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**MOST NEW JERSEYANS HAVE CONSIDERED BUT NOT PLANNED FOR END-OF-LIFE WISHES**  
*One in 10 have talked to a doctor despite provider reimbursement*

New Brunswick, N.J. (April 16, 2019) – In advance of [National Health Care Decisions Day](#) on April 16, a new poll shows that six in 10 New Jerseyans (61 percent) have given a great deal or at least some thought to their wishes for medical care towards the end of their life.

But only 47 percent have actually talked to someone about their wishes, 42 percent have designated someone to make decisions about their care if they are unable, and just 30 percent have a written document detailing their wishes.

These results come from the latest poll in the New Jersey [Health Matters](#) series by the New Jersey Health Care Quality Institute in partnership with the Eagleton Center for Public Interest Polling at Rutgers University-New Brunswick.

Among those who have had a conversation, just 24 percent have actually talked to a doctor or other healthcare provider even though Medicare and Medicaid reimburse providers for having end-of-life care consultations with patients.

Almost all New Jerseyans have talked about their end of life wishes with a loved one (97 percent) – whether a spouse, parent, child or someone else. About four in ten (39 percent) say they have talked to a lawyer or financial planner, while 7 percent have talked with a spiritual leader.

The vast majority of those who have prepared a written document have shared a copy with a family member or loved one (84 percent); a similar number has shared it with their designated health care proxy (86 percent). Half have shared this type of document with a lawyer or financial planner (51 percent), and a quarter have done so with a doctor or healthcare provider (24 percent).

“People are thinking about their end-of-life care wishes, but there’s a real gap when it comes to discussing them and writing them down,” said Ashley Koning, assistant research professor and director of the Eagleton Center for Public Interest Polling. “The gap is wider for some groups more than others, influenced by key factors like age, gender and race.”

“We know the best way to make sure your end-of-life wishes are respected and honored is to discuss and document them. And that’s why we created [Conversation of Your Life \(COYL\)](#),” said Linda Schwimmer, president and CEO of the New Jersey Health Care Quality Institute. “We therefore need physicians, nurses and other health care providers to encourage patients to talk about — and then document — their wishes. And if health care providers don’t bring the topic up, then patients should.”

Results are from a statewide poll of 1,203 adults contacted between March 7 and 22, 2019. Questions reported in this release were asked of a sub-sample, resulting in 622 New Jersey adults, 314 of which

**End of Life Care April 2019**  
**Rutgers-Eagleton Poll/New Jersey Health Care Quality Institute**

were contacted by live callers on both landlines and cell phones and 308 through an online probability-based panel. The combined sample has a margin of error of +/-5.0 percentage points Interviews were done in English and, when requested, Spanish. Find the full press release, including the poll questions and tables at <http://eagletonpoll.rutgers.edu/rutgers-eagleton-NJHCQI-end-of-life-care-April-2019> or click [here](#).

### **Preparation comes with age**

As expected, age plays a significant role in behaviors related to end-of-life care. Seven in 10 senior citizens have given a great deal (30 percent) or at least some (41 percent) thought to their own medical wishes toward the end of their life. A similar number of seniors have also had a conversation with someone about their wishes (67 percent). Almost all (94 percent) have had this conversation with a loved one, about four in 10 with a lawyer or financial planner (44 percent), about three in 10 with a doctor or other healthcare provider (27 percent), and just a few with a religious leader (seven percent).

Seniors are also the most likely to have designated someone to be their healthcare proxy (67 percent) and to have a written document (61 percent) – such as a living will, 5 Wishes or practitioner orders for life sustaining treatment – detailing their wishes for care. Most have given a copy of this written document to a loved one (83 percent) or healthcare proxy (81 percent); almost a quarter (23 percent) have given it to a health care provider and about four in 10 (41 percent) have given it to a lawyer or financial planner.

More than six in 10 middle-aged residents have thought about their wishes toward the end of their life, but they are less prepared than their elders. Just around half have had a conversation with someone about it; among those who have, almost all have spoken to a loved one. Less than half have designated a healthcare proxy. Less than a third have a written document; among the small number who does, a loved one or their healthcare proxy is most likely to also have a copy.

End-of-life care is a distant thought for millennials: just 18 percent say they have thought a great deal and another 29 percent say they have thought some about their wishes. Twenty-three percent have taken the step of having a conversation about it with someone, 18 percent have designated a healthcare proxy, and only 7 percent have a written document detailing their wishes.

### **Gender, race affect preparation**

Age may be the biggest driver of preparedness when it comes to end-of-life care, but other demographics play a part as well. There are large racial and ethnic disparities when it comes to end-of-life care. While New Jerseyans of all backgrounds have given at least some thought to their end of life care wishes, white residents are much more likely than non-white residents to have had a conversation about it with someone (53 percent to 39 percent), designated someone as their healthcare proxy (48 percent to 34 percent) and have a written document (37 percent to 20 percent).

“To address this gap, the Quality Institute will be expanding [COYL](#) programming into Hispanic communities in the coming months,” Schwimmer said.

