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Joint Rutgers-Eagleton/FDU Poll: One in Four Households Have a Member Who Has Taken Prescription Pain Relievers In Past Year, Virtually All Residents Believe Opioid Usage Is a Problem In New Jersey

New Brunswick and Madison, New Jersey (July 17, 2019) – Nearly a quarter of New Jerseyans (23 percent) say they or a family member have taken a prescription opioid painkiller in the past 12 months, according to a joint Rutgers-Eagleton/Fairleigh Dickinson University poll in collaboration with the Rutgers Center for State Health Policy.

Four percent of survey respondents – which represents more than 350,000 New Jerseyans – admit they or a family member misused prescription pain relievers during the past year, either by using them more frequently than prescribed (3 percent) or by using a pain reliever not prescribed to them by a healthcare provider (2 percent). One percent report both types of misuse.

Virtually all New Jerseyans believe use of prescribed and illegal opioid drugs is a “very” (67 percent) or “somewhat” (28 percent) serious problem in New Jersey. These numbers have changed little since Rutgers-Eagleton last polled about the severity of the epidemic in [June 2018](#). Two percent say they or a family member have sought care for any kind of drug addiction in the past 12 months.

“Addressing opioid misuse and addiction is a defining public health challenge of our time,” said Joel C. Cantor, distinguished professor and director of the [Rutgers University Center for State Health Policy](#). “The large number of adults using more opioids than prescribed, or using drugs not prescribed for them, raises serious challenges for doctors and other prescribers to assure proper use of these powerful medicines.”

A large majority also believes the use of opioid drugs is a serious problem in their own community. Three-quarters say opioid addiction is a serious problem in their community (34 percent “very,” 40 percent “somewhat”). Twenty percent say the problem is “not very serious” in their community, and 6 percent do not see it as a problem at all.

In this poll, 1,250 adults were contacted between March 7 and 22, 2019. Of those, 621 of were contacted by live callers on landlines and cell phones, and 629 were reached through an online probability-based panel. The combined sample has a margin of error of +/-3.6 percentage points; the phone sample has a margin of error of +/-4.5 percentage points, and the online probability-base sample has a margin of error of +/-5.5 percentage points. Interviews were done in English and, when requested, Spanish. The full analysis, along with the poll’s questions and tables, can be found on the [Rutgers-](#)

[Eggleton Poll](#) website and the [FDU Poll](#) website.

Use, misuse of prescription pain killers

Age is a determining factor in the use of prescription pain relievers. Residents 65 or older are less likely to claim they or a member of their household have used painkillers in the past year: 19 percent of seniors, compared to 29 percent of 50 to 64 year-olds, 23 percent of 35 to 49 year-olds, and 22 percent of 18 to 34 year-olds.

Among those who have used painkillers themselves – or have a family member who has used them – in the past year, misuse is more common among residents under 60, those in households making less than \$75,000 annually, and those without a college degree. Use of painkillers without a prescription is more prevalent among non-white residents and younger to middle-aged residents.

“This is not a new problem,” said Anastasia Rivkin, professor of pharmacy practice and assistant dean for faculty at Fairleigh Dickinson University School of Pharmacy and Health Sciences. “Many regulatory systems have been put in place to address inappropriate opioid prescribing in recent years – some of which are the strictest in the U.S. While these efforts are certainly effective, community-level interventions, such as continuous health care provider and patient education efforts, are just as important to address this problem.”

Perceived seriousness of prescription drug problem

Nine in 10 of virtually every demographic believe prescription drug use is a “very” or “somewhat” serious problem in New Jersey, with more than half in every subgroup expressing the highest level of concern. Perceived severity is greater among some groups more than others, however. Women, white residents, middle-aged and older residents, and residents in New Jersey shore communities are all especially likely to believe prescription drugs are a “very serious” problem in the state.

When it comes to the severity of prescription drug use within one’s own community, seven in 10 of nearly every demographic believe it is a serious problem at some level, with three in ten in almost every subgroup saying it is “very” serious. Women, those in lower income brackets, those with less education, and residents in southern and shore counties are slightly more likely to believe the problem is “very” or “somewhat” serious in their community.

Variation between phone and online surveys

Whether the respondents conversed by phone with a live interviewer, or participated in an online survey, affected their answers to some survey questions.

