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REPORT

Public Health Awareness, Perceptions, and Attitudes in New Jersey

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**Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick**

The Eagleton Center for Public Interest Polling (ECPIP), home of the Rutgers-Eagleton Poll, was established in 1971. Now celebrating its 50th anniversary and publication of over 200 public opinion polls on the state of New Jersey, ECPIP is the first university-based statewide public opinion poll and survey research center in the United States.

Our mission is to provide scientifically sound, non-partisan information about public opinion. ECPIP conducts research for all levels of government and nonprofit organizations with a public interest mission, as well as college and university-based researchers and staff. ECPIP makes it a priority to design opportunities for undergraduate and graduate students to learn how to read, analyze, design, and administer polls. We pride ourselves on integrity, quality, and objectivity.

To read more about ECPIP and view all of our press releases and published research, please visit our website: eagletonpoll.rutgers.edu.



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Methodology

The survey was conducted by telephone using live interviewers November 19-28, 2021, with a scientifically selected random sample of 1,005 New Jersey adults, 18 or older. Persons without a telephone could not be included in the random selection process. Respondents within a household are selected by asking randomly for the youngest adult male or female currently available. If the named gender is not available, the youngest adult of the other gender is interviewed. The survey was available in Spanish for respondents who requested it. This poll included 322 adults reached on a landline phone and 683 adults reached on a cell phone, all acquired through random digit dialing; 87 of the cell phone completes were acquired through one-to-one SMS text messaging by live interviewers that led respondents to an online version of the survey. Distribution of phone use in this sample is:

Cell Only	44%
Dual Use, Reached on Cell	24%
Dual Use, Reached on LL	29%
Landline Only	3%

The data were weighted to be representative of the non-institutionalized adult population of New Jersey. The weighting balanced sample demographics to target population parameters. The sample is balanced, by form, to match parameters for sex, age, education, region, race/ethnicity and phone use. The sex, age, education, race/ethnicity, and region parameters were derived from 2019 American Community Survey PUMS data. The phone use parameter was derived from estimates provided by the National Health Interview Survey Early Release Program.¹

Weighting was done in two stages. The first stage of weighting corrects for different probabilities of selection across the RDD samples associated with the number of adults in each household and each respondent's telephone usage patterns. This adjustment also accounts for the overlapping landline and cell sample frames and the relative sizes of each frame and each sample.²

¹ NCHS, National Health Interview Survey, 2014–2018; U.S. Census Bureau, American Community Survey, 2013–2018.

² Buskirk, T. D., & Best, J. (2012). Venn Diagrams, Probability 101 and Sampling Weights Computed for Dual Frame Telephone RDD Designs. *Journal of Statistics and Mathematics*, 15, 3696-3710.

The second stage of weighting balances sample demographics to match target population benchmarks. This weighting was accomplished using SPSSINC RAKE, an SPSS extension module that simultaneously balances the distributions of all variables using the GENLOG procedure. Weights were trimmed to prevent individual interviews from having too much influence on survey estimates. The use of these weights in statistical analysis ensures that the demographic characteristics of the sample closely approximate the demographic characteristics of the target population.

Post-data collection statistical adjustments require analysis procedures that reflect departures from simple random sampling. We calculate the effects of these design features so that an appropriate adjustment can be incorporated into tests of statistical significance when using these data. The so-called "design effect" or *deff* represents the loss in statistical efficiency that results from a disproportionate sample design and systematic non-response.³

All surveys are subject to sampling error, which is the expected probable difference between interviewing everyone in a population versus a scientific sampling drawn from that population. Sampling error should be adjusted to recognize the effect of weighting the data to better match the population.

In this poll, the simple sampling error for 1,005 New Jersey adults is +/-3.1 percentage points at a 95 percent confidence interval.⁴ This means that in 95 out every 100 samples using the same methodology, estimated proportions based on the entire sample will be no more than 3.1 percentage points away from their true values in the population. The design effect⁵ is 1.31, making the adjusted margin of error +/- 3.5 percentage points. Thus, if 50 percent of New Jersey adults in this sample favor a particular

³ The composite design effect for a sample of size n , with each case having a weight, w , is computed as $deff = \frac{\sum w^2}{n}$.

⁴ The survey's maximum margin of error is the largest 95% confidence interval for any estimated proportion based on the total sample – one around 50%.

⁵ Post-data collection statistical adjustments require analysis procedures that reflect departures from simple random sampling. We calculate the effects of these design features so that an appropriate adjustment can be incorporated into tests of statistical significance when using these data. The so-called "design effect" or *deff* represents the loss in statistical efficiency that results from a disproportionate sample design and systematic non-response.

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position, we would be 95 percent sure that the true figure is between 46.5 and 53.5 percent (50 ± 3.5) if all New Jersey adults had been interviewed, rather than just a sample.

Sampling error does not consider other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects.

This survey was fielded by Braun Research, Inc. with sample from Dynata. The questionnaire was developed and all data analyses were completed in house by the Eagleton Center for Public Interest Polling (ECPIP). Jessica Roman, MPP, assisted with analysis and preparation of this report. The Eagleton Center for Public Interest Polling is sponsored by the Eagleton Institute of Politics at Rutgers, The State University of New Jersey, a non-partisan academic center for the study of politics and the political process. For more information, please contact poll@eagleton.rutgers.edu.

Weighted Sample Characteristics

1,005 New Jersey Adults

Democrat	39%
Independent	41%
Republican	20%
Male	48%
Female	52%
White	58%
Black	13%
Hispanic	18%
Other	12%
18-34	27%
35-49	25%
50-64	27%
65+	21%
<\$50K	17%
\$50K-<\$100K	35%
\$100K-<\$150K	14%
\$150K+	17%
Urban	17%
Suburb	35%
Exurban	14%
Phil/South	17%
Shore	17%
HS or Less	28%
Some College	31%
College Grad	23%
Grad Work	17%

Report

Access to Healthcare a Top Health Concern

When it comes to the top health-related issue facing local communities right now – aside from COVID-19, that is – New Jerseyans have difficulty coalescing around just one concern (see Figure 1). Instead, opinions are spread out among an array of issues: 10 percent mention something about access to health care, including cost, insurance, and quality; 6 percent each say something about mental health issues, obesity, and the cold or flu; 5 percent each say something about the COVID-19 pandemic and addiction and drugs; 4 percent cite something about pollution or environmental issues, including clean water; 3 percent say something regarding food insecurity; and 2 percent each mention something about the cost of living and cancer.

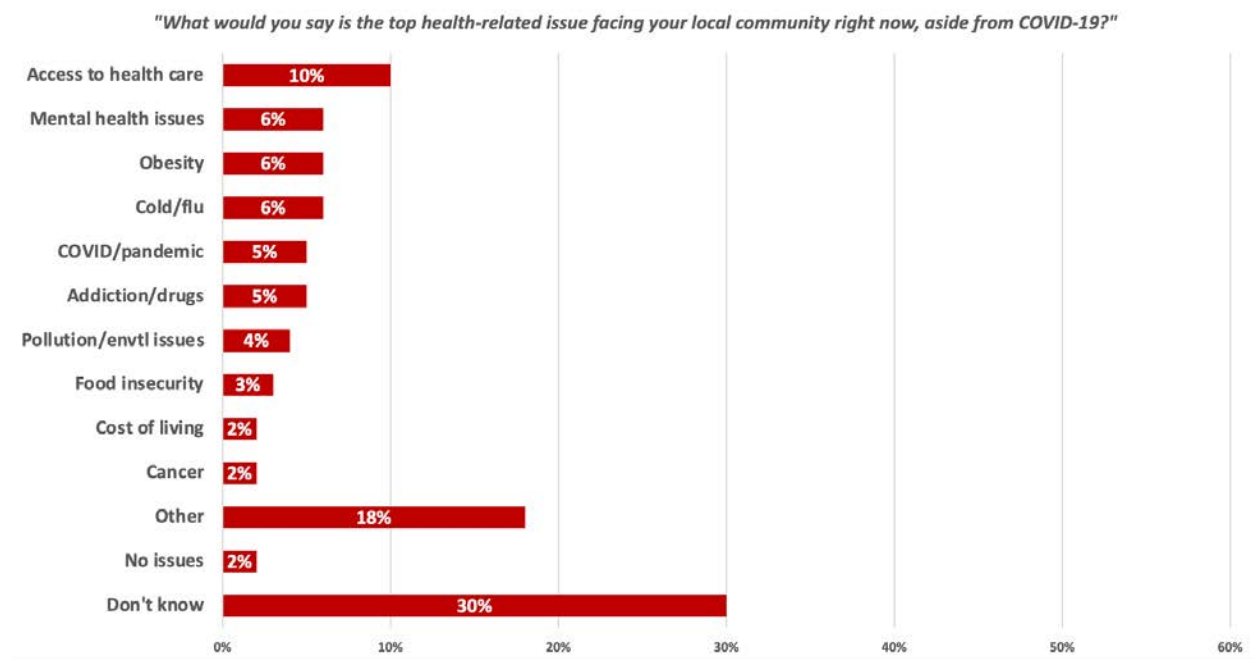
Access to healthcare is the top issue among Democrats (15%) and independents (9%); Republicans, on the other hand, are more likely to mention obesity (9%) and the pandemic (8%). Health care is also the most mentioned topic among Black residents (15%) and White residents (10%), whereas Hispanic residents are as likely to mention the pandemic and cold and flu (each at 9%). Mentioning something about healthcare is especially prevalent among those 50 to 64 years old; those in higher income brackets; those living in urban (13%), suburban (11%), and shore areas (12%); and those with at least some college education.

Individuals Should Take on Most Responsibility for Leading Healthy Lives

New Jerseyans believe that the people themselves should take on the most responsibility in making sure they are leading healthy lives, more than any other entity or organization (see Figure 2): 72 percent say individuals have “a lot” of responsibility in this area, 16 percent say “some,” 8 percent say “a little,” and just 3 percent say “none.” The belief that individuals have “a lot” of this responsibility is especially strong among Republicans (77%), men (75%), White residents (77%), those 35 to 49 years old (82%), upper income residents, and those with higher

levels of education. In contrast, Black residents, Hispanic residents, 18- to 34-year-olds, those in lower income brackets, and those with a high school degree or less are least likely to feel this way.

Figure 1: Top Health-Related Issue Facing One's Local Community

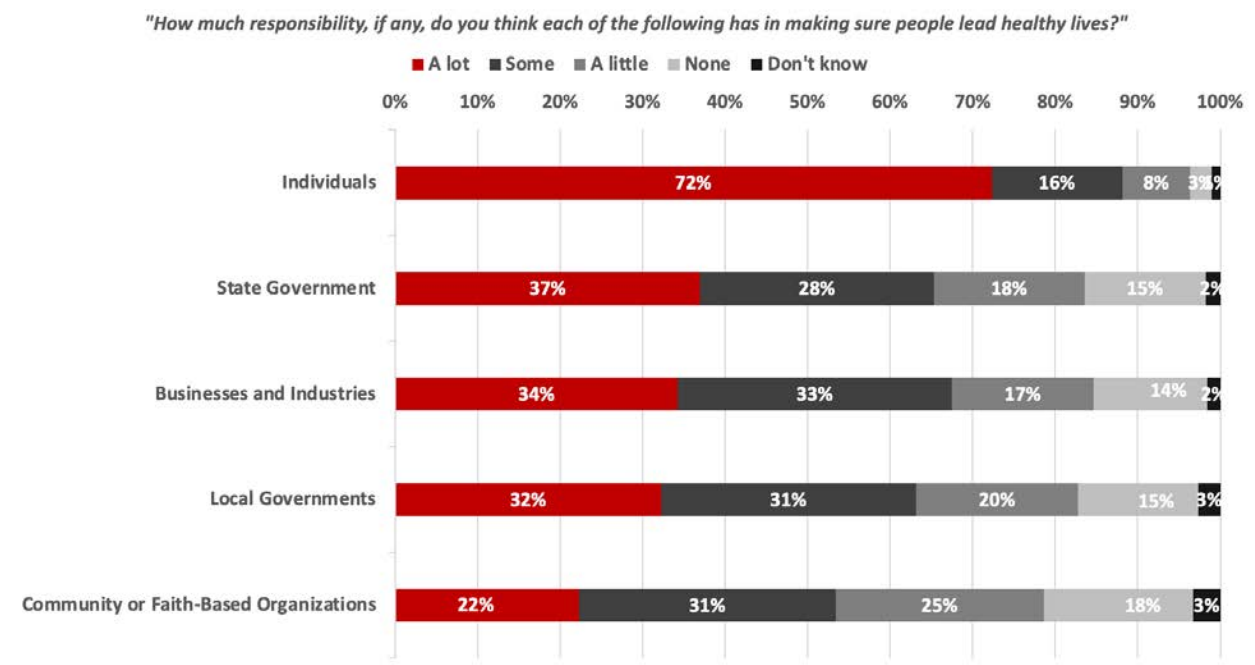


State government comes in a distant second, with 37 percent saying it should take on “a lot” of responsibility, 28 percent “some,” 18 percent “a little,” and 15 percent “none.” Democrats (47%), Black residents (50%), 18- to 34-year-olds (46%), and urban residents (45%) are especially more likely to say the state government has “a lot” of responsibility. Overall views and demographic patterns are similar when it comes to the role of local government (32% “a lot,” 31% “some”).

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New Jerseyans assign a similar amount of responsibility to business and industries (34% “a lot,” 33% “some”) and – though to a lesser extent – community and faith-based organizations (22% “a lot,” 31% “some”) as they do to government.

Figure 2: How Much Each Entity is Responsible for People Leading Healthy Lives

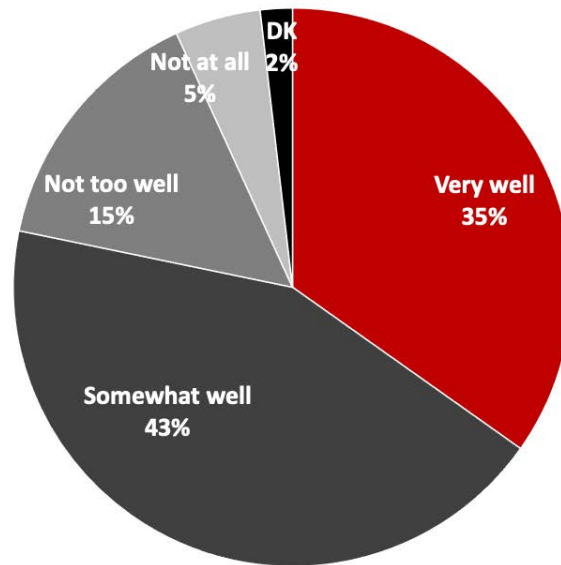


Understanding the Meaning of “Public Health”

New Jerseyans have somewhat of a grasp on what “public health” actually means – or so they claim (see Figure 3). Eight in 10 (35% “very well,” 44% “somewhat well”) feel they understand what is meant by the term “public health,” with “somewhat well” being the modal response across most demographic groups; one in five, on the other hand, do not (15% “not very well,” 4% “not at all”). Republicans and senior citizens were slightly more likely than others to say they did not understand the term, while Black residents, those in higher income brackets, and those with higher levels of education were some of the most likely to say they understood it “very well.”

Figure 3: How Well New Jerseyans Feel They Understand What is Meant by “Public Health”

"If you read or hear somebody talking about 'public health,' how well do you feel that you understand what they mean by those two words – 'public health'?"



When asked to define the term themselves, 26% say “public health” refers to something about the health of the population (see Appendix A). Others define “public health” as having to do with health services, programs, and information; government and community response to health-related issues; and the science related to health.⁶ Republicans and senior citizens are more unsure than their counterparts about how best to define the term. Uncertainty about how to define “public health” decreases as income and education rise.

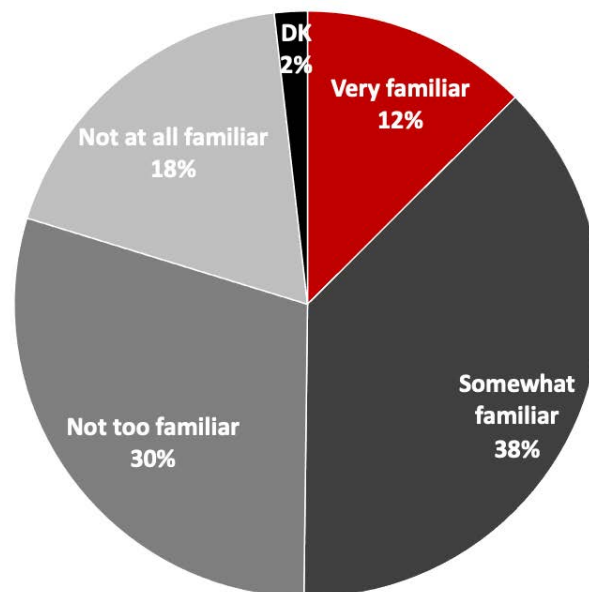
⁶ For the remainder of the survey, respondents were provided with the following definition of “public health”: “For the purpose of this survey, when we refer to ‘public health,’ we are referring to the work done to keep communities healthy and prevent illnesses and the spread of diseases. While a doctor treats individuals who are sick, public health professionals work with community partners to prevent entire communities from getting sick or injured in the first place. While we understand much of the focus of public health right now is on COVID-19, we are asking about public health issues aside from COVID-19.”

Local Public Health Department Awareness, Ratings, and Responsibilities

Half of New Jerseyans say they are familiar (13% “very familiar,” 38% “somewhat familiar”) with what their local public health department does to some degree; three in 10 are “not too familiar” and just under one in five are “not at all familiar” (see Figure 4). While there are minimal differences across various demographic groups, women are slightly more likely than men to be familiar with what their local public health department does, as are urban residents compared to those living elsewhere in the state. Familiarity rises with educational attainment.

Figure 4: How Familiar New Jerseyans are with What Their Local Health Department Does

"How familiar are you with what your local public health department does?"

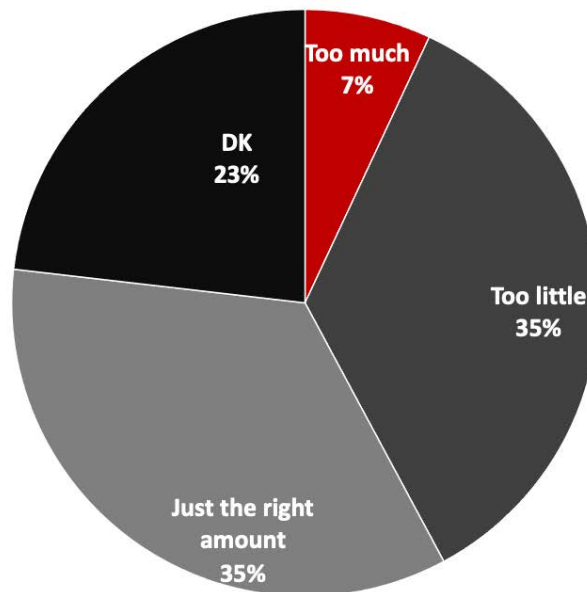


Residents are split on whether their local public health department does just the right amount (35%) or too little (35%); just 7% feel it does too much, and 23% are unsure (see Figure 5). Democrats (42%), Black residents (45%), Hispanic residents (40%), young adults (41%), those in

lower income brackets, and those with less education would like to see their local departments do more.

Figure 5: Whether Local Public Health Departments Do Too Much, Too Little, or the Right Amount to Encourage Healthier Lives

"Would you say your local public health department does too much, too little, or does the right amount to help people lead healthier lifestyles?"



Majorities are aware of local public health departments' various responsibilities (see Figure 6). Eight in 10 or more consider infectious disease prevention (87%), emergency planning and preparedness (81%), and food inspection (80%) to be main priorities of local public health departments. About three-quarters classify environmental health (77%), clinical services (76%), and health and nutrition promotion and education (75%) as main areas that these departments tackle. Seven in 10 (71%) consider maternal health a major responsibility, and six in 10 (62%) say the same about animal control.

While any differences are often slight, there are some disparities in terms of awareness of responsibilities by key demographics. Democrats are more likely than independents or Republicans to consider environmental health, maternal and child health, infectious disease prevention, health and nutrition promotion and education, and clinical services as main responsibilities. Women are more likely than men to consider all services listed as main responsibilities of their local public health department.

Hispanic residents and those who do not identify as White, Black, or Hispanic are more likely than their counterparts to say that food safety inspection is a main responsibility. Black residents are more likely to say clinical services and maternal and child health compared to other racial and ethnic groups but are less likely to say emergency preparedness. Both Hispanic residents and Black residents are slightly more likely to say environmental health. White residents are more likely than others to say animal control is a primary service but less likely to say maternal and child health.

What is perceived as a main responsibility also differs by age. Those aged 50 to 64 are more likely than other cohorts to consider the top three items overall as main responsibilities. Those 18 to 34 years old are slightly more likely to consider maternal and child health a main responsibility than other groups; 35- to 49-year-olds, on the other hand, are more likely than other age brackets to consider health and nutrition promotion and education, as well as clinical services main responsibilities; and those 65 and older are more likely than younger residents to consider environmental health and animal control main responsibilities.

Senior citizens are less likely than other age cohorts to say that food safety inspection, maternal and child health, infectious disease prevention, and health promotion and education are all main responsibilities. Knowledge of animal control being a local public health department

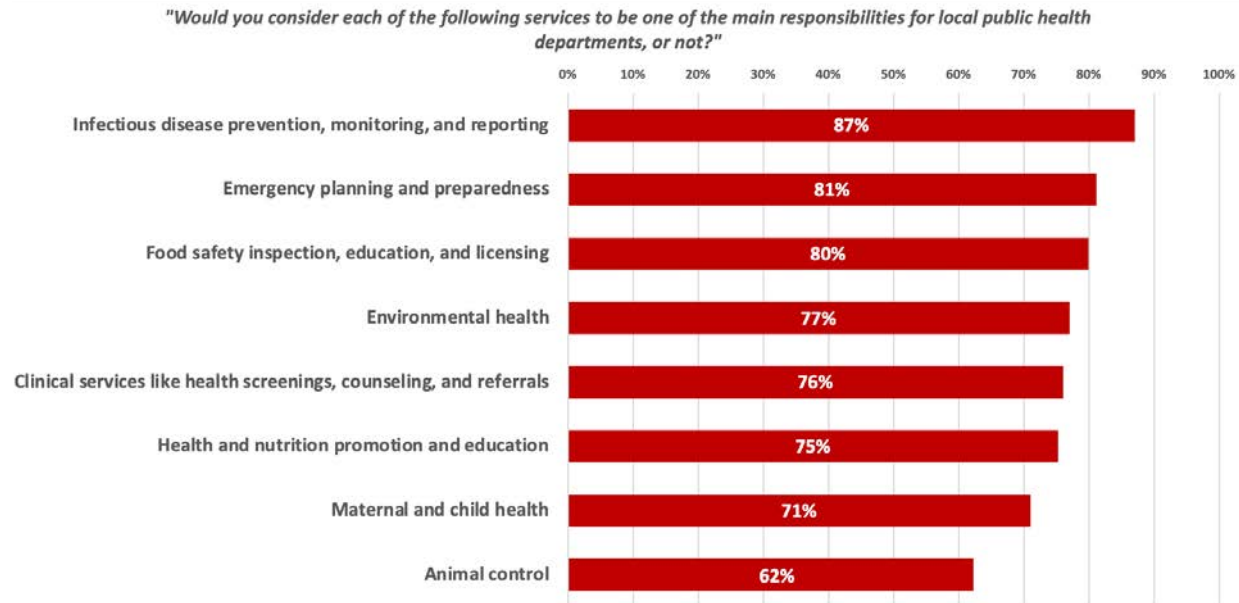
service increases with age. Those 35 to 49 years old are the most likely to say that health promotion and education is a service.

Urban residents are more likely than residents in other areas of the state to consider clinical services, health and nutrition promotion and education, and maternal and child health as main responsibilities of local public health departments; conversely, exurban residents are least likely to be aware of these services, as are shore residents when it comes to clinical services. Exurbanites are also least likely to say infectious disease prevention, yet most likely to say animal control. Shore residents are also least likely to say infectious disease prevention, as well as least likely to say environmental health. Residents living in southern New Jersey near Philadelphia are most likely to say infectious disease prevention, yet one of the least likely – along with shore residents – to say animal control.

Awareness of clinical services and maternal and child health as main responsibilities declines as income rises; those in the highest income bracket are also the least likely to say health and nutrition promotion and education is a service. Residents from the most affluent households, on the other hand, are most likely to say infectious disease prevention is a main responsibility. Those in higher income brackets are more likely than those in lower income brackets to consider emergency planning and animal control main responsibilities. Those in the lowest income bracket are the most likely to say maternal health is a major service.

Knowledge of infectious disease prevention as a major service increases with educational attainment. Those with a high school diploma or less are least likely to say that health and nutrition promotion and education is a main responsibility. Those with lower levels of education are slightly more aware of local public health departments' clinical services, while those with a college degree or higher are slightly less aware.

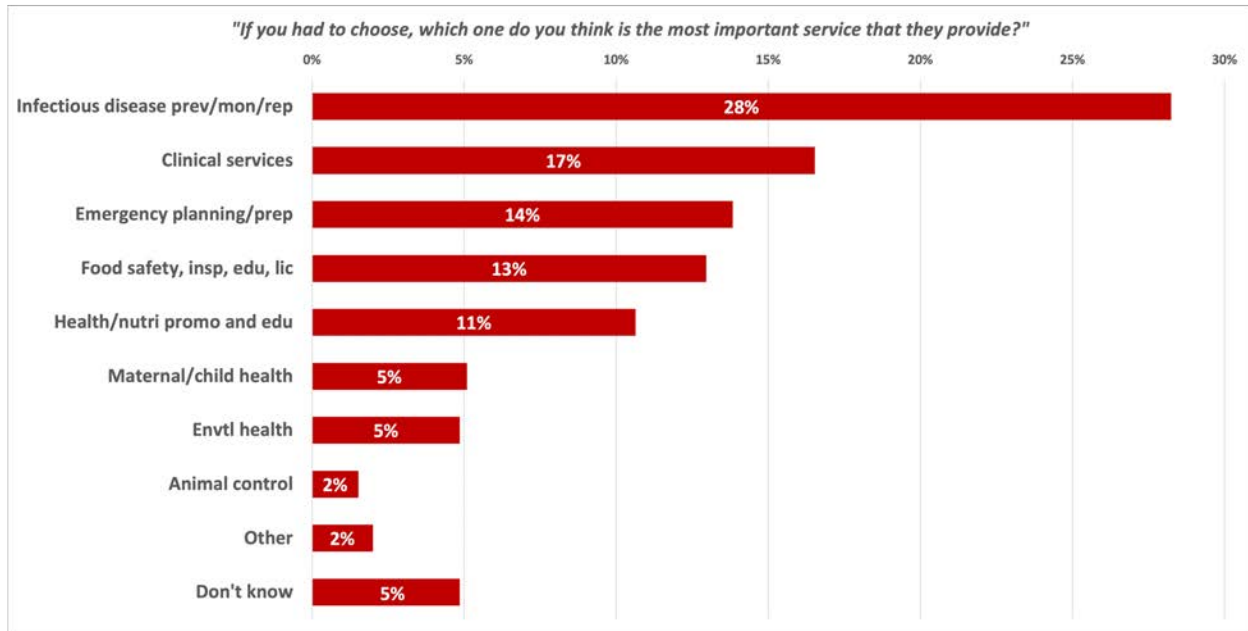
Figure 6: Main Responsibilities of Local Public Health Departments



Among that same list of services, New Jerseyans rank infectious disease prevention, monitoring, and reporting as the most important service that their local public health department provides (28%), followed by clinical services (17%), emergency planning and preparedness (14%), food safety and inspection (13%), health and nutrition promotion and education (11%), maternal and child health (5%), environmental health (5%), and lastly animal control (2%) (see Figure 7).

While infectious disease prevention is the top pick across the board, some groups are more likely than their counterparts to mention other services, as well. Republicans are especially likely to say emergency preparedness (20%), as are independents (15%); Democrats, on the other hand, are the most likely of almost any group to say infectious disease prevention. Clinical services are more likely to be mentioned by women (19%), Black residents (20%), Hispanic residents (18%), 50- to 64-year-olds (19%), those in households making less than \$50,000 (21%), those living in shore (21%) or southern regions (19%) of the state, and those who have some college education or less (18%).

Figure 7: Most Important Service Provided by Local Public Health Department



Local Public Health Department Personal Impact

Almost half (48%) recall engaging with, or receiving information from, their local public health department at some point. Democrats (53%), younger to middle aged adults, and those with higher levels of education are all more likely than their counterparts to say they have interacted with their local department.

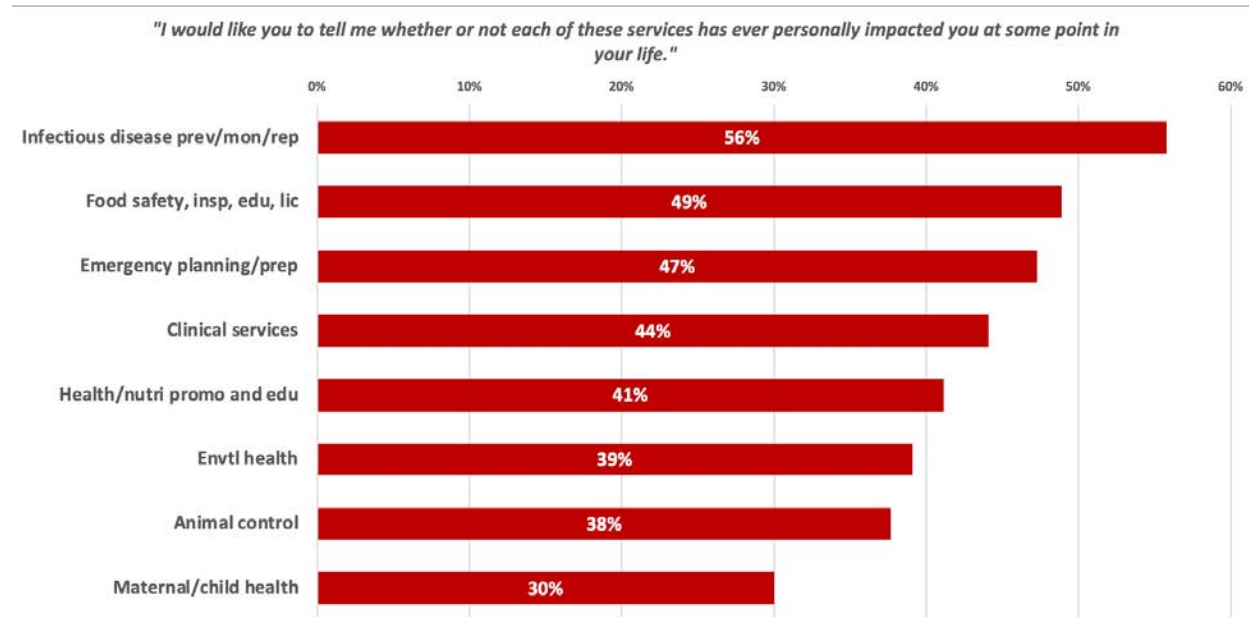
Eighty-nine percent say they have been personally impacted by a service their local health department offered at some point in their life: 56% by infectious disease prevention, monitoring, and reporting; 49% by food safety inspection; 47% by emergency planning and preparedness; 44% by clinical services; 41% by health and nutrition promotion and education; 39% by environmental health; 38% by animal control; and 30% by maternal health (see Figure 8).

