

ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL

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R A H W A Y

# Community Health Needs Assessment

## Final Summary Report

2013

HOLLERAN

# COMMUNITY HEALTH NEEDS ASSESSMENT

## FINAL SUMMARY REPORT

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# COMMUNITY HEALTH NEEDS ASSESSMENT

## FINAL SUMMARY REPORT

### I. EXECUTIVE SUMMARY

Robert Wood Johnson University Hospital-Rahway (RWJ-Rahway) led a comprehensive Community Health Needs Assessment to evaluate the health needs of individuals living in the hospital service area surrounding Rahway, New Jersey which is located within Union County. The purpose of the assessment is to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease). RWJ-Rahway conducted the CHNA in partnership with the Community Health Alliance of North Central (CHANCe) New Jersey, a collaboration of nine hospitals and health systems in Central and Northwest New Jersey.

The completion of the CHNA enabled RWJ-Rahway and its partners to take an in-depth look at its greater community. The findings from the assessment were utilized by RWJ-Rahway to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. RWJ-Rahway is committed to the people it serves and the communities they live in. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

#### Research Components

- Secondary Statistical Data Profile of Union County, NJ - Provided by the Health Research and Educational Trust of New Jersey (HRETNJ)
- Household Telephone Survey with 874 community residents

#### Prioritized Community Health Issues

Representatives from Union County community organizations, health departments, and hospitals (Overlook Medical Center, Robert Wood Johnson University Hospital-Rahway, and Trinitas Regional Medical Center) gathered to review the CHNA results and to identify priority needs within the community. RWJ-Rahway representatives reviewed feedback from the Prioritization Session, along with its current services and programs, resources and areas of expertise, and other existing community assets to determine health priority areas. The following needs were identified by RWJ-Rahway as its priority areas for the following three-year cycle:

- Obesity with a focus on prevention of Chronic Diseases/Metabolic Syndrome Illnesses including Diabetes & Cardiovascular Disease
- Access to Care for Uninsured & Underinsured

## II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

### HOSPITAL & COMMUNITY PROFILE

#### Hospital Overview

Robert Wood Johnson University Hospital Rahway is a not-for-profit acute-care hospital that serves residents in the community surrounding Rahway, New Jersey which is located within Union County.

#### Community Overview

RWJ-Rahway defined their current service area based on an analysis of the geographic area where individuals utilizing their health services reside. RWJ-Rahway's primary service area is considered to be the community surrounding Rahway, NJ which is located within Union County. RWJ-Rahway's secondary service area encompasses Union County and portions of Middlesex and Essex County.

### METHODOLOGY

The CHNA was comprised of quantitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- Quantitative Data:
  - A **Secondary Statistical Data Profile** depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Union County was compiled.
  - A **Household Telephone Survey** was conducted with 874 randomly-selected community residents. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

RWJ-Rahway contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 20 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- 1) Interpreted Secondary Data from HRET NJ
- 2) Conducted, analyzed, and interpreted data from Household Telephone Survey
- 3) Facilitated a prioritization and implementation planning session

Community engagement and feedback were an integral part of the CHNA process. RWJ-Rahway sought community input through inclusion of community partners in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served by RWJ-Rahway including medically underserved, low income, and minority populations.

Following the completion of the CHNA research, RWJ-Rahway prioritized community health issues and developed an implementation plan to address prioritized community needs. A description of the prioritization process is included on page 13 along with a listing of the participants involved.

### III. SECONDARY DATA PROFILE OVERVIEW

#### BACKGROUND

One of the initial undertakings of the CHNA was to create a "Secondary Data Profile." Data that is obtained from existing resources is considered "secondary." Demographic and health indicator statistics were gathered and integrated into a report to portray the current health status of the hospital service area. Data was available at the county-level for Union County.

This section serves as a summary of the key takeaways from the secondary data profile. This summary of data is from the County Health Profile of Union County developed by the Health Research and Educational Trust of New Jersey (HRETNJ).

