

Public Support for Policies to Prevent and Control Cancer:

New York State Adults, 2013



New York State



Comprehensive Cancer Control

Contents

Executive Summary	ii
Background & Introduction	1
Survey Methods	3
Results	4
Discussion	9
Appendix: Data Tables by Topic Area	10

Executive Summary

Cancer is the second leading cause of death in New York and the leading cause of death before age 65 (NYS, Vital Statistics). However, at least half of all cancers are preventable through healthy lifestyle behaviors. The Centers for Disease Control and Prevention (CDC) recommends policy change as an effective strategy for encouraging population changes in health behaviors. The New York State Comprehensive Cancer Control (NYS CCC) Plan emphasizes policy, systems and environmental change strategies to support cancer prevention and control initiatives that: 1) increase access to nutritious foods, 2) encourage recommended cancer screenings and 3) discourage the use of indoor tanning in youth.

In November 2013, a random-digit dial telephone survey of adults in New York was completed to measure support for five policies in these three areas recommended in the NYS CCC Plan. This report summarizes data on public support for these policy initiatives. Key findings from the survey include:

- Rates of public support for the five NYS CCC policy initiatives were high; at least 70% of adults surveyed supported the five policies surveyed.
- A policy that would require employers to offer their employees paid sick leave to obtain health screenings such as screenings for cancer received the highest support (85.1% of adults in favor).

- Support for the policy initiatives varied significantly among New Yorkers in different demographic groups.
- In most cases more women than men expressed support for the NYS CCC policy initiatives.
- Residents of New York City (NYC) expressed stronger support for four of the five policies than those living outside NYC. The exception to this trend was the current state law restricting adolescents under 17 from accessing indoor tanning; 78.5% of NYC residents expressed support as compared to 82.7% of non-NYC residents.
- Public support also varied by income group. Adults with lower annual household incomes expressed more support for the NYS CCC policy initiatives.

Recommendations for action, including ongoing assessment of public support for the eight policies, are described within the report.

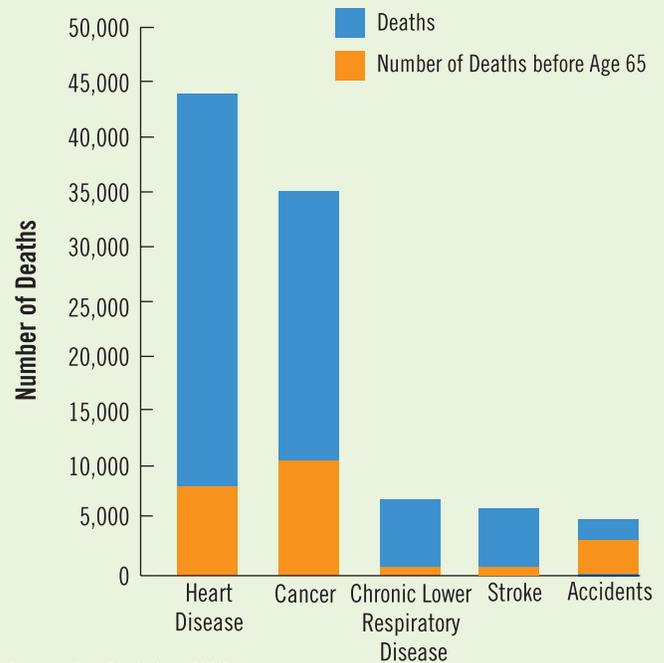
Background & Introduction

Cancer is the second leading cause of death in New York and the leading cause of death before age 65 (Figure 1). Each year in New York more than 104,000 people develop cancer and more than 35,000 New Yorkers die from cancer. It is estimated that at least half of all cancer deaths are preventable and about one-third of cancers can be attributed to tobacco use, while another one-third can be attributed to obesity. Healthy lifestyle behaviors, such as avoiding tobacco products, maintaining a healthy diet, engaging in regular physical activity, and protecting against exposure to ultraviolet (UV) radiation, are all known to reduce the incidence of cancer. Other behaviors linked to cancer prevention include breastfeeding and vaccination against certain infectious diseases. Screening tests can detect some cancers at early stages, allowing for prompt treatment and an increased likelihood of positive treatment outcomes. Screenings for cervical and colorectal cancers also can detect pre-cancerous cells which can then be treated and prevent cancer from developing.