Democrats are more likely than independents or Republicans – often by double digits – to report being impacted by most services, with the exception of food inspection, emergency planning, and animal control. Women are more likely than men to say they have been impacted by most services, as well, except for food inspection and animal control. Urban residents are more likely to say they have been impacted by all services than those living in other parts of the state. Young adults are more likely than older residents to say they have been personally impacted by all services except animal control.

The reported personal impact of health and nutrition education and clinical services declines as income rises; those in the lowest income bracket are also more likely than those in more affluent households to report being personally impacted by maternal health, yet least likely to say they have been impacted by animal control. Those earning \$100,000 to less than \$150,000 are more likely than their counterparts to say they have been impacted by infectious disease prevention, food inspection, environmental health, and animal control. The state's higher earners are slightly more likely than others to say they have been impacted by emergency planning and preparedness and infectious disease prevention.

Residents who have completed graduate work are more likely than those with less education to report being personally impacted by all services – except for clinical services, health and nutrition promotion and education, and maternal health, for which they are the least likely. Those with a high school degree or less are more likely than residents with higher levels of education to mention the former, while those with some college are most likely to mention the latter two.

Figure 8: Ever Personally Impacted by Various Local Health Department Services



Local Public Health Department Funding

Almost all New Jerseyans believe that it is either “very” (59%) or “somewhat” (29%) important for the state of New Jersey to establish a source of stable, dedicated funding that can only be used for local public health services and programs (see Figure 9). Large majorities across the board, to varying degrees, see the value in it – especially Democrats, women, non-white residents, younger residents, and urban residents.

Residents are much less enthusiastic about how to pay for such funding, however. About half would “strongly” (28%) or “somewhat” (26%) support a small tax on unhealthy foods and sugary drinks; 44 percent, on the other hand, would oppose it (14% “somewhat,” 30% “strongly”). About a third would support (12% “somewhat,” 23% “strongly”) a small increase in their state income tax, while two-thirds would not (18% “somewhat oppose,” 45% “strongly oppose”). A small increase in local property taxes is least popular: just 9% “strongly support”

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this proposal to fund local public health, 20% “somewhat support” it, 16% “somewhat oppose” it, and 54% “strongly oppose” it.

Figure 9: Importance of Establishing Stable, Dedicated Funding for Local Public Health Services and Programs

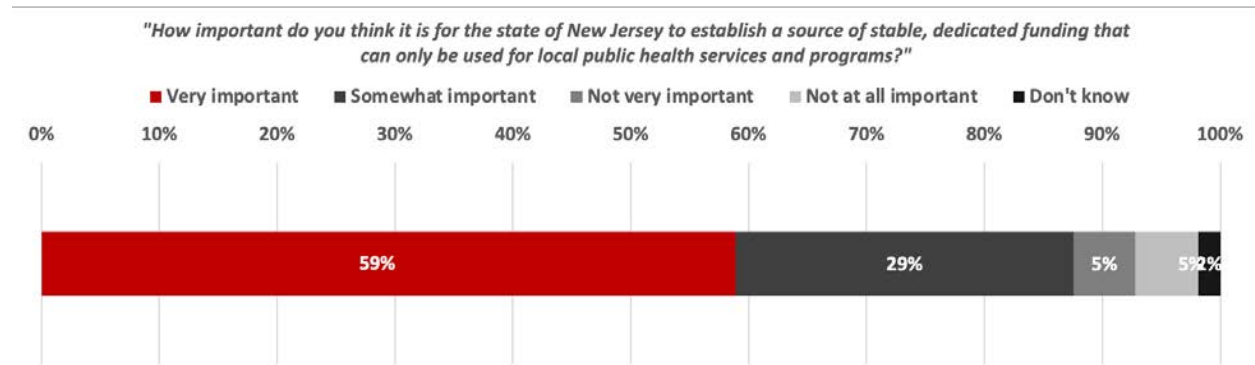
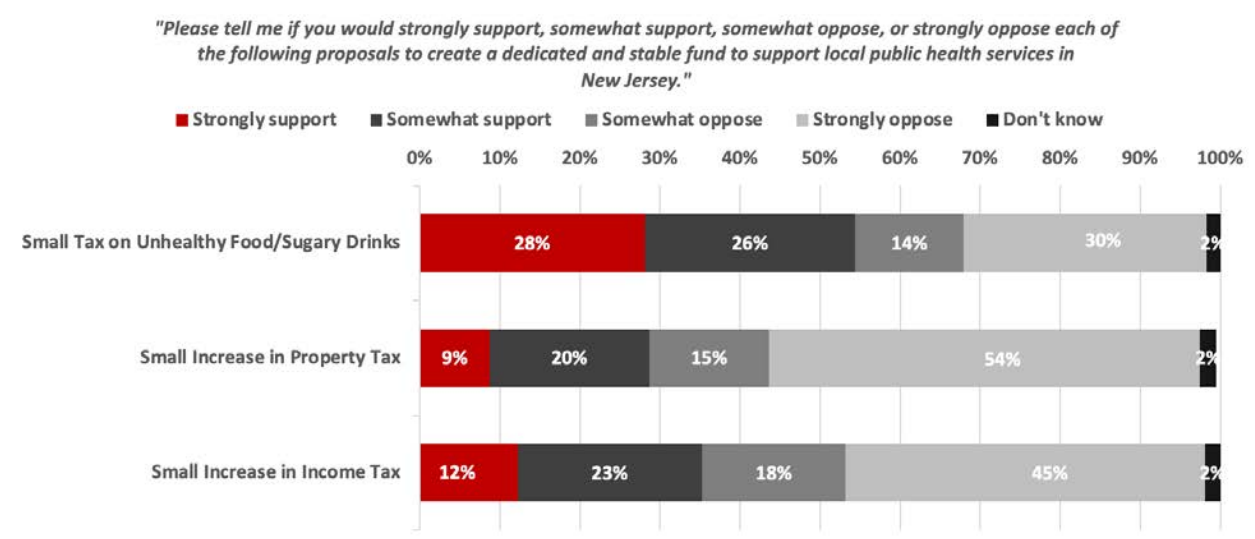


Figure 10: Support for Proposals to Create a Dedicated Local Public Health Services Fund in New Jersey



Sources of Public Health Information and Trust

New Jerseyans say they would be most likely to seek out information from a doctor or nurse if they had a question or concern about a public health issue: almost all say they would be “very” (67%) or “somewhat” (24%) likely to do so (see Figure 11). Residents would be next most likely

to seek out information from the state (36% “very,” 32% “somewhat”) or their local (32% “very,” 34% “somewhat”) health department. A similar number say they would likely obtain information from family, friends, or neighbors (30% “very,” 43% “somewhat”).

Just over half say they would be likely to get information from various forms of media – whether more traditional ones like newspapers, television, magazines, or radio (25% “very,” 32% “somewhat”) or newer mediums like the internet, including social media platforms (25% “very,” 27% “somewhat”). Under half (15% “very likely,” 32% “somewhat likely”) say they would go to a community or faith-based organization or public community center for public health information.

Breaking trends down by demographics, there is variation of which groups are at least somewhat likely to seek public health information from different sources. Democrats are more significantly more likely than independents or Republicans to say they would seek information from their state or local health department as well as traditional media and community or faith-based organizations or public community centers. Differences are especially pronounced by willingness to seek information from both state and local health departments.

Women are more likely than men to seek information from both the state health department and their local health department.

White residents are more likely than both Black and Hispanic residents to say they would obtain information from a doctor or nurse about a public health issue. Non-White residents are more likely than their counterparts to search the internet for public health information. Black residents are more likely than those of all other races and ethnicities to turn to a faith-based or community organization.

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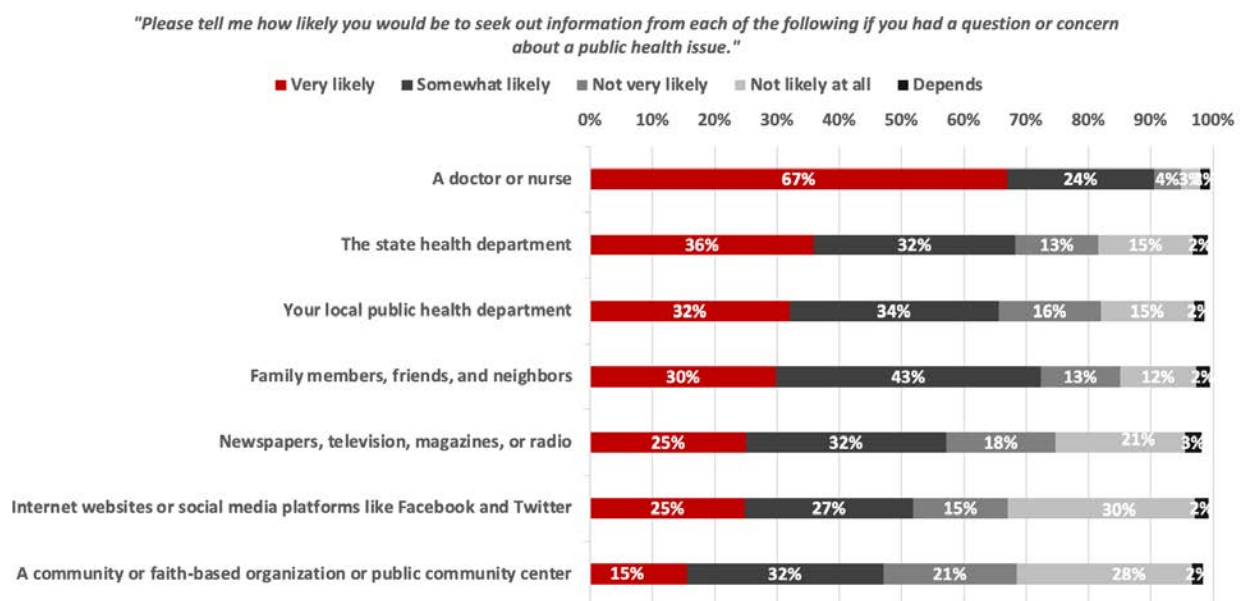
Senior citizens are more likely than other age groups to obtain information from a medical professional and traditional media but are less likely to look to the state health department; family, friends, or neighbors; and the internet. Those aged 35 to 49 are more likely than any other age group to seek information from their local health department.

Those in the highest income bracket are less likely than those in less affluent households to seek public health information from their local health department.

Urbanites are more likely to turn to the state health department and local health department than those from other parts of New Jersey, while shore residents are less likely than others to use the internet.

As compared to those with less educational attainment, New Jerseyans who did graduate work are more likely to turn to traditional news sources, like newspapers, television, magazines, and radio, when it comes to seeking public health information.

Figure 11: Likelihood of Seeking Out Information from Various Sources About a Public Health Issue



A very similar pattern emerges when it comes to who New Jerseyans trust most to provide accurate health information (see Figure 12). The state's residents say they most trust information from a doctor or nurse: nearly all trust this source "a great deal" (69%) or "a moderate amount" (25%). Residents next place the most trust in the state (38% "great deal," 39% "moderate amount") or local (37% "great deal," 39% "moderate amount") health department. About seven in 10 say they trust public health information from family, friends, or neighbors (19% "great deal," 50% "moderate amount").

Fifty-five percent of residents say they trust public health information from traditional media, like newspapers, television, magazines, or radio (15% "great deal," 40% "moderate amount"). Slightly fewer trust community or faith-based organizations or public community centers (14% "great deal," 39% "moderate amount"). New Jerseyans least trust the internet or social media for public health information; just over one-third say they trust this source (10% "great deal," 25% "moderate amount").

Examining these trends by demographics, there are some group differences in who at least moderately trusts each source. Democrats are more likely than their counterparts to trust the state and local public health departments as well as traditional media. Independents are less likely than both Democrats and Republicans to trust public health information from their family, friends, or neighbors.

Women are more likely to trust their family, friends, and neighbors than men; however, men are more likely than women to trust the internet for public health information.

Black New Jerseyans are at least slightly more likely to trust the state health department and local public health department, except as compared to residents who do not identify as White,

Black, or Hispanic. Black residents are more likely than all racial or ethnic groups, though, to place trust in community or faith-based organizations or public community centers. Meanwhile, White residents are least likely to trust the internet as compared to Black and Hispanic residents.

When it comes to age, senior citizens are most trusting of medical professionals as compared to other age groups. On the other end of the spectrum, young adults are more likely than their counterparts to trust the internet.

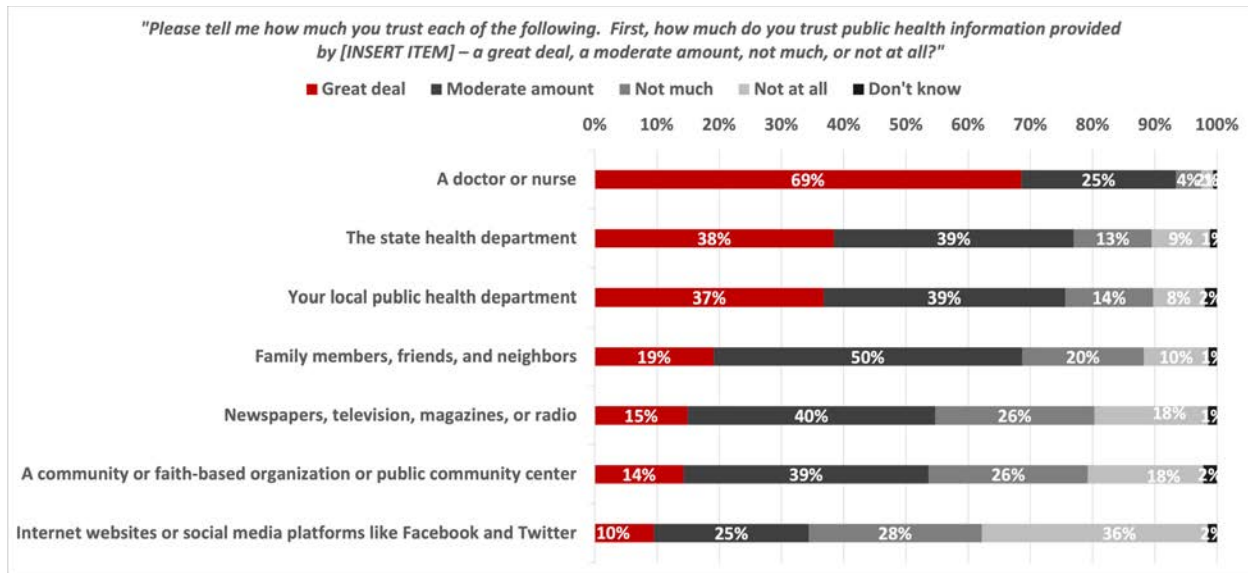
There are few differences in trust by household income level and the majority of those differences are not statistically significant.

Regionally, urbanites are more likely to trust the state and local health departments, in addition to traditional media. Shore residents are least likely than those from any other region to trust information from the internet or social media.

Finally, by educational attainment, those with some college education are less likely than their counterparts to trust public health information from traditional media, such as newspapers, television, magazines, or radio.

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Figure 12: Extent to Which New Jerseyans Trust Public Health information Provided by Each of the Following Sources



Appendix A

SURVEY INSTRUMENT WITH FREQUENCIES

** Please note, totals may equal slightly more or less than 100% due to rounding.*

**EAGLETON CENTER FOR PUBLIC INTEREST POLLING
PUBLIC HEALTH AWARENESS QUESTIONNAIRE
November/December 2021
n=1,000**

Introduction/Recruitment Language

QD5. May I please have your zip code?

_____ (RECORD)

88888 Don't Know (VOL)

99999 Refused (VOL)

QD5A. And what county do you currently live in?

[Choose from list of NJ Counties]

IF NOT NEW JERSEY BASED ON COUNTY, TERMINATE: Thank you, we are only talking to New Jersey residents today.

[CODE GENDER BY OBSERVATION]

QD26. Respondent Gender

- 1 Male
- 2 Female

Male	48%
Female	52%
Unweighted N=	994

WHAT MAKES A HEALTHY COMMUNITY

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HC1 In just a few words, what would you say is the top health-related issue facing your local community right now, aside from COVID-19? By health related issues, I do not necessarily mean specific diseases but rather issues or conditions that impact the overall health of your local community.

[OPEN-ENDED RESPONSE]

- 8 Don't know (VOL)
- 9 Refused (VOL)

[recoded]

Access to health care (incl. cost, insurance, quality)	10%
Mental health issues	6%
Obesity	6%
Cold/flu	6%
COVID/pandemic (incl. neg/pos reactions to regulations)	5%
Addiction/opioids/drug problems	5%
Pollution/environmental issues (incl clean water)	4%
Food insecurity (incl. access to nutritious foods)	3%
Cost of living (incl. mention of poverty)	2%
Cancer	2%
Other	18%
No issues	3%
Don't know	30%
Unweighted N=	995

HC3. How much responsibility, if any, do you think each of the following has in making sure people lead healthy lives?

[RANDOMIZE ORDER]

- A Individuals
 - B Businesses and industries, such as retailers or manufacturers of food and drink
 - C The state government
 - D Local governments
 - F Community or faith-based organizations
-
- 1 A lot
 - 2 Some

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- 3 A little
- 4 None
- 8 Don't know (VOL)
- 9 Refused (VOL)

	Individuals	Businesses and Industries	State Government	Local Government	Community/ Faith-Based Organizations
A lot	72%	34%	37%	32%	22%
Some	16%	33%	28%	31%	31%
A little	8%	17%	18%	20%	25%
None	3%	14%	15%	15%	18%
Don't know (VOL)	1%	2%	2%	3%	3%
Unweighted N=	1003	1003	999	1004	1002

UNDERSTANDING OF PUBLIC HEALTH

Now, for some questions about public health.

UPH1. In just a few words, how would you define the term “public health?” If you’re not sure, just say so.

[OPEN ENDED RESPONSE]

- 88 Not sure
- 99 Refused

[recoded]

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Health of a population	26%
Health services/programs available (incl. equal access, affordability)	5%
Government response to health care/issues	5%
Community response to health/taking care of each other	4%
Health issues which impact society	3%
Response to health care/issues (no responsibility designated)	3%
Individual health care/outcomes/responsibility	3%
Informing public about health issues/programs/services	2%
All issues (directly health and otherwise) which impact society	2%
Type of science related to health	1%
Other	11%
Don't know (VOL)	35%
Unweighted N=	986

UPH2. If you read or hear somebody talking about “public health,” how well do you feel that you understand what they mean by those two words – “*public health*”? Very well, somewhat well, not too well, or not at all?

- 1 Very well
- 2 Somewhat well
- 3 Not too well
- 4 Not at all
- 8 Don't know (VOL)
- 9 Refused (VOL)

Very well	35%
Somewhat well	44%
Not too well	15%
Not at all	5%
Don't know	2%
Unweighted N=	1000

For the purpose of this survey, when we refer to “*public health*,” we are referring to the work done to keep communities healthy and prevent illnesses and the spread of diseases. While a doctor treats individuals who are sick, public health professionals work with community partners to prevent entire communities from getting sick or injured in the first place. While we understand much of the focus of public health right now is on COVID-19, we are asking about public health issues aside from COVID-19.

PUBLIC HEALTH DEPARTMENT RATINGS

DR1. How familiar are you with what your local public health department does? Are you very familiar, somewhat familiar, not too familiar, or not familiar at all with what it does?

- 1 Very familiar
- 2 Somewhat familiar
- 3 Not too familiar
- 4 Not familiar at all
- 8 Don't know (VOL)
- 9 Refused (VOL)

Very familiar	13%
Somewhat familiar	38%
Not too familiar	30%
Not familiar at all	18%
Don't know	2%
Unweighted N=	1000

DR2. Would you say your local public health department does too much, too little, or does the right amount to help people lead healthier lifestyles?

- 1 Too much
- 2 Too little
- 3 Just the right amount
- 8 Don't know (VOL)
- 9 Refused (VOL)

Too much	7%
Too little	35%
Just the right amount	35%
Don't know	23%
Unweighted N=	994

PUBLIC HEALTH DEPARTMENT RESPONSIBILITIES AND PRIORITIES

Let's talk about some different areas of public health and the services that local health departments provide.

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RP1 Would you consider each of the following services to be one of the main responsibilities for local public health departments, or not? Just tell me yes or no for each. First:

[RANDOMIZE ORDER]

- A Environmental health
- B Food safety inspection, education, and licensing
- C Emergency planning and preparedness
- D Maternal and child health
- E Animal control
- F Infectious disease prevention, monitoring, and reporting
- G Health and nutrition promotion and education
- H Clinical services like health screenings, counseling, and referrals

- 1 Yes
- 2 No
- 8 Don't know/unsure (VOL)
- 9 Refused (VOL)

	Infectious disease prevention, monitoring, & reporting	Emergency planning & preparedness	Food safety inspection, education, & licensing	Environmental health
Yes	87%	81%	80%	77%
No	9%	13%	15%	17%
Don't know (VOL)	4%	6%	6%	6%
Unweighted N=	1002	1002	1004	999

	Clinical services (i.e., health screenings, counseling, & referrals)	Health & nutrition promotion & education	Maternal & child health	Animal control
Yes	76%	75%	71%	62%
No	19%	18%	21%	28%
Don't know (VOL)	5%	7%	8%	10%
Unweighted N=	1002	1003	1004	1003

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RP2. I am going to read you the same list of services that your local public health department provides. If you had to choose, which one do you think is the most important service that they provide? Is it:

[RANDOMIZE ORDER 1-9; READ ALOUD 1-10]

- 1 Environmental health
- 2 Food safety inspection, education, and licensing
- 3 Emergency planning and preparedness
- 4 Maternal and child health
- 5 Animal control
- 6 Infectious disease prevention, monitoring, and reporting
- 7 Health and nutrition promotion and education
- 8 Clinical services like health screenings, counseling, and referrals
- 9 Or is it something else [PLEASE SPECIFY]?
- 88 Don't know (VOL)
- 99 Refused (VOL)

Infectious disease prevention, monitoring, and reporting	28%
Clinical services like health screenings, counseling, and referrals	17%
Emergency planning and preparedness	14%
Food safety, inspection, education, and licensing	13%
Health and nutrition promotion and education	11%
Environmental health	5%
Maternal and child health	5%
Animal control	2%
Something else	2%
Don't know (VOL)	5%
Unweighted N=	998

RP3. I am going to once again read you that same list of services that your local public health department provides, and now I would like you to tell me whether or not each of these services has ever personally impacted you at some point in your life. First:

- A Environmental health
- B Food safety inspection, education, and licensing
- C Emergency planning and preparedness
- D Maternal and child health
- E Animal control

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- F Infectious disease prevention, monitoring, and reporting
- G Health and nutrition promotion and education
- H Clinical services like health screenings, counseling, and referrals

- 1 Yes, it has
- 2 No, it has not
- 8 Don't know (VOL)
- 9 Refused (VOL)

Any Service

Yes	89%
No	12%
Don't know	6%
Unweighted N=	975

	Infectious disease prevention, monitoring, & reporting	Food safety inspection, education, & licensing	Emergency planning & preparedness	Clinical services (i.e. health screenings, counseling, & referrals)
Yes	56%	49%	47%	44%
No	40%	46%	48%	53%
Don't know (VOL)	4%	6%	5%	3%
Unweighted N=	1004	1003	1003	1001

	Health & nutrition promotion & education	Environmental health	Animal control	Maternal & child health
Yes	41%	39%	38%	30%
No	55%	54%	57%	66%
Don't know (VOL)	4%	7%	5%	5%
Unweighted N=	1000	1002	1003	1001

PUBLIC HEALTH EXPERIENCE

- E1. To the best of your recollection, have you ever engaged with, or received any information from, your local public health department? This may have been through a

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health fair or event, service or training, educational materials, or some other way. Again, this would be aside from anything related to COVID-19.

- 1 Yes
- 2 No
- 8 Don't know (VOL)
- 9 Refused (VOL)

Yes	48%
No	47%
Don't know (VOL)	6%
Unweighted N=	1001

PUBLIC HEALTH FUNDING

Let's talk a bit about how to fund local public health departments.

- F1. How important do you think it is for the state of New Jersey to establish a source of stable, dedicated funding that can only be used for local public health services and programs – very important, somewhat important, not very important, or not at all important?

- 1 Very important
- 2 Somewhat important
- 3 Not very important
- 4 Not at all important
- 8 Don't know (VOL)
- 9 Refused (VOL)

Very important	59%
Somewhat important	29%
Not very important	5%
Not at all important	5%
Don't know (VOL)	2%
Unweighted N=	1002

- F2. Please tell me if you would strongly support, somewhat support, somewhat oppose, or strongly oppose each of the following proposals to create a dedicated and stable fund to support local public health services in New Jersey. First:

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[RANDOMIZE ORDER]

- A A small increase in your New Jersey income tax
- B A small increase in your local property tax
- C A small tax on unhealthy foods and sugary drinks

- 1 Strongly support
- 2 Somewhat support
- 3 Somewhat oppose
- 4 Strongly oppose
- 8 Don't know (VOL)
- 9 Refused (VOL)

	A small tax on unhealthy foods and sugary drinks	A small increase in your New Jersey income tax	A small increase in your local property tax
Strongly support	28%	12%	9%
Somewhat support	26%	23%	20%
Somewhat oppose	14%	18%	16%
Strongly oppose	30%	45%	54%
Don't know (VOL)	2%	2%	2%
Unweighted N=	1000	992	997

INFORMATION AND TRUST

Next, I'm going to ask some questions about how and from whom you learn about public health issues – such as immunizations, mental health, air and water quality, food safety and security, environmental public health emergencies, and access to quality health care. Again, while we understand much of the focus on public health right now is on COVID-19, we are asking about public health issues aside from COVID-19.

- T1. People seek out information from various sources when they have a question or concern about public health issues. Please tell me how likely you would be to seek out information from each of the following if you had a question or concern about a public health issue. First, would you be very likely, somewhat likely, not very likely, or not likely at all to seek out information from [INSERT ITEM]? NEXT:

[RANDOMIZE ORDER]

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[PROMPT IF NEEDED: “Would you be very likely, somewhat likely, not very likely, or not likely at all to seek out information from this source?”]

- A Family members, friends, and neighbors
- B Newspapers, television, magazines, or radio
- C Internet websites or social media platforms like Facebook and Twitter
- D A doctor or nurse
- E Your local public health department
- F The state health department
- H A community or faith-based organization or public community center

- 1. Very likely
- 2. Somewhat likely
- 3. Not very likely
- 4. Not likely at all
- 5. Depends (VOL)
- 8. Don’t Know (VOL)
- 9. Refused (VOL)

	A doctor or nurse	The state health department	Your local public health department	Family members, friends, and neighbors
Very likely	67%	36%	32%	30%
Somewhat likely	24%	32%	34%	43%
Not very likely	4%	13%	16%	13%
Not likely at all	3%	15%	15%	12%
Depends (VOL)	2%	2%	2%	2%
Don’t know (VOL)	1%	1%	1%	1%
Unweighted N=	1004	1002	1005	1004

	Newspapers, television, magazines, or radio	Internet websites or social media platforms	A community- or faith-based organization or public community center
Very likely	25%	25%	16%
Somewhat likely	32%	27%	32%
Not very likely	18%	15%	21%
Not likely at all	21%	30%	28%
Depends (VOL)	3%	2%	2%
Don’t know (VOL)	2%	1%	2%
Unweighted N=	1001	998	996

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T2. People trust some sources more than others when it comes to providing accurate public health information. Please tell me how much you trust each of the following. First, how much do you trust public health information provided by [INSERT ITEM] – a great deal, a moderate amount, not much, or not at all? First: (50)

[RANDOMIZE ORDER]

- A Family members, friends, and neighbors
- B Newspapers, television, magazines, or radio
- C Internet websites or social media platforms like Facebook and Twitter
- D A doctor or nurse
- E Your local public health department
- F The state health department
- H A community or faith-based organization or public community center

- 1. A great deal
- 2. A moderate amount
- 3. Not much
- 4. Not at all
- 8. Don't Know (VOL)
- 9. Refused

	A doctor or nurse	The state health department	Your local public health department	Family members, friends, and neighbors
A great deal	69%	38%	37%	19%
A moderate amount	25%	39%	39%	50%
Not much	4%	13%	14%	20%
Not at all	2%	9%	8%	10%
Don't know (VOL)	1%	1%	2%	1%
Unweighted N=	1002	1001	1000	1001

	Newspapers, television, magazines, or radio	Internet websites or social media platforms	A community- or faith-based organization or public community center
A great deal	15%	10%	14%
A moderate amount	40%	25%	39%

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Not much	26%	28%	26%
Not at all	18%	36%	19%
Don't know (VOL)	1%	2%	2%
Unweighted N=	1000	999	1002

DEMOGRAPHICS

We're almost finished. Now we just have some questions to help us understand our results.

QD7. To ensure we are reaching people of all ages, would you please tell me your age?

_____ (ENTER AGE: 98=98+, 99 = REFUSED)

[IF Don't Know/REFUSED IN QD7, ASK:]

QD8 Would you be willing to tell us whether it's between...?

- 1 18 - 20
- 2 21 - 24
- 3 25 - 29
- 4 30 - 34
- 5 35 - 44
- 6 45 - 49
- 7 50 - 54
- 8 55 - 64
- 9 65 OR OVER
- 99 Refused (VOL)

[recoded]

18-34	27%
35-49	25%
50-64	27%
65+	21%
Unweighted N=	1001

QD6. What was the last grade in school you completed? **[CODE TO LIST]**

- 1. 8th Grade or Less

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2. High School Incomplete (Grades 9, 10 and 11)
3. High School Complete (Grade 12)
4. Vocational/Technical School
5. Some College
6. Junior College Graduate (2 Year, Associates Degree)
7. 4 Year College Graduate (Bachelor's Degree)
8. Graduate Work (Masters, Law/Medical School, Etc.)
9. Refused (VOL)

8 th grade or less	0%
HS incomplete	3%
HS complete	25%
Vo/tech school	7%
Some college	16%
Jr college grad	9%
4yr college grad	23%
Graduate work	17%
Unweighted N=	1003

[recoded]

HS or less	28%
Some coll	31%
Coll grad	23%
Grad work	17%
Unweighted N=	1003

QD17. Are you of Latino or Hispanic origin, such as Mexican, Puerto Rican, Cuban or some other Spanish background?