#### KEY FINDINGS – SECONDARY DATA

##### Demographics

The demographics of an area can have a dramatic impact on the health care system. According to HRETNJ, Union County has a higher proportion of Black/African American, Hispanic/Latino, and foreign-born populations than the state overall.

The percentage of households consisting of a married couple (husband-wife family) with children is lower in Union County when compared to state averages. Conversely, the proportion of single female households with children is higher than the state overall.

##### Socioeconomics

Education attainment is lower in Union County than the state overall. Union County residents are less likely to have college or graduate/professional degrees compared to the state.

The unemployment rate in Union County is on par with the state; however, it is important to note that this rate has practically doubled in the past ten years.

Union County per capita and median household incomes are lower than the state income statistics. In addition, Union County has higher percentages of low-income households, renter-occupied housing units, and people below 200 percent of federal poverty level. The number of residents on government assistance programs increased significantly between 2007 and 2011.

## Health Status Indicators

### Health Care Access

In Union County, the percentage of residents covered by private insurance is considerably lower than the state overall, while the percentage of those covered by Medicaid and Medicare is much higher. The percentage of residents who are uninsured is also higher compared to the state. Based on physician density rates per 100,000 population, Union County has fewer physicians to serve its population compared to the state. In addition, the rates of Emergency Department visits have increased significantly for children, adults, and the elderly.

### Mortality Rates

Union County's overall mortality rate is lower than the state rate. However, mortality rates for septicemia, influenza, and pneumonia were higher than the state overall. The top five leading causes of death in Union County include heart disease, cancer, cerebrovascular disease (stroke), chronic respiratory disease, and diabetes.

### Maternal & Infant Health

The birth rate in Union County is higher than that of New Jersey. The percentage of births to women who are Black/African American, Hispanic/Latino, or unmarried is notably higher than the state average. The infant mortality rate (per 1,000 live births) is slightly higher compared to the state.

### Communicable Diseases & Sexually Transmitted Illnesses

The overall prevalence rate of HIV/AIDS in Union County is significantly higher than the state. Union County also has a higher rate of chlamydia compared to the state.

### Cancer Statistics

Overall cancer incidence rates are lower in Union County compared to the state of New Jersey. However, prostate cancer affects a higher proportion of people. Disparities within certain racial and ethnic groups include a higher incidence rate of Black/African Americans with breast, prostate, colon, and lung/bronchus cancers and Hispanics with breast, cervix, prostate and lung/bronchus cancers. In addition, mortality rates for Black/African Americans were higher than the state for the following cancers: breast, prostate, colon, and lung/bronchus.

### Health Behaviors

Overall, the overweight rate in Union County is higher than the state average, but the obesity rate is slightly lower. Females, Blacks/African Americans, and Hispanics in Union County have a higher rate of overweight/obesity compared to the state.

In Union County, the percentage of adults over 50 who have had a blood stool test for colorectal cancer is higher than the state while the rate of men over the age of 40 receiving a PSA test for prostate cancer is lower than the state.

According to the University of Wisconsin Population Health Institute's County Health Rankings, Union County ranks 11 out of the 21 New Jersey counties in overall health outcomes and number 13 in overall health factors for 2011. The County Health Rankings are calculated using county-level measures from a variety of national and state data resources. These variables are combined using scientifically-informed weights and standardized.

## **FINAL THOUGHTS – SECONDARY DATA**

The secondary data profile for Union County provided valuable context regarding how socioeconomic factors like income, education levels, and housing may influence local health outcomes. Based on a review of the secondary data, the following health issues appear to be areas of opportunity for the RWJ-Rahway service area:

### **Areas of Opportunity**

- Access to Care
  - Percentage of single-mother households
  - Education levels (high school and college)
  - Income and poverty rates
  - Percentage of uninsured and individuals with Medicaid and Medicare
  - Physician density and increased ED visits for children, adults, and elderly
- Overweight/Obesity
- Chronic Diseases (Heart Disease, Cerebrovascular Disease (Stroke), Chronic Respiratory Disease, Diabetes)
- Prostate Cancer
  - Higher incidence rate
  - Lower proportion of men receiving PSA test
  - Disparities for Black/African American and Hispanic/Latino men
- Maternal & Infant Health
- Sexually transmitted diseases
  - HIV/AIDS
  - Chlamydia



## IV. HOUSEHOLD TELEPHONE SURVEY OVERVIEW

### BACKGROUND

RWJ-Rahway, in partnership with the Community Health Alliance of North Central New Jersey (CHANCe), requested that Holleran conduct a Household Telephone Survey among its adult community based on the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national initiative, headed by the Centers for Disease Control and Prevention (CDC) that assesses health status and risk factors among U.S. citizens.

