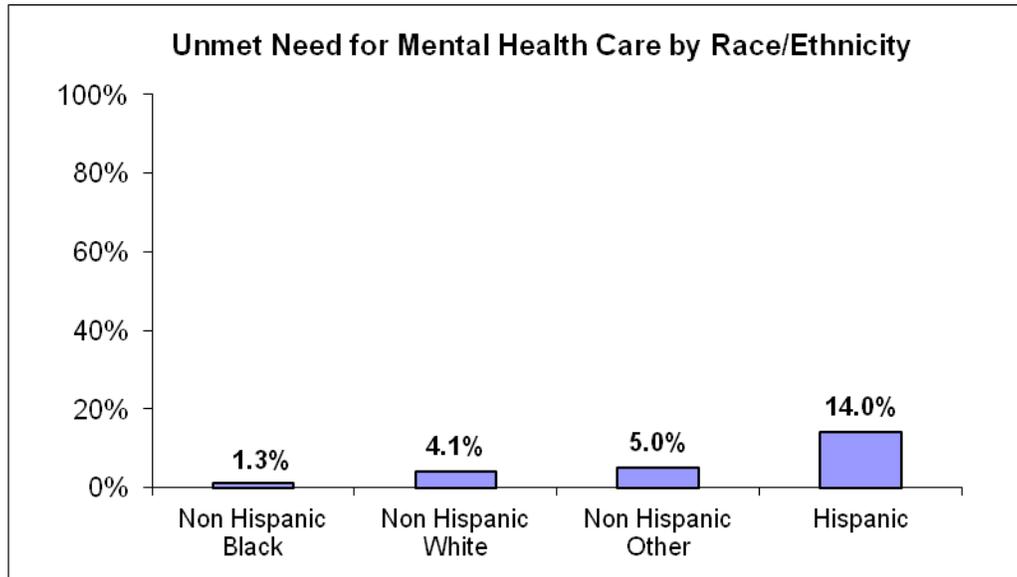
Service – Unmet Need	% of Total Survey Respondents (n = 1,157)	% of Those Not Receiving One or More Needed Services (n = 357)
Dental care	19.7%	59.9%
Primary care for an adult	13.1%	39.9%
Eye care	11.7%	35.5%
Visit to a specialist	10.4%	31.9%
Prescription drugs	9.7%	29.6%
Health screening such as a colonoscopy	7.2%	21.0%
Primary pediatric care for a child	6.4%	18.8%
Mental health services	4.9%	14.9%
Hearing care	3.7%	11.4%
Surgery	3.6%	10.9%
Substances abuse services	2.8%	8.4%
Any medical services provided by the Veterans' Administration	1.2%	3.5%

Younger age, lower education, and lack of health insurance were significant predictors of unmet need for dental care in a model controlling for demographic characteristics and health insurance status.



Females were generally more likely than males to report needing but not receiving healthcare services. The difference was most striking in the case of mental health services, and was statistically significant (7.2% of females versus 2.5% of males). Non Hispanic Black residents were least likely to report needing but not receiving mental health services, while Hispanics had the greatest level of unmet need. The effects of both gender and race/ethnicity on reported unmet need for mental health services

remained statistically significant in a model controlling for other demographic characteristics.



Reasons for Inability to Access a Needed Healthcare Service

As previously noted, respondents without health insurance were significantly more likely to report having unmet healthcare needs. The specific role of health insurance as a barrier to healthcare services was directly addressed as a separate question:

“Was health insurance ever a reason why you or any immediate member of your household did not receive a needed healthcare service?”

Just about half (45%) of respondents with an unmet need responded “yes” to this question, compared to 64% in 2009. Females were significantly more likely than males to report health insurance being a barrier (55% and 34% respectively). Due to small sample size, regional and demographic comparisons for the specific types of health insurance barriers experienced by respondents could not be reported. Overall frequencies for these barriers are presented. Among the 45% who responded “yes”, the following reasons were given:

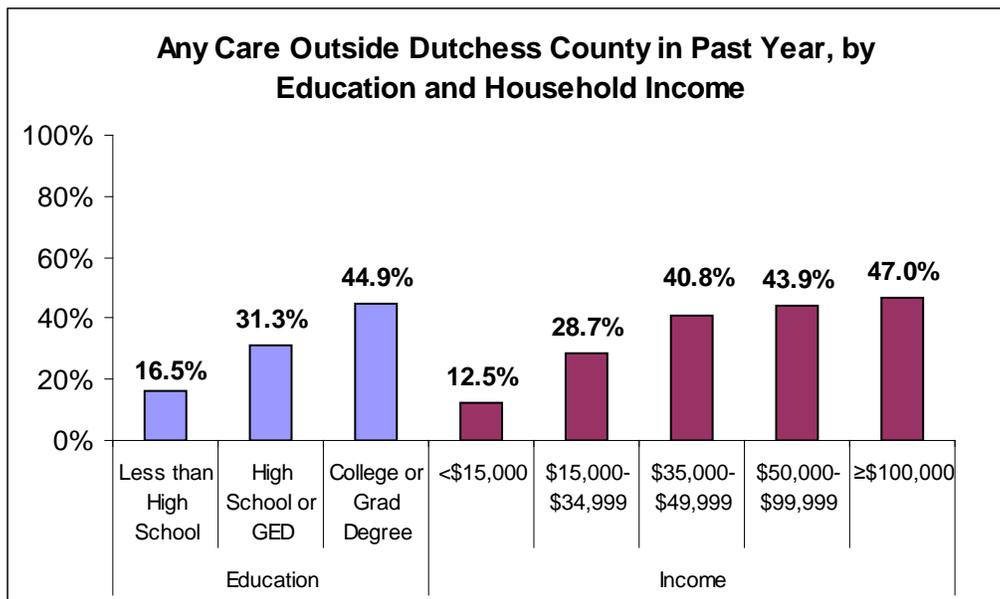
Specific Health Insurance Barriers	% of Respondents with Unmet Healthcare Need due to Insurance Problem (n = 158)
Lack of health insurance and could not pay out-of-pocket	90.0%
Health insurance policy did not cover service	58.2%
Co-pay or deductible was too expensive	45.8%

Several additional reasons for having unmet healthcare needs were assessed. Sample sizes within each response category were again too small to analyze differences between demographic and regional categories.

Additional Reasons for Inability to Access Needed Services	% of Respondents with at Least One Unmet Healthcare Need (n = 357)
Too long a wait to get an appointment	23.8%
Transportation problems	20.4%
Provider had limited hours	10.8%

Seeking Healthcare Services Outside of Dutchess County

Greater than a third (37%) of respondents and/or members of their households sought healthcare services outside of the County in the past year. This was very similar to the proportion who reported doing so in 2009 (34%). Controlling for other demographic characteristics and health insurance status, residents of the eastern region of Dutchess County were most likely to travel outside of the county for health care. In addition, residents with higher household incomes and higher education were significantly more likely to travel outside the county for health care. Elderly residents were about 50% less likely to travel outside of the county than younger adults, and Non-Hispanic Blacks were over 50% less likely than Non-Hispanic Whites to travel outside Dutchess County for care.



Of those who sought care outside of Dutchess County, more than half reported doing so because they preferred another provider. Many also did so out of convenience.

Reasons for Seeking Healthcare Out of County	% of Respondents who Sought Healthcare Out of County (n=374)
Preferred another provider	60.2%
It was more convenient to go out of County	42.6%
Could not locate provider in County	26.2%
Insurance did not cover Dutchess provider	13.7%

Access to Social Services and Financial Assistance

Basic Assistance

“At any time during the past year, did you or any member of your immediate household need but not receive any of the following basic types of assistance from a county or non-profit agency?”

