New Brunswick's Shared Data Measurement Project: Report on Fifteen Indicators

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August 2018

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Acknowledgements:

Healthier New Brunswick's leadership team provided input throughout the project. In addition to Eric Jahn and Maria B. Pellerano of Rutgers Robert Wood Johnson Medical School, and, Jaymie Santiago and Manuel Castañeda of New Brunswick Tomorrow, these members included: Shaun Mickus and Bonnie Petrauskas of Johnson & Johnson, Jennifer Bradshaw and Mayor James Cahill of the City of New Brunswick.

The authors of this report want to especially thank Lisa Frantzen and Jared Raynor of the TCC Group for all their guidance and assistance with the indicator development process.

In addition, during the last three years, many Rutgers University and community-based partners voluntarily participated in the indicator process. These include:

- Alan M. Voorhees Transportation Center, Rutgers Edward J. Bloustein School of Planning and Public Policy
- Center for State Health Policy, Rutgers University
- Central Jersey Family Health Consortium
- City of New Brunswick
- Civic League of Greater New Brunswick
- Collaborative Center for Community-Based Research and Service, Office of Diversity and Inclusion, Rutgers University
- Coming Home of Middlesex County
- Cooperative Extension, Department of Family and Community Health Sciences, Rutgers New Jersey Agricultural Experiment Station
- Cooperative Extension, New Brunswick Community Farmers Market, Rutgers New Jersey Agricultural Experiment Station
- Department of Family Medicine and Community Health, Rutgers Robert Wood Johnson Medical School
- Department of Nutritional Sciences, Rutgers School of Environmental and Biological Sciences
- Department of Pediatrics, Rutgers Robert Wood Johnson Medical School
- Elijah's Promise
- Environmental Analysis and Communications Group, Rutgers Edward J. Bloustein School of Planning and Public Policy
- Environmental and Occupational Health Sciences Institute, Rutgers University
- Eric B. Chandler Health Center, Rutgers University
- Greater New Brunswick Day Care Council
- Healthier Middlesex
- Homeless & Indigent Population Health Outreach Project, Rutgers Robert Wood Johnson Medical School
- Institute for Health, Health Care Policy and Aging Research, Rutgers University
- Johnson & Johnson
- K2M Consulting
- Middlesex County Office of Health Services

Middlesex County Office of Workforce Development
Mt. Zion A.M.E. Church of New Brunswick
New Brunswick Community Food Alliance
New Brunswick Domestic Violence Awareness Coalition
New Brunswick Public Schools
New Brunswick Residents
New Brunswick Tomorrow
New Jersey Partnership for Healthy Kids
PRAB
Recreation Department, City of New Brunswick
Robert Wood Johnson Medical School, Rutgers University
Robert Wood Johnson University Hospital, RWJ Barnabas Health
Rutgers School of Dentistry
Rutgers School of Nursing
Rutgers University
Saint Peter's University Hospital
School of Management and Labor Relations, Rutgers University
The Children's Center for Preschool
Tiny Tots Spot
United Way of Central New Jersey
Unity Square Neighborhood Revitalization Project
Wellcare Health Plans
Wellspring Center for Prevention
Youth Advocacy Program
Youth Services System, City of New Brunswick

This project was generously supported by a gift from Johnson & Johnson to Rutgers Robert Wood Johnson Medical School, Office of Community Health.

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Background

About Healthier New Brunswick

Healthier New Brunswick (HNB) is a public-private partnership between Rutgers Robert Wood Johnson Medical School, the City of New Brunswick, Johnson & Johnson, New Brunswick Tomorrow, and local community-based organizations and health institutions, including Robert Wood Johnson University Hospital, RWJBarnabas Health, and Saint Peter's University Hospital. HNB's mission is to improve the health and health care of all New Brunswick residents. HNB's leadership believes that combining resources, expertise, and influence around a common agenda, can enhance the impact on the health and wellbeing of all city residents. This approach is known as collective impact (Kania and Kramer, 2011).

Healthier New Brunswick's work and structure is guided by two organizing principles:

1. Collective impact is required to achieve HNB's goals.

Healthier New Brunswick mobilizes the academic, nonprofit, philanthropic, business, faith, and governmental sectors to create system changes impacting city residents. Through collective impact, HNB partners work to create a shared agenda, and align resources and outcomes across diverse collaborations and sectors. Using the collective impact approach, HNB envisions a city where residents have more positive health outcomes and thrive in a culture of health and wellness. Healthier New Brunswick is guided by a "Blueprint for Action," which is a strategic framework consisting of specific organizational, policy, and programmatic strategies for multiple health-focus areas in the City, such as promoting healthy lifestyles and ensuring healthy and affordable housing.

2. Sharing Data is critical to driving change.

Healthier New Brunswick addresses both current and emergent health-related issues in which there is data demonstrating a need, sufficient capacity to meet the need, and current momentum around the need. To do this effectively, accurate and timely data serves as a call to action and an accountability mechanism. Through New Brunswick Tomorrow's Health Task Force and the Alliance for a Healthier New Brunswick, HNB employs evaluations, assessments, and community dialogues to inform stakeholders and New Brunswick residents about challenges, progress, and its collective work.

Introduction to This Document

Over the past three years, HNB has focused on establishing a *New Brunswick Shared Measurement Data Set* to better align health and wellness efforts and measure collective impact. John Kania and Mark Kramer have defined "shared measurement" as "collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations." A shared measurement system helps partners align their efforts and hold one another accountable (Kania and Kramer, 2011).

EXECUTIVE SUMMARY

Background to the New Brunswick Shared Measurement Data Set

In May 2015, the process for creating a shared measurement system started with a large community meeting. In order for Healthier New Brunswick's (HNB) collective impact approach to be successful, the shared measurement set needed to:

- provide focus and help ensure alignment between partners of HNB's efforts,
- collect consistent data over time and measure progress towards HNB's goals, and
- help increase the capacity of New Brunswick to address and achieve improved health outcomes.

During this initial meeting, community partners and stakeholders prioritized various health issues, resulting in a focus on three primary health issues to inform HNB's efforts:

1. Access to Care
2. Nutrition
3. Mental Health.

Three workgroups were formed to select five indicators for each of the three priority health issues. The workgroups reviewed data banks of validated indicators and prioritized those that best served the needs of the New Brunswick community. These workgroups were each guided by a definition for their health area and five criteria for choosing indicators from the data banks (see Figure 1 at the end of this Executive Summary). In March 2016, the final indicators were approved by HNB partners. This lengthy community-engaged process involved nearly 50 stakeholder partner organizations and was led by the Rutgers Robert Wood Johnson Medical School's Alliance for a Healthier New Brunswick, New Brunswick Tomorrow and a consultant, the TCC Group.

To systematize a reporting framework and data collection plan, Healthier New Brunswick established a committee of local data experts and community partners to help develop the partnership's outcome indicators through a Reporting and Analysis workgroup. This workgroup adjusted indicators using four principles:

- Prioritize population-based measures that represent conditions at the community level,
- Collected by a trusted source,
- Affordable to gather and report, and
- Available consistently over time.

Of these, an emphasis was placed on the community's ability to easily collect the data from existing surveys. This process is fully described in a report found at the Medical School's website.

This timeline summarizes major project activities:



New Brunswick Tomorrow (NBT) participated throughout the workgroup process and led the effort for including six new indicators into the New Brunswick Community Survey (A-1, A-2, N-2, N-4, N-5, and M-1 – see Figure 2 at the end of this Executive Summary).

After the Alliance reviewed the data for the indicators in September 2017, it was decided to reconvene the indicator workgroups, which is described in the Moving Forward section of this document.

Method

The indicator set represents a secondary analysis of four surveys and studies previously conducted in New Brunswick, NJ. These included:

- The New Brunswick Community Survey – every four years, this survey is sponsored by New Brunswick Tomorrow (NBT) and is conducted by the Eagleton Center for Public Interest Polling. This survey's data is the source of nine indicators.
- Community Capacity Survey for Greater New Brunswick / Middlesex County. This survey, developed by the Alliance for a Healthier New Brunswick and Healthier Middlesex with community stakeholder partners, assesses the capacity of local community-based organizations. This survey's data is the source of four indicators.
- New Jersey Child Health Study, which is being conducted by the Rutgers Center for State Health Policy and Arizona State University's School of Nutrition & Health Promotion. This study's data is the source of one indicator.
- 2016 Community Health Needs Assessment (CHNA), 2016 – this study was conducted by Rutgers Center for State Health Policy for Saint Peter's University Hospital and Robert Wood Johnson University Hospital. The data comes from administrative Hospital Discharge Data. This study's data is the source of one indicator.

Some indicator language was adjusted as the data was collected, compiled and presented to best reflect the individual data points. Figure 2, included at the end of this Executive Summary, provides a snapshot of the proposed and final indicators with the data source used for each indicator. All data is presented based on the total number of responses for that particular question or data point. Notes are provided when the authors of this indicator report combined multiple data points.

