

Report on Anderson Community Environmental Quality and Health

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Background

In September and November 2019, Carolina Sunrock, LLC submitted two air permit requests to build an asphalt plant and quarry in Caswell County.¹ Residents of the Anderson community, which is located less than ¼ mile away from the proposed site (Figure 1) developed the Anderson Community Group to communicate information about the facility to fellow community members and generally organize for health and well-being of their community.

One primary concern is that the community is already plagued with many chronic health issues, including increased health risks that COVID-19 pose.² The Anderson community members requested that the Caswell County Health Department (CCHD) conduct an "imminent health risks" assessment of the proposed asphalt plant. However, the CCHD did not have the necessary resources to sustain this request and contacted the NC Department for Health and Human Services (NC DHHS) for assistance³. In response, the NCDHHS conducted a literature review on the effects of asphalt plants on community health.¹ To examine the health-related conditions in the community, UNC Gillings School of Global Health and the NC Institute for Public Health (NCIPH) was contacted by a state legislative representative to conduct a health survey. Also Dr. Courtney Woods, at UNC Gillings, who conducts community-engaged research with environmental justice (EJ) communities to lead the health survey, given the EJ implications of the proposed site.

The NC Department of Environmental Quality (DEQ) produced an Environmental Justice Report, which assessed the environmental, socioeconomic, and demographic conditions within a 2-mile radius of the proposed asphalt plant. The report cited 34% African American residents (based on 2010 census data)⁴, whereas the Anderson Community Group (led by Rev. Bryon Shoffner) learned through door-to-door surveying within a mile-radius of the proposed plant that the composition of the community is closer to 75% African American⁵. The group also conducted an informal health survey to collect additional demographic and health information from residents.⁵ The findings were compiled in a report referred to as the Shoffner Report. Following the preparation of the report, community leaders were concerned about whether the Sunrock permit request was a potential Title VI matter.^{5,6} The Shoffner report, in addition to highlighting that African American residents would likely "bear a disproportionate share of the pollution," the report also noted issues with the NCDEQ EJ snapshot including: discrepancies in Expected Actual Emissions (tons/year) for SO, NO_x, and HAP; underrepresenting the distance between the two Sunrock facilities by over 50%; lack of consideration for additional types of recycled fuel oil that could be used by burners at the plant (No. 2 and No. 4 fuel specifically); and lack of recognition of oil-fired asphalt heaters that would be present at the facilities.⁶ Sunrock was initially denied the two permits on August 24, 2020, due to a lack of compliance with National Ambient Air Quality Standards (NAAQS) levels for sulfur dioxide and nitrogen dioxide, as modeling showed that levels of sulfur dioxide would exceed NAAQS levels by up to 403%.⁷ They have since reapplied for air permits and also filed a lawsuit against several residents who have been opposed to them operating facilities in the area.⁸

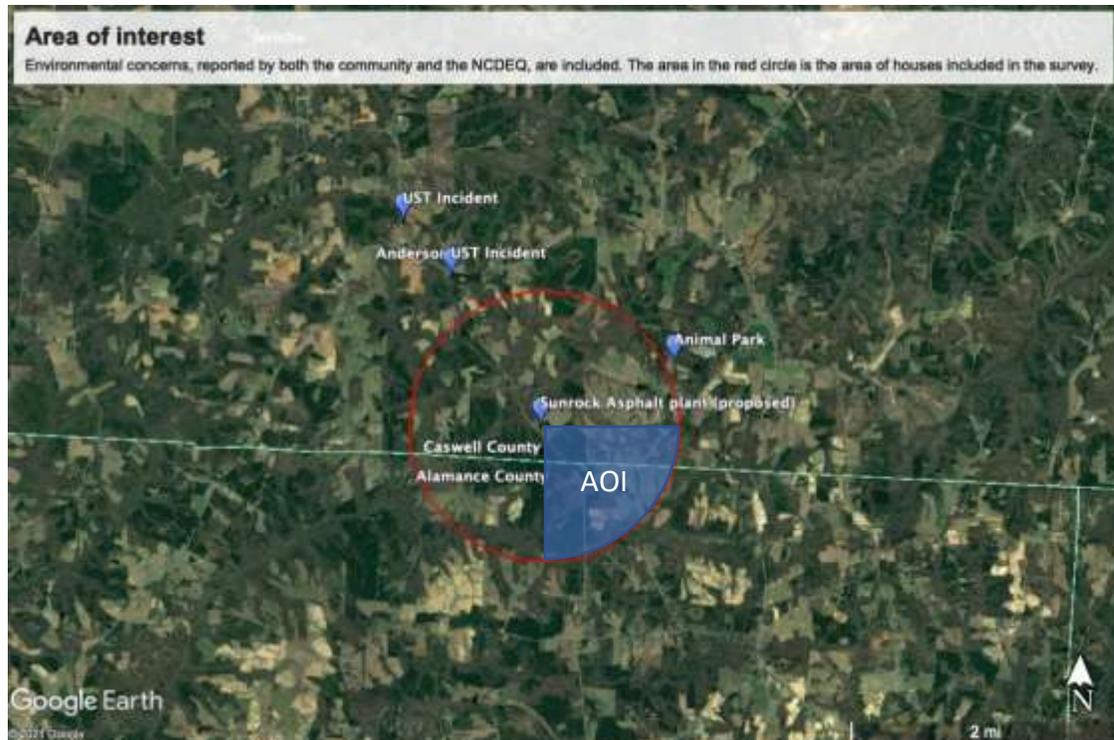


Figure 1: Map of environmental issues near Anderson Township

Methods

To conduct the community health assessment, the UNC Gilings research team utilized a community-based participatory research (CBPR) approach. The benefits of a CBPR approach are well-documented in peer-reviewed literature.^{9,10} CBPR has been found to enhance the *rigor* of the research, from the design of the study to interpretation of results, the improves *relevance* of research, including what research questions are considered, and the *reach* of findings via improved dissemination strategies and application of results into practice, tools, and policies.⁹