The following section provides a summary of the Household Telephone Survey results including details regarding the research methodology as well as a summary of key findings. A full report of the Household Telephone Survey results is available in a separate document.

### Methodology

Interviews were conducted by Holleran's teleresearch center between the dates of April 18, 2012 and August 3, 2012. Trained interviewers contacted respondents via land-line telephone numbers generated from a random call list. Statistical considerations for the study can be found in Appendix A.

### Participants

874 individuals who reside within 18 specific ZIP codes within the New Jersey counties of Union, Middlesex, and Essex were interviewed by telephone to assess their health behaviors, preventive practices, and access to health care. Participants were randomly selected for participation based on a statistically valid sampling frame developed by Holleran. See Appendix A for ZIP code listing and sampling details.

Only respondents who were at least 18 years of age and lived in a private residence were included in the study. It is important to note that the sample only includes households with land-line telephones which can present some sampling limitations.

### Survey Tool

The survey was adapted from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey tool assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The customized survey tool consisted of approximately 100 factors. Depending upon respondents' answers to questions regarding cardiovascular disease, smoking, diabetes, etc., interviews ranged from approximately 15 to 30 minutes in length.

## KEY FINDINGS – HOUSEHOLD TELEPHONE SURVEY

The following section provides an overview of key findings from the Household Telephone Survey including highlights of areas of strength and opportunity.

### Areas of Strength

The following are areas where Robert Wood Johnson University Hospital Rahway service area residents fare better, or healthier, than the State of New Jersey and/or the Nation as a whole.

- **Access to Care:** Residents were more likely to have a personal doctor or health care provider compared to the nation. Fewer residents (13.2%) do not have at least one person they think of as their personal doctor or health care provider compared to the Nation (18.2%). In addition, a higher proportion of residents (11.9%) have more than one person that they think of as their personal doctor or health care provider compared to the Nation (7.5%). In general, residents are slightly more likely to have health care coverage than the nation but less likely than the state.
- **Routine checkups:** The proportion of residents who visited a doctor for a routine checkup within the past year (79.1%) is higher when compared to the Nation (68.1%).
- **Exercise in previous month:** A higher proportion of residents (81.8%) exercised in the previous month compared to New Jersey (73.4%) and the Nation (75.6%).
- **Arthritis:** Fewer residents (22.6%) indicated that they have some form of arthritis when compared to the Nation (30.3%).
- **Smoking habits:** Fewer residents (36.6%) have smoked at least 100 cigarettes in their entire life compared to the Nation (42.0%). Of residents who smoked 100 cigarettes in their entire life, a higher proportion report no longer smoking at all (70.5%) compared to the Nation (59.4%). In addition, fewer residents reported smoking every day (17.6%) compared to residents across New Jersey (25.2%) and the Nation (28.9%).
- **Chewing tobacco habits:** The proportion of residents who reported using chewing tobacco, snuff, or snus “not at all” (99.7%) is higher compared to New Jersey (98.4%) and the Nation (96.8%).
- **Flu shots in previous year:** A higher proportion of residents (45.4%) reported receiving a seasonal flu shot in the past year when compared to New Jersey (38.2%) and the Nation (39.9%). In addition, a higher proportion of children age 6 months and older have had a seasonal flu vaccine in the past year (62.0%) when compared to children across the nation (41.3%).
- **HIV testing:** The proportion of residents who have ever been tested for HIV (49.4%) is higher compared to New Jersey (43.7%) and the Nation (40.2%).
- **Depressive disorder:** Fewer residents (11.4%) have ever been told that they have a depressive disorder compared to the Nation (16.6%).
- **Intimate partner violence:** Fewer residents (7.8%) have ever been hit, slapped, pushed, kicked or hurt by an intimate partner compared to the Nation (14.5%).

