



Rutgers Center for
State Health Policy

The Institute for Health, Health Care Policy, and Aging Research

New Brunswick Community Health Assessment Background Report

Denise Davis, Dr.P.H., M.P.A.

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EXECUTIVE SUMMARY

In April 2001, Rutgers Center for State Health Policy (CSHP) was commissioned by New Brunswick Tomorrow and Johnson & Johnson to develop and conduct a community-wide assessment of New Brunswick’s healthcare needs. This collaboration brings together the expertise of a community-based, non-profit organization dedicated to enriching the lives of New Brunswick residents (New Brunswick Tomorrow) with the resources of a global health care company (Johnson & Johnson) headquartered in the city. This effort is part of a larger “*Healthier New Brunswick 2010*” initiative.

The primary goal of the assessment is to support the efforts of community organizations, local businesses, area universities, and philanthropic groups by providing them with comprehensive, up-to-date information about the health status of the city's diverse population. Specifically, this assessment aims to:

- Provide comprehensive information about the health and health care delivery systems utilized by residents of New Brunswick;
- Serve as a baseline for monitoring progress in community health;
- Identify problem areas that demand further exploration;
- Reveal disparities among groups and current programmatic shortcomings;
- Prompt recommendations for solutions.

The assessment process has five distinct components, including:

1. **Review of Prior Studies and Background Information** - an examination of prior studies and additional, relevant background information on the New Brunswick area and its residents.
2. **Key Informant Interviews** – conducted with twenty-five representatives from city agencies, major employers and community organizations.
3. **Focus Groups and In-depth Interviews** – individual interviews and group discussions with community professionals and residents with distinct knowledge of local health problems and concerns.
4. **Community Survey** – development and implementation of a structured survey instrument drawing from the background information, key informant interviews, focus groups, and other identified measures. This instrument will be used to collect demographic and socioeconomic information, measure population health status and assess the prevalence of specific health problems.
5. **Small-Area Analysis of Health Information from Community Survey** –health data collected during the survey process will be used to identify specific patterns in health care indicators exhibited by various community groups. Physical and mental health conditions will be mapped by neighborhood and/or census tract and compared to available resources throughout the community.

This report presents an overview of the city of New Brunswick and selected data about its residents. It describes the analytic components of the health assessment project, including interviews, focus groups, and previous, pertinent studies that will be incorporated into the analysis, as well as enumerates expected deliverables and dissemination activities.

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Introduction

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The primary goal of the assessment is to support the efforts of community organizations, local businesses, area universities, and philanthropic groups, by providing them with comprehensive, up-to-date information about the health status of the city's diverse population. Specifically, this assessment aims to:

- Provide comprehensive information about the health and health care delivery systems utilized by residents of New Brunswick;
- Serve as a baseline for monitoring progress in the improvement of community health;
- Identify problem areas that demand further exploration;
- Reveal disparities among groups;
- Reveal current programmatic shortcomings;
- Prompt recommendations for solutions.

To this end, Johnson & Johnson asked CSHP and the Robert Wood Johnson Medical School (RWJMS) to collaborate with local groups to develop the New Brunswick Community Health Assessment (NBCHA). Thus, community members will be actively engaged in this process, working alongside the assessment team to identify and understand problems, prioritize community concerns, assess health needs, and develop programmatic solutions.

This collaborative investigative approach is critical to the success of the project and to the long-term improvement of the community's health profile. Fostering the involvement of local groups will provide stakeholders with invaluable insights into their community's needs as they help to develop and implement workable solutions.

This Background Report presents an overview of the city of New Brunswick and selected data about its residents. It describes the analytic components of the health assessment project, including interviews, focus groups, and previous, pertinent studies that will be incorporated into the analysis. Finally, it enumerates expected deliverables and dissemination activities.

Overview of the City of New Brunswick

Impressive Profile

New Brunswick is the Middlesex County seat and is located in the east central part of the state on the Raritan River, approximately 30 miles west of New York City. With a population of approximately 48,573 people, New Brunswick is considered a small city, yet it has enviable, "big city" resources. Known as the "Health Care City," New Brunswick is home to Johnson & Johnson; Rutgers, The State University of New Jersey; the Robert Wood Johnson Medical School; and two major teaching hospitals. New Brunswick is also home to an impressive list of major, private sector employers, including Bristol Myers Squibb, Amerada Hess, Merrill Lynch, Seimens, and Sears & Roebuck. Goods produced in this town include pharmaceuticals, medical supplies, machinery, clothing, rubber, and electronics.¹

New Brunswick's residents represent various racial and ethnic backgrounds.² Much of the population's diversity results from a mix of immigrant groups coming to the city over the years. For example, in the last ten years, the number of people of Hispanic origin has increased substantially, while the number of Whites has declined. Today, Whites make up less than half of the city's population (about 36.2%). Together, Hispanics (28.9%) and African-Americans (17.1%) make up just under half of the total New Brunswick population with the balance consisting of other ethnic groups.³ New Brunswick is also a relatively young community. People aged 25 to 34 represent the largest segment of residents,⁴ while population numbers are equally divided between men and women.

Disturbing Trends

It is unfortunate that even with an abundance of large employers and health care providers, New Brunswick has a disproportionate share of health and social problems and a sizable percentage of low-income residents. Although numbers vary by ethnic and racial group, the city's poor, who include many high school dropouts, suffer high rates of violence, disease, and death. Many low-income residents live in inadequate housing located in unsafe neighborhoods, are unemployed or underemployed, and lack adequate access to basic health care.

The following five subsections provide a more detailed picture of New Brunswick's "dual nature" -- poverty amidst wealth, underemployment amidst economic opportunity, persistent health problems amidst world-class health care resources.

Economics

Many city residents live below the U.S. federal poverty level. At first glance, it appears that the percentage of people living below the poverty line in Middlesex County (6.5 %) is not alarming, as it is still below the state average of 8.8% (at the time of this report). However, historically, the percentage of people within the city of New Brunswick who live below the poverty line has been higher than all of the townships that make up Middlesex County. Alarming, New Brunswick has ten times more impoverished residents than some Middlesex County towns. Children under the age of 18 represent more than half of the total number of the city's low-income residents.⁵

Despite a thriving business community, unemployment in New Brunswick is high (6.5%), compared to both Middlesex County (3.7%) and the State of New Jersey (4.2%).⁶ What's more, recent data from an annual resident opinion survey conducted in New Brunswick suggest that the employment problem may be more serious than the above figures indicate. In the survey, 10% of respondents reported being unemployed. This finding represented no change from the previous two years of data on this measure.⁷

Housing

Middlesex County's housing stock is relatively old, with 77% of structures built prior to 1979. However, on this measure as well, New Brunswick eclipses the rest of the county with 91.6% of city structures built before 1979.⁸ As evidenced by town building permits spanning previous years, very little new construction has occurred in this city in recent times. In some cases, the city's success in attracting new businesses has only exacerbated the housing crunch. New companies and higher income residents moving to the city have displaced many of the city's low-income residents. Fortunately, the city is beginning to address this issue with a new downtown revitalization initiative.

