

OVERVIEW: Demographic and socioeconomic circumstances

Healthy New Jersey 2010 (HNJ 2010) defines health disparities as substantial differences in health status within and among different populations in the State. To better understand why disparities exist, it is imperative that more data are collected by race and ethnicity and used to measure the differences seen between sub-populations of the State.

Race/ethnicity

As of July 1, 2005, New Jersey's population was 8.7 million persons of whom 63.7% were white, 13.6% were black, 15.2% were Hispanic, 7.4% were Asian or Pacific Islander, and 0.2% were American Indian or Alaskan native. Throughout the Plan, data by race/ethnicity are mutually exclusive, meaning the white, black, and Asian/Pacific Islander groups do not include persons of Hispanic ethnicity and Hispanics may be of any race.

Income

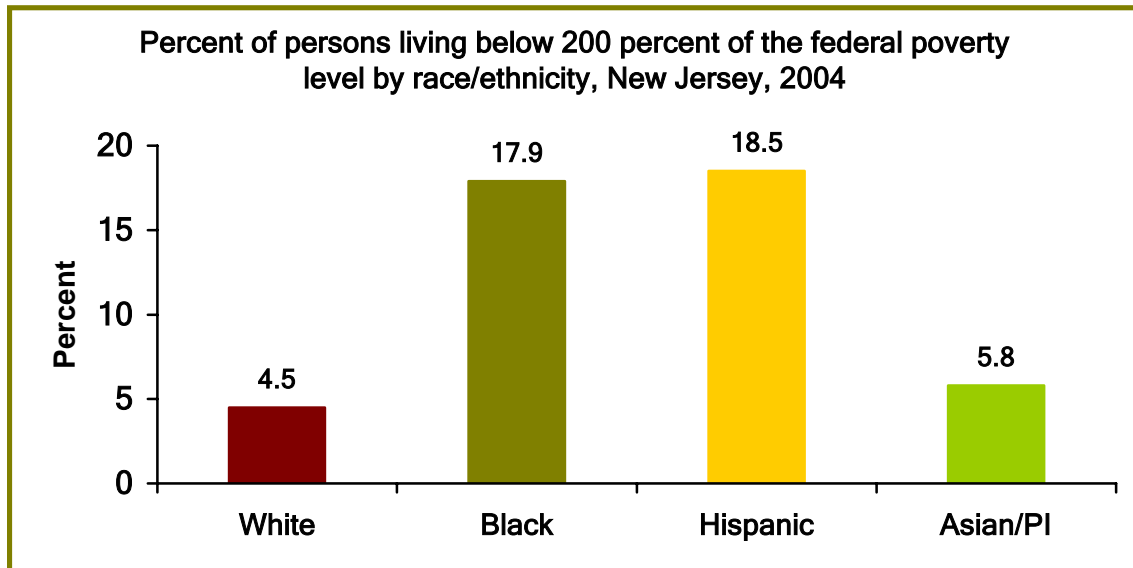
According to 2000 Census data, the difference in per capita income, by race/ethnicity in New Jersey is significant. The per capita income for whites is nearly two times that of blacks and more than double that of Hispanics. Similarly, whites have a greater median household income and also a greater median family income as compared to other racial/ethnic groups.

Per capita, median household, and median family income by race/ethnicity, New Jersey 1999			
Race/ethnicity	Per Capita Income	Median Household Income	Median Family Income
White	\$31,559	\$60,600	\$73,043
Black	\$17,049	\$38,513	\$44,056
Hispanic	\$14,804	\$39,609	\$40,105
Asian/Pacific Islander	\$25,663	\$92,192	\$71,487