1. Yes
2. No
8. Don't know
9. Refused

Yes	18%
No	82%
Don't know	0%
Unweighted N=	989

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QD18. Are you White, Black or of Asian origin, or are you some other race, or multi-racial?

- 1 White (includes Caucasian, European, Middle Eastern)
- 2 Black (includes African-American)
- 3 Asian (includes Asian-Indian, South Asian, East Asian, Chinese, Japanese)
- 4 Hispanic / Latino / Spanish (VOL)
- 5 OTHER, SPECIFY: _____
- 6 Multi-racial
- 8 Don't know (VOL)
- 9 Refused (VOL)

White	64%
Black	14%
Asian	6%
Hispanic/Latino/Spanish	7%
Other	0%
Multi-racial	9%
Don't know	0%
Unweighted N=	958

[recoded—combines results of QD17 and QD18]

White	58%
Black	13%
Hispanic/Latino/Spanish	18%
Other	12%
Unweighted N=	978

QD27. Do you describe yourself as a man, a woman, or in some other way?

- 1 Man
- 2 Woman
- 3 Some other way **[SPECIFY]**
- 9 Refused (VOL)

Man	48%
Woman	52%
Some other way	1%
Unweighted N=	1002

QD2. In politics today, do you consider yourself a Democrat, Republican, Independent, or something else?

1. Democrat
2. Republican
3. Independent
4. Something Else/Other
8. Don't know (VOL)
9. Refused (VOL)

Democrat	39%
Republican	20%
Independent	31%
Something else	8%
Don't know	2%
<hr/>	
Unweighted N=	958

[recoded]

Democrat	39%
Independent	41%
Republican	20%
<hr/>	
Unweighted N=	994

QD21. Last year, that is in 2020, what was your total family income from all sources, before taxes? Just stop me when I get to the right category. **[READ LIST]**

1. Less than \$25,000
2. 25 to under \$50,000
3. 50 to under \$75,000
4. 75 to under \$100,000
5. 100 to under \$150,000
6. \$150,000 or more
8. Don't know (VOL)
9. Refused (VOL)

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<25K	13%
25K-<50K	20%
50K-<75K	19%
75K-<100K	13%
100K-<150K	17%
150K+	16%
Don't know	3%
Unweighted N=	919

[recoded]

<50K	33%
50K-<100K	33%
100K-<150K	17%
150K+	17%
Unweighted N=	893

HHa. Including, yourself, how many adults – that is, people 18 years or older – live in your household; that is, who live with you at least half the time?

_____ [ENTER NUMBER: 99= REFUSED]

1	19%
2	44%
3	20%
4	12%
5+	5%
Unweighted N=	958

Closing and Additional Informed Consent Language

That completes our survey. Thank you very much for your time and cooperation. If you have any questions, you may contact Dr. Ashley Koning (*pronounced Cone-ing*) at 848-932-8940. If you have any questions about your rights as a research participant, you may contact the administrator of the Rutgers Institutional Review Board at 732-235-2866. Have a good day/evening.

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Appendix B

SURVEY QUESTION CROSS TABULATIONS

HC1. In just a few words, what would you say is the top health-related issue facing your local community right now, aside from COVID-19? By health related issues, I do not necessarily mean specific diseases but rather issues or conditions that impact the overall health of your local community.

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Cold/flu	7%	3%	7%	5%	6%	6%	4%	9%	2%	6%	6%	6%	5%
COVID	6%	4%	8%	5%	5%	4%	7%	9%	2%	8%	7%	3%	2%
Health care access	15%	9%	5%	11%	9%	10%	15%	9%	5%	8%	7%	14%	11%
Obesity	5%	6%	9%	6%	5%	4%	4%	8%	12%	9%	7%	4%	3%
Mental health	6%	6%	5%	4%	8%	6%	7%	5%	8%	5%	8%	9%	2%
Food insecurity	3%	4%	0%	2%	4%	4%	2%	1%	5%	3%	3%	5%	1%
Cancer	2%	3%	1%	2%	3%	2%	2%	2%	2%	2%	2%	3%	2%
Environment	5%	3%	4%	4%	4%	4%	2%	5%	4%	4%	3%	5%	3%
Cost of living	3%	3%	1%	1%	3%	2%	6%	3%	2%	2%	3%	2%	2%
Addiction/drugs	4%	6%	5%	5%	6%	5%	2%	8%	4%	6%	8%	3%	3%
No issues	2%	3%	3%	4%	1%	3%	1%	3%	3%	2%	2%	2%	4%
Other	17%	21%	16%	20%	15%	19%	20%	15%	16%	18%	17%	19%	18%
Don't know (VOL)	26%	28%	37%	30%	29%	31%	27%	23%	34%	28%	27%	24%	44%
Unwt N=	376	392	180	473	520	587	143	127	107	253	257	268	210

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	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Cold/flu	7%	7%	4%	3%	5%	4%	9%	6%	8%	8%	4%	5%	4%
COVID	5%	6%	3%	7%	5%	5%	4%	6%	5%	5%	4%	9%	4%
Health care access	6%	12%	9%	13%	13%	11%	8%	5%	12%	4%	12%	11%	15%
Obesity	3%	5%	11%	9%	9%	5%	10%	2%	5%	2%	9%	7%	5%
Mental health	2%	8%	10%	5%	9%	6%	4%	6%	5%	4%	6%	7%	8%
Food insecurity	2%	3%	2%	7%	7%	2%	1%	4%	4%	3%	3%	2%	5%
Cancer	2%	2%	1%	3%	3%	2%	4%	1%	3%	2%	2%	3%	3%
Environment	6%	3%	3%	4%	5%	5%	4%	4%	2%	4%	5%	4%	4%
Cost of living	3%	2%	4%	1%	3%	2%	3%	2%	2%	1%	3%	2%	4%
Addiction/drugs	7%	6%	3%	3%	4%	3%	3%	8%	8%	5%	7%	4%	3%
No issues	3%	2%	2%	2%	3%	3%	2%	2%	3%	3%	1%	2%	4%
Other	19%	17%	17%	22%	19%	20%	19%	17%	14%	17%	17%	21%	16%
Don't know (VOL)	34%	27%	30%	21%	17%	32%	29%	38%	29%	42%	27%	24%	24%
Unwt N=	252	300	169	163	160	360	135	169	169	167	282	315	228

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HC3. How much responsibility, if any, do you think each of the following has in making sure people lead healthy lives?

Individuals

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
A lot	71%	72%	77%	75%	70%	77%	63%	61%	70%	59%	82%	75%	74%
Some	17%	18%	8%	14%	18%	15%	17%	17%	21%	23%	11%	14%	16%
A little	9%	6%	10%	9%	7%	6%	12%	16%	5%	13%	5%	7%	7%
None	2%	3%	3%	2%	4%	1%	5%	4%	4%	5%	2%	2%	2%
DK (VOL)	1%	1%	1%	1%	2%	1%	3%	1%	0%	1%	0%	2%	1%
Unwt N=	380	398	180	477	526	591	146	128	108	257	258	269	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
A lot	62%	69%	86%	82%	75%	73%	81%	65%	69%	57%	76%	76%	85%
Some	21%	18%	9%	11%	15%	14%	13%	20%	18%	23%	12%	16%	11%
A little	14%	8%	4%	5%	8%	9%	2%	10%	10%	15%	8%	4%	2%
None	4%	3%	1%	1%	2%	3%	3%	3%	2%	4%	3%	2%	2%
DK (VOL)	0%	2%	0%	1%	0%	1%	1%	2%	0%	1%	1%	2%	1%
Unwt N=	255	305	170	164	163	361	138	172	169	168	284	317	232

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Businesses and industries

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
A lot	40%	35%	24%	33%	35%	33%	38%	35%	39%	42%	29%	33%	33%
Some	38%	29%	32%	33%	33%	32%	32%	35%	36%	31%	36%	31%	36%
A little	13%	19%	23%	18%	17%	19%	17%	17%	7%	15%	19%	19%	16%
None	7%	16%	22%	15%	13%	14%	11%	13%	15%	11%	15%	16%	12%
DK (VOL)	2%	1%	0%	1%	2%	1%	2%	0%	3%	1%	2%	1%	3%
Unwt N=	380	398	180	477	526	591	146	128	108	257	258	269	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
A lot	34%	36%	29%	33%	44%	36%	27%	36%	25%	32%	37%	34%	33%
Some	33%	32%	39%	31%	32%	34%	37%	34%	29%	34%	32%	30%	37%
A little	20%	14%	21%	17%	13%	17%	20%	16%	21%	19%	16%	17%	17%
None	10%	17%	11%	19%	11%	12%	16%	12%	20%	12%	13%	18%	13%
DK (VOL)	2%	2%	1%	0%	0%	1%	0%	2%	4%	3%	2%	1%	0%
Unwt N=	255	305	170	164	163	361	138	172	169	168	284	317	232

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State Government

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
A lot	47%	31%	29%	34%	39%	36%	50%	34%	35%	46%	33%	33%	36%
Some	32%	28%	25%	28%	29%	28%	24%	34%	27%	22%	31%	31%	29%
A little	15%	20%	22%	19%	18%	20%	15%	21%	12%	19%	21%	18%	15%
None	6%	18%	24%	18%	12%	15%	9%	10%	22%	11%	14%	15%	19%
DK (VOL)	0%	2%	0%	1%	2%	2%	2%	0%	4%	2%	1%	2%	2%
Unwt N=	377	397	180	476	523	589	146	126	108	253	258	268	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
A lot	39%	38%	35%	33%	45%	39%	29%	36%	32%	33%	40%	35%	41%
Some	27%	32%	28%	31%	30%	26%	32%	31%	27%	27%	26%	33%	30%
A little	21%	14%	24%	19%	20%	16%	17%	18%	24%	22%	17%	16%	16%
None	12%	15%	12%	18%	6%	18%	20%	13%	15%	16%	14%	14%	13%
DK (VOL)	1%	1%	1%	0%	0%	1%	3%	3%	3%	2%	3%	1%	0%
Unwt N=	252	303	170	164	162	359	138	171	169	167	282	316	232

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Local Government

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
A lot	42%	27%	23%	30%	34%	29%	44%	35%	33%	40%	34%	27%	27%
Some	31%	33%	30%	31%	31%	31%	25%	36%	32%	31%	33%	31%	29%
A little	17%	19%	26%	21%	19%	22%	22%	19%	8%	14%	19%	25%	22%
None	8%	19%	19%	17%	12%	17%	6%	6%	22%	12%	14%	14%	19%
DK (VOL)	2%	2%	3%	1%	4%	2%	4%	4%	5%	3%	1%	3%	3%
Unwt N=	381	398	180	477	526	591	146	128	108	257	258	269	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
A lot	35%	35%	32%	26%	42%	35%	22%	33%	25%	30%	34%	34%	29%
Some	33%	32%	32%	29%	27%	30%	38%	33%	30%	29%	29%	32%	36%
A little	17%	18%	21%	24%	24%	16%	20%	15%	27%	19%	20%	20%	20%
None	11%	12%	15%	20%	7%	16%	18%	16%	14%	17%	13%	13%	15%
DK (VOL)	4%	2%	0%	1%	0%	3%	2%	4%	4%	5%	3%	1%	0%
Unwt N=	254	305	170	164	163	361	138	171	170	168	284	317	232

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Community/Faith-Based Organizations

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
A lot	26%	20%	20%	18%	26%	19%	32%	23%	28%	25%	21%	20%	24%
Some	33%	31%	29%	30%	32%	31%	30%	28%	30%	30%	36%	27%	33%
A little	24%	27%	26%	30%	21%	27%	27%	26%	17%	25%	26%	29%	19%
None	13%	19%	25%	19%	17%	20%	9%	15%	22%	16%	13%	20%	23%
DK (VOL)	4%	4%	1%	3%	3%	3%	2%	8%	2%	5%	4%	3%	1%
Unwt N=	379	398	180	476	525	591	145	127	108	255	258	269	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
A lot	24%	24%	23%	15%	29%	19%	15%	29%	20%	24%	22%	21%	20%
Some	34%	29%	32%	29%	32%	33%	32%	31%	26%	27%	28%	35%	39%
A little	22%	26%	25%	33%	26%	25%	30%	19%	27%	22%	28%	24%	27%
None	15%	18%	17%	21%	11%	20%	21%	14%	24%	22%	17%	18%	14%
DK (VOL)	6%	2%	3%	1%	2%	3%	2%	7%	2%	6%	4%	1%	1%
Unwt N=	253	304	170	164	163	359	138	171	170	167	283	317	232

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UPH1. In just a few words, how would you define the term “public health?” If you’re not sure, just say so.

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Pop. Health	30%	26%	24%	29%	24%	28%	26%	28%	21%	30%	32%	29%	11%
Health services	8%	3%	4%	5%	5%	4%	8%	6%	4%	5%	3%	7%	6%
Govt response	5%	6%	3%	7%	3%	5%	4%	6%	3%	3%	3%	7%	7%
Health impact soc.	3%	5%	1%	2%	4%	3%	2%	4%	4%	3%	4%	4%	1%
Informing public	2%	2%	2%	1%	2%	2%	2%	1%	3%	0%	2%	4%	1%
Commty response	3%	4%	7%	4%	4%	5%	0%	2%	4%	6%	2%	4%	4%
All issues in society	2%	2%	1%	2%	2%	2%	0%	3%	1%	1%	2%	2%	2%
Science and health	2%	1%	0%	1%	1%	1%	0%	2%	0%	1%	2%	0%	1%
Indvl health/resp.	1%	4%	2%	4%	1%	3%	2%	1%	1%	3%	3%	2%	4%
General health resp.	3%	4%	2%	4%	3%	3%	6%	3%	2%	4%	2%	3%	4%
Other	11%	11%	10%	11%	11%	11%	16%	8%	8%	12%	13%	6%	15%
DK (VOL)	30%	34%	44%	31%	39%	32%	32%	37%	47%	33%	32%	32%	46%
Unwt N=	377	386	177	465	518	579	144	127	106	251	254	266	207

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Pop. Health	28%	24%	30%	32%	25%	28%	25%	27%	26%	19%	31%	27%	29%
Health services	3%	7%	5%	5%	9%	6%	3%	2%	5%	3%	6%	6%	7%
Govt response	1%	3%	6%	13%	6%	6%	6%	1%	5%	4%	2%	5%	13%
Health impact soc.	3%	3%	3%	4%	3%	2%	3%	7%	2%	1%	4%	3%	6%
Informing public	1%	2%	2%	2%	1%	2%	2%	1%	4%	0%	3%	1%	3%

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Commty response	3%	4%	3%	4%	2%	3%	6%	3%	6%	3%	4%	5%	3%
All issues in society	1%	1%	3%	2%	3%	2%	0%	2%	2%	0%	1%	4%	3%
Science and health	1%	0%	1%	1%	4%	1%	0%	0%	0%	0%	1%	1%	3%
Indvl health/resp.	4%	1%	3%	2%	5%	3%	2%	0%	3%	3%	1%	4%	2%
General health resp.	1%	6%	2%	3%	3%	3%	5%	3%	2%	1%	3%	5%	5%
Other	14%	12%	9%	7%	13%	10%	12%	9%	13%	17%	7%	11%	9%
DK (VOL)	39%	35%	33%	24%	27%	35%	36%	45%	32%	51%	36%	28%	17%
Unwt N=	250	301	164	161	163	356	133	166	165	165	279	311	225

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UPH2. If you read or hear somebody talking about “public health,” how well do you feel that you understand what they mean by those two words – “public health”? Very well, somewhat well, not too well, or not at all?

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very well	39%	33%	29%	36%	34%	35%	46%	29%	33%	34%	38%	34%	33%
Smwht well	46%	41%	46%	43%	45%	44%	36%	49%	46%	46%	43%	45%	40%
Not too well	13%	18%	13%	15%	15%	15%	12%	14%	15%	13%	15%	17%	15%
Not at all	1%	5%	10%	5%	4%	4%	4%	6%	6%	5%	3%	1%	9%
DK (VOL)	1%	2%	2%	1%	2%	2%	2%	2%	1%	2%	0%	2%	2%
Unwt N=	381	395	179	475	524	589	146	128	107	255	258	268	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very well	31%	30%	43%	44%	40%	35%	37%	30%	34%	21%	35%	42%	49%
Smwht well	47%	48%	39%	39%	45%	43%	37%	49%	44%	49%	45%	41%	35%
Not too well	18%	14%	12%	13%	13%	17%	15%	13%	16%	20%	13%	13%	13%
Not at all	3%	8%	4%	2%	2%	4%	8%	5%	5%	8%	4%	3%	1%
DK (VOL)	2%	0%	3%	2%	1%	1%	3%	3%	2%	2%	2%	2%	2%
Unwt N=	255	305	168	163	162	361	136	171	169	168	284	314	231

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DR1. How familiar are you with what your local public health department does? Are you very familiar, somewhat familiar, not too familiar, or not familiar at all with what it does?

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very familiar	14%	10%	14%	12%	13%	12%	17%	14%	12%	14%	13%	11%	12%
Smwht familiar	37%	35%	42%	36%	39%	39%	35%	34%	41%	33%	41%	39%	38%
Not too familiar	31%	31%	23%	30%	29%	30%	28%	31%	29%	32%	31%	29%	26%
Not familiar at all	15%	21%	21%	21%	16%	19%	19%	18%	17%	19%	13%	19%	24%
DK (VOL)	1%	2%	0%	1%	3%	1%	1%	3%	1%	3%	2%	2%	0%
Unwt N=	380	396	179	477	523	591	145	127	107	254	257	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very familiar	12%	11%	14%	16%	17%	13%	12%	9%	11%	7%	10%	17%	19%
Smwht familiar	35%	40%	35%	37%	40%	35%	39%	36%	41%	38%	37%	36%	41%
Not too familiar	35%	27%	34%	27%	31%	29%	26%	36%	27%	30%	32%	28%	26%
Not familiar at all	15%	21%	16%	18%	12%	21%	22%	15%	21%	21%	20%	17%	12%
DK (VOL)	3%	1%	1%	1%	0%	2%	0%	5%	0%	4%	1%	2%	1%
Unwt N=	252	305	169	164	163	359	138	170	170	167	283	316	232

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DR2. Would you say your local public health department does too much, too little, or does the right amount to help people lead healthier lifestyles?

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Too much	6%	5%	8%	7%	6%	7%	6%	6%	1%	9%	8%	4%	5%
Too little	42%	32%	33%	35%	36%	32%	45%	40%	32%	41%	35%	32%	34%
Right amt	33%	36%	36%	36%	34%	35%	31%	35%	43%	34%	33%	35%	38%
DK (VOL)	18%	27%	23%	22%	24%	26%	17%	19%	23%	16%	24%	29%	23%
Unwt N=	379	393	179	473	521	587	143	128	107	254	257	266	212

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Too much	6%	4%	13%	6%	7%	6%	5%	5%	10%	5%	6%	7%	8%
Too little	38%	42%	24%	33%	39%	35%	38%	27%	38%	36%	38%	33%	33%
Right amt	35%	34%	36%	35%	40%	35%	33%	36%	29%	35%	35%	34%	36%
DK (VOL)	21%	20%	27%	25%	14%	24%	23%	31%	23%	24%	21%	26%	22%
Unwt N=	254	303	168	163	161	360	138	168	167	165	284	314	229

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RP1. Would you consider each of the following services to be one of the main responsibilities for local public health departments, or not?
Just tell me yes or no for each. First:

Environmental health

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	81%	74%	74%	73%	79%	75%	80%	82%	75%	76%	77%	76%	79%
No	13%	19%	22%	21%	14%	18%	14%	15%	18%	15%	17%	19%	17%
DK (VOL)	6%	7%	5%	6%	7%	7%	7%	3%	6%	9%	6%	6%	4%
Unwt N=	381	395	179	474	525	588	147	126	108	254	258	268	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	74%	79%	79%	78%	76%	80%	75%	81%	66%	79%	76%	76%	75%
No	16%	17%	18%	15%	19%	14%	21%	11%	26%	13%	16%	20%	23%
DK (VOL)	10%	5%	3%	6%	5%	6%	4%	8%	8%	9%	8%	4%	2%
Unwt N=	254	303	169	164	162	358	138	172	169	168	281	316	232

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Food safety inspection, education, and licensing

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	78%	79%	83%	78%	81%	79%	79%	86%	81%	79%	82%	85%	73%
No	16%	15%	13%	16%	13%	16%	14%	12%	11%	15%	13%	11%	21%
DK (VOL)	6%	6%	3%	6%	5%	6%	7%	2%	8%	6%	5%	4%	6%
Unwt N=	381	397	180	477	527	591	147	128	108	257	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	80%	78%	82%	83%	80%	79%	80%	82%	79%	78%	82%	81%	79%
No	14%	15%	15%	11%	13%	16%	17%	11%	14%	16%	12%	13%	18%
DK (VOL)	6%	7%	2%	6%	7%	5%	3%	7%	6%	6%	6%	6%	3%
Unwt N=	255	305	170	164	163	362	138	172	169	169	284	317	231

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Emergency planning and preparedness

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	80%	82%	82%	78%	84%	81%	78%	86%	83%	79%	82%	84%	79%
No	15%	11%	11%	16%	9%	12%	15%	12%	11%	12%	13%	9%	16%
DK (VOL)	5%	7%	7%	6%	7%	7%	7%	2%	6%	9%	5%	7%	4%
Unwt N=	380	395	180	477	524	589	147	127	108	254	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	82%	76%	92%	80%	83%	80%	84%	79%	80%	80%	81%	81%	84%
No	10%	16%	7%	14%	13%	13%	12%	12%	11%	12%	12%	15%	11%
DK (VOL)	8%	7%	1%	7%	4%	6%	4%	9%	8%	9%	7%	4%	5%
Unwt N=	253	304	170	164	163	360	138	172	168	168	284	315	231

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Maternal and child health

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	78%	69%	64%	66%	76%	68%	80%	77%	70%	75%	74%	69%	66%
No	13%	24%	29%	27%	16%	25%	10%	16%	18%	15%	19%	26%	25%
DK (VOL)	8%	7%	7%	7%	8%	7%	10%	7%	12%	10%	7%	5%	9%
Unwt N=	381	397	180	477	527	591	147	128	108	257	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	76%	72%	71%	66%	80%	71%	60%	75%	67%	71%	74%	68%	71%
No	14%	19%	26%	29%	13%	22%	35%	15%	24%	19%	18%	26%	24%
DK (VOL)	10%	9%	4%	6%	7%	7%	6%	10%	9%	10%	8%	6%	5%
Unwt N=	255	305	170	164	163	362	138	172	169	169	284	317	231

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Animal control

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	60%	64%	62%	62%	63%	66%	56%	59%	62%	54%	59%	67%	70%
No	29%	27%	31%	31%	26%	26%	35%	30%	24%	32%	31%	23%	27%
DK (VOL)	11%	9%	7%	8%	11%	8%	9%	11%	14%	14%	10%	9%	3%
Unwt N=	380	397	180	476	527	591	147	127	108	256	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	60%	58%	67%	69%	63%	64%	68%	58%	58%	61%	57%	67%	68%
No	29%	31%	26%	25%	27%	28%	24%	28%	34%	28%	32%	25%	27%
DK (VOL)	11%	11%	7%	6%	10%	8%	9%	14%	8%	12%	11%	8%	5%
Unwt N=	255	304	170	164	162	362	138	172	169	169	283	317	231

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Infectious disease prevention, monitoring, and reporting

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	91%	84%	86%	85%	89%	88%	85%	87%	90%	87%	86%	92%	82%
No	6%	12%	11%	11%	8%	9%	8%	10%	8%	8%	10%	5%	15%
DK (VOL)	3%	3%	4%	4%	3%	3%	7%	3%	2%	5%	3%	3%	3%
Unwt N=	381	396	180	476	526	590	147	128	107	256	258	268	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	89%	83%	90%	91%	89%	88%	83%	90%	84%	85%	86%	87%	93%
No	8%	10%	10%	9%	7%	9%	16%	7%	10%	10%	10%	9%	6%
DK (VOL)	3%	7%	1%	0%	4%	3%	1%	3%	6%	5%	4%	3%	0%
Unwt N=	255	305	169	164	163	360	138	172	169	169	283	317	231

Eagleton Center for Public Interest Polling
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Health and nutrition promotion and education

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	82%	72%	70%	71%	79%	75%	76%	78%	73%	75%	83%	74%	68%
No	12%	19%	25%	22%	14%	20%	14%	13%	17%	14%	12%	19%	26%
DK (VOL)	6%	9%	5%	7%	7%	5%	9%	9%	10%	11%	5%	6%	6%
Unwt N=	379	397	180	477	525	590	146	128	108	255	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	75%	75%	78%	69%	85%	74%	66%	77%	75%	69%	81%	72%	79%
No	14%	15%	19%	27%	12%	19%	29%	14%	17%	21%	11%	23%	17%
DK (VOL)	10%	9%	3%	4%	4%	8%	5%	9%	8%	10%	8%	5%	3%
Unwt N=	254	304	170	164	163	360	138	172	169	168	284	316	231

Eagleton Center for Public Interest Polling
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Clinical services like health screenings, counseling, and referrals

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	80%	74%	74%	71%	79%	77%	86%	70%	73%	74%	78%	75%	74%
No	16%	21%	22%	24%	15%	20%	10%	23%	18%	20%	17%	19%	22%
DK (VOL)	4%	5%	4%	5%	6%	4%	3%	6%	9%	5%	5%	6%	5%
Unwt N=	381	395	180	476	525	590	146	128	107	254	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	83%	74%	74%	72%	81%	77%	72%	75%	71%	75%	81%	70%	74%
No	13%	20%	22%	25%	18%	18%	25%	17%	22%	19%	14%	25%	22%
DK (VOL)	3%	6%	5%	2%	1%	5%	3%	8%	8%	7%	5%	5%	4%
Unwt N=	253	305	170	164	163	360	138	171	169	168	284	316	231

Eagleton Center for Public Interest Polling
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RP2. I am going to read you the same list of services that your local public health department provides. If you had to choose, which one do you think is the most important service that they provide? Is it:

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Envtl health	6%	4%	5%	5%	5%	5%	7%	5%	3%	5%	5%	4%	6%
Food	11%	14%	14%	17%	10%	13%	11%	12%	15%	13%	9%	16%	14%
Emergency P&P	8%	15%	20%	13%	15%	16%	6%	12%	15%	11%	15%	16%	13%
Mat./child health	4%	7%	4%	5%	5%	4%	6%	8%	7%	7%	6%	1%	6%
Animal control	2%	2%	1%	2%	1%	2%	1%	0%	2%	1%	1%	1%	4%
Disease	34%	25%	26%	28%	29%	32%	20%	25%	25%	25%	31%	32%	25%
Health and nutrition	11%	11%	9%	11%	11%	9%	12%	15%	11%	14%	11%	7%	9%
Clinical services	18%	16%	16%	14%	19%	16%	20%	18%	13%	16%	16%	19%	14%
Something else	2%	1%	1%	2%	1%	1%	6%	0%	0%	0%	1%	2%	3%
DK (VOL)	5%	5%	3%	3%	6%	3%	12%	4%	8%	8%	4%	2%	5%
Unwt N=	381	395	180	475	525	589	147	128	107	257	257	269	212

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	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Envtl health	3%	7%	3%	5%	5%	7%	3%	3%	4%	4%	5%	8%	3%
Food	10%	14%	15%	15%	10%	12%	12%	14%	18%	12%	12%	14%	13%
Emergency P&P	10%	15%	17%	18%	9%	17%	18%	11%	13%	15%	12%	16%	13%
Mat./child health	7%	4%	6%	2%	4%	6%	6%	6%	4%	5%	8%	3%	3%
Animal control	2%	2%	0%	2%	2%	1%	2%	2%	1%	2%	1%	2%	2%
Disease	28%	24%	28%	31%	31%	28%	32%	27%	24%	22%	31%	28%	36%
Health and nutrition	10%	13%	12%	10%	17%	9%	10%	9%	10%	13%	9%	9%	12%
Clinical services	21%	16%	12%	16%	12%	17%	14%	19%	21%	18%	18%	16%	13%
Something else	0%	3%	2%	1%	2%	0%	1%	3%	1%	3%	1%	1%	2%
DK (VOL)	8%	3%	4%	1%	8%	3%	3%	7%	4%	8%	4%	4%	2%
Unwt N=	254	305	169	164	162	362	137	171	168	166	284	317	230

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RP3. I am going to once again read you that same list of services that your local public health department provides, and now I would like you to tell me whether or not each of these services has ever personally impacted you at some point in your life. First:

Environmental health

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	43%	40%	30%	37%	41%	36%	37%	47%	45%	48%	37%	36%	35%
No	47%	54%	65%	56%	51%	56%	54%	44%	52%	42%	55%	57%	61%
DK (VOL)	9%	6%	5%	7%	8%	7%	8%	9%	3%	10%	8%	8%	3%
Unwt N=	380	396	180	476	525	590	147	127	107	254	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	41%	40%	43%	36%	50%	36%	41%	37%	35%	32%	38%	44%	46%
No	48%	52%	55%	61%	43%	59%	52%	50%	58%	59%	52%	53%	48%
DK (VOL)	11%	8%	3%	4%	7%	5%	7%	13%	7%	8%	10%	3%	6%
Unwt N=	254	304	170	164	163	359	138	172	169	168	284	316	231

Eagleton Center for Public Interest Polling
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Food safety inspection, education, and licensing

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	46%	53%	49%	53%	45%	49%	38%	55%	53%	60%	48%	43%	44%
No	48%	42%	47%	44%	47%	45%	58%	39%	43%	34%	46%	50%	54%
DK (VOL)	6%	6%	4%	3%	8%	6%	4%	6%	4%	6%	7%	6%	2%
Unwt N=	380	397	180	477	525	591	147	127	107	256	257	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	49%	48%	55%	54%	56%	45%	54%	50%	46%	49%	46%	50%	52%
No	43%	47%	41%	42%	41%	51%	41%	40%	48%	45%	47%	48%	43%
DK (VOL)	8%	5%	5%	4%	3%	4%	5%	10%	7%	6%	7%	3%	5%
Unwt N=	255	304	170	164	163	360	138	172	169	169	283	317	231

Eagleton Center for Public Interest Polling
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Emergency planning and preparedness

