Public Attitudes of Virgin Islanders Towards People With Disabilities

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Abstract

This research documents how members of the United States Virgin Islands community feel about people with disabilities. For this study, five hundred (500) copies of a 27-item questionnaire were distributed. Three hundred and fifty (350) were completed and returned. Results suggest that while Virgin Islanders tend to have a limited view of what it means to have a disability, their attitude towards people with disabilities is positive, a mindset may be different from mainland Americans. Among other findings is that Virgin Islanders might consider sending their loved ones to institutions, if the ones they love can benefit from it; that is, if they see institutionalization as a means to an end and not an end, in and of itself. Study results can help design and build better systems and programs in the territory for individuals with disabilities so that they can live happy, productive and inclusive lives.

1. Introduction and Literature Review

This study presents the findings of a survey of public attitudes towards people with disabilities in the US Virgin Islands (USVI). The survey was conducted in 2009 on the islands of St. Thomas and St. Croix. The survey was developed and distributed by the staff of Virgin Islands University Center for Excellence in Developmental Disabilities (VIUCEDD), University of the Virgin Islands. The US Virgin Islands, often described as historically American but uniquely Caribbean, is a territory of the United States and is a collection of four main islands - St. Croix, St. Thomas, St. John, and Water Island. There are also many small, mostly uninhabited islands. The US Virgin Islands is located in the Caribbean Sea approximately fifty miles east of Puerto Rico. The Territory is divided into two districts, the St. Thomas/St. John district and the St. Croix District. The estimated total population of the US Virgin Islands is 109,678 with 54,259 individuals residing on St. Croix, 51,389 on St. Thomas, and 4,030 on St. John (Eastern Caribbean Center, 2003). The USVI is culturally diverse. The majority of the population is comprised of individuals of African descent.

Africans were brought as slaves to the Virgin Islands initially during colonization, a period of some 300 years before United States ownership. Later, individuals of African descent came as a result of tourism and trade, influenced by the purchasing of the islands by the US in 1917. Between the early 1600s and the 1900s, St. Thomas, St. Croix, St. John and Water Island came under the rule of several countries including Holland, France, England, Spain and Denmark. They became the US Virgin Islands upon transfer to the United States, from Denmark on March 31, 1917, for the purchase price of $25 million (Habtes, Habtes and Beady, 2012).

Currently, residents migrate from many other Caribbean islands of the Lesser and Greater Antilles and from the United States mainland. Racial composition, according to the Eastern Caribbean Center report, citing 2000 US Census data, is as follows: Black 76.2%, White 13.1%, Asian or Pacific Islander 1.1%, other race 9.6%. Also according to those data, in terms of ethnicity, some 15,355 persons are of Hispanic origin (14% of the total population), with the majority residing on St. Croix. There, the Hispanic population represents 27% of the population.

The percentages presented above show that when we talk about residents of the Virgin Islands, we are talking about people of different cultural backgrounds and psychological makeups. This makes the issue of cultural differences in attitudes toward disability both complicated and intriguing, particularly in the US Virgin Islands. That is, while the US Virgin Islands is a microcosm of the United States, this Territory, at the same time, is perhaps more culturally diverse and has both cultural differences and cultural similarities when compared to mainland US residents.

Although research on the interaction between culture and disability is limited (Arcia, Keyes, Gallagher, & Herric, 1993), we know that cultural groups can vary significantly in their beliefs about disability (Harry 1992; Ingstad & Whyte, 1995). It is, therefore, very important to recognize and understand cultural variations in attitudes toward persons with disabilities in countries such as the U.S. that receive large groups of immigrants from a variety of cultural backgrounds (Westbrook, Legge, &Pennay, 1993). One of the purposes of this current study then, is to add to the existing literature by providing the results of a study that measures the attitudes citizens of the US Virgin Islands toward people with disabilities. The possibility of the existence of differences in public attitudes between Virgin Islanders and mainland US citizens further undergirds the significance of this research, given that the unfortunate public perception of people with disabilities in the United States, of which the Virgin Islands is a part, is, by and large, still negative (Pruett, Lee, Chan, Wang & Lang, 2008).

In these multicultural Virgin Islands, the Virgin Islands University Center for Excellence in Developmental Disabilities (VIUCEDD) and other agencies, such as the Virgin Islands Disability Rights

Center (VIDRC) and the Virgin Islands Center for Independent Living (VICIL) have been working diligently to change attitudes, in the general population, toward persons with disabilities. Our effort to bring about positive social policies, here in the US Virgin Islands, by enacting new legislation, however, has been moving slowly. This could be, at least in part, a validation of the societal attitude theory which posits that public attitudes dictate, to a large degree, social policy (Hewes et al, 1998 citing Hahn, 1985 and others). This might also be due to the fact that the number of people with disabilities who can vote is very small, coupled with the fact that they are under-represented in positions where policies are formed and legislation enacted (Massie, 2006).

Additionally, in the US Virgin Islands, when members need help or assistance, many families do not go out of their way to seek support from the government and/ or other non-government agencies. Many Latino families, in the territory, for example, rely heavily on extended family members to help care for those who have disabilities (Heller et al., 1994; Bailey et al, 1999). This notion becomes important since people of Latino origin make up a significant percentage of the total population of the US Virgin Islands and this characteristic of Latino families, if true, would probably be reflected in any meaningful `study of attitudes towards people with disabilities in the US Virgin Islands.

