

# THE HEALTH OF THE NEWEST NEW JERSEYANS

## A Resource Guide



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Kim Guadagno, Lt. Governor



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Commissioner



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CHRIS CHRISTIE  
*Governor*

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*Commissioner*

Dear Health Care Provider,

As a physician in one of the most diverse states in the nation, I always felt it was important to have a greater understanding of my patient's culture and how that culture affects their health. Cultural beliefs around health and illness contribute to an individual's ability to understand and act on a health care provider's instructions.

Approximately 40% of New Jersey's population is of diverse, ethnic background and more than 20% are foreign-born. Health care providers must recognize the diverse and changing health needs of this multicultural patient population in order to provide the best health care.

In order to give New Jersey health care providers a clearer picture of our increasingly diverse population, the Department of Health and Senior Services has developed a report on the health of the newest New Jerseyans.

In the pages that follow, you will see that the state's foreign-born population is relatively healthy overall – healthier than the native-born population in a number of important ways, including significantly lower death rates for many leading causes of death. However, each foreign-born group comes to the U.S. with its own health advantages and health disadvantages, all of which can change the longer they remain in this country.

Much of this is due to selective migration - unhealthy people tend not to migrate, and when foreign-born residents become sick or injured in the United States, they may return to their home. As time spent in the United States increases, nativity differences in health diminish. In part this is due to the adaptation of less healthy dietary practices, tobacco and alcohol use, and increasingly sedentary lifestyle. Yet it also reflects the reduction in selective migration as ties to the host country increase.

Foreign-born New Jerseyans have some health advantages, but also face some health challenges. In addition to risks for chronic diseases such as certain cancers, hypertension, and diabetes, the foreign born must learn how to navigate our health care delivery system and be able to process both written and verbal health information that is given. A coordinated effort to provide essential services in a meaningful way to these newest New Jerseyans is required.

Governor Christie and I are confident that you will use this report to gain a greater insight into the changing face of New Jersey's population. This understanding of our newest New Jerseyans can only enhance the excellent care they already receive in our state and the contributions that you make to New Jersey's high quality health care system.

Sincerely,

Poonam Alaigh, MD, MSHCPM, FACP  
Commissioner  
New Jersey Department of Health and Senior Services



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Suggested Citation:  
Kelly, L., Lamothe-Galette, C., Li, Y., & O'Dowd, K. *The Health of the Newest New Jerseyans: A Resource Guide*. Center for Health Statistics, Office of Policy & Strategic Planning, New Jersey Department of Health and Senior Services, Trenton, NJ. February 2011.

Acknowledgements

The authors are grateful to Maria Baron, Center for Health Statistics, for her help in generating the vital statistics data needed for this report. We appreciate the assistance of the Occupational Health Surveillance program, which provided occupational fatality data by nativity. The comments and suggestions provided by the Office of Minority and Multicultural Health and the Office of Minority and Multicultural Health Advisory Commission were invaluable.

February 2011

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# EXECUTIVE SUMMARY

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**G**overnor Chris Christie and the New Jersey Department of Health & Senior Services have a strong commitment to the health of all New Jerseyans, including our newest. The population of New Jersey is one of the most racially and ethnically diverse in the nation. An estimated 20% (1.8 million) of New Jersey residents were born outside the United States and its territories, up from approximately 15% (1.2 million) in 2000 and 13% (1.0 million) in 1990.<sup>1</sup> Foreign-born<sup>2</sup> persons moving to New Jersey were the largest source of population growth in the state between 2000 and 2008.<sup>3</sup>

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1 2009 American Community Survey 1-year estimates. State of New Jersey, Department of Labor and Workforce Development, Division of Labor Market & Demographic Research. Email, 2010.

2 This report defines "foreign-born" New Jerseyans as state residents who were born outside of the United States, Puerto Rico, Guam, or US Virgin Islands, regardless of citizenship status.

3 State of New Jersey, Department of Labor and Workforce Development, NJ interstate population migration trends. Accessed at <http://lwd.dol.state.nj.us/labor/lpa/dmograph/InterPopMigrTrends.html> on 09/30/2010.

# EXECUTIVE SUMMARY

This places New Jersey third among all states after California (27%) and New York (21%) in terms of the proportion of residents who are foreign-born.<sup>4</sup> As a result, the proportion of New Jerseyans who speak only English at home has been decreasing as well, from 75% in 2000 to 72% in 2009.<sup>5,6</sup>

This report provides an overview of demographic and geographic trends of the state's foreign-born population, and examines how nativity (birthplace) and race/ethnicity are associated with the health status of New Jersey residents. New Jersey's foreign-born and U.S.-born populations are compared in two major categories: health outcomes and health-related behaviors. These categories were derived from a set of measurements determined to be key indicators of the nation's health by the Institute of Medicine's Committee on the State of the USA Health Indicators.<sup>7</sup> This report is also informed by Healthy People 2010 (HP2010) and Healthy New Jersey 2010 (HNJ2010), both of which are health promotion and disease prevention agendas for the nation and state, respectively. Several HNJ2010 objectives were added to the HP2010 Leading Health Indicators to ensure that health areas of specific concern to New Jersey residents were also represented in this report. The impact of duration of residence in the United States on outcomes and behaviors among the foreign-born population is also assessed.

*New Jersey ranks third among all states after California and New York in terms of the proportion of residents who are foreign-born.*

Data used for this report come from four major sources: (1) American Community Survey (ACS), (2) New Jersey Bureau of Vital Statistics and Registration (NJBVSR), (3) New Jersey Behavioral Risk Factor Survey (NJBRFS), and (4) 2000 U.S. Census. Due to sample size limitations, the report excludes analyses on certain racial/ethnic groups whose sample or population size is too small to meet data quality or validity standards. Another limitation is the omission of certain leading health indicators due to the absence of nativity data. For example, measures of infectious disease and HIV/AIDS could not be included in this report due to the lack of or limited availability of nativity data. Analyses of hospitalization data are also not possible due to a lack of nativity data.

4 U.S. Census Bureau American FactFinder. 2009 American Community Survey 1-Year Estimates, Table GCT0501.

5 U.S. Census Bureau American FactFinder. 2000 Supplementary Survey Summary Tables, Table P034.

6 U.S. Census Bureau American FactFinder. 2009 American Community Survey 1-Year Estimates, Table C16001.

7 Institute of Medicine. (2009). *State of the USA Health Indicators: Letter Report*. Washington, DC: The National Academies Press

## MAJOR FINDINGS

While the overall health status of the foreign-born population resists simple categorization, there are several broad themes that emerge from an analysis of the data used in this report. Overall health outcomes for the foreign-born for many leading causes of mortality and morbidity are quite favorable. These favorable outcomes may arise from selective in- and out-migration, and from cultural practices that promote health.

*Overall health outcomes for the foreign-born for many leading causes of mortality and morbidity are quite favorable.*

While New Jersey's total foreign-born population appears to be healthier than US-born residents, the protective effect of being foreign-born varies by race/ethnicity. A lower percentage of foreign-born as compared with US-born residents report having "good or excellent" health (75% versus 87%), however this finding is driven largely by differences between foreign- and native-born Hispanics. In addition, a smaller proportion of foreign-born Blacks report good-to-excellent overall health than US-born Blacks.

Age-adjusted death rates among the foreign-born are considerably lower than among their U.S.-born counterparts for most leading causes of death, including cardiovascular disease, cancer, and diabetes. The prevalence of hypertension is also lower among foreign-born New Jerseyans than their US-born counterparts. However, foreign-born Whites have slightly higher death rates from heart disease, stroke, and diabetes than US-born Whites. Among Asians, the foreign-born have significantly higher heart disease death rates compared to their US-born counterparts, but the reverse is true for Hispanics and Blacks.

While the overall prevalence of diabetes is somewhat higher among the foreign-born (8.7% versus 7.5%), this is driven mainly by nativity differences in Asians. Foreign-born Asians also report higher prevalence of asthma than US-born Asians (9% versus 4%).

There are also differences in mortality outcomes from acute causes of death such as unintentional injury and violent death. Unintentional injury ranks higher as a leading cause of death among foreign-born residents compared to US-born, particularly among Hispanics for whom it is the third leading cause of death regardless of nativity. Homicide death is the ninth leading cause of death among foreign-born Blacks, and the tenth leading cause among U.S.-born Blacks. Homicide also ranks as the



## EXECUTIVE SUMMARY

tenth leading cause of death among foreign-born Hispanics, and twelfth among US-born Hispanics. Foreign-born Whites have higher death rates of homicide and suicide than US-born Whites. Foreign-born Whites have the highest suicide mortality rate compared to all groups even though overall suicide death rates among the foreign-born are lower compared to the US-born.

In contrast, being foreign-born has been found to be protective against select maternal and child health indicators, specifically, infant mortality rates, birth weight, and teen birth rates, for certain racial/ethnic groups. The infant mortality rate and percentage of low birth weight is significantly lower among the total foreign-born population. However, foreign-born Whites and Hispanics have significantly higher birth rates among teenage mothers than their respective US-born counterparts. Birth rates among teen mothers are highest among foreign-born Hispanics as compared to all racial, ethnic and nativity groups.

The foreign-born also have lower rates of negative health-related behaviors such as smoking, binge drinking, and drug use. However, an exception is found among foreign-born Asians, a greater proportion of whom smoke compared to US-born Asians. Also, no nativity differences in binge drinking prevalence are found among Hispanics.

Some data suggest that as the foreign-born spend more time in the United States, some of their health advantages erode. Foreign-born Whites and Blacks who have been in the U.S. for 10-14 years are more likely to have been diagnosed with hypertension, compared to those residing in the U.S. for less than 10 years; the reverse is true among Asians. Meanwhile, the prevalence of hypertension among Hispanics is consistent regardless of duration in the U.S. Variations between foreign-born racial/ethnic groups are also found when analyzing weight control measures and negative health-related behaviors by duration of residence in the U.S. For example, a greater proportion of Asians and Hispanics are obese after ten years of residence compared to their respective racial/ethnic counterparts residing here for a shorter length of time. Smoking and binge drinking have been shown to increase with duration of residence among foreign-born Blacks, Asians, and Hispanics.

Despite the variations in health status, outcomes, and behaviors within racial/ethnic groups by nativity, overall foreign-born New Jersey residents emerge as being healthier compared to those who are US-born. These findings are consistent with other studies of foreign-born populations.<sup>8</sup> This somewhat paradoxical pattern has

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<sup>8</sup> Kim, M., Van Wye, G., Kerker, B., Thorpe, L., & Frieden, T.R. *The Health of Immigrants in New York City*. New York: New York City Department of Health and Mental Hygiene, 2006.

## EXECUTIVE SUMMARY

been widely observed in the United States.<sup>9</sup> This pattern reflects both selective in-migration, since the foreign-born who now live in the U.S. are thought to be healthier on average than those who do not move here, and also potentially selective out-migration, as the foreign-born who develop health problems may return to their country of origin for care and support.

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9 Antecol, H. & Bedard, K. (2006). Unhealthy Assimilation: Why do Immigrants Converge to American Health Status Levels? *Demography*, 43(2):337-360

# EXECUTIVE SUMMARY

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# 2 DEMOGRAPHIC & GEOGRAPHIC TRENDS

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Presently, the majority of New Jersey's foreign-born population resides in the northeastern region of the State. The counties with the highest percentage of foreign-born residents are Hudson, Bergen, Middlesex, Union, and Passaic. Salem County, in the southwestern corner of the state, has the lowest proportion. Among all counties in the nation, Hudson County has the third largest proportion of foreign-born residents (38%), behind Miami-Dade County, Florida (50%) and Queens County, New York (47%).<sup>1</sup> According to the 2009 American Community Survey (ACS), approximately 45% of New Jersey's foreign-born residents are from Latin America and the Caribbean, 31% are from Asia, 18% are

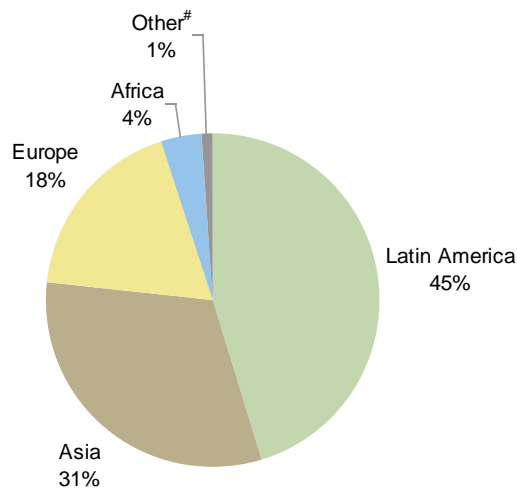
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<sup>1</sup> U.S. Census Bureau American FactFinder. 2009 American Community Survey 1-Year Estimates, Table GCT0501.

# DEMOGRAPHIC & GEOGRAPHIC TRENDS

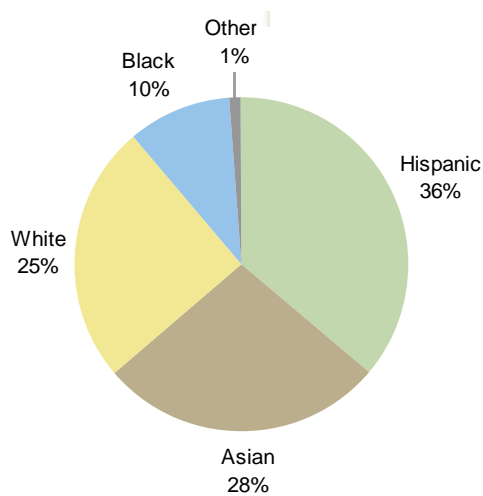
from Europe, and 4% are from Africa (Figure 2.2). In terms of race and ethnicity classification, 36% are Hispanic, 28% are Asian, 25% are White, 10% are Black, and 1% are some other race/ethnicity (Figure 2.3).

**Figure 2.2**  
Foreign-born population by region of birth, New Jersey, 2009



<sup>#</sup> Other regions include Oceania (Australia-New Zealand subregion, Melanesia, Micronesia, and Polynesia), Canada and Other North America.