With the commencement of revitalization efforts in 2000 as part of the HOPE VI program, decaying housing projects in New Brunswick are being replaced with low-rise housing and other building rehab activities. Forty new construction permits were granted in 2000 for this project as compared to previous years when virtually no permits were issued in the city.⁹ Given the percentage of aged building stock in New Brunswick, however, it will take some time to replace and update existing structures, and to mitigate fully the displacement of low-income residents and businesses.

Crime

Similar to other counties in the state of New Jersey, the level of crime has decreased in Middlesex County in recent years. In 2000, the crime rate per 1,000 countywide was 26.5% compared to 27.8% in 1999. Although rates have also decreased in New Brunswick to 61.7% from 71.6% in 1999, the city clearly suffers a higher crime rate (at nearly 62% per 1,000) than the county as a whole and all other townships within Middlesex.¹⁰

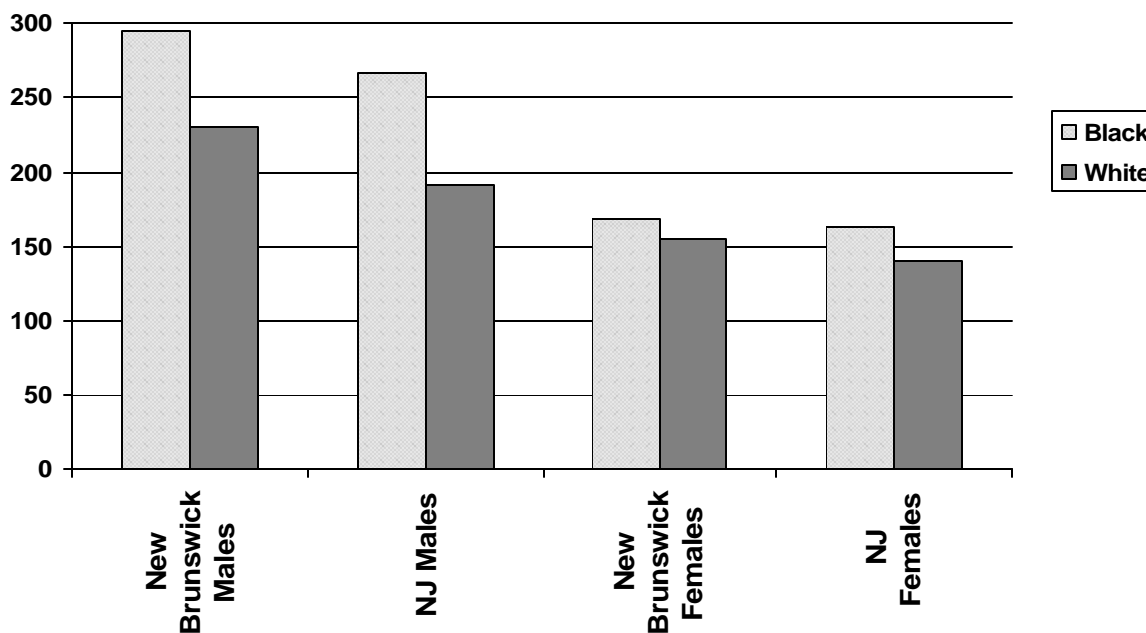
Health

In a survey conducted of Middlesex County residents, numerous troubling health conditions were reported for residents of Greater New Brunswick. For example, New Brunswick residents are more likely to suffer from arthritis, high blood pressure, asthma, eye problems, heart disease, diabetes, mental health problems, obesity, and substance abuse.¹¹ Residents in New Brunswick were also reported in previous studies to be less likely to have

health insurance than those in the state overall. A health survey completed in 1996 found nearly half (46%) of New Brunswick's Hispanic population and more than one-third (37%) of its poor have no health insurance.¹²

When it comes to cancer mortality rates, data collected by the State of New Jersey from all sites reporting cancer deaths shows that New Brunswick outstrips the state as a whole (See Figure 1).¹³ And when comparing New Brunswick's reported death rates by race and gender to those of the state, African-American males are about 25% more likely to die from cancer than White males. (African-American females in New Brunswick, and across Middlesex County, are somewhat more likely to die from cancer than White females, although the racial disparity for females is relatively slight compared to that of males.)

**Figure 1: Death Rates from All Cancers by Race and Gender:
New Brunswick and New Jersey**



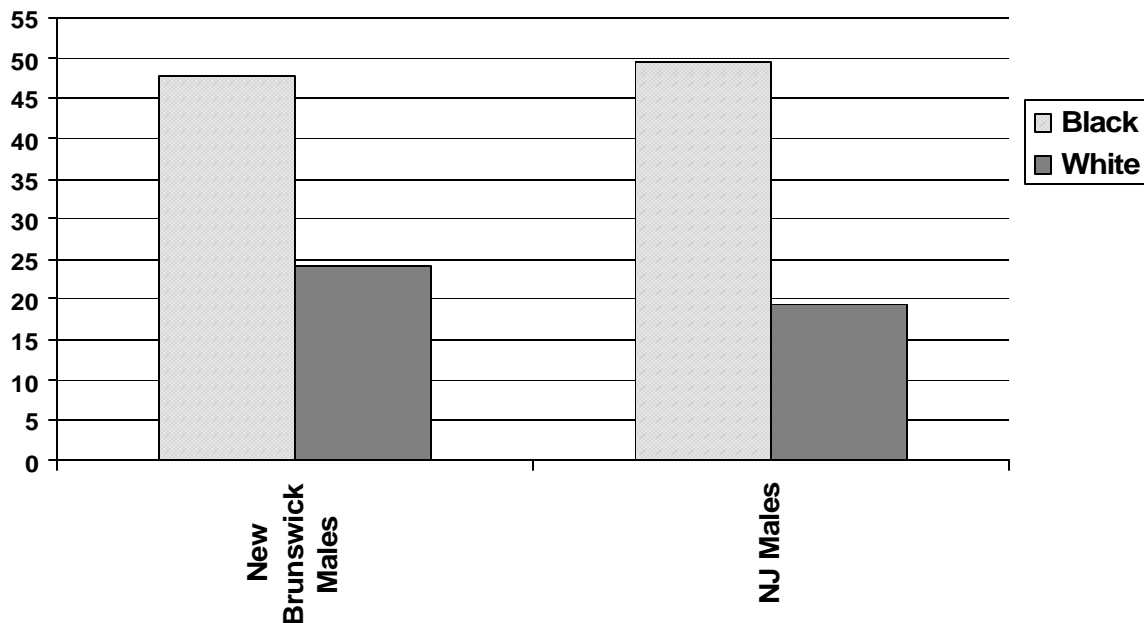
Source: The Healthier New Brunswick 2010 Initiative: Building A Healthier Community to Insure the Health of Our Children and Generations Beyond, 2001