Online respondents were less likely than telephone respondents to report being in “excellent” health (9 percent compared to 20 percent) when asked about their overall health state.

Among those respondents who have taken prescription pain killers – or have had a family member take them – in the past year, online respondents were more likely than phone respondents to admit to using prescription pain relievers more than prescribed (17 percent to 8 percent among users) or using ones not prescribed at all (14 percent to 8 percent among users).

“Online survey participants were much more likely to say they or a family member improperly used opioids compared to telephone respondents,” added Cantor. “This finding suggests that more people are putting themselves at risk of opioid misuse and addiction than telephone surveys suggest.”

“Survey respondents tend to be more reluctant to express certain attitudes and misreport certain behaviors when talking to a live interviewer if they feel their views and actions are problematic or socially unacceptable,” said Ashley Koning, assistant research professor and director of the [Eggleton Center for Public Interest Polling \(ECPIP\)](#) at [Rutgers University–New Brunswick](#). “Respondents instead answer in a way that makes them appear more favorable. This is called ‘social desirability bias’ in survey research. Online surveys are a valuable tool for combatting these effects when it comes to asking about sensitive subjects and problematic behaviors.”

Phone respondents are more likely than online respondents to report that prescription drug usage is a “very” serious problem – 78 percent versus 56 percent when asked about New Jersey as a whole, and 40 percent versus 29 percent when asked specifically about their community.

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Broadcast interviews: Rutgers University–New Brunswick has broadcast-quality TV and radio studios available for remote live or taped interviews with Rutgers experts. For more information, contact Neal Buccino neal.buccino@echo.rutgers.edu

ABOUT RUTGERS—NEW BRUNSWICK

Rutgers University–New Brunswick is where Rutgers, the State University of New Jersey, began more than 250 years ago. Ranked among the world’s top 60 universities, Rutgers’s flagship university is a leading public research institution and a member of the prestigious Association of American Universities. It is home to internationally acclaimed faculty and has 12 degree-granting schools and a Division I Athletics program. It is the Big Ten Conference’s most diverse university. Through its community of teachers, scholars, artists, scientists, and healers, Rutgers is equipped as never before to transform lives.

ABOUT THE EGGLETON CENTER FOR PUBLIC INTEREST POLLING (ECPIP)

Home of the Rutgers-Eggleton Poll, ECPIP was established in 1971 and is the oldest and one of the most respected university-based state survey research centers in the United States. Now in its 48th year and with the publication of over 200 polls, ECPIP’s mission is to provide scientifically sound, non-partisan information about public opinion. To read more about ECPIP and view all of our press releases and published research, please visit our website: eggletonpoll.rutgers.edu. You can also visit our [extensive data archive](#), [Facebook](#), and [Twitter](#).

ABOUT THE EGGLETON INSTITUTE OF POLITICS

The Eggleton Center for Public Interest Polling is a unit of the Eggleton Institute of Politics at Rutgers University–New Brunswick. The Eggleton Institute explores state and national politics through research, education, and public service, linking the study of politics with its day-to-day practice. The Institute focuses attention on how the American political system works, how it changes, and how it might work better. To learn more about Eggleton programs and expertise, visit eggleton.rutgers.edu.

ABOUT THE RUTGERS CENTER FOR STATE HEALTH POLICY

Rutgers Center for State Health Policy informs, supports, and stimulates sound and creative state health policy in New Jersey and around the nation. The Center provides impartial policy analysis, research, training, facilitation, and consultation on important state health policy issues. Established in 1999, the Center combines Rutgers University’s traditional academic strengths in public health, health services

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research, and social science with applied research and policy analysis initiatives. The Center's contribution to this poll was supported by the Robert Wood Johnson Foundation (grant #74195), the views expressed here do not necessarily reflect those of the Foundation. For more information about the Center, visit <http://www.cshp.rutgers.edu>. Follow the Center on Twitter at <https://twitter.com/rutgerscshp>.