The CDC recommends policy change as one of the most effective strategies for making significant changes in health related behaviors at the population level. Public health interventions that change the environmental context in which individuals live can be highly effective because they have broad reach and require less individual effort.¹ Cancer prevention and control programs of the New York State Department of Health (NYSDOH) are guided by the 2012-17 New York State Comprehensive Cancer Control Plan (NYS CCC Plan), a strategic planning document that outlines suggested strategies to reduce New York's cancer burden. The Plan includes recommendations for specific policy, systems and environmental (PSE) change strategies to encourage New Yorkers to make healthful choices. The NYSDOH supports several PSE initiatives at the local and state levels that aim to decrease cancer incidence and

Figure 1.

Leading causes of death and deaths before age 65 in NYS, 2011



Source: Vital Statistics of NYS

reduce cancer mortality rates by promoting healthy lifestyle behaviors, decreasing exposure to known cancer risk factors, and increasing cancer screening rates.

The goals of these initiatives are to (1) increase access to nutritious foods by encouraging the adoption of food procurement standards by state and local government agencies and community based organizations; (2) remove barriers to timely recommended cancer screenings by encouraging employers to adopt or expand leave policies to allow workers to use paid leave or flex time for cancer screening; and (3) discourage the use of indoor tanning devices by youth and increase compliance with regulations that prohibit minors from using indoor tanning.

¹ Frieden TR. A framework for public health action: the health impact pyramid. *Am J Public Health*.2010;100(4):590-595.

Background & Introduction

Policies to Increase Access to Nutritious Foods

Approximately one-third of cancer deaths in the United States may be attributed to diet and physical inactivity.² Increased consumption of non-starchy fruits and vegetables has been associated with decreased risk of lung, esophageal, stomach, and colorectal cancers.³ On the other hand, diets high in red or processed meat have been associated with increased risk of colorectal, prostate, and pancreatic cancers.⁴ Adopting a physically active lifestyle, eating a healthy diet and maintaining a healthy weight can help prevent cancer and decrease cancer mortality rates. The NYSDOH promotes policies and initiatives that increase access to nutritious foods, especially among populations most at risk of or affected by overweight and obesity. Establishing food procurement policies that define nutrition standards for foods available at or purchased by government-run facilities, such as State parks, and community-based organizations, such as YMCAs, may help shape social norms by changing the eating habits of people working for, visiting, or being treated or housed in these settings.

Cancer Control Policy Initiatives to Increase Access to Nutritious Foods:

- Promote voluntary adoption of food procurement and vending guidelines by state agencies, local governments and community-based agencies and their vendors.

Policies to Promote Cancer Screening

Lack of paid sick leave is a potential barrier to obtaining recommended cancer screening. It is estimated that 40 million workers, nearly 40% of the national workforce, do not have paid sick leave. A recent study found that employees with paid leave were more likely to undergo cancer screenings at recommended intervals.⁵ Currently in the United States, there are no federal requirements that require employers to provide paid sick leave. Employers can increase the likelihood of their employees getting recommended cancer screenings by adopting and implementing policies that allow their employees to use paid leave to obtain cancer screening. Alternatively, employers can promote cancer screening by adopting flex time, an arrangement that permits an employee to alter their work schedule but does not change the total number of hours worked in a week, to obtain recommended cancer screenings.

Cancer Control Policy Initiatives to Promote Cancer Screening:

- Encourage employers to offer all employees paid sick leave for cancer screenings.
- Encourage employers to offer all employees the option to use flex time (allow workers to receive cancer screenings during regular working hours and pay those hours back to the employers by working late, coming in early or in some other way) for cancer screenings.

² American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2013. Atlanta: American Cancer Society; 2013.

³ International Agency for Research on Cancer. IARC Handbooks of Cancer Prevention. Volume 8: Fruits and Vegetables. Lyon, France: IARC Press; 2003.

⁴ Sinha R, Cross AJ, Graubard BI, Leitzmann MF, Schatzkin A. Meat intake and mortality: a prospective study of over half a million people. Arch Intern Med. 2009;169:562-571.

⁵ Peipins LA, Soman A, Berkowitz Z, White MC. The lack of paid sick leave as a barrier to cancer screening and medical care-seeking: results from the National Health Interview Survey. BMC Public Health 2012;12(1):520.