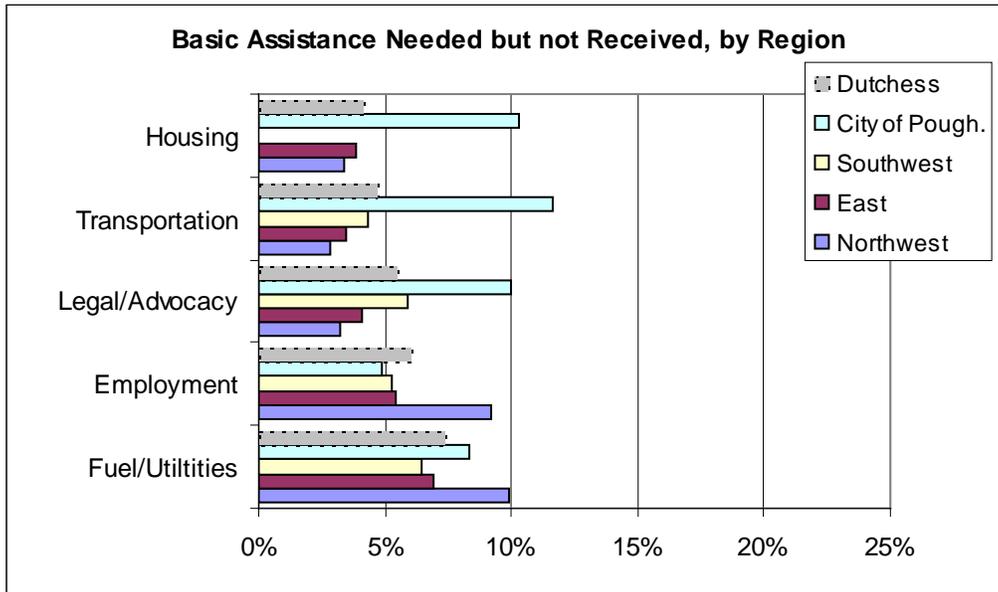
About 18% of county residents surveyed did not receive at least one type of basic assistance that was needed in 2012. This was similar to the 2009 proportion (12%). Assistance with fuel and utilities ranked number one in both years. The 2009 survey did not include a question about employment assistance, which was the second most common unmet basic need in 2012.

Unmet Basic Assistance Need	% of Total Respondents (n = 1,157)	% of Respondents with One or More Unmet Basic Assistance Need (n = 224)
Fuel and/or utilities assistance	7.4%	39.4%
Employment assistance	6.1%	32.9%
Legal assistance or advocacy services	5.5%	29.9%
Transportation	4.7%	25.6%
Housing assistance	4.3%	23.0%
Youth services	2.7%	14.2%
Home care, respite or adult day care	2.3%	12.7%
Senior services	2.3%	12.2%
Child care subsidy	2.0%	10.8%

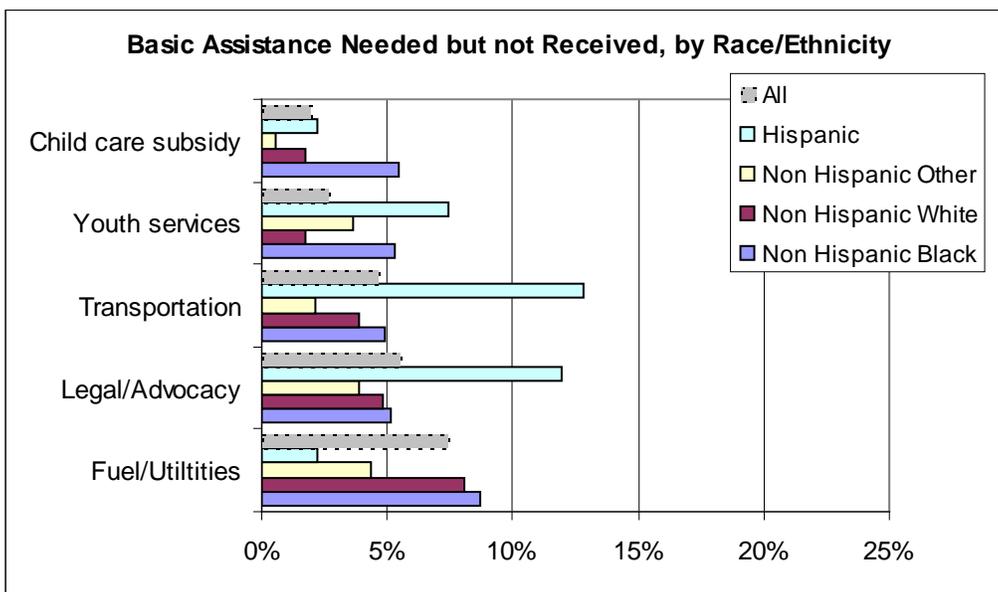
Key Findings

Residents of the City of Poughkeepsie were twice as likely to report unmet housing assistance needs (10.3%), transportation needs (11.6%), and legal/advocacy service

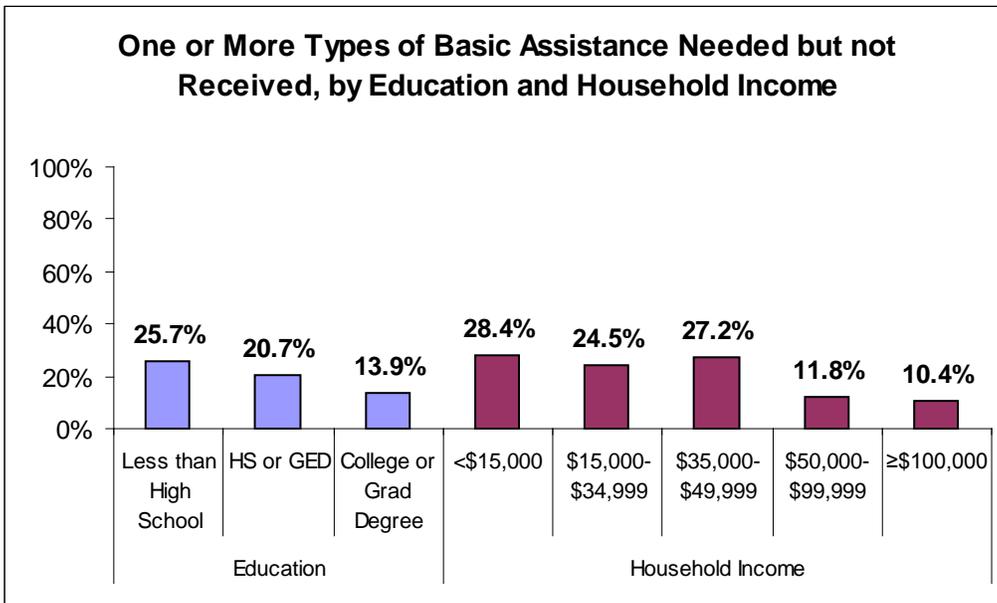
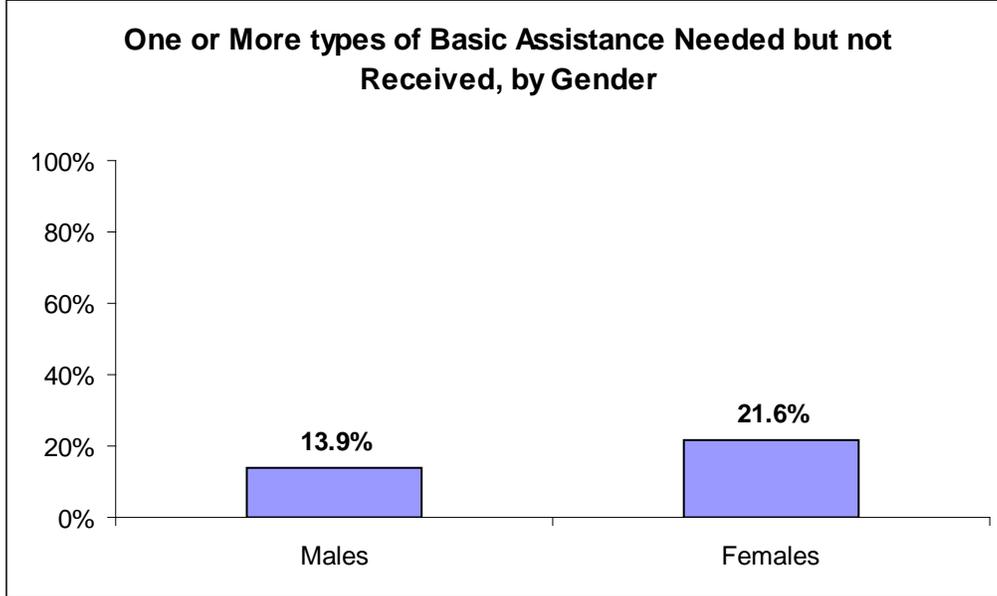
needs (9.9%) compared to the countywide averages (4.2%, 4.7%, and 5.5% respectively). Meanwhile, employment and fuel assistance needs were most prevalent among residents of the Northwest region. Regional differences, however, were not significant in multivariable models when simultaneously controlling for age, gender, race/ethnicity, education, and income.



