



2024 Community Health Needs Assessment Survey Summary

Introduction

The 2024 Goodhue County Community Health Needs Assessment Survey was conducted to learn about the health of Goodhue County adults. Similar surveys were previously conducted in 2015, 2018, and 2021. The data presented in this summary offers some key highlights from the survey findings in the areas of obesity, chronic disease, mental health, access to care, healthy eating, food security, physical activity, tobacco and alcohol use, and driving behaviors. This summary includes differences for the following demographic and health status categories on some key questions:

- Gender
- Age (adults ages 25–34, 35–44, 45–54, 55–64, 65–74, and 75+)
- Annual household income (less than \$35,000, \$35,000–\$49,999, \$50,000–\$74,999, \$75,000–\$99,999, \$100,000–\$149,999, and \$150,000 or more)
- History of mental illness
- Weight status based on self-reported BMI (not overweight or obese, overweight but not obese, and obese)
- Adverse childhood experiences (ACEs)

In addition, survey results were compared to a 2024 convenience sample of 115 adults who completed the same survey in settings where they receive services:

- Goodhue County Health and Human Services (GCHHS) lobby
- C.A.R.E. Clinic
- Local food shelves

The percentages referenced in this summary are rounded to the nearest whole number.

Interpretation and limitations

In this summary, a threshold of 10 percentage points or more is used to identify potential differences between groups. However, caution should be used when interpreting the findings and reporting differences between population groups, as some estimates are based on the perceptions and experiences of relatively few individuals. Community residents, specifically from groups underrepresented in the survey, such as people of color and adults aged 24 and younger, should be engaged in reviewing and interpreting the survey results to ensure the findings align with the lived experience of Goodhue County residents. Additional data collection activities (e.g., interviews, focus groups, and other surveying) should be used to more closely examine the potential differences between groups suggested by these findings and topics of interest to community residents.

A note about adverse childhood experiences

The Goodhue County Community Health Assessment (CHA) Committee is interested in understanding how adverse childhood experiences (ACEs) affect adult health behaviors and health conditions in the county. The 2024 survey newly includes questions about ACEs – traumatic events before age 18, such as parental separation or living with someone with mental health challenges – which are linked to risky behaviors and poorer health.

A note about health equity

The Goodhue County Community Health Assessment (CHA) Committee is interested in understanding health inequities in the county. Health inequities arise from disparities or differences in health between groups as a result of varying social, economic, environmental, geographic, and political conditions, also known as the social determinants of health. Certain health disparities are the consequence of genetic or biological differences between groups, while health inequities result from social conditions that can be changed through the implementation of policies and practices.

WHERE HEALTH HAPPENS

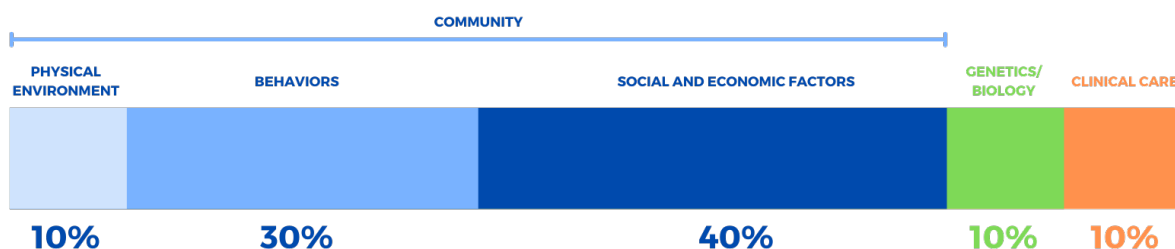


Figure 1: This chart illustrates the diverse factors that contribute to health within a community, highlighting the significant impact of social and economic factors.

The data referenced in this summary and the full survey results offers a starting point to identify potential health disparities between groups and considers the need for additional research to better understand and address health inequities. As previously noted, there are limitations to these survey data. Therefore, the discussion focused on health inequities should be informed by other data collection activities, analysis of the factors that influence health in Goodhue County (e.g., geography, employment, and access to resources and services) and feedback from community residents, particularly groups who were not well represented among the survey respondents.

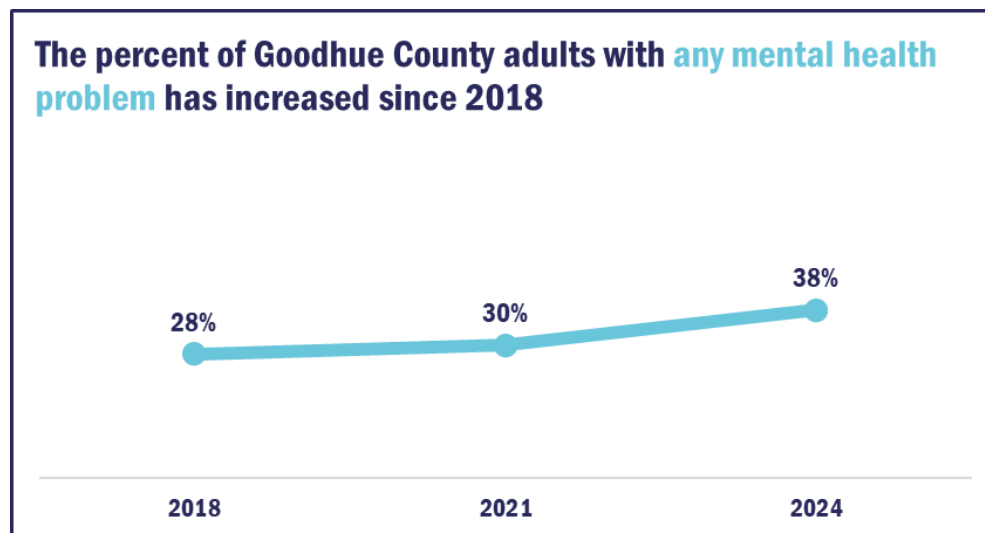
Key Findings

Health Conditions

A health condition is a broad term that includes all diseases and disorders

Mental health

Thirty-eight percent of respondents indicated a history of any mental health problems. This is an increase from 2018 (28%) and 2021 (30%).