Background & Introduction

Policies to Decrease Youth Access to Indoor Tanning

Skin cancer is the most common type of cancer in the United States and about half of all cancers are skin cancers. In New York and throughout the United States, the incidence of melanoma, the deadliest form of skin cancer, has increased in part due to increased screening and diagnosis, increased exposure to UV radiation, and the increasingly aged population.⁶ Exposure to UV radiation from indoor tanning devices such as tanning beds, booths, or sunlamps are known to increase the risk of skin cancer. Both exposure to UV radiation from tanning beds at an early age and indoor tanning frequency increase an individual's risk of melanoma.⁷ The use of indoor tanning devices is common among high school students in the United States. In 2013, nearly 13% of high school students reported using an indoor tanning device at least one time in a twelve-month period.⁸ As of August 15, 2012, New York State law prohibits anyone less than seventeen years of age from using commercial indoor tanning devices. In addition, anyone seventeen years of age must have a consent form signed by a parent

or legal guardian before using commercial indoor tanning devices and persons eighteen years of age or older are required to provide photo identification as proof of age. Measures that prohibit minors and discourage young adults from using indoor tanning devices have the potential to reduce individuals' risk of skin cancer.

Cancer Control Policy Initiatives to Decrease Youth Access to Indoor Tanning:

- Promote New York State Public Health Law, Subpart 72-1 which prohibits persons under seventeen 17 years of age from using UV radiation devices; persons 17 years of age are required to have a parent or legal guardian sign a consent form before using UV radiation devices; persons 18 years of age or older must provide a driver's license or other photo identification, issued by a government entity or educational institution, before using UV radiation devices.
- Increase the age limit on New York indoor tanning law to prohibit all minors under 18 years of age from using UV radiation devices.

Survey Methods

The NYSDOH conducted a telephone survey in November 2013 to assess support for these priority cancer prevention and control policy initiatives. Siena College Research Institute (SRI), on behalf of the NYSDOH, administered a random-digit-dial telephone survey to adult residents of New York age 18 and older. The survey was designed to assess general perceptions of public health issues, attitudes towards public health policy interventions, and to measure public support for chronic disease prevention and control policy initiatives. Respondents were

asked to provide demographic information including age, employment status, educational attainment, race, ethnicity, annual household income, status of children in household, and county of residence. The overall sample of 1,507 adults was weighted by age, gender, reported race /ethnicity, and region to ensure statistical representativeness. To measure rates of support for the different policy initiatives, respondents were asked whether they would strongly favor, favor, oppose, or strongly oppose each of the policies.

⁶ Skin Cancer in New York State 2013 Report. Sixth Annual Report to the Governor of New York, the Temporary President of the Senate, and Speaker of the Assembly 2013. New York State Department of Health, New York State Cancer Registry.

⁷ Group on artificial ultraviolet light and skin cancer. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: a systematic review. *Int J Cancer* 2007;120(5):1116-22.

⁸ Kann L, Kinchen S, Shanklin SL, et al. Youth Risk Surveillance – United States, 2013. *MMWR* 2014; 63 (No. 4): 42.

Results

Public support for the cancer prevention and control policies varied by topic area and summary results show that a majority of adults support these policies; at least 50% of adults favored all five policies. Overall support for the cancer prevention and control policy initiatives ranged from 85% of adults in favor of policies that would require employers to provide paid sick leave for health screenings to 71% of adults in favor of a policy to require nutrition standards for the food available at government facilities (Table 1).

Survey results were analyzed by the demographics of survey respondents to determine variations in public support for the cancer prevention and control policies. The results of these analyses are summarized in the Appendix (Tables 2-4). Public support for the NYS CCC policies was higher among women than men. There was about a 6% difference in rates of public support for these policies between women and men. Public support for these policies was also higher among residents of New York City (NYC) as compared to non-NYC residents with an average difference of 3.7%. The only policy to receive higher support from non-NYC residents was the current state regulation for indoor tanning. Nearly 83% of adults who do not reside in NYC supported the current regulations, as compared with 77% of residents of NYC. Younger

adults; adults with annual household incomes less than \$50,000; and non-white residents were more likely to express support for the policy initiatives covered in the survey. Further survey results are discussed in the following sections by policy topic area.