In assessing specific cancer types by gender and race, state data as well as New Brunswick-specific data shows that African-American men are at least two times as likely to die from prostate cancer than their White counterparts (See Figure 2).

Recent polls also indicate that over 20% of the city's adult residents both live in poverty and engage in behaviors (smoking, alcohol and drug consumption, lack of daily exercise, failure to use car seat belts, child and domestic abuse¹⁴) that are associated with serious health problems and impairment.¹⁵ Therefore, it is not surprising that only 39% of the residents in high-poverty census tract areas in New Brunswick rate their own health positively, in stark contrast to the state's overall rating of 63%.¹⁶

A review of trend data in New Brunswick also illustrates a persistent disparity in infant mortality rates for African-Americans as compared to Whites over many years. Although recent data show a decrease in the African-American infant mortality rate and an increase in the White infant mortality rate, a close assessment of the data reveals that the increased rate for Whites is explained by a higher Hispanic mortality rate (over 80% of Hispanics are categorized as White on death certificates).¹⁷ An investigation into the conditions within the Hispanic population that

Figure 2: Death Rates From Prostate Cancer in New Brunswick and New Jersey, by Race



Source: Health-Track.org and NJDHSS Cancer Registry

contribute to the rising infant mortality rate is warranted and will be addressed by the current study.

AIDS is a growing problem for all groups - African-American, White, and Hispanic - within the state (See Figure 3). However, African-Americans have accounted for the largest number of

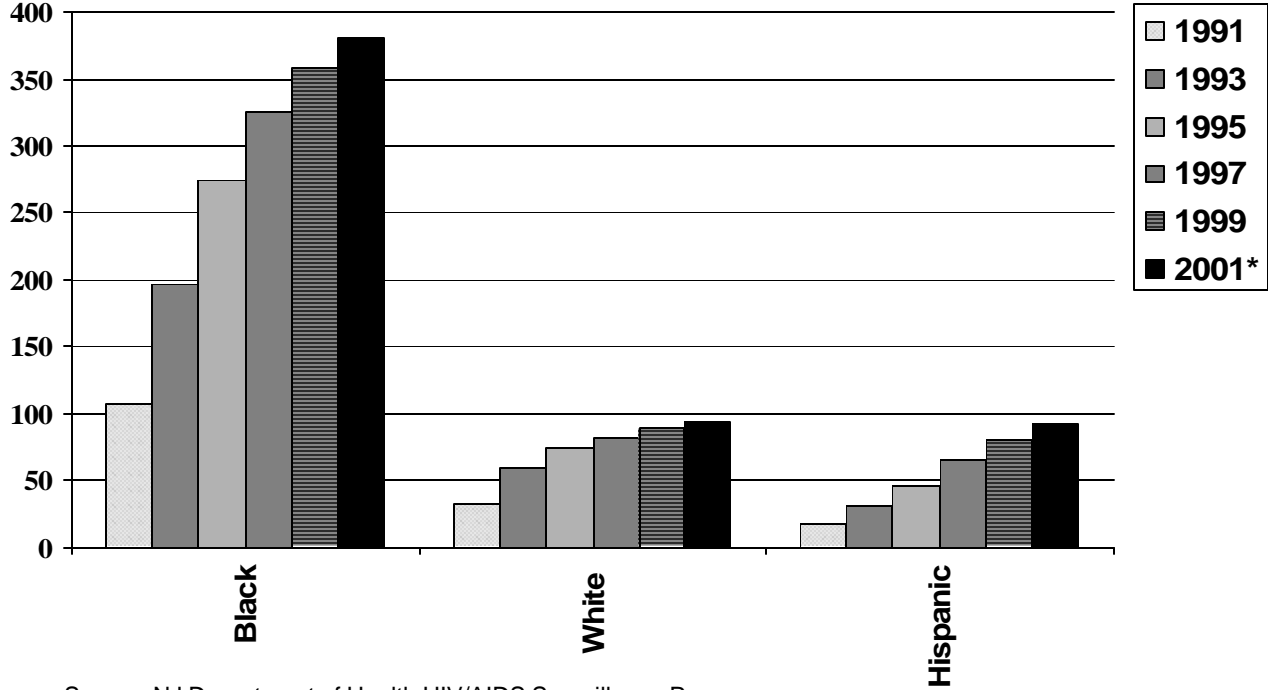
cases since 1991. Data from the NJ Division of AIDS Prevention and Control as reported in 1999 shows that 85% of adults and 100% of children living with AIDS in New Brunswick are African-American or Hispanic. Forty-four percent of men and 38% of women living with HIV/AIDS in New Brunswick were exposed to the virus through injection drug use. Although recent surveillance data suggests that the epidemic is decreasing across all groups in New Brunswick, African-Americans are still almost five times more likely to be infected with HIV than Whites, and more than twice as likely as Hispanics to be HIV-infected.¹⁸

Many additional health problems exist in New Brunswick, although there is little consistent data about them. According to the Eagleton Institute's Center for Public Interest Polling, which conducts a biannual survey of New Brunswick residents, issues that distinguish the city from the rest of the county include:

- More reports of dental and asthma problems;
- Fewer health screenings for hypertension, diabetes, breast cancer, and prostate cancer;
- Greater tendency to use clinics or community health centers;
- Somewhat greater tendency to be covered by Medicaid and Medicare;

- Fewer reported dental visits within the last year, particularly among poor and Latino residents
- More children taken to emergency rooms when sick
- More reported problems with housing (e.g., overcrowding, drugs, crime, noise, lead paint chips, heat, water)
- Lifestyle and day care noted more often as barriers to obtaining health care and information about health services.