Men are less likely than women to have had a conversation about their wishes (42 percent to 53 percent), but among those who have, a similar number of men and women have talked to a doctor, religious leader, or lawyer, while almost all have talked to a loved one. Men are almost as likely as women to have given their medical care wishes at least some thought as well as to designate a proxy and have a written document.

Marriage also plays a role. Those who are currently married are more likely than those who are not to have had a conversation with someone about their wishes (51 percent versus 44 percent), more likely to have designated someone as a proxy (50 percent versus 35 percent) and more likely to have a written document detailing their wishes (34 percent to 26 percent).

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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](mailto: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 EAGLETON CENTER FOR PUBLIC INTEREST POLLING (ECPIP)**

*Home of the Rutgers-Eagleton 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. 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: [eagletonpoll.rutgers.edu](http://eagletonpoll.rutgers.edu). You can also visit our [extensive data archive](#), [Facebook](#), and [Twitter](#).*

**ABOUT THE EAGLETON INSTITUTE OF POLITICS**

*The Eagleton Center for Public Interest Polling is a unit of the Eagleton Institute of Politics at Rutgers University–New Brunswick. The Eagleton 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 Eagleton programs and expertise, visit [eagleton.rutgers.edu](http://eagleton.rutgers.edu).*

**ABOUT CONVERSATION OF YOUR LIFE (COYL)**

*Conversation of Your Life (COYL) is a Mayors Wellness Campaign program that focuses on engaging communities in fruitful dialogue—the Conversation of Your Life—to let individuals’ family, friends and health care providers understand and respect their end-of-life care wishes through advance care planning. COYL is generously supported by [The Horizon Foundation for New Jersey](#).*

**ABOUT THE NEW JERSEY HEALTH CARE QUALITY INSTITUTE**

*At the Quality Institute, we believe that collaboration is essential to improving our health care system. That’s why we bring providers, payers, patients and decision makers together to advance health care safety, quality and affordability. We’re the only independent, nonpartisan advocate working in New Jersey to promote accountability and transparency. We have more than 100 unique member organizations— all committed to improving health care for everyone in New Jersey. Learn more about us and check out our blog, SchwimmerScript at [www.njhqci.org](http://www.njhqci.org). Follow us on [Facebook](#), [Twitter](#), and [LinkedIn](#).*

**End of Life Care April 2019**  
**Rutgers-Eagleton Poll/New Jersey Health Care Quality Institute**

**QUESTIONS AND TABLES START ON THE FOLLOWING PAGE**

**Questions and Tables**

The questions covered in this report are listed below. Column percentages may not add to 100% due to rounding. Respondents are New Jersey adults; all percentages are of weighted results. Use extreme caution when interpreting groups smaller than N=100.

**Q. How much have you thought about your wishes for medical care towards the end of your life – that is, the time surrounding your death, whether due to natural causes, serious illness, or an unexpected fatality? This may include things like the types of treatments you do or don't want to receive and who will make decisions about your medical care if you can no longer make them on your own. Have you thought about this ... ?**

A great deal	24%
Some	37%
Not very much	25%
Not at all	14%
Unwght N=	616

	Gender		Race		Age				Income			
	Male	Female	White	Non-wht.	18-34	35-49	50-64	65+	<\$50K	<\$100K	<\$150K	\$150K+
A great deal	21%	27%	22%	28%	18%	22%	26%	30%	23%	26%	23%	23%
Some	36%	38%	41%	32%	29%	43%	37%	41%	40%	31%	41%	42%
Not very much	25%	24%	26%	23%	30%	23%	25%	21%	25%	31%	21%	21%
Not at all	17%	11%	11%	17%	23%	12%	12%	8%	11%	12%	15%	13%
Unwght N=	266	350	432	174	105	116	225	168	138	209	125	106

**Q. Have you ever had a conversation with someone about your wishes for medical care towards the end of your life, or have you not had such a conversation?**

Yes, I have	47%
No, I have not	53%
Unwght N=	616

**End of Life Care April 2019**  
**Rutgers-Eagleton Poll/New Jersey Health Care Quality Institute**

	Gender		Race		Age				Income			
	Male	Female	White	Non-wht.	18-34	35-49	50-64	65+	<\$50K	<\$100K	<\$150K	\$150K+
Yes, I have	42%	53%	53%	39%	23%	48%	53%	67%	42%	46%	51%	50%
No, I have not	58%	47%	47%	61%	77%	52%	47%	33%	58%	54%	49%	50%
Unwght N=	267	349	431	175	106	115	225	168	137	209	125	106

**Q. Please tell me whether or not you have had this conversation with each of the following types of people:**

	A spouse, parent, child, or other loved one	A doctor or other healthcare provider	A religious or spiritual leader	A lawyer or financial planner
Yes, I have	97%	24%	7%	39%
No, I have not	3%	76%	93%	61%
Unwght N=	334	330	327	331

**Q. Have you designated someone to make decisions about your medical care in the event that you can no longer make them on your own, or have you not done this?**