Potential differences between population groups

- Sixty-one percent of respondents in the convenience sample who took the survey in the GCHHS lobby, at C.A.R.E. Clinic, or at a food shelf reported having a history of mental illness. In 2021, the rate among respondents in the convenience sample was 53%.
- Seventy-three percent of respondents who report rarely getting the social and emotional support they need have a history of mental illness.
- Respondents who rent their current housing are more likely to have a history of mental illness (50%) than those who own their current housing (35%).
- A history of mental illness is more prevalent among respondents who experienced adversity before the age of 18.
 - Respondents who lived with someone during their childhood (before age 18) were more likely to have a history of mental illness (69%) compared to those who did not (22%). Respondents who lived with someone who was a problem drinker or alcoholic during their childhood (before age 18) were more likely to have a history of mental illness (62%) compared to those who did not (29%). Respondents who lived with someone who used illegal street drugs or abused prescription medications

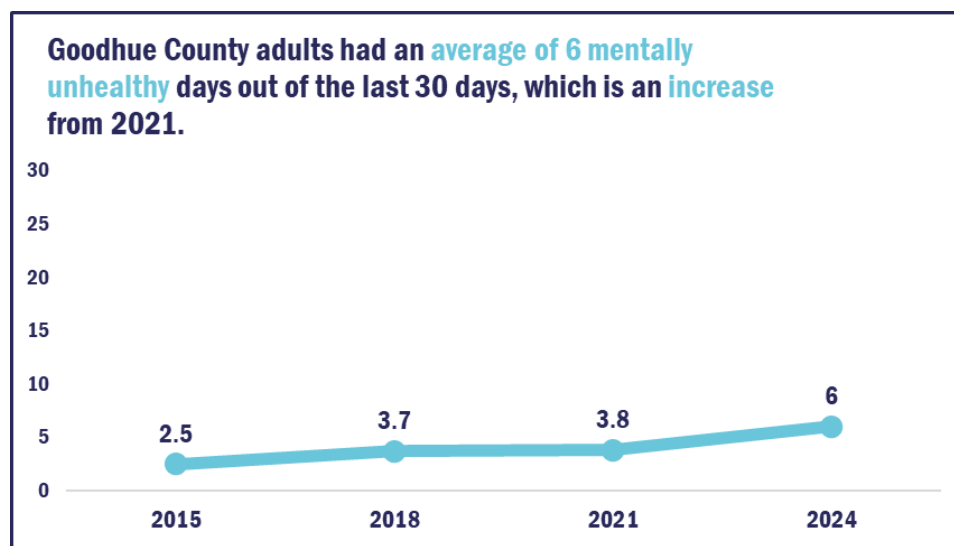
during their childhood (before age 18) were more likely to have a history of mental illness (55%) compared to those who did not (37%). Respondents whose parents separated or divorced during their childhood (before age 18) were more likely to have a history of mental illness (57%) compared to those who did not (34%).

- Respondents who often felt no one in their family loved them during their childhood (before age 18) were more likely to have a history of mental illness (73%) compared to those who did not (31%). Female respondents are nearly twice as likely to report a history of depression (40%) than male respondents (21%).

Mentally Unhealthy Days

Fifty percent of respondents reported their mental health was not good on one or more days during the past 30 days, this is a similar rate as 2021 (48%).

Goodhue County adults self-reported an average of 6 mentally unhealthy days in the last 30 days, which is up from 3.8 days in 2021.



Potential differences between population groups

- Respondents in the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic or at a food shelf reported 8.5 mentally unhealthy days on average. Seventy percent reported that their mental health was not good on one or more days during the past 30 days.
- Respondents with a household income between \$35,000-\$49,999 were more likely to report all 30 days as mentally unhealthy (21%) compared with the general population of adults (9%).¹
- Only 24% of respondents with a history of mental illness reported zero mentally unhealthy days, compared to 69% with no history.

¹ Analysis based on fewer than 20 responses. Use with caution

- Sixty-two percent of respondents who reported getting 5-7 days per week of moderate exercise had zero mentally unhealthy days, compared to 38% of those who got zero days per week.

Overweight/obesity

Forty percent of respondents were categorized as obese based on their body mass index (BMI), which was calculated using respondents' self-reported weight and height. Thirty-five percent of respondents in 2021 were categorized as obese based on BMI.

Thirty-nine percent of respondents were categorized as overweight but not obese, and 21% were categorized as not overweight or obese. This is a change from 2021, where 31% of respondents were categorized as not overweight or obese.

Potential differences between population groups

- People who are categorized as overweight or obese based on BMI are 4 times more likely to often worry about running out of money to pay for food than those who are not overweight. ²
- Almost half of the respondents in the convenience sample who took the survey in the GCHHS lobby, at C.A.R.E. Clinic, or at a food shelf were categorized as obese (46%), based on their BMI. This rate was the same for the convenience sample in 2021.
- Sixty-four percent of respondents who grew up in a household with alcohol problems (who lived with anyone who was a problem drinker or alcoholic before they were 18) were categorized as obese.

