

Survey Weighting Methods and Initial Health Outcome Findings from the New Jersey Health and Nutrition Examination Survey (NJHANES)



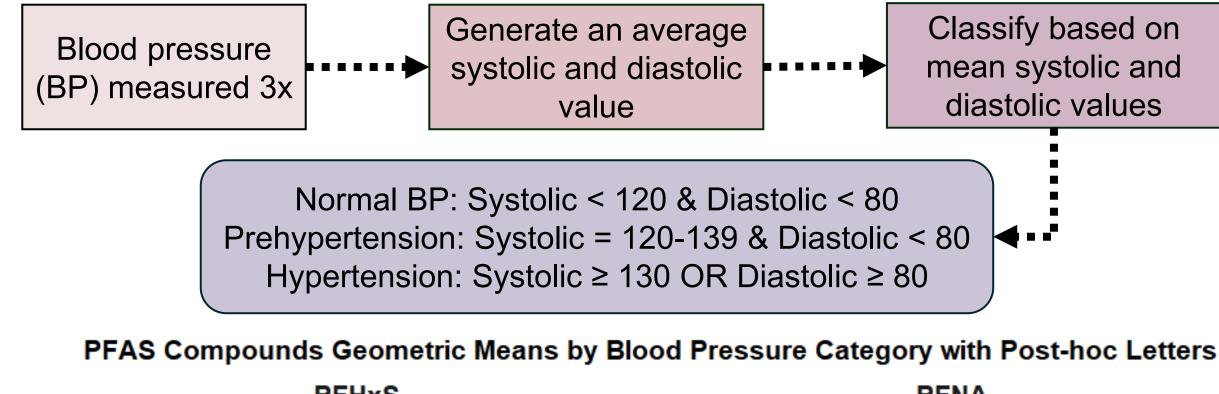