## Areas of Opportunity

The following are areas where RWJ-Rahway service area residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

- **Access to Care/Disparities:** While residents were slightly more likely to have health care coverage than the nation, there were some significant disparities based on gender, race, and ethnicity. Hispanic respondents are less likely than Non-Hispanic respondents to have health care coverage. Only 68.3% of Hispanics have health insurance coverage compared to 91.2% of Non-Hispanics. Hispanic respondents are more likely than Non-Hispanic respondents to have had a time in the past 12 months when they needed to see a doctor but could not because of cost and are less likely to have a personal doctor or health care provider. In addition, female respondents are more likely than male respondents to have had a time in the past 12 months when they needed to see a doctor but could not because of cost.
- **Health status:** The proportion of residents who report fair or poor health in general (18.3%) is higher when compared to New Jersey (14.7%) and the U.S. (16.3). Non-Hispanic respondents are more likely than Hispanic respondents to report very good health in general. Hispanic respondents are more likely to report fair health in general. The proportion of residents who reported 15 – 30 days of the past 30 days in which their physical health was not good (12.4%) is higher compared to New Jersey (9.2%)
- **Disability:** The proportion of residents who have a health problem that requires them to use special equipment (9.3%) is higher when compared to New Jersey (6.6%).
- **Alcohol consumption:** Fewer residents reported drinking 1 – 2 drinks on average (69.3%) compared to New Jersey (75.6%). The proportion of residents who had four (Women)/five (Men) or more drinks on one occasion in the past 30 days is higher (15.1%) when compared to New Jersey (10.3%).
- **Pap test:** Fewer female residents have had a Pap test (88.3%) compared to females across New Jersey (93.4%) and the Nation (93.8%). In addition, Hispanic respondents are less likely than Non-Hispanic respondents to have ever had a Pap test.
- **Diabetes Management:** Residents were slightly more likely to have diabetes than the state and nation. In addition, residents with diabetes were more likely to have poor diabetes management compared to the state and nation. During the past 12 months, 14.7% never checked their blood sugar, 13.5% never checked their feet, 18.3% never saw a doctor or health care provider, and 22.8% did not have an A1C test.
- **Caregiving:** Residents are slightly more likely to report caregiving (providing regular care or assistance to a friend or family member) during the past month. A higher proportion of residents provide more than 12 hours of care in an average week (44.9%) compared to the Nation (31.1%). Fewer residents reported that they experience no difficulty as a caregiver (28.0%) compared to the Nation (43.8%). Female respondents are more likely than male respondents to have provided care or assistance to a friend or family member during the past 30 days.

## FINAL THOUGHTS - HOUSEHOLD TELEPHONE SURVEY

The Household Telephone Survey results provided important information about the current health status and health behaviors of residents in Union County. A review of the Household Telephone Survey results yields several areas of opportunity for the local community.

### Areas of Opportunity

- Access to Care/Health Disparities
  - Hispanics less likely to have health care coverage
  - Hispanics and Females more likely to have difficulty accessing care due to cost
- Diabetes Management
  - Slightly more likely to have diabetes
  - Diabetics less likely to practice proper self-care and seek professional services (checkups and A1C test)
- Physical Health
  - More likely to report poor physical health
  - More likely to report disability
- Caregiving
  - More likely to provide caregiving
  - More likely to have difficulty related to caregiving
- Mental Health/Substance Abuse
  - More likely to binge drink
- Women's Health
  - Less likely to seek preventive screenings (pap test)

## V. OVERALL ASSESSMENT FINDINGS & CONCLUSIONS

### COMMUNITY HEALTH ISSUES

While the research components for the Community Health Needs Assessment yield different perspectives and information, some common themes emerged. The following list outlines key health issues that were identified.