Physically Unhealthy Days

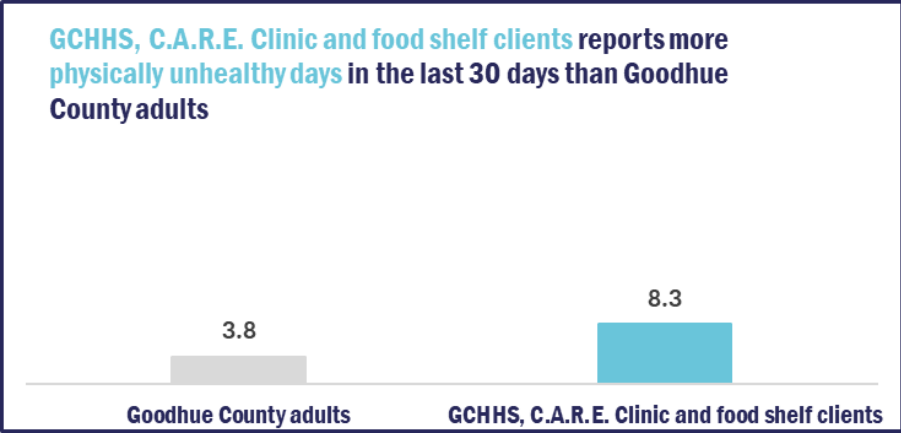
Forty-seven percent of respondents' physical health was not good on one of more days during the past 30 days; this is a similar rate as 2021 (43%).

Goodhue County adults self-reported an average of 3.8 physically unhealthy days in the last 30 days.

Potential difference between population groups

- Respondents in the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic or at a food shelf reported 8.3 physically unhealthy days on average. Seventy-one percent reported that their physical health was not good on one or more days during the past 30 days; this is a slight increase from 2021 (64%).

² Analysis based on fewer than 30 responses. Use with caution.



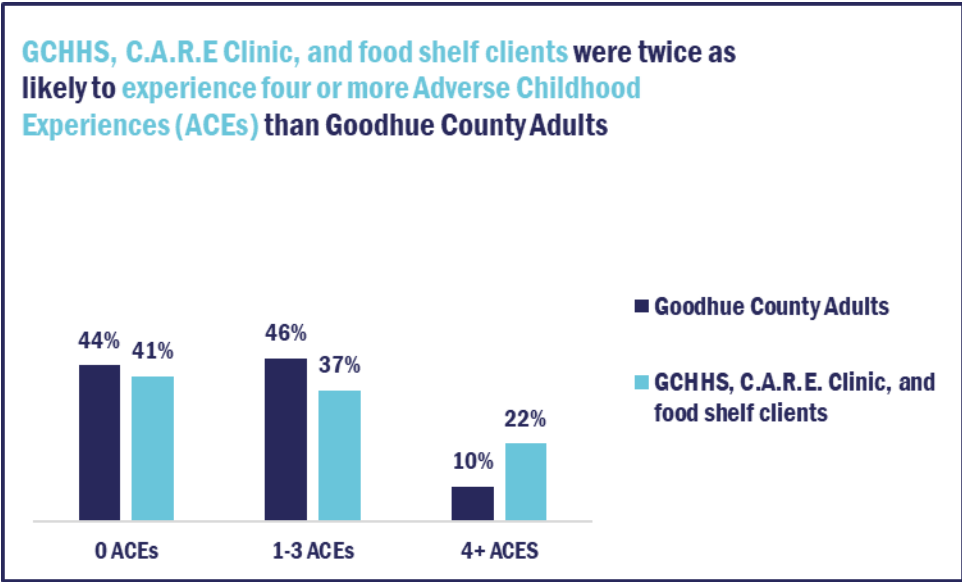
Violence Prevention

Fifty-six percent of respondents reported experiencing at least one Adverse Childhood Experience (ACEs) before the age of 18. Ten percent reported experiencing four or more ACEs.³

Living with someone who was depressed, mentally ill or suicidal before the age of 18 was the most reported ACE (34%), followed by living with anyone who was a problem drinker or alcoholic (27%).

Potential differences between population groups

- Respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf were only slightly more likely to experience at least one ACE (59%). However, they were twice as likely to report having experienced four or more ACEs (22%).



³ The survey asked about seven ACEs and does not cover the full range of potential childhood adversities.

Health Behaviors

Health behaviors are actions individuals take that affect their health.

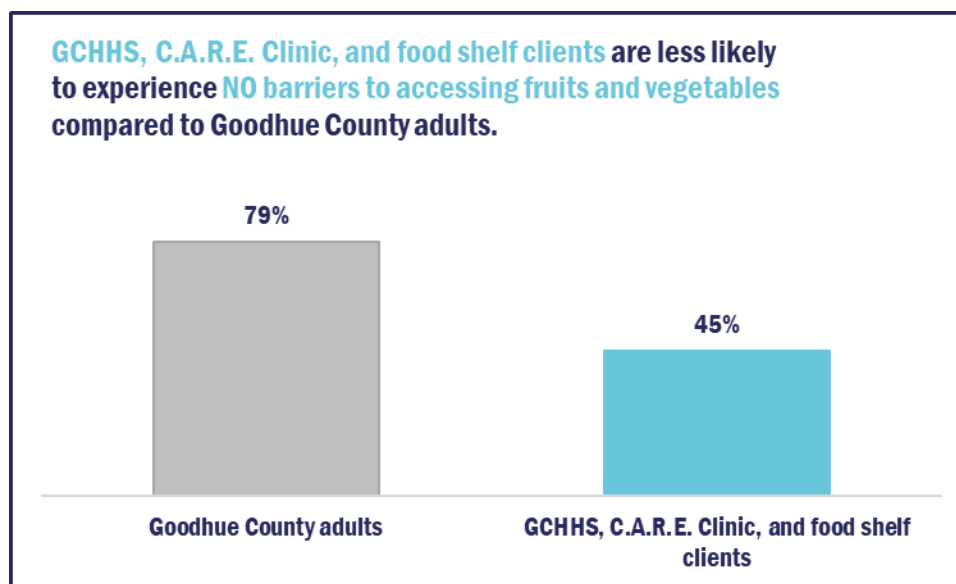
Nutrition/Healthy Eating

Seventy-nine percent of respondents experience no barriers to eating more fruits or vegetables. Fruits and vegetables being too expensive was a barrier for 17% of respondents.