**Figure 2.3**  
Foreign-born population by race/ethnicity, New Jersey, 2009

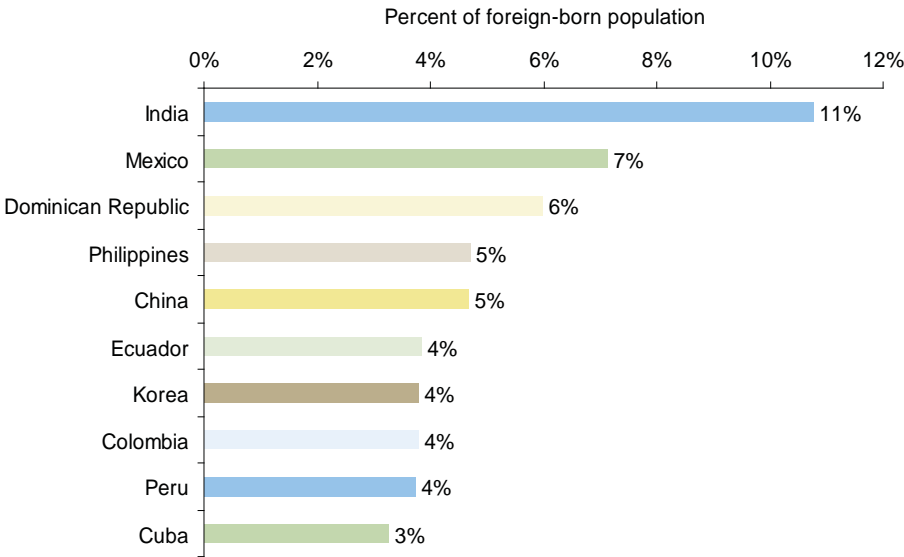


Source: American Community Survey, New Jersey, 2009

# DEMOGRAPHIC & GEOGRAPHIC TRENDS

The leading countries of origin among the foreign-born population in New Jersey are India (11%), Mexico (7%), Dominican Republic (6%), Philippines (5%), and China (5%) (Figure 2.4). Among racial/ethnic groups, a larger proportion of Asians are foreign-born by comparison with any other group. Approximately 72% of all Asians in New Jersey are foreign-born. Of all Hispanics statewide, 44% are foreign-born.

**Figure 2.4**  
**Top 10 countries of origin of the foreign-born population, New Jersey, 2009**



Source: American Community Survey, 2009

# DEMOGRAPHIC & GEOGRAPHIC TRENDS

Compared to the state’s US-born population, the foreign-born population has a larger proportion of adults in the economically productive age groups (25–64) and a much smaller proportion of individuals under 18 years of age (Table 2.1). The proportion of New Jersey’s foreign-born population with less than a high school education is more than double the proportion among US-born residents, yet more of the foreign-born population has received post-graduate education (Table 2.2). Fifty-four percent of foreign-born residents earn less than \$25,000 annually compared to 48% of US-born residents (Table 2.3).

**Tables 2.1-2.3 Demographic characteristics of the US-born and foreign-born population, New Jersey, 2009.**

**Table 2.1 Age Group**

	US-Born (%)	Foreign-Born (%)
< 18	27.8	6.6
18-24	9.1	7.2
25-44	23.6	41.2
45-64	26.0	31.9
65 +	13.5	13.0

**Table 2.2 Education (25 years or older)**

	US-Born (%)	Foreign-Born (%)
Less than High School	9.5	21.5
High School	30.9	24.8
Some College	25.4	18.0
Bachelors	21.7	21.2
Post-Graduate	12.5	14.4

**Table 2.3 Income (15 years or older)**

	US-Born (%)	Foreign-Born (%)
No Income	12.4	16.3
\$1-\$25,000	35.7	37.7
\$25k-\$50k	22.3	21.5
\$50k-\$75k	13.4	10.5
\$75,000+	16.3	13.9

Source: American Community Survey, 2009

# DEMOGRAPHIC & GEOGRAPHIC TRENDS

The most common countries of origin by racial/ethnic groups are Poland, Italy, and Portugal among Whites (29%); Haiti, Jamaica, and Guyana among Blacks (53%); India, Philippines, and Korea among Asians (67%); and Mexico, Dominican Republic, and Colombia (47%) among Hispanics (Table 2.4).

**Table 2.4**  
Total population of foreign-born residents from top 10 countries of origin by rank and race/ethnicity, New Jersey, 2008

Rank	White NH			Black NH			Asian NH			Hispanic		
	Ancestry	Popula- tion	%Total	Ancestry	Popula- tion	%Total	Ancestry	Popula- tion	%Total	Ancestry	Popula- tion	%Total
1	Poland	53,696	12.3%	Haiti	42,549	26.0%	India	177,081	37.4%	Mexico	112,162	18.0%
2	Italy	45,445	10.4%	Jamaica	33,237	20.3%	Philippines	80,014	16.9%	Dominican Republic	95,302	15.3%
3	Portugal	27,365	6.3%	Guyana	11,777	7.2%	Korea	62,196	13.1%	Colombia	77,295	12.4%
4	Brazil	25,576	5.8%	Ghana	10,804	6.6%	China	49,406	10.4%	Ecuador	75,570	12.1%
5	Germany	25,426	5.8%	Nigeria	10,754	6.6%	Pakistan	20,642	4.4%	Cuba	49,193	7.9%
6	Russia	25,088	5.7%	Trinidad & Tobago	8,793	5.4%	Vietnam	16,160	3.4%	Peru	44,682	7.2%
7	Egypt	18,754	4.3%	Liberia	6,500	4.0%	Taiwan	14,111	3.0%	Guatemala	39,583	6.3%
8	Ukraine	16,522	3.8%	Barbados	3,225	2.0%	Japan	12,884	2.7%	El Salvador	31,675	5.1%
9	Turkey	12,704	2.9%	Kenya	3,044	1.9%	Hong Kong	7,776	1.6%	Honduras	24,335	3.9%
10	England	12,211	2.8%	Sierra Leone	2,773	1.7%	Bangladesh	6,616	1.4%	Costa Rica	15,268	2.4%
	All others	174,472	39.9%	All others	30,387	18.5%	All others	27,196	5.7%	All others	59,076	9.5%
	<b>TOTAL</b>	<b>437,259</b>	<b>100.0%</b>	<b>TOTAL</b>	<b>163,843</b>	<b>100.0%</b>	<b>TOTAL</b>	<b>474,082</b>	<b>100.0%</b>	<b>TOTAL</b>	<b>624,141</b>	<b>100.0%</b>

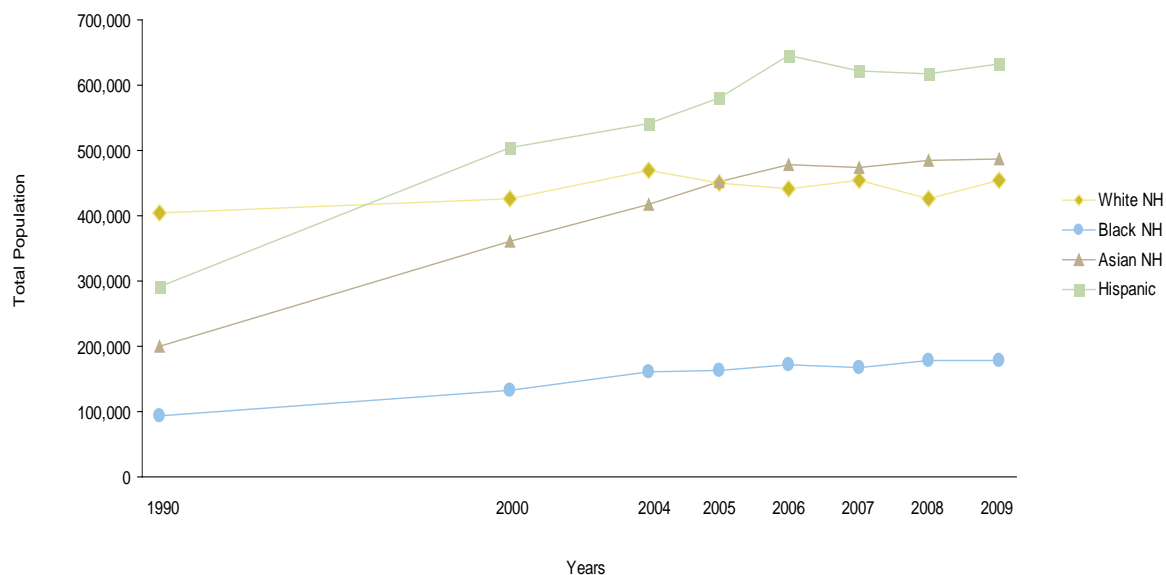
Source: American Community Survey, 2008



# DEMOGRAPHIC & GEOGRAPHIC TRENDS

Consistent with national trends, Asians and Hispanics are the fastest growing racial and ethnic groups, respectively, in New Jersey. Since 1990, the Asian foreign-born population increased 145%, followed by foreign-born Hispanics (118%) (Figure 2.5). Despite having the largest increase in population growth between 1990 and 2009, foreign-born Asians are the second largest foreign-born racial/ethnic group in New Jersey behind foreign-born Hispanics. Foreign-born Blacks had the third highest change in population growth over the last two decades (93%), but the smallest population size by 2009 compared to other racial and ethnic groups. Foreign-born Whites had the largest total population of any foreign-born racial/ethnic group in 1990, but experienced the slowest rate of growth (12%) over the same time period. By 2009, the total population of foreign-born Whites ranked third just behind that of foreign-born Asians.

**Figure 2.5.**  
Foreign-born population growth trend by race/ethnicity, New Jersey, 1990, 2000, 2004-2009

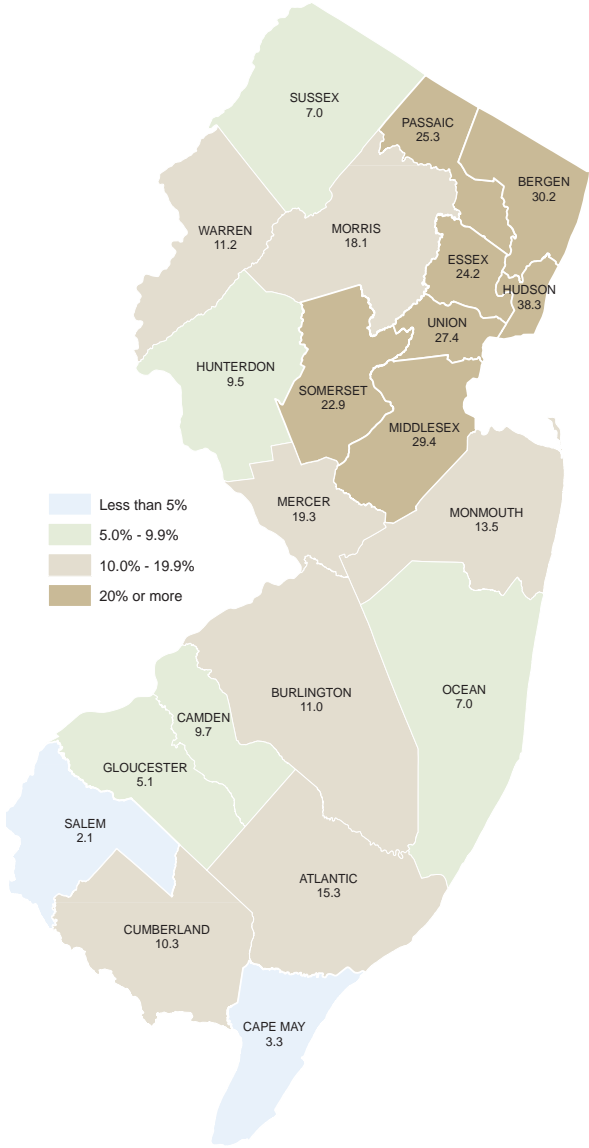


Source: Census 1990, 2000; American Community Survey, 2004-2009

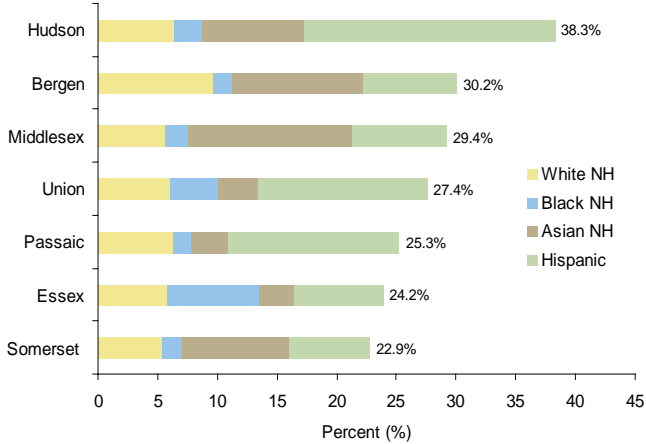
# DEMOGRAPHIC & GEOGRAPHIC TRENDS

In seven of New Jersey’s northeastern counties—Bergen, Essex, Hudson, Middlesex, Passaic, Somerset, Union—the foreign-born population accounts for more than 20% of each county’s total population (Figure 2.6). While the majority (72%) of the state’s foreign-born population resides in these seven counties, the proportions of foreign-born Whites, Blacks, Asians, and Hispanics vary between the counties (Figure 2.7).

**Figure 2.6**  
Percent of county population that is foreign-born, New Jersey, 2009



**Figure 2.7**  
Seven New Jersey counties with foreign-born populations higher than 20%, by race/ethnicity, New Jersey, 2009



Source: American Community Survey, New Jersey, 2009

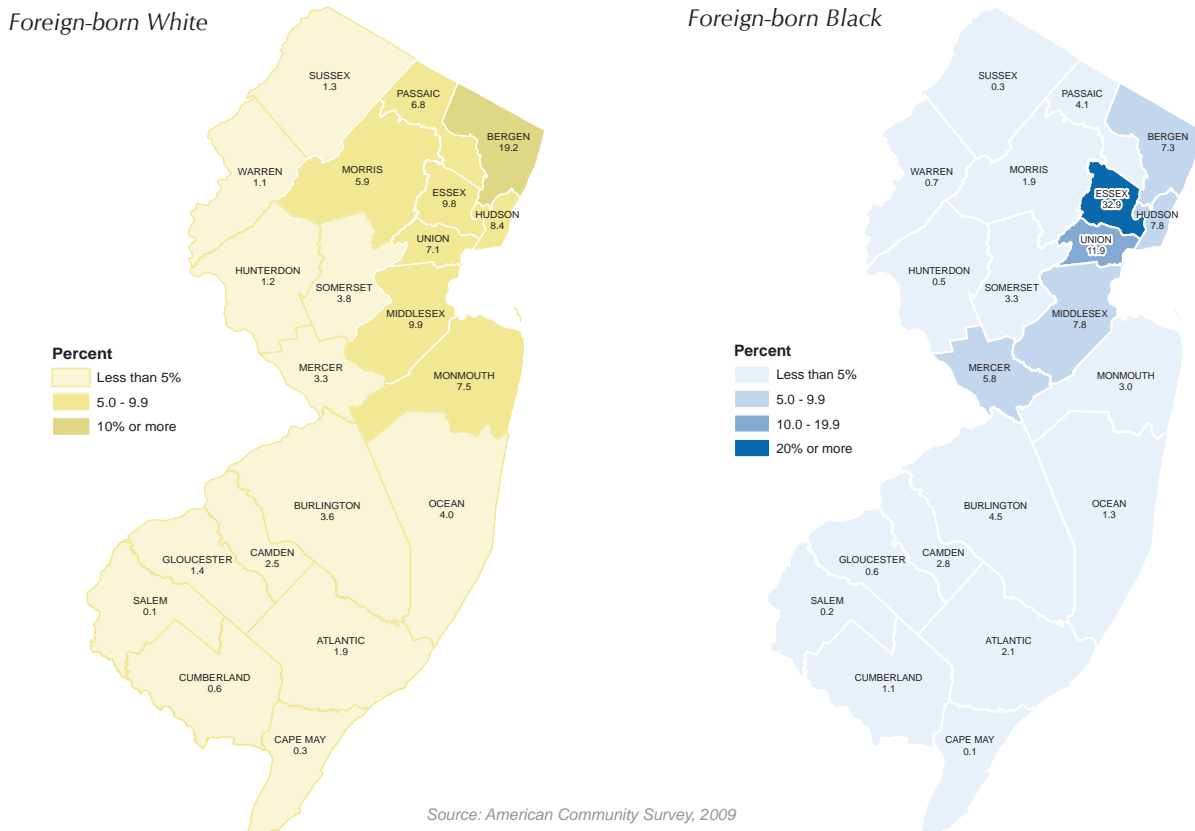
# DEMOGRAPHIC & GEOGRAPHIC TRENDS

These pages illustrate the distribution of the New Jersey's four major racial/ethnic groups across the state. Almost 20% of the state's foreign-born White population resides in Bergen County, and one-third of the foreign-born Blacks live in Essex County (Table 2.5). Lower proportions of foreign-born Whites and Blacks reside in the northwestern and southern regions of the state (Figure 2.8).