2. Methodology

It is important to begin this section by pointing out that when one attempts to measure something like attitudes towards people with disabilities, by taking a sample within a diverse community like the Virgin Islands, it is very likely that any sample taken is made up of even smaller samples, or sub-samples representing different ethnic groups with different cultural backgrounds. This is the unique aspect of this study…sampling a community as an entity with the understanding there are several other entities or sub-samples within the larger entity.

There is, for example, quite a large group of individuals of Latino origin living in the Virgin Islands. As indicated earlier, most members of this group came from Puerto Rico and other Latino communities in the Caribbean and Central America. There are also people who migrated from the continental US and a large number of natives who have been living here for at least five generations. Although these ethnic groups live together harmoniously and share a lot in common, they have distinctly different cultures. Cultural differences notwithstanding, however, our primary objective in this study is to determine in general, how those living in the US Virgin Islands feel about people with disabilities.

Additionally, constructing a valid and reliable instrument that measures attitude and prejudice is a difficult undertaking. This is due to the fact that, in most instances, surveys of public attitude rely on the self–reporting of individuals' own attitudes and prejudices. In many, if not most cases, it is very difficult for anyone to accept and acknowledge his/her own prejudices. This lack of acceptance is referred to as "social desirability bias" (Fisher, 1993) which can occur when people are asked to respond to culturally sensitive issues such as racism or masturbation. The result may be that questions are not answered truthfully. This may be particularly true in instances where questionnaires are administered in person. Even though it may not be the case, respondents may feel that the surveyor, because of proximity, can identify their responses and as a result, they are being judged. This could result in "softer" responses by those being surveyed; the thinking being, it would be more acceptable to the researcher.

The survey instrument for this study is made up of 27 items. Each item is made up of five response alternatives: Strongly Agree, Agree Somewhat, Neither Agree/Disagree, Disagree Somewhat, Disagree Strongly. Questions were asked on a diverse range of topics concerning attitudes relating to disability, including knowledge of disability and general attitudes, which included education and employment of people with disabilities.

Specific questions that probe the belief of the larger majority, such as whether people with disabilities are capable of living normal lives and being fully included in public places, along with people without disabilities, were asked. However, the US Virgin Islands is a small community, where the possibility that the interviewer might be familiar to the interviewee is highly possible. Therefore, to protect confidentiality and at the same time reduce the impact of social desirability bias…people not willing to admit their negative attitudes publicly to an interviewer…this study adopted two approaches:

First, rather than the interviewer asking the person the question directly and recording it himself/ herself in person, the questionnaire was given to the individual to complete. In the event the individual was not proficient in reading and writing and did not appear to show concern regarding the interviewer completing the form for him/her, the interviewer filled in the questionnaire

The surveys were distributed utilizing strategies aimed at ensuring a high rate of return, along with a high rate of completion. In the US Virgin Islands, two annual fairs take place that consistently attract capacity crowds made up of a representative cross-section of every group and subgroup of the Territory's total population. The first strategy involved asking individuals attending the fairs to complete the survey. The second strategy involved VIUCEDD staff members asking individuals who attended various VIUCEDD-sponsored trainings, workshops and conferences to complete the surveys. The third and final strategy involved the researchers mailing anonymous, self-completion questionnaires to names and addresses contained on an organizational mailing list, along with stamped and self-addressed return envelopes. Utilizing these three methods, a total of five hundred questionnaires (500) were distributed on both islands. A total of three hundred and fifty (350) completed questionnaires were returned.

A detailed breakdown regarding how the 350 completed questionnaires were collected is as follows: One of the most highly attended activities in the US Virgin Islands, as mentioned above, is the annual Virgin Island Food and Agricultural Festival held on St. Croix. According to the VI Department of Agriculture, the average attendance figure for this event is 25,000, a number that represents just under half the some 50,000+ people who live on the island (with attendees also coming from St. Thomas, St. John and other Caribbean islands). The estimated average annual attendance for the St. Thomas festival is smaller, at 2,500 (total St. Thomas population equals some 54,000). Given these numbers, fairgoers were asked to fill out the survey instrument, by VIUCEDD staff members at both fairs. This took place during the three-day fair on St. Croix and the two-day fair on the island of St. Thomas. This resulted in two hundred (200) completed surveys collected at the fairs. The second phase of the data collection methodology involved distributing and collecting questionnaires that were filled out at VIUCEDD-sponsored activities and events. This resulted in 100 completed surveys being collected.

A VIUCEDD mailing list was utilized in third phase of the data collection strategy. Individuals on the list were asked, via a mailed letter, to complete the forms and mail them back to the researchers. They were also instructed not to complete the questionnaire if they had done so previously. The list was comprised of the names and addresses collected by VIUCEDD from individuals who attended the organization's trainings, conferences, workshops and other activities, over several years. At the time of the mailing, the list contained some 400 names and addresses. This strategy resulted in 50 completed questionnaires being returned.

