



New Jersey Health Care Opinion Poll: Public Concern About Hospital Capacity

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Introduction

New Jersey stands out for having a large number of hospitals in continued financial distress. More than 15 hospitals have closed in the past 10 years and several others are either in bankruptcy or filing for closure. These developments raise concern about the ability of the state's hospital sector to meet the needs of residents, overall and during mass casualty emergencies such as a natural disaster or a terrorist attack.

The Rutgers Center for State Health Policy conducted a statewide poll in June and July of 2007 to gauge public opinion on a variety of health and related topics. This *Facts & Findings* summarizes public concern about the adequacy of local hospital capacity and links that concern to related research on the state's hospitals. Survey responses are broken out by region, urban versus non-urban residence, and health and demographic characteristics of respondents. Details about the analysis and poll methods are found in the *How the Poll Was Conducted* box on page 4. Details about the geographic areas can be found on page 3.

Concern About Hospital Closures

One-half of the public expresses at least some worry about hospitals closing in their area (Table 1). Concern is much more prevalent in the Northeastern region of the state and less prevalent in other areas (Figure 1). Also, residents of urban municipalities are much more likely to be "very worried" about hospital closure than residents of non-urban areas of the state (Table 1).

Worry about hospital closure also varies by the characteristics of individuals (Table 1). People who are more likely to worry about hospital closures include individuals who are less healthy, have trouble affording healthcare, uninsured, black, or Hispanic. People with less income also tend to worry more. Worry about

Table 1: Public Concern Over Hospital Closures

	Very Worried	Somewhat Worried	Not Too Worried	Not at All Worried
Overall	32%	18%	19%	31%
Region*				
Northeast	42%	20%	18%	20%
Northwest	21%	19%	26%	35%
Central East	28%	18%	21%	33%
Central West	24%	13%	15%	48%
South	29%	18%	19%	34%
Urban Municipality*				
Yes	51%	15%	13%	21%
No	27%	19%	21%	33%
Health Status*				
Fair/Poor	47%	22%	14%	16%
Excellent/Very Good/Good	29%	18%	20%	33%
Trouble Affording Health Care*				
Yes	43%	19%	16%	22%
No	27%	18%	21%	34%
Household in Which Someone Works in Health Care				
Yes	25%	19%	22%	34%
No	33%	18%	19%	30%
Insurance Coverage*				
None	51%	19%	10%	20%
Public	38%	18%	13%	31%
Private	26%	19%	23%	33%
Income*				
< \$35,000	57%	17%	9%	17%
\$35,000 - 70,000	30%	17%	21%	32%
> \$70,000	19%	20%	24%	37%
Age*				
18-29	39%	16%	15%	30%
30-49	32%	23%	19%	26%
50-64	24%	15%	27%	35%
65+	34%	14%	14%	38%
Race/Ethnicity*				
White	20%	20%	22%	39%
Black	52%	12%	18%	17%
Hispanic	60%	14%	13%	13%
Other	28%	27%	16%	30%

* Differences are statistically significant.

Table 2: Public Concern Over Disaster Response

	Very Worried	Somewhat Worried	Not Too Worried	Not at All Worried
Overall	44%	34%	14%	8%
Region				
Northeast	49%	29%	13%	9%
Northwest	35%	37%	16%	12%
Central East	40%	38%	17%	6%
Central West	35%	40%	15%	11%
South	47%	34%	11%	8%
Urban Municipality*				
Yes	57%	26%	11%	7%
No	40%	37%	15%	9%
Health Status				
Fair/Poor	49%	30%	11%	10%
Excellent/Very Good/Good	43%	35%	14%	8%
Trouble Affording Health Care*				
Yes	54%	30%	9%	7%
No	39%	37%	15%	9%
Household in Which Someone Works in Health Care				
Yes	46%	32%	17%	6%
No	43%	35%	13%	9%
Insurance Coverage				
None	49%	30%	11%	10%
Public	40%	38%	13%	9%
Private	43%	35%	14%	8%
Income*				
< \$35,000	52%	33%	8%	7%
\$35,000 - 70,000	45%	31%	14%	10%
> \$70,000	37%	38%	17%	7%
Age				
18-29	50%	30%	10%	10%
30-49	45%	34%	14%	7%
50-64	41%	37%	15%	8%
65+	36%	38%	14%	12%
Race/Ethnicity*				
White	38%	39%	16%	8%
Black	54%	25%	10%	12%
Hispanic	58%	27%	8%	7%
Other	42%	35%	15%	8%