#### *Access to Health Care*

Access to Health Care is a national health issue that can make it difficult to address other community health problems. Secondary data revealed that there were higher percentages of uninsured individuals and individuals with Medicaid and Medicare in the community. The Household Telephone Survey results revealed that there were significant disparities in access to health care based on gender and race/ethnicity.

#### *Chronic Diseases and Risk Factors for Chronic Disease*

According to secondary data, Heart Disease, Cerebrovascular Disease (Stroke), Chronic Respiratory Disease, and Diabetes are the leading causes of death in Union County. The Household Telephone Survey results indicated that residents are slightly more likely to have diabetes. In addition, residents were less likely to practice proper diabetes management. Secondary data and Household Telephone Survey results also indicated that certain risk factors for chronic disease (obesity/overweight, alcohol consumption, etc.) are issues for local residents.

## PRIORITIZED COMMUNITY HEALTH NEEDS

On November 16, 2012, 20 individuals from Union County healthcare organizations, health departments, community agencies, and area and social service organizations, gathered to review the results of the Community Health Assessment. The community assessment and planning meeting was initiated by three county hospitals: Overlook Medical Center, Robert Wood Johnson University Hospital-Rahway, and Trinitas Regional Medical Center. The goal of the meeting was to discuss and prioritize key findings from the community health needs assessment in regards to Union County. Each hospital planned to use the county priorities to guide the development of their hospital implementation plan.

### Participants

A total of 20 individuals attended the planning session. A list of attendees is included in Appendix B.

### Process

The prioritization meeting was facilitated by Lisa McCracken, President of Holleran. The meeting began with an abbreviated research overview. This overview presented the results of the primary and secondary data that was gathered as part of the assessment. The secondary data was primarily gathered through the New Jersey Hospital Association's data profile for Union County. This information included statistics such as mortality rates, cancer rates, demographic and household data, and hospital utilization rates among others. The primary data came from a comprehensive household survey that the hospitals initiated. The survey primarily focused on risky behaviors, such as excessive alcohol use and smoking, health prevention (mammograms, flu shots), and chronic disease (diabetes, stroke).

Following the research overview, participants were provided with information regarding the prioritization process, criteria to consider when evaluating key areas of focus, and other aspects of health improvement planning, such as goal setting and developing strategies and measures. In a large-group format, attendees were then asked to share openly what they perceived to be the needs and areas of opportunity in the county. Through facilitated discussion, attendees developed the following "master list" of potential priority areas for the implementation plans.

Master list of community priorities (in no particular order)