Thirty eight percent of Goodhue County adults visit a Farmer's market or fruit/vegetable stand less than one time per month during the growing season.

Potential differences between population groups

- Forty-five percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf experienced no barriers to eating more fruits and vegetables. Thirty-nine percent felt the expense of fruits and vegetables was a barrier.
- Respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf were more likely (52%) to get food from a Farmer's Market or fruit/vegetable stand during the growing season compared with the general population of adults (38%).



Physical Activity

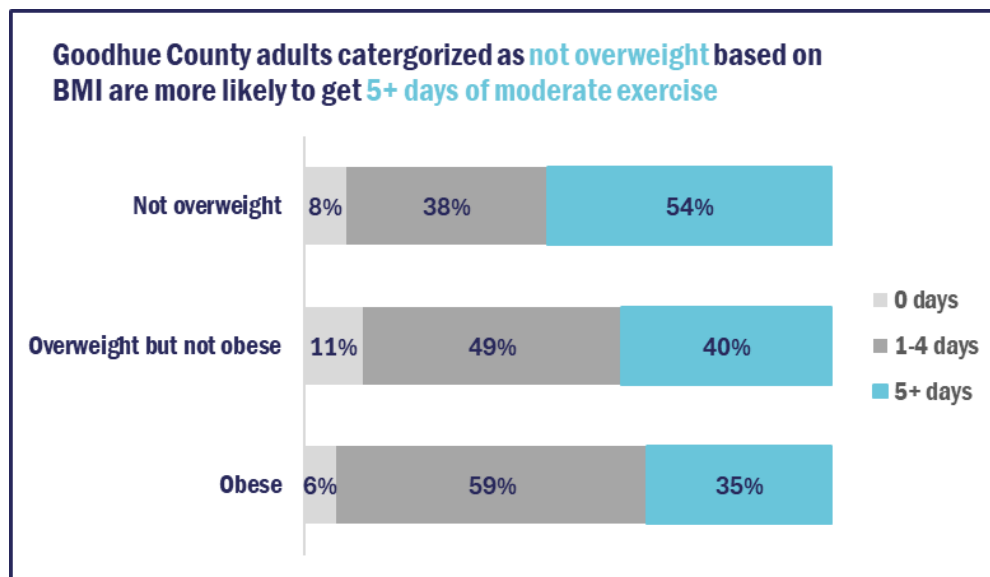
Over 90% of respondents reported that they get at least 30 minutes of moderate physical activity at least once a week. Fifty-two percent reported getting at 30 minutes of moderate physical activity between one and four days a week, and 39% percent reported getting at least 30 minutes between five and seven days a week. These rates are similar to 2021.

Thirty-one percent of respondents reported that they get at least 20 minutes of vigorous physical activity at least three days a week, while 24% reported getting one to two days and 35% reported not getting at least 20 minutes of vigorous activity at all in a typical week. These rates were similar to 2021.

The cost of fitness programs, gym memberships or admissions fees was the most reported barrier to getting physical activity (46%).

Potential differences between population groups

- Adults 75+ are less likely to report that they get at least 30 minutes of moderate physical activity at least once a week (82%) compared to the general adult population (91%). They were also more likely to report not getting at least 20 minutes of vigorous activity at all in a typical week (62%) compared to the general adult population (35%).
- Respondents with a household income of \$15,000-\$24,999 were nearly twice as likely to report 0 days a week of at least 30 minutes of moderate activity (30%) than any other income category.⁴
- Forty-seven percent of respondents with a history of mental illness reported getting zero days of vigorous exercise in a typical week. Twenty-six percent of respondents without a history of mental illness reported the same.
- Respondents who were categorized as obese (35%) and overweight but not obese (40%) were less likely to get 5+ days of moderate exercise in a typical week than those categorized as not overweight (54%).



⁴ Analysis based on fewer than 30 responses. Use with caution.

Tobacco Use

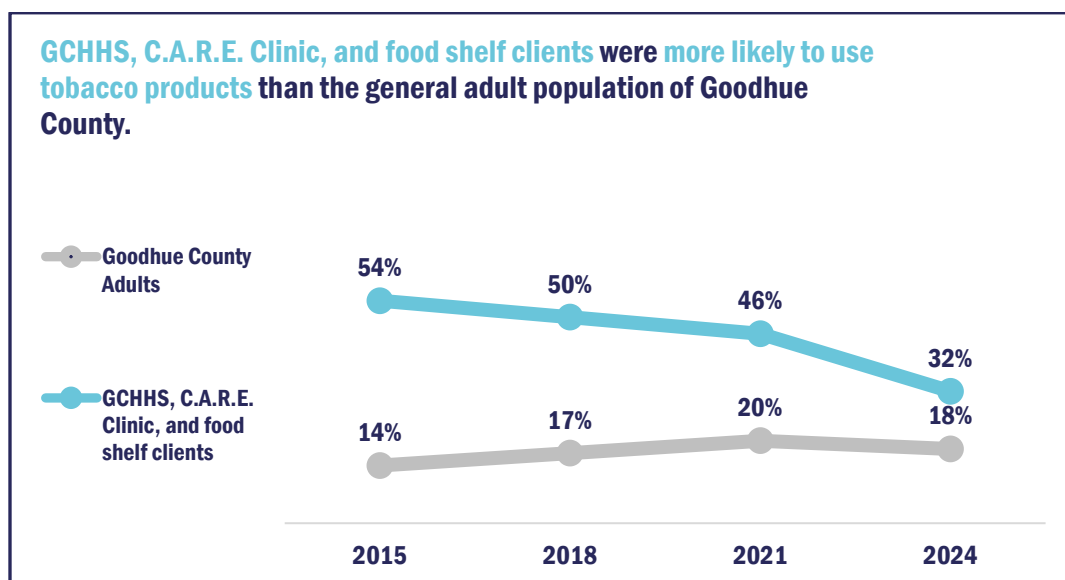
Eighteen percent of respondents reported that they are a current user of some sort of tobacco product, which is similar to the rate in 2021 (20%).