The research team utilized a survey template developed by the NCIPH. With input from Anderson Community leaders, the survey template was modified for length, accessibility, culturally sensitive language, and privacy concerns for community members. The template was also modified to not only include questions regarding health quality, but also environmental factors relevant to the community. Once finalized, the survey was input into Qualtrics, and pilot testing was conducted among research team members. The NCDEQ website and Anderson Community maps were used to locate households within a 1-mile radius of the proposed asphalt plant. The area was further refined to focus on a region of the 1-mile radius that was east and south of the facility (hereafter referred to as the Area of Interest, or AOI) based on reports of the predominant wind direction. We identified a total of 105 eligible households for the survey. The CBPR approach was instrumental to the completion of the health survey, as the initial presence of community leaders allowed outside researchers to gain the trust of the community members to complete the survey. The full survey (Appendix 1) was completed by household members 18 year or older, and an abbreviated survey (Appendix 2) was available for additional adults in the household. Respondents to the full survey were allowed to include responses for their

dependents for question 11 pertaining to health conditions. Through a combination of in-person and phone-based approaches, the team was able to conduct a total of 48 surveys. Figure 1 shows that some of AOI extends into Alamance County, but the vast majority of households are in Caswell County, and thus Caswell County will be used for additional information later in this report.

Table 1: Number of addresses used in survey for Anderson Township

Address type in Anderson Township	Number of addresses
Total amount	105
Non-viable for survey	15
Total surveyed & included in subsequent data	48

Survey Results & Discussion

Demographics

Figure 2 shows demographics of the Anderson community within the AOI, including race and ethnicity, sex, age and highest level of education, along with health insurance type and nicotine use (including cigarettes, vaping, and chewing tobacco). While the survey did not include questions pertaining to income, data for Caswell County collected by the County’s 2019 Community Health Assessment indicate that 21.3% of Caswell County residents are under the federal poverty line (FPL), compared to the North Carolina average of 16.1% of residents.¹¹ Also, education attainment, which strongly correlates with income,¹² shows 6% of residents with Bachelor’s education or higher, compared to 22.9% or higher in Caswell County and 31.3% in North Carolina.¹³

Health outcomes

Residents were first asked about their overall well-being and the health of their neighborhood. As shown in Figure 3, approximately one-third of residents rated both their well-being (mental and physical health) and their neighborhood as poor or fair.

Regarding well-being, residents were also asked about specific mental and emotional states (e.g., trouble sleeping, feelings of anxiousness, etc). As shown in Figure 4, reported are the three states (i.e., trouble relaxing, low energy, trouble sleeping) for which the number of residents experiencing them “more than half of the days” or “nearly every day” was close to or over 20%.

