RUTGERS
Center for State Health Policy

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Well-Being for Families: Public Support for New Jersey Policy Options

Key Findings

In a recent Rutgers poll, New Jersey adults voiced strong support for five public policy options to help families.

- *The most support (92%) was for funding programs to help people care for sick or disabled family members.*

- *This was closely followed by requiring employers to pay for at least five days a year of sick leave for all workers (86% support) and funding pre-kindergarten classes for all low-income school children (82% support).*

- *Although still strong, support was a little lower for increasing childcare funding for families who can't afford it (76% support) and increasing paid family leave from six weeks to 12 weeks for childbirth or a sick family member for workers in businesses with more than 20 employees (76% support).*

The well-being of families is driven by many things. This Facts & Findings focuses on some of the most frequently mentioned of those: access to adequate and affordable child care, early childhood education, and supports for sick or disabled family members. Responses from 1,052 adults to the New Jersey Health & Well-Being Poll that reveal strong support for five policies to help families are summarized in this brief. Overall, large majorities of poll respondents favored these possible five government actions (Chart 1), demonstrating an eagerness to see New Jersey do more to help families, although we observe some variation in support by political party affiliation and demographic characteristics.

The most support (92%) was for funding programs to help people care for sick or disabled family members, closely followed by requiring employers to pay for at least five days a year of sick leave for all workers (86% support) and funding pre-kindergarten classes for all low-income school children (82% support). About three-fourths supported increasing childcare funding for families who can't afford it (76% support) and increasing paid family leave from six weeks to 12 weeks for childbirth or a sick family member for workers in businesses with more than 20 employees (76% support).

The majority (52%) of Poll respondents favored all five policy options, and a majority of all subgroups examined – from political party preference to demographic groupings – voiced support for at least four of the five policies.

While there was extremely high support (82% or more) for the top three of the five policies shown in Chart 1, there were some variations among subgroups of poll respondents. Women expressed somewhat higher levels of support for these three policies than men, while those identifying with or leaning toward the Republican party expressed somewhat less support. There were also small variations among some socio-demographic characteristics. Still, none of the subgroups examined expressed less than 65 percent support for any these three policies.

The Poll reveals somewhat more variation in support by demographics, socioeconomic status, and political party preference for the other two policies, presented on the following pages. All differences noted in the text of this Facts & Findings are statistically significant and a full set of detailed tables is provided in a separate Appendix.

Chart 1 | Public Support for Five Policy Options
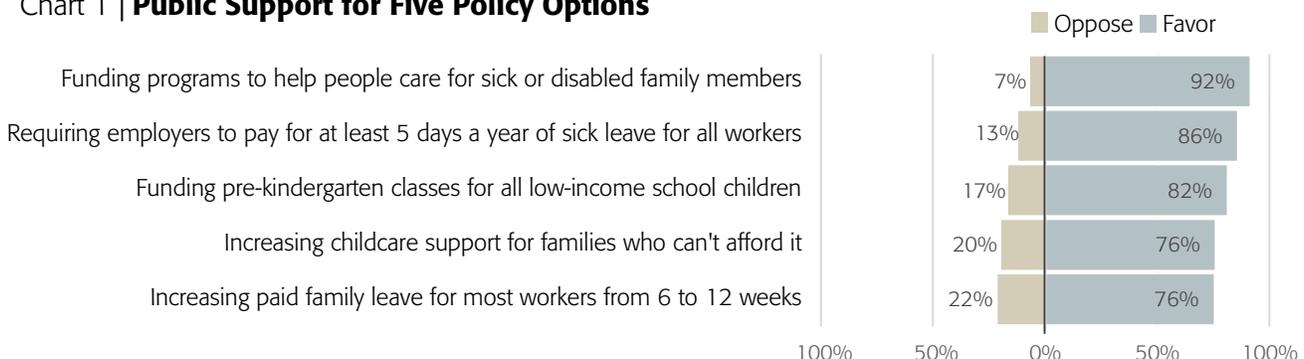
Note: Percentages do not sum to 100% because "don't know" and "refused" responses are not shown. See Tables 2–6 in Appendix.