ABOUT FAIRLEIGH DICKINSON UNIVERSITY

The largest private university in New Jersey, FDU is a not-for-profit, nonsectarian, multi-campus institution. Founded in 1942, FDU achieved four-year status in 1948 and approval as a university in 1956. The University offers over 100 [undergraduate](#) and [graduate](#) degree programs, including doctoral programs in pharmacy, nursing practice, clinical psychology and school psychology; and an AACSB-accredited [business school](#). Degree programs are offered on two New Jersey campuses and at two FDU locations outside the U.S.: [Wroxton College](#), in Oxfordshire in England, and the [Vancouver Campus](#), in British Columbia, Canada. FDU's 11,500 full- and part-time students pursue quality career-oriented programs on schedules tailored to their needs – days, evenings and weekends. The curriculum reflects a mission of [global education](#) and a foundation of a world-renowned [University Core](#).

ABOUT THE FAIRLEIGH DICKINSON UNIVERSITY POLL

For the second year, the FDU Poll received an "A" rating from statistician Nate Silver's FiveThirtyEight blog. The ratings measure both accuracy and bias for all major polling services in the United States, providing an update to similar research the poll watchers conducted in 2014. FDU's "A" rating puts it in the top 15 of the more than 380 polling institutes reviewed and graded from A+ through F. The FDU poll was found to have a 94 percent accuracy rate for predicting election results, and is one of only three A-rated polling institutes with zero bias to their rankings. Please visit our website: publicmind.fdu.edu.

QUESTIONS AND TABLES START ON THE FOLLOWING PAGE

Questions and Tables

The questions covered in this release are listed below. Column percentages may not add to 100% due to rounding. Respondents are New Jersey adults. All percentages are of weighted results. Interpret groups with samples sizes under 100 with caution.

Q. Would you say your health is ... ?

	Combined	Phone	Online
Excellent	14%	20%	9%
Very good	36%	33%	39%
Good	33%	29%	37%
Fair	13%	13%	14%
Or poor	3%	4%	2%
Unwght N=	1242	618	624

	Gender		Race				Age				Income			
	Male	Female	White	Black	Hisp	Other	18-34	35-49	50-64	65+	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+
Excellent	13%	16%	15%	15%	15%	12%	16%	20%	11%	11%	9%	11%	14%	30%
Very good	38%	34%	38%	33%	34%	32%	38%	36%	37%	32%	24%	39%	45%	41%
Good	32%	34%	32%	34%	36%	35%	31%	31%	32%	40%	41%	34%	30%	23%
Fair	14%	13%	13%	14%	13%	17%	13%	8%	17%	15%	23%	12%	9%	5%
Or poor	3%	3%	3%	4%	2%	3%	2%	4%	4%	1%	3%	5%	1%	1%
Unwght N=	542	700	851	106	162	102	192	262	424	361	268	424	264	212

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	Education				Region				
	HS or Less	Some Coll	Coll Grad	Grad Work	Urban	Suburb	Exurban	Phil/South	Shore
Excellent	10%	13%	18%	22%	17%	13%	9%	16%	19%
Very good	28%	36%	43%	41%	27%	36%	45%	37%	34%
Good	40%	33%	28%	29%	40%	32%	31%	32%	32%
Fair	18%	16%	9%	7%	10%	16%	12%	11%	14%
Or poor	4%	3%	2%	1%	5%	2%	2%	4%	2%
Unwght N=	223	336	379	300	156	486	200	193	207

Q. Do you have some form of health insurance or health care coverage, or not?

	Combined	Phone	Online
Yes	95%	96%	95%
No	5%	4%	5%
Unwght N=	1243	619	624

	Gender		Race				Age				Income			
	Male	Female	White	Black	Hisp	Other	18-34	35-49	50-64	65+	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+
Yes	95%	95%	96%	91%	92%	99%	93%	94%	96%	99%	95%	93%	97%	99%
No	5%	5%	4%	9%	8%	1%	7%	6%	4%	1%	5%	7%	3%	1%
Unwght N=	543	700	851	108	161	101	195	260	423	362	272	420	264	211

	Education				Region				
	HS or Less	Some Coll	Coll Grad	Grad Work	Urban	Suburb	Exurban	Phil/South	Shore
Yes	97%	92%	96%	98%	94%	94%	97%	96%	97%
No	3%	8%	4%	2%	6%	6%	3%	4%	3%
Unwght N=	226	335	379	299	158	484	199	193	209

[ASK IF INSURANCE=1 "YES"]