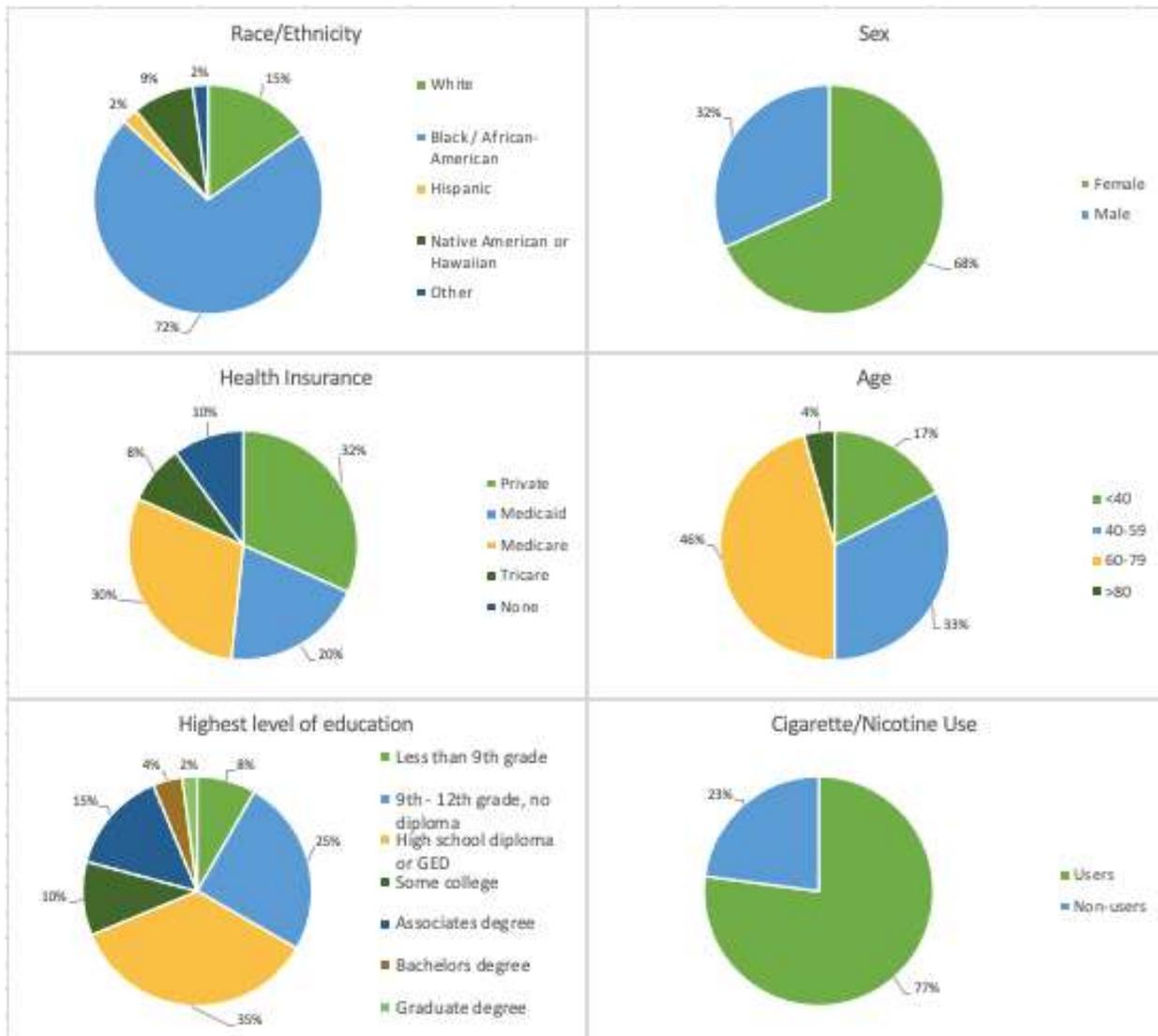


Figure 2: Demographic Information

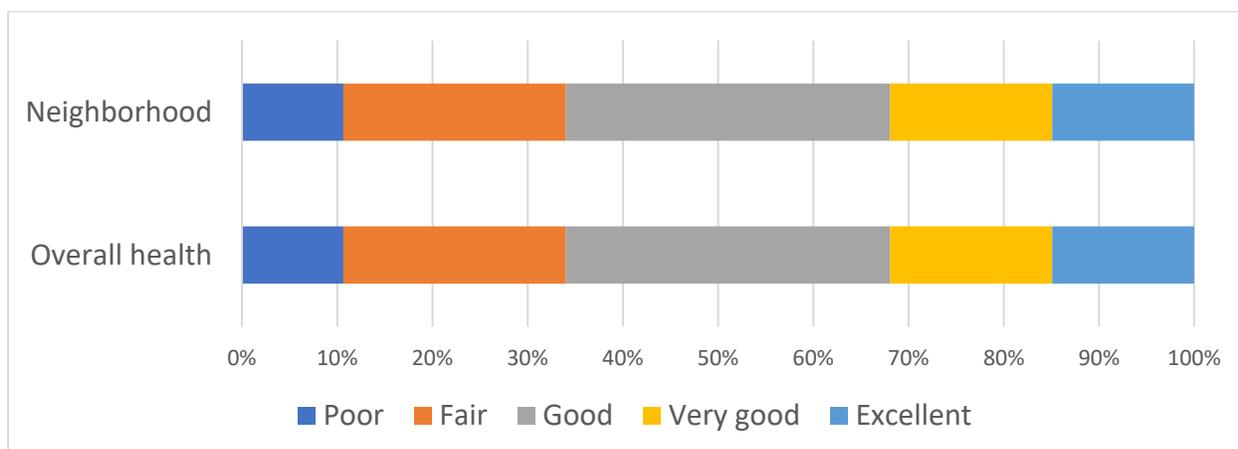


Figure 3: Residents' rating of neighborhood quality or overall health.