**Table 2.5**  
Top three counties of residence for foreign-born Whites and Blacks, New Jersey, 2009

Foreign-born White				Foreign-born Black			
Rank	County	Population	Percent	Rank	County	Population	Percent
1	Bergen	86,993	19.2	1	Essex	58,929	32.9
2	Middlesex	45,097	9.9	2	Union	21,374	11.9
3	Essex	44,702	9.8	3	Middlesex	13,988	7.8
Remainder of State		277,209	61.1	Remainder of State		84,947	47.4
Total Foreign-born White		454,001	100.0	Total Foreign-born Black		179,238	100.0

**Figure 2.8**  
Percent foreign-born by county of residence for Whites and Blacks, New Jersey, 2009



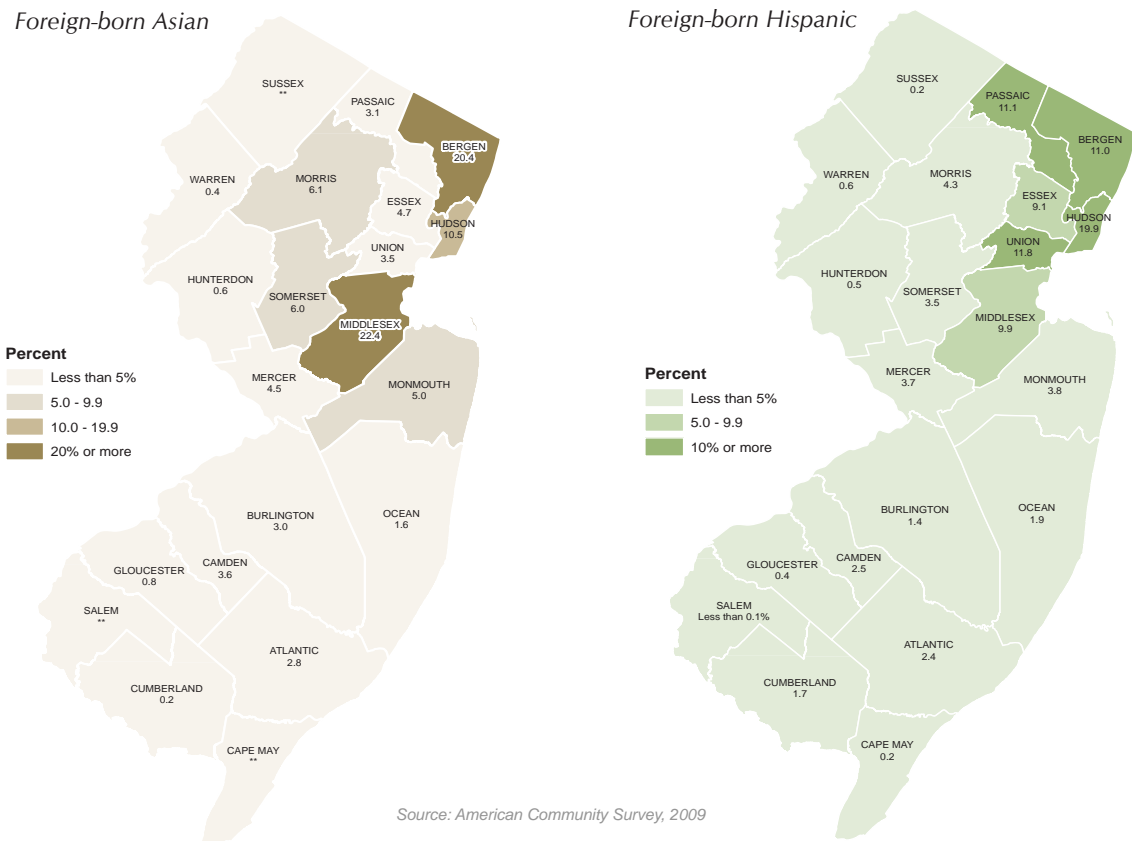
# DEMOGRAPHIC & GEOGRAPHIC TRENDS

Foreign-born Asians and Hispanics have similar geographic settlement patterns as foreign-born Whites and Blacks. Approximately 22% of the state’s foreign-born Asians reside in Middlesex County; and almost 20% of foreign-born Hispanics are residents of Hudson County (Table 2.6). Consistent with foreign-born Whites and Blacks, lower proportions of foreign-born Asians and Hispanics reside in the state’s northwestern and southern counties (Figure 2.9).

**Table 2.6**  
Top three counties of residence for foreign-born Asians and Hispanics, New Jersey, 2009

Foreign-born Asian				Foreign-born Hispanic			
Rank	County	Population	Percent	Rank	County	Population	Percent
1	Middlesex	109,223	22.4	1	Hudson	125,914	19.9
2	Bergen	99,156	20.4	2	Union	74,361	11.8
3	Hudson	51,046	10.5	3	Passaic	70,214	11.1
Remainder of State		227,510	46.7	Remainder of State		362,240	57.2
Total Foreign-born Asian		486,935	100.0	Total Foreign-born Hispanic		632,729	100.0

**Figure 2.9**  
Percent foreign-born by county of residence for Asians and Hispanics, New Jersey, 2009



# DEMOGRAPHIC & GEOGRAPHIC TRENDS

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# 3 ABOUT THIS REPORT

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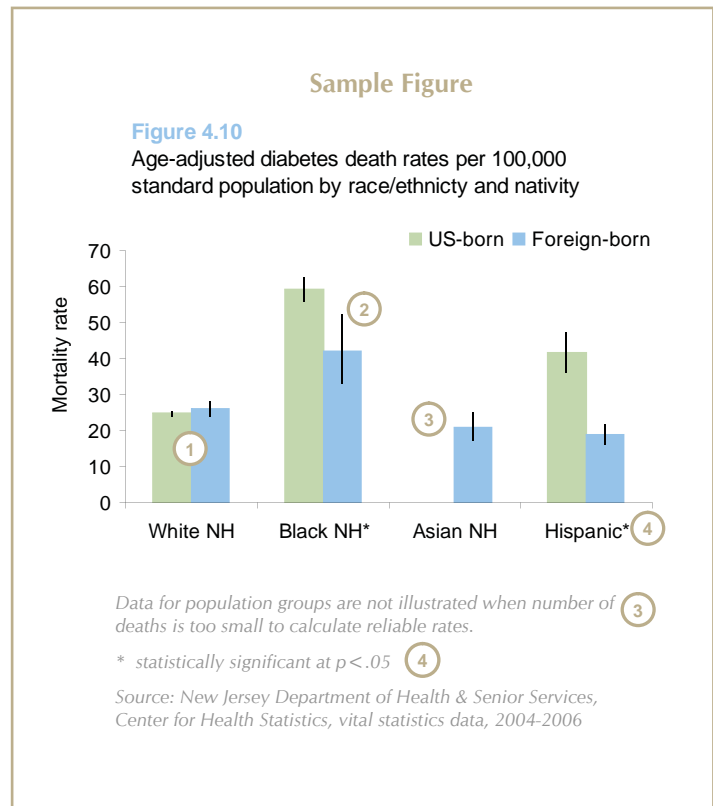
**T**his report compares health outcomes and health-related behaviors of New Jersey residents born in the U.S. to those residents who were born in other countries. Data are shown for the four largest racial/ethnic groups in New Jersey: White, Black, Asian, and Hispanic.

White, Black and Asian race groups do not include Hispanics, and are referred to in this report as “White NH” (White non-Hispanic), “Black NH” (Black non-Hispanic), and “Asian NH” (Asian non-Hispanic). The Hispanic category includes members of all race groups. This chapter provides guidance on how the figures and rates presented in the report should be interpreted. Additional information on the data, sources, and analyses applied in the development of this report can be found in the Technical Notes, Chapter 8.

# ABOUT THIS REPORT

## Interpreting Report Figures

- 1 Rates.** In the sample figure to the right, each vertical bar represents the diabetes death rate for a single race or ethnicity, and the color of the bar represents nativity. Computing a rate allows direct comparison between populations of unequal size. Rates are usually multiplied by a factor of 1,000 or 100,000 so the rate can be expressed as a whole number.
- 2 Confidence Intervals (CI) and Error Bars.** In the sample figure, each rate (vertical bar) is presented along with its 95% confidence interval, which gives the range of values we are 95% sure includes the true value. Error bars (black lines) are used to represent the CI's numerical range, with the two ends of the line representing the lower and upper limits. **Rates and CI data for all figures are shown in data tables that appear in Appendix I and II.**
- 3 Calculating the rate.** Rates computed using too few events (less than 20) are considered unreliable. Therefore they are not shown as part of the figure, and a footnote is included, instead.
- 4 Statistical significance.** Two groups are said to have a statistically significant difference in their values if their confidence intervals do not overlap. In this report, an asterisk and the footnote, *\*statistically significant at  $p < .05$* , refers to significant differences between US- and foreign-born persons.



## A Numeric Example: Deaths Due to Diabetes

In this simplified example, we'll explain how death rates are computed, how various types of rates are used, and how to interpret rates and confidence intervals. The following sample table contains data about deaths due to diabetes among Whites and Blacks. All deaths were of New Jersey residents and occurred in the three-year period 2004-2006.

**Sample Table:** Diabetes death counts and age-adjusted rates among Whites and Blacks, New Jersey, 2004-2006

Race	Count (# of deaths)	Crude Rate (per 100,000)	Age-adjusted Rate	Confidence Interval
White	5,382	32.8	24.2	(23.4, 24.9)
Black	1,434	42.0	55.3	(52.8, 57.8)

### COUNT

In New Jersey, there are four to five times as many Whites as there are Blacks, therefore there are more Whites who can die from diabetes (or any other condition).

### CRUDE RATE

The crude rate is the number of events (e.g., deaths) divided by the number of persons "at risk". Since we are combining data from multiple years in this example, "at risk" persons are the entire White population and the entire Black population, respectively, from 2004-2006. The result is then multiplied by 100,000 for ease of use.

Crude Death Rate:

$$\text{(Whites)} = 5,382 / 16,418,721 \times 100,000 = 32.8$$

$$\text{(Blacks)} = 1,434 / 3,413,074 \times 100,000 = 42.0$$

### AGE-ADJUSTED RATE

Taking into account differences in life expectancy and the age distribution within these two race groups, we use age adjusted rates and find that the death rate for every age group is higher among Blacks than among Whites. The standardized age-specific rates are then added together to get a single summary age-adjusted rate for each racial group.

### CONFIDENCE INTERVAL

A confidence interval (CI) is a range of values which span from the lower confidence limit to the upper confidence limit. These limits are represented by the two numbers that appear in parentheses in the table above. This publication reports 95% confidence intervals, which we expect will have a 95% chance of including the true value. In general, as a population or sample size increases, the width of the CI gets smaller. Estimates with smaller CIs are referred to as more "precise." Less precise estimates, such as those calculated from smaller numbers, will have wider CIs.



# ABOUT THIS REPORT

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# 4 HEALTH OUTCOMES

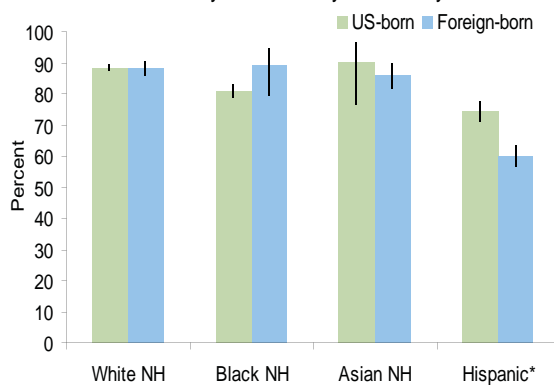
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**T**his chapter compares the health outcomes of New Jersey residents born in the United States (US-born) to state residents born in other countries (foreign-born). We report on the measures of health-related quality of life - including general health status, indicators of mental health, and disability days; prevalence of and mortality due to chronic diseases; mortality due to injury and violence; and maternal and child-related health outcomes - including infant mortality, low birthweight, and births to teenage mothers. Outcomes are shown by race/ethnicity and nativity.

## GENERAL HEALTH STATUS

### Self-rated Health

**Figure 4.1**  
Percent of adults who report good to excellent health status by race/ethnicity and nativity

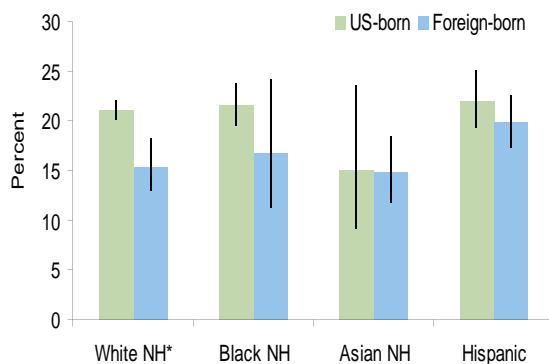


Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

HISPANICS, REGARDLESS OF NATIVITY, ARE LESS LIKELY TO REPORT EXCELLENT HEALTH STATUS COMPARED TO OTHER RACIAL/ETHNIC GROUPS (FIGURE 4.1).

### Disability Days

**Figure 4.2**  
Percent of adults experiencing one or more disability days in the past 30 by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

\* statistically significant at  $p < .05$

- Disability Days indicate the average number of days in the past 30 days that people are not able to do usual activities. US-born adults are significantly more likely to report one or more disability days compared to foreign-born adults, especially among Whites (Figure 4.2).