Q. Which of the following is your MAIN source of health insurance coverage? Is it...?

	Combined	Phone	Online
Medicare	20%	20%	21%
Medicaid or NJ Family Care	10%	8%	13%
A plan through your or a family member's current or former employer	61%	61%	61%
A plan you purchased yourself through the healthcare.gov federal marketplace	3%	4%	3%
A plan you purchased yourself from a private insurance company	4%	5%	2%
Somewhere else	1%	2%	0%
Unwght N=	1189	593	596

	Gender		Race				Age				Income			
	Male	Female	White	Black	Hisp	Other	18-34	35-49	50-64	65+	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+
Medicare	21%	19%	26%	19%	8%	13%	1%	4%	9%	76%	33%	21%	9%	8%
Medicaid	8%	13%	8%	25%	11%	10%	23%	9%	7%	2%	30%	3%	2%	3%
Employer	62%	59%	60%	52%	66%	68%	65%	82%	71%	18%	29%	68%	79%	80%
Healthcare.gov	4%	3%	3%	2%	6%	3%	5%	2%	5%	1%	4%	4%	4%	2%
Private insurance company	3%	4%	4%	1%	5%	6%	3%	3%	6%	2%	2%	3%	5%	6%
Somewhere else	2%	1%	1%	1%	4%	0%	3%	0%	1%	1%	2%	2%	1%	1%
Unwght N=	515	674	826	98	148	100	182	243	406	355	255	398	259	208

	Education				Region			
	HS or Less	Some Coll	Coll Grad	Grad Work	Urban	Suburb	Exurban	Phil/ South
Medicare	1%	4%	9%	76%	21%	21%	16%	23%
Medicaid	23%	9%	7%	2%	17%	10%	5%	11%
Employer	65%	82%	71%	18%	57%	59%	73%	58%
Healthcare.gov	5%	2%	5%	1%	1%	4%	4%	3%
Private insurance company	3%	3%	6%	2%	3%	5%	2%	2%
Somewhere else	3%	0%	1%	1%	1%	1%	1%	3%
Unwght N=	182	243	406	355	147	461	193	186

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Q. Now I'd like to ask you about the use of prescription pain relievers and drugs. Keep in mind that all of your answers are confidential. In the past 12 months, have you, or any family living with you, taken any prescription pain relievers – including Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin? We only want to know about prescription medication, NOT medication that is available over the counter.

	Combined	Phone	Online
Yes	23%	25%	22%
No	77%	75%	78%
Unwght N=	1241	616	625

	Gender		Race				Age				Income			
	Male	Female	White	Black	Hisp	Other	18-34	35-49	50-64	65+	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+
Yes	24%	23%	22%	26%	28%	20%	22%	23%	29%	19%	25%	26%	20%	22%
No	76%	77%	78%	74%	72%	80%	78%	77%	71%	81%	75%	74%	80%	78%
Unwght N=	542	699	847	109	163	100	194	260	421	363	272	420	264	211

	Education				Region					
	HS or Less	Some Coll	Coll Grad	Grad Work	Urban	Suburb	Exurban	Phil/ South	Shore	
Yes	25%	25%	22%	20%	24%	22%	21%	24%	28%	
No	75%	75%	78%	80%	76%	78%	79%	76%	72%	
Unwght N=	227	334	377	299	157	483	200	193	208	

[IF USE="YES," ASK:]

Q. In the past 12 months, did you, or any family living with you, use any prescription pain relievers more frequently than prescribed?

	Combined	Phone	Online
Yes	13%	8%	17%
No	87%	92%	83%
Unwght N=	290	159	131

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	Gender		Race		Age		Income		Education	
	Male	Female	White	Non-white	Under 60	60+	<\$100K	\$100K+	Some Coll	Coll Grad+
Yes	15%	10%	10%	16%	16%	6%	15%	9%	16%	7%
No	85%	90%	90%	84%	84%	94%	85%	91%	84%	93%
Unwght N=	130	160	189	96	179	110	171	106	141	148

[IF USE="YES," ASK:]

Q. In the past 12 months, did you, or any family living with you, use any prescription pain relievers NOT prescribed to you by a doctor, dentist, or other healthcare provider?