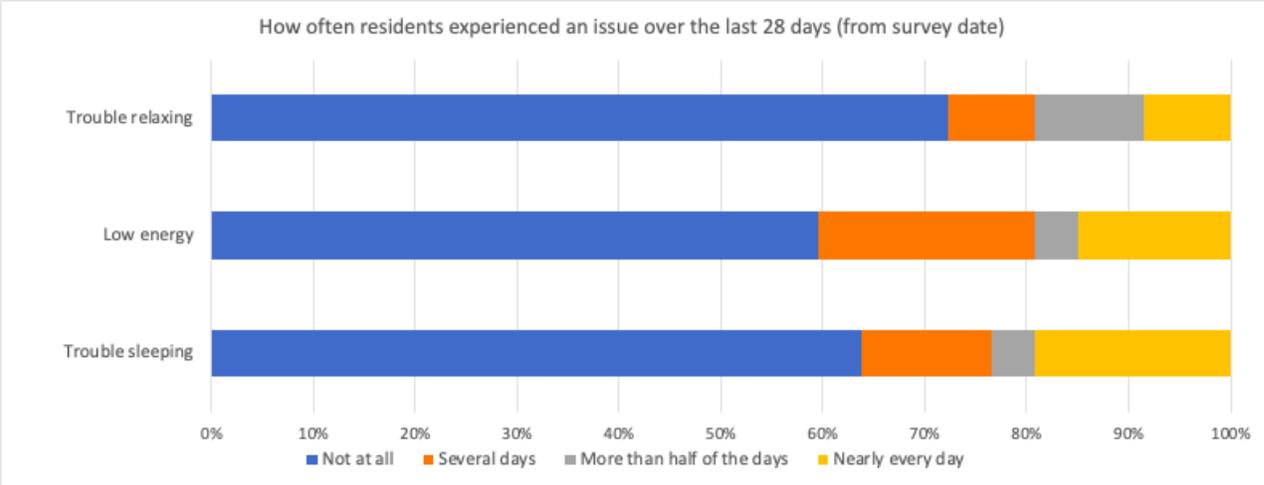


Figure 4: Emotional or general quality of life issues

Approximately 77% of residents reported a chronic illness, and 48% of residents report having three or more formally diagnosed chronic illnesses. Prevalence of specific chronic conditions are summarized in Table 2, with corresponding prevalence of Caswell County and North Carolina provided for comparison. The data are representative of individuals with formally diagnosed conditions. Parenthetical in column “Prevalence in Caswell County” and row “Overweight/ Obesity” is the percentage of residents that believed they were overweight or obese, though some may not have had a formal diagnosis. While lung disease was generally defined in the survey for ease of comprehension, the prevalence data provided for the County and state refer to COPD (and Emphysema). Six of eleven residents in the AOI who reported lung disease also reported asthma. Table 2 includes the data from all eleven residents, but in the interest of caution, we provide here the number of residents who reported lung disease and not asthma. Five residents (of n= 45) reported lung disease, a prevalence of 11%, which is still notable higher than both the County and state percentages. The term “immunocompromised” was not further defined in the survey, and thus data at the County and state level were not provided.

Of particular note is the high level of asthma reported in by Anderson residents. The prevalence is twice that of Caswell County, and the county rate is already much higher than the state average. High blood pressure is also reported at a higher rate in the AOI. Aforementioned lung disease rates are much higher than in the County or state.

To further illuminate the health outcomes reported, relevant information on leading causes of death from chronic conditions for Caswell County compared to the North Carolina average¹¹ are provided in Table 3.

Table 2: Health outcomes of Anderson, Caswell County, and North Carolina

1

Health condition	Prevalence in AOI (n) ^a	Prevalence in dependents in AOI (n=50)	Prevalence in Caswell County	Prevalence in North Carolina
Asthma	25.9% (54)	5%	13%	8.3% ¹⁴
High blood pressure	60.4% (56)	1.2%	47.33%	35% ¹⁵
High cholesterol	34.8% (54)	0.6%	33.5%	33.5% ¹⁶
Type 2 Diabetes	19.6% (54)	0%	17%	10% ¹⁵
Overweight/ Obesity	29.8% (55)	0.6%	33.01% (57.4%)	68% ¹⁵
Lung disease	24.4% (53)	0%	6.07% (COPD/ Emphysema)	5.6% (COPD) ¹⁷
Dementia	6.8% (52)	0%	NA	8.7% (rural) ¹⁸
Liver disease	0% (52)	0%	NA	1.8% (US) ¹⁹
Cancer	8.7% (54)	0%	11.65%	NA
COVID	8.8% (53)	1.2%	9.8% ¹⁸	10% ²⁰
Kidney disease	2.3% (53)	0.6%	2.67%	10% ²¹
Heart disease	8.9% (53)	0%	11.89%	9.7% ²²
Mental health issue	24.4% (53)	1.8%	29.37%	20% ²³
Immunocompromised	11.9% (50)	0%	NA	NA

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Table 3: Leading causes of death from chronic conditions (2013 – 2017) per 100,000 residents

Cause of death	Caswell County ¹¹	North Carolina
Diabetes	48.2	27
Lung disease (COPD and Emphysema)	65.7	51.9
Dementia (reported only as Alzheimer’s)	46.4	36.5
Cancer	292.6	191.4
Kidney disease	27.2	18.8
Heart disease	227.7	180.9

^a Number of residents responding to each question

Asthma may be triggered and other lung disease may be exacerbated by regular exposure to air pollution.²⁴ Per the *EPA Hot Mix Asphalt Emissions Assessment Report*, asphalt plants produce known carcinogens and toxic pollutants, such as particulate matter less than 10 micrometers (PM₁₀), volatile organic compounds (VOC), carbon monoxide, sulfur oxides, nitrogen oxides, polycyclic aromatic hydrocarbons (PAH), phenol, and volatile and metal hazardous air pollutants.^{25,26} A study conducted by Blue Ridge Environmental Defense League (BREDL) found that air pollution caused by asphalt plants led to higher cancer rates among residents living within a one mile-radius of the plant, including lung and primary brain cancers.^{25,27} Another study found that asphalt plant workers exposed to PM₁₀ had shorter telomere lengths, which is associated with increased risk of cancer and age-related diseases, and reduced life-expectancy.^{28,29}

In addition to industrial activity, diesel and other increased traffic associated with industrial activity pose an additional health concern. Studies have documented the negative health impacts of living near traffic and include lower life expectancy and low birthweight, and increased risks of cardiovascular disease and asthma.³⁰ A study conducted by Gauderman et al. found that children exposed to outdoor nitrogen dioxides, due to traffic-related pollution, were more likely to develop asthma and wheezing, and reported more frequent use of asthma medications.³¹ Similarly, an air toxics evaluation conducted in Tacoma and Seattle, Washington found that ambient air pollution related to motor vehicle traffic was an important driver for increased risk of cancer among residents.³²

Figure 5 reports the typical wind direction (the direction the wind is coming from) throughout the year, and the bar on top of the figure notes the predominant direction from which the wind is coming for that time period. Given that the winds from the north and from the west are the most frequent, any air emissions northwest of the Anderson Community may contribute significant airborne exposures among residents.