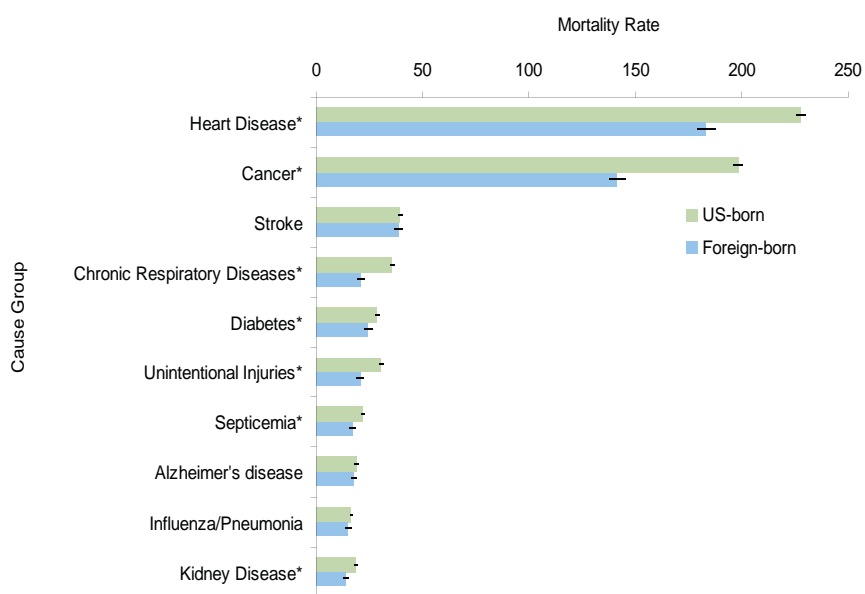
## GENERAL HEALTH STATUS, CONTINUED

### Leading Causes of Death

Overall, death rates among the foreign-born are significantly lower than among those US-born for most of the leading causes of death - except stroke, Alzheimer's disease, and influenza/pneumonia (Figure 4.3). Among Blacks and Hispanics, death rates among the foreign-born are consistently lower than death rates among the US-born for these causes of death (Appendix II, Table 4A.1). Conversely, among foreign-born Asians, the death rate for each cause of death is higher compared to US-born Asians (Appendix II, Table 4A.1).

**Figure 4.3**

Ten leading causes of death among New Jersey residents, Age-adjusted per 100,000 standard population by nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

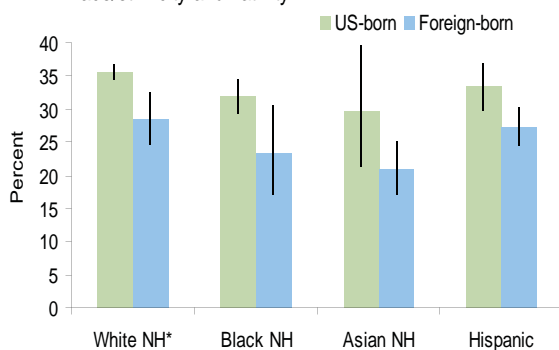
THE US-BORN AND FOREIGN-BORN POPULATIONS IN NEW JERSEY SHARE MOST OF THE STATE'S TEN LEADING CAUSES OF DEATH (FIGURE 4.3). HOWEVER, THE RANK ORDER AMONG THE LEADING CAUSES OF DEATH ARE NOT THE SAME FOR ALL RACIAL AND ETHNIC GROUPS (APPENDIX II, TABLE 4A.2).

## MENTAL HEALTH

### Mental Health Days

**Figure 4.4**

Percent of New Jersey adults who experienced one or more bad mental health days in the past 30 by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

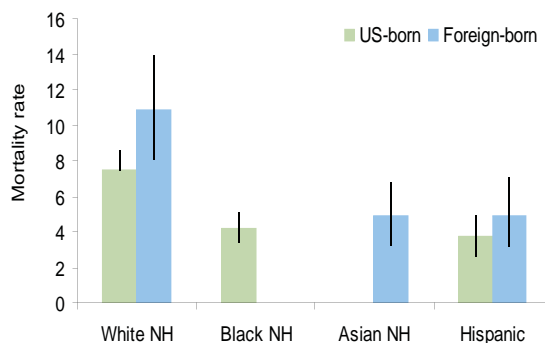
\* statistically significant at  $p < .05$

- One measure of mental health is the average number of poor mental health days in past 30 days. US-born adults are more likely to report one or more poor mental health days than foreign-born, significantly so among Whites (Figure 4.4).

### Suicide

**Figure 4.5**

Age-adjusted suicide rates per 100,000 standard population by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

Data for population groups are not illustrated when number of deaths are less than 20.

**F**OR WHITES AND HISPANICS, SUICIDE RATES ARE HIGHER AMONG THE FOREIGN-BORN POPULATION, ALTHOUGH THE DIFFERENCES ARE NOT STATISTICALLY SIGNIFICANT (FIGURE 4.5).

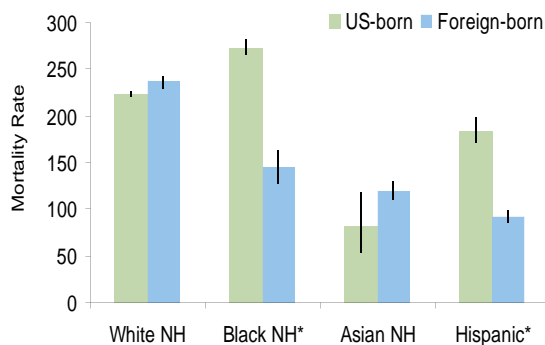
## CHRONIC DISEASE

### CARDIOVASCULAR DISEASE

Heart disease and stroke are the first and third leading causes of death in New Jersey overall.

#### Heart Disease

**Figure 4.6**  
Age-adjusted heart disease death rates per 100,000 standard population by race/ethnicity and nativity

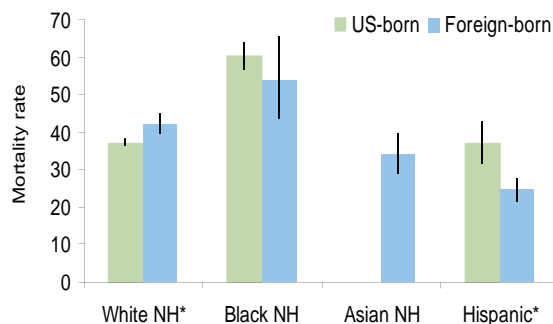


Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

- Foreign-born residents' death rates from heart disease are significantly lower among Blacks and Hispanics compared to their US-born counterparts.

#### Stroke

**Figure 4.7**  
Age-adjusted stroke death rates per 100,000 population by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

Data for population groups are not illustrated when number of deaths is too small to calculate reliable rates.

\* statistically significant at  $p < .05$

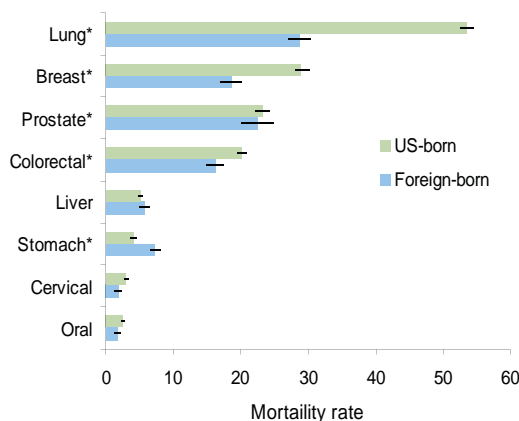
STROKE MORTALITY RATES ARE SIGNIFICANTLY HIGHER AMONG FOREIGN-BORN WHITES THAN US-BORN WHITES, BUT SIGNIFICANTLY LOWER AMONG FOREIGN-BORN HISPANICS THAN THE US-BORN HISPANIC POPULATION (FIGURE 4.7).

## CHRONIC DISEASE, CONTINUED

### Cancer

Cancer is the second leading cause of death in New Jersey overall. However, among the foreign-born Blacks, Asians, and Hispanics, it is the leading cause of death (Appendix II, Table 4A.2)

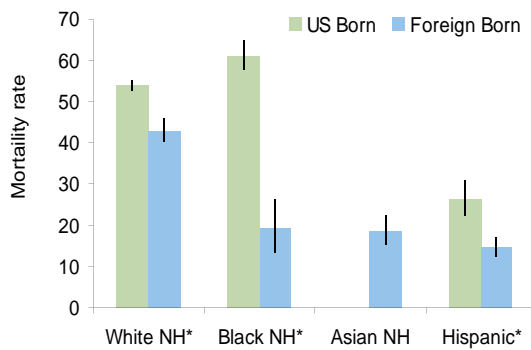
**Figure 4.8**  
Site-specific age-adjusted cancer death rates per 100,00 standard population by nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at p<.05

**Figure 4.9**  
Age-adjusted lung cancer death rates per 100,00 standard population by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

Data for population groups are not illustrated when number of deaths is too small to calculate reliable rates.

\* statistically significant at p<.05

MORTALITY RATES FROM LUNG CANCER ARE APPROXIMATELY 46% LOWER AMONG NEW JERSEY'S FOREIGN-BORN POPULATION THAN US-BORN RESIDENTS (FIGURE 4.8).

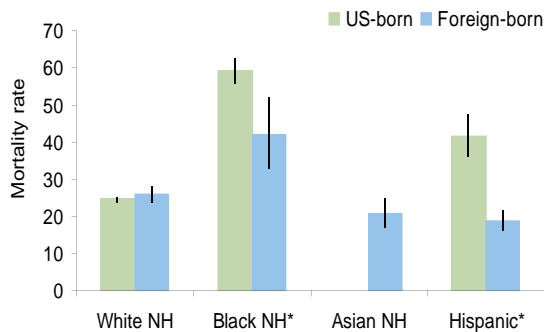
- Foreign-born Whites have higher death rates from prostate, colorectal, liver, and stomach cancer than US-born Whites (Appendix II, Table 4B).
- Lung cancer death rates among US-born Blacks are three times higher compared to foreign-born Blacks (Figure 4.9).
- US-born Hispanic death rates from lung cancer are 80% higher than those of foreign-born Hispanics. (Figure 4.9).
- Among all foreign-born racial/ethnic groups, Asians have the lowest cancer mortality rates (Appendix II, Table 4A). Yet it remains the leading cause of death for this group.

## CHRONIC DISEASE, CONTINUED

### Diabetes

Diabetes is the fifth leading cause of death among the US-born population in New Jersey, and the fourth leading cause among foreign-born state residents.

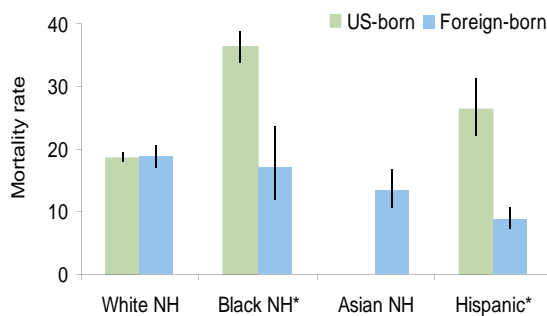
**Figure 4.10**  
Age-adjusted diabetes death rates per 100,000 standard population by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

Data for population groups are not illustrated when number of deaths is too small to calculate reliable rates.

**Figure 4.11**  
Age-adjusted cardiovascular disease death rates per 100,000 population diagnosed with diabetes by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

Data for population groups are not illustrated when number of deaths is too small to calculate reliable rates.

\* statistically significant at  $p < .05$

**F**OREIGN-BORN BLACKS AND HISPANICS HAVE SIGNIFICANTLY LOWER DEATH RATES FROM DIABETES AS COMPARED TO THEIR US-BORN COUNTERPARTS (FIGURE 4.10).

- Diabetes-related cardiovascular disease death rates among US-born Blacks are more than two times higher compared to foreign-born Blacks; and more than three times higher for US-born Hispanics than for foreign-born Hispanics (Figure 4.11).
- Blacks and Hispanics are more likely to receive a diabetes diagnosis than other racial/ethnic groups, regardless of nativity (Appendix II, Table 4C). Foreign-born Asians have substantially higher diabetes prevalence than their US-born counterparts (Appendix II, Table 4C).

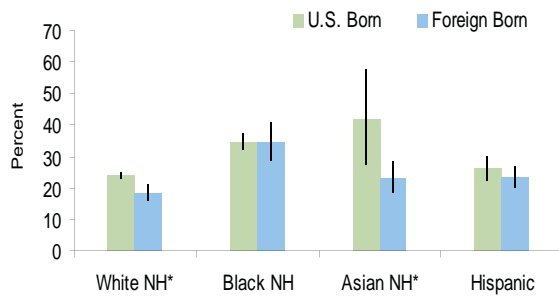


## CHRONIC DISEASE, CONTINUED

### Hypertension

**Figure 4.12**

Percent of New Jersey adults who have been diagnosed with hypertension by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

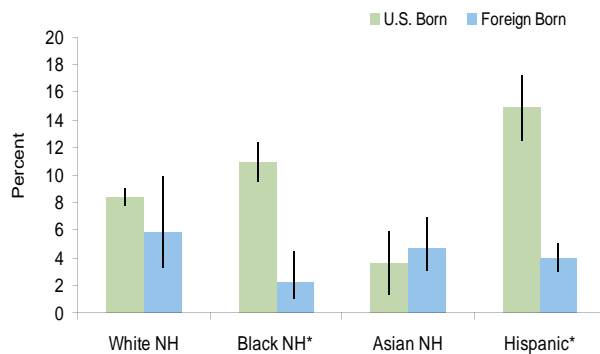
\* statistically significant at  $p < .05$

**US**-BORN ASIANS HAVE SIGNIFICANTLY HIGHER PREVALENCE OF HYPERTENSION COMPARED TO OTHER RACIAL, ETHNIC & NATIVITY GROUPS (FIGURE 4.12).

### Asthma

**Figure 4.13**

Percent of adults who currently have asthma by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

\* statistically significant at  $p < .05$

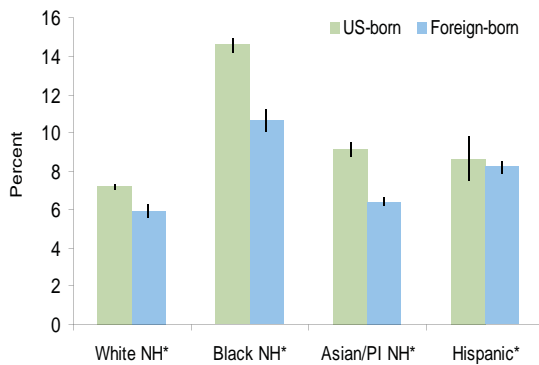
- The prevalence of asthma is significantly higher among US-born adults than foreign-born adults in New Jersey particularly among Blacks and Hispanics (Figure 4.13). The prevalence among US-born Blacks compared to foreign Blacks is 11% vs. 2%. Among Hispanics, prevalence is 15% among US-born and 4% among foreign-born.

## MATERNAL & CHILD HEALTH

### Low Birth Weight Infant Mortality

New Jersey's foreign-born mothers have better birth weight outcomes and lower infant mortality rates, yet higher teenage pregnancy rates, compared to US-born mothers.

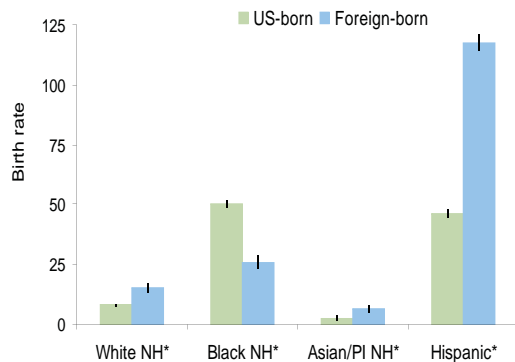
**Figure 4.14**  
Percent of infants with Low Birth Weight (<=2500 g) by mother's race/ethnicity and nativity



**A**MONG THE FOREIGN-BORN, BLACKS (10%) AND HISPANICS (8%) HAVE THE HIGHEST LOW BIRTH WEIGHT FOLLOWED BY ASIANS (6%) AND WHITES (6%) (FIGURE 4.14).