Hispanic/Latino respondents reported twice the countywide rate of unmet legal assistance (11.9%) and transportation needs (12.8%), but fewer fuel/utility assistance needs (2.2%), which were more common among White and Black residents of Non-Hispanic origin. Again, racial and ethnic differences were not significant when controlling for all other demographic characteristics.



In the full model, only gender and income were significant predictors of unmet basic assistance needs, with females twice as likely as males to report any unmet need, and adults with household incomes of \$50,000 or higher being nearly 60% less likely than those from low-income households to report any unmet need.



One out of every two respondents who did not receive a needed form of basic assistance reported being ineligible for the service. The least commonly cited reason was “service was full;” however, approximately 20% of respondents reported that they did not know whether or not the service was full and were not included in the analysis of this item.

Reason for Not Receiving Needed Basic Assistance	% of Respondents with One or More Unmet Basic Assistance Need (n = 224)
Not eligible for needed service	51.4%
Too long of a wait to get service	31.8%
Unaware that service existed	31.2%
Service was too expensive	28.9%
Service was not available in the community	20.0%
Did not have transportation to get to the service	19.9%
Felt uncomfortable seeking the service	17.1%
Service was full and unable to take more clients	13.9%

Financial Assistance

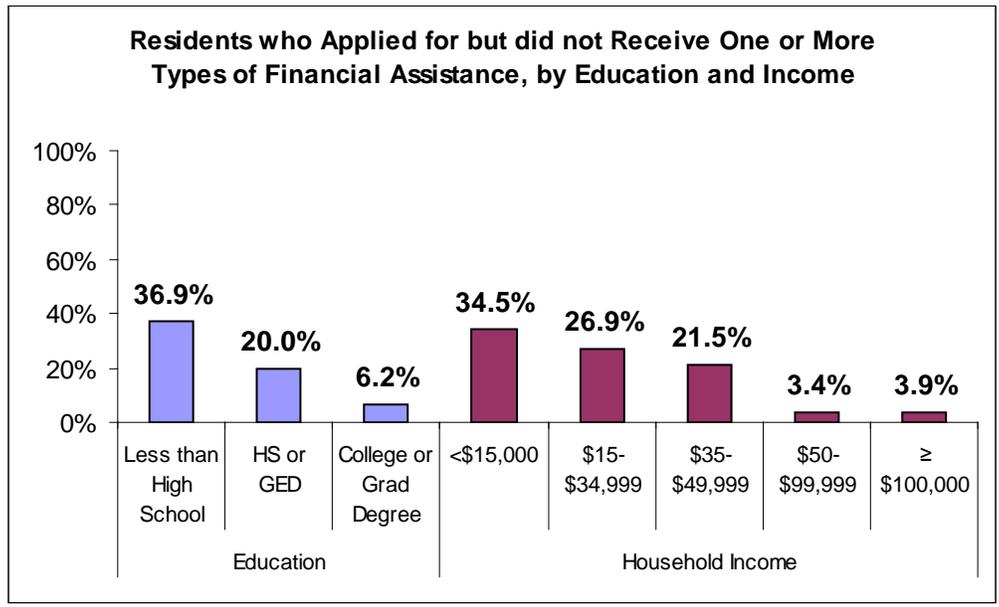
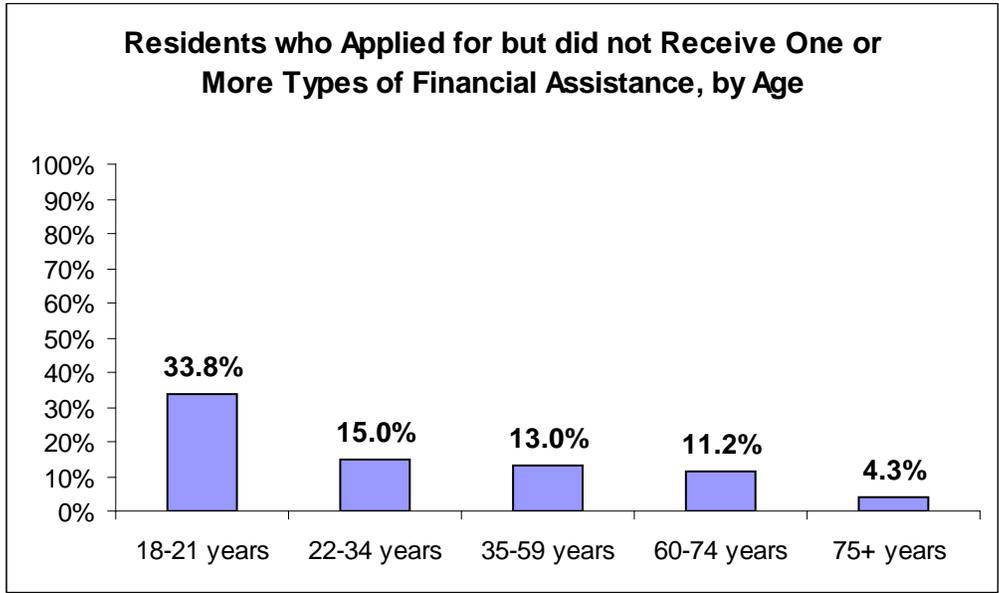
“In the past year, did you or any member of your immediate household apply for any of the following types of financial assistance from a county or non-profit agency, but were unable to receive them?”

Overall, 14% of county residents applied for but did not receive one or more types of financial assistance in 2012, compared to approximately 7% in 2009. Food stamps accounted for over half of unmet financial service needs (44% in 2009).

Type of Unmet Financial Assistance	% of Total Survey Respondents (n = 1,157)	% of Those Not Receiving One or More Needed Service (n = 156)
Food Stamps	8.3%	56.1%
Medicaid	5.9%	39.7%
Social Security Disability (SSD) / Supplemental Security Income (SSI)	5.3%	35.9%
Safety Net or Temporary Assistance for Needy Families (i.e., TANF/Welfare)	2.6%	17.3%
Non-medical services provided by the Veteran’s Administration	0.7%	4.5%

Key Findings

Unmet need for financial services declined significantly with the age of the respondent, and with his or her level of education and household income. Controlling for all other demographic factors, females were twice as likely as males to report an unmet financial need in the previous year. The effects of age, education, and income also remained significant in the fully adjusted model.



The majority of respondents (62.1%) who applied for but did not receive one or more forms of financial assistance reported being ineligible for the service.

Reason for Not Receiving Financial Assistance	% Respondents with One or More Unmet Need (n = 156)
Not eligible for needed service	62.1%
Unaware that service was available	22.6%
Too long a wait to receive service	20.9%
Felt uncomfortable seeking service	15.8%
Service was full and unable to take more clients ⁴	11.4%
Did not have transportation to get to service	10.7%
Service was not available in the community	7.7%

Caregiver Services

“Are you or anyone else in your household a caregiver to an elderly, ill, or disabled family member?”