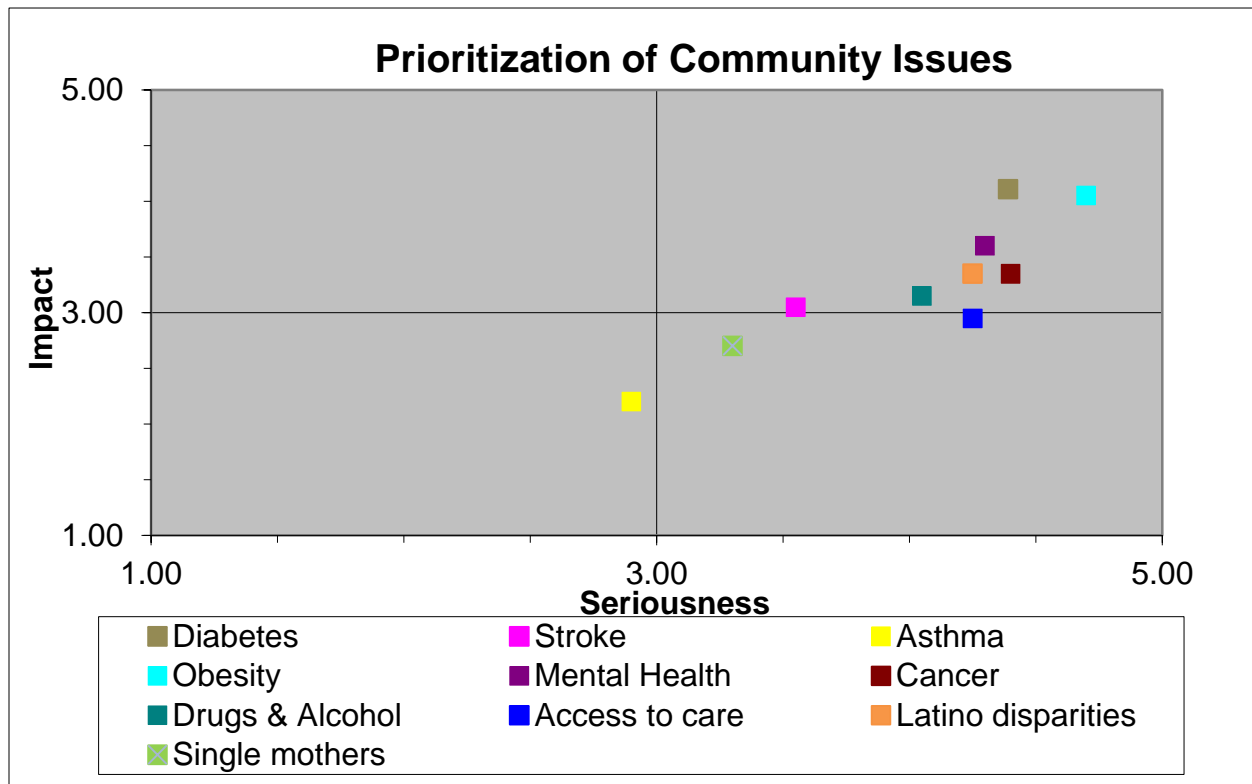
- 1. Diabetes**
- 2. Stroke**
- 3. Asthma**
- 4. Obesity**
- 5. Mental Health**
- 6. Cancer**
- 7. Drugs & Alcohol**
- 8. Access To Care**
- 9. Latino/Hispanic Disparities**
- 10. Single Mothers**

### Prioritization of Community Issues

Once the master list was compiled, participants were asked to rate each need based on two criteria. The two criteria included seriousness and ability to impact the issue. Respondents were asked to rate each issue on a 1 (not at all serious; no ability to impact) through 5 (very serious; great ability to impact) scale. The ratings were gathered instantly and anonymously through a wireless audience response system. Each attendee received a keypad to register their vote. The following tables reveal the results of the voting exercise.

Master List	Seriousness Rating (average)	Impact Rating (average)
Diabetes	4.39	4.11
Stroke	3.55	3.05
Asthma	2.90	2.20
Obesity	4.70	4.05
Mental Health	4.30	3.60
Cancer	4.40	3.35
Drugs & Alcohol	4.05	3.15
Access To Care	4.25	2.95
Latino/Hispanic Disparities	4.25	3.35
Single Mothers	3.30	2.70

The priority area that was perceived as the most serious was Obesity (4.70 average rating), followed by Cancer (4.40 average rating). The ability to impact Diabetes was rated the highest at 4.11, followed by Obesity with an impact rating of 4.05. The matrix below outlines the intersection of the seriousness and impact ratings. Those items in the upper right quadrant are rated the most serious and with the greatest ability to impact. Attendees reviewed the findings from the voting and discussed approaches to reducing the master list. Several issues were eliminated from consideration based on their ratings, and some were aggregated.



### Key Community Health Issues

Following the facilitated discussion, the attendees adopted five priority area for Union County.

- Obesity with focus on prevention of Chronic Diseases/Metabolic Syndrome Illnesses including Diabetes & Cardiovascular Disease
- Mental Health & Substance Abuse
- Cancer
- Access to Care for Uninsured & Underinsured
- Hispanic/Latino Health Disparities



## Final Prioritized Community Health Issues for Robert Wood Johnson University Hospital-Rahway

RWJ-Rahway representatives reviewed feedback from the Prioritization Session, along with its current services and programs, resources and areas of expertise, and other existing community assets to determine health priority areas. The following needs were identified by RWJ-Rahway as its priority areas for the following three-year cycle:

- Obesity with a focus on prevention of Chronic Diseases/Metabolic Syndrome Illnesses including Diabetes & Cardiovascular Disease
- Access to Care for Uninsured & Underinsured

These prioritized issues will be integrated into the hospital's implementation plan for community benefit, partnership engagement, and community health outreach initiatives. The aim of implementation plans is to not only direct community benefit initiatives, but to move toward population health management. This model promotes a well-care model rather than a sick-care one and rewards organizations and individuals who take ownership of their health and yield positive outcomes. Healthy communities lead to lower healthcare costs, strong community partnerships, and an overall enhanced quality of life.