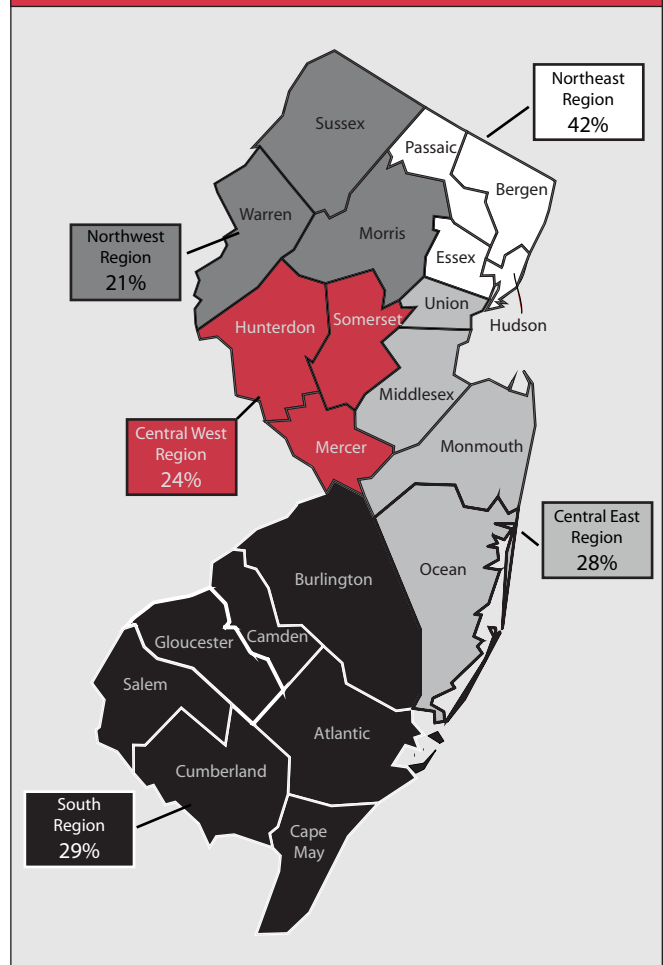
* Differences are statistically significant.

hospital closure is generally not related to age except for individuals ages 50-64 who worry somewhat less than other adults. Moreover, individuals who come from households in which someone works in health care do not worry more or less about hospital closures than other individuals.

Concern About Disaster Response

An even larger percentage (78%) of the public expresses at least some worry about the ability of local hospitals “to deal effectively with a major disease outbreak, a

Figure 1: Percentage of Respondents Very Worried About Hospital Closure by Region of NJ



terrorist attack, or a natural disaster” (Table 2). Although it does not vary significantly by region (Figure 2), extreme concern about disaster response is significantly higher in urban than in non-urban areas (Table 2).

Compared to concern about hospital closures, concern about disaster response varies by a smaller number of individual characteristics (Table 2). People who are more likely to worry about disaster response include individuals who are black, Hispanic, or have trouble affording healthcare. People with less income also tend to worry more. Concern about disaster response is unrelated to health status, insurance coverage, age, and whether the individual comes from a household in which someone is employed in the health sector.

Discussion

Concern about hospital closure and the ability of hospitals to respond to large-scale emergencies is widespread throughout New Jersey, especially among residents of urban municipalities. Not surprisingly,

Table 3: Hospital Closure and Capacity Stats

	Hospital Closures Since 1997	Percentage of Days in 2005 When Bed Capacity Fell Below Federal Disaster Planning Benchmark
Northeast	10	74%
Northwest	0	92%
Central East	5	78%
Central West	0	35%
South	4	78%

Sources:

New Jersey Hospital Association. *What Will Happen to My Hospital?* NJHA: Princeton, NJ. 2007.

Derek DeLia. *Hospital Capacity, Patient Flow, and Emergency Department Use in New Jersey.* New Brunswick: Rutgers Center for State Health Policy, September 2007.