Countywide, 12% of respondents reported that they or someone else in their household was a caregiver to another family member that was elderly, ill, or disabled. This was about equivalent to the proportion reported in 2009 (11%). There were no significant differences in the proportion of caregivers in 2012 by region, age, gender, race/ethnicity, education, or income.

“In the past year did you or the person you care for need but not receive any of the following services?”

Services needed but not received ranged from minor home modification (6.2%) to over 15% of caregivers reporting unmet needs for transportation or financial services.

Caregiver Services Needed but not Received	Percent of Respondents who were Caregivers (n = 134)
Transportation services	15.7%
Financial services	15.0%
Information and support	12.2%
In-home care, respite, or adult day care	10.0%
Minor home modifications	6.2%

⁴ Statistical note: Over 30% of respondents answered “Don’t Know” for this factor.

Veterans' Services

“Are you aware that you may be entitled to veteran services even if you have not served in combat?”

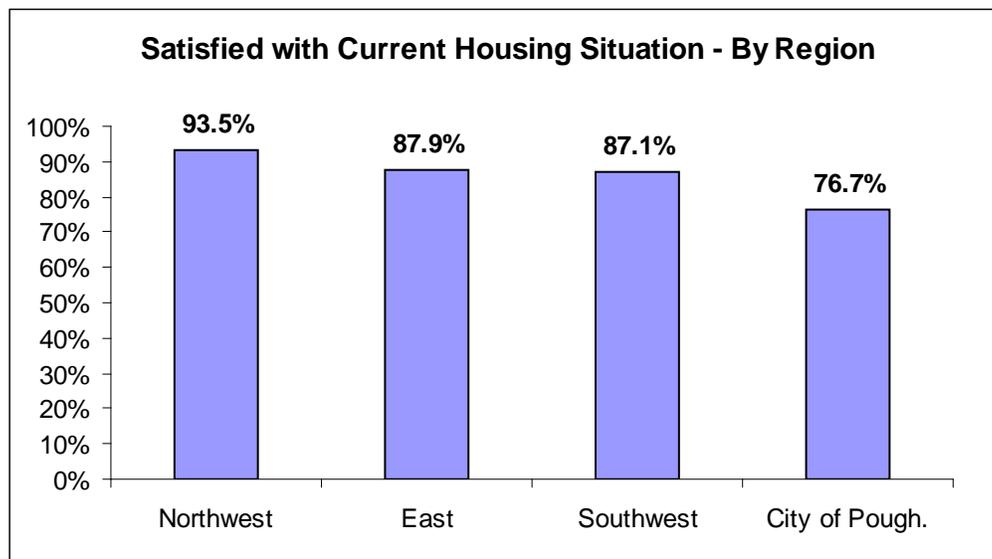
Among the 10% of respondents who reported ever being a member of active military service, 82% were aware that they may be entitled to veterans' services. This was comparable with the 2009 survey (86%).

Other Community Characteristics

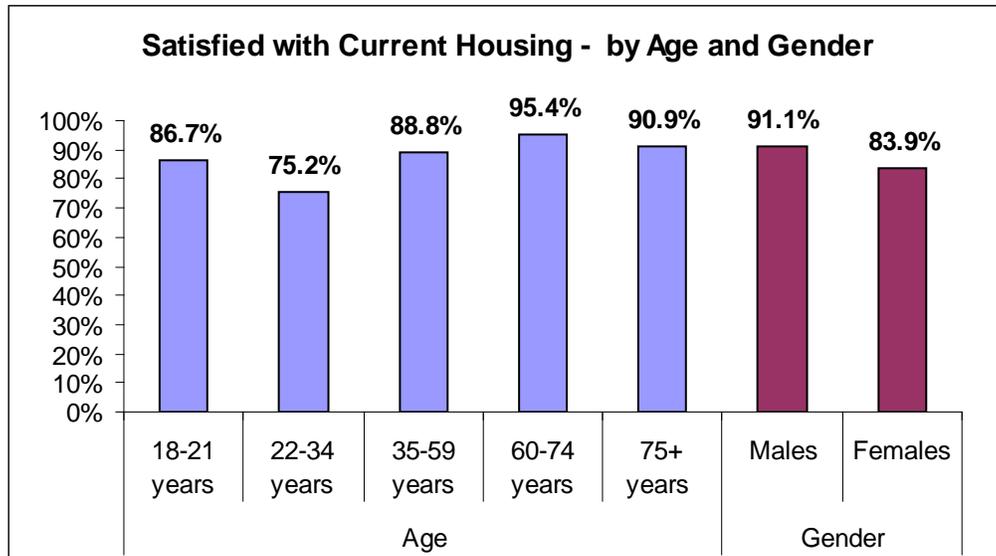
Satisfaction with Housing

“Are you satisfied with your current housing situation?”

The vast majority of respondents (87%) were satisfied with their housing, similar to the 2009 survey (90%). Again there were significant differences by region, with fewer residents of the City of Poughkeepsie reporting satisfaction with their housing (77%). Controlling for all demographic characteristics, residents of the Northwest region were significantly more satisfied with their housing than all three other regions.



Controlling for all other characteristics, older adults were significantly more satisfied with their housing than young adults. Females were over 50% less satisfied than males.



Adults in households earning \$50,000 or more were about twice as likely as those earning less than \$35,000 to be satisfied with their housing. Racial/ethnic differences were not significant.

Among the 13% of respondents who were not satisfied, the following reasons were given. The 2009 survey ranked reasons in a similar fashion although more respondents cited expensive housing as a reason for being dissatisfied (70%) in 2009 and fewer cited distance from town/services (3%). Because of the relatively small number of residents dissatisfied with housing, the differences may be due to random statistical variation.

Reasons for Being Dissatisfied with Housing	% of Respondents Dissatisfied with Housing (n = 155)
Housing too expensive	56.5%
Problems with neighborhood	32.1%
Housing run down or structurally unsafe	26.6%
Housing is too far from town/services	16.2%

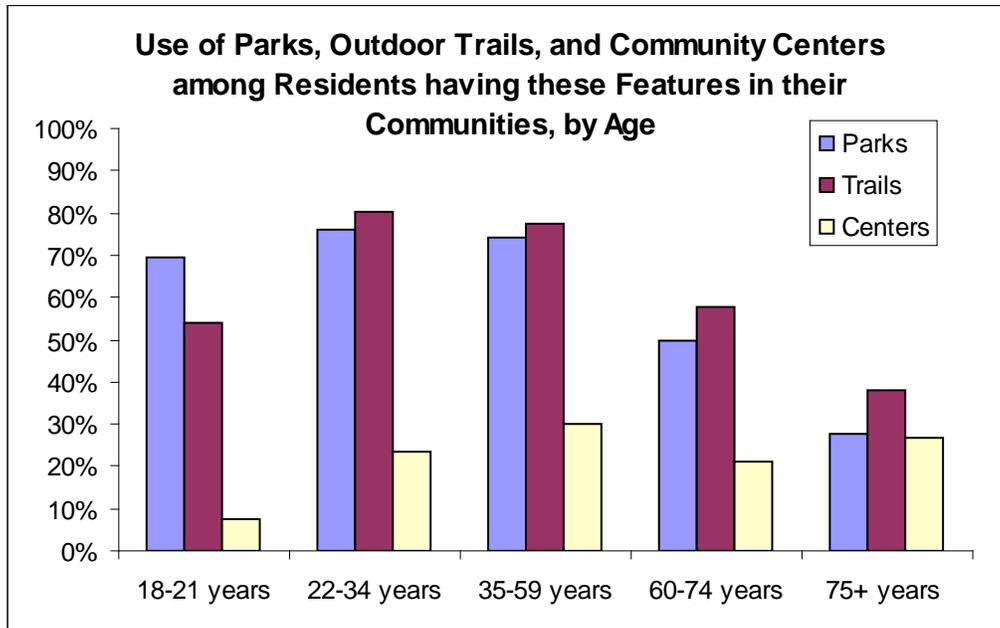
Recreational Amenities and Community Centers

“Are any of the following features available in your local community: Public outdoor recreation areas (e.g., parks, playgrounds, sports fields), Public outdoor trails, or Community centers?”