Challenges to Indicator Data Collection

The *New Brunswick Shared Measurement Data Set* represents a snapshot of local health and wellness data. A number of challenges were experienced during the first data collection of this measurement set. During indicator development and data collection planning, community partners, stakeholders, and researchers expressed two primary concerns:

1) an individual's hesitancy to answer certain questions, and,
2) the ability to easily obtain data from electronic health records.

These concerns made some of the original indicators identified by the workgroups difficult to collect. For example, some questions on the New Brunswick Community Survey were asked at the household level and some questions on the Community Capacity Survey for Greater New Brunswick / Middlesex County were asked on the organization level. Therefore, it is sometimes difficult or impossible to make comparisons across the data. The intent of reporting this data is to share it publicly, to stimulate discussion, and to identify additional data that is needed to affect health outcomes across the city.

In spite of a multi-modality data collection (postal mail, email, text message, cellular telephone, and landline telephone) Eagleton survey researchers found people's reticence to answer surveys challenging while conducting the New Brunswick Community Survey. In addition, Eagleton Institute survey researchers suggested in the final publication that this reticence impacted the results:

> Results, moreover, were no doubt impacted by an increasingly intense political climate, both locally and nationally. The 2016 presidential election brought issues like immigration, race, and sanctuary cities to the forefront of politics; these kinds of issues most likely played a role in the day-to-day politics of the city, as well. Local and national current events furthermore potentially compounded challenges already faced by the survey research industry in terms of an increasing unwillingness to respond to surveys, in general. Yet, in spite of political context and declining response rates, the data gathered in this 2016 iteration provides a valuable, representative look at the lives of New Brunswick residents and their views on the community. Eagleton / NBT 2016, pg. 6

Results

Access to Care

A majority of New Brunswick residents said that they have access to health care, which includes medical (91%), dental (78%), and prescriptions (90%). It was not surprising to community stakeholders that 23% of New Brunswick households indicated that no household member visited a dental provider in the past 12 months. The use of the Emergency Room (ER) as a source of regular care was lower in 2016 (18%) that in 2012 (24%). For those who visited the ER, 56% of visits were avoidable. Barriers to care were similar to those offered in 2012 (for example, no or poor insurance, excessive wait / no doctors) but those residents stating they did not have any insurance went down significantly from 54% in 2012 to 8% in 2016. Community

stakeholders were concerned that many of these numbers were influenced by the challenges experienced during data collection on the New Brunswick Community Survey (described above).

The data for each of the Access to Care indicators are illustrated in Appendix A as A-1 to A-5.

Nutrition

New Jersey Child Health Study found that there are 97 food stores within a mile of New Brunswick, of which almost three-quarters are classified as convenience stores. In contract, researchers for the New Brunswick Community Survey found that almost forty percent (39%) of residents reported being food insecure during the past year. Food insecure is defined as not having enough money to buy the food needed. Less than half of New Brunswick residents (44%) reported eating fruits and vegetables every day in contrast to almost thirty percent (29%) who reported eating fruits and vegetables only zero to three days per week. Almost half (48%) New Brunswick residents reported actively exercising for 30 minutes three or more times per week as compared to a smaller percentage (16%) who reported that they never actively exercised. Of the organizations responding to questions about service provision on the Community Capacity Survey for Greater New Brunswick / Middlesex County (Community Capacity Survey) nearly half (45%) provided diet / weight services with even more (71%) provided services for healthy eating / nutrition. Nearly seventy percent of the organizations responding to questions on the Community Capacity Survey about referrals sent clients to other agencies for assistance with diet / weight (65%) and healthy eating / nutrition (67%).

The data for each of the Nutrition indicators are illustrated in Appendix A as N-1 to N-5.

Mental Health

For the first time, behavioral health concerns were measured on the New Brunswick Community survey with 28% of New Brunswick households reporting at least one person experiencing frequents periods of feeling down, depressed or hopeless. Fewer residents (22%) in 2016 compared to four years ago (36%) perceived their neighborhood to be very safe and more residents believed their neighborhood was not at all safe (17% in 2016 compared to 10% in 2012).

Three of the five indicators for mental health looked at service provision in the greater New Brunswick community. These indicators were included in the Community Capacity Survey for Greater New Brunswick / Middlesex County (Community Capacity Survey). Roughly half (47%) of the organizations responding to a question on this survey stated that they provide screenings for depression and mood disorders. Forty percent of organizations stated that they provided services for depression / grief but 74% of organizations referred clients to other agencies for assistance with depression / grief. More than half of the organizations (55%) stated that they provided services for stress / anxiety but a greater percentage (68%) referred clients to other agencies for assistance with stress / anxiety. Less than forty percent of organizations (37%) conduct trainings for clients on depression /stress / anxiety. When asked about domestic

violence / sexual violence, slightly less than half of the organizations (44%) responded that they provided services, but a greater percentage of organizations (74%) responded that they referred clients to other agencies for assistance.

The data for each of the Mental Health indicators are illustrated in Appendix A as M-1 to M-5.

Moving Forward

In the fall of 2017, members of the Alliance for a Healthier New Brunswick participated in a reconvening of the three indicator workgroups to discuss the following four questions:

1) **Did it work?**

The data was presented and participants were asked whether or not the indicators met the goals of the shared indicator project. All of the workgroups believed that the indicators met the goals of the shared indicator project,

2) **Should it continue?**

After reviewing the data, the participants discussed if it made sense to track these indicators going forward. The participants recommended that the indicators continue to be collected with some adjustments, noted in the recommendations below.

3) **Is it useful?**

Participants were asked if the indicators provided community partners with the information they need to guide their work. Responses varied based on organizational missions and client populations. Some participants noted that the data will help them better develop their programs and services. Others could see the usefulness in understanding gaps in services.

The following recommendations were made by community stakeholder participants and were presented to the Alliance membership in December 2017.

- Reduce terminology confusion in the questions asked of residents (prescription medications, clinic, safe neighborhoods, healthy eating and actively exercising).
- Use questions about individuals because "household" data is difficult to interpret (dental care).
- Ask questions about individuals rather than organizations (stress and anxiety) to get a better picture of a problem in the community.
- Use originally proposed indicators (language as a barrier to care and access to a healthy food) to capture data that is very important to community stakeholders.
- Conduct surveys of select indicators with populations that are difficult to reach (homeless, insecurely housed, and Rutgers students) to gather data that helps stakeholders better understand these populations.

- Hold focus groups to obtain more detail (depression, neighborhood safety, food insecurity, fruit and vegetable consumption, and actively exercising) and better understand the answers provided to the New Brunswick Community Survey.
- Consider adding some important questions (housing monthly expenses, access to a kitchen or ability to cook meals) to the New Brunswick Community Survey because this data might help stakeholders understand if these issues (for example cost of housing) are impacting other issues such as food insecurity.

4) **How to improve?**

To conclude, participants were asked if there was a better way to coordinate the many data collection efforts throughout the community to better serve all needs. Participants all agreed that residents in the New Brunswick community might have research fatigue. It was recognized that trying to coordinate all research conducted in the community would be very difficult. It was suggested that Healthier New Brunswick member organizations who currently host surveys in New Brunswick, should try to better coordinate their work and perhaps work together to reduce duplication of effort.

Summary

When Healthier New Brunswick (HNB) embarked on developing a New Brunswick Shared Measurement Data Set, it defined three objects for the shared measurement system, including:

- to provide focus and help ensure alignment of HNB's efforts,
- to collect data longitudinally and measure progress towards HNB goals, and
- to help increase the capacity of New Brunswick to address and achieve desired health outcomes.

In sum, Healthier New Brunswick is still developing a set of recommendations based on these findings and will further refine the indicator data in the coming year. The first round of data collection has provided a baseline and has revealed refinements needed in future surveys to better serve specific needs of the New Brunswick community. The summary tables below (Figures 1 and 2) provide an overview of all the indicators, by definition, goal, and institution. The appendices include the most current data based on these indicators, representing the shared data set's baseline year.

Figure 1 – Health Issue Area Definitions and Indicator Criteria used in Indicator Workgroup Prioritization Sessions June 24-26, 2015

Healthier New Brunswick Health Issue Area Definitions		
Issue Area	**Definition**	**Source**
Access to Care	Facilitating access is concerned with helping people to command appropriate health care resources in order to preserve or improve their health… Thus access measured in terms of utilization is dependent on the affordability, physical accessibility and acceptability of services and not merely adequacy of supply. Services available must be relevant and effective if the population is to 'gain access to satisfactory health outcomes'. The availability of services, and barriers to access, have to be considered in the context of the differing perspectives, health needs and material and cultural settings of diverse groups in society. Equity of access may be measured in terms of the availability, utilization or outcomes of services.	The Royal Society of Medicine Press
Nutrition	Nutrition is the intake of food, considered in relation to the body's dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.	World Health Organization
Mental Health	Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.	Department of Health & Human Services

Criteria for choosing Healthier New Brunswick Core Indicators:	
1.	Should be a **valid measure** of assessing improvement in New Brunswick.
2.	Should be **New Brunswick population based** (i.e., relevant across multiple population segments and programs).
3.	Data must be **affordable to gather & report** and produced from a trusted source.
4.	Data should be **available consistently over time** or we can put in place the processes to do so.
5.	Should be easily **understandable and relatable** to local stakeholders.