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	48%	47%	48%	46%	49%	47%	47%	51%	42%	55%	47%	47%	38%
No	48%	47%	51%	50%	46%	48%	50%	45%	51%	36%	48%	51%	60%
DK (VOL)	4%	7%	1%	4%	5%	4%	4%	4%	7%	8%	5%	2%	2%
Unwt N=	380	397	180	477	525	590	147	128	107	255	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	46%	45%	52%	53%	54%	46%	47%	43%	47%	42%	46%	49%	56%
No	49%	48%	47%	45%	44%	51%	49%	49%	47%	53%	48%	49%	39%
DK (VOL)	5%	7%	1%	2%	2%	3%	4%	8%	7%	5%	6%	2%	5%
Unwt N=	255	305	170	163	163	361	138	172	168	169	284	316	231

Eagleton Center for Public Interest Polling
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Maternal and child health

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	37%	24%	26%	23%	35%	25%	35%	36%	37%	41%	34%	23%	18%
No	60%	68%	71%	71%	60%	69%	59%	60%	59%	50%	62%	73%	78%
DK (VOL)	3%	8%	3%	6%	4%	5%	6%	4%	5%	8%	5%	3%	4%
Unwt N=	380	396	180	477	524	591	147	126	107	254	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	36%	31%	30%	23%	36%	28%	24%	31%	29%	30%	34%	28%	22%
No	59%	62%	66%	75%	62%	67%	71%	62%	65%	63%	62%	67%	75%
DK (VOL)	5%	7%	3%	2%	3%	5%	5%	7%	6%	7%	4%	4%	4%
Unwt N=	254	305	170	164	163	360	137	172	169	168	283	317	231

Eagleton Center for Public Interest Polling
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Animal control

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	37%	41%	35%	41%	35%	40%	32%	38%	37%	39%	34%	43%	33%
No	59%	55%	59%	56%	59%	56%	66%	54%	57%	53%	59%	55%	65%
DK (VOL)	4%	5%	6%	3%	7%	4%	3%	8%	7%	8%	7%	2%	2%
Unwt N=	380	396	180	477	524	591	145	128	107	255	257	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	33%	39%	42%	41%	42%	35%	39%	38%	37%	38%	32%	39%	46%
No	61%	55%	57%	55%	53%	62%	55%	54%	57%	56%	62%	56%	50%
DK (VOL)	7%	6%	1%	4%	5%	3%	5%	8%	6%	6%	5%	4%	3%
Unwt N=	254	304	170	164	163	360	138	171	169	169	283	317	230

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Infectious disease prevention, monitoring, and reporting

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	62%	52%	52%	55%	57%	55%	52%	57%	63%	62%	58%	56%	45%
No	35%	42%	46%	42%	38%	41%	44%	38%	33%	30%	37%	41%	54%
DK (VOL)	3%	6%	2%	3%	5%	4%	4%	5%	4%	8%	5%	3%	0%
Unwt N=	381	397	180	477	526	591	147	128	107	256	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	52%	55%	63%	57%	62%	55%	58%	53%	52%	46%	58%	62%	61%
No	41%	40%	36%	42%	36%	43%	38%	38%	43%	49%	37%	35%	37%
DK (VOL)	7%	5%	1%	0%	2%	2%	4%	9%	5%	5%	5%	3%	2%
Unwt N=	255	305	170	164	163	361	138	172	169	169	284	317	231

Eagleton Center for Public Interest Polling
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Health and nutrition promotion and education

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	44%	41%	36%	39%	43%	36%	42%	49%	55%	53%	47%	32%	32%
No	52%	53%	62%	58%	52%	60%	53%	46%	42%	38%	51%	65%	66%
DK (VOL)	4%	5%	2%	3%	5%	4%	5%	5%	3%	9%	2%	3%	1%
Unwt N=	380	396	180	475	525	591	147	126	107	254	257	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	47%	45%	37%	32%	49%	39%	36%	41%	41%	39%	44%	42%	38%
No	48%	50%	61%	66%	51%	58%	59%	51%	54%	56%	51%	55%	59%
DK (VOL)	5%	5%	2%	2%	1%	3%	5%	7%	5%	5%	5%	3%	2%
Unwt N=	255	303	170	164	162	360	138	171	169	167	283	317	231

Eagleton Center for Public Interest Polling
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Clinical services like health screenings, counseling, and referrals

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	52%	39%	40%	38%	49%	37%	54%	54%	55%	58%	47%	36%	34%
No	45%	57%	58%	59%	47%	60%	43%	44%	42%	38%	49%	60%	66%
DK (VOL)	3%	4%	2%	2%	4%	3%	4%	1%	3%	4%	4%	4%	0%
Unwt N=	380	395	180	475	525	590	146	127	107	253	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	52%	49%	41%	31%	56%	41%	35%	49%	40%	47%	46%	45%	36%
No	44%	46%	58%	68%	42%	56%	63%	45%	56%	50%	50%	53%	61%
DK (VOL)	4%	4%	2%	1%	2%	3%	2%	5%	4%	2%	4%	2%	3%
Unwt N=	255	303	170	163	163	359	138	172	168	168	284	315	231

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- E1. To the best of your recollection, have you ever engaged with, or received any information from, your local public health department? This may have been through a health fair or event, service or training, educational materials, or some other way. Again, this would be aside from anything related to COVID-19.**

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Yes	53%	44%	48%	46%	49%	47%	56%	44%	54%	51%	52%	45%	42%
No	44%	48%	47%	49%	45%	48%	41%	47%	40%	42%	40%	50%	56%
DK (VOL)	3%	8%	5%	5%	6%	5%	4%	9%	6%	8%	7%	5%	1%
Unwt N=	380	395	180	477	523	589	146	128	107	253	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Yes	46%	51%	45%	52%	57%	48%	42%	47%	44%	40%	46%	53%	55%
No	48%	43%	49%	43%	40%	46%	53%	44%	52%	54%	46%	42%	41%
DK (VOL)	6%	6%	6%	4%	3%	7%	5%	9%	4%	6%	7%	5%	3%
Unwt N=	253	305	170	164	163	360	138	170	169	168	283	316	231

Eagleton Center for Public Interest Polling
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F1. How important do you think it is for the state of New Jersey to establish a source of stable, dedicated funding that can only be used for local public health services and programs – very important, somewhat important, not very important, or not at all important?

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very	77%	51%	44%	50%	67%	54%	76%	66%	63%	64%	57%	58%	56%
Smwht	20%	31%	40%	33%	25%	32%	16%	25%	29%	26%	32%	29%	27%
Not very	1%	8%	7%	6%	4%	6%	3%	6%	3%	6%	5%	7%	3%
Not at all	2%	7%	8%	9%	2%	7%	3%	2%	3%	1%	4%	6%	11%
DK (VOL)	0%	2%	2%	2%	2%	2%	2%	2%	3%	3%	2%	1%	2%
Unwt N=	380	397	180	477	524	590	146	128	108	255	257	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very	66%	62%	59%	53%	69%	57%	51%	64%	55%	63%	59%	53%	61%
Smwht	25%	27%	27%	32%	22%	32%	32%	28%	25%	25%	30%	32%	26%
Not very	5%	4%	7%	6%	5%	5%	5%	5%	7%	5%	3%	8%	5%
Not at all	2%	5%	6%	7%	3%	6%	10%	1%	8%	3%	6%	6%	7%
DK (VOL)	2%	2%	1%	1%	1%	1%	2%	2%	5%	3%	1%	2%	1%
Unwt N=	254	305	169	164	163	360	137	171	170	168	283	316	232

Eagleton Center for Public Interest Polling
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F2. Please tell me if you would strongly support, somewhat support, somewhat oppose, or strongly oppose each of the following proposals to create a dedicated and stable fund to support local public health services in New Jersey. First:

A small increase in your New Jersey income tax

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Strongly support	19%	10%	5%	10%	14%	8%	19%	21%	14%	18%	8%	12%	10%
Smwht support	30%	22%	14%	23%	23%	24%	22%	26%	20%	17%	26%	24%	27%
Smwht oppose	18%	19%	19%	17%	18%	17%	22%	19%	16%	28%	15%	16%	12%
Strongly oppose	31%	48%	60%	47%	43%	48%	35%	33%	48%	35%	49%	47%	49%
DK (VOL)	2%	2%	1%	2%	2%	2%	2%	1%	3%	3%	2%	2%	2%
Unwt N=	379	392	178	474	520	587	146	124	108	253	255	267	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Strongly support	13%	17%	8%	9%	18%	11%	11%	10%	11%	14%	12%	11%	11%
Smwht support	25%	20%	28%	26%	28%	26%	15%	22%	20%	20%	23%	24%	26%
Smwht oppose	21%	24%	10%	12%	20%	16%	19%	19%	17%	23%	16%	14%	19%
Strongly oppose	38%	37%	53%	53%	33%	45%	52%	46%	49%	40%	46%	51%	43%
DK (VOL)	4%	2%	0%	0%	1%	1%	3%	3%	3%	4%	2%	0%	0%
Unwt N=	249	303	169	164	161	358	137	170	168	166	279	315	231

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

A small increase in your local property tax

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Strongly support	13%	6%	8%	7%	11%	8%	10%	10%	9%	12%	7%	9%	8%
Smwht support	26%	21%	9%	20%	20%	17%	25%	29%	22%	25%	20%	17%	18%
Smwht oppose	16%	16%	14%	16%	15%	16%	13%	18%	13%	22%	13%	13%	14%
Strongly oppose	43%	55%	67%	56%	52%	58%	47%	41%	53%	38%	58%	59%	61%
DK (VOL)	3%	2%	2%	2%	2%	2%	4%	1%	3%	3%	2%	2%	0%
Unwt N=	380	393	178	474	523	588	146	124	109	254	257	267	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Strongly support	8%	11%	8%	7%	11%	11%	6%	5%	8%	12%	6%	9%	9%
Smwht support	19%	24%	22%	16%	30%	19%	17%	18%	15%	20%	19%	18%	24%
Smwht oppose	21%	14%	12%	14%	12%	16%	14%	19%	16%	18%	13%	17%	15%
Strongly oppose	47%	48%	58%	63%	47%	53%	60%	54%	58%	48%	59%	56%	51%
DK (VOL)	4%	3%	0%	0%	0%	1%	3%	4%	2%	3%	3%	1%	0%
Unwt N=	250	303	170	164	161	358	137	171	170	168	280	315	231

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

A small tax on unhealthy foods and sugary drinks

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Strongly support	41%	23%	17%	26%	30%	27%	31%	27%	39%	30%	29%	31%	20%
Smwht support	27%	27%	25%	25%	28%	24%	32%	27%	27%	30%	26%	24%	26%
Smwht oppose	12%	15%	14%	13%	14%	15%	9%	17%	9%	16%	15%	11%	12%
Strongly oppose	18%	32%	43%	35%	26%	33%	27%	27%	23%	22%	27%	32%	42%
DK (VOL)	2%	2%	1%	1%	2%	2%	1%	1%	3%	2%	2%	2%	0%
Unwt N=	379	396	179	476	523	590	144	126	109	255	257	268	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Strongly support	21%	31%	30%	35%	32%	30%	21%	29%	24%	24%	26%	30%	35%
Smwht support	25%	28%	26%	27%	28%	31%	22%	26%	20%	23%	27%	26%	31%
Smwht oppose	18%	13%	11%	10%	14%	11%	13%	23%	10%	17%	13%	12%	11%
Strongly oppose	32%	26%	32%	28%	26%	27%	41%	20%	43%	33%	32%	31%	22%
DK (VOL)	3%	2%	0%	1%	0%	1%	3%	3%	3%	3%	2%	1%	0%
Unwt N=	252	303	170	164	162	359	137	171	170	168	281	316	231

Eagleton Center for Public Interest Polling
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T1. People seek out information from various sources when they have a question or concern about public health issues. Please tell me how likely you would be to seek out information from each of the following if you had a question or concern about a public health issue. First, would you be very likely, somewhat likely, not very likely, or not likely at all to seek out information from [INSERT ITEM]?
NEXT:

Family members, friends, and neighbors

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very	32%	29%	30%	29%	31%	30%	34%	25%	30%	32%	29%	29%	29%
Smwht	42%	42%	43%	42%	43%	42%	40%	48%	43%	42%	48%	45%	34%
Not very	14%	11%	14%	12%	14%	13%	7%	17%	15%	13%	11%	13%	15%
Not at all	10%	14%	12%	15%	10%	13%	15%	8%	11%	9%	8%	12%	21%
Depends	2%	3%	2%	3%	2%	2%	3%	2%	1%	4%	3%	2%	0%
DK (VOL)	0%	1%	0%	0%	1%	0%	1%	0%	1%	1%	1%	0%	0%
Unwt N=	380	397	180	477	526	591	146	128	108	257	257	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very	33%	31%	29%	29%	32%	30%	25%	36%	25%	39%	28%	29%	20%
Smwht	44%	38%	46%	42%	49%	39%	47%	40%	43%	35%	46%	41%	51%
Not very	10%	16%	12%	12%	11%	14%	13%	11%	14%	14%	9%	13%	16%
Not at all	10%	12%	10%	15%	6%	15%	12%	10%	15%	10%	14%	13%	11%
Depends	3%	2%	2%	2%	3%	2%	2%	2%	3%	1%	3%	3%	2%
DK (VOL)	0%	0%	0%	0%	0%	0%	0%	2%	0%	1%	0%	1%	0%
Unwt N=	254	305	170	164	162	362	138	172	169	169	283	317	231

Eagleton Center for Public Interest Polling
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Newspapers, television, magazines, or radio

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very	32%	22%	21%	24%	26%	27%	26%	21%	23%	21%	20%	25%	36%
Smwht	35%	31%	31%	33%	31%	31%	33%	36%	37%	31%	34%	32%	32%
Not very	15%	21%	16%	20%	16%	17%	18%	21%	19%	21%	21%	19%	8%
Not at all	15%	23%	24%	21%	21%	22%	19%	14%	20%	20%	20%	19%	23%
Depends	3%	1%	5%	2%	3%	3%	3%	5%	1%	5%	4%	2%	0%
DK (VOL)	1%	2%	3%	1%	3%	2%	2%	3%	1%	2%	2%	3%	1%
Unwt N=	381	393	180	473	526	591	145	126	107	254	256	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very	28%	27%	28%	16%	31%	28%	13%	30%	17%	29%	21%	23%	29%
Smwht	33%	34%	28%	36%	33%	32%	39%	26%	31%	23%	32%	37%	40%
Not very	13%	18%	15%	22%	16%	17%	19%	18%	18%	19%	18%	17%	15%
Not at all	19%	18%	23%	24%	16%	19%	25%	18%	28%	23%	23%	18%	15%
Depends	4%	2%	4%	2%	3%	1%	3%	4%	3%	3%	3%	3%	1%
DK (VOL)	4%	1%	2%	0%	0%	2%	1%	4%	2%	3%	2%	1%	1%
Unwt N=	253	303	170	164	162	359	138	171	169	169	283	315	230

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

Internet websites or social media platforms

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very	28%	22%	24%	24%	26%	22%	32%	23%	34%	29%	28%	23%	18%
Smwht	26%	25%	31%	29%	24%	25%	25%	35%	26%	29%	32%	26%	18%
Not very	16%	17%	12%	17%	14%	15%	18%	17%	11%	17%	11%	18%	13%
Not at all	26%	33%	30%	28%	32%	35%	21%	21%	23%	19%	26%	29%	48%
Depends	2%	2%	3%	3%	2%	2%	4%	1%	2%	4%	2%	2%	1%
DK (VOL)	1%	1%	0%	0%	2%	1%	0%	1%	3%	1%	1%	1%	2%
Unwt N=	380	395	179	475	524	590	146	127	107	256	257	266	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very	25%	26%	29%	23%	27%	26%	25%	28%	16%	23%	26%	26%	24%
Smwht	33%	27%	23%	27%	27%	26%	23%	35%	21%	28%	27%	28%	20%
Not very	13%	17%	15%	16%	19%	14%	18%	11%	15%	11%	14%	17%	22%
Not at all	24%	29%	30%	32%	24%	30%	31%	23%	41%	32%	30%	26%	31%
Depends	3%	2%	2%	2%	2%	2%	3%	2%	4%	3%	3%	2%	1%
DK (VOL)	1%	1%	1%	0%	0%	1%	0%	2%	3%	2%	1%	1%	1%
Unwt N=	254	303	169	164	163	359	138	170	169	167	281	317	231

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

A doctor or nurse

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very	70%	64%	67%	65%	69%	71%	65%	55%	66%	56%	62%	74%	77%
Smwht	23%	24%	26%	25%	22%	22%	21%	30%	26%	25%	29%	19%	20%
Not very	4%	5%	4%	5%	4%	4%	5%	6%	4%	7%	5%	3%	2%
Not at all	3%	3%	1%	4%	3%	1%	7%	6%	3%	6%	2%	3%	1%
Depends	0%	3%	1%	2%	1%	2%	2%	1%	1%	3%	2%	1%	1%
DK (VOL)	0%	1%	0%	0%	1%	0%	1%	2%	0%	1%	0%	0%	0%
Unwt N=	381	396	180	477	526	591	146	128	108	256	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very	61%	64%	71%	77%	73%	66%	75%	61%	63%	62%	69%	66%	73%
Smwht	28%	25%	21%	16%	20%	24%	19%	26%	27%	25%	23%	26%	19%
Not very	6%	4%	4%	4%	4%	5%	3%	7%	3%	5%	3%	5%	5%
Not at all	3%	4%	3%	2%	1%	3%	1%	4%	6%	5%	3%	2%	1%
Depends	1%	2%	1%	2%	1%	1%	1%	3%	2%	2%	3%	1%	1%
DK (VOL)	1%	1%	0%	0%	0%	1%	0%	0%	0%	1%	0%	0%	0%
Unwt N=	255	304	170	164	163	361	138	172	169	169	284	317	230

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

Your local public health department

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very	41%	26%	25%	26%	37%	29%	42%	35%	34%	32%	34%	29%	35%
Smwht	36%	33%	33%	36%	32%	34%	33%	33%	38%	30%	41%	35%	27%
Not very	12%	17%	21%	18%	15%	18%	12%	17%	13%	20%	13%	20%	12%
Not at all	9%	18%	20%	18%	12%	17%	8%	12%	12%	12%	11%	13%	25%
Depends	1%	2%	1%	1%	3%	1%	2%	2%	2%	3%	2%	2%	0%
DK (VOL)	0%	3%	0%	1%	1%	1%	2%	1%	2%	3%	1%	0%	1%
Unwt N=	381	398	180	478	527	591	147	128	109	258	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very	35%	33%	34%	21%	40%	33%	20%	33%	30%	32%	33%	30%	32%
Smwht	32%	36%	33%	34%	41%	32%	33%	36%	27%	30%	33%	35%	37%
Not very	13%	17%	15%	26%	12%	16%	23%	13%	20%	19%	16%	17%	14%
Not at all	15%	11%	16%	19%	6%	18%	19%	12%	17%	15%	15%	16%	14%
Depends	3%	2%	1%	0%	1%	1%	3%	3%	3%	2%	3%	2%	0%
DK (VOL)	2%	2%	1%	0%	1%	0%	1%	3%	3%	2%	1%	1%	2%
Unwt N=	255	305	170	164	163	362	138	172	170	169	284	317	232

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

The state health department

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very	49%	29%	24%	34%	37%	33%	49%	36%	38%	37%	40%	37%	28%
Smwht	32%	33%	33%	31%	34%	33%	26%	36%	32%	33%	34%	31%	32%
Not very	10%	13%	19%	16%	11%	13%	14%	14%	10%	16%	10%	15%	12%
Not at all	7%	20%	21%	17%	13%	18%	7%	11%	15%	9%	13%	15%	26%
Depends	1%	3%	3%	1%	3%	2%	3%	2%	2%	4%	3%	2%	0%
DK (VOL)	0%	1%	0%	0%	1%	0%	0%	1%	4%	1%	1%	0%	2%
Unwt N=	381	396	180	476	526	591	147	127	108	256	257	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very	41%	39%	37%	27%	49%	38%	23%	39%	26%	36%	36%	35%	39%
Smwht	31%	32%	33%	33%	31%	30%	41%	31%	33%	32%	32%	32%	34%
Not very	8%	13%	12%	21%	14%	15%	12%	11%	12%	13%	12%	14%	14%
Not at all	16%	14%	14%	17%	4%	15%	20%	15%	23%	17%	16%	15%	11%
Depends	4%	2%	3%	1%	2%	2%	4%	4%	2%	1%	4%	2%	2%
DK (VOL)	1%	0%	0%	0%	0%	1%	0%	1%	3%	1%	1%	1%	1%
Unwt N=	254	305	170	164	163	361	138	171	169	168	284	317	230

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

A community- or faith-based organization or public community center

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Very	21%	10%	16%	13%	17%	13%	29%	16%	14%	18%	15%	13%	17%
Smwht	31%	33%	28%	31%	32%	27%	37%	39%	32%	30%	31%	29%	37%
Not very	22%	22%	21%	23%	20%	24%	15%	23%	17%	19%	25%	25%	16%
Not at all	23%	31%	31%	30%	27%	32%	16%	19%	35%	28%	25%	30%	29%
Depends	2%	2%	2%	1%	2%	2%	3%	0%	0%	3%	2%	2%	0%
DK (VOL)	1%	2%	2%	1%	2%	1%	1%	3%	1%	3%	1%	2%	0%
Unwt N=	378	395	179	475	522	590	145	126	107	255	255	267	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Very	17%	19%	16%	12%	24%	18%	6%	14%	11%	15%	17%	15%	13%
Smwht	34%	31%	31%	23%	35%	33%	24%	31%	31%	36%	27%	33%	30%
Not very	18%	24%	23%	26%	18%	22%	25%	26%	15%	19%	22%	21%	26%
Not at all	26%	23%	26%	36%	21%	25%	40%	22%	38%	26%	29%	29%	29%
Depends	3%	1%	2%	2%	1%	1%	2%	5%	1%	3%	2%	1%	2%
DK (VOL)	3%	1%	0%	1%	0%	1%	2%	2%	3%	2%	3%	1%	0%
Unwt N=	253	302	169	164	162	359	138	170	168	166	280	317	231

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

T2. People trust some sources more than others when it comes to providing accurate public health information. Please tell me how much you trust each of the following. First, how much do you trust public health information provided by [INSERT ITEM] – a great deal, a moderate amount, not much, or not at all? First:

Family members, friends, and neighbors

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Great deal	24%	16%	20%	17%	21%	16%	21%	29%	20%	24%	20%	16%	15%
Moderate	49%	47%	55%	49%	50%	54%	48%	39%	42%	46%	49%	54%	49%
Not much	18%	23%	14%	23%	17%	18%	19%	22%	22%	22%	23%	19%	14%
Not at all	9%	12%	11%	11%	10%	10%	9%	10%	16%	7%	7%	9%	22%
DK (VOL)	1%	2%	0%	1%	2%	1%	2%	1%	1%	2%	2%	2%	0%
Unwt N=	380	396	180	477	524	590	146	127	108	255	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Great deal	27%	18%	17%	12%	21%	18%	16%	25%	16%	25%	18%	18%	13%
Moderate	48%	46%	55%	57%	53%	49%	49%	49%	49%	46%	49%	50%	55%
Not much	17%	24%	21%	16%	20%	20%	17%	16%	23%	17%	22%	19%	19%
Not at all	7%	11%	6%	13%	6%	11%	17%	8%	11%	10%	10%	11%	11%
DK (VOL)	1%	1%	1%	2%	0%	2%	0%	2%	2%	1%	1%	2%	2%
Unwt N=	253	305	170	164	163	360	138	171	169	168	283	316	231

Eagleton Center for Public Interest Polling
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Newspapers, television, magazines, or radio

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Great deal	22%	10%	12%	13%	17%	14%	19%	20%	12%	17%	10%	14%	18%
Moderate	45%	39%	35%	40%	39%	39%	49%	39%	39%	35%	42%	39%	44%
Not much	21%	30%	25%	26%	26%	26%	19%	25%	33%	30%	30%	26%	14%
Not at all	11%	20%	24%	21%	16%	20%	12%	15%	15%	14%	17%	19%	23%
DK (VOL)	0%	2%	3%	1%	2%	1%	2%	2%	2%	3%	1%	1%	1%
Unwt N=	380	395	180	474	526	589	146	128	108	256	256	269	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Great deal	18%	19%	11%	9%	15%	18%	7%	19%	10%	20%	13%	11%	17%
Moderate	40%	41%	40%	41%	51%	38%	37%	37%	36%	39%	34%	44%	46%
Not much	26%	25%	25%	26%	23%	24%	30%	23%	30%	21%	32%	24%	24%
Not at all	14%	14%	22%	23%	11%	17%	24%	19%	23%	19%	19%	21%	12%
DK (VOL)	2%	1%	2%	1%	0%	2%	2%	1%	2%	1%	2%	1%	1%
Unwt N=	254	305	170	164	163	360	138	170	169	167	284	317	229

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Internet websites or social media platforms

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Great deal	12%	8%	9%	10%	9%	8%	12%	15%	11%	17%	10%	7%	3%
Moderate	25%	25%	27%	27%	23%	22%	37%	28%	23%	27%	25%	25%	22%
Not much	32%	26%	25%	26%	30%	26%	23%	30%	36%	29%	36%	26%	18%
Not at all	30%	39%	39%	36%	36%	43%	27%	24%	30%	24%	28%	41%	56%
DK (VOL)	1%	2%	1%	1%	2%	1%	1%	3%	0%	3%	1%	1%	1%
Unwt N=	381	395	179	476	524	589	146	128	108	255	257	269	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Great deal	12%	11%	8%	7%	14%	9%	7%	11%	7%	11%	8%	9%	11%
Moderate	29%	27%	24%	18%	19%	29%	26%	33%	14%	31%	21%	27%	19%
Not much	31%	27%	24%	29%	35%	25%	24%	30%	27%	21%	37%	25%	27%
Not at all	26%	32%	42%	45%	32%	36%	41%	25%	48%	36%	33%	37%	42%
DK (VOL)	1%	3%	1%	1%	0%	2%	2%	0%	3%	2%	1%	2%	1%
Unwt N=	254	303	170	164	163	362	138	168	169	167	283	316	231

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

A doctor or nurse

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Great deal	78%	63%	63%	69%	68%	71%	71%	66%	64%	58%	68%	74%	76%
Moderate	18%	28%	31%	24%	26%	25%	20%	24%	27%	29%	26%	21%	22%
Not much	3%	6%	4%	5%	4%	2%	4%	7%	7%	7%	5%	4%	1%
Not at all	1%	3%	2%	2%	2%	2%	4%	2%	2%	4%	1%	1%	1%
DK (VOL)	1%	1%	0%	0%	1%	0%	0%	1%	1%	2%	1%	0%	0%
Unwt N=	381	396	180	476	527	590	147	128	108	256	258	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Great deal	62%	70%	74%	78%	77%	67%	79%	60%	65%	60%	70%	69%	79%
Moderate	28%	24%	24%	16%	19%	28%	16%	29%	27%	29%	26%	23%	18%
Not much	7%	4%	2%	3%	2%	3%	4%	7%	6%	7%	2%	5%	3%
Not at all	3%	2%	0%	1%	2%	2%	1%	3%	2%	2%	2%	2%	0%
DK (VOL)	0%	1%	0%	1%	0%	1%	1%	1%	0%	1%	0%	1%	0%
Unwt N=	255	304	170	164	163	362	138	172	168	168	284	317	231

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

Your local public health department

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Great deal	50%	29%	27%	37%	37%	34%	42%	45%	36%	39%	38%	39%	31%
Moderate	35%	42%	40%	37%	41%	40%	43%	28%	46%	36%	40%	41%	38%
Not much	9%	18%	16%	15%	13%	15%	7%	16%	12%	15%	14%	12%	16%
Not at all	5%	8%	13%	9%	8%	10%	5%	7%	5%	6%	8%	7%	14%
DK (VOL)	1%	2%	3%	2%	2%	1%	3%	4%	1%	5%	1%	1%	1%
Unwt N=	381	397	180	477	525	591	147	128	107	257	257	269	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Great deal	38%	39%	35%	34%	47%	35%	32%	36%	34%	35%	35%	38%	41%
Moderate	40%	36%	41%	38%	40%	41%	36%	41%	34%	39%	38%	38%	40%
Not much	13%	13%	17%	17%	9%	13%	18%	15%	18%	16%	15%	14%	10%
Not at all	7%	9%	5%	10%	3%	9%	13%	4%	12%	9%	8%	9%	6%
DK (VOL)	2%	3%	2%	1%	1%	2%	1%	3%	2%	2%	3%	1%	2%
Unwt N=	255	305	170	164	163	362	138	171	168	167	284	317	231

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

The state health department

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Great deal	55%	30%	28%	37%	40%	36%	53%	39%	39%	38%	41%	40%	35%
Moderate	35%	42%	37%	37%	40%	39%	34%	39%	40%	37%	41%	41%	35%
Not much	6%	15%	17%	14%	11%	13%	6%	14%	12%	17%	9%	10%	14%
Not at all	3%	10%	19%	11%	8%	11%	6%	6%	7%	4%	9%	9%	16%
DK (VOL)	0%	3%	0%	1%	1%	1%	0%	3%	2%	4%	0%	0%	0%
Unwt N=	381	398	180	477	526	591	147	127	108	257	258	269	214

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Great deal	38%	41%	40%	37%	46%	39%	32%	40%	32%	33%	36%	42%	47%
Moderate	39%	38%	37%	37%	41%	41%	37%	38%	33%	40%	42%	32%	38%
Not much	13%	11%	12%	14%	8%	11%	16%	12%	19%	13%	13%	14%	9%
Not at all	9%	8%	11%	11%	5%	8%	15%	9%	13%	12%	8%	10%	5%
DK (VOL)	1%	2%	0%	1%	0%	1%	0%	2%	3%	2%	1%	1%	1%
Unwt N=	255	305	170	163	163	362	138	172	168	167	284	317	232

Eagleton Center for Public Interest Polling
Eagleton Institute of Politics | Rutgers University-New Brunswick

A community- or faith-based organization or public community center

	Party ID			Sex		Race or Ethnicity				Age			
	Dem	Ind	Rep	Male	Female	Wht	Blk	Hisp	Other	18-34	35-49	50-64	65+
Great deal	21%	9%	14%	14%	14%	10%	23%	23%	13%	20%	11%	14%	12%
Moderate	39%	41%	36%	39%	40%	39%	50%	39%	31%	36%	41%	36%	47%
Not much	24%	25%	29%	27%	24%	28%	15%	23%	27%	22%	28%	33%	17%
Not at all	14%	22%	19%	18%	19%	21%	8%	13%	25%	18%	17%	16%	24%
DK (VOL)	1%	3%	2%	2%	3%	2%	3%	2%	4%	4%	3%	2%	0%
Unwt N=	381	395	180	477	524	591	146	128	107	255	257	269	215

	Income				Region					Education			
	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+	Urban	Suburb	Exurban	Phil/ South	Shore	HS or less	Some college	College grad	Grad work
Great deal	17%	18%	9%	9%	18%	16%	7%	17%	10%	16%	15%	13%	11%
Moderate	37%	39%	47%	38%	42%	40%	39%	39%	36%	39%	38%	39%	43%
Not much	24%	24%	27%	27%	29%	22%	28%	22%	31%	23%	26%	27%	27%
Not at all	19%	16%	15%	24%	8%	20%	24%	20%	20%	20%	18%	18%	16%
DK (VOL)	3%	2%	1%	2%	2%	2%	2%	3%	2%	2%	2%	2%	3%
Unwt N=	254	304	170	164	163	360	138	171	169	168	284	316	230

Appendix C

OPEN-ENDED VERBATIM RESPONSES

HC1 In just a few words, what would you say is the top health-related issue facing your local community right now, aside from COVID-19? By health related issues, I do not necessarily mean specific diseases but rather issues or conditions that impact the overall health of your local community.