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Table 1. Percent of NYS adults in favor of cancer prevention and control policy initiatives, 2013

Policy	% in favor	95% CI
Requiring employers to offer all employees paid sick leave for health screenings	85.1	(83.2-87.0)
Current NYS law that bans indoor tanning in minors under 17	80.8	(78.6-83.1)
Requiring employers to offer flex time options for health screenings	79.6	(77.3-81.8)
Increasing the age limit on NYS law to ban indoor tanning in minors under 18	76.3	(73.8-78.7)
Requiring nutrition standards for the food available at government facilities	71.1	(68.5-73.6)

Note: Percent in favor includes both strongly favor and favor.
CI=Confidence Interval

Support for Policies to Increase Access to Nutritious Foods

Over 70% of adults favored a policy that would require nutrition standards for the foods provided at state government facilities such as state prisons and hospitals. Support for this policy was higher among non-white racial and ethnic groups (Figure 2) and support varied by annual household incomes levels as well. About 65% of adults with annual household incomes greater than \$100,000 supported this policy compared to nearly 76% of adults with annual household income less than \$50,000 (Figure 3). There was also a notable difference in rates of public support for this policy among residents of NYC compared with non-NYC residents (Appendix, Table 2). There is widespread support for this policy and there was more support for this policy among adults with

lower annual household incomes. The majority of New York's food service programs serve higher need populations such as older adults, individuals with mental illnesses, and those in lower income groups. Higher support from populations more likely to access government run or public food services may align with the success of introducing nutrition standards into specific government run food programs in the past. For example, the NYS Special Supplemental Nutrition Program for Women, Infants and Children (WIC) successfully launched a revised food package in 2009 that promoted healthier eating choices. Notably, the survey did not ask if the public would support measures to cover the added costs associated with purchasing these healthier options.

Figure 2.
Percent of New York State Adults in Favor of Policies to Improve Access to Nutritious Foods by Race/Ethnicity, 2013

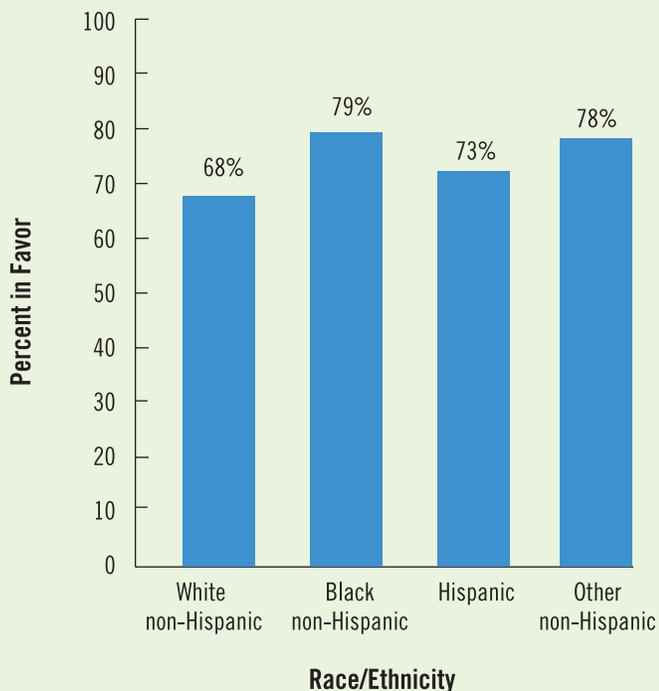
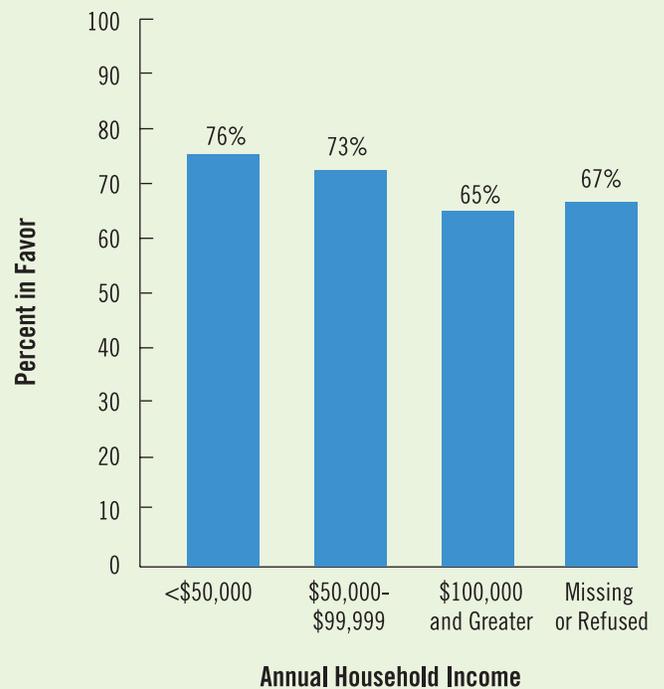