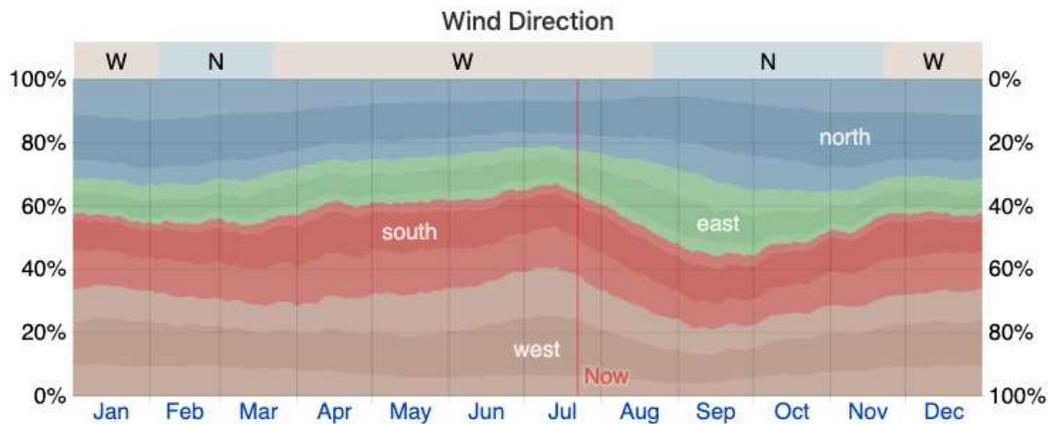


Figure 5: Wind patterns in Caswell County

(Note: this image borrowed from weatherspark.com³³ with data from NASA MERRA-2)

Physical environment

As noted in Figure 3, approximately one-third of residents rated both neighborhood quality as poor or fair. Approximately 60% of residents report plumes of smoke in their community, and 62% or residents report strange smells in their community. The nearby animal

conservator center (see Figure 1) is a major source of odor and noise complaints, with the smell of “dead animals” and “rotting meat” reported by multiple study participants. Also, 49% of respondents report “fear of encounter with wildlife” and “excessive buzzards, rodents or insects.” Annoyance with odors, air pollution and noise have also been shown to adversely impact physical and mental health.^{34,35}

All residents in the AOI use private wells for drinking water. Residents did not report concerns with water pressure or water quality. However, the Caswell County Community Health Assessment¹¹ noted that 52% (n = 65) of water samples in the county did not meet state guidelines for chemical contaminants, 24% (n=137) tested for coliform contamination.

Access to community support and healthcare

Availability of community support and healthcare is moderate to low, according to the survey and Caswell County Community Health Assessment¹¹ according to Figure 6. Approximately 47% of residents were not confident that public officials would address and/or work to improve upon environmental and health issues brought to their attention. In most cases, residents reported turning to family members, not public officials or public safety if they had an issue with any of the environmental conditions described in the survey questions 2-7.

In terms of healthcare, 57% of residents reported seeing a primary care physician when they felt sick, though they did not report where the physician was located. Approximately 28% report going to either a community clinic, urgent care or an emergency room instead. Compared to other counties in NC, Caswell has a dearth of physicians per capital. There are only 3.8 physicians per 10,000 residents, compared to the state average of 23.5.¹¹

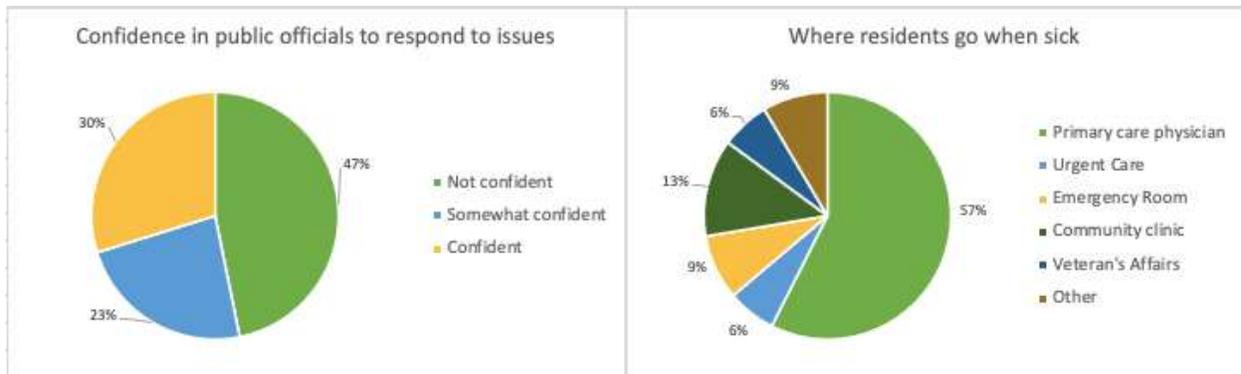


Figure 6: Reliance on public and medical service

Strengths and Limitations

There are several limitations of the study. While our research team aimed to achieve a census, with input from every unit, we instead reached a sample of residents, which we believe to be representative of the residents in the AOI. Also, as with all surveys, there is self-selection bias in who agrees to complete the survey. Recall bias may have affected participant responses to questions about physical environment and housing, depending on how recently they experienced any of the nuisances described in questions 2-7. Finally, we aimed to

create a survey that would not greatly exceed 20 min and that used plain language. Therefore, simpler descriptions of some chronic diseases were listed, which may not always correspond directly to conditions for which we have extensive county and state data for comparison. The survey was administered either face-to-face, by phone or via printed copy, though less than 10% of surveys were completed via the latter method. While we did not perceive a difference in how participants responded, there is always the potential for greater social desirability bias—the tendency to underreport socially undesirable attributes and behaviors—during the face-to-face surveys, as has been previously reported.³⁶

The major strength of the study was our collaboration with local leaders, to ensure that the survey was culturally appropriate and a suitable length. The collaboration undoubtedly enhanced our ability to gain access to residents get such a fairly high survey completion rate (53%) within a short period of time. Our research team included members of the predominant racial group of the community, which likely improved response rates for the in-person surveys.