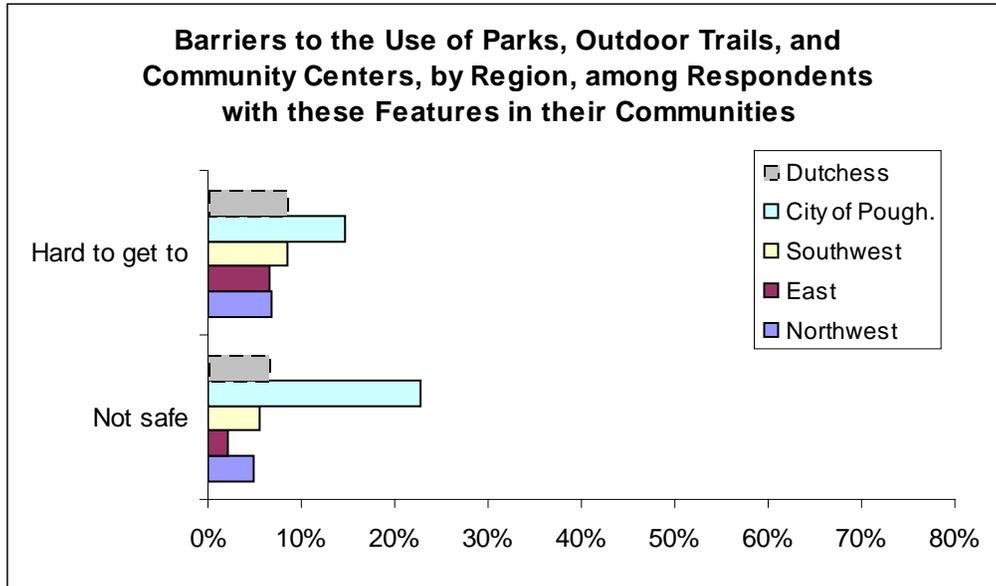
The majority of respondents reported having amenities such as parks (90.5%), outdoor trails (84.2%), and community centers (76.7%) in their communities. These findings were very similar to those reported in 2009 (92%, 79%, and 62% respectively).

Significantly fewer residents of the City of Poughkeepsie reported having parks (81.3%), and the Eastern portion of the county had the highest proportion of residents who were unsure if there were outdoor trails in their community (13.1%).

Controlling for all other demographic characteristics, older adults were over 70% less likely to use either parks or outdoor trails, while those ages 75 and older were three times more likely to use community centers than young adults.



Residents of the City of Poughkeepsie (22.8%) were far more likely to report safety as an issue making it difficult or impossible to use these features compared to the county as a whole (6.7%). City residents were also more likely to report having difficulty getting to recreational amenities (14.6% versus 8.5% countywide).



Healthy Foods

“Is it difficult for you to buy healthy foods in your community, such as fresh fruits, vegetables and low-fat milk?”

About 12% of respondents indicated they had difficulty buying healthy foods in their communities, including fresh fruit, vegetables and low-fat milk. This was very similar to the proportion who reported difficulty in 2009 (11%). In a model controlling for all demographic characteristics, low household income was the sole significant predictor of difficulty buying healthy foods. Wealthier respondents with household incomes of at least \$100,000 were 85% less likely to experience difficulty compared to respondents with household incomes below \$15,000.

Among the 12.4% of respondents who had difficult buying healthy foods, the following reasons were given:

Reasons for Not Buying Healthy Foods	% of Respondents with Difficulty Buying Healthy Foods (n = 172)
Too expensive	86.7%
Not available where I shop	31.4%
Too far to get to	28.3%

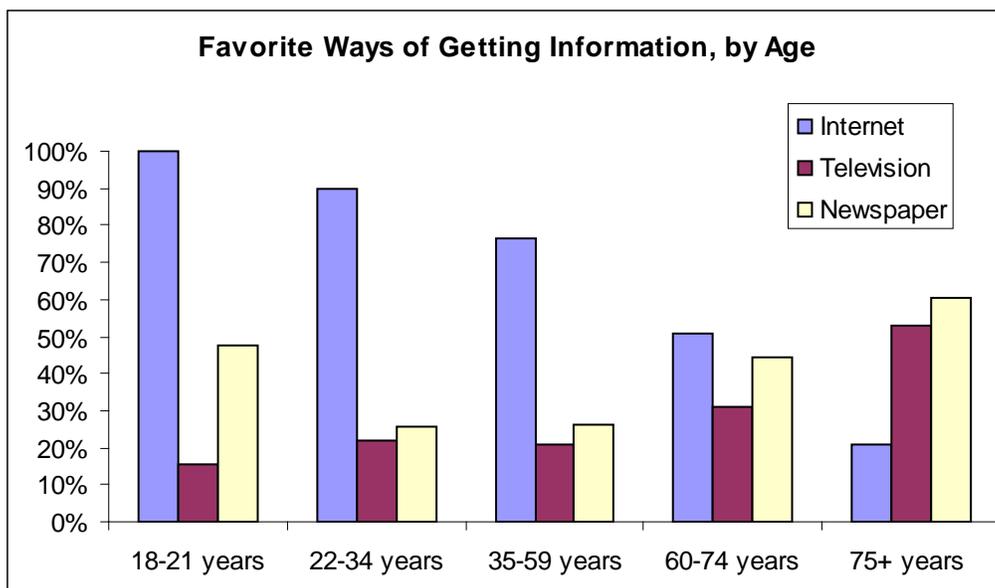
Getting Information

“What are your top two favorite ways of getting information on the services we talked about?”

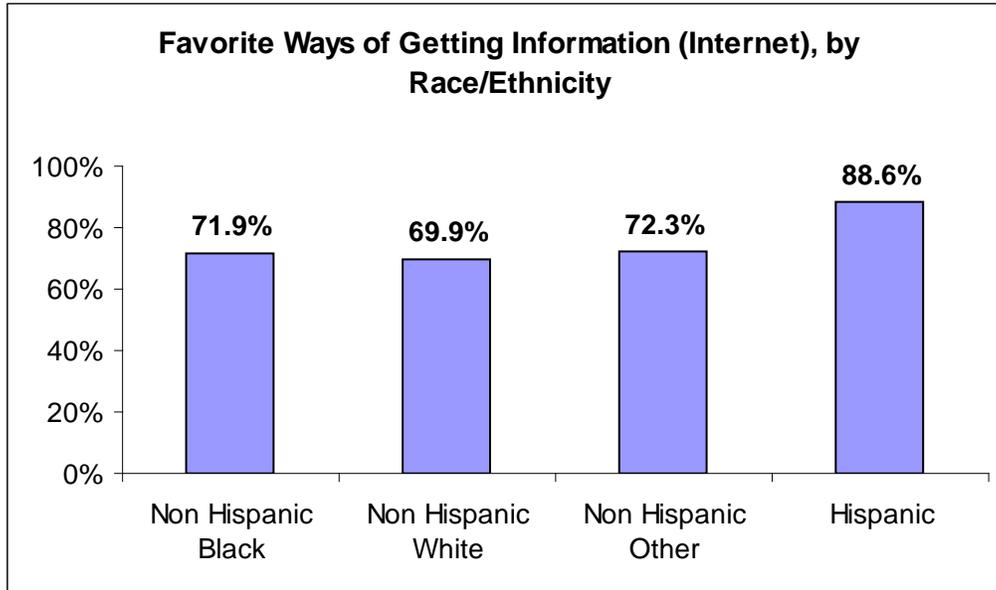
The Internet was 72% of respondents’ first or second favorite source of information about social, financial, and health services – up slightly from 62% in 2009. Word-of-mouth was still the next favorite source of information, although men preferred it 30% less than women. Once again a very small minority of respondents identified 211, a free regional information service, as a favorite way of getting information.