Figure 3: AIDS Cases (Adult/Adolescent) in New Brunswick, 1991-2001



Source: NJ Department of Health HIV/AIDS Surveillance Program
 *Cases reported in June 2001

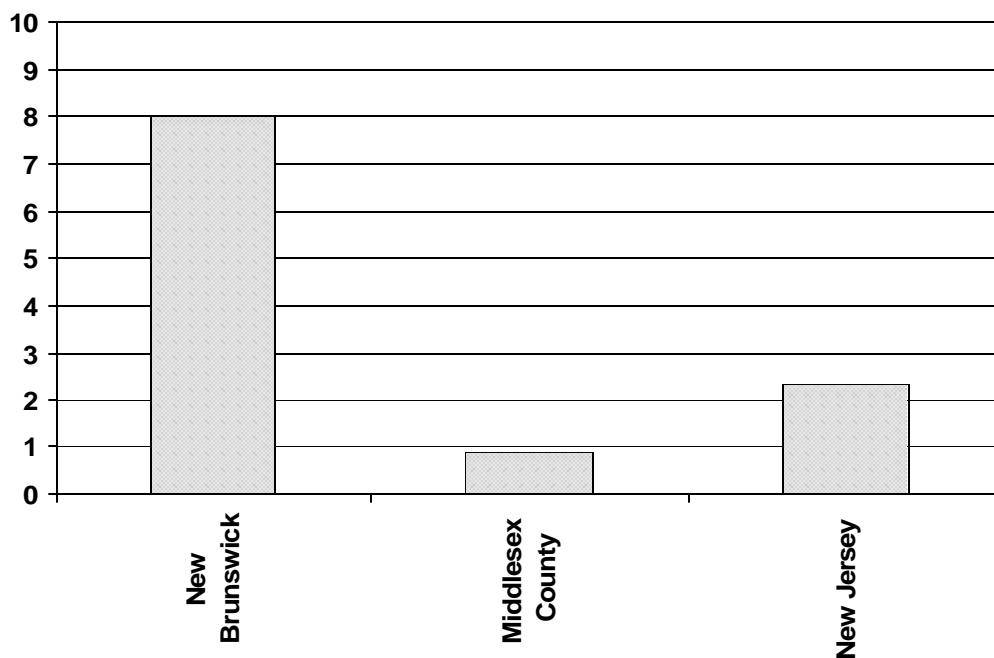
Environmental Quality

An additional concern to residents are the health risks associated with exposure to pollutants. The town's proximity to a highly-traveled interstate highway, the existence of numerous local facilities handling and discharging hazardous wastes into the water and air, and the existence of two brownfield sites may be contributing to adverse health conditions observed within the resident population.

There is evidence that health conditions such as high rates of asthma and lead poisoning in New Brunswick's children are closely associated with housing conditions and environmental risk exposure. Health profile data in the Eagleton Institute report shows that New Brunswick residents have higher a incidence of asthma than the rest of the county.

Although state testing data show the number of children with elevated blood lead levels decreased in FY 2001 compared to FY2000, every county in New Jersey has reported children with blood lead levels above 20 micrograms per deciliter (ug/dL) -- the level that the U.S. Centers for Disease Control and Prevention (CDC) has stated may cause health and/or developmental problems in children.¹⁹ In 2001, New Brunswick had the largest number of children in the county, by far, with lead levels reported above 20 ug/dL (approximately 43% of the total cases), followed by Perth Amboy with 26% of the cases (See Figure 4).²⁰

**Figure 4: Children with Elevated Blood Lead Levels (> 19ug/dL):
New Brunswick, Middlesex County and New Jersey**



Source: NJDHSS Child and Adolescent Health Program as of 12/1/99

According to the Eagleton Institute survey and a survey conducted by the Middlesex County Health Department, the top community concerns of New Brunswick residents are:

- Air Pollution
- Cancer
- Drugs
- Water Pollution
- Access to Medical Insurance

Summary of Prior New Brunswick-focused Research Activities

In order to derive more reliable measures of health issues in New Brunswick and develop more effective interventions, this new assessment will draw upon valuable, albeit diverse, information already gathered in previous studies. These include studies by the state, the county, a research institute that did a baseline study for area hospitals, and a health institute within Rutgers University, as well as prior studies that have included profiles or survey data about New Brunswick. These reports represent a rich archive of data, given that, over the past nine years, New Brunswick has served as the focus for many community health assessments and perception surveys, and more recently the city been part of a stepped-up effort by Middlesex County to measure the health status of the county population.

All of these studies, to varying degrees and in a variety of ways, have identified problems, prioritized resident health concerns, and provided information on key health indicators. By analyzing and integrating the findings from these disparate sources, this assessment will be able to provide local level data in a number of health areas where none currently exists. This effort should also lead to a new, more comprehensive list of priorities and effective interventions to address critical health and social issues.

The following are brief descriptions of particularly useful, previously-conducted studies:

The 2000 Middlesex County Community Health Profile and Community Health Survey for the City of New Brunswick, conducted by the Middlesex County Public Health Department, provides a profile of Middlesex County (using 1990 census data), including lists of organizations, doctors, and dentists, along with data concerning companies, housing complexes, and transportation. This document provides health statistics from multiple sources and survey information based on a "convenience" sample of 161 Middlesex county residents who responded to a survey distributed by health workers.