Over three-fourths of the Poll sample favored increasing childcare support for families unable to afford it (see Chart 2). A majority of individuals, regardless of political affiliation, favored expanding resources for childcare. The highest levels of support for this policy option were among women, Asians, Hispanics, those with low or high education, those identifying with or leaning toward Democratic party identification, non-U.S. citizens, and those with a disability themselves or in someone in their household. The Poll showed no significant differences in support by respondent age, whether they had children in the household, income, region of New Jersey, health insurance status, or general or mental health status.

Chart 2 | **Share of Respondents Favoring Increasing Childcare Support for Families Who Can't Afford It**

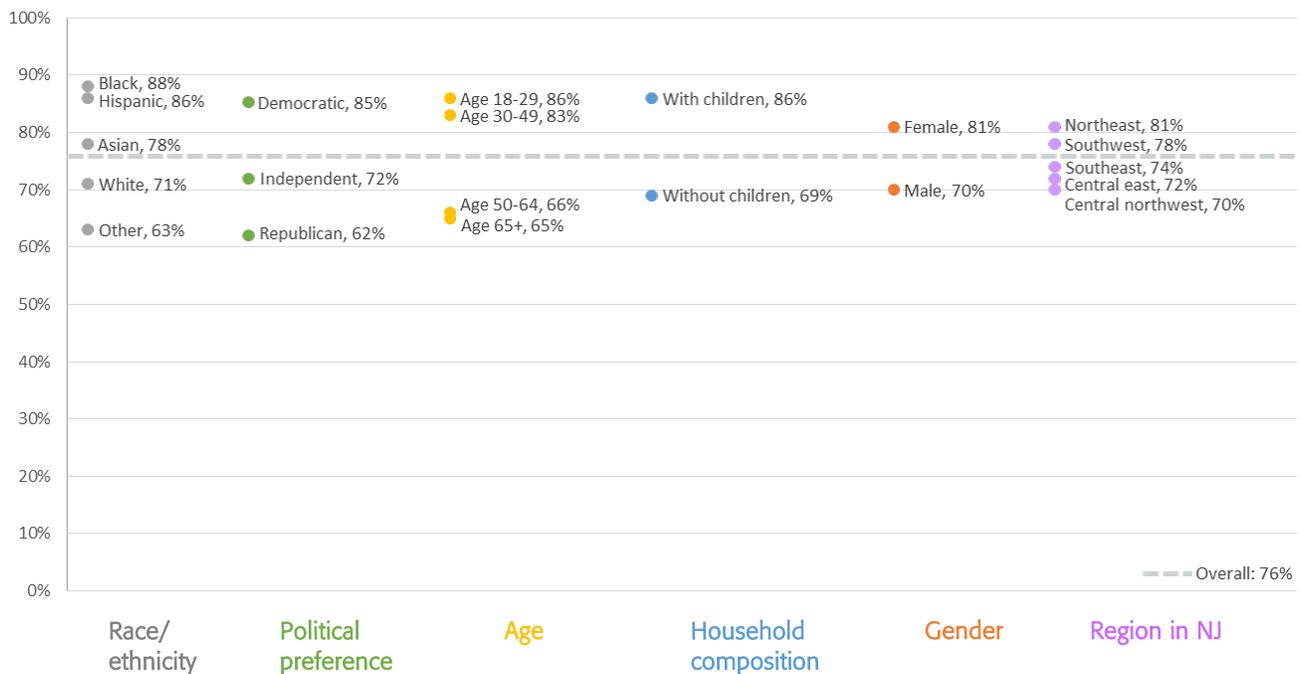| Political preference	Race/ ethnicity	Highest education attained	Citizenship	Gender	Disability in self or household
Democratic, 88%	Hispanic, 85%	Less than HS grad, 84%	Non-citizen, 84%	Female, 80%	With disability, 80%
	Asian, 83%	College grad or higher, 79%	Citizen, 76%	Male, 72%	Without disability, 74%
Independent, 74%	Black, 77%	Some college / vocational, 74%			
	White, 74%	HS grad or GED, 73%			
	Other, 66%				
Republican, 59%					

Overall: 76%

Note: Attributes with no significant difference included age, household composition, health status, health insurance coverage, income, and region. See Table 5 in Appendix.