Favorite Ways of Getting Information about Services Discussed in the Survey (n = 1,097)	
Internet	72.0%
Word-of-mouth	43.7%
Newspaper	34.1%
Television	25.3%
Radio	11.6%
Service providers	8.3%
211	2.3%

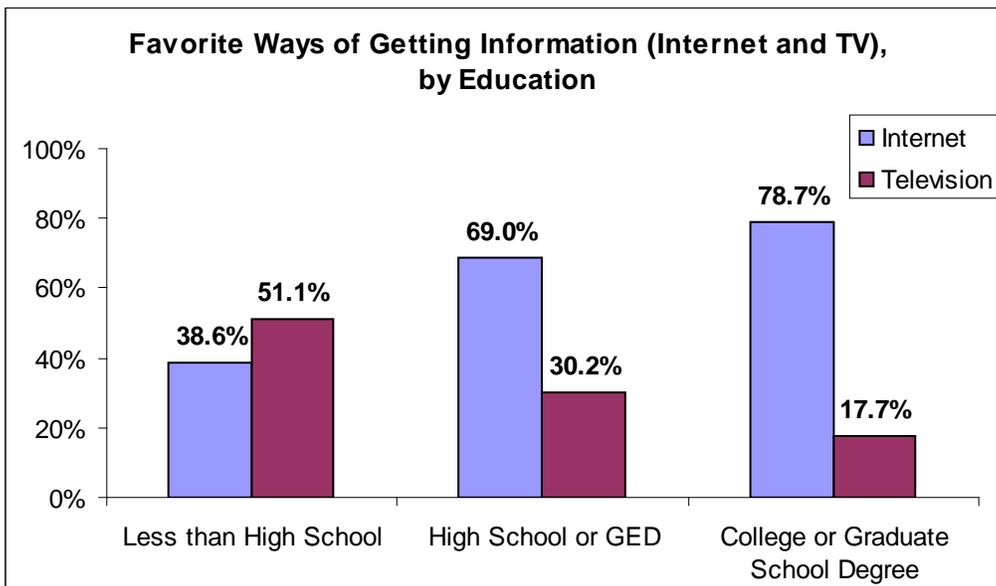
Preference for the Internet was significantly lower among older adults while preference for television or newspaper was generally higher among older adults.



Hispanic residents preferred the Internet by a significant margin.



College graduates were also less likely to prefer television and more likely to prefer the Internet.



Conclusions

This survey was designed to assess the health of communities in Dutchess County in 2012-2013, using a broadly defined concept of health that includes issues such as safety, housing, access to health care and social services, and features of the community that encourage physical activity and healthy eating.

As observed in the first survey in 2009, Dutchess County residents were generally very satisfied with their housing, felt safe in their communities, and had access to recreational areas and healthy foods. Most were able to access the healthcare services and social services they needed, and almost 90% of adult residents had health insurance in 2012-2013, which was highly correlated with having a primary healthcare provider – a new question added to the survey. Over 60% of residents continued to receive all of their health care in Dutchess County.

Regional and socio-economic disparities were similar to 2009. Younger adults were least likely to have insurance and a primary care provider, and were most likely to report having at least one unmet healthcare need in the previous 12 months. Younger adults were also less likely to be consistently prepared with stockpile of emergency supplies. Low socioeconomic status, meanwhile, was strongly associated with housing dissatisfaction and community safety concerns; as in 2009, residents of the City of Poughkeepsie were significantly more likely to report crime, unsafe use of firearms, and unsafe housing as serious issues in their community compared with the rest of the County. Housing, transportation, legal, and financial needs were greatest among City of Poughkeepsie residents while the Northwest region had the highest levels of unmet need for employment assistance and fuel assistance.

Dental care was the most common type of healthcare service not received in 2012-2013, as in 2009. Lack of health insurance was the primary barrier to all missed healthcare services. Lyme disease and other insect-borne diseases again emerged as a predominant environmental health concern of the majority of Dutchess County residents, and in 2012-2013, substance abuse emerged as the top perceived safety threat.

The findings of the survey, which reflect the diverse perspectives of Dutchess County residents, are integral to the County's community health assessment process. Dutchess County has embraced a process for community planning which brings together the interests of residents and health and human service agencies, public and private, to determine the most effective ways to improve community health. The collaborative process has resulted in the *2013-2017 Community Health Improvement Plan*.

The priorities identified in this report were weighed alongside other public health data, including the *Dutchess County Community Health Assessment 2013-2017, Many Voices*

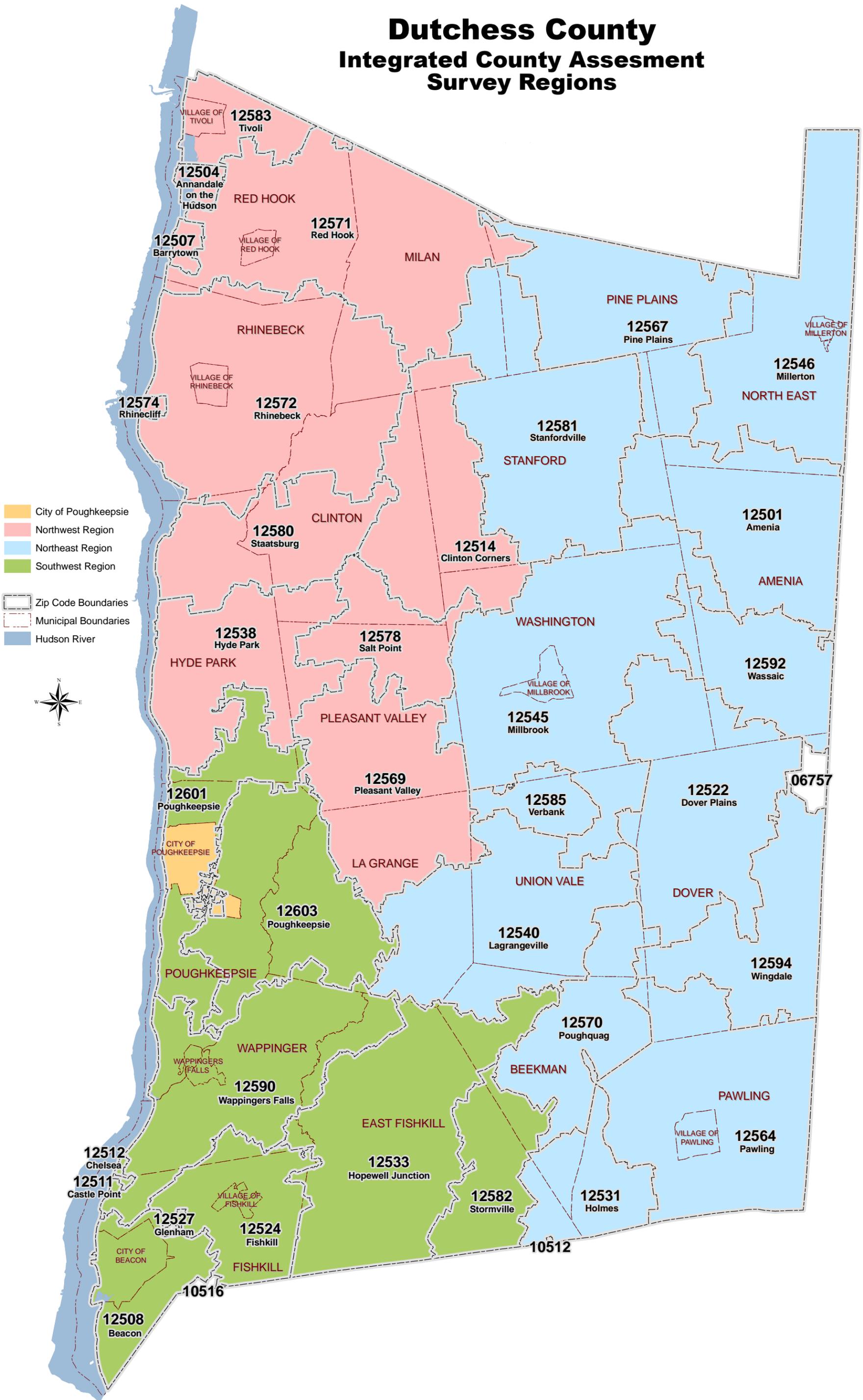
One Valley Survey 2012, the 2013 Community Health Improvement Plan (CHIP) Prioritization Survey, and a CHIP Forum held in September 2013 with 90 County stakeholders.