While we cannot claim a true random sample of the US Virgin Islands population resulting from the data collection methodology used for this study, we are confident that the sample resulting from the data collection methodology is a representative cross-section of the Territory's population.   This conclusion is based on the popularity of the fairs and the crowd makeup, coupled with our records of who attended various VIUCEDD workshops, trainings and conferences. Chi-square tests of independence were calculated on each Survey Question (items 1-27) by Biographical Information (items 28-30). Statistically significant conjoins [p ≤ .05] are indicated in Attachment A.

3. Findings and Discussion

Of those responding, 45.6% were male, 54.4% female, 48.7% were high school graduates, 29.2% were college graduates, 21.1% held a graduate degree, 42.7% ranged in age from 20-30, 19.8% were 30-40, 26.5% 40-50 and 11.0% were 60+. One immediate finding of this study is the suggestion that most Virgin Islanders have had direct experience with people with disabilities either in the community, work place or in school. When asked "Have you ever known a person who was thought to have a developmental disability," as indicated in Table 1, 84.2% responded by saying they are very familiar, somewhat familiar or slightly familiar.

It is very interesting to note that this familiarity was not the case for any particular group or sub-sample but rather it was common across gender, age, and education. However, when we engaged some of the respondents in discussion, the individuals with a disability that they cited as being familiar with are persons with physical or sensory limitations and none were mentioned with intellectual impairment. This led us to believe that most people in the Virgin Islands may not think of people with intellectual disability when they hear the term disability.

The findings of this study do not allow us to determine if respondents are distinguishing between physical/sensory disabilities and intellectual disabilities. In that regard, we are not able to conclude, with certainty, what citizens of the Virgin Islands think of people with intellectual disabilities. It should be noted however, that many of the young individuals who are creating havoc in the territory are crime-committing students or ex-students with intellectual disabilities and who, in many instances, have been dismissed from school because they were not able to perform well academically or follow school rules and regulations.

On another note, a large percentage of Virgin Islanders appear to believe that people with disabilities should be cared for by the immediate family. When asked if they agree with the statement: "People with disabilities should be cared for by the immediate family as much as possible," as indicated in Table 2, 75.8% responded by indicating they agree strongly or agree somewhat, compared to 5.9 % who disagreed. This is consistent with a widely-held perception of Latino culture. It is generally believed that the members of many, if not most, Latino communities believe family is very important and it is the responsibility of the family to take care of its members under all circumstances. While this strong bond between family members is very advantageous, it can be very stifling for a person with a disability seeking independence. Heller et al. (1994); Keefe, Padilla, and Carlos (1979), for instance, indicated that Latino families feel responsible for taking care of their loved ones by relying heavily on extended family members. In many immigrant families, it is unheard of for adult children to leave home between the ages of 18 to 21. They often live with their parents until they get married.

If those same adult children attend college or secure employment after completing high school they often choose to live with their parents while doing so. Having such a close relationship among family members is an advantage for the most part, especially if a member is going through a difficult time. The bond that characterizes the Latino family is very strong. It could be argued that this familial bond is one of the best qualities of Latino culture. On the other hand, it may also be detrimental for a person with a disability seeking independence. In particular those who do not understand the importance of Independent Living philosophy may find it contradicting with their cultural beliefs (Martinez and Savinar, 2006).

This support by family members to family members with a disability was clearly articulated when, as indicated in Table 3, more than half of the respondents (52.3%) indicated their disapproval of keeping people with disabilities in an institution. This number was not as large as we expected because 25.3% chose neither to agree nor disagree with keeping people with disabilities in an institution. However, when asked to respond to the statement "People with developmental disabilities should be kept in facilities where they can be provided with specialized help they need," the number of participants who agreed and disagreed,

as indicated in Table 4, is relatively close at 35.7% and 38.2 respectively with 26.1% neither agreeing nor disagreeing. It seems that Virgin Islanders might consider sending their loved ones to institutions if the ones they love, who have disabilities, can benefit from it. In other words, they might accept institutions if they are a means to an end and not an end, in and of itself.

Another issue, upon which Virgin Islanders appear to have a clear position, is that of "inclusion." Inclusion is the law of the land (Habtes, Habtes and Beady, 2012) and accordingly, Virgin Islanders showed strong support for people with disabilities to be fully included as members of society. This has been confirmed by how individuals responded to several "inclusion" questions such as indicated in Table 5. With regard to the statement: "People with developmental disabilities should be able to use public playgrounds and beaches," 82.2 % of respondents indicated they strongly agreed or agreed somewhat. With regard to the statement: "People with developmental disabilities should be able to attend movie theaters," 81.9% of respondents indicated they strongly agreed or agreed somewhat. With regard to the statement: People with developmental disabilities should be included in public places and social events, 83.9% of respondents indicated they strongly agreed or agreed somewhat. With regard to the statement:" People with developmental disabilities should be encouraged to get out and be involved in the community," 80.7%of respondents indicated they strongly agreed or agreed somewhat.