Nine percent of respondents reported that they are a current cigarette smoker, similar to 11% in 2021. Sixty-seven percent report that they have never been a cigarette smoker. Among current cigarette smokers, 47% reported having tried to quit within the past 12 months, which is an increase from 2021 (36%).

Seven percent of respondents reported being a current user of e-cigarettes, including vaping pens, JUUL, or similar. This is an increase from 2018 and 2021 (2%).

Potential differences between population groups

- Thirty-two percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf reported that they are a current user of some sort of tobacco product, compared to 18% of the general adult population. This is a decrease from 2021 (46%).



- Eighteen percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf reported that they are a current cigarette smoker. This is a significant decrease from 2021 when the rate was 36%.
- Respondents who rent their current housing reported being a current cigarette user at a much higher rate (32%) than the general population (9%)⁵

⁵ Analysis based on fewer than 30 responses. Use with caution.

Alcohol Use

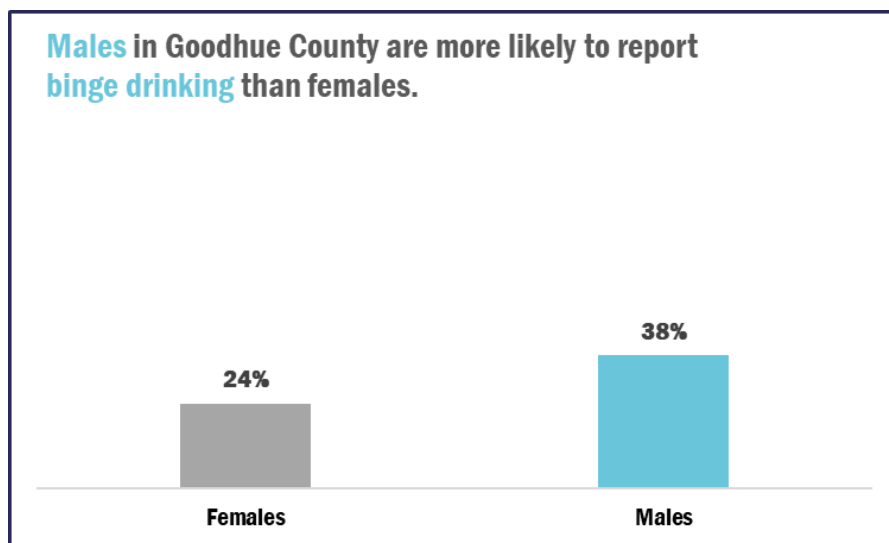
Seventy percent of respondents reported using alcohol in the past 30 days.

Eleven percent of respondents reported heavy drinking in the past 30 days (i.e., 60 or more drinks for males and 30 or drinks for females). This is similar to the rates in 2021 (15%) and 2018 (10%).

Thirty-one percent of respondents reported binge drinking in the past 30 days (i.e., five or more drinks in a day for males and four or more drinks in a day for females). This is similar to 2021 where the rate was 34%.

Potential differences between population groups

- Respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf were less likely to report any alcohol use (30%), heavy drinking (5%), or binge drinking (17%) than the general adult population.
- Respondents that rent their current housing were more likely to report heavy drinking (28%) compared to those who own their own housing (8%).
- Male respondents were more likely to report binge drinking (38%) than females (24%).



Cannabis Use

Sixteen percent of respondents report being a current user of cannabis. This is an increase from 2021 (9%). Rates were similar for respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf (19%).

Seventeen percent of respondents report using cannabis at least once during the last 30 days for a non-medical purpose.

Other Substance Use

Excluding cannabis, pain relievers were most likely to be used in the last 30 days for non-medical purposes (4%), followed by stimulants (3%). Rates were similar for respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf.

Systems and Settings

Systems and Settings include the places, structures, organizations, and locations that influence health.

Housing and Homes

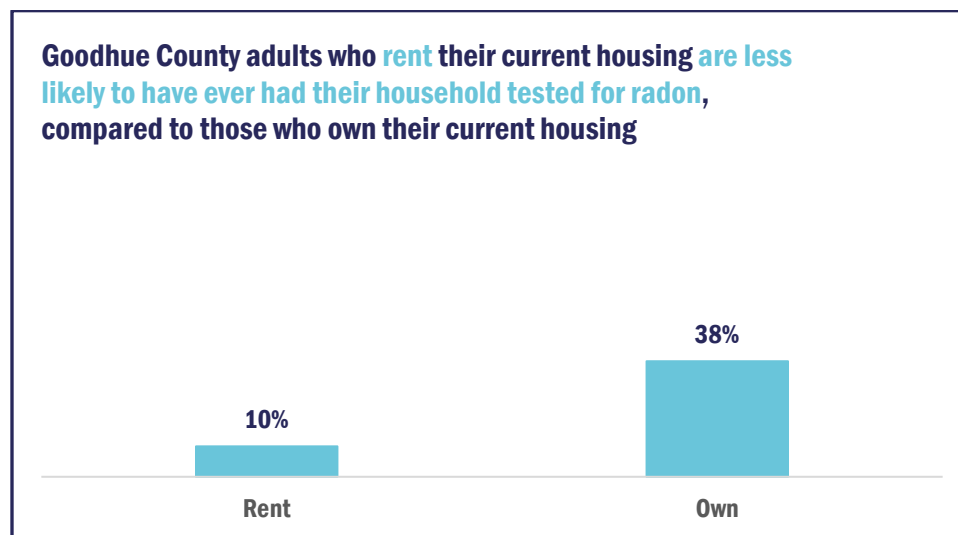
Eighty-four percent of respondents own their own home, 13% rent, and 3% selected “other” to describe their current housing.