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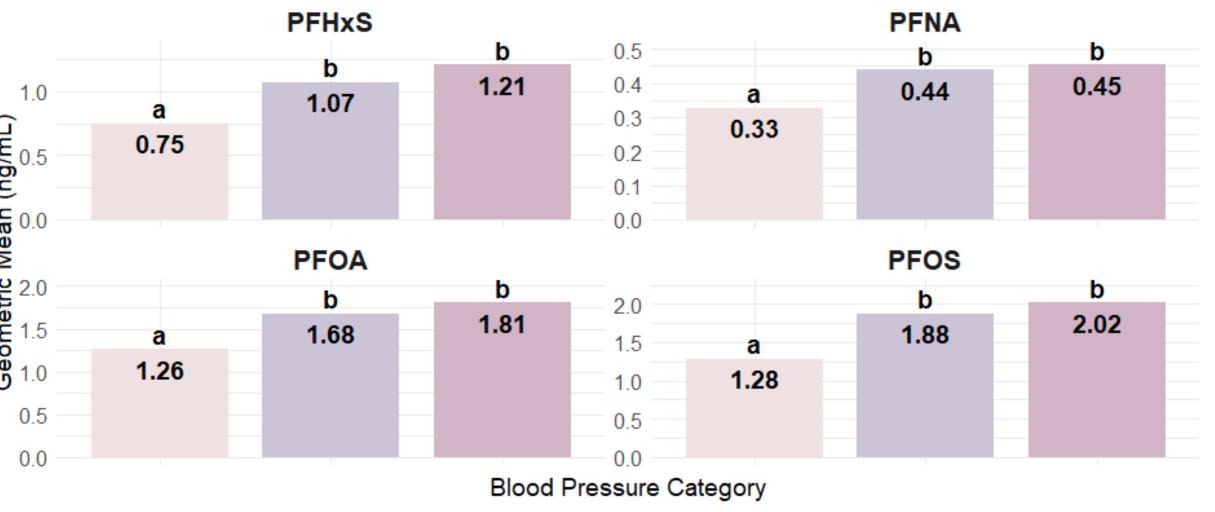
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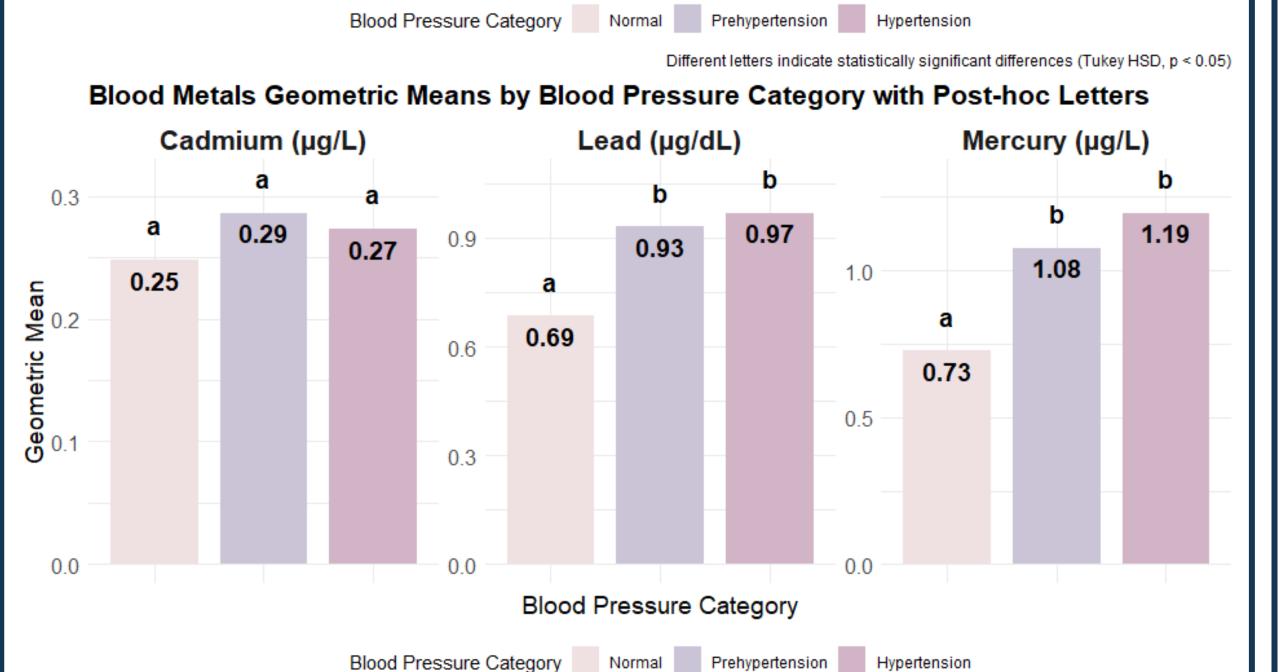
Introduction