Input from all of these sources, resulted in the identification of four priority areas:

1. Reduce childhood and adult obesity
2. Increase access to preventive health care and improve management of chronic diseases
3. Reduce tick and insect-related disease
4. Reduce substance abuse

The plan outlines four-year goals, objectives, and quantifiable performance measures for each of the priorities, aligned with national initiatives such as Healthy People 2020 and the New York State Prevention Agenda. The complete *2013-2017 Community Health Assessment and Community Health Improvement Plan* are available on the Dutchess County Department of Health website, www.bit.ly/DCDOH-Reports.

Dutchess County Integrated County Assessment Survey Regions



Appendix B

Dutchess County Integrated Community Assessment Survey 2012 Survey

Hello, this is [name] calling on behalf of the Dutchess County Department of Health and we are contacting 1,000 Dutchess County residents to ask them for their opinion about health and safety issues in their community.

Are you currently a resident of Dutchess County?

[IF NO, THANK AND TERMINATE]

Would you like to have your opinion included in this very important survey? The survey takes about 15-20 minutes.

[IF NO, THANK AND TERMINATE]

First, I need to ask you if you are at least 18 years old

[IF NO, THANK AND TERMINATE]

Please be aware that this call may be recorded for quality purposes.

However, all of your answers are confidential and anonymous. Also, you do not have to answer any question that makes you uncomfortable. Any information you give us will be very helpful.

Let's get started

Protocol for Recording Responses

Unless specifically listed as a voiced choice (i.e. Please answer yes, no, unsure), the interviewer does not offer "Don't Know" or "Refused" as a response choice but MUST record such answers as "Don't Know" or "Refused" to allow distinguishing between these answers and missing values and to allow for a more accurate analysis.

SECTION 1 - WHERE YOU LIVE - YOUR COMMUNITY

Q1 In what town, village or city do you currently live? [Select One]
[IF RESPONSE IS POUGHKEEPSIE VERIFY TOWN OR CITY]

NORTHWEST Annandale on Hudson
R-1 Barrytown
Clinton
Clinton Corners
Hyde Park
LaGrange
Milan
Pleasant Valley
Red Hook
Rhinebeck
Rhinecliff
Salt Point
Staatsburg
Tivoli

NORTHEAST Amenia
R-2 Beekman
Dover
Dover Plains
Holmes
LaGrangeville
Millbrook
Millerton
North East
Pawling
Pine Plains
Poughquag
Stanford
Stanfordville
Union Vale
Verbank
Washington
Wassaic
Wingdale

SOUTHWEST East Fishkill
R-3 Fishkill
Hopewell Junction
Poughkeepsie Town
Stormville
Wappinger
Wappinger Falls

Poughkeepsie
City
R-4 Poughkeepsie City
(12601 and 12603)

SECTION 2 - OPINIONS ON COMMUNITY SAFETY

First, we would like your opinion about safety issues in your community.

Q2 In your opinion, are any of the following issues a serious threat to safety in your community? Please answer yes, no or don't know.

- a Unsafe driving or roads as a threat to pedestrians, drivers, or others
- b Substance Abuse (i.e. drugs and/or alcohol)
- c Unsafe use of firearms
- d Crime in general
- e Violence in the home such as domestic violence or child abuse
- f School violence or bullying
- g Internet predators
- other [txt] Can you think of any other issues that are a serious threat to the safety of your community?
[if yes, list issues, otherwise leave blank]

Q3 In your opinion, are any of the following a serious environmental health issue in your community? Please answer yes, no or don't know.

- a Air pollution
- b Water pollution
- c Unsafe housing conditions
- d Food safety
- e Lyme disease or other insect-related diseases
- other [txt] Can you think of any other serious environmental health issues in your community?
[if yes, list issues, otherwise leave blank]

SECTION 3 - PERSONAL EXPERIENCE - HEALTH ISSUES

Now I'm going to ask you a few questions about health care and healthcare services.

- Q4 What kind of health insurance do you currently have for yourself? Select One.
- 1 I do not have health insurance
 - 2 Health insurance through an employer, whether your own or someone else's (for example: own employer or someone else's employer, such as a spouse)
 - 3 Medicaid/Medicaid Managed Care
 - 4 Family Health Plus
 - 5 Medicare
 - 6 Health insurance policy that I pay for entirely by myself

- Q5 At any time in the past year, did you or any member of your immediate household need but did not receive any of the following healthcare services? Please answer yes, no or don't know.
- a Health Screening (for example: mammogram, Pap smear, colonoscopy)
 - b Primary care for an adult, such as an annual checkup or a visit for a minor complaint such as a cold
 - c Visits to a pediatrician, for a regular checkup or when a child was sick
 - d Surgery
 - e A visit to a specialist who treats heart problems, diabetes, or other specific conditions?

Continuing our list, at any time in the past year, did you or any member of your immediate household need but did not receive any of the following healthcare services? Please answer yes, no or don't know.

- f Eye care
- g Hearing care
- h Dental Care
- i Mental health services
- j Substance abuse services
- k Prescription drugs
- l ANY medical services provided by the Veteran's Administration
- other [txt] Were there any other healthcare services that were needed but not received in the past year?
[if yes, list services, otherwise leave blank]

Q6 **[If Yes to Q5i - Mental Health Services]**

At any time in the past year, did you or any member of your immediate household need but did not receive any of the following mental health services? Please answer yes, no or don't know.

- a Crisis Care
- b Hospitalization
- c Counseling/Therapy
- d Medications

Q7 **[If YES to ANY choices in Q5]**

Was health insurance ever a reason why you or any immediate member of your household did not receive a needed healthcare service?

- Q8 **If [Q7] = YES** Were any of the following health insurance problems reasons why you or any immediate member of your household did not receive a needed healthcare service?
- a Lack of health insurance and could not pay out-of-pocket
 - b Health insurance policy did not cover service
 - c Health insurance policy covered the service but the co-pay or deductible was too expensive
 - other [txt] Where there any other health insurance problems?
[if yes, list problems, otherwise leave blank]

[Continuing If YES to any choices in Q5]

- Q9 Continuing possible reasons **aside from health insurance** why you or any immediate member of your household did not receive a needed healthcare service, were any of the following a problem for you? Please answer yes, no or don't know
- a The provider had limited hours
 - b There was too long a wait to get an appointment
 - c Transportation problems (e.g. poor public transportation, taxi)
 - other [txt] Were there any other issues we did not mention that prevented access to needed healthcare services?
[if yes, list reasons, otherwise leave blank]
- Q10 Do you currently have a primary care provider?
- Q11 **If [Q10] = NO** Are any of the following reasons why you do not currently have a primary care provider?
- a No primary care providers in a location convenient for me
 - b Issues with insurance (for example: insurance plan not accepted, no insurance, not enough coverage....)
 - c Don't need a primary care provider
 - other [txt] Are there any other reason why you did not have a primary care provider?
(if yes, list reasons)
- Q12 In the past year, have you or any immediate member of your household gone outside of Dutchess County to get healthcare services?
- Q13 **[If Q12=YES]** Please indicate which of the following reasons you or a household member had for going outside Dutchess County for healthcare services?
- a Preferred the provider outside of Dutchess County
 - b Could not locate a provider in Dutchess County
 - c Health insurance did not cover the providers needed in Dutchess County
 - d It was more convenient to go outside Dutchess County
 - other [txt] Was there any other reason for going outside Dutchess County for healthcare services?
[if yes, list reasons, otherwise leave blank]

SECTION 4 - PERSONAL EXPERIENCE - HUMAN/SOCIAL SERVICES

Now I would like to ask you about services that are provided by the County or Community agencies.