A BIG PERCENT OF PEOPLE WITHOUT INSURANCE.

A LACK OF ABILITY TO GET FRESH LEAFY VEGETABLES.

A LOT OF PEOPLE NOT HAVING ACCESS TO AFFORDABLE HEALTH INSURANCE

A LOUSY GOVERNOR AND HIGH TAXES

A VIRUS GOING AROUND WITH THE KIDS

ACCESS HEALTH CARE

ACCESS TO AFFORDABLE CARE

ACCESS TO AFFORDABLE HEALTH CARE

ACCESS TO AFFORDABLE HEALTH CARE

ACCESS TO AFFORDABLE HEALTH CARE AND HOUSING.

ACCESS TO HAVING GOOD QUALITY HEALTH CARE

ACCESS TO HEALTH CARE

ACCESS TO HEALTH CARE (AFFORDABLE)

ACCESS TO HEALTH CARE. PRESCRIPTION MEDICATION IS VERY EXPENSIVE.

ACCESS TO PRIMARY HEALTH CARE.

ACCESSIBILITY AND COSTS. HEALTH CARE IS EXPENSIVE.

ACCESSIBILITY TO HEALTHY/AFFORDABLE FOOD. MY TOWN DOES NOT HAVE A LOCAL FOOD STORE.

ACCESSIBILITY TO SERVICES. POVERTY, SAFETY ISSUES AND GENERAL QUALITY OF LIFE.

ACTUALLY NOTHING. AIR QUALITY IN BERGEN COUNTY IS VERY GOOD.

ADEQUATE HEALTH CARE COVERAGE

ADEQUATE HEALTH CARE FOR UNDERSERVED POPULATION

AFFORDABILITY

AFFORDABILITY

AFFORDABILITY OF HEALTH CARE COVERAGE

AFFORDABILITY, ITS A GENERAL HEALTH CONCERN

AFFORDABLE HEALTH CARE

AFFORDABLE HEALTH CARE

AFFORDABLE HEALTH CARE

AFFORDABLE HEALTH CARE, AS PREMIUMS HAVE SKYROCKETED TO A POINT WHERE IT IS IMPOSSIBLE TO MAINTAIN, AND PLANS ARE COVERING LESS

AFFORDABLE HEALTH PLANS

AFFORDABLE MEDICATION

AIDS. IT'S STILL AN ISSUE. YOU STILL HAVE TO PROTECT YOURSELF.

AIR POLLUTION

AIR POLLUTION

ALL THE EMPLOYMENT THAT PEOPLE ARE NOT GOING TO GET JOBS. IT HAS GOTTEN SO BAD RIGHT NOW.

ALLERGIES

ALLERGIES

ALZHEIMER'S DEMENTIA

ANXIETY

ANXIETY AND DEPRESSION

ANYTHING WILL IMPACT THEM, THE COMMUNITY. I DON'T KNOW WHAT TO SAY

AS FAR AS I'M CONCERNED FOR RAMPS FOR SENIORS WITH WHEELCHAIRS TO GET AROUND MORE BECAUSE TO THEM ITS A LOT OF STEPS INVOLVED IN OUR COMMUNITY

ASIDE [from] COVID I CANNOT THINK OF ANY ISSUES

ASTHMA AND TASTING

ASTHMA, FEVER, COUGH

AUTOIMMUNE, DIET, DEPRESSION

BACK PAIN

BACK PROBLEMS...ADHD...DEPRESSION

BAD AIR QUALITY FRO POLLUTION

BAY CITY OVERINDULGING IN ALCOHOL

BECAUSE TAXES COST OF LIVING STRESS AND PROPER FUNDING FOR HEALTH CARE

BESIDE FROM COVID I CANT THINK OF ANYTHING ELSE THAT'S THE MAJOR HEALTH ISSUE

BLOOD PRESSURE AND STRESS.

BREATHING MY PROBLEMS

BUSINESSES COVID MANDATES MASK USAGE PEOPLE NOT VACCINATED

CAN'T THINK OF ANYTHING SPECIFIC

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER

CANCER AND DIABETES

CANCER, DIABETES, ANEMIA

CANCER, RARE DISEASES

CHILDHOOD NUTRIENT

CHRONIC DISEASES LIKE DIABETES AND HEART ISSUES.

CLEAR OUT RIVER

COLD AND FLU

COLD AND FLU SEASON, IMMUNE COMPROMISED ELDERLY

COMMON COLD

COMMON COLD AND FLU

CONGESTION OF TRAFFIC

CONSTRUCTION, TRAFFIC CONGESTION, NONE THE I KNOW ASIDE FROM COVID

COPD

CORONA VIRUS

COST AND ACCESS TO HEALTHY FOOD

COST OF CARE

COST OF DRUGS AND MEDICINE

COST OF HEALTH CARE

COST OF HEALTH CARE

COST OF HEALTH CARE

COST OF HEALTH CARE

COST OF INSURANCE

COST OF MEDICAL

COST OF MEDICAL COVERAGE

COST OF MEDICAL INSURANCE

COST OF MEDICATION

COST OF MEDICATIONS FOR OLDER PEOPLE

COST OF PRESCRIPTION DRUGS AND HEALTH CARE COVERAGE

COUNTY IS PRETTY GOOD

COVID 19

COVID 19

COVID HAS SOMEHOW INSTILLED FEAR AND ANXIETY IN MANY PEOPLE. PEOPLE HAVE BEEN FEARFUL OF RETURNING TO WORK AND NORMAL ACTIVITIES. ALSO, INFLATION HAS CREATED TENSIONS IN MANY GOOD FAMILIES IN OUR COMMUNITY

COVID MANDATES! THE MRNA VACCINES ARE NOT DURABLE AND SHOULD NOT BE MANDATED. WE NEED TO STOP PRETENDING THESE VACCINES WORK. WE NEED MORE THERAPEUTICS! EVENTUALLY A VACCINE THAT IS DURABLE AND STOPS THE SPREAD.

COVID SPREAD

COVID. BACTERIA FROM WASTE AFFECTING STOMACH

CRIME

CROWDED URGENT CARES WITH NOT ENOUGH STAFF. SHORT FOOD SUPPLIES

DELTA IS VERY DANGEROUS

DEMENTIA

DEPRESSION

DEPRESSION AND DRUG ADDICTION.

DEPRESSION FOR SURE

DIABETES

DIABETES

DIABETES

DIABETES

DIABETES

DIABETES

DIABETES

DIABETES

DIABETES

DIABETES

DIABETES AND CANCER

DIABETES AND HEART

DIABETES I SEE A LOT OF PEOPLE WHO HAVE THAT

DIABETES, AGE,

DIABETES, HEART DISEASE, INFECTIOUS DISEASE

DIABETES, LACK OF GOOD FOOD CHOICES IN THE AREA.

DIET

DISPARITY AND HEALTH CARE BASED OFF COLOR AND ECONOMIC STATUS

DOCTOR NOW AND WHEN YOU DO THEY DON'T HAVE ANYONE WILLING TO WORK.

DRINKING WATER

DRUG ABUSE

DRUG ADDICTION

DRUG ADDICTION

DRUG ADDICTION

DRUG ADDICTION

DRUG ADDICTION

DRUG ADDICTION AND ABUSE.

DRUG ADDICTION AND MENTAL HEALTH

DRUG ADDICTION AND POVERTY.

DRUG ADDITIONS

DRUG OVERDOSE

DRUG USE

DRUG USE AMONG THE YOUNGER GENERATION IS GETTING CRAZY

DRUGS

DRUGS

DRUGS

DRUGS

DRUGS ADDICTION

DRUGS, FENTANYL

DRUGS, GUNS

EATING A LOT OF SWEETS AFFECTS THE BLOOD SUGAR LEVEL.

ECONOMY

ECONOMY, UNEMPLOYMENT, CLIMATE CHANGE

ELDER CARE WHEN THEY CAN'T TAKE CARE OF THEMSELVES ANYMORE

EMPLOYMENT

EMPLOYMENT, TROUBLE HIRING PEOPLE.

EMS RADIATION FROM CELL TOWERS AND SATELLITES

ENVIRONMENT ISSUES, ABANDONED BUILDING THE AMOUNT OF FAST FOODS IN MY COMMUNITY, THE AMOUNT MEDICAL FACILITY ARE DISAPPEARING

EQUITY, SAFETY OF CHILDREN FROM BULLYING

EVERYBODY IS PRETTY MUCH HEALTHY, OBESITY

EVERYBODY'S SICK AND NO ONE IS WEARING A MASK

EVERYONE MY AGE DOES NOT HAVE DENTAL INSURANCE AND I LOVE BIDEN, BUT HE SHOULD PASS A DENTAL PROVISION.

EXPENSIVE HEALTH CARE

FAIR AMOUNT LOWER INCOME PEOPLE LIVE HERE POOR DIET AND DIABETES, UNHEALTHY DIET

FAST FOOD

FEAR

FEAR

FEAR ANXIETY ANGER

FENTANYL

FINANCES AND JOBS

FINDING WELL PAYING JOBS IS HUGE IN MY COMMUNITY AND HURTING OUR OWN LITTLE ECOSYSTEM.

FLOODING HAS RESULTED IN HOMES LOST.

FLU

FLU

FLU

FLU

FLU

FLU

FLU

FLU

FLU

FLU

FLU

FLU

FLU AND COLDS ARE STARING IN THIS PERIOD!

FLU AND PNEUMONIA

FLU, DIABETES AND HIGH BLOOD PRESSURE

FLU.

FOOD

FOOD

FOOD AND SECURITY SPECIALLY HUNGER IN OUR COMMUNITY.

FOOD AND THE LACK OF IT. I AM SURE THAT MANY PEOPLE IN MY NEIGHBORHOOD ARE SUFFERING FROM THE HIGH PRICES OF FOOD.

FOOD AVAILABILITY, NOT A LOT OF FOOD MARKETS IN WALKING DISTANCE

FOOD DESERTS AND AVAILABILITY OF HEALTHY EATING EDUCATION IN SCHOOLS

FOOD INSECURITY

FOOD INSECURITY.

GAS AND FOOD PRICES ARE SO HIGH

GENERAL HEALTH AND FITNESS

GENERAL HYGIENE, ESPECIALLY FOR CHILDREN, IS ONE OF THE MOST IMPORTANT PROBLEMS THAT SURROUND US.

GENERALLY THE [worry]ING ABOUT THE [length] OF THIS CONDITION

GETTING ACCESS TO HEALTH INSURANCE

GETTING HEALTH CARE DURING THIS TIME OF A PANDEMIC

GOOD AND HOUSING SECURITY

GOVERNMENT

GUN VIOLENCE

HARD TO FIND DOCTORS THAT ACCEPT CERTAIN INSURANCES AND GETTING APPOINTMENTS

HAVING A HEALTHY LIFE LIFESTYLE. INCREASE SMOKING

HEALTH AND WELLNESS

HEALTH CARE / RISING COST OF PRESCRIPTION DRUGS AND DOCTOR VISITS

HEALTH CARE ACCESSIBILITY

HEALTH CARE AND INSURANCE

HEALTH CARE AND SERVICES ARE NOT DELIVERED

HEALTH CARE SHOULD BE FREE FOR EVERYONE AND SHOULD HELP EVERYONE TAKE CARE OF WHATEVER HEALTH PROBLEMS THAT MAY ARISE. THE LACK OF UNIVERSAL HEALTH CARE IS A BLIGHT ON OUR WHOLE SOCIETY.

HEALTH CONDITION, INFLUENZA AND DANGEROUS DRIVING.

HEALTH COSTS

HEALTH INSURANCE

HEALTH INSURANCE AND DOCTORS

HEALTH INSURANCE COVERAGE

HEALTH INSURANCE STABILITY

HEALTH LITERACY

HEALTH PLANS AFFECTS MOST PEOPLE NEED BETTER HEALTH PLANS. OBESITY IN AMERICA

HEART

HEART CONDITIONS

HEART DECEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE DIABETES

HEART ISSUES

HEART ISSUES AND BACK ISSUES

HEP C

HEROIN

HEROIN

HEROIN ADDICTION AND ADDICTION IN GENERAL

HIGH BLOOD PRESSURE

HIGH BLOOD PRESSURE HIGH CHOLESTEROL

HIGH BLOOD PRESSURE, DIABETES

HIGH CONCENTRATION OF CANCER AND AUTISM DIAGNOSIS

HIGH COST OF HEALTH CARE

HIGH DEDUCTIBLES ON A LOT OF POLICIES KEEPING PEOPLE FROM HAVING THINGS DONE
DUE TO COST.

HIGH HEALTH CARE COST, AND NUTRITION

HIGH INSURANCE COSTS

HIGH TAXES

HIV

HIV

HOMELESS

HOMELESSNESS

HOMELESSNESS

HOMELESSNESS

HOMELESSNESS

HOMELESSNESS, POVERTY

HOSPITALS

HOW EXPENSIVE EVERYTHING COSTS

HUNGER

HUNGER AND HOMELESSNESS

HUNGER FOOD INSECURITY.

HYDRATION

I AM CONCERNED ABOUT FORCED VACCINATION FOR MINORS AND I FEEL IT IS DANGEROUS FOR CHILDREN AND I BELIEVE THERE IS A PUSH AND THEY ARE NOT [in] DANGER FROM THE VIRUS BUT MORE SO FROM THE VACCINE.

I AM NOT AWARE OF ANY

I AM SCARED THAT I WILL GET COVID OR ONE OF MY FAMILY MEMBERS

I BELIEVE IT'S ONLY COVID AND THE SPREAD OF IT AND LACK OF VACCINES

I BELIEVE IT'S THE CONFUSION OF WEARING MASK I THOUGHT THAT IF YOU WERE VACCINATED YOU WOULDN'T GET COVID-19 BUT IT JUST HELPS THE SYMPTOMS IN MY LOCAL COMMUNITY COVID IS DECREASING MORE PEOPLE ARE GETTING VACCINATED

I BELIEVE MY COMMUNITY IS PRETTY HEALTHY, I JUST WORRY ABOUT THE OPIOID CRISIS

I BELIEVE THAT SENIORS NEED TO HAVE REASONABLY ACCESSIBLE AND AFFORDABLE HEALTH CARE.

I DON'T HAVE ANY CONCERN

I DON'T HAVE ANY HEALTH-RELATED ISSUES AT THE MOMENT.

I DON'T KNOW BOUT ANYTHING

I DON'T KNOW IF ITS BOTHERING ANYONE, BUT THERE'S A LOT OF POLLUTION AROUND
HERE FROM OLD PLANTS, AND THE WATER IS POISONED AS WELL

I DON'T KNOW OF ANY

I DON'T KNOW OF ANYTHING OF THAT MAJOR PROBLEM

I DON'T THINK THERE ARE ANY

I DON'T THINK THERE ARE ANY MAJOR HEALTH RELATED ISSUE BESIDE COVID

I GUESS AROUND HERE PEOPLE HERE THAT ARE STRUGGLING WITH GETTING FOOD, I THINK
THERE'S ALSO PEOPLE WHO HAVE MENTAL HEALTH ISSUES THAT AREN'T GETTING THE HELP
THEY NEED

I GUESS I WOULD THINK THE WATER IS THE MOST IMPORTANT THE WATER PURIFICATION

I GUESS IT WOULD MENTAL HEALTH

I GUESS THE AGING POPULATION

I GUESS THE FLU

I GUESS THE FLU

I HAVE ABSOLUTELY NO IDEA WHAT THIS WOULD BE

I JUST THINK RECYCLING

I LIVE IN A SMALL COMMUNITY THAT IS SO CAUGHT IN TRADITION THAT IT'S KEEPING THE
COMMUNITY AND BUSINESS FROM PROGRESSING

I REALLY CANT SAY ANYTHING BESIDE COVID

I REALLY DON'T KNOW. I THINK EVERYONE HAS BEEN SO CONSUMED WITH MASKING AS FAR AS COVID I REALLY DON'T GIVE THAT MUCH CONSIDERATION. THERE'S MENTAL HEALTH AND PSYCHOLOGICAL HEALTH AS A SOCIAL WORKER I LOOK INTO EMOTION ASPECTS

I SAY AIR QUALITY

I THINK IT HAS TO DO WITH SIGHT. MANY PEOPLE NEED GLASSES OR CONTACT LENSES.

I THINK ITS MENTAL HEALTH

I THINK MOST PEOPLE IS OVERWEIGHT, WEIGHT ISSUE

I THINK NEW JERSEY HAS HIGHER RATE OF CANCER

I THINK POVERTY AND INJUSTICE IS A CURRENT ISSUE.

I THINK THAT HEART DISEASE IS PROBABLY THE BIGGEST ISSUE

I THINK THE INTERFACE BETWEEN VEHICLES AND PEOPLE IS A REAL PROBLEM

I THINK THE LOCAL COMMUNITY IS GOOD

I THINK THE TOP HEALTH RELATED ISSUE FACING MY LOCAL COMMUNITY RIGHT NOW ASIDE FROM COVID 19 IS THE HEALTH INSURANCE MANY PEOPLE CAN'T AFFORD ONE

I THINK THERE IS A SIGNIFICANT MENTAL HEALTH CRISIS IN OUR ENTIRE COUNTRY

I THINK TOO MANY PEOPLE ARE MAKING A BIGGER DEAL ABOUT THIS THAN THEY SHOULD.

I WILL SAY, HEALTH ISSUES DOWN HERE IS IN AN EXCELLENT CONDITION. COSTS ARE EXORBITANTLY HIGH THOUGH.

I WOULD HAVE NO IDEA. IT IS A VERY SMALL TOWN.

I WOULD HAVE TO SAY CATCHING A COLD

I WOULD HAVE TO SAY THE AFFECT FROM DRUG USE. SO MANY KIDS AND OLDER PEOPLE ,
MALE AND FEMALE ARE SUFFERING THE AFFECTS OF DRUGS AND DRUG WITHDRAWAL
SYMPTOMS WITH NO END IN SITE. IT IS DEVASTATING.

I WOULD PROBABLY SAY WATER THE WATER IS FREE OF LEAD, THE HOUSING... WE HAVE
HEARD OF BAD THINGS GETTING INTO THE DRINKING WATER.

I WOULD SAY ASTHMA AND HIGH BLOOD PRESSURE CAUSE OF THE ENVIRONMENT FOR
ASTHMA AND HIGH BLOOD PRESSURE FOR POOR DIETS.

I WOULD SAY AVAILABILITY OF COMMUNICATION, HEALTH DEPARTMENT, GOOD INSURANCE
PROGRAMS. THE AVAILABILITY OF HEALTH CARE FOR EVERYONE. I REALLY FEEL THAT IN OUR
COUNTRY MEDICARE HAS BEEN GOOD TO ME AND MY EMPLOYERS. I'VE GOT A GREAT
INSURANCE PROGRAM AND PRESCRIPTION PROGRAM AND IT CERTAINLY MAKES A
DIFFERENCE.

I WOULD SAY GENERALLY OBESITY

I WOULD SAY HOUSING

I WOULD SAY IT WILL BE QUALIFICATIONS FOR THE STATE NEW JERSEY INSURANCE.

I WOULD SAY IT'S THE TAXES THAT AFFECT MY COMMUNITY THE MOST.

I WOULD SAY MENTAL HEALTH

I WOULD SAY MENTAL HEALTH

I WOULD SAY MENTAL HEALTH IS SOME THING THAT MY COMMUNITY IS STRUGGLING WITH
AS A TIGHTKNIT COMMUNITY THAT HAD FELT MORE ISOLATED DURING COVID AS WELL AS
THE IMPACT ON THE SCHOOL SYSTEM.

I WOULD SAY PEOPLE GETTING GOOD FOOD TO EAT EVERY DAY

I WOULD SAY PRETTY MUCH SEASONAL CALLS AND FLU IS THE PRIMARY ILLNESS THAT AFFECTS MY COMMUNITY

I WOULD SAY PROBABLY OBESITY.

I WOULD SAY SUBSTANCE ABUSE AND MENTAL HEALTH AND NOT TOO MUCH OF A SHOT OFF FROM COVID AND JUST A SIDE EFFECT OF HAVING TO BE IN YOUR HOUSE AND BE IN YOUR HOME. AND A LOT OF PEOPLE ARE AT HOME

I WOULD SAY THAT ITS RISKY TO DRIVE OTHER THAN THAT I DON'T KNOW.

I WOULD SAY THE LACK OF GOOD MEDICAL INFORMATION AND INSURANCE.

I WOULD SAY UNEQUIVOCALLY IF IT'S NOT COVID, THE DEGRADED INFRASTRUCTURE OF BERGEN COUNTY AND NEW JERSEY AND THE COUNTRY

I WOULD THINK BESIDES COVID IT IS AFFORDABLE HEALTH CARE FOR PEOPLE WHO ARE WORKING.

I'D PROBABLY SAY ISSUES RELATED TO SMOKING

I'D SAY DIABETICS IN MY AREA.

I'D SAY MENTAL HEALTH

I'M GOING TO SAY DIABETES BECAUSE IT SEEMS THAT EVERYONE I KNOW INCLUDING MYSELF HAS DIABETES

I'M UNSURE OF ANY, MY COMMUNITY HAS BEEN PRETTY GOOD ABOUT VACCINES AND REGULATIONS

IF THEY START TO INSTALL THE WIND TURBINES, IT WILL BE NOISE POLLUTION.

IM A REGISTERED NURSE, SO ITS JUST THE COVID

IM PRO CHOICE AND I THINK THAT'S THE MOST IMPORTANT HEALTH ISSUE

IN MY OPINION STRESS IS ONE OF THE BIGGEST ISSUES EFFECTING EVERYDAY HEALTH.

INACTIVITY

INCOME

INCOME/INSURANCE FOR HEALTH CARE

INFANT MORTALITY IN CAMDEN.

INFLUENZA

INFRASTRUCTURE

INSUFFICIENT NUTRITION

INSURANCE COVERAGE

ISOLATION

IT HAS IMPACTED ALL OF US. IT KEPT OUR PARENTS AND GRANDPARENTS INSIDE AND QUARANTINED EVERYONE FROM SEEING FAMILY. WE COULDN'T DO THE STUFF WE USED TO BECAUSE OF COVID.

ITS NOT COVID ITSELF, ITS THE LOCKDOWNS AND RESTRICTIONS. THEY JUST USE COVID AS AN EXCUSE.

JOB PROBLEMS , MONEY ISSUES, JOB ISSUES

JOBS, BEING HUNGRY, HOMELESS WOMEN BEING BEATEN.

JUST COVID

KILLINGS OF BLACK PEOPLE BY COPS

LACK OF AFFORDABLE HEALTH CARE

LACK OF AFFORDABLE HEALTH CARE

LACK OF AWARENESS OF MANY ABOUT THESE DISEASES

LACK OF COMMON SENSE

LACK OF HEALTH CARE

LACK OF HEALTH INSURANCE AND PRIMARY HEALTH CARE

LACK OF HIGH QUALITY MEDICAL CARE

LACK OF IMMUNIZATION AND VACCINES AMONGST THE POPULATION

LACK OF IMMUNIZATIONS AMONG RELIGIOUS SECTORS

LACK OF KNOWLEDGE ABOUT HEALTH ISSUES

LACK OF MEDICAL INSURANCE.

LACK OF NUTRITIOUS, ORGANIC FOODS

LACK OF PROFESSIONAL SPECIALTIES

LACK OF PUBLIC MEDICINE

LACK OF SINGLE PAYER INS

LIKE DEMENTIA

LIMITED CAPACITY FOR HOSPITAL

LOCAL BUSINESS SUFFERING

LOT OF PEOPLE ARE DIABETIC AND THE FLU

LOW INCOME

LOW MORAL

LUNG ISSUES

MAIN ISSUES WELFARE FOR PROFIT MEDICAL INDUSTRY ESPECIALLY FOR PROFIT DRUGS
DEMOCRATIC SOCIALISM, HEALTH CARE

MARIJUANA LEGALIZATION

MASKING UP AN VACCINES

MASS MANDATE

MASS OBESITY

MAYBE ANTICIPATING THE FLU

MAYBE JUST EATING HEALTHY AND WORKING OUT

MAYBE THE FLU OR OBESITY DIABETES I DON'T REALLY KNOW

MEALS HEALTHY EATING IN SCHOOLS

MEDICAID

MEDICAL PROTECTION AND MEDICAL INSURANCE

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH

MENTAL HEALTH - SUCH AS LEARNING DISORDERS AND DEPRESSION.

MENTAL HEALTH AND ACCESS TO AFFORDABLE HEALTH CARE

MENTAL HEALTH AND DIABETES

MENTAL HEALTH AND THE OPIOID EPIDEMIC

MENTAL HEALTH CRISIS

MENTAL HEALTH DECLINE

MENTAL HEALTH IN GENERAL AND ADDICTION

MENTAL HEALTH IS HUGE DUE TO RESTRICTIONS IN SOCIALIZATION

MENTAL HEALTH IS THE BIG THING. SO MANY PEOPLE ARE DEPRESSED FROM THE PANDEMIC.

MENTAL HEALTH ISSUES

MENTAL HEALTH ISSUES BECAUSE OF THE LOCKDOWNS. PEOPLE RUNNING OUT OF MONEY BEING ANGRY AND DEPRESSED

MENTAL HEALTH ISSUES NOT BEING ADDRESSED

MENTAL HEALTH LACK OF INCOME FEARS OF NOT BEING ABLE TO KEEP THE HOME FEED THE FAMILY HANDLE MEDICAL ISSUES

MENTAL HEALTH STRESS RELATED

MENTAL HEALTH. COPING

MENTAL ILLNESS

MENTAL ILLNESS

MENTAL ILLNESS

MENTAL ILLNESS HAVE INCREASED

MENTAL ILLNESS, AND MENTAL HEALTH ISSUES ARE THE SECOND GREATEST CONCERN IN MY COMMUNITY.

MENTALLY UNSTABLE PEOPLE

MIGRAINES, HEADACHES, FLU

MORE ON HEALTH INSURANCE NOT COVERING NEEDED SERVICES

MOSTLY CANCER AND HIV. AS WELL AS BLACK FUNGUS

MY ISSUES WITH THE DOCTORS THEY DON'T EXPLAIN WHAT'S GOING ON WITH YOU THEY JUST TELL YOU SO YOU [are] STILL FACING UNCERTAINTY

MY SKIN IS REALLY BAD

MY TOWN HAS BOTH YOUNG AND OLD. PROBABLY THINGS THAT HAPPEN WHEN YOU GET OLDER.

NARCOTICS

NEED FOR A CLOSER VA CLINIC FOR WHITING VETERANS

NO

NO

NO ISSUES.. ALL ARE TAKING COVID-19 PRECAUTIONS.

NO ONE THING

NO TOP-RATED HEALTH ISSUES IN MY COMMUNITY RIGHT NOW PLEASE

NO VACCINE MANDATE TO ENTER RESTAURANTS, ETC. AND NO USE OF MASK IN PUBLIC SPACES SUCH AS SUPERMARKETS

NONE

NONE

NONE

NONE I HAVE TO DO

NONE THAT I KNOW OF

NOT BEING ABLE TO GO TO THE GYM

NOT ENOUGH LOVE

NOT ENOUGH MEDICAL MARIJUANA FACILITIES IN THE AREA

NOT FAMILIAR WITH ANY PARTICULAR ONE, I DON'T KNOW WHAT TO TELL YA.

NOT HAVING INSURANCE TO TAKE CARE OF THEMSELVES. DENTAL VISION MEDICAL

NOT MANY PEOPLE ARE COMING OUT

NOT SURE

NOT TO WEAR MUZZLES PERMANENTLY AND CAREFUL PROMISE TO ADHERE TO
QUARANTINE, SOCIAL SPACING AND POOR CHOICE OF FOOD AND NUTRITION

NOTHING

NOTHING

NOTHING IN MY LOCAL COMMUNITY

NOTHING THAT I CAN THINK OF

NOTHING. EVERYTHING IS WORKING SMOOTHLY HERE AND I DON'T NEED ANYTHING SPECIAL

OBESITY

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OBESITY

OBESITY BECAUSE EVERYONE IS LAZY

OBESITY AND OPIATES

OBESITY AND POOR NUTRITION CHOICES.

OBESITY ON YOUNG KIDS

OBESITY, ACCESS TO AFFORDABLE HEALTHY FOOD

OBESITY, ADDICTION, DIABETES

OBESITY, HEART DISEASE

OBESITY, LACK OF PHYSICAL ACTIVITY, AND THE DISGUSTING UNHEALTHFUL FOODS BEING SERVED IN SCHOOLS

OBESITY. ITS S HUGE PROBLEM BECAUSE OBESITY CAN LEAD TO DIABETES, HEART DISEASE AND OTHER HEALTH CONDITIONS.

ON THE JOB MARKET

OPEN SPACES, PARKS, ABILITY TO GO AND FIND OPEN SPACES WITHOUT TRAFFIC, CROWDS, AND HOUSES. PROBABLY BE RELATED TO MENTAL HEALTH.

OPIATE ABUSE

OPIOID ADDICTION

OPIOID ADDICTION AND HIGH LIVING PRICES. TAXES, UTILITIES, HOUSING PRICES.

OPIOID CRISIS

OPIOIDS

OUTSIDE OF COVID I DON'T REALLY HAVE ONE. NOT REALLY

OVER-DEVELOPMENT... AS WELL AS AFFORDABLE, EFFECTIVE HEALTH INSURANCE. COST OF LIVING.

OVERDOSE ON PILLS OR DRUGS

OVERDOSES

OVERPOPULATION

OVERWEIGHT

PAID LEAVE TO TAKE CARE OF SICK FAMILY MEMBERS. THE PRICE OF HEALTH INSURANCE.