Figure 3.
Percent of New York State Adults in Favor of Policies to Improve Access to Nutritious Foods by Annual Household Income, 2013



Support for Policies to Promote Cancer Screening

Public support for policies that would offer paid leave or flex time options for employees to obtain certain health screenings was high. Over 85% of adults supported a paid time off policy and nearly 80% of adults supported a flex time policy. Support for the required paid leave policy was even higher in younger age groups with 97% of adults ages 18-24 and 90% of 25-34 year olds in favor of this policy. Although the percent of adults in favor was found to be lower among adults in the older age groups, support remained high (over 80% in favor) among adults above 55 years of age (Figure 4). Support for the paid leave policy varied significantly by annual household income with New Yorkers living in households with annual incomes being less likely to support such a policy (Figure 5). Moreover, women (89.8%) were more in favor of the paid leave policy than men (79.9%), as were non-Hispanic blacks (90.4%) compared to non-Hispanic whites (81.3%) (Appendix, Table 3).

There is strong public support for policies that would require employers to offer paid sick leave or flex time options for their employees to obtain recommended cancer screenings. These two policies were among the highest supported policies overall. Although there were variations in support between different demographic groups, at least three-quarters of all sub-groups were in favor of both policies. Because of the wide public support for these policies, efforts to encourage adoption and implementation of these policies can focus on engaging key organizational decision makers such as employers, unions, and benefits administrators. Community education activities can highlight examples of successful implementation of these policies.

Figure 4.
Percent of New York State Adults in Favor of Policies to Require Paid Leave for Health Screenings by Age Group, 2013

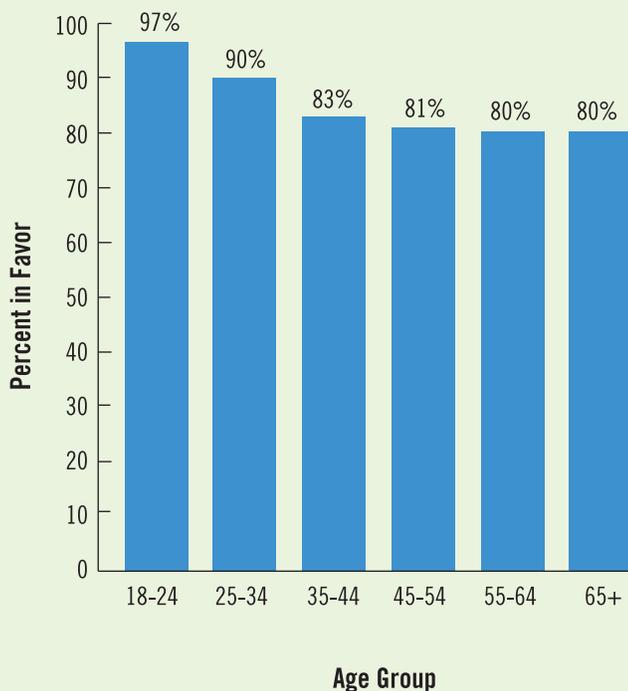
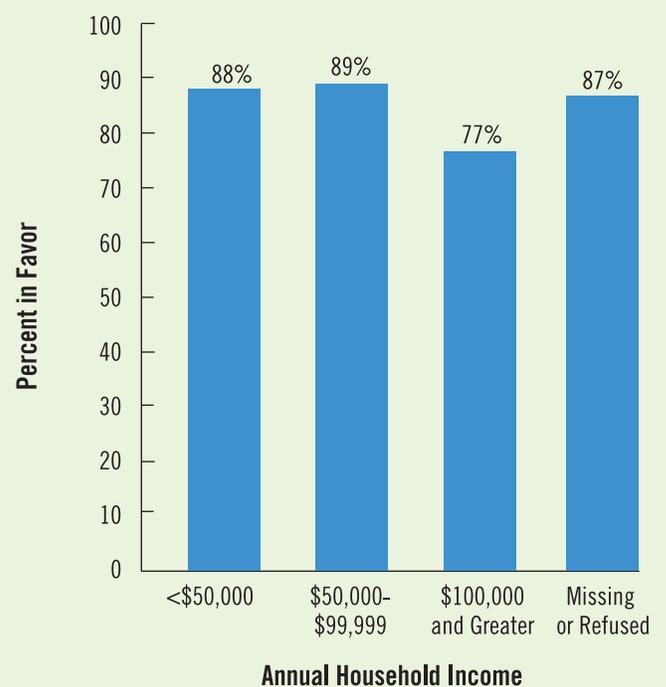