Thirty-three percent of respondents reported that their household has even tested for radon.

Five percent of respondents report smoking or having someone smoke inside their house.

Potential differences between population groups

- Respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf were much less likely to own their current housing (24%) than the general adult population (84%).
- Only 10% of respondents who rent their current housing have ever had their household tested for radon, compared to 38% who own their own home.



Transportation

Ninety-five percent of respondents use their own vehicle as their main transportation method. Four percent get rides from family and friends and less than 1% report public transportation is their main transportation method.

Potential difference between population groups

- Seventy-nine percents of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf reported their own vehicle as their main transportation method. Twelve percent get rides from family and friends, and 2% report public transportation is their main transportation.

Social Determinants of Health

Social Determinants of Health are the economic and social conditions that influence individual and group differences in health outcomes.

Social Connection & Inclusion

Sixty-three percent of respondents report that they usually or always get the social and emotional support they need. This is a decrease from 2021 (71%). Similarly, 64% of respondents usually or always have meaningful connections to the people around them.

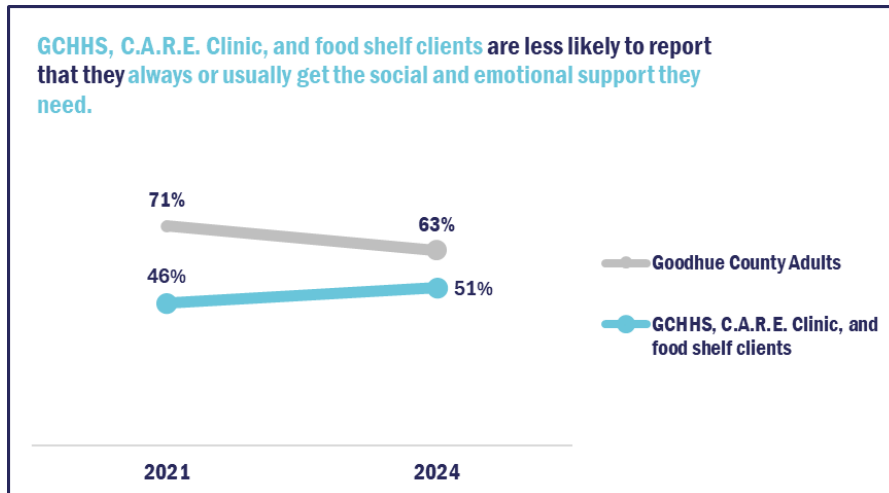
Sixty-two percent of respondents do not feel fully accepted by their town.

Respondents reported that their political views (58%) and religion (22%) are the most common reasons they feel unaccepted by others.

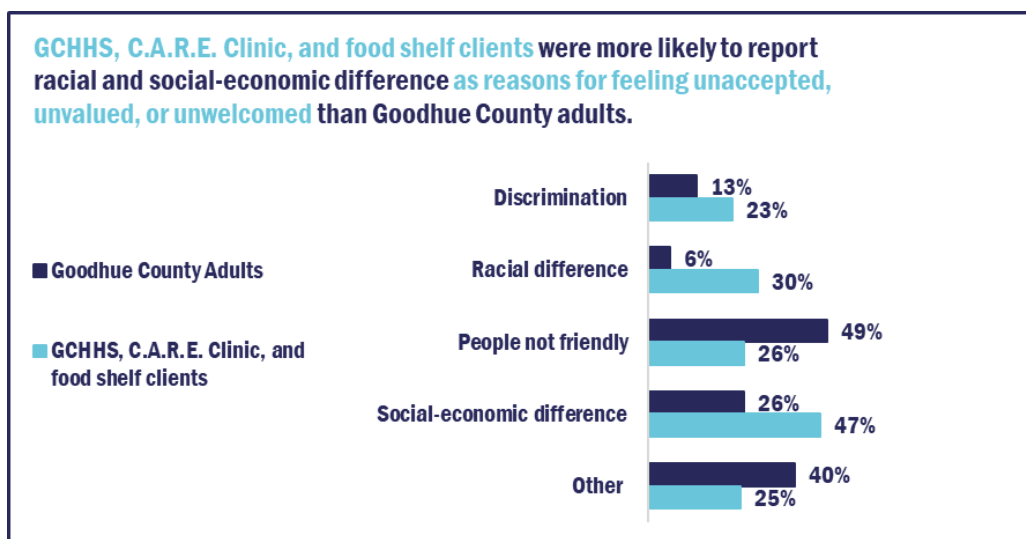
Thirty-nine percent of respondents reported being in situations at least a few times a year where they felt unaccepted, unvalued, or unwelcomed. People being not friendly (49%) was the most common factor reported in making respondents feel that way, followed by other reasons (40%), and social-economic differences (26%).

Potential difference between population groups

- Fifty-one percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf feel that they usually or always get the social and emotional support they need. This is a slight increase from 2021 (46%).



- Respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf are less likely to feel fully accepted by their town (45%) than the general adult population (62%).
- Respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf reported that their race and culture (30%) was the most common reason they felt unaccepted by others.
- Sixty-two percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf reported being in situations at least a few times a year where they felt unaccepted, unvalued, or unwelcomed, compared to 39% of the general adult population. Social-economic difference (47%) was the most common factor reported in making respondents feel that way, followed by racial differences (30%), and people not being friendly (26%).



- Respondents who rent their current housing were more likely to report feeling unaccepted, unvalued, or unwelcomed at least a few times per year (72%), compared to those who owned their current housing (32%).

Health Care Access & Quality

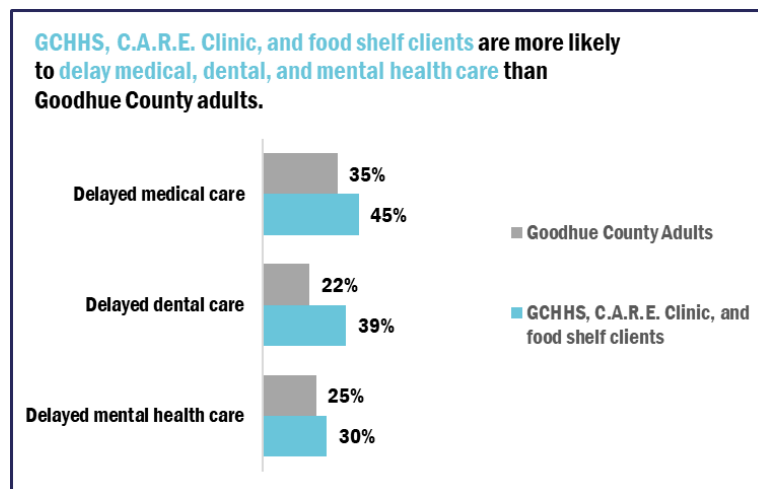
Thirty-five percent of respondents delayed medical care, which is an increase from 2021 (21%). Cost (50%), appointment availability (33%), and not thinking it was serious enough (30%) were the most common reasons reported for delaying medical care.

Twenty-two percent of respondents delayed dental care. Cost (51%) and not having insurance (36%) were the most common reason for reported for delaying dental care.

Twenty-five percent of respondents delayed mental health care. Cost (38%), being too nervous or afraid (33%), and not thinking it was serious enough (30%) were the most common reasons reported for delaying mental health care.

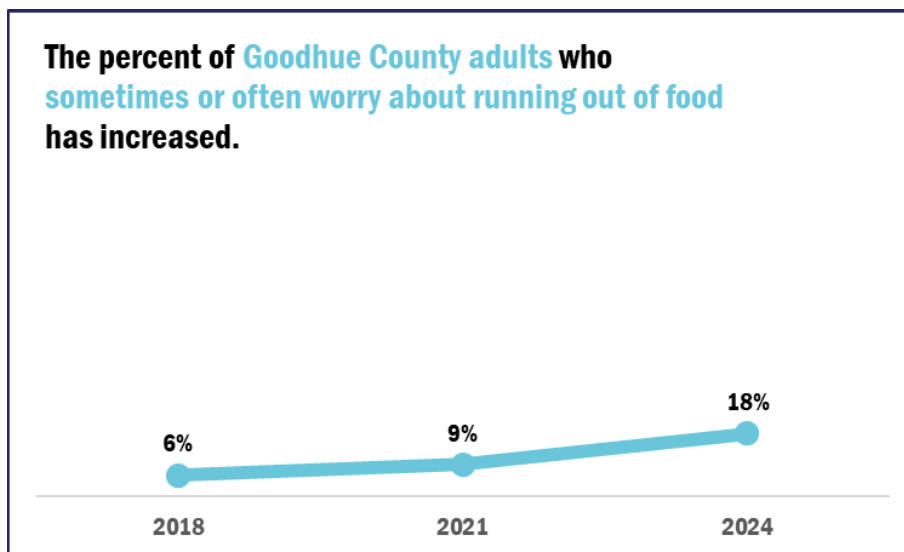
Potential differences between population groups

- Forty-five percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf reported delaying medical care, compared to 35% of the general adult population. Different from the general population, having no insurance (37%) was the most common reason for delaying medical care.
- Thirty-nine percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf delayed dental care, compared to 22% of the general population. Like the general adult population, cost (37%) and not having insurance (33%) were the most common reasons for delaying dental care.
- Thirty percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf delayed mental health care. Having no insurance (33%), and cost (30%) were the most common reasons for delaying care.



Economic Stability

Eighteen percent of respondents reported they sometimes or often worry about running out of money to pay for food. This is double what was reported in 2021 (9%). Additionally, respondents reported they sometimes or often worry about running out of money for housing (17%), heating and cooling their home (17%), transportation (14%), prescriptions (13%), and childcare (7%).



Seven percent of respondents report using a community food self in the past 12 months.

Potential difference between population groups

- Sixty-six percent of respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf reported they sometimes or often worry about running out of money to pay for food. Additionally, respondents reported they sometimes or often worry about running out of money for transportation (57%), housing (54%), heating and cooling (42%), prescriptions (42%) and childcare (21%).
- Respondents ages 18-34 were more likely to often worry about running out of money to pay for food (28%) than the general adult population (10%).⁶
- Thirty-nine percent of respondents who rent their current housing reported never worrying about running out of money to pay for food, compared to 80% who own their current housing.

Neighborhood & Built Environment

Sixty-nine percent of respondents use walking paths or trails in their community. A similar percentage of respondents who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf use walking paths or trails (62%).

⁶ Analysis based on fewer than 30 responses. Use with caution.

Community parks and sports fields are used by 55% of respondents, and bicycle paths, shared use paths, or bike lanes are used by 40% of respondents. Forty percent also use nearby waterways for activities.