### Births to Teen Mothers

**Figure 4.15**  
Birth rate among teenage mothers ages 15 to 19 years old per 1,000 live births by race, ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

- US-born Black and Hispanics have a significantly higher infant death rate than their foreign-born counterparts. Infant death rates are highest among Black mothers and lowest among White mothers, regardless of nativity (Appendix II, Table 4D).

- The birth-rate among foreign-born teens is twice the rate among US-born mothers ages 15 to 19. Foreign-born Hispanics have the highest teen birth rate compared to all groups, while US-born Asians have the lowest. In contrast to other racial/ethnic groups, the US-born Black teen birth rate is higher than the rate among foreign-born Blacks (Figure Table 4.15).

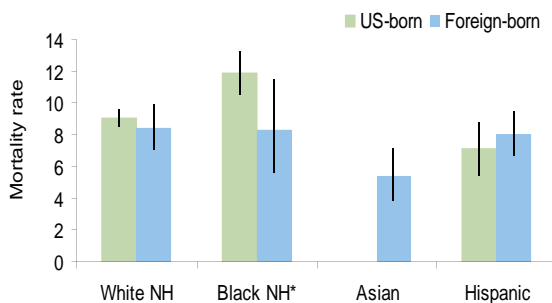
## INJURY & VIOLENCE

Unintentional injury, including motor vehicle deaths, occupational injury, and falls among seniors, is the sixth leading cause of death for New Jersey residents. Motor-vehicle related injury deaths and homicide rates occur at a slightly lower rate among foreign-born compared to the US-born. Homicide is among the top 10 leading causes of death among foreign-born Blacks and Hispanics.

### Motor Vehicle Deaths

**Figure 4.16**

Age-adjusted motor vehicle related death rates per 100,000 standard population by race/ethnicity and nativity



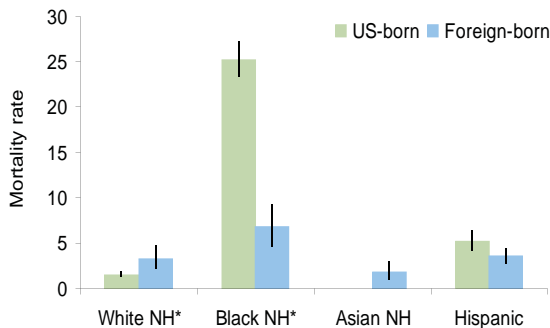
Data for population groups are not illustrated when number of deaths is too small (n<20) to calculate reliable rates.

**H**ISPANICS ARE THE ONLY GROUP FOR WHOM FOREIGN-BORN MOTOR VEHICLE RATES EXCEED US-BORN MOTOR VEHICLE RATES (FIGURE 4.16).

### Homicide Deaths

**Figure 4.17**

Age-adjusted homicide rates per 100,000 standard population by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

Data for population groups are not illustrated when number of deaths is too small (n<20) to calculate reliable rates.

\* statistically significant at p<.05

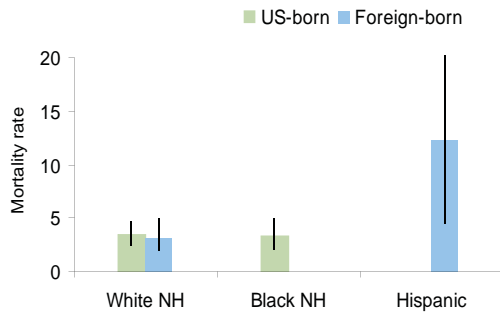
- Foreign-born Whites have higher homicide rates than US-born Whites. However, overall, foreign-born homicide rates are significantly lower than those among US-born residents. Regardless of nativity, Blacks have the highest homicide death rates, followed by Hispanics (Figure 4.17).

## INJURY & VIOLENCE, CONTINUED

### Occupational Injury Deaths

**Figure 4.18.**

Age-adjusted death rates from occupational injuries among employed persons ages 16 and older per 100,000 civilian employed persons by race/ ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Occupational Health Service, The Census of Fatal Occupational Injuries data, 2004-2006

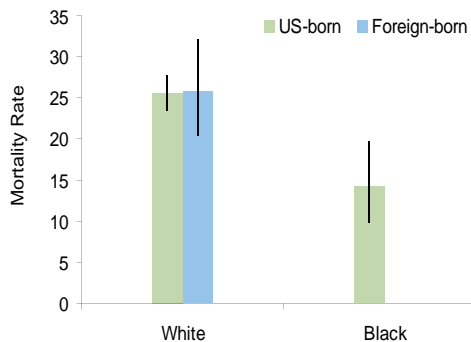
Data for racial/ethnic groups, regardless of nativity, are not illustrated when number of deaths is too small (n<20) to calculate reliable rates.

**F**OREIGN-BORN HISPANICS HAVE STRIKINGLY HIGHER DEATH RATES FROM OCCUPATIONAL INJURY COMPARED TO ALL OTHER RACIAL, ETHNIC AND NATIVITY GROUPS (FIGURE 4.18).

### Falls Mortality (Ages 65 +)

**Figure 4.19**

Fall death rates per 100,000 population aged 65 and older by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

Data for racial/ethnic groups, regardless of nativity, are not illustrated when number of deaths is too small (n<20) to calculate reliable rates.

- Fall death rates among persons ages 65 years and older are nearly identical between US-born and foreign-born Whites (Figure 4.19).

# HEALTH OUTCOMES

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# 5 HEALTH BEHAVIORS

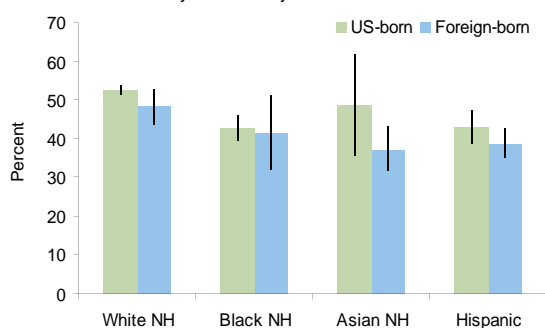
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**A**n examination of select health-related behaviors of New Jersey's US-born and foreign-born residents is conducted in this chapter. Behaviors related to obesity, physical activity, smoking, binge drinking, and drug-related mortality are considered to be among key indicators of overall health and well-being. Several types of cultural effects, including lifestyle behaviors, may have protective health benefits for the foreign-born. Overall, New Jersey's foreign-born population has more favorable health behaviors than the US-born population, but results indicate that the foreign-born advantage varies by race/ethnicity and gender.

## PHYSICAL ACTIVITY & WEIGHT CONTROL

### Physical Activity<sup>1</sup>

**Figure 5.1**  
Percent of New Jersey adults who meet recommended moderate physical activity levels by race/ethnicity and nativity

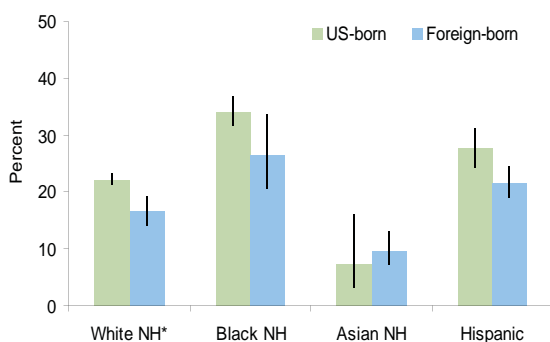


Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

- Interestingly, US-born adults more often report meeting the recommended moderate physical activity level than foreign-born adults (Figure 5.1), despite having significantly higher prevalence of obesity (Figure 5.2).
- Foreign-born Asians are the nativity group which is least likely to report meeting the moderate physical activity recommendation of 30+ minutes of exercise per day (Figure 5.1).

### Obesity<sup>2</sup>

**Figure 5.2**  
Percent of New Jersey adults who are obese by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

\* statistically significant at  $p < .05$

ALL US-BORN RACIAL/ETHNIC GROUPS EXCEPT ASIANS SHOW A HIGHER PREVALENCE OF OBESITY THAN THEIR FOREIGN-BORN COUNTERPARTS (FIGURE 5.2). THIS FINDING IS CONSISTENT FOR BOTH WOMEN AND MEN (APPENDIX II, TABLE 5A).

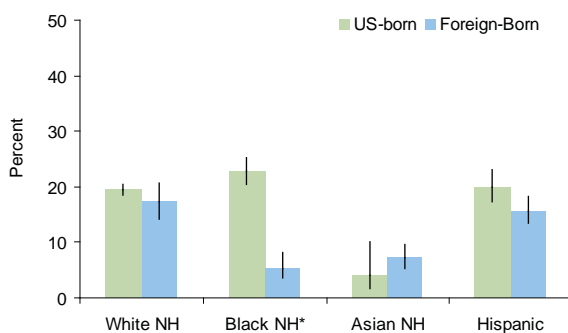
<sup>1</sup> Behavioral Risk Factor Surveillance System (BRFSS). Individuals are asked how often in a usual week (excluding work-related activity) do they perform moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate.

<sup>2</sup> Behavioral Risk Factor Surveillance System (BRFSS). Weight is estimated using the Body Mass Index (BMI) formula, weight in kilograms divided by height in meters squared. Individuals are considered "obese" if their BMI is greater than 30.

## SUBSTANCE ABUSE

### Smoking

**Figure 5.3**  
Percent of New Jersey adults who smoke by race/ethnicity and nativity

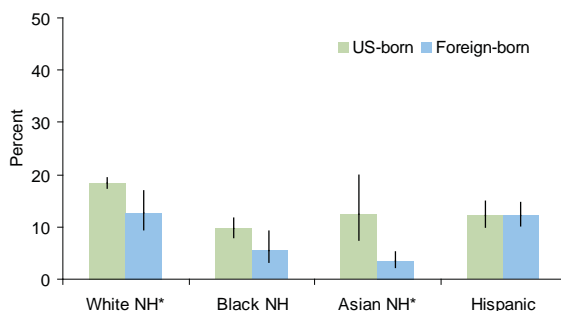


Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

\* statistically significant at  $p < .05$

### Binge Drinking Drug-related<sup>‡</sup> Death

**Figure 5.4**  
Prevalence of binge drinking in the past month among New Jersey adults by race/ethnicity and nativity



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2006-2008.

\* statistically significant at  $p < .05$

- The prevalence of smoking by most racial/ethnic groups, except Asians, is higher among the US-born than the foreign-born (Figure 5.3). Among Blacks, smoking is significantly associated with nativity regardless of sex. The association between smoking and nativity is also true for Hispanic women, but not Hispanic men (Appendix II, Table 5B).

- The consumption of 5 or more alcoholic beverages on one occasion in the past month is considered binge drinking. Foreign-born Whites and Asians are significantly less likely to report binge drinking than US-born adults (Figure 5.4). However, gender differences exist particularly among White men and Asian women. US-born White males are significantly more likely to binge drink than foreign-born White males. US-born Asian women are nearly 7 times more likely to binge drink compared to foreign-born Asian females (Appendix II, Table 5C).

- In general, US-born New Jerseyans have significantly higher rates of drug-related deaths<sup>‡</sup> than their foreign-born counterparts. Rates are significantly higher among US-born Whites and Hispanics than their foreign-born counterparts (Appendix II, Table 5D).

- <sup>‡</sup> Drug related death causes include drug overdoses, drug psychoses, drug dependence, non-dependent abuse of drugs other than alcohol or tobacco, suicide by drugs, homicidal poisoning by any drug or medication, and drug poisoning that is undetermined whether accidentally or purposefully inflicted.



# HEALTH-RELATED BEHAVIORS

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# 6 DURATION OF U.S. RESIDENCE

Several research studies<sup>1,2</sup> have shown that the duration of stay in the United States impacts the health outcomes and behaviors among foreign-born residents. Acculturation (defined as the acquisition of dominant cultural norms by members of a non-dominant group)<sup>3</sup> may be an influential determinant of health within the foreign-born population. In this chapter, we compare the health status and behaviors of foreign-born persons who have lived in the U.S. for less than 10 years, to those living in the U.S. for 10 to 14 years. Some variations in this phenomenon have been noted among certain foreign-born racial/ethnic groups in New Jersey, particularly Hispanics. Select health indicators for which variations have widely been recognized as related to length of stay in the U.S. are presented.

1 Koya, D.L., Egede, L.E. (2007). Association Between Length of Residence and Cardiovascular Disease Risk Factors Among an Ethnically Diverse Group of United States Immigrants. *Journal of General Internal Medicine*. Vol. 22(6):841–846.

2 Goel, MS, McCarthy, E.P., Phillips, R.S., Wee, C.C. (2004). Obesity Among US Immigrant Subgroups by Duration of Residence. *Journal of the American Medical Association*. Vol. 292:2860-2867.

3 Gordon-Larsen, P., Harris, K.M., Ward, D.S., Popkin, B.M. (2003). Acculturation and overweight-related behaviors among Hispanic immigrants to the US: the National Longitudinal Study of Adolescent Health. *Social Science and Medicine*. Vol. 57(11):2023-34.

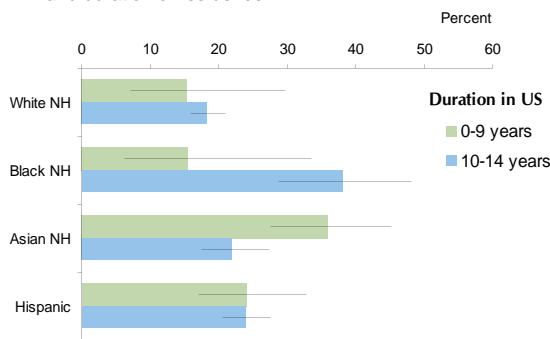
# DURATION OF U.S. RESIDENCE

## DURATION OF U.S. RESIDENCE

### Hypertension

**Figure 6.1**

Percent of foreign-born New Jersey adults who have been diagnosed with hypertension by race/ethnicity and duration of residence



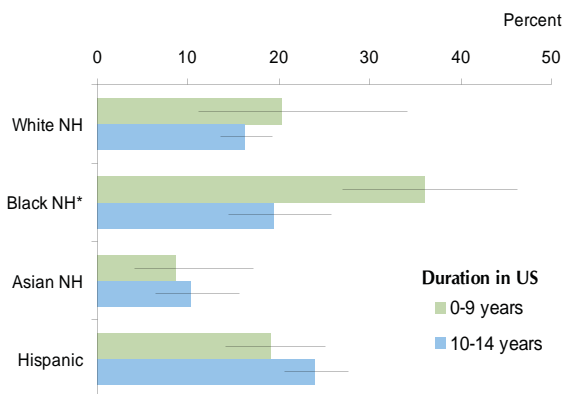
Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

WHILE HYPERTENSION PREVALENCE IS HIGHER AMONG FOREIGN-BORN WHITES AND BLACKS WITH A LONGER DURATION OF U.S. RESIDENCE, THE REVERSE IS TRUE AMONG ASIANS (FIGURE 6.1).