	Combined	Phone	Online
Yes	11%	8%	14%
No	89%	92%	86%
Unwght N=	290	159	131

	Gender		Race		Age		Income		Education	
	Male	Female	White	Non-white	Under 60	60+	<\$100K	\$100K+	Some Coll	Coll Grad+
Yes	8%	13%	5%	18%	13%	4%	12%	8%	13%	7%
No	92%	87%	95%	82%	87%	96%	88%	92%	87%	93%
Unwght N=	130	160	189	96	179	110	171	106	141	148

Q. In the past 12 months, did you, or any family living with you, seek care for any kind of drug addiction?

	Combined	Phone	Online
Yes	2%	3%	1%
No	98%	97%	99%
Unwght N=	1246	619	627

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	Gender		Race				Age				Income			
	Male	Female	White	Black	Hisp	Other	18-34	35-49	50-64	65+	<\$50K	\$50K- <\$100K	\$100K- <\$150K	\$150K+
Yes	2%	1%	2%	1%	1%	3%	4%	3%	1%	0%	2%	1%	1%	4%
No	98%	99%	98%	99%	99%	97%	96%	97%	99%	100%	98%	99%	99%	96%
Unwght N=	544	702	851	109	163	101	195	261	423	364	272	423	264	212

	Education				Region				
	HS or Less	Some Coll	Coll Grad	Grad Work	Urban	Suburb	Exurban	Phil/ South	Shore
Yes	2%	2%	2%	1%	3%	1%	1%	4%	2%
No	98%	98%	98%	99%	97%	99%	99%	96%	98%
Unwght N=	228	336	378	300	157	487	200	194	208

[IF ADDICTION = "YES," ASK:]

Q. How easy or hard was it to find those services?

	Combined
Very easy	18%
Somewhat easy	45%
Somewhat hard	12%
Very hard	25%
Unwght N=	18

Q. How serious of a problem do you think the use of heroin, fentanyl, and other prescription drugs is in *New Jersey*? Do you think it is a very serious problem, somewhat serious, not very serious, or is it not a problem at all?

	Combined	Phone	Online
Very serious	67%	78%	56%
Somewhat serious	28%	20%	36%
Not very serious	3%	2%	5%
Not a problem at all	2%	1%	3%
Unwght N=	1224	598	626

	Gender		Race				Age				Income			
	Male	Female	White	Black	Hisp	Other	18-34	35-49	50-64	65+	<\$50K	<\$100K	<\$150K	\$150K+
Very serious	62%	71%	70%	65%	67%	51%	60%	67%	73%	66%	62%	69%	66%	66%
Somewhat serious	33%	23%	26%	23%	30%	40%	31%	25%	24%	33%	31%	26%	29%	28%
Not very serious	3%	3%	3%	6%	1%	4%	5%	5%	2%	0%	3%	4%	2%	3%
Not a problem at all	2%	3%	1%	7%	2%	5%	4%	4%	1%	1%	4%	1%	2%	2%
Unwght N=	539	685	841	104	163	96	190	258	418	356	267	418	263	210

	Education				Region				
	HS or Less	Some Coll	Coll Grad	Grad Work	Urban	Suburb	Exurban	Phil/South	Shore
Very serious	66%	72%	60%	67%	63%	64%	62%	65%	82%
Somewhat serious	27%	26%	32%	28%	31%	31%	29%	30%	15%
Not very serious	3%	1%	5%	3%	3%	3%	4%	3%	2%
Not a problem at all	3%	1%	2%	2%	3%	2%	5%	2%	2%
Unwght N=	227	328	373	293	158	467	198	194	207

Q. How serious of a problem do you think the use of heroin, fentanyl, and other prescription drugs is in your community? Do you think it is a very serious problem, somewhat serious, not very serious, or is it not a problem at all?

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	Combined	Phone	Online
Very serious	34%	40%	29%
Somewhat serious	40%	36%	43%
Not very serious	20%	16%	24%
Not a problem at all	6%	7%	4%
Unwght N=	1172	555	617

	Gender		Race				Age				Income			
	Male	Female	White	Black	Hisp	Other	18-34	35-49	50-64	65+	<\$50K	<\$100K	<\$150K	\$150K+
Very serious	29%	39%	33%	42%	38%	28%	35%	30%	40%	31%	39%	37%	26%	32%
Somewhat serious	43%	37%	43%	33%	35%	36%	39%	40%	36%	44%	37%	40%	46%	36%
Not very serious	22%	19%	20%	15%	20%	26%	19%	23%	20%	20%	16%	20%	23%	24%
Not a problem at all	6%	5%	4%	9%	6%	10%	7%	7%	4%	5%	7%	3%	4%	8%
Unwght N=	519	653	804	106	151	92	181	250	403	336	256	402	253	199