The very inclusive attitude towards people with disability changes a bit, however, when the issue is made personal. For example, when respondents were asked to respond to the statement: "If a person with a disability moved into my neighborhood, I would be concerned," as indicated in Table 6, nearly half, 48.8%, either strongly agreed, agreed somewhat or neither agreed or disagreed.   This large percentage is a source of concern and leads the researchers to the conclusion that many respondents in our survey might see it more socially appropriate to declare positive attitudes towards people with disability while privately harboring negative attitudes as suggested by Hernandez et al (2000). Similarly, Genesi (2000) discusses the notion of subtle prejudice as he explores how many teachers agree, on a philosophical level, with inclusion programs for children with disabilities but when it comes to their practical use in the classroom, they express reservations. This may also be reflective of the social desirability effect discussed above.

In the US Virgin Islands, due to the fact that a number of agencies, such as the Virgin Islands University Center for Excellence in Developmental Disability (VIUCEDD), advocate for inclusion, some changes have occurred and some progress has been made. Many children, however, are still receiving education in segregated schools and while disability services in higher education are being provided because classrooms have been and are being made accessible, the pace has been frustratingly slow.

As we discuss education here, it is important to mention that one of the most promising beliefs espoused by people of the Virgin Islands is found in their responses to the statement: "People with developmental disabilities can learn to live normal lives." As indicated in Table 7, 78.7% of respondents either agreed strongly and agreed somewhat, compared to 8.8% who disagreed strongly and somewhat disagreed.
Also equally important is their belief that society should do everything in its power to help those who are most vulnerable. Some 77% of respondents either agreed strongly or agreed somewhat to that statement.

On the other hand, 20 percent of respondents believe the government is spending too much money towards people with disabilities. While 61.8 percent of respondents strongly disagreed or disagreed somewhat with the notion that too much money is being spent on people with developmental disabilities we were surprised to see 20 percent agreeing strongly or agreeing somewhat and another 18 percent neither agreeing or disagreeing.

The individuals who agree also oppose including children with disabilities in the regular classroom because they believe that students with disabilities are different from their non-disabled peers and, therefore,

need different, specialized services (Tornillo (1994). Similarly, Huebert (1994) advocates that students with disabilities are better served outside the mainstream classroom. This general statement closes doors on all children with disabilities and is opposed by proponents of inclusion. It is contrary to the law which clearly indicates that if a child can be "feasibly" integrated, segregation is illegal, regardless of the school district's philosophical perspective on integration (Ringer & Kerr, 1988).

4. Conclusions and Recommendations

Analyses of the data from this study indicate that those who responded to the survey tended to hold a positive attitude towards people they assume to have a disability. This leads us to conclude that this is likely the case with the majority of those who live in the US Virgin Islands. Analyses also lead to the conclusion that regardless of feeling about the responsibility of family and extended family towards taking care of members who are not in a position to fully take care of themselves, Virgin Islanders might not have as much reservation about sending their loved ones to institutions as we initially anticipated. That is, the responses suggest that if respondents felt the ones they love could benefit from it, then they tended to see institutionalization as helpful and not harmful.

Among the other findings of note in this study is the fact that while analyses of the data led to the conclusion that respondents generally had favorable attitudes towards people with disabilities and felt that they should be included in life's day-to-day activities, regardless of disability, that positive perception takes a slightly different direction when respondents were asked about someone with a disability moving into their own neighborhood. The percentage of those who expressed concern raises a red flag concerning how truthful respondents are regarding their real feelings about people with disabilities and gives cause for concern regarding the impact of true feelings on the formulation and carrying out of policy and practice along with planning regarding the inclusion of individuals with disabilities in everyday life.

Our conclusions and recommendations regarding the this study also lead us to point out that the findings presented here are done so in light of the fact that upon engaging respondents in conversations about people with disabilities with whom they are familiar, the individuals they knew, as mentioned earlier, were persons with physical or sensory limitations and none were mentioned with intellectual impairment. This, in turn, leads to the conclusion that people in the Virgin Islands may not think of individuals with intellectual disability when they hear the term disability.

Our primary recommendation, based on the findings and conclusions of this study, then, is that additional research is needed to determine if, in fact, our findings hold true across racial and ethnic groups throughout the Territory. Such follow-up research would allow us to both confirm the findings of this current study as well as determine the extent to which they hold up among the different racial and ethnic groups that comprise the population of the US Virgin Islands. The combined results of this study and additional research can be used to help design and build better systems and programs that promote inclusion for individuals with disabilities so that they and their family members can live happy, productive and inclusive lives here in the Territory or wherever they chose to live.