### Obesity

**Figure 6.2**

Percent of foreign-born New Jersey adults who are obese by race/ethnicity and duration of residence



\* statistically significant at  $p < .05$

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

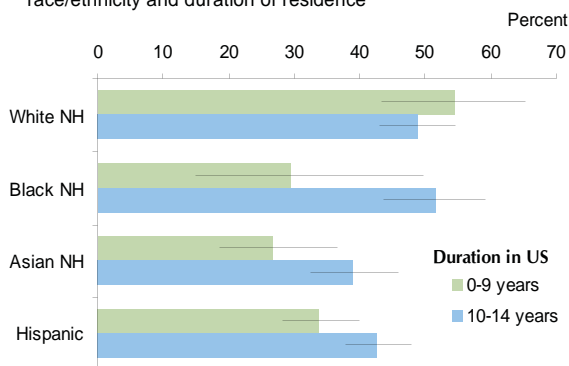
- Obesity prevalence is higher among foreign-born Asians and Hispanics the longer they reside in the U.S. The reverse is true among Whites and Blacks (Figure 6.2).

## DURATION OF U.S. RESIDENCE, CONTINUED

### Physical Activity

**Figure 6.3**

Percent of foreign-born New Jersey adults who meet recommended moderate physical activity levels by race/ethnicity and duration of residence



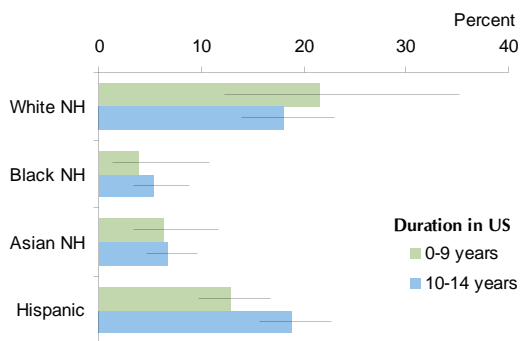
Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

- Overall, New Jersey foreign-born residents living in the US for 10-14 years are more likely to report meeting the recommended levels of moderate physical activity than those who have lived here less than 10 years. However, no significant differences were found among select racial/ethnic groups (Figure 6.3).

### Smoking

**Figure 6.4**

Percent of foreign-born New Jersey adults who smoke by race/ethnicity and duration of residence



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

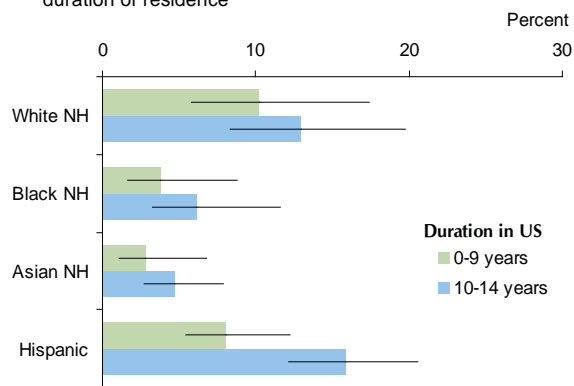
**S**MOKING TENDS TO INCREASE FOR ALMOST ALL RACIAL/ETHNIC GROUPS WITH DURATION. THE ONE EXCEPTION TO THIS FINDING IS FOUND AMONG WHITES (FIGURE 6.4).

## DURATION OF U.S. RESIDENCE, CONTINUED

### Binge Drinking

**Figure 6.5**

Prevalence of binge drinking in the past month among foreign-born New Jersey adults by race/ethnicity and duration of residence



Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2006-2008

- Binge drinking is defined as consuming five or more alcoholic drinks per occasion in the past month. Overall, the likelihood of binge drinking increases for foreign-born residents after living in the US for 10 to 14 years, but these nativity differences were not found to be significant (Figure 6.5).

# 7 DISCUSSION

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**T**he health of New Jersey's foreign-born residents increasingly impacts the state population's overall health status. More than 20% of the state's residents are foreign-born, and this population is likely to comprise an increasing proportion of the total population.

New Jersey's foreign-born population is relatively healthy. On several health outcome and behavior measures, this group is healthier than those born in the U.S. Death rates from 7 of the 10 leading causes of death (LCOD) statewide are significantly lower among this population compared to the US-born.

Foreign-born residents also have fewer poor mental health days, and lower prevalence of diabetes, hypertension, and asthma as well as lower rates of obesity, smoking, and binge drinking. Better birth outcomes with lower rates

## DISCUSSION

of low birth weight and infant mortality, and lower homicide and unintentional injury death rates are also among advantages found among the foreign-born in New Jersey.

Still, some health areas may be of greater concern within foreign-born populations. Liver and stomach cancer deaths are higher among the foreign-born, and overall cancer is the highest ranking leading cause of death among foreign-born Blacks, Asians, and Hispanics. There are additional variations in the ranking of LCODs by race/ethnicity. Kidney disease is a higher ranking leading cause of death among foreign-born Blacks, Asians, and Hispanics than among foreign-born Whites. However, foreign-born Whites are the only race of this nativity group for whom Alzheimer's disease is ranked among the top five leading causes of death. HIV disease and homicide are among the 10 leading causes of death for foreign-born Blacks and Hispanics, and suicide is the tenth leading cause of death among foreign-born Asians. Unintentional injury has lower rankings among foreign-born White, Black, and Asian populations compared to the foreign-born Hispanic community.

A look at the differences in foreign-born health outcomes based on the duration of residence in the United States (U.S.) – under 10 years versus 10 to 14 years – reveals that foreign-born residents living in the U.S. for more than ten years are more likely to adopt high risk health behaviors such as smoking and binge drinking compared to those who moved to the U.S. more recently. Overall, longer U.S.-dwelling foreign-born residents are more likely to meet moderate physical activity recommendations, yet obesity prevalence data show differing effects of duration on prevalence by racial/ethnic group. Foreign-born Whites and Blacks have lower obesity prevalence after 10 to 14 years of U.S. residence compared to those living less than 10 years in the U.S. Meanwhile, Asians and Hispanics who have lived in the U.S. longer have slightly higher rates of obesity.

Nearly two million New Jersey residents are foreign-born and speak over 100 different languages. More than three quarters of the foreign-born population is Asian, Black, or Hispanic. Each foreign-born racial and ethnic group in the state brings a unique combination of culture, language, history, and health attitudes and beliefs to the state's health care system. Acknowledging this diversity is important in assessing its impact on health outcomes and disparities, and provides an essential perspective for improving existing cultural and linguistic sensitivity and health literacy initiatives statewide. Understanding the health characteristics and challenges of these newest members of New Jersey communities is key to improving the health status of all New Jersey residents.

# 8 TECHNICAL NOTES

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**T**his section serves as a data and informational supplement to the report. The Technical Notes describe the types of methodology and analysis used, cases excluded from analysis, and multiple data sources. For this report, the term foreign-born indicates any person not born in the United States (the 50 states and Washington, D.C.) or certain territories and protectorates (Puerto Rico, Guam, and the U.S. Virgin Islands). Due to limitations in vital registration data, persons born in American Samoa and the Northern Marianas were classified as foreign-born. It is important to note that foreign-born persons may have resided in other U.S. states prior to moving to New Jersey. It should also be noted that other government entities may define foreign-born differently, such as the National Center for Health Statistics which defines US-born as only those born in the 50 states and D.C. Caution should be exercised when comparing results across data sources.



## Who is Included in this Report?

In this report, statistics for racial/ethnic groups are limited to the categories White, Black, Asian, and Hispanic. (The categories “White”, “Black”, and “Asian”, do not include Hispanics, while the Hispanic ethnicity category includes all races.) Alaska Native/American Indians, Native Hawaiian/Other Pacific Islanders, and Other non-Hispanic group data are only included in the total population data when reported in the data tables at the end of this report. For birth statistics only, Pacific Islanders are combined with Asians throughout the report, and abbreviated in the charts as “PI.”.

## Population Estimates

New Jersey population estimates were taken from the US Census Bureau, and American Community Survey (ACS) files, 2004-2006. These estimates are based on weighted data. Data were downloaded from the site at <http://www.census.gov/acs/www/Products/> and used to compile population data by nativity and race/ethnicity. Adjustments were made to the 2005 ACS population estimates to correct for an overestimation of the foreign-born population in the state.

## Leading Causes of Death

Leading causes of death (LCOD) are distinguished by comparing the numbers of deaths for a specific cause. The number of deaths are ranked chronologically in descending order to determine which causes occur most frequently for the entire population, as well as within racial and ethnic nativity groups. Rates (as defined below) are not used to assess LCOD.

## New Jersey Behavioral Risk Factor Survey (NJBFRS)

NJBFRS is currently conducted in English and Spanish. Prior to 2008, only adults living in single-family households with land lines were included in the sample, leading to under representation particularly of very low income households and younger adults. Also, for these data, statistical corrections have been made to compensate for variable response rates among subgroups defined by age, sex, and race/ethnicity, but not by other known correlates of non-response such as education and marital status.

## Statistical Methodology/Analyses

All data are reported by nativity and racial/ethnic category. New Jersey residents born in the 50 states, District of Columbia, or the territories of Puerto Rico, Guam, or the US Virgin Islands are considered US-born. Any persons born elsewhere are considered foreign-born, including those born in the US territories of American Samoa and the Northern Mariana Islands for whom separate identifying codes do not exist.

Numbers of deaths are categorized by race/ethnicity and applied to age-adjustment procedures as described below. Confidence intervals for vital statistics analyses are computed using the Byar’s method of the direct standardization of rates. These data are shown as error bars on figures throughout, and also reported in data tables in chapters 9 and 10 of this report.

## Age-Adjustment

With the exception of age-specific analyses, all rates presented are age-adjusted. The presentation of statistics in the form of rates and ratios facilitates comparisons between subgroups of a population.

In order to compare nativity, mortality, and morbidity among various ages and races or between the sexes, rates were computed for subgroups of the population. These are referred to as age-, race-, or sex-specific rates and are calculated by dividing the relevant events within a subgroup by the population of the subgroup. Death rates from specific causes were also calculated, with the numerator consisting of the deaths from the particular cause and the denominator comprised of the population at risk of the disease or condition.

The definitions of rates and ratios used in this report are as follows:

- Age-Adjusted Incidence or Death Rate — The number of events is divided by the total number of persons in the standard population to arrive at the adjusted rate. The resulting age-adjusted rate is an index number and can only be compared to other age-adjusted rates using the same standard population and cannot be compared to crude or other actual rates. The standard population used in this report for age-adjustment of rates is the United States 2000 standard million, derived from projected 2000 decennial census counts.
- Age-Specific Birth Rate – the number of resident live births to females in a specific age group per 1,000 females in the age group.
- Cause-Specific Death Rate – the number of resident deaths from a specific cause per 100,000 population.
- Occupational Death Rate – the number of resident deaths to civilian employed persons in a specific age group.

Caution should be exercised in the interpretation of rates and ratios based on small numbers. Mortality rates based on fewer than 20 deaths do not meet National Center for Health Statistics (NCHS) standards for reliability and precision and therefore have been suppressed throughout this document. NJBRFS prevalence estimates based on fewer than 20 events are also suppressed.

## Data Sources

American Community Survey, 2008, 2009 (1-year estimates). US Census Bureau: American Community Survey Office. <http://www.census.gov/acs/www/Products/>

The Census of Fatal Occupational Injuries (CFOI), New Jersey 2004-2006. New Jersey Department of Health and Senior Services, Occupational Health Service, Trenton, NJ.

Electronic Birth Registry System and Multiple Cause of Death data (Vital statistics data), 2004-2006. New Jersey Department of Health and Senior Services, Center for Health Statistics, Trenton, NJ.

New Jersey Behavioral Risk Factor Survey, 2003-2008. New Jersey Department of Health and Senior Services, Center for Health Statistics, Trenton, NJ.

US Census Bureau, 1990 & 2000 Census.

# TECHNICAL NOTES

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# Appendix I

## DATA TABLES FOR FIGURES

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**A**ppendix I contains supporting data tables for all figures presented in this report. This appendix is divided into three sections that correspond with the following chapters: Health Outcomes, Health Behaviors, and Duration of U.S. Residence. Data tables show absolute rates, and identify when significant differences in the rates occur by nativity group.

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### GENERAL HEALTH STATUS - SELF-RATED HEALTH AND DISABILITY DAYS

**Data table for Figure 4.1. Percent of adults who report good to excellent health status by race/ethnicity and nativity**

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of adults aged 18 years or older reporting good, very good, or excellent health status	White NH	88.4	(87.7, 89.0)	88.4	(86.0, 90.4)
	Black NH	81.1	(79.1, 83.0)	89.1	(79.4, 94.5)
	Asian NH	90.1	(76.8, 96.2)	86.4	(82.1, 89.8)
	Hispanic*	74.5	(71.2, 77.6)	60.0	(56.9, 63.1)
	Total*	86.6	(86.0, 87.2)	74.7	(72.9, 76.5)

**Data table for Figure 4.2. Percent of adults experiencing one or more disability days in the past 30 by race/ethnicity and nativity**

Measure	Race/Ethnicity	U.S. Born		Foreign Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of adults experiencing one or more disability days in the past 30	White NH*	21.1	(20.2, 22.0)	15.4	(13.0, 18.1)
	Black NH	21.6	(19.5, 23.8)	16.7	(11.3, 24.0)
	Asian NH	15.0	(9.3, 23.5)	14.8	(11.8, 18.3)
	Hispanic	22.0	(19.3, 25.0)	19.9	(17.4, 22.5)
	Total*	21.1	(20.3, 21.9)	17.2	(15.8, 18.8)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Factor Survey, 2003-2006

\* statistically significant at  $p < .05$

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### GENERAL HEALTH STATUS - LEADING CAUSES OF DEATH

**Data Table for Figure 4.3. Age-adjusted death rates for the 10 leading causes of death by nativity.** See Appendix II, Data Tables Without Figures, Table 3A, for data by race/ethnicity and nativity.

Causes of Death	US-Born	Foreign-Born
Heart Disease*	227.9	183.2
Cancer*	198.4	141.4
Stroke	39.5	38.5
Chronic Respiratory Disease*	35.8	20.9
Diabetes*	28.8	24.3
Unintentional Injuries*	30.3	20.6
Septicemia*	21.6	16.9
Alzheimer's Disease	18.9	17.5
Influenza & Pneumonia	16.7	15.1
Kidney Disease*	18.6	13.8
	815.6	617.0

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### MENTAL HEALTH - MENTAL HEALTH DAYS AND SUICIDE

**Data table for Figure 4.4. Percent of New Jersey adults who experienced one or more bad mental health days in the past 30 by race/ethnicity and nativity**

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of New Jersey adults who experienced one or more bad mental health days in the past 30	White NH*	35.6	(34.6, 36.6)	28.4	(24.8, 32.3)
	Black NH	31.8	(29.4, 34.4)	23.2	(17.2, 30.5)
	Asian NH	29.6	(21.3, 39.5)	20.8	(17.3, 25.0)
	Hispanic	33.3	(30.0, 36.8)	27.2	(24.6, 30.1)
	Total	34.8	(33.9, 35.7)	25.0	(23.4, 36.8)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

**Data table for Figure 4.5. Age-adjusted suicide rate by race/ethnicity and nativity**

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Age-adjusted suicide death rate per 100,000 population	White NH	8.0	(7.5, 8.5)	10.8	(8.1, 13.9)
	Black NH	4.2	(3.5, 5.1)		**
	Asian NH		**	4.9	(3.3, 6.8)
	Hispanic	3.7	(2.7, 4.9)	4.9	(3.2, 7.0)
	Total	7.1	(6.7, 7.5)	6.1	(5.1, 7.2)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

\*\* The number of deaths is too small ( $n < 20$ ) to calculate a reliable rate.