Yes, I have	42%
No, I have not	58%
Unwght N=	614

	Gender		Race		Age				Income			
	Male	Female	White	Non-wht.	18-34	35-49	50-64	65+	<\$50K	<\$100K	<\$150K	\$150K+
Yes, I have	40%	44%	48%	34%	18%	46%	43%	67%	35%	41%	42%	45%
No, I have not	60%	56%	52%	66%	82%	54%	57%	33%	65%	59%	58%	55%
Unwght N=	267	347	428	176	106	114	225	167	137	210	124	104

**End of Life Care April 2019**  
**Rutgers-Eagleton Poll/New Jersey Health Care Quality Institute**

**Q. Do you have a written document – also known as an advance care planning document, a Living Will, 5 Wishes, or Practitioner Orders for Life Sustaining Treatment – that details your own wishes for medical care towards the end of your life, or do you not have one of these?**

Yes, I do	30%
No, I do not	70%
Unwght N=	614

	Gender		Race		Age				Income			
	Male	Female	White	Non-wht.	18-34	35-49	50-64	65+	<\$50K	<\$100K	<\$150K	\$150K+
Yes, I do	31%	29%	37%	20%	7%	22%	34%	61%	25%	29%	31%	32%
No, I do not	69%	71%	63%	80%	93%	78%	66%	39%	75%	71%	69%	68%
Unwght N=	265	349	427	177	105	115	225	167	138	209	124	104

**Q. Have you given a copy of this document to any of the following types of people? For each, just tell me yes or no.**

	A spouse, parent, child, or other loved one	A doctor or other healthcare provider	A lawyer or financial planner	The person you have designated to make decisions for you
Yes, I have	84%	24%	51%	86%
No, I have not	16%	76%	49%	14%
Unwght N=	222	219	219	199

### **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. The sample contains a subsample of 314 New Jersey adults, as reported on in this release. 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.<sup>123</sup> 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.

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

<sup>2</sup> 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.

<sup>3</sup> 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.

**End of Life Care April 2019**  
**Rutgers-Eagleton Poll/New Jersey Health Care Quality Institute**

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 Full Sample Characteristics**  
**621 New Jersey Adults**

<b>Male</b>	48%	<b>Democrat</b>	36%	<b>18-34</b>	25%	<b>HS or Less</b>	30%	<b>White</b>	58%
<b>Female</b>	52%	<b>Independent</b>	41%	<b>35-49</b>	24%	<b>Some College</b>	30%	<b>Black</b>	12%
		<b>Republican</b>	23%	<b>50-64</b>	30%	<b>College Grad</b>	22%	<b>Hispanic</b>	19%
				<b>65+</b>	20%	<b>Grad Work</b>	17%	<b>Other</b>	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 582 New Jersey adults, 18 or older and was available in Spanish for respondents who requested it. The sample contains a subsample of 308 New Jersey adults, as reported on in this release.

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.<sup>456</sup>

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 582 New Jersey adults is +/-4.1 percentage points at a 95 percent confidence interval. The design effect is 2.18, making the adjusted margin of error +/- 6.0 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 and 56 percent (50 +/- 6.0) 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.

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

<sup>5</sup> 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.

<sup>6</sup> 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.

**End of Life Care April 2019**  
**Rutgers-Eagleton Poll/New Jersey Health Care Quality Institute**

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](http://www.ipsos.com/en-us) to learn more about Ipsos' offerings and capabilities.

**Weighted Online Full Sample Characteristics**  
**582 New Jersey Adults**

<b>Male</b>	47%	<b>Democrat</b>	41%	<b>18-34</b>	25%	<b>HS or Less</b>	34%	<b>White</b>	59%
<b>Female</b>	53%	<b>Independent</b>	38%	<b>35-49</b>	26%	<b>Some College</b>	26%	<b>Black</b>	11%
		<b>Republican</b>	21%	<b>50-64</b>	28%	<b>College Grad</b>	24%	<b>Hispanic</b>	18%
				<b>65+</b>	21%	<b>Grad Work</b>	17%	<b>Other</b>	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 1,203 New Jersey adults, 18 or older. The sample contains a subsample of 622 New Jersey adults, as reported on in this release. Distribution of the combined sample is as follows:

Reached on Cell:	30%
Reached on LL:	21%
Reached online:	48%

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 1,203 New Jersey adults is +/-2.8 percentage points at a 95 percent confidence interval. The design effect is 1.73, making the adjusted margin of error +/- 3.7 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 45.6 and 53.7 percent (50 +/- 3.7) 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 Full Sample Characteristics**  
**1,203 New Jersey Adults**

<b>Male</b>	47%	<b>Democrat</b>	39%	<b>18-34</b>	25%	<b>HS or Less</b>	32%	<b>White</b>	59%
<b>Female</b>	53%	<b>Independent</b>	40%	<b>35-49</b>	25%	<b>Some College</b>	28%	<b>Black</b>	11%
		<b>Republican</b>	22%	<b>50-64</b>	29%	<b>College Grad</b>	23%	<b>Hispanic</b>	19%
				<b>65+</b>	21%	<b>Grad Work</b>	17%	<b>Other</b>	11%