Figure 2: Proposed and Final Indicator Set, 2017

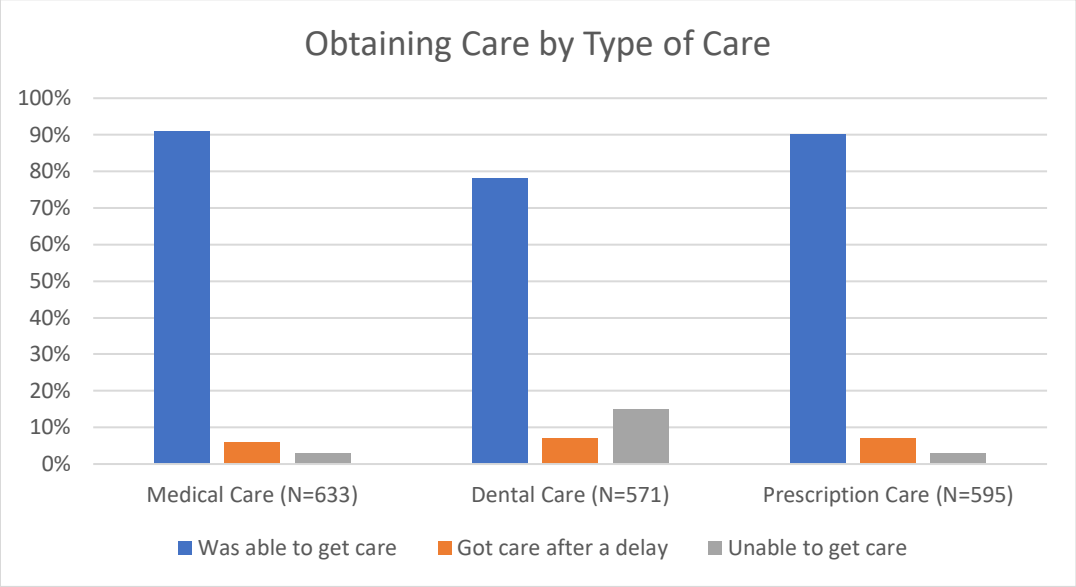
Proposed Indicators	Final Indicator	Data Source
Access to Care		
A-1: Proportion of individuals who are unable to obtain or who delay in obtaining necessary medical care, dental care, or prescription medicines	A-1: Proportion of individuals who are unable to obtain or who delay in obtaining necessary medical care, dental care, or prescription medicines	NBT/Eagleton survey
A-2: Proportion of children, adolescents, and adults who used the oral healthcare system in the past year	A-2: Proportion of households that had dental visits in the past 12 months	NBT/Eagleton survey
A-3: Proportion of persons who have a specific source of ongoing care outside of the hospital	A-3: Proportion of persons who have a specific source of ongoing care outside of the hospital	NBT/Eagleton survey
A-4: Hospitalization rate for ambulatory-care sensitive conditions	A-4: Avoidable Hospitalization Rate for Emergency Department (ED) and Inpatient Visits	CSHP
A-5: Proportion of New Brunswick residents that feel language is a barrier to care	A-5: Primary barriers to care experienced by New Brunswick residents	NBT/Eagleton survey
Nutrition		
N-1: Proportion of organizations and institutions that include counseling or education related to nutrition or weight	N-1: Proportion of organizations providing services for diet / weight and healthy eating / nutrition	Community capacity survey
N-2: Proportion of individuals experiencing food insecurity	N-2: Proportion of households experiencing food insecurity	NBT/Eagleton survey
N-3: Proportion of New Brunswick residents who have access to a food retail outlet that sells fresh fruits and vegetables	N-3: Percentages and types of food stores in and around New Brunswick, NJ	New Jersey Child Health Study
N-4: Fruit/vegetable consumption by adults and children	N-4: Fruit/vegetable consumption by New Brunswick residents (days / week)	NBT/Eagleton survey
N-5: Proportion of adults and children who meet Physical Activity Guidelines for Americans	N-5: Proportion of New Brunswick residents who actively exercise in days / week	NBT/Eagleton survey
Mental Health		
M-1: Average number of mentally unhealthy days in past 30 days	M-1: Percentage of households with at least one person who experienced frequent periods of feeling down, depressed or hopeless	NBT/Eagleton survey
M-2: Proportion of healthcare professionals conducting depression or mood disorder screenings	M-2: Proportion of organizations that provide screenings and services for depression / mood disorders	Community capacity survey
M-3: Proportion of community organizations providing services on stress reduction	M-3: Proportion of organizations that provide services for stress / anxiety	Community capacity survey
M-4: % of adults or children who have utilized support services that have experienced or witnessed domestic violence	M-4: Proportion of organizations providing services for Domestic Violence / Sexual Violence and Assault	Community capacity survey
M-5: Proportion of New Brunswick residents that feel safe in their neighborhood	M-5: Proportion of New Brunswick residents that feel safe in their neighborhood at night	NBT/Eagleton survey

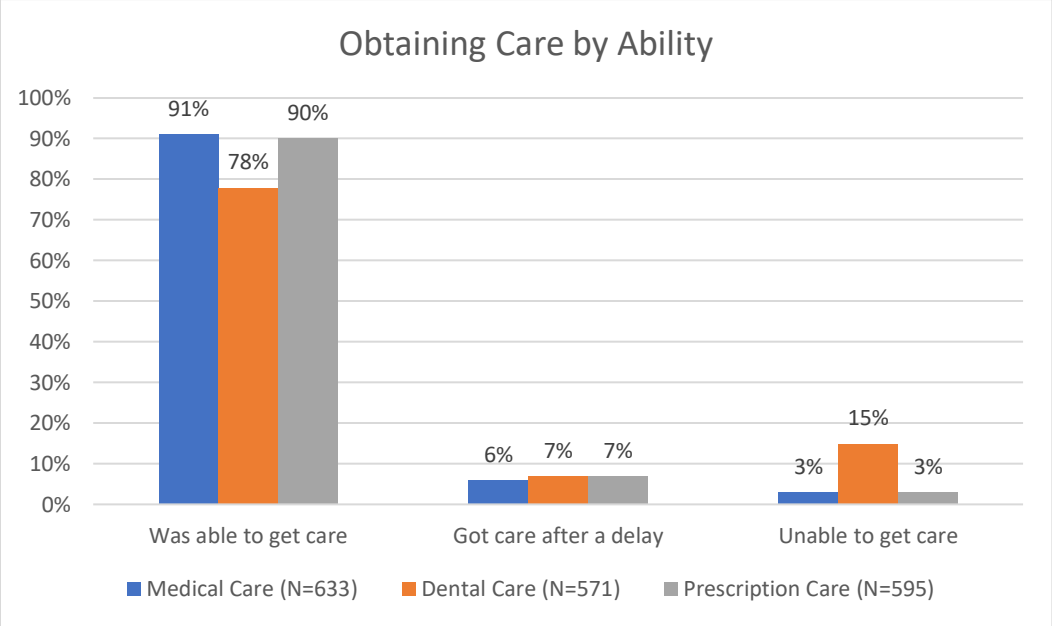
Appendix A: Indicator Data Sets

- **Access to Care (A1 – A5)**
- **Nutrition (N1 – N5)**
- **Mental Health (M1 – M5)**

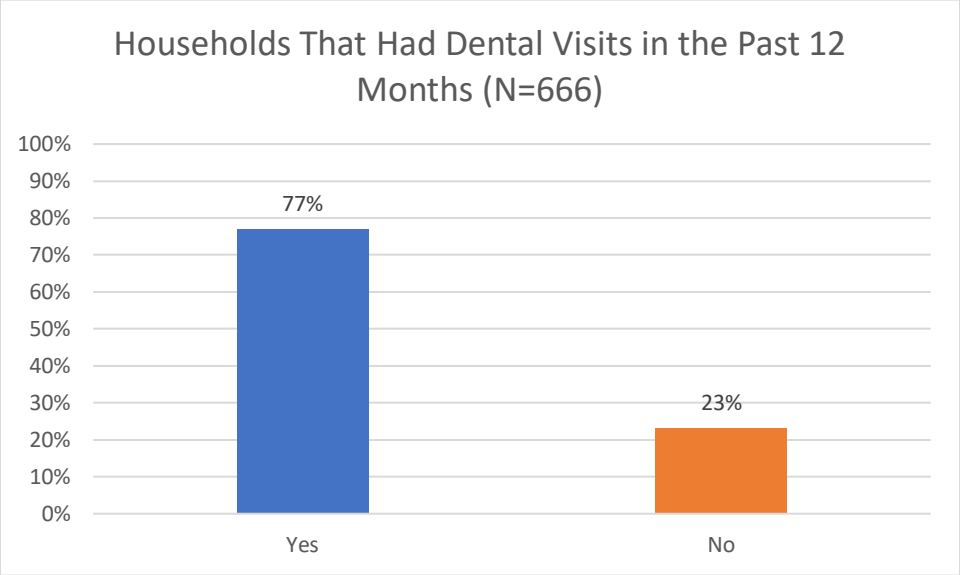
Access to Care Indicators

A-1: Proportion of individuals who are unable to obtain or who delay in obtaining necessary medical care, dental care, or prescription medicines.