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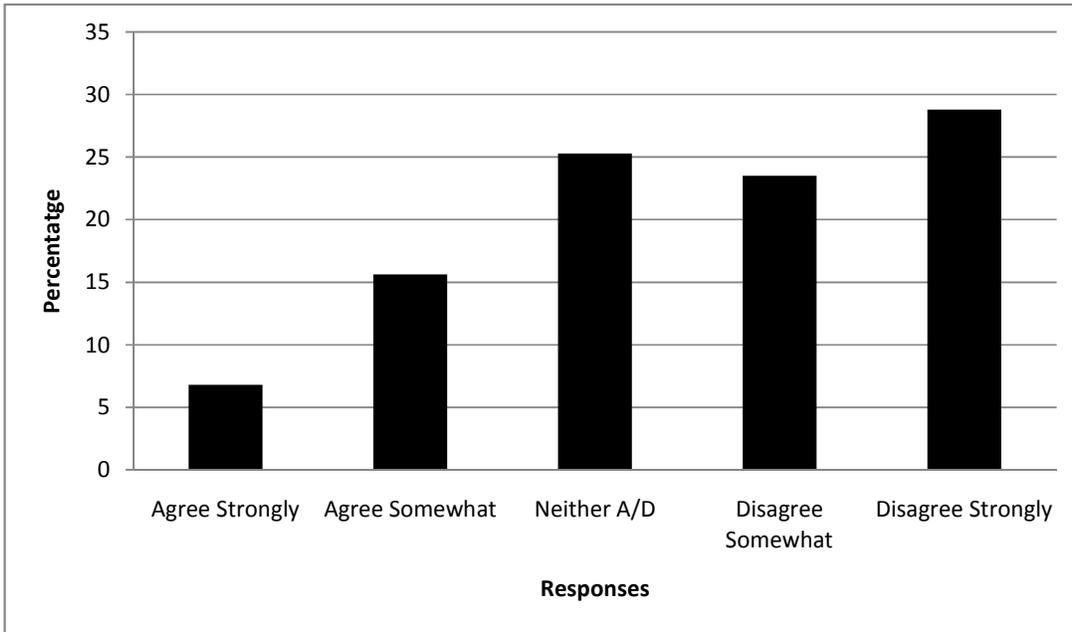
Table 1: Responses to the question: Have you ever known a person who wasthought to have a developmental disability? **(n =343)**
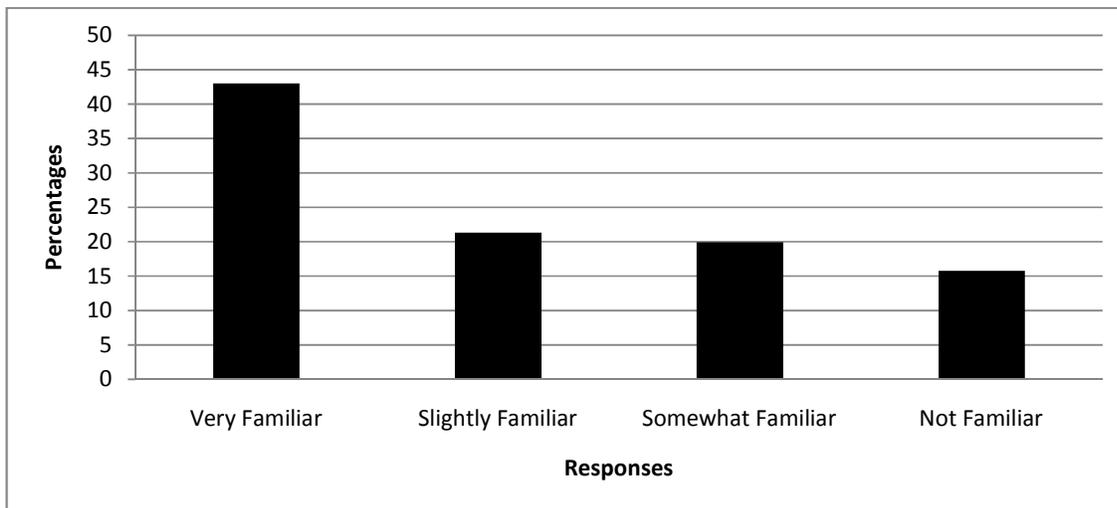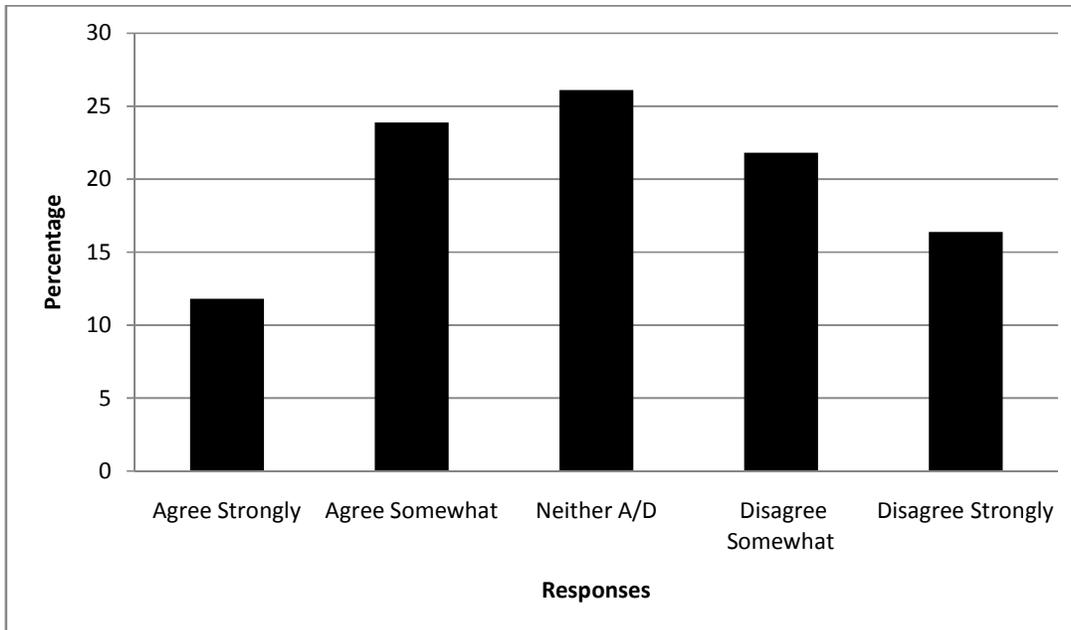