- * New Jersey Health and Nutrition Examination Survey (NJHANES): First probability-based population surveillance in New Jersey (NJ) that provides data on population-level exposures health, and nutritional status to examine health outcomes and support public health planning/interventions
- ❖ Study Population: 503 sample persons (SPs) (ages 6 and older) have been enrolled since September 2021, with 446 completed assessments across NJ as of March 2025
- ❖ Design: Geographic area (GA) stratification and multi-stage clustered random sampling across NJ, modeled after the Centers for Disease Control and Prevention's (CDC) National Health and Nutrition Examination Survey (NHANES) (with modifications in stratification and clustering approaches)
- Study Objectives:
 - a) To transfer development of individualized sample weights to provide design-consistent estimates for NJHANES; and
 - b) To present initial health outcome findings from the ongoing NJHANES

Results: Initial Health Findings







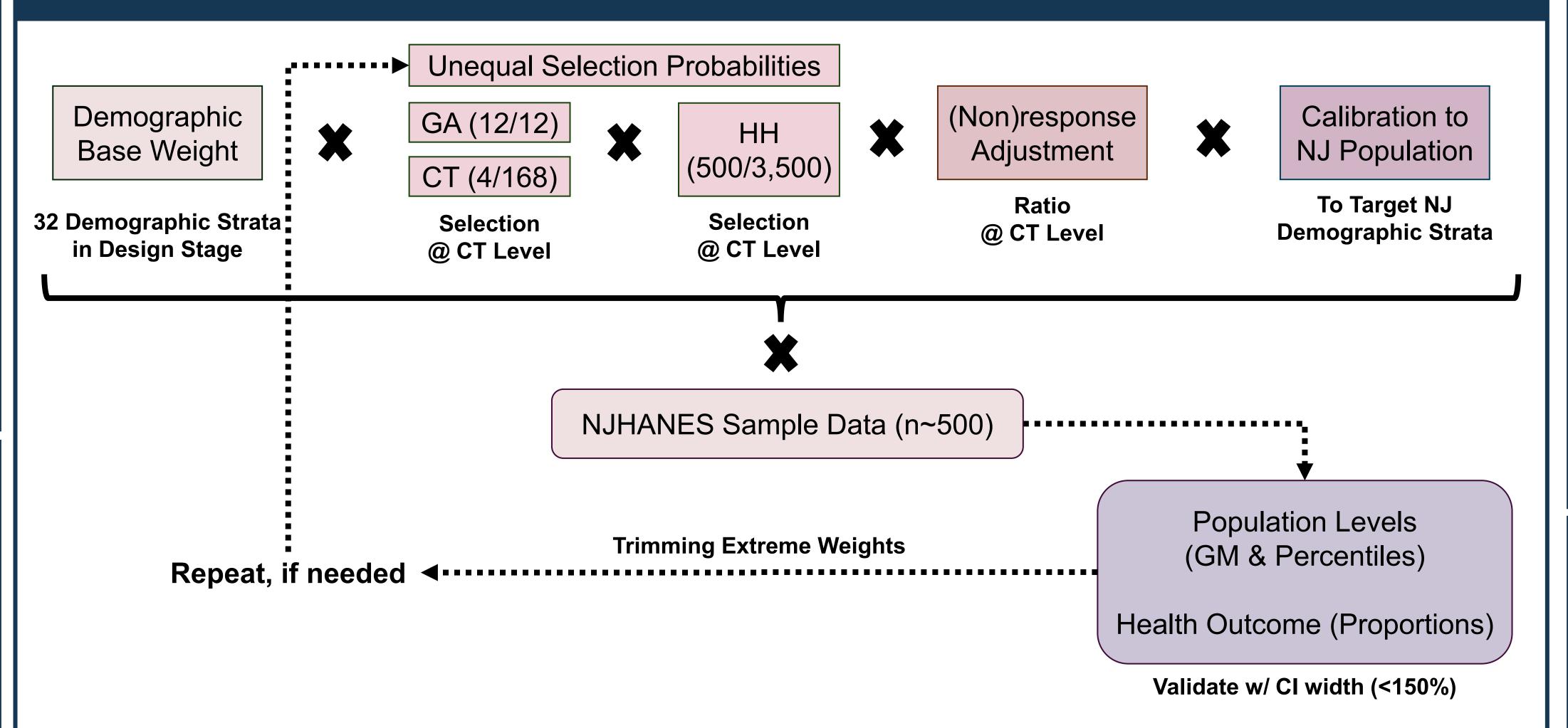
Key Associations Discovered:

❖ PFAS: NJHANES participants who were prehypertensive and hypertensive have significantly

Different letters indicate statistically significant differences (Tukey HSD, p < 0.05)

- higher concentrations of the four selected PFAS (PFHxS, PFNA, PFOA, and PFOS)
- ❖ Toxic Metals: NJHANES participants who were prehypertensive and hypertensive have significantly higher concentrations of lead and mercury

Sample Weight Methodology



Considerations and Adjustments Employed in NJHANES Sample Weighting

- Base Weight Calculation
- ❖ Incorporates selection probabilities at geographic area, census tract, and household levels established during NJHANES design
- 2. Selection Adjustment
 - Compensates for unequal household selection within each cluster and census tract