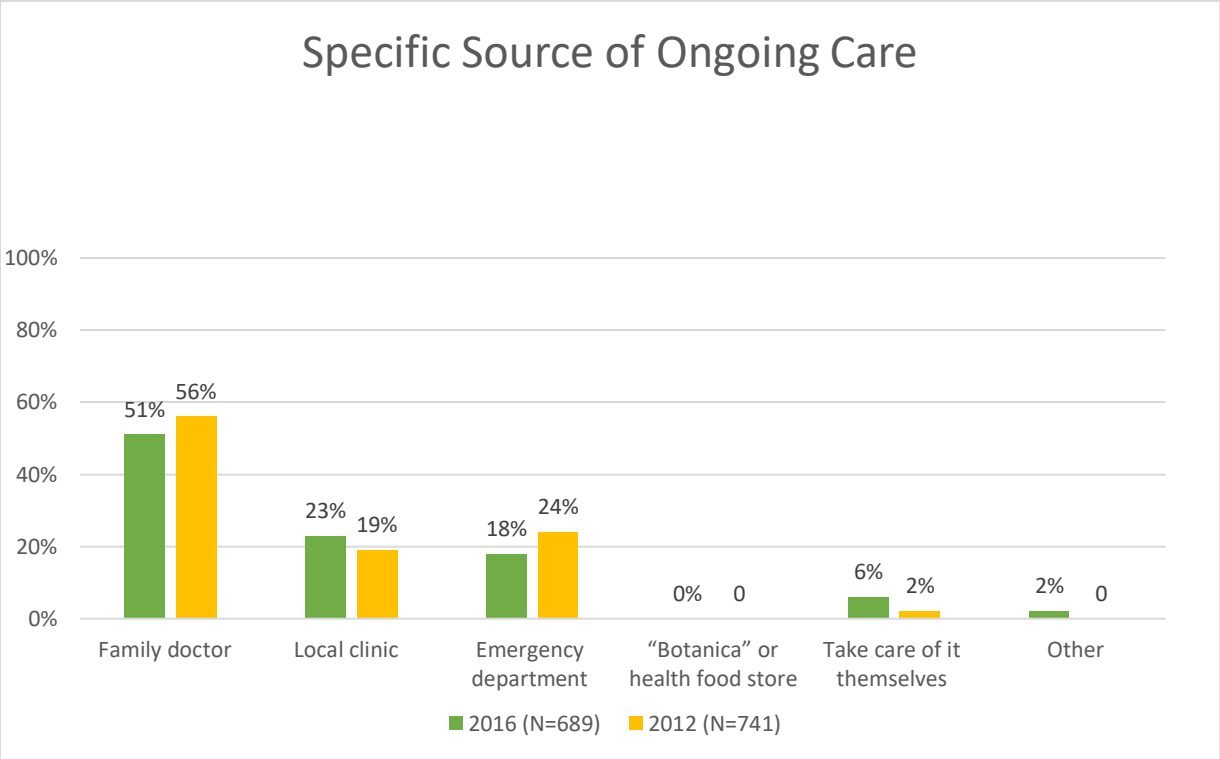




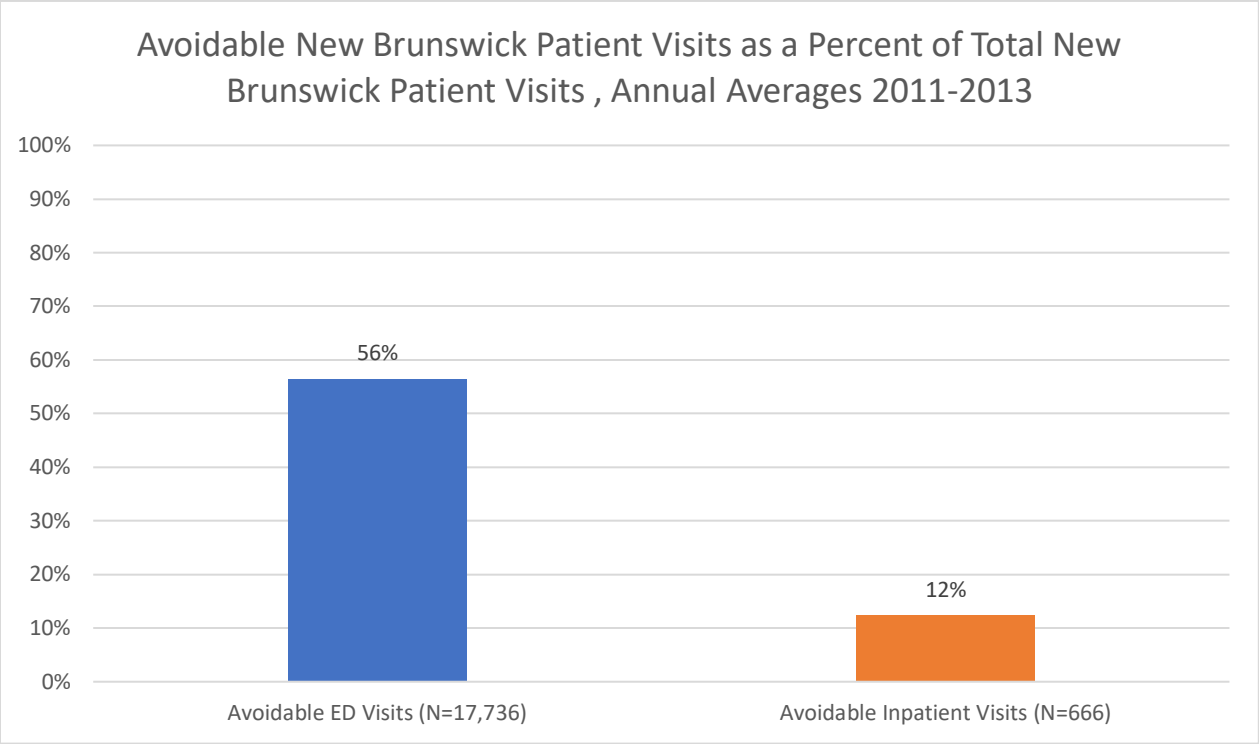
A-2: Proportion of households that had dental visits in the past 12 months.

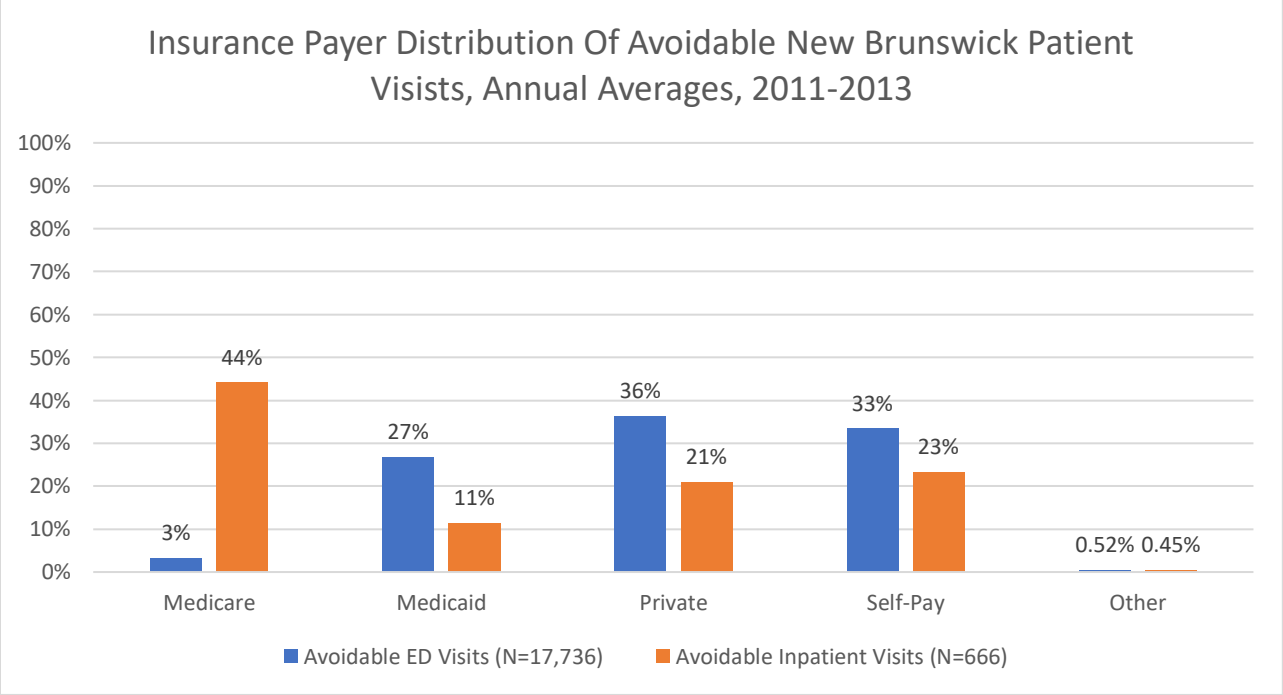


A-3: Proportion of persons who have a specific source of ongoing care outside of the hospital.