Table 2: Responses to the statement: People with disabilities should be cared for by the immediate family as much as possible. **(n =339)**
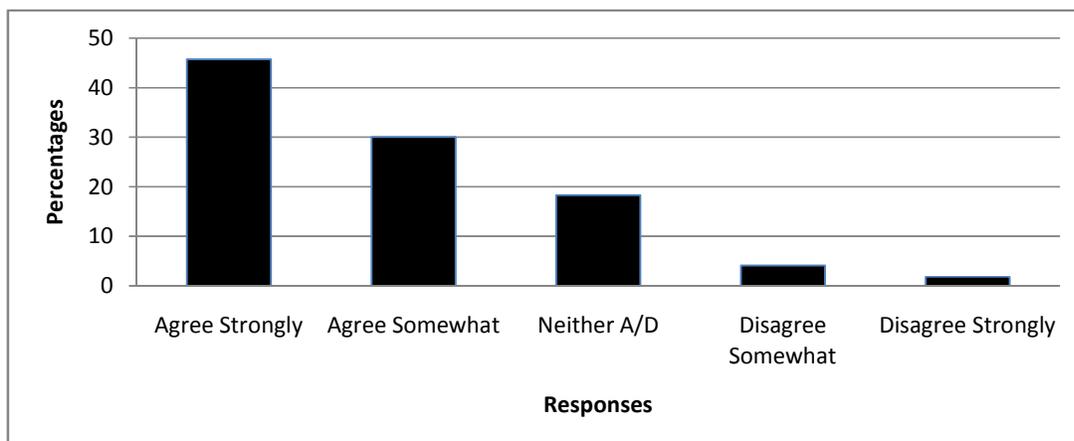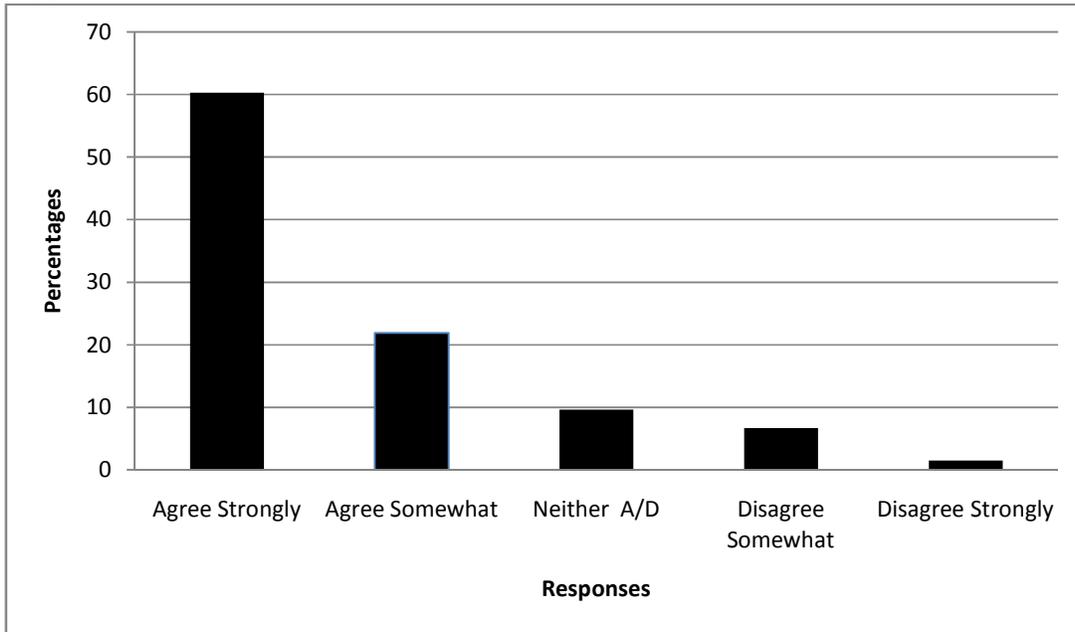
Table 3: Responses to the statement: People with developmental disabilities should be kept in an institution. **(n =340)**

Table 4: Responses to the statement: People with developmental disabilities should be kept in facilities where they can be provided with the specialized help they need. **(n =330)**

Table 5: Responses to the statement: People with developmental disabilities should be able to use public playgrounds and beaches. **(n =343)**