Twenty-nine percent of respondents report that their community does not have a shopping mall or shop for physical activity/walking. Eighteen percent do not have school-based physical activity resources, and 16% live in a community without public recreation or community centers.

Potential difference between population groups

- Respondents of the convenience sample who took the survey in the GCHHS lobby, C.A.R.E. Clinic, or at a food shelf reported using bicycle paths, shared use paths, or bike lanes at a rate of 27%, compared to 40% of the general adult population.

Survey Methodology

Random Sample Survey Methodology

Survey instrument

The survey instrument used for the project was adapted from the joint survey conducted in 2021 in Goodhue, Mower, and Freeborn Counties. The county public health agencies and Mayo Clinic Health System first worked together in 2018 to select the survey content from the counties' previous surveys with technical assistance from the Minnesota Department of Health Center for Health Statistics. The survey was formatted by the vendor, Survey Systems, Inc. of Shoreview, Minnesota, as a scannable, self-administered English-language questionnaire.

Sample

A two-stage sampling strategy was used for obtaining probability samples of adults living in Goodhue, Mower, or Freeborn Counties. For the first stage of sampling, a random sample of residential addresses for each county was purchased from a national sampling vendor (Marketing Systems Group of Horsham, Pennsylvania). Address-based sampling was used so that all households would have an equal chance of being sampled for the survey. Marketing Systems Group obtained the list of addresses from the US Postal Service. For the second stage of sampling, the "most recent birthday" method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.

Survey administration

An initial postcard was mailed to 6,000 sampled households in Goodhue, Mower, and Freeborn counties on September 16, 2024, inviting the postcard recipients to take the Community Health Needs Assessment Survey online (2,000 postcards were sent to each county). The postcard had a QR code and unique password for the household to access the survey. Two weeks later, on September 30, 2024, a paper survey packet that included a cover letter, the survey instrument, and a postage-paid return envelope was mailed to this same group. Two weeks later (October 14, 2024), a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. The final date for the receipt of surveys was December 13, 2024.

Completed surveys and response rate

Completed surveys were received from 898 adult residents of Goodhue, Mower, and Freeborn Counties for an overall response rate of 15.0% (898/6000). There were 344 completed surveys received from adult residents of Goodhue County. The county level response rates are as follows: Goodhue County: 17.2%; Mower County: 13.8%; Freeborn County: 13.7%.

Data entry and weighting

The responses from the completed paper surveys were scanned into an electronic file by Survey Systems, Inc.

To ensure that the county-level survey results are representative of the adult population of each county, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the gender and age distribution of the adult population aged 18 and over in each county according to US Census Bureau American Community Survey 2023 five-year estimates.

Convenience Sample Methodology

Convenience sample survey instrument

The same survey instrument used for the random-sample mailed survey was used to survey a convenience sample of adults in the GCHHS lobby, C.A.R.E. Clinic, and food shelves.

Convenience sample

In order to reach adults who have typically been under-represented in mailed survey results, a convenience sample approach was used. Receptionists at GCHHS lobby, Three Rivers Community Action, and C.A.R.E. Clinic and food shelf volunteers distributed copies of the survey to adults waiting for services. GCHHS hired an interpreter from Hispanic Outreach of Goodhue County to interpret the survey for C.A.R.E. Clinic clients who spoke Spanish. The interpreter was at C.A.R.E. Clinic a total of 7.25 hours from September to October 2024. No surveys were completed at Three Rivers Community Action.

While only 1% of the mailed survey responses were from people of color in 2024, 43% of the convenience sample of adults at GCHHS lobby, C.A.R.E. Clinic, and food shelves was people of color. While only 12% of the mailed survey responses were from people with a household income less than \$35,000, 68% of the convenience sample adults who completed a survey at GCHHS lobby, C.A.R.E. Clinic, and food shelves had a household income of less than \$35,000. Because the survey respondents were not randomly selected, it is not appropriate to generalize this convenience sample to the entire population of people with a low income or the entire population of communities of color.

Convenience sample survey administration

A total of 120 gift cards for \$5 were distributed as incentives for people to complete the survey. There were 75 gift cards from Walmart in Red Wing and the rest were from local grocery stores: 27 from Family Fare in Cannon Falls and Red Wing, 8 from Nilssen's in Zumbrota, and 10 from Island Market in Pine Island. None of the gift cards from Kenyon Market in Kenyon were distributed. Receptionists at GCHHS lobby and volunteers at C.A.R.E. Clinic and the food shelves initialed for

gift cards distributed. C.A.R.E. Clinic patients received Walmart gift cards. Food shelf clients received gift cards for their local grocery store. GCHHS lobby customers received their choice of Walmart or local grocery store gift cards. Near the end of data collection, GCHHS receptionists were encouraged to offer two \$5 gift cards to lobby customers for completing the survey. Future iterations of the Community Health Needs Assessment Survey may want to consider larger incentives for completing the survey. Surveys were all completed between September and December 2024.

Completed convenience sample surveys

A total of 115 surveys were completed. C.A.R.E. Clinic returned 34 completed surveys. GCHHS lobby returned 32 completed surveys. Pine Island Sharing Shelves returned 7 completed surveys, Zumbrota Area Emergency Food Shelf returned 14 completed surveys, All Seasons Food Shelf (Kenyon) returned 2 completed surveys, Red Wing Area Food Shelf returned 12 completed surveys, and Cannon Falls Food Shelf returned 14 completed surveys. None of the surveys at Three Rivers Community Action were completed. A response rate cannot be calculated because this was a convenience sample; everyone who wished to fill out a survey could do so.

Convenience sample data entry and weighting

The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc. The data were not weighted for gender or age when analyzed. As a result, the convenience sample over-represents the responses of females (67% of sample) and underrepresents adults over the age of 75 (2% of sample).