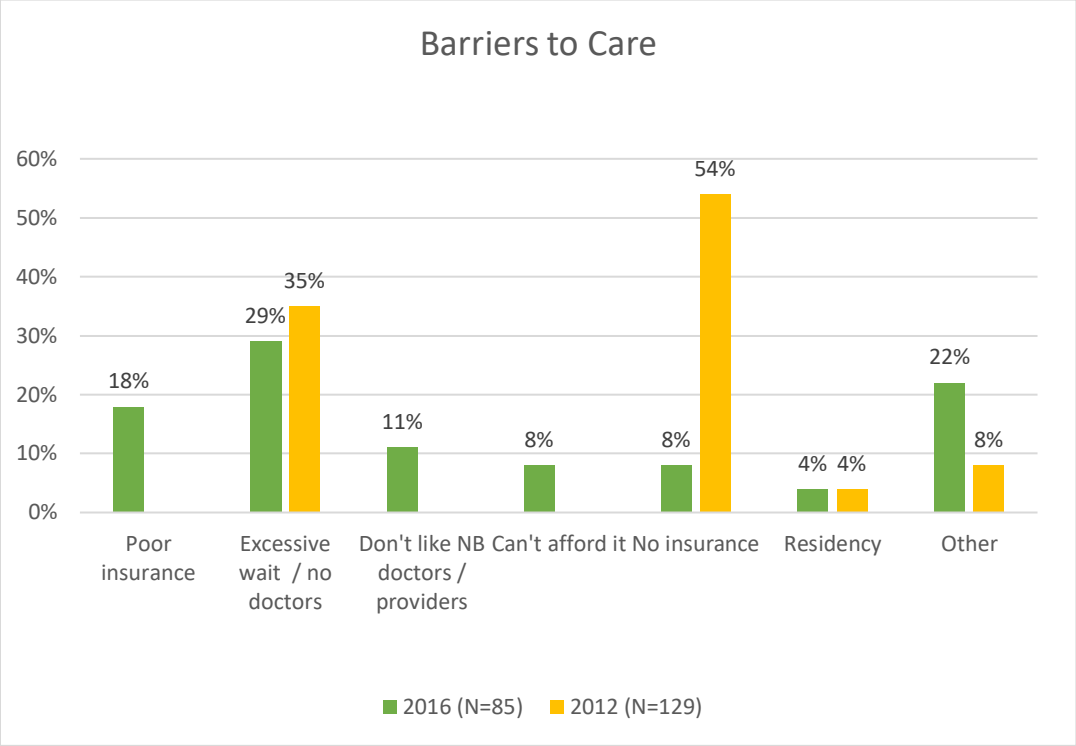


A-4: Avoidable Hospitalization Rate for Emergency Department (ED) and Inpatient Visits.





A-5: Primary barriers to care experienced by New Brunswick residents.



Data Sources and Questions for Access to Care Indicators:

A-1: Proportion of individuals who are unable to obtain or who delay in obtaining necessary medical care, dental care, or prescription medicines.
Question in Eagleton / NBT 2016: During the last 12 months, please tell us whether you or any member of your household was able to get the following care when needed: Medical, Dental, Prescription.
Answer choices: was able to get care when needed, got care but only after a delay, unable to get any care.

A-2: Proportion of households that had dental visits in the past 12 months
Question in Eagleton / NBT 2016: Including yourself, how many people living in your household age 2 and older have had a dental visit in the last 12 months?

A-3: Proportion of persons who have a specific source of ongoing care outside of the hospital
Question in Eagleton / NBT 2016: When you or anyone in your household needs medical care, where are you MOST likely to go to get it?
Answer choices: A family doctor, a local clinic, a hospital emergency room, a "botanica" or health food store, take care of it yourself or within your home, somewhere else – please specify.

Question in Eagleton / NBT 2012: When you or anyone in your household needs medical care, where are you MOST likely to go to get it?
Answer choices: A family doctor, a local clinic, a hospital emergency room, take care of it yourself or within your home.

A-4: Avoidable Hospitalization Rate for Emergency Department (ED) and Inpatient Visits
Brownlee, S. et al., 2016.

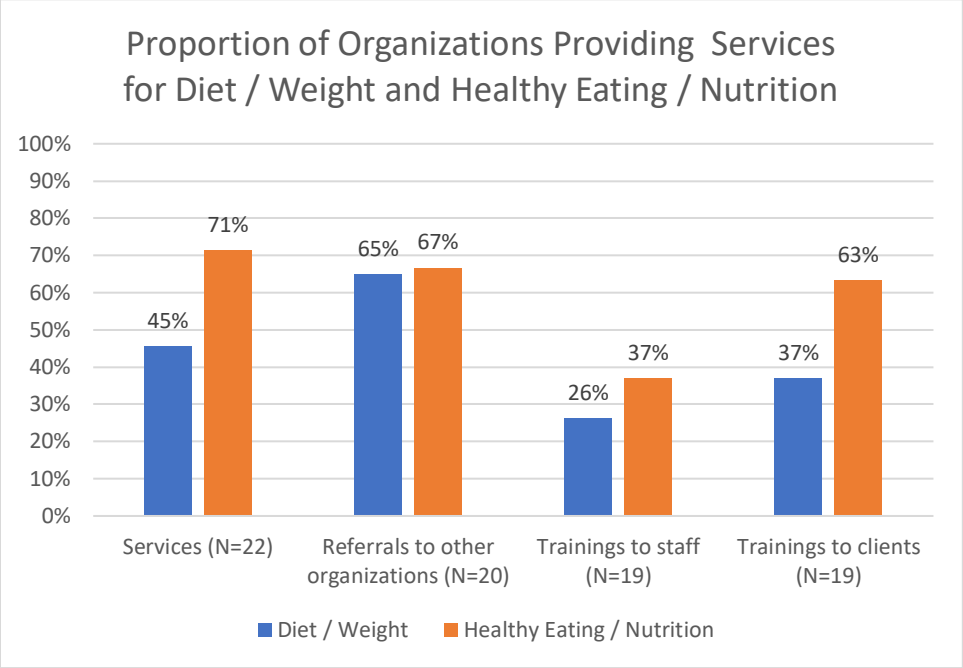
A-5: Primary barriers to care experienced by New Brunswick residents.
Question in Eagleton / NBT 2016: In a few words, why do you feel getting the health care you need is somewhat or very hard?
The open-ended responses were grouped by Eagleton researchers into eight categories: poor insurance, excessive wait, no doctors, don't like NB doctors / providers, can't afford it, no insurance, residency, and other.

Question in Eagleton / NBT 2012: In a few words, why do you feel getting the health care you need is hard?
The open-ended responses were grouped by Eagleton researchers into four categories: no insurance or cannot afford it, excessive wait /no doctors, residency, other.

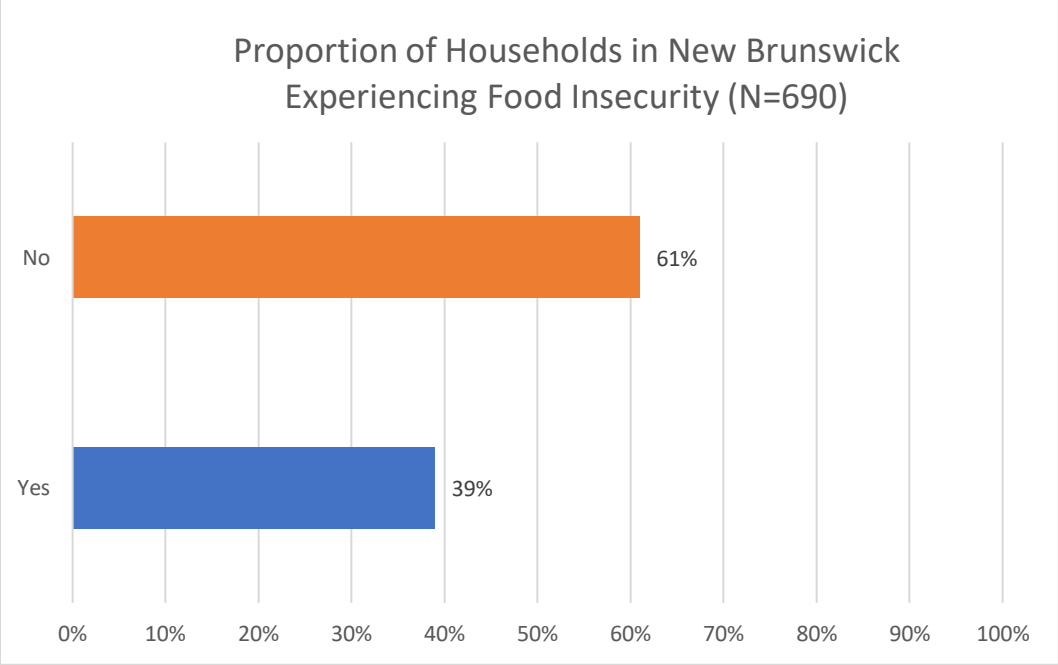
The authors of this indicator document grouped the 2016 data for excessive wait and no doctors together to match the 2012 data.