Table 6: Responses to the statement: If a person with a disability moved into my neighborhood, I would be concerned. **(n =329)**
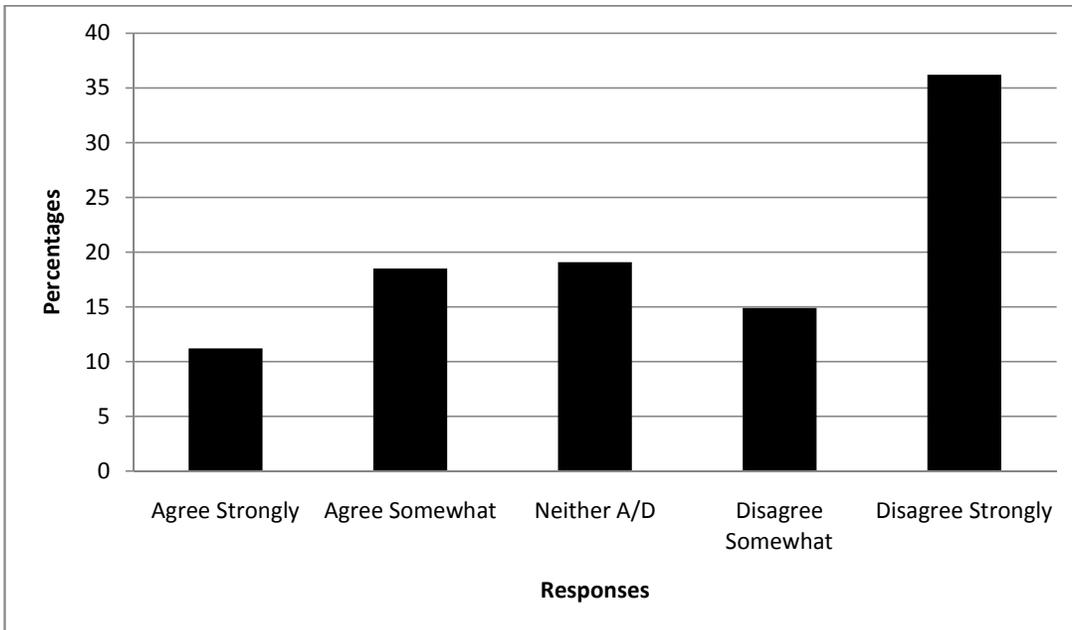
Table 7: Responses to the statement: People with developmental disabilities can learn to live normal lives. **(n =340)**
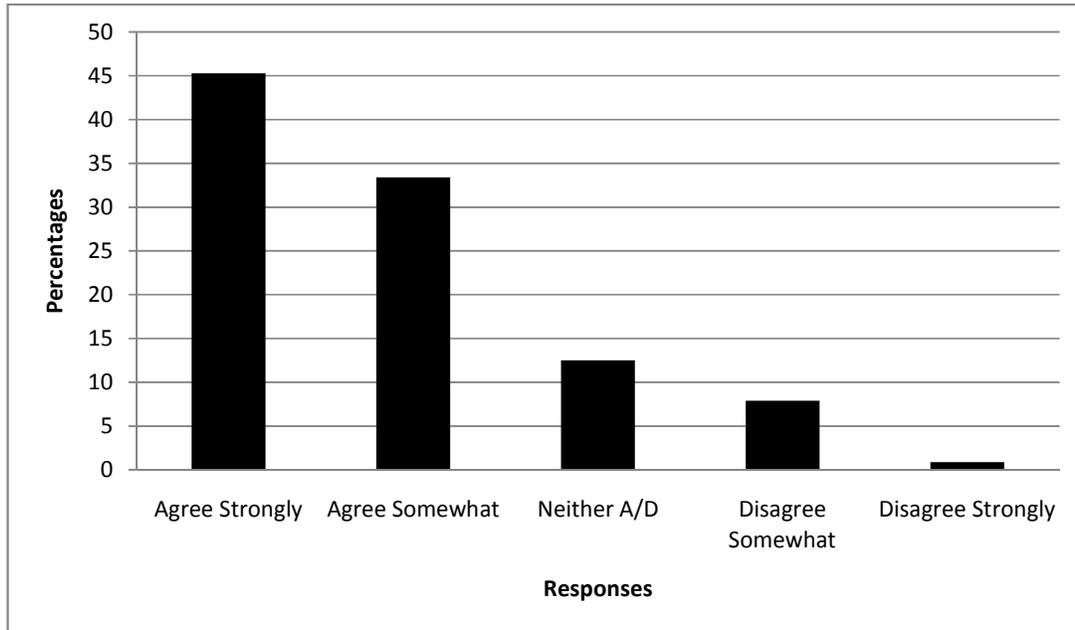
Attachment A: Survey Questions, Response Rates and Sample Demographics