PARENTS SENDING THEIR CHILDREN TO SCHOOL SICK AND INFECTING OTHER STUDENTS AND SCHOOL STAFF

PAYING FOR HEALTH CARE

PEOPLE ARE GETTING TOO OLD

PEOPLE ARE MENTALLY AFFECTED AND THIS WILL AFFECT THEIR HEALTH

PEOPLE ARE STILL HAVING TROUBLE BEING ABLE TO AFFORD ADEQUATE HEALTH CARE.

PEOPLE CANNOT AFFORD TO LIVE

PEOPLE DON'T WANT TO GO BACK TO WORK. THE GOVERNMENT IS PAYING THEM TO STAY HOME.

PEOPLE NEEDING FOOD

PEOPLE NOT BEING VACCINATED

PEOPLE NOT FOLLOWING HEALTH PROTOCOLS LIKE WEARING MASKS FOR PROTECTION WHEN THEY ARE SICK AND OUT AND ABOUT. PEOPLE SNEEZING AND COUGHING AND NOT COVERING THEIR MOUTH WHICH IS DISGUSTING

PEOPLE NOT WANTING TO GET VACCINATED

PEOPLE NOT WEARING MASKS.

PEOPLE PUT OFF GOING TO THEIR DOCTORS FOR SO LONG THAT IT IS VIRTUALLY IMPOSSIBLE TO GET AN APPOINTMENT WITH ANY

PEOPLE REFUSING TO WEAR MASKS AND NOT COMPLYING WITH SOCIAL DISTANCING

PEOPLE STILL REFUSING TO WEAR MASKS. PARENTS SENDING STUDENTS TO SCHOOL SICK.

PEOPLE WORRYING ABOUT GETTING VACCINATED AS SOON AS POSSIBLE. TO PROTECT THEMSELVES AND OTHERS.

PEOPLE'S WEIGHT

PESTICIDES THAT ARE USED TO KILL MOSQUITOES.

POLICE ISSUES AND SHOOTINGS

POLICE REFORM

POLITICAL IGNORANCE

POLLUTED RIVER

POLLUTION

POLLUTION

POLLUTION

POLLUTION

POLLUTION

POLLUTION

POLLUTION

POLLUTION

POLLUTION

POLLUTION AND AIR

POLLUTION, BECAUSE WE LIVE DIRECTLY NEXT TO A DUPONT PLANT.

POOR HEALTH CARE AND HEALTH AWARENESS

POOR INFRASTRUCTURE, MAINLY SEWER AND CLEAN WATER.

POOR LIVING ENVIRONMENT

POOR NUTRITION

POOR NUTRITION POOR FOOD CHOICES

POVERTY

POVERTY

POVERTY AND MONEY

POVERTY INFLATION

POVERTY, FOOD SCARCITY

POVERTY, HOMELESSNESS IF WE ARE TALKING ABOUT THE ENTIRE COUNTY

PRESCRIPTION COSTS IS TOO HIGH

PRESCRIPTION MEDICINE

PRESCRIPTION PRICES, ACCESS TO GOOD CARE

PRESCRIPTIONS DRUGS AND COST OF THEM THE HIGH COST

PREVENTATIVE HEALTH

PRICE FOR HEALTH CARE

PRICE OF FOOD, GAS, UTILITIES, EVERYTHING IS GOING UP IN PRICE

PROBABLY DRINKING OR SMOKING

PROBABLY FLU

PROBABLY HIGH BLOOD PRESSURE

PROBABLY MENTAL HEALTH

PROBABLY MENTAL ILLNESS

PROBABLY NOT ENOUGH HEALTH CARE COVERAGE. YOU STILL HAVE TO PAY OUT OF POCKET FOR A LOT OF THINGS.

PROBABLY OBESITY AND OTHER ISSUES RELATED TO CONSUMING AN UNHEALTHY DIET.

PROBABLY OBESITY DUE [to] INCORRECT GOVERNMENT REGULATIONS

PROBABLY OBESITY OR OPIOID ADDICTION.

PROBABLY OBESITY. I SEE MANY OVERWEIGHT PEOPLE AND SOME OF THEM ARE VERY YOUNG. THIS NEEDS TO BE CORRECTED BEFORE THESE YOUNG PEOPLE GET OLDER AND THE WEIGHT & REALLY OUT OF HAND.

PROBABLY OF PREVENTATIVE MEDICINE

PROBABLY THE HEART.. HEART ATTACKS AND STUFF.

PROBABLY WOULD BE OBESITY

PROBLEMS IN HOSPITALS (ROBERT WOOD)

PROPER COVID AWARENESS

QUALITY OF FOOD

RACISM

RACISM

RACISM AND DISCRIMINATION

RAMPANT MARXISM REMOVING ALL RIGHTS FROM CITIZENS AND FORCING THEM TO LIVE UNDER TOTALITARIAN RULE.

REGULAR FLU SHOTS

RESEARCH INDICATES THAT STAYING PHYSICALLY ACTIVE CAN HELP PREVENT OR DELAY CERTAIN DISEASES, INCLUDING SOME CANCERS, HEART DISEASE AND DIABETES, AND ALSO RELIEVE DEPRESSION AND IMPROVE MOOD. INACTIVITY OFTEN ACCOMPANIES ADVANCING AGE, BUT IT DOESN'T HAVE TO. CHECK WITH YOUR LOCAL CHURCHES OR SYNAGOGUES,

SENIOR CENTERS, AND SHOPPING MALLS FOR EXERCISE AND WALKING PROGRAMS. LIKE EXERCISE, YOUR EATING HABITS ARE OFTEN NOT GOOD IF YOU LIVE AND EAT ALONE

RESPIRATORY ISSUES

RIGHT NOW NOTHING YET

RISKS OF ADDICTION AND OVERDOSE. WEALTH AND EQUALITY AND DISPARITY.

SAFETY

SAFETY

SERIOUS WATER PROBLEM

SHORTAGE OF SUPPLIES

SLEEP APNEA

SLIMMING DOWN

SMOKING AND WEED

SMOKING RELATED DISEASES AND DIABETES/WEIGHT RELATED DISEASES

SMOKING. A LOT OF SMOKING.

SOCIAL SECURITY BENEFITS

SOME PEOPLE DON'T HAVE PROPER HEALTH INSURANCE

SPECIAL NEEDS SERVICES

SPEEDING

SPIRITUAL IMPOVERISHMENT

STAYING PROTECTED FROM OTHERS

STDS

STORM WATER MANAGEMENT, OR THE LACK OF IT

STRESS AND ANXIETY

STRESS FORM TAXES

STRESS. STRESS HAS TAKEN A HUGE TOLL ON THE LOCAL COMMUNITY. THE ECONOMY IS NOT DOING WELL AND RENT/MORTGAGES HAVE BECOME ALMOST IMPOSSIBLE TO OBTAIN/PAY

STRESS/ANXIETY

STUPIDITY

SUBSTANCE ABUSE/ADDICTION

SUBSTANCES ABUSE

SUGAR ADDED IN ALMOST ALL PRODUCTS

SUICIDE

SUICIDE RATES DEPRESSION

SYSTEMIC RACISM

TAP WATER

TAXES

TAXES

TAXES

TAXES AND CRIME

TEENS SMOKING AND GETTING SICK

TERRIBLE SANITARY SEWER SYSTEM

THAT THE SOCIAL SECURITY BENEFITS NEED TO BE BETTER FOR OLDER PEOPLE.

THE AFGHANISTAN [refugees] LIVING IN THE MILITARY BASE I FREQUENTLY WALK THRU I
LIVE THAT CLOSE. THEY HAD A MEASLES OUTBREAK

THE BIGGEST ISSUE IS NO ONE GETTING VACCINATED OR WEARING MASKS

THE BIGGEST ISSUE IS THE AFFORDABILITY OF HEALTH CARE.

THE COLD IS BRINGING SICKNESS TO EVERYONE AND ITS SPREADING

THE COMMON FLU AND OTHER ILLNESSES RELATED TO THE COLD WEATHER.

THE COMMUNITY OVERCROWDING, TO MANY PEOPLE IN A CONFINED AREA

THE COST INSURANCE

THE COST OF HEALTH CARE

THE COST OF HEALTH CARE AND A LACK OF MENTAL HEALTH INSTITUTIONS

THE COST OF HEALTH CARE PREMIUMS

THE COST OF PRESCRIPTIONS

THE CRIMINALS THAT ARE OUT. STEALING & KILLING INNOCENT PEOPLE

THE DIRECTION THAT THE COMMUNITY IS TAKING US TO

THE DISEASE OF KIDNEY WHICH PEOPLE ARE REALLY SUFFERING FROM IT WHICH IS ALSO
CAUSE BY THE POOR NUTRITION AND EXCESSIVE ALCOHOL

THE ECONOMY, NOT ENOUGH PEOPLE WORKING, THE GROWING DIFFERENCE BETWEEN
RICH AND POOR, INFLATION. THESE LEAD TO MENTAL HEALTH AND OTHER CONDITIONS IN
LESS WEALTHY POPULATIONS. HIGHLY STRESSED PEOPLE ARE TYPICALLY MORE HIGH-
STRUNG, LESS HAPPY, NOT AS NICE TO THEIR NEIGHBORS, AND MORE QUICKLY TO SNAP.

THE FACT THAT MOST PEOPLE IN MY AREA DON'T HAVE HEALTH INSURANCE AND THE COST
OUT OF POCKET IS RIDICULOUS.

THE FACT THAT THEY ARE MANDATING VACCINES IS JUST PLAIN UN AMERICAN AND I FEEL
LIKE THAT IS THE GREATEST HEALTH RISK

THE FEAR OF ANOTHER VIRUS TO COME AND PEOPLE NOT FEELING SAFE WITH OR WITHOUT
A MASK.

THE FLU

THE FLU

THE FLU

THE FLU

THE FLU

THE FLU

THE FLU

THE FLU

THE FLU

THE FLU

THE FLU GOING AROUND AMONGST OTHER THINGS. I'M AFRAID TO EVEN GO OUT

THE FLU HAS BEEN GOING AROUND PRETTY FAST. PEOPLE STARTED STAYING HOME MORE.

THE FLU IS GOING AROUND BUT DEFINITELY COVID 19

THE FLU IS ONE OF THE OVERALL HEALTH ISSUES THAT PLAGUE MY COMMUNITY

THE FLU, A LOT OF PEOPLE HAVEN'T GOTTEN THEIR FLU SHOT. A LOT OF PEOPLE ARE WRAPPED UP ABOUT COVID-19

THE FLUE SEASON

THE GOVERNMENT FORCING US TO WEAR MASKS

THE GOVERNOR

THE GROSS OVERPRICING OF MEDICAL CARE AND PRESCRIPTIONS. PEOPLE ARE GOING WITHOUT MEDICAL CARE BECAUSE OF THE COST.

THE HEALTH CARE COST

THE HEALTH CARE SYSTEM, ITSELF, IS HORRIBLE; POOR CARE.

THE HIGH COST OF HEALTH CARE IN THE US, EVEN AMONG THE INSURED, AND SHOCKING RATE OF MEDICAL BANKRUPTCIES IN THE US (530,000 ANNUALLY) EVEN AMONG THE INSURED.

THE HIGH COST OF HEALTH INSURANCE.

THE LACK OF ANY MY TAXES GOING INTO SOCIAL INFRASTRUCTURE

THE LACK OF UNIVERSAL HEALTH CARE. BECAUSE THERE IS NO UNIVERSAL HEALTH CARE AND WITH PRICE OF PREMIUM HEALTH CARE IN THE UNITED STATES MAKE IT NON-AFFORDABLE. AND WITH THE PRICES OF EVERYTHING GOING UP IT WILL MAKE IT HARDER TO AFFORD IN THE FUTURE.

THE LOCAL HOSPITAL IS SUBSTANDARD

THE MAIN HEALTH ISSUES THE MOST IMPORTANT IS THE MENTAL HEALTH AND EARLY SCREENING

THE MOST IMPORTANT PROBLEM AS RELATED TO HEALTH AT THE PRESENT TIME IS THE LACK OF AWARENESS AMONG SOME PEOPLE AND THE LACK OF COMMITMENT TO WEARING A MASK AND MAINTAINING SOCIAL DISTANCING

THE OPIOID EPIDEMIC

THE PANDEMIC THAT WE ARE FACING IS SERIOUS DANGEROUS

THE POLITICAL DIVISION AND HOW IT AFFECTS JUST ABOUT EVERYTHING

THE PRICE OF MEDICINE

THE PSYCHOLOGICAL EFFECTS OF COVID

THE SEASONAL FLU.

THE SERVICE COMMUNITY HERE HAS MANY WORRIES AND CHARACTERISTICS AND... I RATHER GO SOMEWHERE ELSE AND DON'T WANT TO USE MEDICAL CARE AND FACILITIES HERE

THE SPIKE IN CARDIO WHATEVER

THE STUPIDITY OF THE PEOPLE HERE

THE TOP HEALTH RELATED ISSUE FACING MY LOCAL COMMUNITY RIGHT NOW IS THE FLU. IT'S EASY TO CATCH A COLD AND FOR IT TO TURN INTO THE FLU ESPECIALLY IN THIS COLD WEATHER

THE TOP HEALTH RELATED ISSUE IS ACCESS TO HIGH QUALITY HEALTH CARE

THE TOP HEALTH RELATED ISSUE IS NOT HAVING ENOUGH MONEY TO PAY FOR GOOD FOODS AND MEDICAL CARE AS WELL AS HAVING TO STRESS OVER LOW PAYING JOBS AND HAVING TO GO TO AN EARLY GRAVE

THE TOP HEALTH RELATED ISSUES IN MY COMMUNITY ARE OPIOID ADDICTIONS.

THE TOP HEALTH-RELATED ISSUE IS THE LACK OF MEDICAL RESOURCES THAT DON'T COST AN ARM AND A LEG. THE COMMUNITY SUFFERS WHEN PEOPLE CANNOT PAY THEIR DEDUCTIBLES, LET ALONE FOR A HOSPITAL STAY WHICH WE SAW WITH THE EMERGENCE OF COVID.

THE TOP ISSUE IS PEOPLE NOT WEARING THEIR MASKS. NOT ONLY THAT BUT THEY ALSO TOUCH EVERYTHING AND PUT IT BACK WITHOUT ACTUALLY CLEANING THEIR HANDS.

THE TOP ISSUE WOULD BE THE HOMELESS, THEY ARE SICK DON'T SHOWER AND HAVE MANY DISEASES

THE USE OF MASKING ITS HEALTHY PEOPLE LIVING IN A GROUND. THE COVID BROUGHT A MASK, MORE TOXINS IN OUR FOOD, UPSET LEARNING THAT FLUORIDE, [chem] TRAILS VERY BAD. FOOD PRODUCERS LIKE PEPSI AND GATORADE

THE VIRUS

THE VIRUS HAS CALMED DOWN A LOT

THE WATER

THE WEATHER IS CHANGING SO COLD AND FLU ARE ALWAYS PRESENT THIS TIME OF YEAR

THE WINDMILLS, AND FLOODING OF INFRASTRUCTURE.

THE WOKE CULTURE

THERE ARE A LOT OF ISSUES AROUND AGING

THERE ARE A LOT OF PEOPLE OUTSIDE I DON'T KNOW IF THERE ARE HOMELESS OR NOT

THERE ARE MANY PEOPLE WHO AROUND HERE WILL NOT TAKE THEIR SHOTS.

THERE IS A STOMACH AND COLD GOING AROUND THAT IS CONTAGIOUS. OTHER THAN A LACK OF HEALTH CARE, NOTHING ELSE.

THERE IS NOT A HUGE OUTBREAK BUT WE ALL STILL SHOULD WEAR MASK WHEN GOING PLACES AND STAY 6 FT AWAY FROM EACH OTHER

THERE REALLY ARE NONE. POSSIBLY THE START OF FLU SEASON.

THIS VACCINE MANDATE SHOULD BE MANDATORY SO WE CAN ALL LIVE

TOBACCO MENTAL HEALTH ACCESS TO HEALTH CARE SUBSTANCE ABUSE

TOO MANY FAST FOODS

TOO MANY PEOPLE RELY ON GOVERNMENT FOR THEIR HEALTH CARE.

TWO THINGS: EVERYBODY'S IN EVERYBODY ELSE'S BUSINESS AND DEPRESSION

UMM GEE THAT A TOUGH ONE. NUTRITION, EAT BETTER FEEL BETTER

UNDER STAFFING IN HOSPITALS, DUE TO INADEQUATE PAY AND LACK OF SUPPORT FOR STAFF SAFETY.

UNDIAGNOSED MENTAL HEALTH RELATED ISSUES.

UNSUPPORTED CHILDREN

VACCINATIONS

VACCINE MANDATES

VERY FEW. ITS NOT THAT MANY FACING OUR COMMUNITY. WE ARE PRETTY HEALTHY

VICTIM MENTALITY OR I CAN DO WHATEVER I WANT COUPLED WITH THE GOVERNMENT WILL TAKE CARE OF ME. LACK OF INDIVIDUAL RESPONSIBILITY AND ACCOUNTABILITY.

VIOLENCE

VIOLENCE

VIRUS

WATCH OUT FOR THIS PANDEMIC

WATER

WATER QUALITY

WATER QUALITY

WATER QUALITY

WATER QUALITY

WATER QUALITY

WE DON'T HAVE ANY.

WE HAVE A WATER ISSUE WITH CERTAIN TOXINS

WEARING MASKS AND BACTERIAL INFECTIONS RELATED TO CARBON DIOXIDE.

WELL COVID IS NUMBER 1 THAT'S NUMBER 1 IN MY OPINION.

WELL WATER QUALITY

WORK AND CARING FOR MY CHILDREN

WORRIED ABOUT THE NEW VARIANT THAT JUST CAME ABOUT.

WOULDN'T KNOW WHAT TO TELL YA

UPH1. In just a few words, how would you define the term “public health?” If you’re not sure, just say so.

A DEPARTMENT THAT PERFORMS INSPECTIONS OF FOOD ESTABLISHMENTS

A GENERAL VIEWS OR CONCERN OF PHYSICAL CONDITIONS AND EMOTION STATE

A GOVERNMENTS RESPONSIBILITY TO MAKE THAT FOOD AND SAFETY REGULATIONS ARE ENFORCED.

A HEALTH ISSUE THAT EFFECTS THE WHOLE COMMUNITY, LIKE COVID

A HEALTHY DIET, ATTENTION TO BODY IMMUNITY, PREVENTION AND STAY AWAY FROM DISEASES

A JOKE

A POLICY THAT HAS ANY BEARING WELL-BEING OF THE COMMUNITY OR ITS MEMBERS

ABOUT THE HEALTH OF THE COMMUNITY

ABSENCE OF TREATMENT OF EPIDEMICS

ACCESS IN MEDICAL CARE

ACCESS TO AFFORDABLE MEDICAL CARE FOR EVERYBODY

ACCESS TO HEALTH CARE, PRENATAL CARE, THAT'S WHAT I WOULD SAY.

ACCESS TO PARKS AND OTHER PUBLIC RECREATIONAL AREAS, HEALTHFUL FOODS FOR STUDENTS, EDUCATION ABOUT RESOURCES IN THE COMMUNITY

ACTIVITIES ORGANIZED BY PUBLIC ADMINISTRATIONS TO PREVENT DISEASE AS WELL AS TO PROTECT, PROMOTE AND RECOVER THE HEALTH OF THE PEOPLE IN THE COMMUNITY

ACTIVITIES THAT PERTAIN TO KEEPING THE COMMUNITY AND MONITORING ITS HEALTH.

ADVOCATING EQUAL HEALTH AND WELL-BEING

ALL OF THE ACTIVITIES THAT GO INTO SECURING THE HEALTH OF A "COMMUNITY"

ALL PEOPLE AND THEIR PHYSICAL MENTAL WELL-BEING.

ANYONE CAN GET HELP FROM THE PUBLIC

ANYONE HAS ABILITY TO RECEIVE HEALTH CARE

ANYTHING CONCERNING THE PREVENTION, TREATMENT, AND CURE OF DISEASES AND DISORDERS

ANYTHING THAT AFFECTS THE WELFARE LIFESPAN ETC. OF THE WHOLE COMMUNITY

ANYTHING THAT CAN BE TRANSMITTED OR SPREAD BY CASUAL CONTACT. AND IF IT IS ISOLATED TO A CERTAIN AREA

ANYTHING THAT EFFECTS THE WHOLE PUBLIC AS A WHOLE

ANYTHING THAT IMPACTS THE GREATER POPULATION

ANYTHING THAT IMPACTS THE WHOLE COMMUNITY IN TERMS OF HEALTH

ANYTHING THAT IS GOING TO AFFECT THE COMMUNITY

ANYTHING THAT WOULD HAVE AN IMPACT ON THE HEALTH OF INDIVIDUAL MEMBERS OF A COMMUNITY.

ANYTHING TO DO WITH ASSISTANCE OR IMPROVEMENT OF A COMMUNITY HEALTH

AS BEING THE LEVEL OF BEING FREE FROM CONCERN AND DISEASE FROM THE MENTAL AND PHYSICAL

AS IT RELATES TO THE OVERALL COMMUNITY AND THEIR HEALTH

AS THE ACCESSIBILITY TO LITTLE OR LOW-COST HEALTH CARE

AS THE OVERALL HEALTH OF PEOPLE WITHIN THE COMMUNITY AND HOW IT IMPACTS EACH OTHER

ATTENTION TO THINGS THAT AFFECT THE COMMUNITY WHETHER IN DISEASES OR WATER AND AIR POLLUTION

AVAILABILITY AND INFORMATION REGARDING HEALTH.

AVAILABLE HEALTH CARE

AVERAGE MORTALITY AND MORBIDITY ACROSS A GIVEN POPULATION

BASICALLY THE GOVERNMENT AND INDIVIDUALS ARE RESPONSIBLE FOR HEALTH FOR EXAMPLE MENTAL AND PHYSICAL HEALTH

BEING SOCIAL

BEING SURE THAT DISEASES CONTROLLED AND PEOPLE ARE HEALTHY

BEING THE COUNTY OR WHATEVER SUBSIDIARY THAT I LIVE IN, WHO IS PRESIDING THAT SECTION ANNOUNCING THE HISTORY HEALTH OF THE COMMUNITY AND BASICALLY LETTING US KNOW WHAT IS HAPPENING IN THE ZIP CODE BEING CONCERNED

CAN BE ASSURING THE SAFETY OF CITIZENS

CHAIR WARMERS WHO DO MORE HARM THAN GOOD, E.G. FAUCI APPROVED FUNDING FOR WUHAN LAB WHICH KILLED 6 MILLION PEOPLE AND COUNTING.

COLLECTIVE WELL-BEING IN OUR SOCIETY

COMMON HEALTH ISSUES THAT AFFECT THE ENTIRE COMMUNITY.

COMMON POLICY ON ENCOURAGING HEALTHY LIFE

COMMUNITY BASED TO HELP PEOPLE WITH VARIOUS ISSUES THAT MAY ARISE

COMMUNITY ENSURING LOW TRANSMISSION OF DISEASES

COMMUNITY HEALTH

COMMUNITY STANDARDS, ANYTHING THAT HAS TO DO WITH THE PUBLIC AS A WHOLE LIKE
DISEASE MITIGATION AND HYGIENE

COMMUNITY WELFARE

COMMUNITY WIDE HEALTH

COMMUNITY WORKING TOGETHER FOR THE GOOD OF THE CITIZENS

COMPARING IT WITH OTHER COUNTRIES AND WHAT WE HAVE IS VERY BAD. I AM AFRAID
TO...

CONCERN FOR THE GENERAL WELFARE, HEALTH OF THE GENERAL COMMUNITY...
ADVERTISEMENT OF THE COVID PROGRAM

CONCERNS THAT AFFECT THE PHYSICAL AND EMOTIONAL WELL- BEING OF ALL PEOPLE.

CONDITION OF THE GENERAL PUBLIC

CONDITIONS THAT AFFECT THE ENTIRE COMMUNITY

CONDITIONS THAT AFFECT THE HEALTH OF GROUPS OF INDIVIDUALS IN OUR SOCIETY

CONTROL OF WATER, AIR

COUNTY TOWN STATE HEALTH WORKERS

DEFINES AS HAVING A PORTABLE HEALTH AND HAVING LIKE HEALTHIER

DEPENDS ON CONTEXT. PHYSICAL HEALTH OR HEALTH OF SOCIETY. BASED OTHER QUESTIONS...HOW WELL THE SOCIETY FUNCTIONS FOR THE WELL-BEING OF ALL WITH LITTLE TO NO OVERSIGHT BY THE GOVERNMENT.

DESCRIBING THE CONDITIONS THAT AS MEASURED BY POPULATIONS EXPERIENCES RATHER THAN INDIVIDUALS.

DETERIORATING OR GOING DOWN

DISEASES AFFECTING THE PUBLIC AT LARGE

DISEASES THAT ARE COMMUNICABLE THROUGH CARELESS AND IRRESPONSIBLE PEOPLE

DIVIDE SERVICES AND MAKE IT EASIER TO BE HEALTHY

DOING WHAT'S RIGHT NOT JUST FOR YOURSELF BUT ALSO FOR THE PEOPLE AROUND YOU

EACH PERSON INDIVIDUALLY IS RESPONSIBLE FOR THEIR OWN HEALTH AND WELL-BEING

EASY ACCESS TO HEALTH CARE, AFFORDABLE HEALTH CARE

EDUCATION DISTRIBUTION AND HEALTH SERVICES LIKE CLINIC AND HOSPITAL CAPACITY

ENSURING SAFETY FOR THE PUBLIC. AS WELL AS INDIVIDUAL RESPONSIBILITY FOR SELF AND OTHERS

ENTIRE WELL-BEING OF THE COMMUNITY OR LIFE EXPECTANCY

EVERYBODY BEING RESPONSIBLE FOR THEMSELVES SO YOU HAVE A HEALTHY PUBLIC

EVERYBODY'S HEALTH

EVERYBODY'S HEALTH

EVERYBODY'S HEALTH

EVERYBODY'S HEALTHY

EVERYONE CARING ABOUT EVERYONE

EVERYONE HAS A RIGHT TO GO TO THE HOSPITAL AND BE TAKEN CARE OF, WHETHER THEY HAVE INSURANCE OR NOT

EVERYONE LIVING IN OR AROUND THE COMMUNITY

EVERYONE SHOULD HAVE HEALTH CARE EQUALLY

EVERYONE TAKING THE TIME TO MAKE SURE ONE'S COMMUNITY AND BEING HEALTH CONSCIOUS OF OTHERS AND BEING VERY CAUTIOUS WITH SHARING GERMS TO ONE ANOTHER.

EVERYONE THAT WORKS A NON-GOVERNMENT JOB

EVERYONE'S HEALTH

EVERYONE'S HEALTH

EVERYONE'S HEALTH

EVERYONE'S HEALTH

EVERYONE'S HEALTH AND SAFETY

EVERYONE'S HEALTH MATTERS. EVERYONE WHO IS IN THE OUTSIDE AND INSIDE

EVERYTHING OCCURRING IN YOUR COMMUNITY THAT CAN AFFECT YOUR LIFE

FEDERAL GUIDELINES

FINANCED BY THE LOCAL AND STATE GOVERNMENT

FOR ALL THE PEOPLE

FREE HEALTH CARE

FREE HEALTH FOR EVERYBODY, AT LEAST THE BASICS

FREE INSURANCE

FREE SERVICES ARE BEING PROVIDED THE GOVERNMENT

GENERAL ENVIRONMENT

GENERAL HEALTH AND WELL-BEING OF THE PUBLIC.

GENERAL HEALTH ISSUES AFFECTING PUBLIC

GENERAL HEALTH OF THE COMMUNITY OF PEOPLE

GENERAL HEALTH OF THE PUBLIC

GENERAL HEALTH, WELL-BEING OF THE GENERAL POPULATION.

GENERAL PHYSICALITY AND AVERAGE LIFE SPAN OF THE COMMUNITY AND QUALITY OF LIFE

GENERAL PUBLIC HEALTH

GENERAL PUBLIC SANITATION, SUCH AS TRASH, WATER SANITATION, SEWERAGE TREATMENT.

GENERAL WELL-BEING OF PEOPLE

GENERAL WELL-BEING OF THE COMMUNITY

GENERAL WELL-BEING OF YOUR COMMUNITY

GETTING INFO OUT FROM THE PEOPLE ABOUT HOW TO STAY HEALTH AND HOW TO LOWER THEIR COST OF DRUGS

GOOD HYGIENE, WEIGHT

GOOD MEDICAL FACILITIES

GOVERNMENT

GOVERNMENT BASED HEALTH CARE AND SOCIAL SERVICES.

GOVERNMENT DETERMINES HEALTH

GOVERNMENT FUNDED MEDICAL SERVICES

GOVERNMENT INVOLVEMENT AND HAVING INSTITUTIONS AND SYSTEMS IN PLACE THAT ALLOW THE PUBLIC EQUAL ACCESS TO BASIC HEALTH CARE OR PROGRAMS

GOVERNMENT MUST ENSURE A FAIR STANDARD AND EQUITABLE RULES APPLIED EQUALLY TO ALL, NO EXCEPTIONS.(INDIVIDUAL, PUBLIC AND PRIVATE ORGANIZATION), EXAMPLE, NO ONE SHOULD BE ALLOWED TO DUMP POISON INTO PUBLIC DRINKING SOURCES

HAS TO DO WITH ADDRESSING ANY ISSUE OR CONCERN ABOUT PUBLIC HEALTH LIKE MENTAL, PHYSICAL HEALTH

HAVEN'T THOUGHT ABOUT IT MUCH. HEALTH OF GENERAL POPULATION ALL OF THE PEOPLE

HEALTH AND WELL-BEING OF THE GENERAL POPULATION

HEALTH AWARENESS AMONG DISEASE- FREE PEOPLE

HEALTH CARE AND KEEPING THE GENERAL PUBLIC SAFE

HEALTH CARE AVAILABILITY

HEALTH CARE AVAILABLE TO THE PUBLIC

HEALTH CARE FOR EVERYONE

HEALTH EDUCATION, ENCOURAGING PHYSICIAN ACTIVITIES, HOLDING EVENTS FOR EVENTS
SUCH AS MARATHONS

HEALTH FOR EVERYONE

HEALTH FOR EVERYONE IN THE AREA

HEALTH FOR THE PUBLIC

HEALTH HAZARDS THAT EFFECT NOT JUST ONE PERSON BUT THE PUBLIC AS A WHOLE

HEALTH IN THE NEIGHBORHOOD

HEALTH IN THE OVERALL COMMUNITY THE WHOLE NATIONALITY OF PEOPLE

HEALTH IN THE PUBLIC

HEALTH INSURANCE

HEALTH ISSUES AFFECTING THE ENTIRE PUBLIC

HEALTH ISSUES THAT AFFECT A WHOLE COMMUNITY NOT JUST AN INDIVIDUAL

HEALTH ISSUES THAT EFFECT EVERYONE IN A COMMUNITY

HEALTH ISSUES THAT IMPACT OR DEFINE HEALTH CARE OPTIONS AND EFFECTIVENESS FOR EVERY CITIZEN OF THE STATE

HEALTH ISSUES THAT PERTAIN TO THE POPULATION

HEALTH ISSUES THAT PERTAIN TO THE PUBLIC

HEALTH OF A PERSON IN AN PUBLIC AREA

HEALTH OF ALL OVERALL

HEALTH OF EVERYONE IN THE COMMUNITY

HEALTH OF EVERYONE IN THIS WORLD.