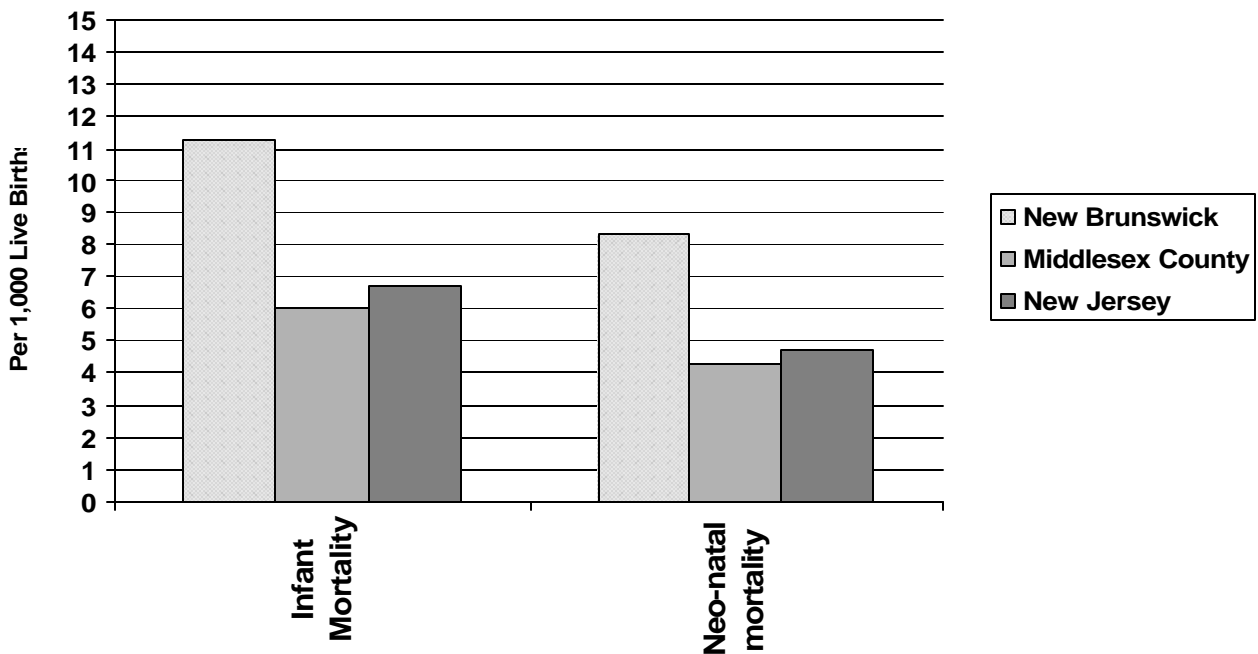
The 2001 Community Health Needs Assessment for Middlesex County, also conducted by the Middlesex County Public Health Department, provides data at the county level focusing on specific health conditions, health behaviors, access to health care services, and social and physical factors affecting health. Although not comprehensive, it does compile resident survey information on key health indicators and residents' top health concerns. Statistics from Middlesex County, the State of New Jersey, and the United States are compared to the national "*Healthy People 2010*" objectives.

The Regional Perinatal and Pediatric Plan (2001-2003) was produced by the Central New Jersey Maternal and Child Health Consortium (CNJMCHC) to guide all Consortium

programs and member agencies in developing, coordinating, and evaluating services for pregnant women, infants, children, and adolescents. The plan contains needs assessment data from member counties; descriptions of perinatal and pediatric services; an assortment of pediatric, neonatal, and adolescent data; and provider and service information for participating counties. The data comes from a variety of sources including the New Jersey Department of Health and the Senior Services' Electronic Birth Certificate Program (EBC). It is noteworthy that New Brunswick-specific statistics in this report include children with elevated blood lead levels, high infant and neo-natal mortality, and low and very low birth weight. It also discusses quality of perinatal care and the impacts of parental substance abuse, and it breaks down the data by race (See Figures 5 through 8).

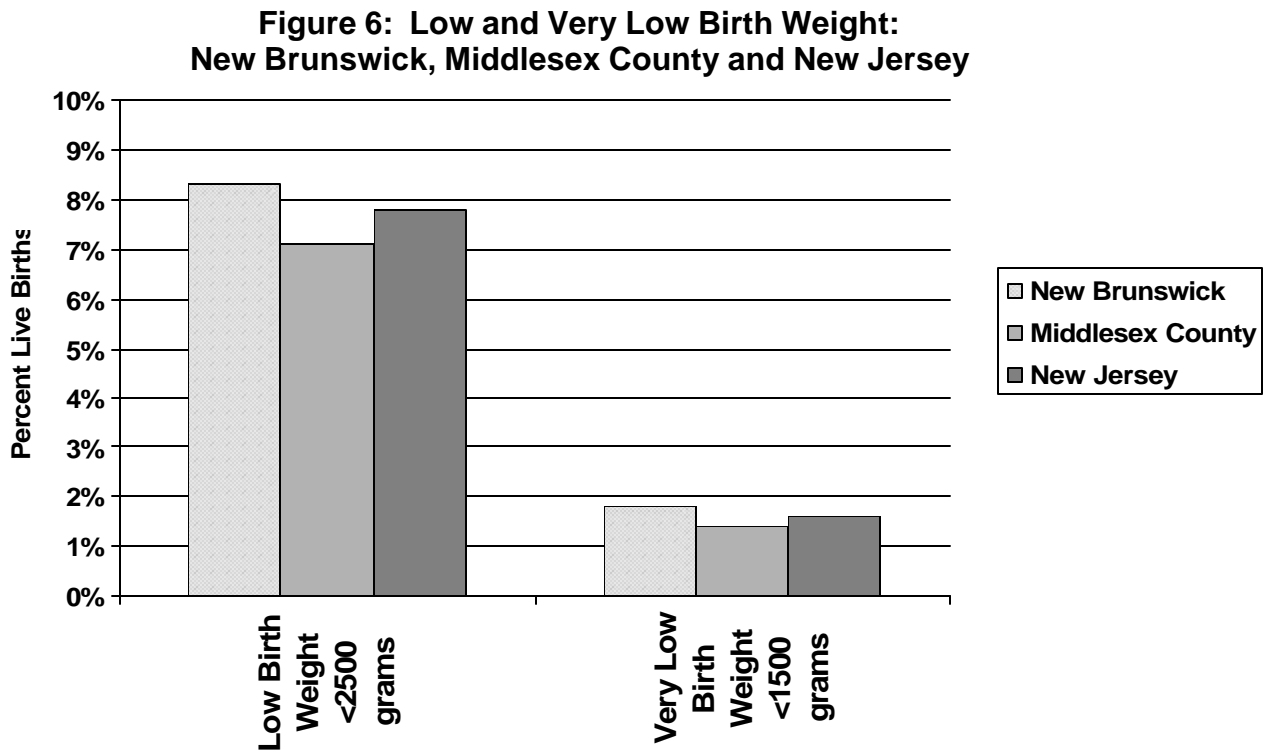
Figure 5 shows that the infant and neo-natal mortality rate for infants less than one year old and neonates of less than 28 days is about one-third higher per 1,000 live births for residents of New Brunswick than for those within Middlesex County and in the state.

Figure 5: Infant (<1 year old) and Neo-Natal (<28 days) Mortality: New Brunswick, Middlesex County and New Jersey



Source: 1995-1997 NJDHSS Birth and Death Certificate files

More low and very low weight babies are born in New Brunswick than in the county or the state as seen in Figure 6.