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### CHRONIC DISEASE - CARDIOVASCULAR DISEASE

**Data table for Figure 4.6.** Age-adjusted heart disease death rates per 100,000 population by race/ethnicity and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Heart disease death rates per 100,000 population	White NH	223.5	(221.4, 225.6)	236.5	(230.5, 242.7)
	Black NH*	273.3	(266.2, 280.5)	144.1	(127.5, 162.0)
	Asian NH	81.7	(53.8, 117.9)	120.0	(110.4, 130.1)
	Hispanic*	184.9	(172.9, 197.4)	92.7	(87.2, 98.5)
	Total*	227.9	(225.9, 229.9)	183.2	(179.3, 187.2)

**Data table for Figure 4.7.** Age-adjusted stroke death rates per 100,000 population by race/ethnicity and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Stroke death rates per 100,000 population	White NH*	37.1	(36.3, 38.0)	42.2	(39.7, 44.8)
	Black NH	60.2	(56.9, 63.6)	53.8	(43.8, 65.2)
	Asian NH	**		34.0	(29.1, 39.4)
	Hispanic*	37.7	(31.7, 42.9)	24.4	(21.6, 27.4)
	Total	39.5	(38.7, 40.3)	38.5	(36.7, 40.4)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

\*\* The number of deaths is too small ( $n < 20$ ) to calculate a reliable rate.



# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### CHRONIC DISEASE - CANCER

**Data table for Figure 4.8. Site-specific age-adjusted cancer death rates per 100,000 population by nativity.** See Appendix II, Data Tables Without Figures, Table 4B, for data by race/ethnicity and nativity.

Cancer Site	US-Born		Foreign-Born	
	Rate	(95% CI)	Rate	(95% CI)
Lung*	53.6	(52.6,54.6)	28.7	(27.2,30.2)
Breast*	29.0	(28.1,30.0)	18.5	(17.0,20.1)
Prostate*	23.2	(22.2,24.2)	22.5	(20.2,24.9)
Colorectal*	20.1	(19.5,20.7)	16.3	(15.2,17.5)
Liver	5.1	(4.8, 5.4)	5.7	(5.1, 6.4)
Stomach*	4.1	(3.8, 4.4)	7.3	(6.6, 8.1)
Cervical	3.0	(2.7,3.3)	1.9	(1.4,2.4)
Oral	2.5	(2.3, 2.7)	1.8	(1.4, 2.2)
All Causes*	198.4	(196.5, 200.3)	141.4	(138.0,144.8)

**Data table for Figure 4.9. Age-adjusted lung cancer death rates per 100,000 population by race/ethnicity and nativity.**

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Lung cancer death rates per 100,000 population	White NH*	53.9	(52.8,55.0)	42.8	(40.2,45.6)
	Black NH*	61.2	(58.0,64.5)	19.3	(13.7,26.1)
	Asian NH		**	18.6	(15.4,22.2)
	Hispanic*	26.3	(22.4, 30.6)	14.6	(12.6,16.8)
	Total*	53.6	(52.6,54.6)	28.7	(27.2,30.2)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at p<.05.

\*\* The number of deaths is too small (n<20) to calculate a reliable rate.

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### CHRONIC DISEASE - DIABETES

**Data table for Figure 4.10. Age-adjusted diabetes death rates per 100,000 population by race/ethnicity and nativity.**

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Diabetes deaths per 100,000 population	White NH	24.7	(24.0, 25.4)	26.0	(24.0, 28.1)
	Black NH*	59.3	(56.1, 62.6)	42.0	(33.3, 52.0)
	Asian NH	**		20.9	(17.4, 24.8)
	Hispanic*	41.8	(36.6, 47.4)	19.0	(16.6, 21.7)
	Total*	28.8	(28.1, 29.5)	24.3	(22.9, 25.8)

**Data table for Figure 4.11. Age-adjusted diabetes-related cardiovascular disease death rates per 100,000 population by race/ethnicity and nativity. See Appendix II, Data Tables Without Figures, Table 4C, for percent of adults who have received a diabetes diagnosis by race/ethnicity and nativity.**

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Cardiovascular disease deaths among people diagnosed with diabetes per 100,000 population	White NH	18.6	(18.0, 19.2)	18.7	(17.0, 20.5)
	Black NH*	36.3	(33.8, 38.9)	17.0	(11.8, 23.4)
	Asian NH	**		13.5	(10.7, 16.7)
	Hispanic*	26.4	(22.2, 31.1)	8.8	(7.4, 10.4)
	Total*	20.6	(20.0, 21.2)	21.2	(15.3, 17.6)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

\*\* The number of deaths is too small ( $n < 20$ ) to calculate a reliable rate.

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### CHRONIC DISEASE - HYPERTENSION AND ASTHMA

**Data table for Figure 4.12.** Percent of adults who have been diagnosed with hypertension by race/ethnicity and nativity.

Measures	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of adults who currently have high blood pressure	White NH*	23.8	(23.0, 24.6)	18.2	(16.0, 20.7)
	Black NH	34.6	(32.2, 37.2)	34.4	(28.7, 40.6)
	Asian NH	42.0	(27.9, 57.5)	23.1	(18.8, 28.1)
	Hispanic	26.0	(22.6, 29.7)	23.5	(20.6, 26.7)
	Total	25.4	(24.6, 26.2)	23.3	(21.5, 25.2)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

**Data table for Figure 4.13.** Percent of adults who currently have asthma by race/ethnicity and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of adults who currently have asthma	White NH	8.4	(7.8, 9.1)	5.8	(3.4, 9.9)
	Black NH*	10.9	(9.5, 12.6)	2.2	(1.1, 4.4)
	Asian NH	3.6	(1.4, 9.1)	4.6	(3.1, 6.9)
	Hispanic*	14.9	(12.6, 17.6)	3.9	(3.0, 5.0)
	Total*	9.1	(8.5, 9.6)	4.2	(3.6, 5.0)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

\* statistically significant at  $p < .05$

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### MATERNAL & CHILD HEALTH - LOW BIRTH WEIGHT & BIRTHS TO TEEN MOTHERS

**Data table for Figure 4.14. Percentage of infants with Low Birth Weight (< = 2,500 g) by mother's race/ethnicity and nativity.** See Appendix II, Data Tables Without Figures, Table 4E, for infant death rates by race/ethnicity and nativity.

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of infants with birth weight less than 2,500 grams	White NH*	7.2	(6.9, 7.2)	5.9	(5.6, 6.2)
	Black NH*	14.6	(13.8, 14.6)	10.7	(10.1, 11.2)
	Asian/PI NH*	8.6	(7.5, 9.8)	6.4	(6.2, 6.6)
	Hispanic*	9.2	(8.8, 9.5)	8.2	(7.9, 8.5)
	Total*	8.8	(8.7, 8.9)	7.1	(7.0, 7.3)

**Data table for Figure 4.15. Birth rate among teenage mothers ages 15 to 19 years old per 1,000 female population ages 15 to 19 years by race/ethnicity and nativity**

Measure	Race/Ethnicity	US-born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Total number of births per 1,000 females aged 15 to 19 years old	White NH*	8.0	(7.7, 8.2)	15.0	(13.3, 16.8)
	Black NH*	50.2	(49.0, 51.5)	25.9	(23.3, 28.6)
	Asian/PI NH*	2.6	(2.0, 3.3)	6.4	(5.4, 7.6)
	Hispanic*	46.4	(45.0, 47.8)	117.6	(114.3, 121.0)
	Total*	20.1	(19.7, 20.4)	57.7	(56.2, 59.2)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

\*\* The number of deaths is too small ( $n < 20$ ) to calculate a reliable rate.

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### INJURY & VIOLENCE - MOTOR VEHICLE INJURY AND HOMICIDE DEATHS

**Data table for Figure 4.16.** Age-adjusted motor vehicle-related death rates per 100,000 standard population by race/ethnicity and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Death rate from motor vehicle related injuries per 100,000 population	White NH	8.9	(8.4, 9.4)	8.5	(7.2, 10.0)
	Black NH*	11.3	(10.1, 12.7)	5.9	(3.9, 8.5)
	Asian NH	**		5.3	(3.9, 7.0)
	Hispanic	6.6	(5.2, 8.2)	7.4	(6.2, 8.7)
	Total	8.9	(8.5, 9.3)	8.4	(7.6, 9.3)

**Data table for Figure 4.17.** Age-adjusted homicide rates per 100,000 standard population by race/ethnicity and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Death rate from homicide per 100,000 population	White NH*	1.5	(1.3, 1.7)	3.3	(2.3, 4.6)
	Black NH*	25.2	(23.4, 27.1)	6.7	(4.7, 9.2)
	Asian NH	**		1.8	(1.0, 2.9)
	Hispanic	5.2	(4.2, 6.3)	3.6	(2.9, 4.5)
	Total*	5.7	(5.4, 6.1)	3.3	(2.8, 3.8)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

\*\* The number of deaths is too small ( $n < 20$ ) to calculate a reliable rate.

# DATA TABLES FOR FIGURES

## HEALTH OUTCOMES

### INJURY & VIOLENCE - FATAL OCCUPATIONAL INJURIES AND FALL DEATHS

**Data table for Figure 4.18.** Age-adjusted death rate from occupational injuries among employed persons ages 16 and older per 100,000 civilian labor force by race/ethnicity and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Death rate from occupational injuries among employed civilians per 100,000 employed population	White NH	3.5	(2.5, 4.7)	3.2	(2.0,4.9)
	Black NH	3.3	(2.1, 4.9)	**	
	Asian NH	**		**	
	Hispanic	**		12.3	(4.5,21.6)
	Total	3.7	(2.7, 3.4)	4.8	(3.4, 6.4)

Source: New Jersey Department of Health & Senior Services, Occupational Health Service, The Census of Fatal Occupational Injuries data, 2004-2006

\*\* The number of deaths is too small (n<20) to calculate a reliable rate.

**Data table for Figure 4.19.** Fall death rates per 100,000 standard population ages 65 and older by race/ethnicity and nativity

Measure	Age	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Death rate from falls among persons aged 65+ per 100,000 population	White NH	25.6	(23.6, 27.7)	25.7	(20.4, 32.0)
	Black NH	14.2	(9.9, 19.7)	**	
	Asian NH	**		**	
	Hispanic	**		**	
	Total*	24.2	(22.4, 26.1)	19.6	(16.1, 23.6)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\*\* The number of deaths is too small (n<20) to calculate a reliable rate.

# DATA TABLES FOR FIGURES

## HEALTH-RELATED BEHAVIORS

### PHYSICAL ACTIVITY & WEIGHT CONTROL - OBESITY AND MODERATE PHYSICAL ACTIVITY

**Data table for Figure 5.1. Percent of adults who are obese by race/ethnicity and nativity.** See Appendix II, Data Tables Without Figures, Table 5A, for percent of men and women who are obese by race/ethnicity and nativity.

Measures	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percentage of persons aged 18 and older who are obese	White NH*	22.2	(21.3, 23.0)	16.5	(14.1, 19.2)
	Black NH	34.0	(31.6, 36.6)	26.5	(20.6, 33.4)
	Asian NH	7.3	(3.2, 15.9)	9.6	(7.2, 33.4)
	Hispanic	27.6	(24.4, 30.9)	21.7	(19.2, 24.4)
	Total*	23.7	(23.0, 24.5)	17.9	(16.4, 19.4)

**Data table for Figure 5.2. Percent of adults who meet recommended moderate physical activity levels by race/ethnicity and nativity**

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percentage of persons aged 18 or older who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day	White NH	52.5	(51.3, 53.7)	48.2	(43.7, 52.6)
	Black NH	42.7	(39.7, 45.8)	41.4	(32.3, 51.2)
	Asian NH	48.5	(35.7, 61.5)	37.1	(31.8, 42.9)
	Hispanic	43.0	(38.9, 47.3)	38.6	(35.2, 42.2)
	Total*	50.4	(49.4, 51.5)	40.0	(37.7, 42.3)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Factor Survey, 2005-2007

\* statistically significant at  $p < .05$

# DATA TABLES FOR FIGURES HEALTH-RELATED BEHAVIORS

## SUBSTANCE ABUSE - SMOKING AND BINGE DRINKING

**Data table for Figure 5.3. Percent of adults who smoke by race/ethnicity and nativity**

Measures	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of adults who smoke	White NH	19.5	(18.6, 20.4)	17.2	(14.2, 20.7)
	Black NH*	22.8	(20.5, 25.2)	5.4	(3.5, 8.2)
	Asian NH	4.1	(1.6, 10.0)	7.1	(5.2, 9.7)
	Hispanic	19.9	(17.2, 23.0)	15.6	(13.4, 18.2)
	Total*	19.8	(19.0, 20.5)	13.4	(12.0, 15.0)

**Data table for Figure 5.4. Age-adjusted prevalence of binge-drinking among adults by race/ethnicity and nativity**

Measures	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of adults who consumed 5+ alcoholic drinks per occasion at least once during the past month	White NH*	18.3	(17.3, 19.4)	12.8	(9.5, 16.9)
	Black NH	9.7	(8.0, 11.8)	5.5	(3.2, 9.3)
	Asian NH*	12.5	(7.5, 19.9)	3.4	(2.2, 5.3)
	Hispanic	12.2	(10.0, 14.9)	12.2	(10.1, 14.6)
	Total*	16.5	(15.7, 17.4)	9.8	(8.4, 11.2)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007 (smoking); 2006-2008 (binge drinking).

\* statistically significant at  $p < .05$

See Appendix II, Data Tables Without Figures, Table 5B, for percent of men and women who smoke by race/ethnicity and nativity.

See Appendix II, Data Tables Without Figures, Table 5C, for percent of men and women who binge drink, by race/ethnicity and nativity.

See Appendix II, Data Tables Without Figures, Table 5D, for age-adjusted drug-related death rates by race/ethnicity and nativity.