VIUCEDD Public Attitude Survey						
		VF	SlF	SwF	NF	n
1.	Have you ever known a person who was thought to have a developmental disability? [p ≤ .05 Age]		147 43%	73 21.3%	68 19.9%	54 15.8%	342
		ASt	ASw	NA/D	DSw	DSt	n
2.	People with disabilities should be cared for by the immediate family as much as possible.	155 45.7%	102 30.1%	62 18.3%	14 4.1%	6 1.8%	339
3.	People with developmental disabilities should be kept in an institution. [p ≤ .05 Degree, Age]	23 6.8%	53 15.6%	86 25.3%	80 23.5%	98 28.8%	340
4.	People with developmental disabilities look different from typical people. [p ≤ .05 Gender]	20 5.8%	101 29.4%	83 24.1%	75 21.8%	65 18.9%	344
5.	People with developmental disabilities can learn to live normal lives.	141 41.5%	133 39.1%	37 10.9%	23 6.8%	6 1.8%	340
6.	People with developmental disabilities have parents with developmental disabilities. [p ≤ .05 Gender]	20 5.9%	55 16.2%	82 24.1%	77 22.6%	106 31.2%	340
7.	People with developmental disabilities are mentally ill. [p ≤ .05 Gender, Degree, Age]	15 4.4%	47 13.9%	87 25.7%	73 21.6%	116 34.3%	338
8.	People with developmental disabilities should be able	207	75	33	23	5	343

	to use public playgrounds and beaches.	60.3%	21.9%	9.6%	6.7%	1.5%	
9.	People with developmental disabilities should be able to attend movie theaters. [p ≤ .05 Degree]	203 59.2%	78 22.7%	37 10.8%	20 5.8%	5 1.5%	343
10.	People with developmental disabilities should be allowed to drive a car.	85 25.0%	88 25.9%	92 27.1%	46 13.5%	29 8.5%	340
11.	People with developmental disabilities should be allowed to vote.	188 55.3%	72 21.2%	61 17.9%	15 4.4%	4 1.2%	340
12.	People with developmental disabilities should be included in public places and social events.	209 61.5%	76 22.4%	31 9.1%	21 6.2%	3 0.9%	340
13.	People with developmental disabilities should be encouraged to get out and be involved in the community.	211 61.5%	66 19.2%	43 12.5%	18 5.2%	5 1.5%	343
14.	It's OK to exclude people with developmental disabilities from many public situations; they cannot be expected to fit in. [p ≤ .05 Degree, Age]	39 11.4%	63 18.4%	47 13.7%	64 18.7%	130 37.9%	343
15.	If a person with a disability moved into my neighborhood, I'd be concerned. [p ≤ .05 Gender, Degree, Age]	37 11.2%	61 18.5%	63 19.1%	49 14.9%	119 36.2%	329
16.	Everyone would be better off if school-aged children with developmental disabilities were taught together in the same classes as other children.	64 19.6%	82 25.1%	89 27.2%	50 15.3%	42 12.8%	327
17.	I have a lot of respect for companies that employ people with developmental disabilities. [p ≤ .05 Gender, Age]	187 56.8%	71 21.6%	40 12.2%	29 8.8%	2 0.6%	329
18.	When society helps people with disabilities live to their highest potential, we're all better off. [p ≤ .05 Age]	186 56.2%	73 22.1%	46 13.9%	16 4.8%	10 3.0%	331
19.	With the right training, most people with developmental disabilities could be very productive. [p ≤ .05 Gender]	174 52.6%	94 28.4%	36 10.9%	23 6.9%	4 1.2%	331
20.	People with developmental disabilities should not be allowed to live on their own; they need to be closely monitored. [p ≤ .05 Degree, Age]	43 13.0%	90 27.3%	96 29.1%	62 18.8%	39 11.8%	330
21.	People with developmental disabilities should be kept in facilities where they can be provided with the specialized help they need. [p ≤ .05 Degree]	39 11.8%	79 23.9%	86 26.1%	72 21.8%	54 16.4%	330
22.	Most people with developmental disabilities are not capable of any real level of self-determination; they need someone else to make most of their daily decisions. [p ≤ .05 Gender, Degree, Age]	26 7.9%	65 19.8%	91 27.7%	62 18.8%	85 25.8%	329
23.	Most people with developmental disabilities can learn to live normal lives. [p ≤ .05 Gender]	149 45.3%	110 33.4%	41 12.5%	26 7.9%	3 0.9%	329

24.	Most people with developmental disabilities should be cared for by their immediate families, as much as possible.	135 41.2%	82 25.0%	68 20.7%	36 11.0%	7 2.1%	328
25.	Parents of children with developmental disabilities cannot be expected to provide all the necessary services themselves. [p $\leq$ .05 Age]	84 25.5%	101 30.7%	83 25.2%	42 12.8%	19 5.8%	329
26.	Too much money is being spent on people with developmental disabilities. [p $\leq$ .05 Gender, Age]	23 7.0%	43 13.1%	59 18.0%	68 20.8%	134 41.0%	327
27.	Society should do everything in its power to help those who are most vulnerable. [p $\leq$ .05 Gender, Age]	197 59.5%	58 17.5%	45 13.6%	22 6.6%	9 2.7%	331
28.	Gender: (1) male; (2) female	155 45.6%	185 54.4%				340
29.	Education: (1) high school graduate; (2) college graduate; (3) graduate degree	165 49.7%	97 29.2%	70 21.1%			332
30.	Age: (1) 20-30; (2) 30-40; (3) 40-50; (4) 60+	140 42.7%	65 19.8%	87 26.5%	36 11.0%		328

Chi-square tests of independence were calculated on each Survey Question (items 1-27) by Biographical Information (items 28-30). Statistically significant conjoins [p $\leq$ .05] are indicated above.