Conclusions and Implications

This report serves as a brief summary of some health and quality of life-related conditions in the Anderson community of Caswell County. Based on health conditions that residents report, we believe there is sufficient evidence that this community would be particularly vulnerable to any exposures from a polluting industry, and where possible, the Anderson community should be protected. The prevalence of several chronic conditions, including asthma, high blood pressure, diabetes and lung disease exceed state and county rates, and there is a wealth of research to demonstrate that these conditions may be exacerbated by exposure to ambient air pollution. Furthermore, access to physician care is significantly lower in Caswell County, in comparison to the state average. With the potential for cumulative impacts, limited access to medical care, presumably limited financial resources and skepticism in support from public officials, this community would likely be hampered in their ability to avoid exposure and may be reluctant to pursue action via local and state officials to mitigate exposure. Furthermore, as a community with a substantial proportion of residents identifying as people of color, public officials must increase efforts to understand community concerns and meaningfully incorporate their involvement and input in decision making.

Several states have recently implemented policies that encourage greater public participation of impacted communities and EJ-related inquiry as a part of the permitting process. Some examples include Connecticut's Public Act 20-6, which that "residents of an environmental justice community have an appropriate opportunity to participate in decisions about a proposed facility or the expansion of an existing facility that may adversely affect such residents' environment or health."³⁷ New Jersey has made permitting of new and existing facilities contingent on the absence of impacts on marginalized communities. In their Senate Bill 232, the Department of Environmental Protection is required "to evaluate environmental and public health stressors of certain facilities on overburdened communities when reviewing certain permit application" and can deny permits if sufficiently adverse impacts are expected on an overburdened community³⁸. They define an overburdened community as census blocks with either 35% or more percent of the households qualifying as low-income households, 40% or more of residents identify as minority or members of a State recognized tribal community or where 40% or more of the households have limited English proficiency.

At minimum, the NC Department of Environmental Quality must ensure that it is upholding its own rules, including Subchapter 01c of the North Carolina Environmental Policy Act and ensure compliance with federal non-discriminatory laws, such as Title VI of the Civil Rights Act. Finally, NC DEQ should consider establishing a permanent role for their Equity and EJ Board in environmental decision making and permitting and establishing a process for by which input from the impacted community plays an integral role in in permitting. Similar efforts to center impacted communities in local city council and planning board decisions will also move our most marginalized NC communities towards more protective and more just outcomes.

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Appendix 1. Anderson Community Environmental Quality and Health Survey-Full Version

Part 1: Housing, Physical Environment and Family

This set of questions are about housing and your physical environment. Remember, the answers you give for this survey will not be linked to you in any way and you can indicate "I prefer not to answer" for questions that you don't wish to answer.

1. In general, how would you rank the quality of life in your neighborhood? Would you say...

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure
- I prefer not to answer*

Now we are going to ask about some specific issues that could interrupt quality of life in your neighborhood.

2. How frequently do you see plumes of smoke in your community?

- Daily
- Once or twice a week
- Once or twice a month
- A few times a year
- I don't ever recall ever seeing plumes of smoke
- I prefer not to answer*

3. How frequently do you smell strange odors in your community?

- Daily
- Once or twice a week
- Once or twice a month
- Once or twice a year
- I don't ever recall smelling strange odors (*skip question to Question 5*)
- Other _____
- I prefer not to answer*

4. How would you characterize the odors?

- Gas smell
- Rotten egg smell
- Decomposing trash smell
- Animal odors
- Other _____
- I Don't know
- I prefer not to answer*

5. Do you know what is the source of the plume or foul odor? (*Skip this question if you don't recall plumes or odor*)

- _____
- I don't know
- I prefer not to answer*

6. Do you experience any of the following issues or nuisances within your community? (at least once a week) Check all that apply.

- Low or no water pressure
- Discolored or foul-smelling tap water
- Excessive or disruptive noises
- Danger or fear of encounter with animals or wildlife
- Excessive traffic
- Excessive light
- Excessive animals (like buzzards, rodents or insects)
- Nuisance flooding (e.g., areas where water drains very slowly)
- Other _____
- None of the above
- I prefer not to answer*

7. If you responded selected any of the options in the previous questions, which of the following do you do to avoid the nuisance/issue? Check all that apply.

- Buy bottled water
- Go indoors
- Leave the neighborhood
- Go to sleep
- Engage in comforting or joyful activities
- Keep the kids indoors
- Change schedule/plans to avoid the nuisance
- Other _____
- None of the above
- I prefer not to answer*

8. Who do you turn to most frequently to discuss any of the issues you just mentioned? Check all that apply.

- Neighborhood community leader(s)/community group
- Police
- Public official (for example, councilperson, mayor, planning board, state official)
- Local agency (health department, social services)
- Faith leader
- Co-worker(s)
- Family member(s)
- Other: _____
- None of the above
- I prefer not to answer*

9. How confident are you that local or public officials will respond to the issue if you bring it to their attention? Would you say....

- Confident
- Somewhat confident
- Not confident
- I prefer not to answer*

Part 2: Personal Health Status and Access to Care

This next set of questions is about your own personal health and your access to health care.

10. Considering both your mental and physical health, would you say that, in general, your health is ...

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure
- I prefer not to answer*

11. Now I have a list of health conditions that I would like to ask you about. I will first ask if you have been diagnosed with the condition and then ask how many of your dependents or minors in the household have also been diagnosed with the condition. So, in the past year, has a doctor, nurse, or other health professional diagnosed you with any of the following illnesses or conditions? You can tell me yes or no or that you would prefer not to answer.