Source: 1996-1998 NJDHSS Birth Certificate files

Figure 7 shows that New Brunswick also has a slightly higher rate of births to teens than observed in Middlesex County or in the state, and a lower rate of first trimester prenatal care provided than either the county or the state.

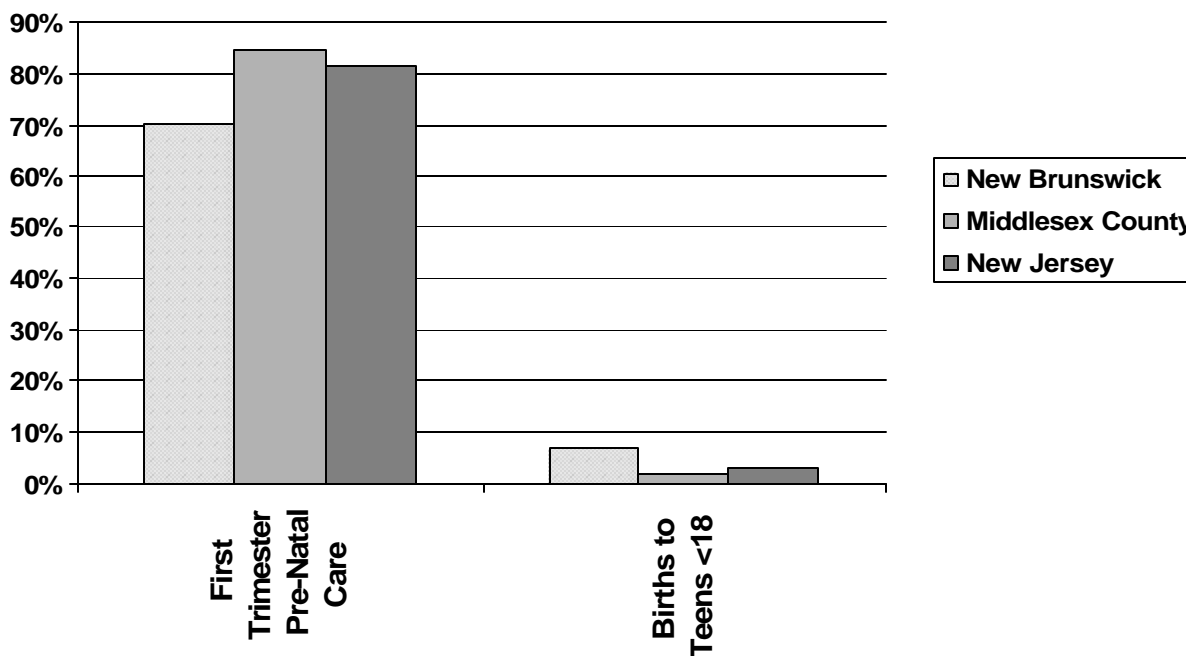
As seen in Figure 8, Tobacco and drug use among pregnant African-American women in New Brunswick is three to four times higher than levels observed for White or Hispanic women.

A survey and needs assessment of New Brunswick’s elderly population, conducted in 1993 by researchers at the Institute for Health, Health Care Policy and Aging Research, includes demographics and background characteristics, health profile and health utilization statistics, social services utilization, informal support networks for the elderly, and financial status data. Recommendations include improving access to services for seniors, promoting program awareness, and improving linkages among providers.

An Adult Population Health Assessment and Perception Survey of Middlesex County, conducted by the Eagleton Institute in 1996 and again in 1998 (the 1998 report updates some of the 1996 data), analyzes data collected from a sample of citizens within the county,

including New Brunswick. The findings include health conditions being treated, health behaviors, and levels of satisfaction with care. Data also describes education levels, priority health issues, health care access and experiences, and respondents' ratings of overall health.

Figure 7: Perinatal Issues: New Brunswick, Middlesex County and New Jersey



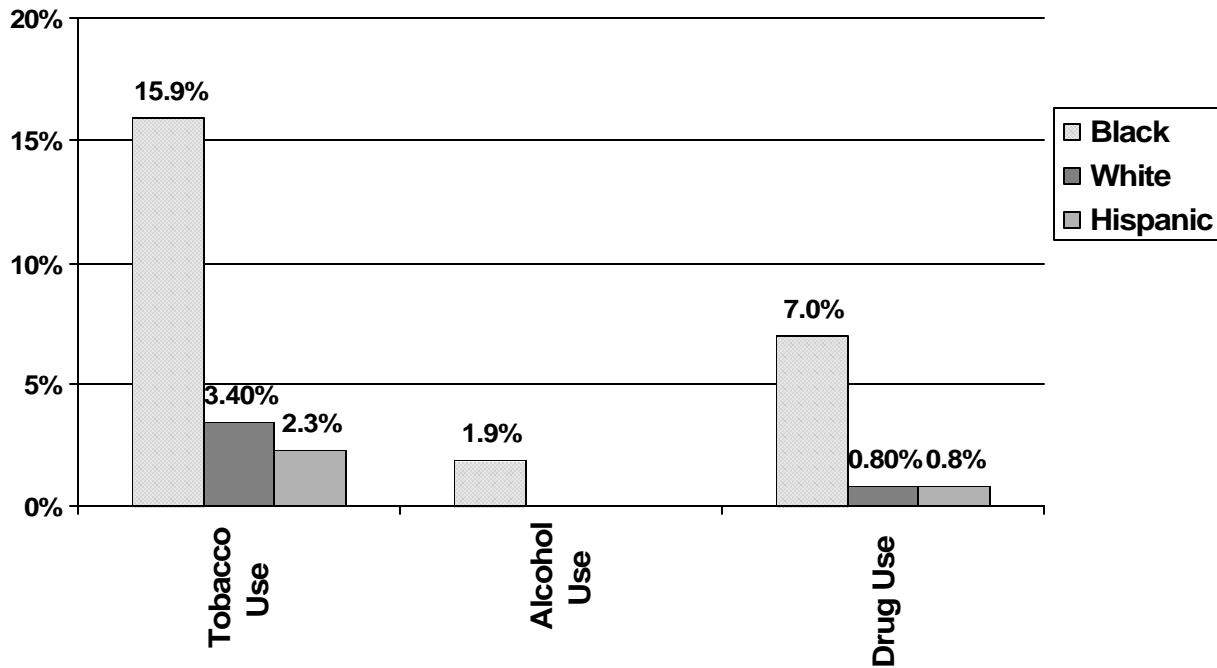
Source: 1996-1998 NJDHSS Birth Certificate files

The Middlesex County Annual Report, produced by the County's Public Health Department, describes program areas and countywide statistical program information. It discusses what public health services are offered in each municipality and the county during the report period, and highlights new services introduced in the previous year. It is a good resource for information about county services, because it covers the number of activities or services provided by each agency, and includes contact information. It also is a good resource for information on community training and seminars, school presentations, conferences, and police and crisis center blotter statistics.