Nutrition Indicators

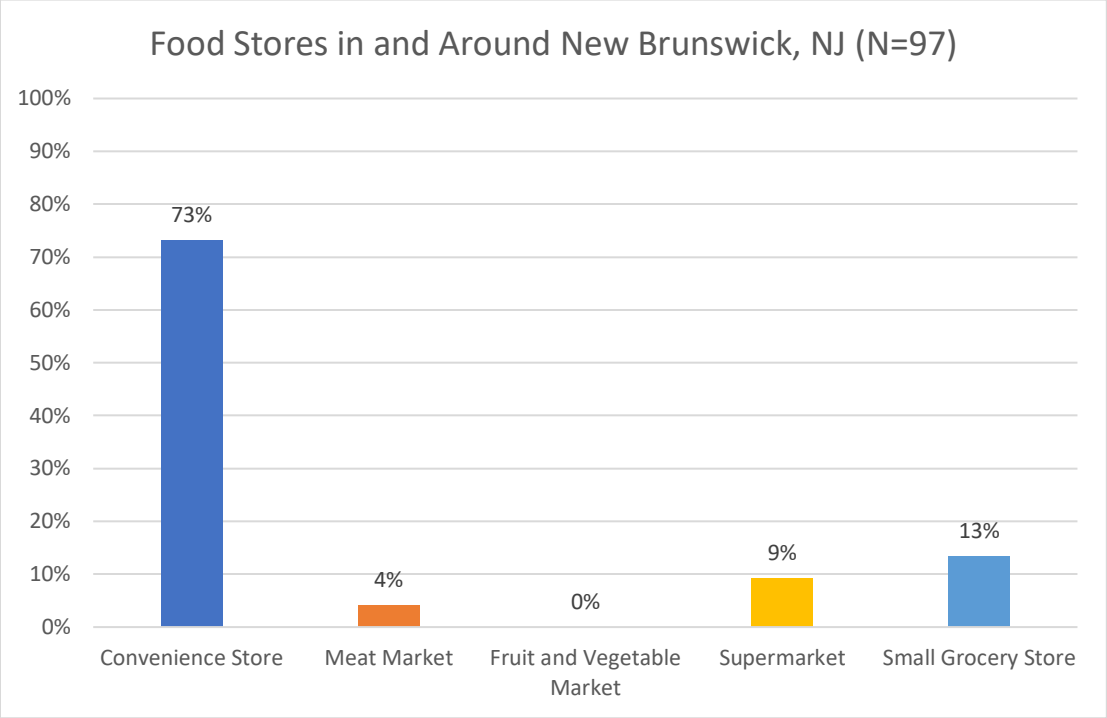
N-1: Proportion of organizations providing services for diet / weight and healthy eating / nutrition.



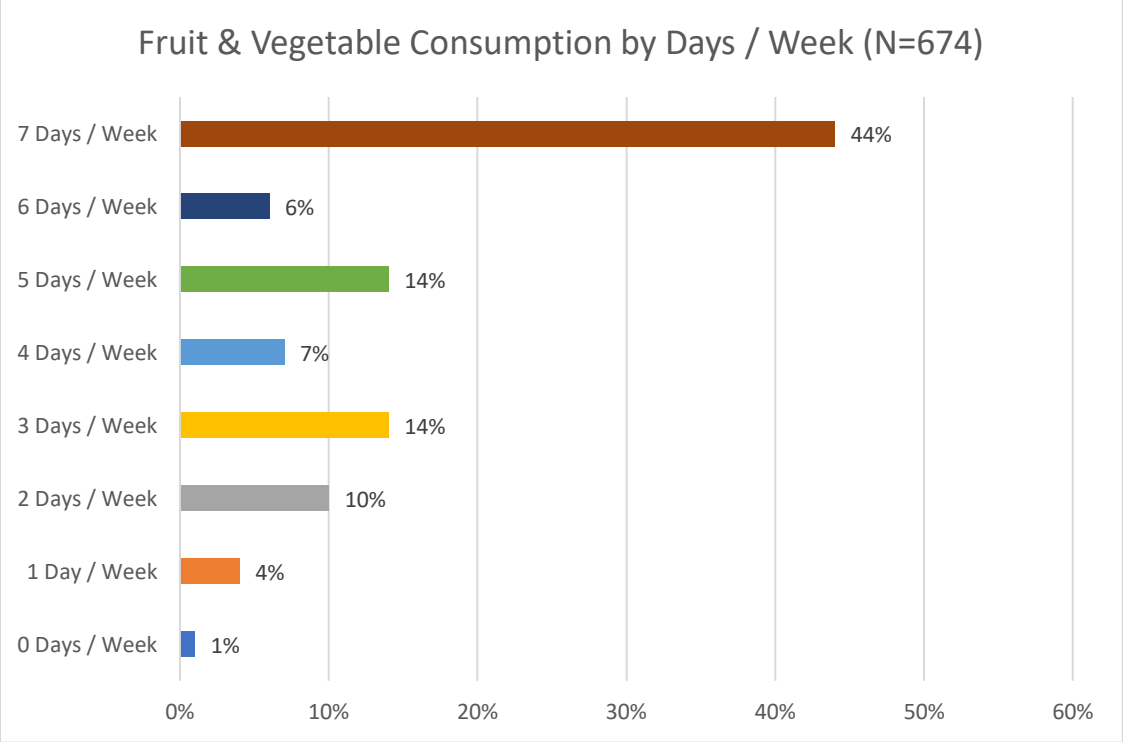
N-2: Proportion of households in New Brunswick experiencing food insecurity.



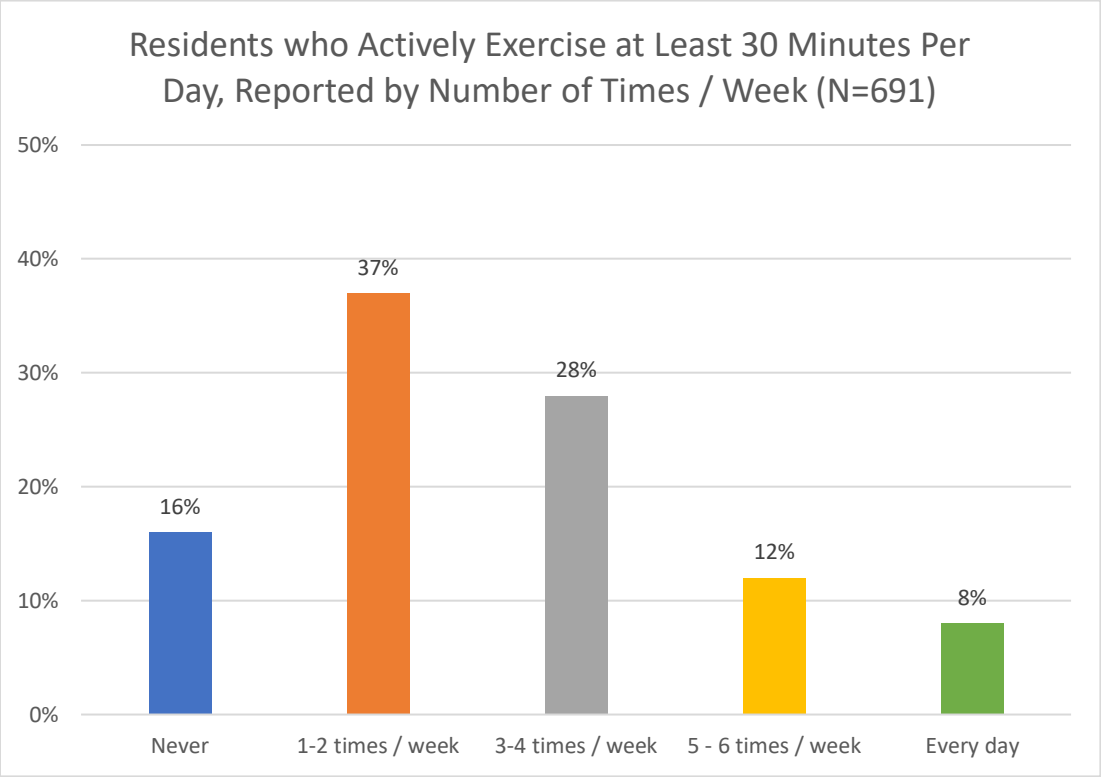
N-3: Percentages and types of food stores in and around New Brunswick.



N-4: Fruit / vegetable consumption by New Brunswick residents.



N-5: Proportion of New Brunswick residents who actively exercise in days / week.



Data Sources and Questions for Nutrition Indicators:

N-1: Proportion of organizations providing services for diet / weight and healthy eating / nutrition

Three questions on Community Capacity Survey, 2017: Does your organization provide any of the following services?

Please indicate whether your organization provides referrals to other community resources on any of the following issues.

Please indicate which of the following trainings your organization currently provides to its staff or clients.

Answer choices: multiple categories for each of the questions. For this indicator, the authors are reporting on responses of diet / weight and healthy eating / nutrition.

N-2: Proportion of households in New Brunswick experiencing food insecurity

Question in Eagleton / NBT 2016: Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?

N-3: Percentages and types of food stores in and around New Brunswick.