Figure 5.
Percent of New York State Adults in Favor of Policies to Require Paid Leave for Health Screenings by Annual Household Income, 2013



Support for Policies to Decrease Youth Access to Indoor Tanning

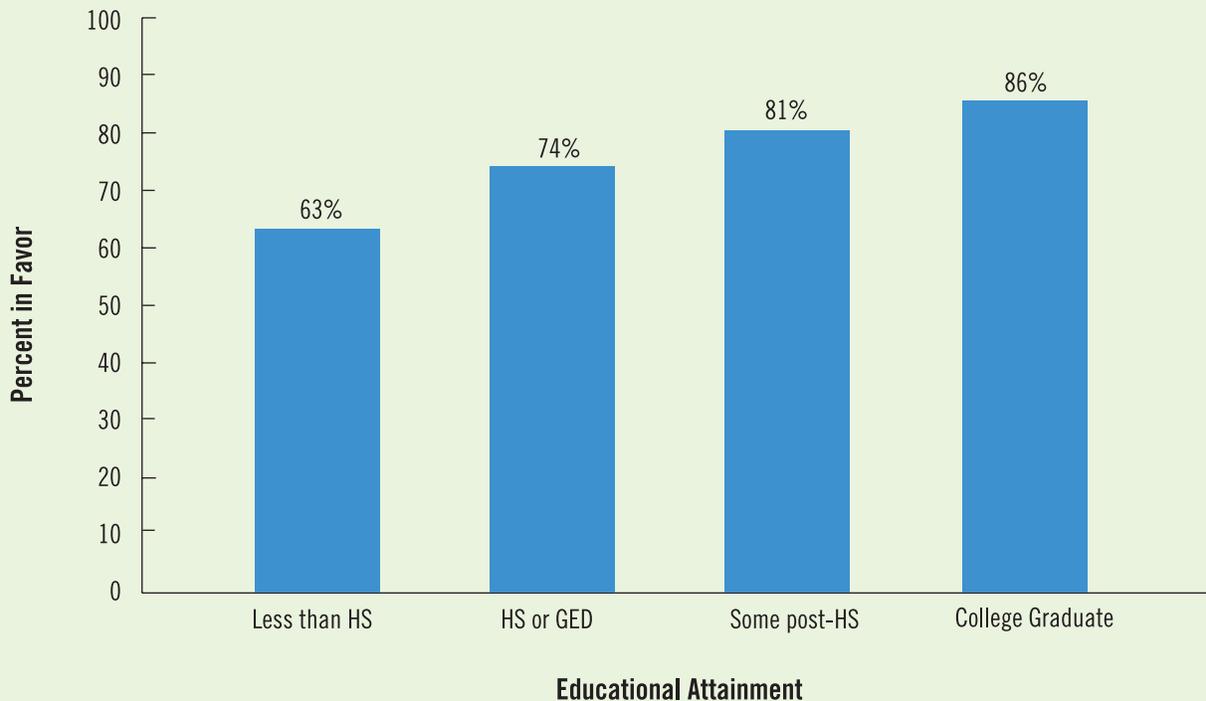
An overwhelming majority (81%) of the adult residents surveyed expressed support for current state law that prohibits the use of indoor tanning devices for youth ages 16 and younger and require parental consent for 17 year olds. Support was slightly lower, but still high, for a proposal to increase the age limit on the tanning restriction, with 76.3% of adults in favor of increasing the age limit on the current law to prohibit all minors under 18 from using indoor tanning devices. Support for the current indoor tanning law differed by educational attainment. Over 85% of adults with at least a college degree supported the current law as compared to 63% of those with less than a high school degree (Figure 6). Rates of support for the current tanning

law were higher among non-Hispanic whites (84.4% in favor) than non-Hispanic blacks (73.4% in favor), (Appendix, Table 4). Rates of support for the current indoor tanning law and the age limit increase were higher among women (82.2% and 80.6%) than among men (79.3% and 71.4%) (Appendix, Table 4).

High rates of support for the indoor tanning law suggest the public would be receptive to educational efforts from the NYSDOH and partners to promote awareness about the restrictions on indoor tanning usage in minors. The results also suggest that the public would support efforts to ensure compliance with this law.