Aligns sample demographics with NJ 2020 census data

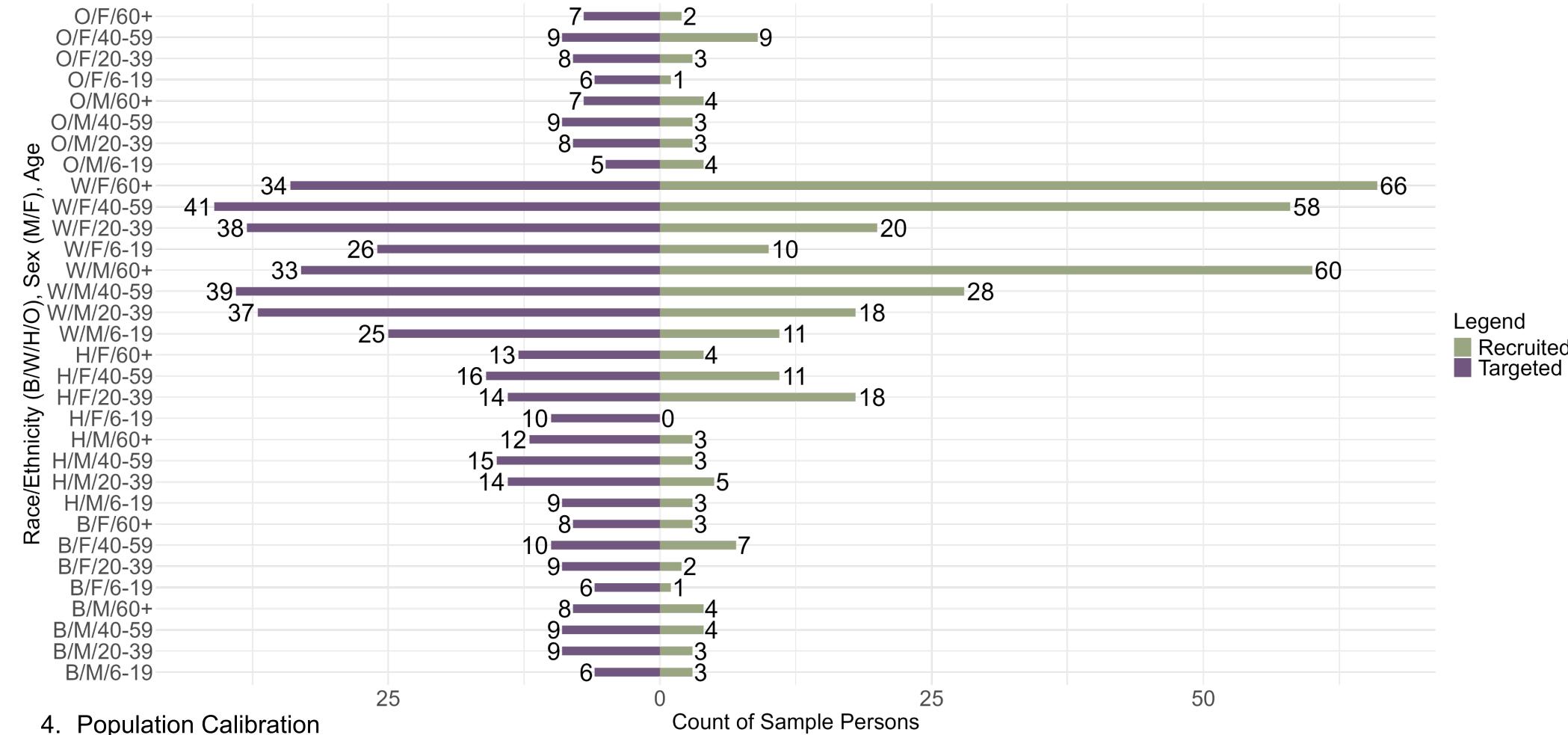
Maintains statistical validity while controlling variance levels