- Q14 At any time during the past year, did you or any member of your immediate household need but did not receive any of the following **basic types of assistance** from a county or non-profit agency? Please answer yes, no, or don't know.
- a Fuel and/or utilities assistance
 - b Housing assistance
 - c Child care subsidy
 - d Legal assistance or advocacy services (e.g. family court)
 - e Transportation
 - f Home care, respite or adult day care
 - g Employment assistance
 - h Senior services
 - i Youth programs (after school, mentoring)
 - other Was there any other type of county or community assistance that you or a household member needed but could not get?
[if yes, list types of assistance, otherwise leave blank]

Q15 [If YES to ANY choice in Q14]

Were any of the following issues a reason why you or any immediate member of your household did not receive the needed service? Please answer yes, no, or don't know.

- a The service was too expensive
- b Not eligible for service
- c The wait to get an appointment was too long
- d Service not available in community
- e Service full and unable to take more people
- f I did not have transportation to reach the service
- g Felt uncomfortable about seeking service
- h Unaware that such service was available
- other [txt] Was there any other reason why you or a household member could not get the service?
[if yes, list reasons, otherwise leave blank]

Q16 In the past year, did you or any immediate member of your household apply for any of the following types of **financial assistance** from a county or non-profit agency, but were unable to receive them? Please answer yes, no, or don't know.

- a Social Security Disability (SSD)/Supplemental Security Income (SSI)
- b Non-medical Services provided by the Veteran's Administration
- c Safety Net or Temporary Assistance for Needy Families (i.e.TANF/Welfare)
- d Food stamps
- e Medicaid

Q17 [If YES to ANY choice in Q16]

Were any of the following service issues a reason that you or any immediate member of your household did not receive the needed service? Please answer yes, no, or don't know.

- a Not eligible for service
- b The wait to get an appointment was too long
- c Service not available in community
- d Service full and unable to take more people
- e I did not have transportation to reach the service
- f Felt uncomfortable about seeking service
- g Unaware that such service was available
- other [txt] Was there any other reason why you or a household member could not get the service?
[if yes, list reasons, otherwise leave blank]

Q18 Are you or anyone in your immediate household a caregiver to an elderly or ill/disabled family member?

Q19 [If Q18=YES] In the past year, did you or the person you care for, need, but were unable to receive any of the following services ?

- a Information and support
- b In home care, respite or adult day care
- c Minor home modifications
- d Transportation services
- e Financial assistance
- other [txt] Was there any other caregiver services you could not get?
[if yes, list services, otherwise leave blank]

SECTION 5 – PERSONAL EXPERIENCE - COMMUNITY

We are almost finished with the survey. Now I am going to ask you a few questions about your community.

Q20 Are you satisfied with your current housing situation?

- 1 Yes
- 2 No
- 3 Unsure

Q21 [If Q20 = NO] Are any of the following reasons why you are not satisfied?

- a Housing run down or structurally unsafe
- b Housing too expensive (for example overall cost, taxes, utilities)
- c Housing is too far from town/services
- d Problems with the neighborhood (for example noise level, crime)
- other [txt] Are there any other reasons you are not satisfied with your current housing situation?

[if yes, list reasons, otherwise leave blank]

In the next few questions, I am going to ask you about the availability of certain community features.

[Q22 asks about availability and Q23 asks about utilization if the answer was YES to Q22 choices]

Are any of the following features available in your local community? Please answer Yes, No, or Unsure

- Q22 22-a Are public outdoor recreation areas like parks, playgrounds, sports fields available?
Q23 Q23-a **[If YES]** Do you use this feature?
22-b Are public outdoor trails for walking, running or bicycling available in your community?
Q23-b **[If YES]** Do you use this feature?
22-c Are Community Centers available in your community?
Q23-c **[If YES]** Do you use this feature?

Q24 Do any of the following issues make these features difficult or impossible to use?

- a They are not safe
b They are difficult to get to
c They are too expensive to use
other [txt] Are there any other issues that make these features difficult or impossible to use?
[if yes, list issues, otherwise leave blank]

Q25 Is it difficult for you to buy healthy foods in your community, such as fresh fruits, vegetables and low-fat milk?

Q26 **[IF Q25=YES]** Are any of the following reasons why it is difficult for you to buy healthy foods?

- a Too Expensive
b Not Available where I shop
c Too far to get to
other [txt] Are there any other reasons that make it difficult for you to buy healthy foods?
[if yes, list reasons, otherwise leave blank]

Q27 In preparation for an emergency – like a winter storm - do you stockpile at least a two week supply of emergency food and supplies, such as canned food, bottled water and any medicine you take regularly?

- 1 Always
2 Sometimes
3 Never

SECTION 6 - DEMOGRAPHICS

These final questions allow us to see how different types of people feel about the local health issues you have identified in this survey.

Q28 Which of the following best describes your household telephone options?

- 1 Landline only
2 Cell phone only
3 Both Landline and Cell phone
Don't Know [DO NOT READ]
Refused [DO NOT READ]

Q29 What zip code do you live in?

Q30 Do you rent or own?

- 1 Rent
2 Own
Other [don't read]
Don't Know [don't read]
Refused [don't read]

Q31 Approximately how many years have you lived in Dutchess County?

Q32 Gender **[By Observation]**

- 1 Male
2 Female

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- Q33 Do you consider yourself either Hispanic or Latino?
1 Yes
2 No
- Q34 What racial group do you most identify with? Choose One
1 African American / Black
2 Asian
3 Caucasian / White
4 Two or more races
5 Other race
- Q35 What is your country of birth?
1 U.S.
2 Other country
- Q36 **[If Q35 = "Other country"]** What country?
- Q37 **[If Q35 = "Other country"]** How many years have you been living in the U.S.?
- Q38 What is the primary language spoken at home?
1 English
2 Spanish
3 Other
- Q39 Into which category would you classify your gross household income?
1 Less than \$15,000
2 \$15,000 to \$34,999
3 \$35,000 to \$49,999
4 \$50,000 to \$99,999
5 \$100,000 or greater
- Q40 How many adults 18 years of age or older live in your household (including yourself)?
- Q41 How many children under 18 live in your household?
- Q42 Which of the following best describes your education experience?
1 Less than 9th grade
2 9th-12th grade, no diploma
3 High school diploma or GED
4 Some college, no degree
5 College degree or associates degree
6 Graduate or professional degree
7 Other
- Q43 Which of the following age ranges do you fall into?
1 18- 21 years
2 22-34 years
3 35 - 59 years
4 60 - 74 years
5 75 years or older
- Q44 Are you or have you ever been a member of active military service?
[Veteran = current or former member of active military service, or National Guard called to active duty by President]
1 Yes
2 No
3 Unsure
- Q45 **[IF Q43=YES]** Are you aware that you may be entitled to veteran services even if you have not served in combat?
1 Yes
2 No
3 Unsure

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- Q46 What are your **top two** favorite ways of getting information on the services we talked about? Please select from the following list
- a Word of mouth
 - b Internet
 - c Newspaper
 - d Radio
 - e Television
 - f Service providers
 - g 211
- other [txt] Are there any other ways you prefer to get information?
[if yes, list ways, otherwise leave blank]

This concludes our survey. Thank you for taking the time to provide this very important information.