Figure 6.

Percent of New York State Adults in Favor of Current State Tanning Regulations by Educational Attainment, 2013



Discussion

Public health initiatives developed to encourage healthy behaviors through policy, systems, and environmental changes have the potential to reduce morbidity and mortality from cancer and other chronic diseases. Public support plays a critical role in public health at the policy and systems level as initiatives with high rates of public support have the potential to be more readily accepted and adopted. High public support for a particular policy can also serve as a catalyst for other policy, systems and environmental changes at community and organizational levels.

The data in this report indicate that rates of public support for several cancer prevention and control policy initiatives in New York are high. While a majority of adults expressed support for most of the surveyed policies, public support for the cancer prevention and control policies varied by topic area, and significant differences exist in rates of public support between different demographic subpopulations. These results suggest different action steps for each policy area.

For example, targeted community education efforts may be needed to increase support among groups that indicate lower rates of support for a specific policy. High rates of public support for a policy initiative suggests that efforts should focus on mobilizing community action and educating government and organizational decision makers.

Community education about the benefits of public health policies on reducing the burden of cancer and other chronic diseases has the potential to generate public support and mobilize communities to voice support for cancer prevention and control policies. Government decision makers, organizational decision makers and local opinion leaders have the ability to take meaningful action in support of cancer prevention and control policies. Therefore education of key decision makers about the extent of community support for these policies is important. Ongoing monitoring of these and other policies is critical for understanding, tracking changes and responding to public concerns about specific public health policy proposals.

Appendix: Data Tables by Topic Area

Table 1. Percent of NYS adults in favor of cancer prevention and control policy initiatives, 2013

Requiring nutrition standards for the food available at government facilities		
	% in favor ^a	95% CI ^a
New York State (NYS) [n=1,507]	71.1	68.5 - 73.6
Sex		
Male	66.1	62.1 - 70.2
Female	75.5	72.3 - 78.6
Age (years)		
18-24	74.3	66.6 - 81.9
25-34	76.6	69.3 - 83.9
35-44	68.0	61.1 - 74.9
45-54	66.0	59.6 - 72.3
55-64	70.8	65.3 - 76.3
65+	73.1	68.8 - 77.3
Race/ethnicity		
White non-Hispanic	68.4	65.3 - 71.6
Black non-Hispanic	79.5	73.3 - 85.6
Hispanic	72.7	65.0 - 80.3
Other non-Hispanic	77.9	69.5 - 86.3
Income		
<\$50,000	75.8	71.6 - 80.1
\$50,000-\$99,999	73.0	68.2 - 77.7
\$100,000 and greater	64.7	59.4 - 70.0
Missing or Refused ^b	67.1	60.2 - 74.1
Educational attainment		
Less than HS	85.1	75.3 - 94.9
HS or GED	71.9	66.4 - 77.5
Some post-HS	73.4	69.0 - 77.8
College graduate	67.8	63.7 - 71.8
Region		
New York City (NYC)	75.4	71.7 - 79.2
NYS excl NYC	68.0	64.4 - 71.5

^a % =Percentage; 95%CI=Confidence interval (at the 95 percent probability level).

Percentage in favor includes both strongly favor and favor responses.

Percentages are weighted to population characteristics.

^b“Missing or Refused” category included because more than 10% of the sample did not report income.

Appendix: Data Tables by Topic Area

Table 2. Percent of Adults in Favor of Policies that Require Employers to Offer Time Off Options for Health Screenings, 2013