Information About Geographic Areas

Regions are defined according to the state’s Hospital Emergency Response and Medical Information System (HERMIS). Specifically, the state is divided into five non-overlapping regions as follows:

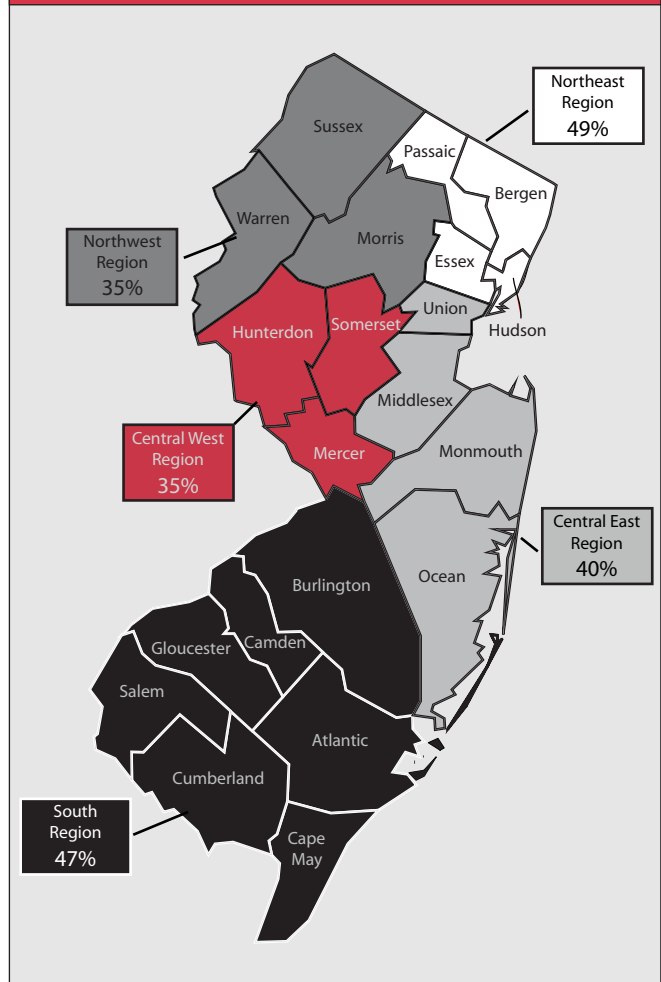
- Northeast: Bergen, Passaic, Essex, and Hudson Counties
- Northwest: Sussex, Warren, and Morris Counties
- Central East: Middlesex, Union, Monmouth, and Ocean Counties
- Central West: Mercer, Hunterdon, and Somerset Counties
- South: Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic, and Cape May Counties

Urban areas are defined as municipalities with at least 25,000 residents and at least 9,000 residents per square mile. All other areas of the state are considered non-urban.

concern about hospital closures is most prevalent in the Northeastern region of the state. As shown in Table 3, the Northeast has experienced more hospital closures in the past ten years than the remaining regions combined. Moreover, other hospitals in the Northeast have either planned to close or filed for bankruptcy.

It is somewhat surprising that concern about disaster response does not vary regionally. Prior analysis by the Rutgers Center for State Health Policy has shown that hospitals in some parts of the state face stress on capacity more frequently than others (Table 3).

Figure 2: Percentage of Respondents Very Worried About the Ability of Hospitals to Respond to Major Disasters by Region of NJ



Nevertheless, stress on hospital capacity tends to fluctuate throughout the year and does not receive as much media coverage as hospital bankruptcy and closure.

It is significant that some individuals worry more about hospital capacity than others regardless of their place of residence within the state. In general, those who worry more about this issue tend to be historically disadvantaged or vulnerable populations. These include individuals who have limited income, difficulty paying medical bills, or no insurance as well as racial and ethnic minorities. This concentration of concern likely reflects the safety net role played by many hospitals in their local communities. These findings also point to the need to include provisions for vulnerable populations when planning for hospital response to mass casualty disasters. To ensure their effectiveness, such provisions need to solicit input from these populations and be well communicated to those most vulnerable and most concerned about being left behind in an emergency.

How the Poll Was Conducted

The New Jersey Health Care Opinion Poll included 1,104 adults selected to represent the views of adults in the state. Like other public opinion studies, the New Jersey Health Care Opinion Poll drew a scientific sample of landline telephone numbers to identify eligible respondents. In addition, the poll included 300 respondents who rely exclusively or mainly on wireless phones. This group is often excluded from other national and regional polls. The poll was conducted between June 1 and July 9, 2007 and has a statistical margin of error of +/- 3%. Complete poll results and more information about how the poll was conducted are available at www.cshp.rutgers.edu.

Related CSHP Publications

Derek DeLia. *Hospital Capacity, Patient Flow, and Emergency Department Use in New Jersey*. New Brunswick: Rutgers Center for State Health Policy, September 2007.

Derek DeLia. *Evaluation of the Hospital Charity Care Program in New Jersey*. New Brunswick: Rutgers Center for State Health Policy, January 2007.

Derek DeLia. *Potentially Avoidable Use of Hospital Emergency Departments in New Jersey*. New Brunswick: Rutgers Center for State Health Policy, July 2006.

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