Diagnosis (You)
How many of your

dependents/minor

a. Asthma	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	Enter # (0, 1, 2 etc.)
b. High blood pressure	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
c. High cholesterol				
d. Type 2 Diabetes (not during pregnancy or Type 1)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
e. Overweight/Obesity	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
f. Lung disease including COPD	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
g. Dementia/Short-term memory loss	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
h. Liver disease (hepatitis)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
i. Cancer				
If yes, what kind of cancer have you been diagnosed with: _____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
j. COVID-19	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
k. Kidney disease				
l. Heart disease				
m. Mental health diagnosis (depression, anxiety, etc.) Are you immunocompromised?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
n. Other health conditions or symptoms for which you don't have a formal diagnosis _____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	

12. Next I have a list of disabilities I would like to ask you about. Please answer yes or no to the following statements. You may also choose to skip any of these questions if you would like.

- a. Are you deaf, or do you have serious difficulty hearing?
- b. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?
- c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- d. Do you have serious difficulty walking or climbing stairs?
- e. Do you have difficulty dressing or bathing?
- f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer

13. Do you currently smoke cigarettes or use any kind of tobacco or nicotine product on a daily basis? This could include smokeless tobacco like dip or chewing tobacco, e-cigarettes, vape pens or juuls. (E-cigarettes, vape pens and juuls (pronounced "jewels") are electronic devices that heat a liquid form of nicotine to generate a vapor that the user inhales.)

- Yes
- No
- Don't know/Not Sure
- I prefer not to answer

14. Where do you go most often when you are sick? (DO NOT read the options. Mark only the one they say. If they cannot think of one, read: Here are some possibilities. Read responses. Choose only one please.)

- Doctor's office (primary care)
- Health department
- Hospital Emergency Room
- Urgent Care Center
- Community Clinic
- Other: _____
- None of the above
- I prefer not to answer

15. In the past 12 months, have you had trouble getting any needed healthcare for either yourself or your dependents from any kind of health care provider including, prescriptions, mental treatment or other healthcare services?

- Yes
- No (skip to Q18)
- I prefer not to answer (skip to Q18)

16. Since you said “yes,” what type of provider or facility, did you or your family member have trouble getting health care from? I will read out a few answers...If I don’t mention one, please let me know and I will write it down.

- | | |
|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Eye care/ optometrist/ ophthalmologist | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> General practitioner/primary care | <input type="checkbox"/> Substance abuse treatment center |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Specialist <i>(What type?)</i> |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Mental health care provider | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> <i>I prefer not to answer</i> |

17. What were the reasons that prevented you or your family member from getting the health care you needed?

- | | |
|---|---|
| <input type="checkbox"/> No health insurance. | <input type="checkbox"/> Pharmacy hours didn’t work with my schedule. |
| <input type="checkbox"/> Insurance didn’t cover what I/we needed. | <input type="checkbox"/> Pharmacy was too far away. |
| <input type="checkbox"/> Share of the cost (deductible /co-pay) was too high. | <input type="checkbox"/> No way to get there. |
| <input type="checkbox"/> Doctor would not take my/our insurance or Medicaid. | <input type="checkbox"/> Service was not available near me |
| <input type="checkbox"/> Hospital would not take my/our insurance. | <input type="checkbox"/> Not enough providers offer the service |
| <input type="checkbox"/> Dentist would not take my/our insurance or Medicaid. | <input type="checkbox"/> Didn’t know where to go. |
| | <input type="checkbox"/> Couldn’t get an appointment. |
| | <input type="checkbox"/> The wait was too long. |
| | <input type="checkbox"/> I didn’t have childcare. |
| | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> <i>I prefer not to answer</i> |

18. Now thinking about your state of mind, have you felt any of the following in the past 30 days, and if so, how frequently did you experience the feeling? You can say not at all, several days, more than half the days, nearly every day, or that you prefer not to answer.

Sadness	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Nervousness	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Trouble sleeping	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Trouble concentrating	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Trouble relaxing (anxious)	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Low energy/ tired	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Annoyed / irritated	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Afraid	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Worried	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer

19. What type of health insurance do you currently have?

- | | |
|--|---|
| <input type="checkbox"/> Private or employer provided insurance | <input type="checkbox"/> Community Care Plan |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> ACA Marketplace / Obamacare |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> I do not have health insurance |
| <input type="checkbox"/> NC Health Choice | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> TriCare (Military or veteran's insurance) | <input type="checkbox"/> I prefer not to answer |

20. Since the start of the COVID-19 pandemic, have you had trouble getting either of the following:

- | | |
|--|--|
| <input type="checkbox"/> Getting a COVID test | <input type="checkbox"/> Other COVID-related resources (specify):_____ |
| <input type="checkbox"/> Getting COVID vaccine | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> No troubles | |

Part 3: Demographics

Alright! Thank you for your feedback. We have just a few more questions to ask. Remember everything you share with us will remain confidential and anonymous.