### EXISTING COMMUNITY RESOURCES

RWJ-Rahway recognizes that they will be most effective in this work if they utilize existing community assets and resources such as the following organizations and programs:

- Primary Care Providers
- Federally Qualified Health Centers
- Specialty/Clinical Providers
- Cultural/Faith-based Organization
  - AARP, Agape Church, United Methodist Church, Knights of Columbus, Veterans Organizations
- Rahway YMCA
- NJ CEED

## APPENDIX A: HOUSEHOLD TELEPHONE STUDY STATISTICAL CONSIDERATIONS

The Household Telephone Study sampling strategy was designed to represent the service area of RWJ-Rahway. For the purposes of this study, the following ZIP codes in the New Jersey counties of Union, Middlesex, and Essex were used to define the hospital service area:

07001	07067	07205
07008	07076	07206
07016	07081	07208
07023	07083	07901
07027	07088	07922
07033	07090	07974
07036	07092	08812
07060	07095	08817
07062	07201	08820
07063	07202	08837
07065	07203	08840
07066	07204	08863

The sampling strategy identified the number of completed surveys needed within each ZIP code based on the population statistics from the U.S. Census Bureau in order to accurately represent the service area. Call lists of household land-line telephone numbers were created based on the sampling strategy. The final sample 874 yields an overall error rate of +/-3.3% at a 95% confidence level. This means that if one were to survey all residents of the selected service area within Union County, the final results of that analysis would be within +/-3.3% of what is displayed in the current data set.

Data collected from the 874 respondents was aggregated and analyzed by Holleran using IBM SPSS Statistics. The detailed survey report includes the frequency of responses for each survey question. In addition, BRFSS results for New Jersey and the United States are included when available to indicate how the health status of RWJ-Rahway's service area compares on a state and national level.

Statistically significant differences between service area responses and state and/or national responses are also noted in the detailed report. In addition, statistically significant differences for select demographic characteristics (gender, race/ethnicity) are included in the report. Holleran runs Z-tests and Chi Square tests in SPSS to identify statistically significant differences and uses p values  $\leq .01$  as the cutoff for significance.

It is common practice in survey research to statistically weight data sets to adjust for demographic imbalances. The data set was weighted by age, gender, and race in order to more accurately represent the population. It should be noted that the national dataset (from the CDC) is also statistically weighted to account for similar imbalances.

**APPENDIX B: PRIORITIZATION SESSION PARTICIPANT LIST**

Name	Organization
Bonnie Cohen	Westfield YMCA
Phil Colombrita	RWJ University Hospital - Rahway
Nancy DiLiegro	Trinitas Regional Medical Center
Michael Johnston	Five Points Branch YMCA
Christopher Kirk	Atlantic Health
Grant Knaggs	Trinitas Regional Medical Center
Michael Kolber	United Way
Michael Maiale	RWJ University Hospital - Rahway
Donna Mancuso	RWJ University Hospital - Rahway
Paul Mickiewicz	YMCA
JoAnn Oppelt	Contact We Care
Joyce Passen	Overlook Medical Center
Lori Purwin	Kean University Health Services
Nancy Raymond	Clark Township Health Department
Nancy Schneeloch	Bridgeway
Rob Seman	Overlook Medical Center
Deputy Chief Alex Sofianaky	Elizabeth Police
Teresa Soto Vega	Proceed
Rosemary Walsh	Overlook Medical Center-Behavioral Health
William Webb	Family & Child Services
Lisa McCracken	Holleran Consulting
Colleen Milligan	Holleran Consulting