The Community Mobile Health Report, produced by St. Peter's University Hospital, draws on data collected by the hospital's mobile health unit. The unit provides services to medically underserved residents of central New Jersey, many of whom are at high risk or indigent and receive little if any health care. The report provides numbers of health screenings,

immunizations, and limited primary care services conducted at various sites within participating counties (Somerset and Middlesex).

Figure 8: Substance Abuse During Pregnancy in New Brunswick by Race



Source: 1996-1998 NJDHSS Birth and Death Certificate files

All of these studies, commissioned by different health, community-based organizations, and local governmental agencies, target specific problem areas and/or groups in keeping with each organization's focus and directive. This, as well as the use of different methodologies, prevents one-to-one comparisons of these studies' data and findings. These differences also make it challenging to use the combined data to document significant changes occurring in New Brunswick.

For the purposes of this assessment, capturing the phenomenon and effects of migration is also a concern. For example, New Brunswick Memorial Homes (a public housing complex) has been demolished in preparation for new housing for more affluent residents. Residents (primarily African-Americans) in hotels and other housing in New Brunswick have been evicted. Although the buildings are gone, anecdotal information indicates that former residents have not entirely left New Brunswick, but have moved to other parts of town or are now residing in neighboring towns.

The fluid in- and out-migration of the Latino population is equally difficult to track, however one way to assess the extent of immigrant migration is to calculate student mobility. Current student mobility data for New Brunswick are as follows:

- Overall : 24.42%, compared with the state
- High school: 30.6%, compared with state rate of 12.3%
- Middle/elementary schools: 22.15%, compared to the state rate of 14.3%.

All of the challenges cited above, however, are well worth tackling. There is a clear need for a new assessment initiative that synthesizes key information from previous studies, and combines it with data from other important sources (e.g., interviews, hospital discharge data, Middlesex County Health statistics, and HIV/AIDS surveillance data). The issue of migration, for example, will be addressed by building in appropriate survey questions and using qualitative methods, specifically focus groups and in-depth interviews, to answer questions about target populations.

From these effort to capture and/or me ld disparate data from various sources, the project team aims to produce more accurate baseline information about resident health, trend data for certain indicators, and priority areas upon which to focus. Ultimately, researchers and stakeholders should be able to recommend targeted interventions that promise a better quality of life specifically for at-risk populations.

The Timing of New Brunswick 2010

This could not be a more opportune time to take stock of the health of New Brunswick residents. As this overview makes clear, New Brunswick's citizens are shouldering more than their share of health and social problems. But New Brunswick is not a stagnant community. It is a vibrant environment with an expanding business sector and local officials who are motivated to promote improvements for all citizens.

The city is currently undergoing a physical and social transformation associated with a downtown economic revitalization project that has attracted new businesses, restaurants, housing development, and theatres. In 1999 within the public sector, the city Division of Consumer Development rehabilitated 120 homes, and Middlesex County invested over \$75 million in three major construction projects downtown²¹. The private sector has also increased its investments in downtown New Brunswick in recent years, and polling data of city residents shows that, since the mid-90s, New Brunswick residents increasingly see the city as a better and safer place to live.²²

Recent health care program expansions at the state level have also provided New Brunswick with new opportunities. Enrollment of previously uninsured children in NJ KidCare has grown, and former Governor Christine Whitman created NJ FamilyCare to subsidize health coverage for modest-income parents.

State financing of home and community-based long-term care services also was greatly expanded for low-income elders through Senior Initiatives, and a newly developed initiative, called Senior Gold, extends the state's Pharmacy Assistance for the Aged and Disabled program to a larger, modest-income population.

It bears repeating that all of these activities are occurring at a time when the city must contend with a large influx of illegal immigrant families and an outmigration of African-American and Latino minority groups. (Note: see New Brunswick Revitalization Process Executive Summary) And as noted earlier, there is a potential, serious downside of revitalization that cannot be ignored, namely the displacement of the poor and the elimination of affordable housing, already at a premium in this city.

Against this backdrop and despite attempts in the past decade to address the needs of the citizenry, policymakers, program planners, and practitioners have become increasingly concerned that existing services are not meeting the growing problems of urban life.²³ A critical aspect of the "*Healthier New Brunswick 2010*" initiative -- and one that will directly influence the success of the recommended interventions -- is its emphasis on bringing together and engaging community members in identifying and understanding the range of residents' problems and their interactions.

As noted at the outset of this report, the goals of this assessment are to:

- Engage community and health care leadership not only in developing avenues for health improvement but also in ensuring community ownership of this process and its results;
- Assemble qualitative and quantitative information about the health and health care of the residents of New Brunswick;
- Assess barriers to and existing (but perhaps untapped) assets for improving health;
- Provide a resource for educating policymakers, community leaders, providers, and researchers.

There is no question that community involvement will help to ensure consensus on the priority areas, validation of the information that should be collected, the data collection

mechanisms to use, how information should be interpreted, and to whom and in what manner the data is released.

One specific way that the community will guide the analytic work is through the subcommittee of community representatives from New Brunswick Tomorrow's Community Health Advisory Group (CHAG). At the outset of the project, this group will assist the assessment team in establishing priorities, providing advice on what should be asked, and identifying respondents. After the data collection phase is completed, the advisory group will assist the team by reviewing initial findings, providing advice on interpretation, helping to disseminate findings, and identifying program and policy implications of the assessment that can be translated into solutions.

Information-Gathering Phases

The assessment methodology has five components:

1. **Review of Prior Studies and Background Information** – Prior studies, including information about the local economy and other relevant issues, will be used to develop a base of existing knowledge. Background data on related issues (e.g. housing, social service programs, immigration, etc.) will be compiled along with other policy-relevant information about New Brunswick health organizations.
2. **Key Informant Interviews** –Senior members of the assessment team have already conducted approximately 25 one-hour interviews with representatives from community organizations, advocacy group leaders, representatives of major employers, public health officials, and other city officials.
3. **Focus Groups and In-depth Interviews** - Group discussions and individual interviews have been conducted in neutral venues, such as community centers. Health care and academic settings that could bias the selection of participants or the viewpoints expressed were avoided. Individual interviews included professionals with direct knowledge of local health problems and concerns, such as school nurses, visiting nurse service managers, primary care physicians, and staff (social workers, nutritionists, etc.). Trained facilitators led the interviews/groups, and participation was confidential. Where possible, local residents were employed and trained as group facilitators and interviewers. About 12 focus groups and 7 individual semi-structured interviews were conducted in total.