HEALTH OF LOCALS

HEALTH OF PEOPLE

HEALTH OF PEOPLE IN THE COMMUNITY

HEALTH OF PUBLIC

HEALTH OF THE COMMUNITY

HEALTH OF THE COMMUNITY

HEALTH OF THE COMMUNITY AS A WHOLE

HEALTH OF THE COMMUNITY AS A WHOLE.

HEALTH OF THE COMMUNITY...

HEALTH OF THE GENERAL COMMUNITY

HEALTH OF THE GENERAL PUBLIC

HEALTH OF THE PUBLIC

HEALTH OF THE PUBLIC

HEALTH OF THE PUBLIC

HEALTH OF THE PUBLIC, THE PEOPLE HEALTH PUBLIC HEALTH

HEALTH PROVIDED BY THE GOVERNMENT

HEALTH RELATED ISSUES THAT CAN BE PASSED FROM PERSON TO PERSON... A
COMMUNICABLE DISEASE

HEALTH SITUATION THAT AFFECTS A LARGE NUMBER OF PEOPLE IN THE COMMUNITY AND
WHERE THE GOVERNMENT RESPONSE WOULD HAVE AN EFFECT ON A LARGE PORTION OF
THIS COMMUNITY

HEALTH STANDARDS FOR EVERYONE'S BENEFIT

HEALTH THAT AFFECTS THE POPULATION AS A WHOLE

HEALTH THAT CONCERNS ALL PEOPLE AND AFFECT THE WHOLE COMMUNITY

HEALTH THAT IMPACTS THE COMMUNITY AND BY THAT I MEAN HEALTH CARE, AFFORDABLE
HEALTH CARE AND PROVIDERS

HEALTH THAT IS FUNDED BY THE PUBLIC AND SEPARATED FROM THE GOVERNMENT.

HEALTH THAT LOOKS OUT FOR THE WELFARE OF ALL PEOPLE FROM ALL BACKGROUNDS ALL
OF THEM

HEALTH THAT WOULD AFFECT A LARGE GROUP OF THE POPULATION

HEALTH-RELATED ISSUES THAT CAN AFFECT ALL HABITANTS

HEALTHY

HEALTHY PERSON

HELPING PEOPLE HAVE GOOD HEALTH AS A COMMUNITY

HELPING THE PUBLIC WITH HEALTH CONCERNS

HOLISTIC CARE AND COMMUNITY BUILDING

HOSPITAL

HOW ARE THE STATE OF YOUR PEOPLE MENTALLY AND PHYSICALLY

HOW HEALTHY OR UNHEALTHY INDIVIDUALS IN A COMMUNITY ARE

HOW HEALTHY PEOPLE ARE AS A WHOLE

HOW HEALTHY THE COMMUNITY IS

HOW HEALTHY THE GENERAL POPULATION IS

HOW PEOPLE AROUND YOU CAN STAY HEALTHY

HOW THE COMMUNITY ITSELF IS AND GETS SUPPORT IT NEEDS

HOW THE GENERAL OVERALL HEALTH OF AN AREA IS

HOW THE PEOPLE IN YOUR COMMUNITY AND SURROUNDING IT ARE AFFECTED IN THEIR
IMMUNE SYSTEM AND MIND/BODY

HOW THE PUBLIC IS CARED FOR REGARDLESS OF ABILITY TO PAY.

HOW YOUR HEALTH IS IN THE PUBLIC

HYGIENE

I ASSUME IT HAS TO DO WITH LOCAL COMMON COMMUNITY

I DEFINE IT AS A GENERAL OVERALL HEALTH OF A SPECIFIC POPULATION IN SPECIFIC AREAS.

I DON'T BELIEVE THE TERM PUBLIC HEALTH IS A VIABLE TERM

I GUESS HOW MUCH ACCESS PEOPLE HAVE A LEADING HEALTHY LIVES

I GUESS IT'S MEDICAL.

I GUESS JUST THE WELL-BEING OF THE COMMUNITY INCLUDING THE MENTAL HEALTH AND PHYSICAL HEALTH

I GUESS OVERALL WELL-BEING OF A PERSON.

I GUESS PUBLIC HOSPITALS CONTROLLED BY THE GOVERNMENT, STATE OR LOCAL GOVERNMENT

I GUESS THE REGULATORY AGENCIES LOOKING OUT FOR THE PROPER TREATMENT OF MEDICINE AND DRUGS THAT ARE DISTRIBUTED.

I HAVE NO IDEA HOW I WOULD DEFINE IT

I REJECT THE CONCEPT OF "PUBLIC HEALTH" GENERALLY, ASIDE FROM CERTAIN EXTRAORDINARY EVENTS SUCH AS AN EMERGENT OUTBREAK SUCH AS COVID, WHERE THE INTERACTION OF THE PUBLIC WITH EACH OTHER CAN IMPACT THE WHOLE OR MASS EXPOSURE TO AN ENVIRONMENTAL TOXIN IMPACTING VERY LARGE NUMBERS AT ONE TIME. THE STATUS OF INDIVIDUAL'S HEALTH IS NOT SOMETHING THAT CONCERNS THE PUBLIC. I

BELIEVE THE GOVERNMENT WANTS TO MAKE IT SO, BUT IT'S ALL A CONSTRUCT THEY CREATE. I AM NOT AN ANTI-GOVERNMENT NUT BUT I ALSO DO

I SAID FAIR

I THINK IF YOUR TOWN OR COUNTY OFFER PLACES TO GET THE SHOTS. LIKE --- HAD PLACES TO GET THE SHOTS LONG BEFORE THE PANDEMIC. LIKE THE PNEUMONIA, THE USUAL SHOT. THEY PROVIDE THEM USUALLY.

I THINK IT IS EDUCATING THE PUBLIC— ENVIRONMENTAL, VACCINATION, CHECKING THE PEOPLE OR THE ENVIRONMENT.

I THINK IT MATTERS WHAT YOU ARE EATING AND IF YOU'RE NOT PAYING ATTENTION TO IT, IT CAN RUIN YOUR HEALTH IN THE LONG RUN.

I THINK IT'S A MEANINGLESS TERM. I THINK IT'S AN OXY MORON.

I THINK PUBLIC HEALTH IS ABOUT PROTECTING THE HEALTH OF OTHERS AND PROTECTING YOUR FAMILY AND YOURSELF BUT NOT SACRIFICING THE HEALTH OF OTHERS.

I THINK PUBLIC HEALTH IS LOOKING A HEALTH-RELATED ISSUES OF MASS CONCERN AND INDIVIDUAL CONCERN

I THINK PUBLIC HEALTH MEANS PREVENTING DISEASE OR HEALTH ISSUES IN A POPULATION. I ALSO THINK THAT IT MEANS MAINTAINING THE MENTAL HEALTH OF A COMMUNITY THROUGH TRANSPARENCY, POLICIES, AND EDUCATING PEOPLE.

I THINK THEY TRY, BUT SOMETIMES THEY CAN DO MORE

I WOULD DEFINE AS THE HEALTH OF COMMUNITY OR THE POPULATION IN THE AREA

I WOULD DEFINE AS THE LOCAL STATE/ GOVERNMENT ADHERING TO MEDICAL HEALTH SERVICES AVAILABLE

I WOULD DEFINE PUBLIC HEALTH AS EVERYTHING THAT IS BEING DONE TO PROTECT THE HEALTH OF THE GENERAL PUBLIC INCLUDING CLEAN WATER, SANITATION SYSTEMS.

I WOULD DEFINE PUBLIC HEALTH AS THE HEALTH OF THE POPULATION AS A WHOLE.

I WOULD DEFINE PUBLIC HEALTH THAT THE COMMUNITY NEEDS A POPULATION, MENTAL HEALTH NEEDS, PUBLIC SUPPORT

I WOULD RELATE IT TO ACCESSIBILITY TO HEALTH CARE AND INSURANCE FOR ALL PEOPLE

I WOULD SAY EVERYONE HOW THE VAST MAJORITY OF THE PUBLIC STAYS HEALTHY

I WOULD SAY FOR PUBLIC HEALTH, PEOPLE'S HEALTH IN GENERAL

I WOULD SAY INSURANCE COST

I WOULD SAY IT IS KIND OF A FREE FOR ALL RIGHT NOW

I WOULD SAY IT'S THE POLICIES AND PRACTICES THAT ARE IN PLACE TO ENSURE THE PUBLIC IS HEALTHY.

I WOULD SAY MAKING SURE THE POPULATION IS LIVING HEALTHIER LIVES I GUESS.

I WOULD SAY PUBLIC HEALTH A GENERAL STATE OF HOW A CONDITION IN OUR STATE HAS BEEN.. HOW MANY PEOPLE ILL ASIDE OF COVID-19. SMOKING INCREASING HEART ATTACKS, RESPIRATORY/HEART CONDITIONS IN UNITED STATES

I WOULD SAY PUBLIC HEALTH HAS TO DO WITH THE INFRASTRUCTURE OF SERVICES THAT ARE AVAILABLE TO THE COMMUNITY. LOCAL REGULATIONS [on] TOXIC WASTE

I WOULD SAY PUBLIC HEALTH IS DEFINITELY DEFINED AS A COMMUNITY THE WAY A COMMUNITY LOOKS AT THE HEALTH OF THAT COMMUNITY: ACCESSIBILITY, DISEASE PREVENTION, THOSE KIND OF THINGS.

I WOULD SAY PUBLIC HEALTH IS THE HEALTH AND WELL-BEING OF THE PUBLIC AT LARGE

I WOULD SAY PUBLIC HEALTH IS VERY IMPORTANT MATTER IN THE COMMUNITY. IT CAN TAKE CARE OF THE ELDERLY DOWN TO CHILDREN

I WOULD SAY THE WELL-BEING OF OUR COMMUNITY, AND THE ISSUES THAT IMPACT IT.

I'M FAMILIAR WITH OUR HEALTH DEPARTMENT. THEY HAVE CLINICALS FOR PEOPLE WHO ARE DISADVANTAGED AND THEY MAKE CHILDREN ARE TAKEN CARE OF. WELL-CARE, CLINIC IN HAMILTON. PEOPLE CAN COME IN DURING THE DAY AND THEY DO HAVE CLINICALS AND INFORMATION OF SERVICES. FOR ALZHEIMER'S, THEY HAVE FLU CLINICS EVERY YEAR THAT WE CAN COUNT ON.

I'M NOT SURE, BUT I THINK PUBLIC HEALTH REFERS TO HEALTH AND ENVIRONMENTAL ISSUES THAT AFFECT MOST MEMBERS IN THE COMMUNITY OR GENERAL POPULATION.

I'D SAY IT'S GENERALLY GOOD PUBLIC HEALTH.

IN A TERMS OF POPULATION, EVERYTHING INVOLVE KEEPING PEOPLE HEALTHY IN GOVERNMENTAL ISSUES, BUSINESS LEVEL.

IN MY TERMS IN MEANS HEALTH IN YOUR COMMUNITY

IN OTHER WORDS, I DEFINE IT AS SOCIALISM

IN REGARDS TO THE PUBLIC ARE WE ABLE TO GET HEALTHY AND MAINTAIN THAT STATE

INDIVIDUAL CHOICE

INDIVIDUAL FREEDOM, LIBERTY.

INDIVIDUAL WELL-BEING

INSURANCE AND WELFARE FOR ALL

IS A RESPONSIBLE FOR PEOPLE. PUBLIC HEALTH IS THE RESPONSIBILITIES OF THE PEOPLE

IS ACTUAL HANDS-ON THINGS THAT MUNICIPAL COUNTY, STATE LEVEL. SMOKING, DIABETES, NUTRITIONAL STANDARDS, NOT HAVING JUNK FOOD VENDING MACHINE IN SCHOOLS. MOSTLY INFORMATION AND HANDS-ON THINGS

IS FOR EXAMPLE MAKING VACCINATIONS MANDATORY AND SCHOOL NURSES DO HEALTH CHECKS IN SCHOOL

IS RESPONSIBLE FOR THE HEALTH OF LARGE GROUPS

IS TAKING CARE OF THE PUBLIC'S HEALTH; OFFER INSTRUCTIONS AS TO WHAT TO EAT AND EXERCISE

IS THE ACT OF EVERYONE WHETHER LOCAL, STATE OR FEDERAL LEVEL WORKING TOGETHER FOR EVERYBODY'S SAFETY

IS THE GENERAL HEALTH OF THE PEOPLE IN THE COMMUNITY

IS THE HEALTH FOR ALL PEOPLE

IS THE HEALTH OF THE POPULATION AS A WHOLE

IS THE LOCAL STATE AND FEDERAL GOVERNMENT ALL COMBINING THEIR RESOURCES TO TRY TO ENSURE THAT LOCAL CITIZENS HAVE GOOD HEALTH CARE AND THEY MAINTAIN IT

IS THE RESPONSIBILITY OF THE LOCAL GOVERNMENT TO MAKE SURE PEOPLE ARE SAFE, AND THAT THERE IS THE RIGHT AMOUNT OF PEOPLE TO FIX IT.

IS THE WELL-BEING OF THE PEOPLE IN THE COMMUNITY

IS WHEN PEOPLE MAKING THEM AWARE OF WHAT'S NOT GOOD FOR THEM ITS MANDATED BY THE STATE

ISSUES THAT AFFECT ALL OF US.

ISSUES THAT AFFECT THE FUNCTIONING OF THE COMMUNITY

ISSUES THAT CONCERN THE PUBLIC WITH HEALTH AND ENVIRONMENT

ISSUES THAT LARGELY AFFECTS THE COMMUNITY AS A WHOLE

IT ALL DEPENDS ON THE PUBLIC HEALTH. I DON'T STRUGGLE WITH PUBLIC HEALTH SO I
DON'T STRUGGLE

IT DEPENDS ON THE CONTACTS

IT IS THE WELL-BEING OF THE GENERAL POPULATION

IT MEANS TO ME THE AVAILABILITY OF QUALITY FOOD.

IT SHOULD BE BETTER

IT SHOULD BE IMPORTANT TO EVERYONE

IT SHOULD BE IN ALL AREAS FROM THE SCHOOL TO THE WORKPLACE TO PUBLIC PLACE. ALL
OVER SHOULD BE A CONSIDERATION FOR HEALTH.

IT THE SCIENCE OF DEALING WITH HEALTH ISSUES

IT WOULD MEAN THE GOVERNMENT IS RESPONSIBLE FOR KEEPING ITS CITIZENS STAY
HEALTHY INCLUDING WHAT THEY ALLOW TO BE SOLD TO THE PUBLIC.

IT'S A POLICY ISSUE

IT'S ABOUT MAKING SURE YOU, YOUR FRIENDS AND NEIGHBORS, AND EVERYONE ELSE
AROUND YOU IS HEALTHY AND CLEAN.

IT'S ESSENTIAL

IT'S FOR ALL OF US, PERTAINING TO THE UNITED STATES, EACH STATE AND THE PEOPLE HAVE
TO HAVE A PART IN IT. THE PEOPLE WE VOTE FOR IN THE LEADERSHIP POSITIONS.

IT'S THE HEALTH OF THE PEOPLE IN THE SOCIETY IN THE REGION

IT'S THE HEALTH OF THE PUBLIC

IT'S THE MENTAL AND PHYSICAL HEALTH THEY GO TOGETHER

IT'S THE SERVICE GIVE INTEGRATED HEALTH SERVICE TO PUBLIC

IT'S TO PREVENT DISEASES WHERE THEY STUDY IT FIRST.

ITS A COMBINATION OF THE POPULATION WE SHOULD HAVE FREE HEALTH CARE

ITS CREATING POLICIES THAT PROMOTE THE GENERAL HEALTH OF POPULATIONS

ITS THE OVERALL HEALTH OF THE PUBLIC OR WELL-BEING.

ITS WHAT AFFECTS THE PUBLIC IN GENERAL

KEEPING THE LOCAL ENVIRONMENT HEALTHY. CLEANING UP TOWNS, SAFE WATER & AIR

LET'S JUST SAY NOT SURE

LIKE ANY CONTAGIOUS DISEASES.

LOCAL AND STATE COMMUNITY SUPPORT FOR HEALTH-RELATED DISEASES AND CONDITIONS

LOOKING OUT FOR EACH OTHER

MAINTAINING A SAFE STANDARD FOR HEALTH AND PHYSICAL ACTIVITY

MAINTAINING THE WELL-BEING IN INDIVIDUALS INTERACTING IN A PLACE DAILY

MAKING AVAILABLE OPTIONS TO FIGHT DISEASE AND SICKNESS.

MAKING PEOPLE AWARE OF ISSUE AND UNSAFE WATER ISSUES AND DOING SOMETHING ABOUT IT

MAKING SURE INDIVIDUAL IN THE COMMUNITY ARE HEALTHY NOT IN AN INSTITUTION

MAKING SURE PEOPLE ARE LEADING SAFE LIVES AND HOW TO BE HEALTHY.

MAKING SURE THAT PEOPLE ARE INFORMED ON WHAT STEPS THEY NEED TO BE HEALTHY.

MAKING SURE THAT PEOPLE ARE PROTECTED AGAINST COMMUNICABLE DISEASES.

MAKING SURE THE PUBLIC IS HEALTHY

MAKING SURE WE WOULD HAVE CORRECT INFORMATION, NOT THE MEDIA PROPAGANDA.

MAKING THERE IS ENVIRONMENT FOR PEOPLE TO LIVE SAFELY

MANAGE OR KEEP IN CHECK THE CONDITIONS AND WELL-BEING OF THE PEOPLE

MANY PEOPLE, A SOCIAL AREA AND THE HEALTH OF THOSE WITHIN AND SURROUNDING THE AREA.

MATTERS THAT IMPACT GROUPS OF PEOPLE, INCLUDING CONTAGIOUS DISEASES

MEANS GENERAL WELL-BEING OF THE COMMUNITY. ACCESS TO GET MEDICAL SERVICES.

MEANS GOOD SANITATION, GOOD HEALTH RESPONSIBILITIES BY THE PEOPLE

MEDIAN LEVEL OF HEALTH IN THE COMMUNITY; TYPICAL LEVEL OF HEALTH

MEDICAL AND MENTAL HEALTH

MEDICAL CONDITIONS OF PEOPLE IN OUR COMMUNITY

MEDICAL HELP FROM THE GOVERNMENT

MEDICAL MARIJUANA FOR EVERYONE

MEDICARE

MENTAL HEALTH AND SOCIAL JUSTICE AND COMMUNITY HELP

MONITORING AND NAVIGATION OF ILLNESS SO THAT PEOPLE CAN FIRST BECOME AWARE OF IT, AND KNOW RESOURCES, AND ARE ABLE TO GET SOME SERVICES TO PROMOTE THEIR HEALING AND PREVENTION

MONITORING/MANAGING HEALTH CARE DELIVERY AND DISEASES

MONITORS, REGULATES AND ADMINISTERS POLICIES THAT HELP AND PROTECT THE CITIZENS

MONOPOLY

MOST PEOPLE ARE HEALTHY

MOSTLY HEALTHY WATER HEALTHY AIR CONTROLLING COMMUNITY DISEASES ETC.

MY VIEW IS IT IS A COMBINATION OF PUBLIC HEALTH RESPONSIBILITY, INDIVIDUAL, COMMUNITY, BUSINESS AND ORGANIZATION, STATE AND FEDERAL

NONE I HAVE UNFORTUNATELY

NOT SAFE AT ALL

NOT SURE

NOT SURE

NOT SURE

NOT SURE

NOT SURE AS FAR AS PUBLIC HEALTH IS CONCERNED

NOT TAKING ACCOUNT OF INDIVIDUALS

NURSES, COMMUNITIES, SET UP FLU CLINICS, BLOOD PRESSURE SCREENING, FOR PEOPLE WHO CANNOT AFFORD TO GO TO THE DOCTOR

OF OR RELATED TO THE OVERALL WELL-BEING OF THE COMMUNITY.

OFFERING SERVICES TO INDIVIDUALS TO THE BEST THEIR ABILITIES.

OTHER PEOPLE MAKING SURE THEIR COMMUNITIES ARE LIVING HEALTHY LIVES

OUR COMMUNITY

OUR PUBLIC HEALTH IN GENERAL

OVERALL COMMUNITY HEALTH AND ACCESS TO HEALTH CARE/HEALTH CHOICES

OVERALL COMMUNITY HEALTH ISSUES

OVERALL CULTURAL PRIORITIES AND PRICE POINTS/ACCESS TO NUTRITIOUS FOOD

OVERALL HEALTH AND SAFETY OF A COMMUNITY

OVERALL HEALTH AND WELL-BEING OF THE CITIZENS.

OVERALL HEALTH OF A COMMUNITY

OVERALL HEALTH OF A PARTICULAR COMMUNITY

OVERALL HEALTH OF ALL PEOPLE

OVERALL HEALTH OF AN AREA OR A REGION

OVERALL HEALTH OF COMMUNITIES

OVERALL HEALTH OF EVERYONE

OVERALL HEALTH OF OUR COMMUNITY

OVERALL HEALTH OF THE COMMUNITY

OVERALL HEALTH OF THE POPULATION

OVERALL HEALTH OF THE PUBLIC. SORRY I CAN'T THINK OF ANY WORDS RIGHT NOW. THE COLLECTIVE STATE OF HEALTH FOR A HUGE SET OF PEOPLE IN THE STATE.

OVERALL PHYSICAL AND MENTAL WELLNESS OF THE COMMUNITY

OVERALL PLAN FOR THE COMMUNITY FOR THE NATION. PLAN TO HAVE AN OVERALL VIEWPOINT ON KEEP EVERYTHING HEALTHY.

OVERALL SYSTEM WHERE HEALTH CARE AND RESOURCES AND AVAILABLE FOR A REASONABLE PRICE

OVERALL WELL-BEING OF THE COMMUNITY

OVERALL WELL-BEING OF THE COMMUNITY

OVERALL WELL-BEING OF THE POPULATION WHICH INCLUDES PHYSICAL AND MENTAL HEALTH

OVERALL WELLNESS AND AWARENESS OF HEALTH-RELATED TOPICS AMONGST A COMMUNITY.

OVERALL WELLNESS OF COMMUNITY NATIONAL WELLNESS OF ALL INDIVIDUALS

OVERALL, THE PEOPLE IN THE COMMUNITY AND THEIR HEALTH

PEOPLE SHOULD GET VACCINATED.

PEOPLE, BUT MANY.

PEOPLE'S OVERALL PHYSICAL CONDITION

PHYSICAL AND MENTAL HEALTH COMBINED

PHYSICAL HEALTH, MENTAL HEALTH

POLICIES RELATED TO THE GENERAL PHYSICAL AND MENTAL WELL-BEING OF THE CITIZENRY

POLICIES THAT ARE ENACTED BY VARIOUS GOVERNMENTAL AGENCIES THAT ARE DESIGNED TO ENSURE THE BEST POSSIBLE HEALTH OF ALL ITS CITIZENS

POLICY, MONEY AND INFRASTRUCTURE TO SUPPORT

POOR

POOR

POOR

POOR DIET, UNHEALTHY

PROMOTES HEALTH

PROTECTING AND IMPROVING THE LIVES OF PEOPLE FROM VARIOUS THINGS THAT WOULD IMPACT THEIR HEALTH.

PROTECTING THE PUBLIC AS A MASS PUBLIC

PROTECTS THE HEALTH OF THE COMMUNITY...DOCTORS THAT PROTECTS THE HEALTH OF PEOPLE IN THE COMMUNITY. IT'S A SCIENCE THAT PREVENTS DISEASES AND MAKES EFFORTS TO HELP PEOPLE AND TRY TO PREVENT DISEASES.

PROVIDING OUTREACH PROGRAMS AND CLINICS

PUBLIC EVERYBODY, NOT JUST THE ONES WITH GOOD INSURANCE, SHOULD BE FOR EVERYBODY. EVERYBODY SHOULD BE TREATED EQUALLY

PUBLIC HEALTH

PUBLIC HEALTH

PUBLIC HEALTH A LARGE MASS OF PEOPLE FOR PUBLIC HEALTH

PUBLIC HEALTH AFFECTS OTHERS, WE ALL HAVE RESPONSIBILITY TO MAKE SURE COMMUNITY IS SAFE

PUBLIC HEALTH AND SAFETY

PUBLIC HEALTH CAN BE DEFINED AS PEOPLE IN A COMMUNITY THAT ARE PART OF PUBLIC HEALTH.

PUBLIC HEALTH DEALS WITH HEALTH STATUS OF THE COMMUNITY

PUBLIC HEALTH DEALS WITH OVERALL WELL-BEING OF THE COMMUNITY THAT YOU LIVE. MAKING SURE THAT UNDERPRIVILEGED PEOPLE ARE GETTING INFORMATION AND OUTREACH.

PUBLIC HEALTH DEFINES ISSUES THAT AFFECT OUR COMMUNITIES

PUBLIC HEALTH ENTAILS THE SYSTEMIC COVERAGE AND CARE OF THE PUBLIC. ENSURING ACCESS TO CARE, RESOURCES, AND HEALTH-BASED INFORMATION ACROSS COMMUNITIES.

PUBLIC HEALTH GOES BEHIND HEALTH CARE. IT IS OVERALL THE HEALTH OF THE PUBLIC IN TERMS OF ACCESS TO NUTRITIOUS FOOD, CLEAN WATER, NON-TOXIC ENVIRONMENT, LESS POLLUTION OVERALL.

PUBLIC HEALTH HAS BEEN DEFINED AS THE SCIENCE AND ART OF PREVENTING DISEASE.

PUBLIC HEALTH HAS TO DO WITH EVERYONE

PUBLIC HEALTH HAS TO DO WITH FOOD CHOICES

PUBLIC HEALTH HAS TO DO WITH ISSUES THAT AFFECT THE LARGER POPULATION AND THEY INCLUDE SANITATION OF FOOD, CLIMATE CHANGE

PUBLIC HEALTH HAS TO DO WITH THE LIFESTYLE OF INDIVIDUALS

PUBLIC HEALTH I WOULD SAY ITS TALKS SAFETY, MENTAL AND PHYSICAL, EMOTIONAL THAT SOMEONE'S HEALTH GLOBALLY OR COUNTY.

PUBLIC HEALTH INCLUDES A COMMUNITIES MENTAL, EMOTIONAL, PHYSICAL, AND FINANCIAL WELL-BEING. FINANCIAL WELL-BEING INCLUDES ACCESSIBILITY TO SUFFICIENT HOUSING, EDUCATION, TRANSPORTATION, HEALTHY MEALS, HEALTH CARE, ETC.

PUBLIC HEALTH INVOLVES HAVING A HEALTHY ENVIRONMENT IN THE GENERAL HEALTH AS OPPOSED TO JUST MAKING SURE YOU CAN GET YOUR PRESCRIPTION DRUGS

PUBLIC HEALTH IS A QUESTION OF ENSURING THE COMMUNITY IS PROPERLY PROTECTED FROM HEALTH EMERGENCIES AND SANITARY CONDITIONS IN PUBLIC. LIKE LOCAL FACILITIES AND SANITATION CENTERS.

PUBLIC HEALTH IS A RESPONSIBILITY SHARED BETWEEN LOCAL GOVERNMENT FOR EACH STATE AND INDIVIDUALS

PUBLIC HEALTH IS A WELLNESS OF THE POPULATION AND HOW IT IS AFFECTED BY REGULATION IN LEGISLATION

PUBLIC HEALTH IS EVERYTHING

PUBLIC HEALTH IS FOR EVERYBODY TO WASH THEIR HANDS, DON'T COUGH ON ME, BE CONSIDERATE OF OTHERS

PUBLIC HEALTH IS FOR THE PUBLIC, LIKE IT'S AVAILABLE FOR EVERYBODY

PUBLIC HEALTH IS FRAUDULENT. PUBLIC HEALTH IS NOT CARING FOR HEALTH.

PUBLIC HEALTH IS HOW A COMMUNITY/GOVERNMENT IS OPERATING TO HELP PEOPLE FEEL THE BEST ABOUT THEMSELVES

PUBLIC HEALTH IS HOW HEALTHY A PUBLIC COMMUNITY IS

PUBLIC HEALTH IS HOW THE GOVERNMENT ASSIST THE PEOPLE IN BEING HEALTHY

PUBLIC HEALTH IS I GUESS DOCTOR'S STUFF

PUBLIC HEALTH IS IMPORTANT. I WOULD DEFINE AS MAKING SURE THAT THERE IS PROPER SEWAGE, CLEAN WATER, AND THAT EVERYTHING IS NOT PESTICIZED AND HARM NO PEOPLE.

PUBLIC HEALTH IS IN A DECLINE AT THE RISE OF THE COST OF LIVING... MENTALLY, PHYSICALLY PUBLIC HEALTH IS GOING TO DECLINE.

PUBLIC HEALTH IS MEDICAL INFORMATION PROVIDED TO A COMMUNITY AS OPPOSED TO JUST AN INDIVIDUAL IT RATES HOW WE ARE DOING AS A COMMUNITY IN REGARDS TO HEALTH ISSUES. IT ALSO GIVES INFORMATION THAT A COMMUNITY WOULD NEED

PUBLIC HEALTH IS NOT GOOD

PUBLIC HEALTH IS NURSING AND PEOPLE THAT GO INTO THE COMMUNITY AND EDUCATE THE POPULATION ABOUT CERTAIN DISEASES.

PUBLIC HEALTH IS PREVENTING SICKNESS TO LIVE LONGER LIVES AND IMPROVE YOUR KINDS OF LIVES AND IT IS VERY RELATED TO YOUR COMMUNITY

PUBLIC HEALTH IS SOMETHING THAT THE COUNTRY IS TAKING CARE OF. THE UNITED STATES SHOULD BE CONCERNED [about] THEIR CITIZENS.