Source: US Census 2000

Poverty

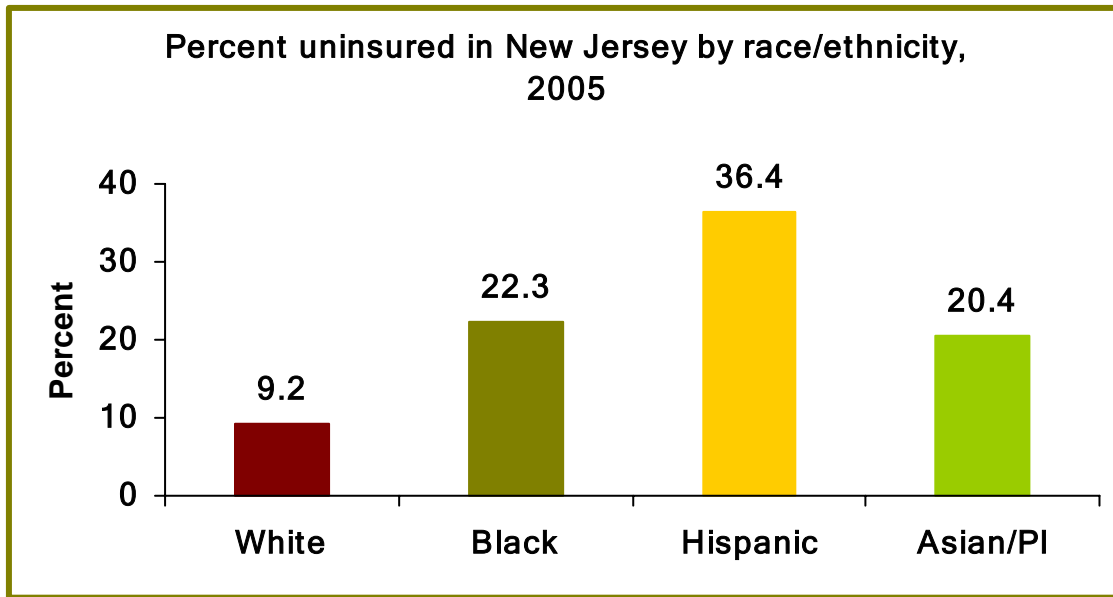
One-fifth of the State's residents live in poverty – below 200 percent of the 2004 federal poverty level (FPL) or with an annual income below \$30,438. Nine percent have an income that is less than \$15,219 (100% FPL) and another four percent live on an annual salary that is below \$7,610 (50% FPL). Poverty prevalence is higher among New Jersey's minorities than among whites. Blacks and Hispanics are more than four times as likely to live in poverty compared to whites. Asian and Pacific Islander poverty prevalence is only slightly higher than that of whites.



Source: *Legal Services of New Jersey, Poverty Research Institute, 2005*

Health Insurance

In 2005, more than 15 percent of New Jersey's population was uninsured. Among residents under the age of 65, the uninsured rate was nearly 17 percent. Blacks and Asian/Pacific Islanders were three times more likely to be uninsured than whites. More than a third of New Jersey's Hispanic population did not have health insurance.



Source: Current Population Survey, Annual Demographic file, 2001-6 US Census Bureau

Foreign-born whites, blacks, and Hispanics are much more likely than their native born counterparts to be uninsured. Within the Asian/Pacific Islander population, foreign born New Jersey residents are as likely as native born to have no source of health insurance.

Race/ethnicity	Native born (%)	Foreign born (%)
White	8.5	19.2
Black	19.5	41.4
Hispanic	23.6	48.9
Asian/Pacific Islander	20.2	20.5

Source: Current Population Survey: Annual Demographic File, 2001-6, US Census Bureau

No single demographic and socioeconomic factor above explains the differences in health outcomes that are recognized among racial/ethnic groups throughout the State. Additional research is required to better understand the causal factors. Still, the following data are an essential starting point for all interested in taking appropriate action to eliminate health disparities.

Summary of Medical Areas Examined

Priority Area	Summary of disparities
<i>Asthma</i>	Hospitalization rates are three times higher for blacks and 1.8 times higher for Hispanics. Black death rates are four times higher. For Hispanics, the rate is twice as high when compared to whites.
<i>Breast Cancer</i>	Hispanics and Asian/Pacific Islanders have lower screening rates than whites and blacks; the age adjusted death rate due to cancer is 24 percent higher among black women.
<i>Cervical Cancer</i>	Screening rates among Asians and Pacific Islanders are lower when compared to all other groups. The incidence rate among blacks and Hispanics is about twice the rate of whites; the death rate from the disease is twice as high among blacks as compared to whites and Hispanics.
<i>Prostate Cancer</i>	Incidence rates among blacks are 1.5 times that of whites. Blacks die from the disease at 2.5 times the rate of whites.
<i>Colorectal Cancer</i>	Screening rates are lower among blacks, Hispanics and Asians and Pacific Islanders. Incidence and death rates are highest among blacks.
<i>Cardiovascular Disease</i>	Blacks have the highest death rates from heart disease and from stroke.
<i>Obesity</i>	Adult obesity is highest among blacks. Childhood obesity is highest among Hispanics; it is two times higher among blacks and Hispanics as compared to whites.
<i>Diabetes</i>	The prevalence of the disease is highest among blacks. Deaths are two times more likely among blacks and blacks are more likely than any other group to develop end stage renal disease or have a lower limb amputated as a result of the disease.
<i>HIV/AIDS</i>	Prevalence rates are significantly higher among blacks and Hispanics in the state. AIDS incidence rates are 16 times higher for blacks and five times higher for Hispanics than whites. HIV disease death rates are 19 and six times higher for blacks and Hispanics, respectively.
<i>Infant Mortality</i>	The black infant mortality rate is nearly three times that of whites.
<i>Unintentional Injury</i>	The highest rate of unintentional injury death occurs among blacks.