While about three-in-four (76%) New Jersey adults favored increasing paid family leave from six weeks to 12 weeks, variations in the share voicing support for this policy is similar to that observed for childcare funding. Chart 3 shows the greatest variation by race/ethnicity, political party preference, age group, and whether children lived with the respondent. Support was also higher among women and in the regions of the state nearest to New York and Philadelphia. Difference in support for this policy was not evident by respondent education, income, health insurance status, health status (general or mental), citizenship status, or disability status (self or family living there).

Chart 3 | Share of Respondents Favoring Increasing Paid Family Leave from 6 to 12 Weeks

Black, 88%
Hispanic, 86%
Democratic, 85%
Age 18-29, 86%
Age 30-49, 83%
With children, 86%
Female, 81%
Northeast, 81%
Asian, 78%
Southwest, 78%
White, 71%
Independent, 72%
Southeast, 74%
Central east, 72%
Central northwest, 70%
Other, 63%
Republican, 62%
Age 50-64, 66%
Age 65+, 65%
Without children, 69%
Male, 70%

Overall: 76%

| Race/ ethnicity | Political preference | Age | Household composition | Gender | Region in NJ |

Note: Attributes with no significant difference included citizenship, education, health status, health insurance coverage, income, and disability in household. See Table 6 in Appendix.

Overall, the Health & Well-Being Poll revealed widespread support for New Jersey to pursue five family-friendly policies. While brief poll questions cannot explore all of the potential costs or tradeoffs that may arise from the implementation of the policies, it is clear that most Garden State residents would like to see policymakers do more to help families.

How the Poll Was Conducted

The 2017 New Jersey Health & Well-Being Poll was designed and analyzed by researchers at the Rutgers University Center for State Health Policy. The poll was conducted by Abt Associates, Inc., in English and Spanish from October 12 through November 19, 2017, with a sample of 1,052 respondents. The sample is designed to be representative of New Jersey adults. Interviews were conducted by landline (n=452) and cell phone (n=600). The data were weighted to match population demographic and telephone status parameters. The margin of sampling error for weighted estimates based on the full sample is plus or minus 3.7% (subgroup results have higher margins of error). Additional details about the survey method can be found in the methodology report.

About the New Jersey Health & Well-Being Poll

The Health & Well-Being Poll was developed in consultation with leading New Jersey philanthropies interested in improving the lives of New Jersey residents, and funded by the Robert Wood Johnson Foundation (rwjf.org). Rutgers Center for State Health Policy (CSHP) (cshp.rutgers.edu) conducted the poll as part of its mission to inform, support, and stimulate sound and creative state health policy in New Jersey and around the nation. It is the second in a series of three annual polls that examine health and well-being in New Jersey.

Under the direction of Joel C. Cantor, ScD, CSHP Director, the Poll project team includes Susan Brownlee, PhD, CSHP Senior Research Manager, Jolene Chou, MPH, CSHP Senior Research Analyst, and Margaret Koller, MS, CSHP Executive Director. Cliff Zukin, PhD, Professor Emeritus, and Dawne Mouzon, PhD, Assistant Professor at Rutgers' Bloustein School of Planning and Public Policy, serve as senior project consultants. This Facts & Findings was prepared by Dr. Cantor, Dr. Brownlee, and Ms. Chou. The views expressed in this Facts & Findings are solely those of the authors.

For more information, download the project summary available on our website. Questions and data tables can be found in an on-line Appendix to this Facts & Findings.

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