PUBLIC HEALTH IS TAKING CARE OF YOUR COMMUNITY AS A WHOLE AND MAKING SURE THEY ARE AWARE OF HOW TO TAKE CARE OF THEMSELVES AS WELL AS TAKING CARE OF YOURSELF

PUBLIC HEALTH IS TAKING CARE OF YOUR COMMUNITY RECYCLING, AND TAKING CARE OF YOUR COMMUNITY

PUBLIC HEALTH IS THE ART AND SCIENCE OF PREVENTING DISEASE

PUBLIC HEALTH IS THE COMBINATION OF DIFFERENT DISEASES AND ENVIRONMENTAL FACTORS THAT NEGATIVELY IMPACT SOCIETY

PUBLIC HEALTH IS THE CONDITION OF THE AGGREGATE

PUBLIC HEALTH IS THE GENERAL CONDITION OF THE POPULATION THAT WOULD BE MENTAL AND PHYSICAL CONDITIONS

PUBLIC HEALTH IS THE GOVERNMENT MAKING SURE THAT INDIVIDUALS ARE DOING THE RIGHT THING FOR THEIR HEALTH AND WELL-BEING

PUBLIC HEALTH IS THE HEALTH AND WELL-BEING OF A CERTAIN GEOGRAPHIC AREA

PUBLIC HEALTH IS THE HEALTH IF THE PUBLIC PEOPLE, WHETHER WE KNOW THEM PERSONALLY OR NOT.

PUBLIC HEALTH IS THE HEALTH OF EVERY INDIVIDUAL IN THE UNITED STATES OF AMERICA. YOUR FAMILY, YOUR COMMUNITY, YOUR TOWN, YOUR STATE, THE UNITED STATES, AND OUR BRETHREN IN THE WORLD.

PUBLIC HEALTH IS THE HEALTH OF EVERYONE, NOT JUST INDIVIDUALS

PUBLIC HEALTH IS THE HEALTH OF INDIVIDUALS AROUND THE WORLD. WE NEED TO TRY TO IMPROVE AND FIX THE WAY PUBLIC HEALTH.

PUBLIC HEALTH IS THE HEALTH OF MULTIPLE PEOPLE THAT INTERACT IN A PUBLIC SPACE

PUBLIC HEALTH IS THE MEASURES AND REGULATIONS THE GOVERNMENT PUTS ON THE COMMUNITY TO MAKE SURE EVERYONE IS SAFE

PUBLIC HEALTH IS THE OVERALL HEALTH OF A COMMUNITY, HEALTH OUTCOMES, AND HOW PEOPLE AND INSTITUTIONS AFFECT

PUBLIC HEALTH IS THE OVERALL WELL-BEING PHYSICAL AND MENTALLY OF THE POPULATION AS A WHOLE

PUBLIC HEALTH IS THE RESPONSIBILITY OF GOVERNMENT AT ALL LEVELS TO PROVIDE A SAFE ENVIRONMENT, SUCH AS CLEAN WATER, CLEAN AIR, AND STORM WATER MANAGEMENT.

PUBLIC HEALTH IS THE SCIENCE OF PROTECTING AND IMPROVING THE HEALTH OF PEOPLE AND THEIR COMMUNITIES

PUBLIC HEALTH IS THE STATE OF HEALTH OF THE MASS.

PUBLIC HEALTH IS THE WHOLE OF THE LIVES OF THE PEOPLE, INCLUDING SAFETY OF THE FAMILY AND SOCIAL JUSTICE. IT INVOLVES THE FOOD ON THE TABLE AND THE AVAILABILITY OF QUALITY DOCTORS AND INSURANCE PROVIDERS. IT ALSO INCLUDES THE HOPE THAT THINGS CAN GET BETTER. JESUS OR WHATEVER GOD YOU BELIEVE IN.

PUBLIC HEALTH IS THERE TO HELP THOSE THAT NEED IT. THOSE EXPOSED TO DISEASE NOTIFY OTHERS AND, YA KNOW, EDUCATION AND RESPONSIBILITY TO MAKE SURE PEOPLE ARE AWARE.

PUBLIC HEALTH IS VERY IMPORTANT TO EVERY COMMUNITY AND EVERY INDIVIDUAL

PUBLIC HEALTH IS YA KNOW ANYTHING THAT IS OUTSIDE OF YOUR CONTROL, LIKE AIR QUALITY, WATER QUALITY, GENERALLY THE STANDARDS THAT WE SET AS SOCIETY.

PUBLIC HEALTH IS YOUR HEALTH AND THOSE AROUND YOU

PUBLIC HEALTH MAKES ME THINK OF COMMUNITY-BASED HEALTH SUPPORT AND INFECTIOUS DISEASE RESOLUTION.

PUBLIC HEALTH MEANING COMMUNITY NEEDS AFFORDABLE HEALTH CARE

PUBLIC HEALTH MEANS - HEALTH CARE FOR ALL OF THOSE WHO WANT TO BE HEALTHY, INCLUDING DOCTORS, MEDICINES, AND FREE CARE. WITHOUT WORRYING ABOUT THE COST.

PUBLIC HEALTH MEANS AFFECTING EVERYONE OUTSIDE OF YOU SAFE DEALING WITH THE VACCINE

PUBLIC HEALTH MEANS ANY LIVING PERSON.

PUBLIC HEALTH MEANS I BELIEVE THE HEALTH OF THE PUBLIC IN THE AREA THAT YOU ARE LIVING IN OR DOES BEING SPOKEN OF

PUBLIC HEALTH MEANS PREVENTING DISEASES AND RAISING THE LEVEL OF HEALTH THROUGH THE EFFORTS OF ORGANIZATIONS

PUBLIC HEALTH MEASURE TO KEEP THE PUBLIC SAFE

PUBLIC HEALTH PROMOTES AND PROTECTS THE HEALTH OF PEOPLE AND THE COMMUNITIES WHERE THEY LIVE, LEARN, WORK AND PLAY.

PUBLIC HEALTH REFERS TO OVERALL GENERAL PEOPLES GOOD HEALTH CONDITIONS.

PUBLIC HEALTH REFERS TO THE STATUS AND OVERALL WELL-BEING OF A GIVEN POPULATION. IT'S A TERM THAT ENCOMPASSES BOTH THE PHYSICAL AND THE MENTAL ASPECTS OF HEALTH.

PUBLIC HEALTH REFERS TO THE WELL-BEING OF THE COMMUNITY

PUBLIC HEALTH TO ME IS MORE LIKE SOMETHING THAT'S CONTAMINATING A LOCAL AREA

PUBLIC HEALTH WOULD BE ACCESS TO HEALTH CARE ALSO SAFETY MEASURE TO KEEP PEOPLE HEALTHY AND SAFE

PUBLIC HEALTH WOULD BE GENERAL HEALTH OF THE COMMUNITY

PUBLIC HEALTH WOULD BE PEOPLE WHO LIVES THERE

PUBLIC HEALTH WOULD BE THE OVERALL HEALTH OF THE COMMUNITY. THAT STEMS FROM MORE THAN PHYSICAL HEALTH BUT PUBLIC HEALTH ENCOMPASSES MENTAL, FINICAL AND SOCIAL HEALTH

PUBLIC HEALTH WOULD BE VERY CONFUSING BECAUSE OF HEALTH INSURANCE.

PUBLIC HEALTH WOULD REFERENCE HEALTH ISSUES THAT AFFECT A COMMUNITY OR STATE. IT DOESN'T ONLY AFFECT A FEW

PUBLIC HEALTH-THE MEDICAL SAFETY OF LARGE GROUPS OF PEOPLE SUCH AS NEIGHBORHOODS AND STATES

PUBLIC HEALTH, MEANING WHEN BE CLEAN AND HEALTHY.

PUBLIC HEALTH, THE ART AND SCIENCE OF PREVENTING DISEASE, PROLONGING LIFE, AND PROMOTING PHYSICAL AND MENTAL HEALTH, SANITATION, PERSONAL HYGIENE, CONTROL OF INFECTIOUS DISEASES, AND ORGANIZATION OF HEALTH SERVICES

PUBLIC IS MAKING SURE OVERALL THAT EVERYONE HAS THE ABILITY TO TAKE HEALTH CARE NEEDS AND LEAD HEALTHY LIVES

PUBLIC USUALLY MEANS ALL TYPE OF PEOPLE HEALTH! THE PUBLIC HEALTH GROUP NEEDS TO BE AWARE OF POSSIBLE TYPES OF SICKNESS GOING ON AND ALERT THE PUBLIC [and collect] SUGGESTIONS TO HOW TO ADDRESS THE ISSUES

PUBLIC WELL-BEING AND AWARENESS OF THINGS THAT MIGHT HARM THEM

REFERS TO HEALTH OF ENTIRE COMMUNITY

REGARDING PRESENT SITUATION IT'S FINE.

RELIABLE TREATMENT WHEN IT IS NECESSARY

RESPONSIBILITY OF EACH INDIVIDUAL

RESPONSIBILITY OF EVERYBODY AND HAVE ACCESS TO HEALTHY FOOD AND EXERCISE

RESPONSIBILITY OF THE FEDERAL GOVERNMENT

RESPONSIBILITY TO PROVIDE INFORMATION THAT IS ACCURATE

RULES OR REGULATIONS THAT AFFECT ALL OF US AS FAR AS STAYING HEALTHY

SAFETY

SAFETY AND PROTECTION OF ALL CITIZENS. IMPROVE HEALTH CARE,

SAFETY AND WELL-BEING OF PEOPLE

SAFETY FOR THE PUBLIC

SAFETY OF THE COMMUNITY

SAFETY WELL-BEING OF THE EVERYONE IN THE COMMUNITY

SCARY

SCIENCE OF PREVENTING DISEASE, PROLONGING LIFE AND PROMOTING HEALTH THROUGH
THE ORGANIZED EFFORTS OF SOCIETY

SELF-COMMITMENT AND COLLABORATION

SHOULD BE A PRIVATE ENTERPRISE BETWEEN AN INDIVIDUAL AND HOW THEY LIVE.

SO AMAZING AND FINANCIAL

SOME TOTAL OR AVERAGE OR WELL-BEING OF A PARTICULAR COMMUNITY

SOMETHING I DON'T THINK I HAVE LOOKED IN THE DICTIONARY A VERY GENERAL
STATEMENT THE OVERALL HEALTH AND WELL-BEING OF PEOPLE IN SOCIETY

SOMETIMES UNFAIR BUT SAVES THE COMMUNITIES FROM ILLNESS AND DISEASE.

STATE GOVERNMENT SHOULD OVERSEE OPIOID EPIDEMIC

STATE OF HEALTH ACROSS GEOGRAPHIC

STAY HEALTHY

SUPPLY INFORMATION FOR PEOPLE TO MAKE GOOD DECISIONS

SUPPORTING THE HEALTH OF INDIVIDUALS THROUGH POLICY AND DECISION MAKING,
SUPPORTING WELL-BEING INSTEAD OF JUST TREATING DISEASES/ILLNESS

TAKING A STAND ON HOW TO HANDLE A PANDEMIC. TAKING PRECAUTIONS AND SAFETY
MEASURES. IMPLEMENTING RULES FOR MASK

TAKING CARE OF CONSTITUENTS

TAKING CARE OF OTHERS

TAKING CARE OF PEOPLE MAKING SURE THEY HAVE THE TRUE INFORMATION ON ALL SIDES,
NOT JUST BIG PHARMA OR WHAT THEY WANT PEOPLE TO HEAR

TAKING CARE OF THE PUBLIC HEALTH

TAKING CARE OF THEMSELVES

TAKING OF INDIVIDUALS OF ALL NEEDS

TELL US WHAT IS GOOD FOR THE OVERALL HEALTH OF THE CITIZENS, GUIDANCE

THAT PEOPLE TAKE THEIR PUBLIC HEALTH SERIOUSLY

THAT THINGS ARE BEING DONE TO MAKE SURE THERE ARE NO DISEASES; PEOPLE EATING PROPERLY, ENVIRONMENT IS CLEAN

THAT WOULD BE PEOPLE LIVING DISEASE FREE LIVES. HAPPY, DISEASE-FREE, FEELING WELL THROUGH GOOD FOOD

THAT'S A CHALLENGE AND A LOT OF RESPONSIBILITIES TO MAKE SURE THAT THERE ARE THERE'S SOME KIND OF CONTACT AVAILABLE, SOME PLACE THAT YOU COULD GO TO IF YOU NEED HELP.

THAT'S EVERYTHING, BECAUSE IF YOU DON'T HAVE THAT YOU DON'T HAVE ANYTHING

THE ABILITY TO WORK PEOPLE WORK NORMALLY WITHOUT NATURE PROBLEMS

THE ATTENTION RELATED TO PUBLIC INFECTION AND GENERAL HEALTH

THE AVERAGE OF COMMUNITY HEALTHINESS.

THE AVERAGE STATE OF HEALTH OF A COUNTRY.

THE COLLECTIVE HEALTH OF THE POPULATION

THE COMMUNITIES' HEALTH OVERALL

THE COMMUNITY AS A WHOLE

THE COMMUNITY OF BUSINESS, GOVERNMENT, PEOPLE, TAKING CARE OF EACH OTHER TO BE WELL

THE COMMUNITY UNDERSTANDING THAT WE ARE INDIVIDUALLY RESPONSIBLE FOR OUR OWN HEALTH BUT WE ALSO MUST PRACTICE DUE DILIGENCE TO PROTECT OTHERS WHILE PROTECTING OURSELVES

THE COMMUNITY'S STATE OF OVERALL WELL-BEING.

THE CONDITION OF HEALTH THE PUBLIC AS A SOCIETY IS IN

THE CONDITION OF THE HEALTH OF PEOPLE IN THE PUBLIC

THE CONDITIONS OF A COMMUNITY OR GROUP. THIS CAN INCLUDE ENVIRONMENTAL HEALTH, PHYSICAL HEALTH, OR ECONOMIC HEALTH.

THE CONSTELLATION OF ISSUES THAT EITHER CONTRIBUTE TO WELLNESS OR CREATE AND PERPETUATE ILLNESS. IT IS REALLY FROM A GOVERNMENT PERSPECTIVE

THE ENVIRONMENT WHERE EVERYONE CAN LIVE HEALTHILY.

THE FACILITY IS WORKING ON THE HEALTH OF THE CITIZENS

THE GENERAL CONDITION OF THE PEOPLE.

THE GENERAL HEALTH OF A GIVEN COMMUNITY

THE GENERAL HEALTH OF THE MAJORITY OF PEOPLE.

THE GENERAL HEALTH OF THE POPULATION

THE GENERAL HEALTH OF THE PUBLIC.

THE GENERAL OF YOUR POPULATION

THE GENERAL OVERALL HEALTH CONDITIONS OF PEOPLE COLLECTIVELY

THE GENERAL WELL-BEING OF THE COMMUNITY AT LARGE

THE GENERAL WELL-BEING OF THE ENTIRE POPULATION.

THE GENERAL WELL-BEING OF THE PEOPLE AT LARGE, THAT WOULD ENCOMPASS MENTAL HEALTH, PHYSICAL HEALTH AND SOCIAL HEALTH

THE GENERAL WELL-BEING OF THE POPULATION IN ANY GIVEN AREA.

THE GENERAL WELL-BEING OF THE PUBLIC

THE GENERAL WELLNESS OF THE COMMUNITY AS A WHOLE.

THE GOVERNMENT HAS STEPPED IN DURING COVID, BUT I THINK IT IS THE FAMILY'S RESPONSIBILITY TO PROTECT ITSELF

THE GOVERNMENT SHOULD BE THERE TO HELP WITH THE WHEN THEY NEEDED

THE GOVERNMENT'S ASSURING THAT THE POPULATION IS SAFE AND UNDERSTANDS THE PUBLIC HEALTH THAT PEOPLE UNDERSTAND NUTRITION AND THE GOVERNMENT SHOULD IMPROVE HEALTHY LIFESTYLES.

THE GREATER COMMUNITY AS IT RELATES TO A GEOGRAPHIC AREA

THE HEALTH AND GROWTH OF A COMMUNITY

THE HEALTH AND SAFETY OF ALL PEOPLE

THE HEALTH AND SAFETY OF THE SOCIETY, BOTH LOCAL AND NATIONAL

THE HEALTH AND WELL-BEING OF THE OVERALL PUBLIC- WE ARE A SOCIETY AND IT IS OUR RESPONSIBILITY TO ENSURE THAT THOSE WITHOUT MEANS ARE TAKEN CARE OF

THE HEALTH AS A WHOLE

THE HEALTH CARE OF A COMMUNITY

THE HEALTH CARE OF THE PUBLIC, SO IT CAN VARY. IT'S EVERYTHING FROM ENVIRONMENTAL TO MEDICAL TO POLITICAL, THE EVERYTHING

THE HEALTH FOR EVERYONE

THE HEALTH OF A COMMUNITY

THE HEALTH OF A COMMUNITY

THE HEALTH OF A GROUP OF PEOPLE LINK BY A COMMON CHARACTERISTIC.

THE HEALTH OF A POPULATION

THE HEALTH OF A POPULATION AS A WHOLE

THE HEALTH OF A POPULATION AS WHOLE

THE HEALTH OF A WHOLE POPULATION

THE HEALTH OF ALL COMMUNITIES

THE HEALTH OF ALL INDIVIDUALS

THE HEALTH OF AN ENTIRE MAJORITY. NUTRIENTS AND SUCH AS A WHOLE.

THE HEALTH OF CITIZENS

THE HEALTH OF EACH INDIVIDUAL PERSON THAT IS OUT IN PUBLIC AREAS

THE HEALTH OF EVERYBODY.

THE HEALTH OF EVERYONE

THE HEALTH OF EVERYONE

THE HEALTH OF EVERYONE IN A CERTAIN COMMUNITY

THE HEALTH OF INDIVIDUALS.

THE HEALTH OF LARGE GROUPS OF PEOPLE. PROTECTING INDIVIDUALS FROM DISEASES THAT ARE EASILY SPREAD.

THE HEALTH OF MY NEIGHBORS AND FRIENDS AND FAMILY.

THE HEALTH OF PEOPLE IN A COMMUNITY

THE HEALTH OF PEOPLE IN GENERAL

THE HEALTH OF SOCIETY AS A WHOLE

THE HEALTH OF SOCIETY AS A WHOLE, KEEPING IT ON THE BETTER END OF THE SPECTRUM

THE HEALTH OF SOCIETY AT LARGE.

THE HEALTH OF THE CITIZENRY

THE HEALTH OF THE COMMUNITY

THE HEALTH OF THE COMMUNITY

THE HEALTH OF THE COMMUNITY

THE HEALTH OF THE COMMUNITY AND PEOPLE IN IT

THE HEALTH OF THE COMMUNITY AS A WHOLE

THE HEALTH OF THE COMMUNITY AS A WHOLE.

THE HEALTH OF THE COMMUNITY BOTH MENTALLY AND PHYSICALLY

THE HEALTH OF THE COMMUNITY INDIVIDUALLY AND AS A WHOLE

THE HEALTH OF THE COMMUNITY MEMBERS AND THE PROGRAMS THE LOCAL
GOVERNMENT DOES TO HELP.

THE HEALTH OF THE COMMUNITY SOMEONE LIVES OR WORKS IN.

THE HEALTH OF THE ENTIRE PUBLIC/COMMUNITY

THE HEALTH OF THE GENERAL POPULOUS

THE HEALTH OF THE INDIVIDUALS WHO LIVE IN A TOWNSHIP/CITY.

THE HEALTH OF THE PEOPLE IN A COMMUNITY RESPECTIVELY AS A WHOLE.

THE HEALTH OF THE PEOPLE IN YOUR COMMUNITY

THE HEALTH OF THE POPULACE.

THE HEALTH OF THE POPULATION

THE HEALTH OF THE POPULATION AS A WHOLE

THE HEALTH OF THE POPULATION AS A WHOLE

THE HEALTH OF THE POPULATION AS A WHOLE ESPECIALLY AS THE SUBJECT OF
GOVERNMENT REGULATION

THE HEALTH OF THE POPULATION AS A WHOLE, ESPECIALLY AS THE SUBJECT OF
GOVERNMENT REGULATION AND SUPPORT.

THE HEALTH OF THE POPULATION IN GENERAL

THE HEALTH OF THE POPULATION. PROMOTING HEALTH THROUGH SCIENCE AND MEDICINE.

THE HEALTH OF THE PUBLIC

THE HEALTH OF THE PUBLIC

THE HEALTH OF THE PUBLIC

THE HEALTH OF THE PUBLIC

THE HEALTH OF THE PUBLIC AS A WHOLE

THE HEALTH OF THE PUBLIC WHAT KIND OF CONDITION THEY ARE IN

THE HEALTH OF THE PUBLIC. THE OVERALL HEALTH OF THE COMMUNITY

THE HEALTH REGARDING COMMUNITY AND ITS RESIDENTS AND IT'S RESIDENTS AND
WHETHER OR NOT IT'S CONTAGIOUS

THE HEALTH SAFETY AND WELFARE OF EVERYONE IN THE COUNTRY

THE HEALTH-RELATED ISSUES THAT IMPACT EVERYONE IN THE COMMUNITY

THE IDEA THAT THE GENERAL POPULATION IS SOMEWHAT HEALTHY AND FREE OF DISEASE.

THE IMPACT PUT ON THE LOCAL TOWN OR CITY

THE INTERACTION BETWEEN INDIVIDUALS AND GOVERNMENT

THE LEVEL OF WELLNESS OR DISEASE IN A POPULATION / COMMUNITY.

THE LOCAL COMMUNITY WANTS TO HELP YOU, LIKE A SENIOR CITIZEN ORGANIZATION

THE LOCAL MEDICAL AUTHORITY OF COUNTY OR CITY

THE MAJORITY OF PEOPLE WITH RELATIVELY FEW HEALTH ISSUES

THE MANAGEMENT OF HEALTH ISSUES OF A COMMUNITY AS A WHOLE

THE NUMBER OF PEOPLE INFECTED WITH THIS CONDITION

THE OVERALL HEALTH AND WELFARE OF THE PUBLIC.

THE OVERALL HEALTH AND WELL-BEING OF THE GENERAL POPULACE

THE OVERALL HEALTH AND WELL-BEING OF THE PUBLIC.

THE OVERALL HEALTH OF A COMMUNITY

THE OVERALL HEALTH OF A COMMUNITY OR GROUP OF PEOPLE.

THE OVERALL HEALTH OF A COMMUNITY, WITH AN EMPHASIS ON THE COMMUNITY'S
GOVERNMENT NEEDING TO TAKE RESPONSIBILITY IN ADDRESSING IT.

THE OVERALL HEALTH OF AMERICANS.

THE OVERALL HEALTH OF CITIZENS IN GENERAL.

THE OVERALL HEALTH OF PEOPLE IN A COMMUNITY

THE OVERALL HEALTH OF SOCIETY

THE OVERALL HEALTH OF THE COMMUNITY.

THE OVERALL HEALTH OF THE COMMUNITY. ISSUES WOULD BE THINGS THAT AFFECT
EVERYONE

THE OVERALL HEALTH OF THE GENERAL POPULATION

THE OVERALL HEALTH OF THE PEOPLE WHO LIVE IN THE COMMUNITY

THE OVERALL HEALTH OF THE POPULATION

THE OVERALL HEALTH OF THE PUBLIC

THE OVERALL HEALTH OF THE PUBLIC AS A WHOLE

THE OVERALL HEALTH OF THE PUBLIC, DEALING WITH DISEASES AND COMMON PROBLEMS.

THE OVERALL HEALTH OR WELL-BEING, WHETHER PHYSICAL, MENTAL, EMOTIONAL, OR SPIRITUAL OF A GROUP OF PEOPLE LIVING IN A CERTAIN ENVIRONMENT.

THE OVERALL STATE OF THE HEALTH OF THE PEOPLE OF AN AREA

THE OVERALL THE ABILITY OF SOCIETY TO FUNCTION ON AN ANATOMICAL BASES TO CARRY OUT WHAT THEY DO IN SOCIETY

THE OVERALL WELL-BEING AND QUALITY OF LIFE IN A COMMUNITY.

THE OVERALL WELL-BEING OF A COMMUNITY

THE OVERALL WELL-BEING OF A COMMUNITY OF PEOPLE THAT LIVE IN CLOSE PROXIMITY

THE OVERALL WELLNESS OF INDIVIDUALS IN THE COMMUNITY.

THE OVERALL WELLNESS OF THE GENERAL POPULATION

THE PEOPLE IN YOU COMMUNITY AND WHO AFFECTED HOW YOU EAT

THE PERCENTAGE IN THE PUBLIC WITH SIMILAR DISEASE

THE PHYSICAL AND MENTAL AND QUALITY OF LIFE AND A COMMUNITY AT LARGE

THE PHYSICAL AND MENTAL WELL-BEING OF THE PEOPLE WITHIN A COMMUNITY.

THE PORTION OF THE LOCAL GOVERNMENT TO SPREAD GENERAL HEALTH INITIATIVES

THE PRACTICE OF GOVERNMENT TO ENACT HEALTH-RELATED INITIATIVES INTENDED TO HELP THE AVERAGE CITIZEN.

THE PROCESS OF PROTECTING AND IMPROVING THE HEALTH OF THE COMMUNITY

THE PROGRAMS THAT ARE OFFERED FOR PUBLIC HEALTH. LIKE VACCINES FOOD BANKS OR IS THAT RESOURCES

THE PUBLIC BEING HEALTHY

THE PUBLIC HEALTH WOULD BE ANYTHING THAT AFFECT THE WELL-BEING OF THE SOCIETY THAT WE ARE IN

THE PUBLIC'S HEALTH

THE PUBLIC'S HEALTH LIKE THE COMMONERS AS SUCH AS MYSELF

THE QUALITY OF ONE'S LIFE.

THE SAFETY AND HEALTH OF THE GENERAL POPULATION

THE SAFETY OF THE PUBLIC

THE SCIENCE AND ART OF PREVENTING DISEASE WITH COMPLETE TRANSPARENCY!
CURRENTLY OUR PUBLIC HEALTH IS A DISGRACE.

THE SCIENCE AND ART OF PREVENTING DISEASE, PROLONGING LIFE AND PROMOTING HEALTH

THE SCIENCE OF PREVENTING DISEASES, PROLONGING LIFE AND QUALITY OF LIFE THROUGH ORGANIZED EFFORTS. INFORMED CHOICES OF INDIVIDUALS, SOCIETY, ORGANIZATIONS, CORPORATIONS, AND COMMUNITIES.

THE STANDARD OF HEALTH LIKE A MINIMUM STANDARD OF HEALTH FOR ALL THE COMMUNITY

THE STATE OF HEALTH FOR THE GENERAL PUBLIC

THE STATE OF THE COMMUNITY AS FAR AS HEALTHY VERSUS AFFLICTED PEOPLE AND THE STATUS OF THE CLEANLINESS OF THE MUNICIPALITIES

THE STUDY AND ADMINISTRATION OF HEALTH ACROSS COMMUNITIES TO PROVIDE SERVICES.

THE SURROUNDING COMMUNITIES

THE WAY HEALTH ISSUES THAT CAN AFFECT THE WHOLE COMMUNITY

THE WAY OUR WORLD WORKS

THE WAY WE INTERACT IN PUBLIC SETTINGS WITH EACH OTHER ESPECIALLY WHEN WE ARE SICK OR NOT FEELING WELL

THE WELFARE OF EVERYONE IN THAT STATE

THE WELFARE OF THE ENTIRE COMMUNITY.

THE WELFARE, WELL-BEING AND OVERALL HEALTH CARE OF THE COMMUNITY

THE WELL-BEING AND HEALTH OF THE PUBLIC AND MAKE SURE THEY AREN'T I'LL

THE WELL-BEING OF CITIZENS.

THE WELL-BEING OF EVERYONE IN YOUR COMMUNITY.

THE WELL-BEING OF INDIVIDUALS AROUND EACH OTHER IN OPEN PLACES.

THE WELL-BEING OF PEOPLE IN THE COMMUNITY

THE WELL-BEING OF THE PUBLIC

THE WELLNESS OF YOUR COMMUNITY

THE WHOLE COMMUNITY REGARDING HEALTH CARE

THERE'S A LOT PEOPLE NOT DOING THEIR PART

THEY ARE DOING A GREAT JOB DURING COVID TIMES

THEY ARE THE AVERAGE HEALTH OF THE COMMUNITY.

THEY'RE TRYING TO TELL EVERYBODY, THEY ALWAYS GIVE THE FLU SHOT, THE MANDATES
THE SHOT THAT TYPE OF STUFF.

THINK HEALTH

TO DO WITH THE GOVERNMENT SUPPOSED TO PROVIDE FOR THE PEOPLE, UNIVERSAL CARE.

TO MAKE SURE EVERYTHING IN YOUR BODY STAYS SAFE

TO MEAN THE OVERALL HEALTH OF THE GENERAL PUBLIC

TO WHAT THE GOVERNMENT IS DOING TO PROMOTE GOOD HEALTHY LIVES FOR EVERYONE

TOTALLY MESSED UP COVID ROLL-OUT STRUCTURE AND FEDERAL GOVERNMENT STRUCTURE

UMM IN MY OWN WORDS PROGRAMS AND POLICIES TO HELP EVERYBODY ON BETTER
HEALTH

UNDERLYING SYSTEMIC CIRCUMSTANCES THAT EFFECT PEOPLES WELL-BEING

VACCINE NATIONS

VACCINES AND PUBLIC DISEASES

WASHING HANDS, SANITIZING

WELFARE

WELL BING OF COMMUNITY

WELL I WOULD SAY THAT'S MULTIFACETED... IN THE AREA ITS THE FACILITIES THE HEALTH CARE FACILITY ARE IMPORTANT IN THE AREA, HOSPITALS MOSTLY... IT'S THE INDIVIDUALS.

WELL-BEING OF EACH INDIVIDUAL

WELL-BEING OF EVERYONE

WELL-BEING OF SOCIETY

WHAT KIND OF HEALTH SERVICES IS AVAILABLE FOR THE COMMUNITY

WHAT THE GOV PROVIDES TO KEEP PEOPLE HEALTHY

WHAT'S BEST FOR THE INDIVIDUAL AND COMMUNITY

WHAT'S GOOD FOR A MAJORITY OF PEOPLE

WHEN PEOPLE COME TOGETHER OUTSIDE OF THE HOME

WORKING TOGETHER TO KEEP EACH OTHER HEALTHY

WORLDWIDE HEALTH STANCE

WOULD BE ANY TYPE OF DISEASE THAT AFFECTS PEOPLE

WOULD ESSENTIALLY MEAN BEING RESPONSIBLE FOR THE HEALTH OF THE COMMUNITY

WOULD INCLUDE SAFETY & PROVIDING OPPORTUNITY FOR ADEQUATE HEALTH CARE FOR
THE COMMUNITY

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