From Lorts, C. and Ohri-Vachaspati, P. 2015: Store information was collected from commercial data and classified according to a previously validated protocol into five categories. The researchers included stores in and within a one mile radius of New Brunswick.

N-4: Fruit / vegetable consumption by New Brunswick residents.

Question in Eagleton / NBT 2016: In a typical week, how many days a week do you do the following.

Answer choices: eat fruits and vegetables, eat breakfast, eat fast food.

Note: The authors of this indicator document have only reported the data for "eat fruits and vegetables."

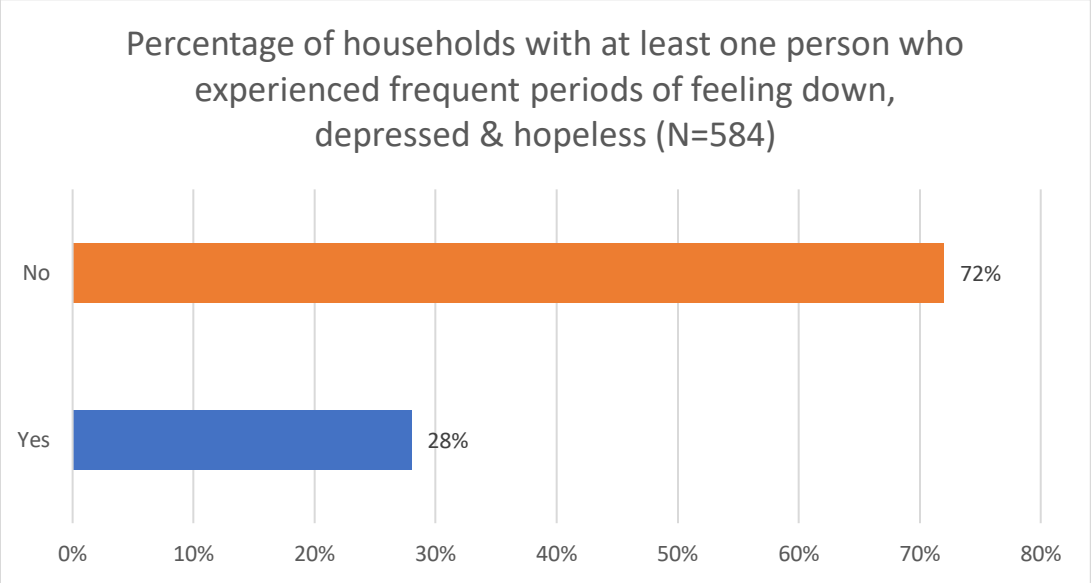
N-5: Proportion of New Brunswick residents who actively exercise in days / week.

Question in Eagleton / NBT 2016: In a typical week, how many days do you <u>actively</u> exercise at least 30 minutes per day?

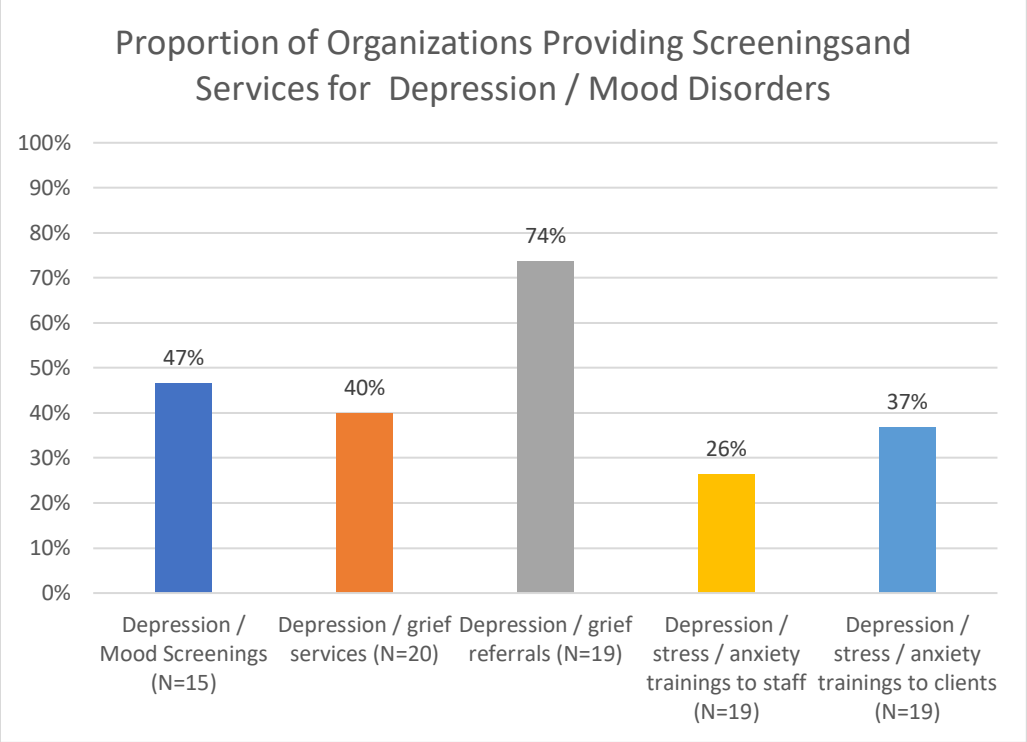
Answer choices: never, 1 to 2 times a week, 3 to 4 times a week, 5 to 6 times a week, every day.

Mental Health Indicators

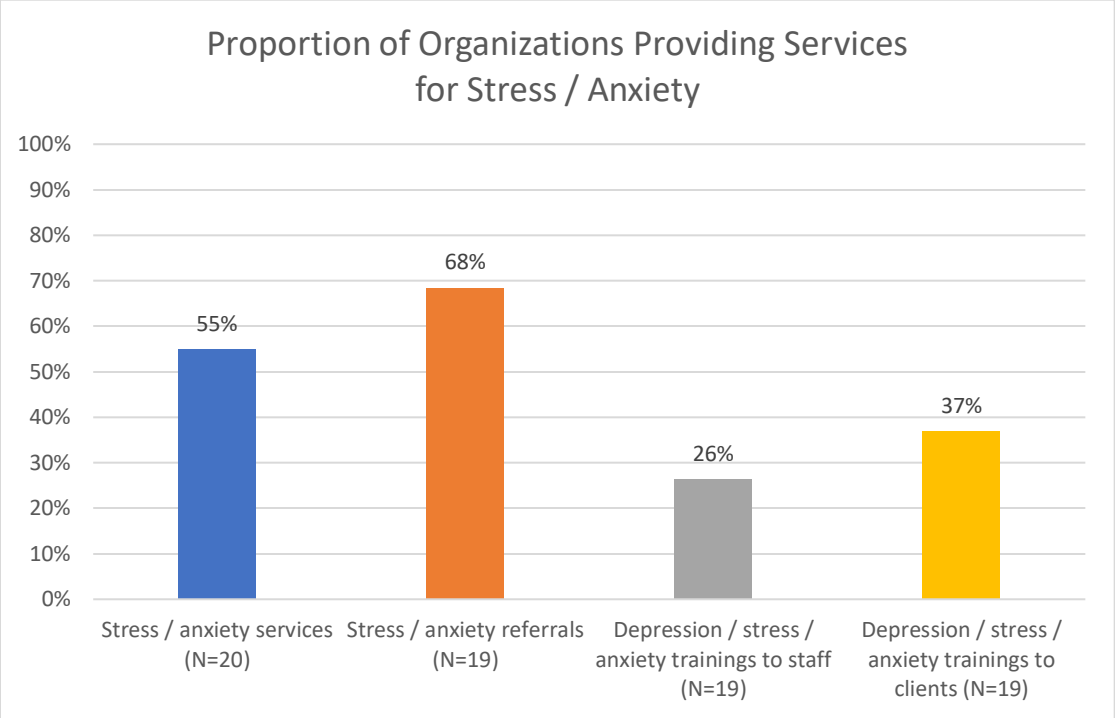
M-1: Percentage of households with at least one person who experienced frequent periods of feeling down, depressed or hopeless.