5. Weight Trimming

Ensures representative distribution across age, sex, and racial/ethnic groups

3. Response Adjustment Accounts for census tract-level response versus non-response at second cluster stage

Population Pyramid of Sample Persons Targeted vs Recruited for NJHANES



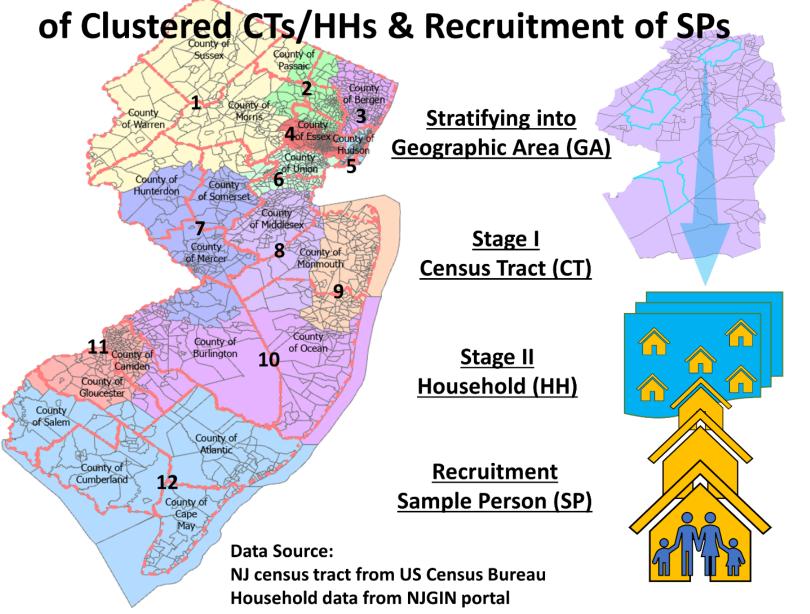
Reduces extreme weights using statistical thresholds (>AVG + 3*SD) and ML techniques (K-means clustering, Isolation Forest, or XGBoost Regression)

❖ New Jersey Department of Health (NJDOH):

- Biomonitoring Program
- Data Management & Analysis Program
- Sample Receiving Laboratory
- CDC Biomonitoring Grant #NU88EH00132
- ❖ APHL-CDC Fellowship Program

NJHANES Design

NJHANES: Stratified by GA, Random Selection



Conclusions

- Data Validation and Integrity:
 - Issues with missing data due to unanswered survey questions that greatly hindered efforts on weight calculation and subsequent data
 - Focus on ensuring key survey questions are answered and doublechecked by study staff
 - Develop a back up plan to contact participants for missing information ❖ Data integrity issues with survey responses and physical examination
 - Develop a thorough review protocol and implement a validation/correction process
- Study Implementation
 - Obtained and relied on inaccurate postal addresses
 - ❖ Fieldwork burden, partially due to the termination of mobile laboratory services in the study period
 - Considering onboarding a new mobile laboratory service that will collect and examine physical exams, leveraging current resources, and/or onboarding new personnel (such as APHL fellows)

Future Applications

- Complete field work and survey collection by Q2 2025
- Finalize sample weight methodology with appropriate adjustments, trimming,
- Validate findings through repeated analysis with finalized sample weights
- Conduct parallel analysis with NHANES data to expand NJHANES data utilization and impact on NJ health studies
- ❖ Sample size will be re-evaluated and determined with a balance of funding, capacity, and statistical validity for subdomain analyses

References

- ❖ Johnson CL, Dohrmann SM, Burt VL, Mohadjer LK. National Health and Nutrition Examination Survey: Sample design, 2011–2014. National Center for Health Statistics. Vital Health Stat 2(162).
- ❖ U.S. Census Bureau. 2020 Census Redistricting Data (PL 94-171). U.S. Census Bureau. 2021.

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