	Education				Region				
	HS or Less	Some Coll	Coll Grad	Grad Work	Urban	Suburb	Exurban	Phil/South	Shore
Very serious	40%	34%	33%	25%	39%	31%	24%	39%	42%
Somewhat serious	39%	43%	32%	46%	36%	39%	42%	44%	38%
Not very serious	15%	18%	28%	23%	22%	26%	22%	12%	16%
Not a problem at all	5%	5%	7%	6%	3%	5%	12%	5%	5%
Unwght N=	215	317	358	279	149	444	189	191	199

About the Rutgers-Eagleton/Fairleigh Dickinson Polling Partnership

For almost 50 years, the [Rutgers-Eagleton Poll](#) – established in 1971 at Rutgers University’s Eagleton Institute of Politics – has been conducted by telephone, using what is known as a [probability-based sample](#) to survey New Jersey residents. That methodology has since been used by all other academic organizations that have conducted surveys in New Jersey – including Fairleigh Dickinson University (established in 2001), Monmouth University (established in 2005), and Quinnipiac University.

[The polling landscape](#) has dramatically transformed within the last decade, however. Due to technological changes (like [cell phones](#) and caller ID), [behavioral changes](#) (like fewer people answering their phones and responding to surveys), and an increased number of unsolicited calls (like telemarketing and spam), telephone surveys have become far more difficult and far more expensive. Response rates are now in the [single digits](#), meaning more call attempts have to be made than ever before to achieve a single completed interview – which, in turn, means more time and more money. It now costs almost three times as much to complete a telephone interview than it did just five years ago, with fielding costs reaching over \$100 per completed interview at some of the most well-known and respected telephone survey call centers. The polling profession has started to adapt by [moving online](#) but has faced a major hurdle – the current inability to take a probability-based sample of Internet users. The industry has attempted to tackle this problem in two ways:

- 1) By conducting a probability sample by mail or phone and recruiting those respondents to join an online panel (with those not online being given that capacity by the survey organization). This has been the approach of organizations like the [Pew Research Center](#) and Ipsos’ [KnowledgePanel](#), the latter of which was used for this current study.
- 2) By conducting a [non-probability sample](#), where respondents volunteer to be surveyed rather than the probability sample where they are selected to be surveyed. The [New York Times/CBS News Poll](#) took this approach in 2014, for example.

A number of research studies have found that the results of probability and non-probability samples are similar, if weighted correctly at the end. But probability samples are still slightly more accurate, may have better reliability over time, and allow for the computation of [sampling error](#) – a statement of the probabilities of how likely the poll is to be accurate. Because of the need to move away from telephone surveys, the [Rutgers-Eagleton Poll](#) at Rutgers-New Brunswick’s [Eagleton Institute of Politics](#) and the [FDU Poll](#) at Fairleigh Dickinson University have combined their resources to conduct one of the first ever in-depth experiments testing the effects of both survey mode and type of sample on statewide public opinion polling. The extensive study involves testing an identical questionnaire on three different samples:

1. A probability-based sample of 621 respondents from a traditional dual-frame telephone survey conducted by live callers on both landline and cellular phone between March 7 and March 12, 2019. The telephone survey was fielded by [Braun Research, Inc](#) with sample provided by [Dynata](#).

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2. A probability-based sample of 629 respondents from Ipsos' online probability-based [KnowledgePanel](#)® conducted online between March 13 and March 22, 2019.
3. A non-probability sample of 643 respondents from Ipsos' opt-in panel conducted online between March 17 and March 28, 2019.

The results reported on in this series of releases by Rutgers-Eggleton and FDU will report results only from the combined samples of the telephone survey and online probability-based panel. The questionnaire was developed and all data analyses were completed in house by Dr. Ashley Koning and Dr. Cliff Zukin at the Eggleton Center for Public Interest Polling (ECPIP) at Rutgers University-New Brunswick and Dr. Krista Jenkins at Fairleigh Dickinson University. William Young and Kyle Morgan assisted with preparation of the questionnaire and analysis and preparation of this release. This poll is paid for and sponsored by both the Eggleton Institute of Politics at Rutgers University-New Brunswick and Fairleigh Dickinson University.