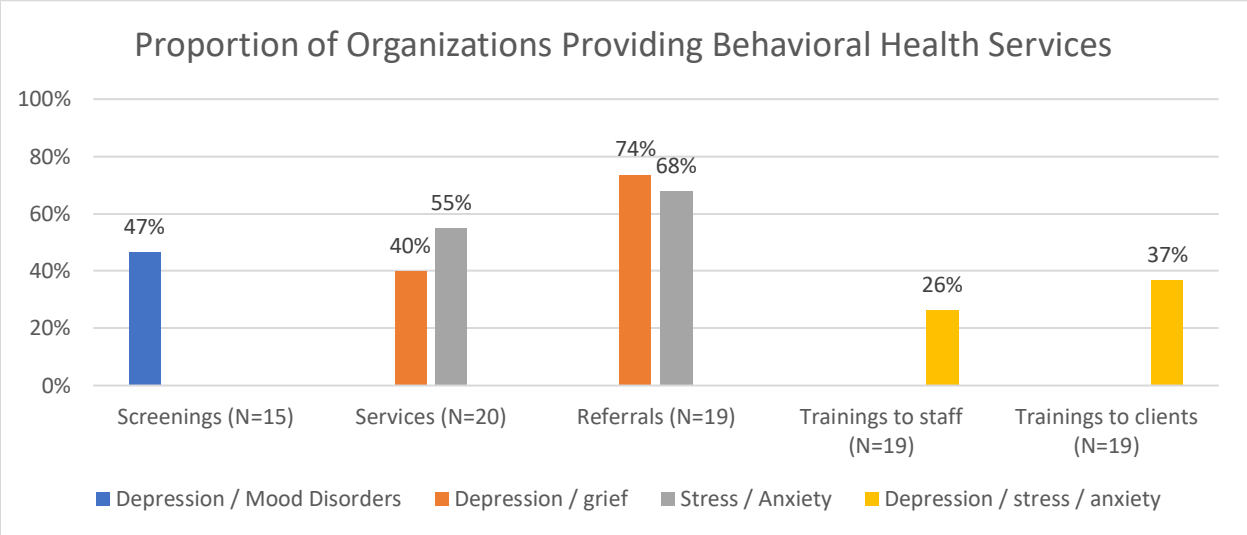
M-2: Proportion of organizations that provide screenings and services for depression / mood disorders.



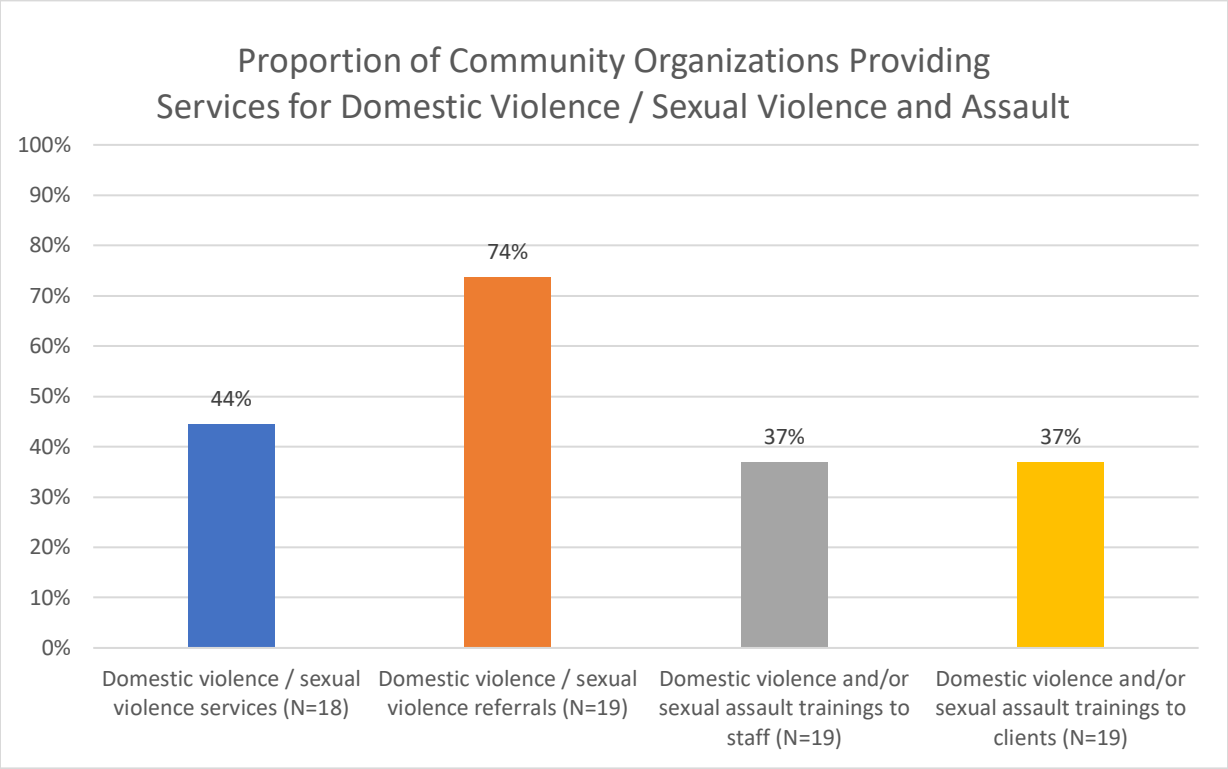
M-3: Proportion of community organizations providing services for stress / anxiety.



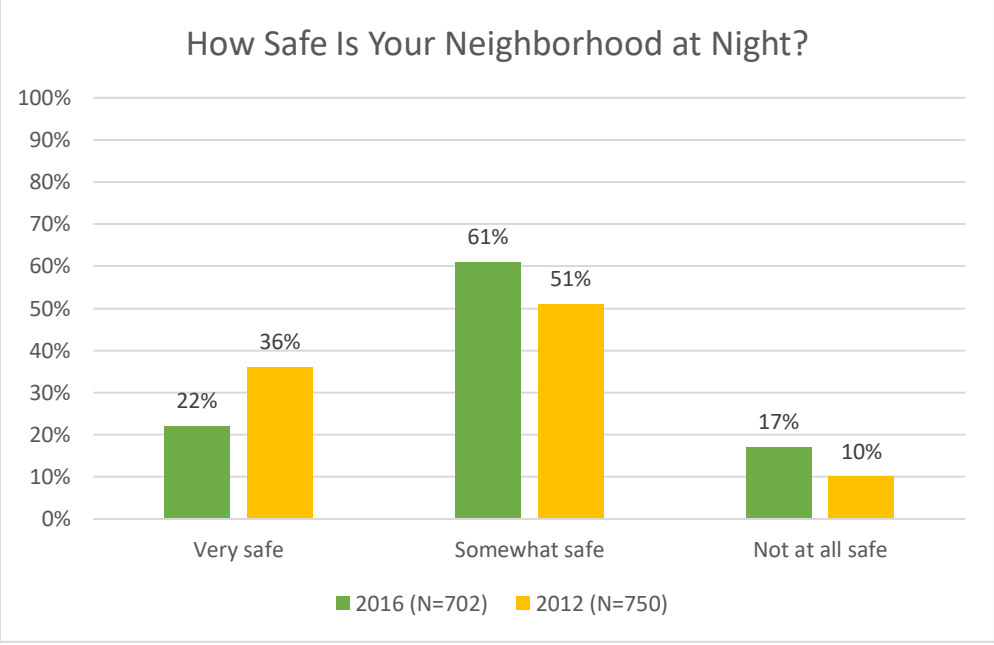
M-2 and M-3 Combined.



M-4: Proportion of community organizations providing services on domestic violence / sexual violence and assault.



M-5: Proportion of New Brunswick residents that feel safe in their neighborhood at night.



Data Sources and Questions for Mental Health Indicators:

M-1: Percentage of households with at least one person who experienced frequent periods of feeling down, depressed or hopeless.

Question in Eagleton / NBT 2016: Do you or anyone in your household have any of the following health issues?

Answer choices: asthma yes / no, diabetes yes / no, heart condition yes / no, obesity or weight-related issues yes / no, drinking or alcohol issues yes / no, overuse of prescriptions or other drugs yes / no, frequent periods of feeling down, depressed or hopeless yes / no.

The authors of this indicator document have only reported the data for frequent periods of feeling down, depressed or hopeless yes / no. Although a similar question was asked in Eagleton / NBT 2012, the authors of this indicator document did not report it here because frequent periods of feeling down, depressed or hopeless was not an answer option on that survey.

M-2: Proportion of organizations that provide screenings and services for depression / mood disorders.

Four questions on Community Capacity Survey, 2017: Does your organization provide any of the following services?

Does your organization offer any healthcare screenings?

Please indicate whether your organization provides referrals to other community resources on any of the following issues

Please indicate which of the following trainings your organization currently provides to its staff or clients.

Answer choices: multiple categories for each of the questions. For this indicator, the authors are reporting on responses of depression / mood screenings, depression / grief services and referrals, and depression / stress/ anxiety trainings.

M-3: Proportion of community organizations providing services for stress / anxiety.

Three questions on Community Capacity Survey, 2017: Does your organization provide any of the following services?

Please indicate whether your organization provides referrals to other community resources on any of the following issues.

Please indicate which of the following trainings your organization currently provides to its staff or clients.

Answer choices: multiple categories for each of the questions. For this indicator, the authors are reporting on responses of stress / anxiety and depression / stress/ anxiety.

M-4: Proportion of community organizations providing services on domestic violence / sexual violence and assault.

Three questions on Community Capacity Survey, 2017: Does your organization provide any of the following services?

Please indicate whether your organization provides referrals to other community resources on any of the following issues.

Please indicate which of the following trainings your organization currently provides to its staff or clients.

Answer choices: multiple categories for each of the questions. For this indicator, the authors are reporting on responses of domestic violence / sexual violence and domestic violence / sexual assault.

M-5: Proportion of New Brunswick residents that feel safe in their neighborhood at night.

Question in Eagleton / NBT 2016 and Eagleton / NBT 2012: How safe is your neighborhood at night?

Answer choices: very safe, somewhat safe, not at all safe.

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