21. What is your age in years? _____ (enter age)

- I prefer not to answer**

22. How do you describe your gender? _____

- I prefer not to answer**

23. Are you an essential worker who is not currently working from home?

- Yes No **I prefer not to answer**

24. Which category or categories best describes your racial/ethnic identity? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Native American | <input type="checkbox"/> Native Hawaiian and other Pacific Islander |
| <input type="checkbox"/> Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian) | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Hispanic, Latino or Spanish origin (Mexican, Mexican American, Puerto Rican, Cuban Salvadorian, Columbian) | <input type="checkbox"/> Other race or ethnicity, please specify _____ |
| | <input type="checkbox"/> I prefer not to answer |

25. What is the highest grade or year of school you completed? (Read if necessary, choose one)

- | | |
|---|---|
| <input type="radio"/> Less than 9th grade | <input type="radio"/> Associate's Degree or Vocational Training |
| <input type="radio"/> 9-12th grade, no diploma | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school graduate (or GED/ equivalent) | <input type="radio"/> Graduate or professional degree |
| <input type="radio"/> Some college (no degree) | <input type="radio"/> I prefer not to answer |

26. Including yourself, how many people live in your home? (*Enter #*)_____

27. How many dependents live your home?

(*Enter #*)_____

28. What are the ages of the dependents? _____

29. If you would like to receive additional information about the survey results, please provide an email address so we can contact you. Note that by giving your email address here, your confidentiality in your previous responses will still be maintained.

Thank you so much for your time! We will share the summary results (not individual results) with The Anderson Community Group, who will be following up on some of the issues and concerns raised by the community. Thank you again for your time.

Appendix 2. Anderson Community Environmental Quality and Health Survey-Abbreviated Version

Part 1: Personal Health Status and Access to Care

This next set of questions is about your own personal health and your access to health care.

30. Considering both your mental and physical health, would you say that, in general, your health is ...

- | | | |
|---------------------------------|---|---|
| <input type="radio"/> Excellent | <input type="radio"/> Fair | <input type="radio"/> <i>I prefer not to answer</i> |
| <input type="radio"/> Very good | <input type="radio"/> Poor | |
| <input type="radio"/> Good | <input type="radio"/> Don't know/not sure | |

31. Now I have a list of health conditions that I would like to ask you about. I will first ask if you have been diagnosed with the condition and then ask how many of your dependents or minors in the household have also been diagnosed with the condition. If someone else in your household has already answered for these dependents, do not respond here.

So, in the past year, has a doctor, nurse, or other health professional diagnosed you with any of the following illnesses or conditions? You can tell me yes or no or that you would prefer not to answer.

Diagnosis (You)
How many of your
dependents/minor

- o. Asthma
- p. High blood pressure
- q. High cholesterol
- r. Type 2 Diabetes (not during pregnancy or Type 1)
- s. Overweight/Obesity
- t. Lung disease including COPD
- u. Dementia/Short-term memory loss
- v. Liver disease (hepatitis)
- w. Cancer
If yes, what kind of cancer have you been diagnosed with: _____
- x. COVID-19
- y. Kidney disease
- z. Heart disease
- aa. Mental health diagnosis (depression, anxiety, etc.) Are you immunocompromised?
- bb. Other health conditions or symptoms for which you don't have a formal diagnosis _____

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	Enter # (0, 1, 2 etc.)
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer	

32. Next I have a list of disabilities I would like to ask you about. Please answer yes or no to the following statements. You may also choose to skip any of these questions if you would like.

- g. Are you deaf, or do you have serious difficulty hearing?
- h. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?
- i. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- j. Do you have serious difficulty walking or climbing stairs?
- k. Do you have difficulty dressing or bathing?
- l. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I prefer not to answer

33. Now thinking about your state of mind, have you felt any of the following in the past 30 days, and if so, how frequently did you experience the feeling? You can say not at all, several days, more than half the days, nearly every day, or that you prefer not to answer.

Sadness	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Nervousness	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Trouble sleeping	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Trouble concentrating	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Trouble relaxing (anxious)	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Low energy/ tired	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Annoyed / irritated	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Afraid	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer
Worried	<input type="radio"/> Not at all	<input type="radio"/> Several days	<input type="radio"/> More than half the days	<input type="radio"/> Nearly every day	<input type="radio"/> I prefer not to answer

Part 2: Demographics

Alright! Thank you for your feedback. We have just a few more questions to ask. Remember everything you share with us will remain confidential and anonymous.

34. What is your age in years? _____ (enter age)

- I prefer not to answer

35. How do you describe your gender? _____

- I prefer not to answer

36. Are you an essential worker who is not currently working from home?

- Yes No I prefer not to answer

37. Which category or categories best describes your racial/ethnic identity? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Native American | <input type="checkbox"/> Native Hawaiian and other Pacific Islander |
| <input type="checkbox"/> Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian) | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Hispanic, Latino or Spanish origin (Mexican, Mexican American, Puerto Rican, Cuban Salvadorian, Columbian) | <input type="checkbox"/> Other race or ethnicity, please specify _____ |
| | <input type="checkbox"/> I prefer not to answer |

38. What is the highest grade or year of school you completed? (Read if necessary, choose one)

- | | |
|---|---|
| <input type="radio"/> Less than 9th grade | <input type="radio"/> Associate's Degree or Vocational Training |
| <input type="radio"/> 9-12th grade, no diploma | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school graduate (or GED/ equivalent) | <input type="radio"/> Graduate or professional degree |
| <input type="radio"/> Some college (no degree) | <input type="radio"/> I prefer not to answer |

39. Including yourself, how many people live in your home? (Enter #) _____

40. How many dependents live your home?

(Enter #) _____

41. What are the ages of the dependents? _____

42. If you would like to receive additional information about the survey results, please provide an email address so we can contact you. Note that by giving your email address here, your confidentiality in your previous responses will still be maintained.

Thank you so much for your time! We will share the summary results (not individual results) with The Anderson Community Group, who will be following up on some of the issues and concerns raised by the community. Thank you again for your time.