Telephone Methodology

The telephone survey was conducted by live callers on both landlines and cellular phones between March 7 and 12, 2019, with a scientifically selected random sample of 621 New Jersey adults, 18 or older. Persons without a telephone could not be included in the random selection process. Respondents within a household are selected by asking randomly for the youngest adult male or female currently available. If the named gender is not available, the youngest adult of the other gender is interviewed. The poll was available in Spanish for respondents who requested it. This telephone poll included 258 adults reached on a landline phone and 363 adults reached on a cell phone, all acquired through random digit dialing. Distribution of household phone use in this sample is:

Cell Only:	34%
Dual Use, Reached on Cell:	24%
Dual Use, Reached on LL:	39%
Landline Only:	2%

The data were weighted to be representative of the non-institutionalized adult population of New Jersey. The weighting balanced sample demographics to target population parameters. The sample is balanced to match parameters for sex, age, education, race/ethnicity, region and phone use. The sex, age, education, race/ethnicity and region parameters were derived from 2017 American Community Survey PUMS data. The phone use parameter was derived from estimates provided by the National Health Interview Survey Early Release Program.¹²³

¹ NCHS, National Health Interview Survey, 2012-2016; U.S. Census Bureau, American Community Survey, 2011-2015; and infoUSA.com consumer database, 2012-2016.

² Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, July–December 2015. National Center for Health Statistics. May 2016.

³ Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, January-June 2018. National Center for Health Statistics. December 2018.

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Weighting was done in two stages. The first stage of weighting corrected for different probabilities of selection associated with the number of adults in each household and each respondent’s telephone usage patterns. This adjustment also accounts for the overlapping landline and cell sample frames and the relative sizes of each frame and each sample. This first stage weight was applied to the entire sample which included all adults.

The second stage of the weighting balanced sample demographics, by form, to match target population benchmarks. This weighting was accomplished using SPSSINC RAKE, an SPSS extension module that simultaneously balances the distributions of all variables using the GENLOG procedure. Weights were trimmed to prevent individual interviews from having too much influence on the final results. The use of these weights in statistical analysis ensures that the demographic characteristics of the sample closely approximate the demographic characteristics of the target population.

An adjustment was incorporated into the raking to ensure that the party ID distribution of both forms were similar to each other. This was done by first raking the entire sample to target population benchmarks and extracting from that weighted data a party ID “benchmark”. Then the final weighting by form included all the weighting demographics listed above, plus the party ID distribution derived from the first raking.

All surveys are subject to sampling error, which is the expected probable difference between interviewing everyone in a population versus a scientific sampling drawn from that population. Sampling error should be adjusted to recognize the effect of weighting the data to better match the population. In this poll, the simple sampling error for 621 New Jersey adults is +/-3.9 percentage points at a 95 percent confidence interval. The design effect is 1.31, making the adjusted margin of error +/- 4.5 percentage points. Thus, if 50 percent of New Jersey adults in this sample favor a particular position, we would be 95 percent sure that the true figure is between 45.5 and 54.5 percent (50 +/- 4.5) if all New Jersey adults had been interviewed, rather than just a sample.

Sampling error does not take into account other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects.

This telephone survey was fielded by Braun Research, Inc. with sample from Dynata.

**Weighted Telephone Sample Characteristics
621 New Jersey Adults**

Male	48%	Democrat	36%	18-34	25%	HS or Less	30%	White	58%
Female	52%	Independent	41%	35-49	24%	Some College	30%	Black	12%
		Republican	23%	50-64	30%	College Grad	22%	Hispanic	19%
				65+	20%	Grad Work	17%	Other	12%

Online Methodology

The online survey was conducted between March 13 and 22, 2019, using the web-enabled KnowledgePanel®, a probability-based panel designed to be representative of the U.S. population. Initially, participants are chosen scientifically by a random selection of telephone numbers and residential addresses. Persons in selected households are then invited by telephone or by mail to participate in the web-enabled KnowledgePanel. For those who agree to participate, but do not already have Internet access, Ipsos provides at no cost a laptop/netbook and ISP connection. People who already have computers and Internet service are permitted to participate using their own equipment. Panelists then receive unique log-in information for accessing surveys online, and then are sent emails throughout each month inviting them to participate in research. This survey contained 629 New Jersey adults, 18 or older and was available in Spanish for respondents who requested it.