	Requiring employers to offer all employees paid sick leave for health screenings		Requiring employers to offer flex time options for health screenings	
	% in favor ^a	95% CI ^a	% in favor ^a	95% CI ^a
New York State (NYS) [n=1,507]	85.1	83.2 - 87.0	79.6	77.3 - 81.8
Sex				
Male	79.9	76.7 - 83.2	80.4	77.1 - 83.7
Female	89.8	87.7 - 91.9	78.8	75.7 - 81.9
Age (years)				
18-24	96.9	93.9 - 99.9	77.7	70.5 - 84.8
25-34	90.1	84.7 - 95.5	80.9	73.9 - 87.9
35-44	83.3	78.0 - 88.6	84.7	79.4 - 89.9
45-54	81.2	76.2 - 86.3	79.7	74.5 - 85.0
55-64	80.1	75.2 - 84.9	80.2	75.4-85.1
65+	80.4	76.5 - 84.2	76.6	72.5 - 80.7
Race/ethnicity				
White non-Hispanic	81.3	78.7 - 83.9	78.1	75.3 - 80.9
Black non-Hispanic	90.4	86.3 - 94.5	85.9	80.7 - 91.1
Hispanic	89.5	84.4 - 94.5	78.5	71.5 - 85.6
Other non-Hispanic	94.0	89.3 - 98.7	83.0	75.3 - 90.6
Income				
<\$50,000	87.9	84.9 - 90.9	76.6	72.4 - 80.9
\$50,000-\$99,999	88.5	85.3 - 91.8	80.5	76.4 - 84.6
\$100,000 and greater	76.9	72.3 - 81.4	81.1	76.8 - 85.4
Missing or Refused ^b	86.7	82.0 - 91.4	81.9	76.3 - 87.5
Educational attainment				
Less than HS	85.0	76.3 - 93.7	78.8	67.7 - 89.8
HS or GED	88.0	84.2 - 91.8	74.5	69.0 - 79.9
Some post-HS	88.4	85.4 - 91.4	79.8	75.6 - 83.9
College graduate	81.6	78.4 - 84.8	82.4	79.3 - 85.5
Region				
New York City (NYC)	89.8	87.3 - 92.3	83.2	79.8 - 86.5
NYS excl NYC	82.1	79.3 - 84.8	77.2	74.1-80.4

a % =Percentage; 95%CI=Confidence interval (at the 95 percent probability level).

Percentage in favor includes both strongly favor and favor responses.

Percentages are weighted to population characteristics.

b“Missing or Refused” category included because more than 10% of the sample did not report income.

Appendix: Data Tables by Topic Area

Table 3. Percent of New York State Adults in Favor of Policies to Restrict Youth Access to Indoor Tanning, 2013

	Current NYS law that bans indoor tanning in minors under 17		Increasing the age limit on NYS law to ban indoor tanning in minors under 18	
	% in favor ^a	95% CI ^a	% in favor ^a	95% CI ^a
New York State (NYS) [n=1,507]	80.8	78.6 - 83.1	76.3	73.8 - 78.7
Sex				
Male	79.3	75.8 - 82.8	71.4	67.5 - 75.3
Female	82.2	79.3 - 85.0	80.6	77.7 - 83.6
Age (years)				
18-24	80.3	73.2 - 87.3	78.4	71.1 - 85.8
25-34	80.8	73.8 - 87.8	72.6	64.8 - 80.3
35-44	82.1	76.3 - 88.0	75.2	69.0 - 81.5
45-54	81.9	76.9 - 86.9	74.4	68.5 - 80.3
55-64	82.3	77.7 - 86.9	74.9	69.6 - 80.1
65+	77.6	73.6 - 81.7	80.1	76.2 - 84.0
Race/ethnicity				
White non-Hispanic	84.4	81.9 - 86.8	74.9	71.9 - 77.9
Black non-Hispanic	73.4	66.8 - 80.0	75.3	68.7 - 81.8
Hispanic	77.0	69.9 - 84.0	78.3	71.2 - 85.4
Other non-Hispanic	77.7	68.8 - 86.5	83.2	75.0 - 91.5
Income				
<\$50,000	75.7	71.4 - 80.0	77.2	73.0 - 81.4
\$50,000-\$99,999	82.4	78.3 - 86.5	78.6	74.1 - 83.0
\$100,000 and greater	86.2	82.3 - 90.1	71.6	66.5 - 76.7
Missing or Refused ^b	79.9	74.0 - 85.8	77.9	71.5 - 84.3
Educational attainment				
Less than HS	63.3	50.4 - 76.2	66.6	54.1 - 79.2
HS or GED	74.0	68.7 - 79.4	78.7	73.6 - 83.8
Some post-HS	80.6	76.5 - 84.7	80.3	76.1 - 84.5
College graduate	85.8	82.7 - 88.9	73.3	69.4 - 77.1
Region				
New York City (NYC)	78.5	74.8 - 82.2	77.4	73.6 - 81.1
NYS excl NYC	82.7	79.8 - 85.5	76.1	72.8 - 79.3

a % =Percentage; 95%CI=Confidence interval (at the 95 percent probability level).

Percentage in favor includes both strongly favor and favor responses.

Percentages are weighted to population characteristics.

b“Missing or Refused” category included because more than 10% of the sample did not report income.



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