Working with the Data Advisory Group (DAG), the most vulnerable populations for this component of the study were identified. Groups/interviews were conducted in English and Spanish. Each group was ethnically homogeneous to maximize our ability to draw out issues relevant to the group.

4. Community Survey - A structured survey drawing from all of the qualitative research components will be developed to measure health status, health-related and care-seeking behaviors, insurance coverage, access to care, social and long-term services, and other priority issues. This instrument will assess the prevalence of specific health problems (e.g., asthma and diabetes); health insurance coverage; reasons that eligible populations may not enroll in public coverage programs; access to health, social, and long-term care services; satisfaction with services; and other high priority issues that emerge from the qualitative components of the assessment. The survey will also collect demographic and socioeconomic information. Trained interviewers, who will include local residents, will conduct interviews with approximately 600 local families in English and Spanish. Most interviews will be conducted by telephone, but about 10% of interviews will be conducted in-person to cover families without telephones. Especially vulnerable populations (e.g., low-income and/or minority) will be over-sampled. Many of the survey questions will be drawn from the Center for State Health Policy NJ Family Health Survey (NJFHS), which will enable some comparisons of New Brunswick to statewide totals and other urban areas. However, it is more important to customize the New Brunswick survey to the issues identified as important by the DAG and through the qualitative components of the assessment, than to guarantee comparability to the NJFHS.
5. Small-Area Analysis of Health Information from Community Survey – Analysis of health data for areas within New Brunswick will be used to identify patterns in health care indicators exhibited by various community groups. Reported physical and mental health conditions will be mapped by neighborhood and/or census tract, and compared to available resources throughout the community. These factors can also be compared to reported knowledge of community resources and difficulties in accessing services. Since much of the content of the community survey will be similar to the 2001 New Jersey Family Health Survey, information about health conditions in New Brunswick can be compared to the rest of the state. All small area analysis of health conditions will be

conducted in a manner that protects the identities of individuals with rare and sensitive conditions.

Dissemination and Products

Upon completion of each component of the assessment, results will be produced. This information will be assembled and disseminated to community organizations. Multiple vehicles for dissemination will be used such as the development of summary reports, chartbooks, and issue briefs. Other venues to disseminate findings will be explored such as team member presentations, web-publishable versions of project reports, professional journal publications, and testimony to public officials, funders, and other interested parties.

Recommendations

It is hoped that the collaborative environment established by the New Brunswick Community Health Assessment will be extended past the life of the initiative. The NBCCHA will provide informational resources to all participants that should prove useful in achieving the ultimate goal -- designing, implementing, and improving health programs for New Brunswick residents. Collaboration should also stimulate discussions among health leaders about how to efficiently use existing resources and where additional aid and emphasis is required. Information uncovered as a result of this assessment will be:

- Shared with all assessment partners and presented to the Data Advisory Committee of the CHAG;
- Prioritized based on the extent of the problem noting existing resources and future planned efforts;
- Used for integrated improvements in ongoing program and service delivery efforts;
- Disseminated widely to multiple individuals, groups, and organizations as required.

Endnotes

- ¹ 1999 Geographic Reference Report, ERI Economic Research Institute, 1998
- ² U.S. Census, 2000 (www.newbrunswick.com/economicdev/demographics.asp)
- ³ Center for Public Interest Polling, 2000, p. 47; Appendix B8
- ⁴ Profile of General Demographic Characteristics for New Brunswick City, Middlesex County 2000, U.S. Census Bureau, Census 2000
- ⁵ [Http:// www.wnjp.state.us/Labor Market Information](http://www.wnjp.state.us/LaborMarketInformation). U.S. Bureau of the Census 2001. Small Area Income and Poverty Estimates Program. Estimated number and percentage for Poor...17 and Estimated Median Household.
- ⁶ [Http:// www.wnjp.state.us/Labor Market Information](http://www.wnjp.state.us/LaborMarketInformation). New Jersey Labor Force Estimates for 2001 by County; 2001 Annual Average Labor Force Estimates by Municipality. ; New Jersey Current Population Estimates [Http:// www.wnjp.state.us](http://www.wnjp.state.us)
- ⁷ Center for Public Interest Polling, 2000, p. 57-59
- ⁸ U.S. Bureau of the Census, 1990, U.S. Department of Commerce County and City Data Book 1994.
- ⁹ <http://www.wnjp.state.nj.us/OneStopCar...LaborMarketInformation/lmi18/bpann00.htm>.
- ¹⁰ Uniform Crime Report State of New Jersey, 2000
- ¹¹ Community Health Needs Assessment for New Brunswick ; Center for Public Interest Polling, 1998.
- ¹² Center for Public Interest Polling, 1998. Middlesex County : Adult Population Health Assessment and Perception Survey.
- ¹³ NJ Cancer Resource Site Reports 1998
- ¹⁴ Kids Count New Jersey 2000. State and County Profiles of Child Wellbeing ; New Jersey DHSS (1999). Annual Statistical Perspective, New Jersey Drug and Alcohol Abuse Treatment.
- ¹⁵ Middlesex County Public Health Department, 2001. Community Health Needs Assessment for New Brunswick ; Center for Public Interest Polling, 1998.
- ¹⁶ Center for Public Interest Polling, 1996a
- ¹⁷ Central New Jersey Maternal and Child Health Consortium, Oct.2001, CNJMCHC CQI and

Data Report 1999-2000.

¹⁸ New Jersey Department of Health and Senior Services, HIV/AIDS Surveillance Program, reported cases June 2001.

¹⁹ New Jersey DHSS (2001) Childhood Lead Poisoning in New Jersey, Annual Report Fiscal 2001.

²⁰ Lead Program–Annual Report 2001. Middlesex County Public Health Department

²¹ State of the City Address, Mayor James M. Cahill, January 11, 2000

²² Center for Public Interest Polling, 2000

²³ Molinaro Associates, 1993; Center for Public Interest Polling, 1992, 1996a, 1996b, 1996c, 1996d; 2000; Williams & Fallon, 1996; University Health System of New Jersey, 1993