The data were weighted to be representative of the non-institutionalized adult population of New Jersey. The sample was balanced, by form, to match target population benchmarks for sex, age, education, race/ethnicity, region and phone use. The sex, age, education, race/ethnicity and region parameters were derived from 2017 American Community Survey PUMS data. The phone use parameter was derived from estimates provided by the National Health Interview Survey Early Release Program.⁴⁵⁶

This weighting was accomplished using SPSSINC RAKE, an SPSS extension module that simultaneously balances the distributions of all variables using the GENLOG procedure. Weights were trimmed to prevent individual interviews from having too much influence on the final results. The use of these weights in statistical analysis ensures that the demographic characteristics of the sample closely approximate the demographic characteristics of the target population. The IPSOS KnowledgePanel base weight was used as the input weight for the weighting.

An adjustment was incorporated into the raking to ensure that the party ID distribution of both forms were similar to each other. This was done by first raking the entire sample to target population benchmarks and extracting from that weighted data a party ID “benchmark”. Then the final weighting by form included all the weighting demographics listed above, plus the party ID distribution derived from the first raking.

All surveys are subject to sampling error, which is the expected probable difference between interviewing everyone in a population versus a scientific sampling drawn from that population. Sampling error should be adjusted to recognize the effect of weighting the data to better match the population. In this poll, the simple sampling error for 629 New Jersey adults is +/-3.9

⁴ NCHS, National Health Interview Survey, 2012-2016; U.S. Census Bureau, American Community Survey, 2011-2015; and infoUSA.com consumer database, 2012-2016.

⁵ Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, July–December 2015. National Center for Health Statistics. May 2016.

⁶ Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, January-June 2018. National Center for Health Statistics. December 2018.

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percentage points at a 95 percent confidence interval. The design effect is 2.02, making the adjusted margin of error +/- 5.5 percentage points. Thus, if 50 percent of New Jersey adults in this sample favor a particular position, we would be 95 percent sure that the true figure is between 44.5 and 55.5 percent (50 +/- 5.5) if all New Jersey adults had been interviewed, rather than just a sample.

Sampling error does not take into account other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects.

This online survey was fielded by Ipsos. Ipsos is an independent market research company controlled and managed by research professionals. Visit www.ipsos.com/en-us to learn more about Ipsos' offerings and capabilities.

**Weighted Online Sample Characteristics
629 New Jersey Adults**

Male	47%	Democrat	41%	18-34	25%	HS or Less	34%	White	59%
Female	53%	Independent	38%	35-49	26%	Some College	25%	Black	11%
		Republican	20%	50-64	28%	College Grad	24%	Hispanic	19%
				65+	21%	Grad Work	17%	Other	11%

Telephone + Online Combined Probability Sample Methodology

The entire survey was conducted between March 7 and March 22, 2019 with a combined total sample of 1,250 New Jersey adults, 18 or older. Distribution of the combined sample is as follows:

Reached on Cell:	30%
Reached on LL:	20%
Reached online:	50%

All surveys are subject to sampling error, which is the expected probable difference between interviewing everyone in a population versus a scientific sampling drawn from that population. Sampling error should be adjusted to recognize the effect of weighting the data to better match the population. In this poll, the simple sampling error for 1,250 New Jersey adults is +/-2.8 percentage points at a 95 percent confidence interval. The design effect is 1.67, making the adjusted margin of error +/- 3.6 percentage points. Thus, if 50 percent of New Jersey adults in this sample favor a particular position, we would be 95 percent sure that the true figure is between 46.4 and 53.6 percent (50 +/- 3.6) if all New Jersey adults had been interviewed, rather than just a sample.

Sampling error does not take into account other sources of variation inherent in public opinion studies, such as non-response, question wording, or context effects.

Weighted Combined Sample Characteristics

1,250 New Jersey Adults

Male	47%	Democrat	39%	18-34	25%	HS or Less	32%	White	58%
Female	53%	Independent	40%	35-49	25%	Some College	28%	Black	11%
		Republican	22%	50-64	29%	College Grad	23%	Hispanic	19%
				65+	21%	Grad Work	17%	Other	11%