# DATA TABLES FOR FIGURES

## DURATION OF U.S. RESIDENCE

### DURATION OF U.S. RESIDENCE - HYPERTENSION AND OBESITY

**Data table for Figure 6.1.** Percent of foreign-born adults who have hypertension by duration in the U.S., race/ethnicity and nativity

Measure	Race/Ethnicity	Foreign-born Duration of U.S. Residence			
		0-9 Years		10-14 Years	
		Rate	(95% CI)	Rate	(95% CI)
Percent of foreign-born adults who have a hypertension diagnosis by duration in the U.S.	White NH	15.4	(7.2, 29.8)	18.3	(15.9, 21.0)
	Black NH	15.5	(6.2, 33.5)	38.0	(28.8, 48.2)
	Asian NH	35.9	(27.6, 45.2)	22.0	(17.5, 27.3)
	Hispanic	24.1	(17.1, 32.8)	23.9	(20.5, 27.6)
	Total	24.7	(19.0, 31.4)	23.3	(21.3, 25.5)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

\* statistically significant at  $p < .05$

**Data table for Figure 6.2.** Percent of foreign-born adults who are obese by duration in the U.S., race/ethnicity and nativity

Measure	Race/Ethnicity	Foreign-born Duration of U.S. Residence			
		0-9 Years		10-14 Years	
		Rate	(95% CI)	Rate	(95% CI)
Percent of foreign-born adults who are obese by duration in the U.S.	White NH	20.3	(11.1, 34.2)	16.3	(13.6, 19.3)
	Black NH*	36.0	(26.9, 46.2)	19.5	(14.4, 25.8)
	Asian NH	8.6	(4.1, 17.1)	10.2	(6.5, 15.7)
	Hispanic	19.1	(14.2, 25.2)	24.0	(20.7, 27.7)
	Total	17.1	(13.3, 21.8)	18.2	(16.4, 20.2)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2006-2008.

\* statistically significant at  $p < .05$

# DATA TABLES FOR FIGURES

## DURATION OF U.S. RESIDENCE

### DURATION OF U.S. RESIDENCE - PHYSICAL ACTIVITY AND SMOKING

**Data table for Figure 6.3.** Percent of foreign-born adults who meet the recommended physical activity levels by duration in the U.S. 0 to 9 years or 10 to 14 years by race/ethnicity and nativity

Measure	Race/Ethnicity	Foreign-born Duration of U.S. Residence			
		0-9 Years		10-14 Years	
		Rate	(95% CI)	Rate	(95% CI)
6.3 Percent of foreign-born adults who meet the moderate physical activity recommendation by duration in the U.S.	White NH*	20.3	(11.1, 34.2)	48.9	(43.1, 54.6)
	Black NH	36.0	(26.9, 46.2)	51.5	(43.7, 59.3)
	Asian NH*	8.6	(4.1, 17.1)	39	(32.5, 46)
	Hispanic*	19.1	(14.2, 25.2)	42.7	(37.8, 47.8)
	Total*	17.1	(13.3, 21.8)	44.1	(41.0, 47.2)

\* statistically significant at p<.05

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

**Data table for Figure 6.4.** Percent of foreign-born adults who smoke by duration in the U.S. 0 to 9 years or 10 to 14 years by race/ethnicity and nativity

Measure	Race/Ethnicity	Foreign-born Duration of U.S. Residence			
		0-9 Years		10-14 Years	
		Rate	(95% CI)	Rate	(95% CI)
6.4 Percent of foreign-born adults who smoke by duration in the U.S.	White NH	21.6	(12.3, 35.2)	18.0	(13.9, 23.0)
	Black NH	3.9	(1.3, 10.8)	5.4	(3.3, 8.8)
	Asian NH	6.3	(3.3, 11.7)	6.7	(4.7, 9.6)
	Hispanic	12.9	(9.8, 16.7)	18.9	(15.6, 22.8)
	Total	12.1	(9.6, 15.2)	14.9	(12.8, 17.4)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007.

# DATA TABLES FOR FIGURES

## DURATION OF U.S. RESIDENCE

### DURATION OF U.S. RESIDENCE - BINGE DRINKING

**Data table for Figure 6.5. Percent of foreign-born adults who binge drink by duration in the U.S. 0 to 9 years or 10 to 14 years by race/ethnicity and nativity**

Measure	Race/Ethnicity	Foreign-born Duration of U.S. Residence			
		0-9 Years		10-14 Years	
		Rate	(95% CI)	Rate	(95% CI)
Percent of foreign-born adults who consume 5 or more beverages on one occasion by duration in the U.S.	White NH	10.2	(5.8, 17.4)	13.0	(8.3, 19.8)
	Black NH	3.8	(1.6, 8.8)	6.2	(3.3, 11.6)
	Asian NH	2.8	(1.1, 6.8)	4.7	(2.7, 7.9)
	Hispanic	8.1	(5.4, 12.2)	15.9	(12.1, 20.6)
	Total*	6.9	(5.0, 9.3)	12.1	(9.7, 14.9)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2006-2008.

\* statistically significant at  $p < .05$

# Appendix II

## DATA TABLES WITHOUT FIGURES

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**M**ost of the findings in the text of this report reference a corresponding figure on the same page, but due to space limitations, some results are presented in writing only, and not accompanied by a corresponding figure. Appendix II contains reference tables for those results described without an associated figure. This appendix is divided into two sections that correspond with the following chapter names: Health Outcomes and Health Behaviors. Tables show rates by racial/ethnic group, and denote significant differences by nativity group with an asterisk.

# DATA TABLES WITHOUT FIGURES

## HEALTH OUTCOMES

### GENERAL HEALTH STATUS

#### Leading Causes of Death

**Table 4A.1.** Age-adjusted death rates for the 10 leading causes of death per 100,000 standard population by race/ethnicity and nativity, New Jersey, 2004-2006

Causes of Death	Total Population		White NH		Black NH		Asian NH		Hispanic	
	US-born	Foreign-born	US-born	Foreign-born	US-born	Foreign-born	US-born	Foreign-born	US-born	Foreign-born
Heart Disease	227.9	183.2	223.5	236.5	273.3	144.1	81.7	120.0	184.9	92.7
Cancer	198.4	141.4	196.8	193.0	238.5	126.6	102.2	92.2	133.1	88.8
Stroke	39.5	38.5	37.1	42.2	60.2	53.8	**	34.0	37.0	24.4
Chronic Respiratory Disease	35.8	20.9	36.4	28.5	34.2	**	**	12.6	29.5	11.6
Diabetes	28.8	24.3	24.7	26.0	59.3	42.0	**	20.9	41.8	19.0
Unintentional Injuries	30.3	20.6	30.0	28.5	39.2	14.0	5.7	12.0	24.7	17.1
Septicemia	21.6	16.9	19.3	19.5	41.7	22.7	**	12.0	21.8	11.8
Alzheimer's Disease	18.9	17.5	19.4	24.1	13.8	12.2	**	4.4	17.9	6.7
Influenza & Pneumonia	16.7	15.1	16.5	18.2	18.5	14.0	**	11.4	17.0	8.8
Kidney Disease	18.6	13.8	16.0	16.1	39.1	17.7	**	11.3	19.5	6.6
ALL CAUSES	815.6	617.0	783.6	790.9	1,096.3	595.2	331.2	417.6	689.2	363.5

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\*\*The number of deaths is too small ( $n < 20$ ) to calculate a reliable rate.

# DATA TABLES WITHOUT FIGURES

## HEALTH OUTCOMES

### GENERAL HEALTH STATUS

#### Leading Causes of Death

**Table 4A.2. Ranking of the 10 leading causes of death by race/ethnicity and nativity, New Jersey, 2004-2006**

Causes of Death	Total Population	Total Population		White NH		Black NH		Asian NH		Hispanic	
	Both Nativity Groups	US-born	Foreign-born	US-born	Foreign-born	US-born	Foreign-born	US-born	Foreign-born	US-born	Foreign-born
Heart Disease	1	1	1	1	1	1	2	3	2	1	2
Cancer	2	2	2	2	2	2	1	1	1	2	1
Stroke	3	3	3	3	3	4	3	**	3	6	4
Chronic Lower Respiratory Disease	4	4	6	4	4	9	**	**	8	8	6
Diabetes	5	5	4	6	6	3	4	**	4	4	5
Unintentional Injuries	6	6	5	5	7	6	5	4	5	3	3
Septicemia	7	7	7	8	8	7	7	**	6	9	7
Alzheimer's Disease	8	8	8	7	5	14	12	**	17	15	12
Influenza & Pneumonia	9	10	9	9	9	11	10	**	9	13	9
Kidney Disease	10	9	10	10	10	8	6	**	7	10	8
Suicide	11	15	11	13	16	20	**	**	10	16	11
Homicide	16	19	16	24	20	10	9	**	16	12	10
HIV disease	18	12	18	21	22	5	8	**	**	7	14
Congenital Anomalies	25	22	25	20	**	18	**	**	**	14	**
Perinatal Conditions <sup>1</sup>	29	18	29	19	**	12	**	2	**	5	**

Leading causes of death vary by race and ethnicity. Table 4A.2 includes all causes that are in the top 10 for any racial/ethnic and nativity group.

Rank is based on number of deaths.

\*\*The number of deaths is too small ( $n < 20$ ) to calculate a reliable rate and ranking. The number of US-born Asians are too small to rank reliably beyond the 4th leading cause.

<sup>1</sup> Includes: conditions which have their origin in the perinatal period, before birth through the first 28 days after birth, even though death or morbidity occurs later.

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

# DATA TABLES WITHOUT FIGURES

## HEALTH OUTCOMES

### CHRONIC DISEASE - CANCER

**Table 4B.** Age-adjusted cancer death rates by site area, race/ethnicity, and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Lung cancer death rate per 100,000 population	White NH*	53.9	(52.8, 55.0)	42.8	(40.2, 45.6)
	Black NH*	61.2	(58.0, 64.5)	19.3	(13.7, 26.1)
	Asian NH	**		18.6	(15.4, 22.2)
	Hispanic*	26.3	(22.4, 30.6)	14.6	(12.6, 16.8)
Breast cancer death rate per 100,000 females	White NH	28.5	(27.5, 29.6)	27.0	(24.1, 30.2)
	Black NH*	36.3	(33.2, 39.6)	15.4	(10.8, 21.2)
	Asian NH	**		11.2	(8.7, 14.1)
	Hispanic*	18.5	(14.6, 23.1)	10.7	(8.6, 13.1)
Prostate cancer death rate per 100,000 males	White NH*	20.8	(19.8, 21.8)	25.0	(22.0, 28.3)
	Black NH	53.4	(48.0, 59.2)	49.1	(32.2, 70.8)
	Asian NH	**		25.2	(14.9, 38.7)
	Hispanic	14.9	(9.6, 21.6)	13.6	(10.2, 17.7)
Colorectal cancer death rate per 100,000 population	White NH*	19.5	(18.9, 20.1)	22.8	(20.9, 24.8)
	Black NH*	27.2	(25.0, 29.5)	13.9	(9.4, 19.5)
	Asian NH	**		8.1	(5.9, 10.7)
	Hispanic*	17.4	(14.0, 21.3)	10.1	(8.4, 12.0)
Liver cancer death rate per 100,000 population	White NH	4.8	(4.5, 5.1)	5.9	(4.9, 7.0)
	Black NH	7.2	(6.2, 8.4)	**	
	Asian NH	**		6.2	(4.6, 8.1)
	Hispanic	6.2	(4.4, 8.4)	3.8	(2.6, 5.3)

table continued on next page.

# DATA TABLES WITHOUT FIGURES

## HEALTH OUTCOMES

### CHRONIC DISEASE - CANCER, CONTINUED.

**Table 4B continued.** Age-adjusted cancer death rates by site area, race/ethnicity, and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Stomach cancer death rate per 100,000 population	White NH*	3.6	(3.3, 3.9)	8.6	(7.4, 9.9)
	Black NH	7.4	(6.3, 8.6)	**	
	Asian NH	**		6.7	(4.9, 8.9)
	Hispanic	6.3	(4.4, 8.6)	6.1	(4.8, 7.6)
Cervical cancer death rate per 100,000 population	White NH	2.4	(2.1, 2.7)	2.3	(1.5,3.4)
	Black NH	6.0	(4.8, 7.4)	**	
	Asian NH	**		**	
	Hispanic	4.8	(3.2, 6.9)	**	
Oral cancer death rate per 100,000 population	White NH*	2.3	(2.1, 2.5)	1.0	(0.6, 1.5)
	Black NH	4.2	(3.4, 5.1)	**	
	Asian NH	**		2.0	(1.1, 3.3)
	Hispanic	**		**	

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at p<.05

\*\*The number of deaths is too small (n<20) to calculate a reliable rate.



# DATA TABLES WITHOUT FIGURES

## HEALTH OUTCOMES

### CHRONIC DISEASE - DIABETES

**Table 4C.** Percent of adults who have received a diabetes diagnosis by race/ethnicity and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of adults who currently have diabetes	White NH	6.3	(6.0, 6.7)	5.5	(4.4, 6.8)
	Black NH	12.7	(11.5, 14.1)	10.2	(6.9, 15.0)
	Asian NH	2.7	(1.0, 7.2)	9.3	(6.5, 13.0)
	Hispanic	13.9	(11.6, 16.7)	10.4	(8.9, 12.2)
	Total	7.5	(7.2, 7.9)	8.7	(7.8, 9.8)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2006-2008

### MATERNAL & CHILD HEALTH - INFANT MORTALITY

**Table 4D.** Infant death rate by mother's race/ethnicity and nativity

Measure	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Infant death rate per 1,000 live births	White NH	3.4	(3.1, 3.7)	2.5	(1.8, 3.3)
	Black NH*	12.4	(11.3, 13.5)	7.4	(5.9, 9.1)
	Asian/PI NH	**		4.0	(3.3, 4.9)
	Hispanic*	6.7	(5.7, 7.7)	4.1	(3.6, 4.6)
	Total*	5.5	(5.2, 5.8)	4.1	(3.8, 4.5)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at  $p < .05$

\*\* The number of deaths is too small ( $n < 20$ ) to calculate a reliable rate.

# DATA TABLES WITHOUT FIGURES

## HEALTH-RELATED BEHAVIORS

### PHYSICAL ACTIVITY & WEIGHT CONTROL - OBESITY

**Table 5A.** Percent of women and men who are obese by race/ethnicity and nativity

Measures	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Percent of <b>women</b> age 18 years old or older who are obese	White NH*	18.5	(17.5, 19.6)	12.3	(9.8, 15.2)
	Black NH	35.5	(32.6, 38.5)	30.8	(23.1, 39.8)
	Asian NH	6.1	(2.5, 14.4)	12.3	(8.3, 17.8)
	Hispanic	28.0	(24.2, 32.2)	22.1	(19.2, 25.3)
	Total*	21.3	(20.4, 22.2)	18.0	(16.3, 19.9)
Percent of <b>men</b> age 18 years old or older who are obese	White NH	25.8	(24.5, 27.1)	20.4	(16.5, 24.9)
	Black NH	32.1	(28.0, 36.6)	22.6	(15.4, 32.0)
	Asian NH	6.9	(2.3, 18.9)	8.5	(5.4, 12.9)
	Hispanic	26.6	(21.7, 32.0)	20.9	(17.2, 25.3)
	Total*	26.2	(25.0, 27.4)	17.6	(15.4, 19.9)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

\* statistically significant at p<.05

# DATA TABLES WITHOUT FIGURES

## HEALTH-RELATED BEHAVIORS

### SUBSTANCE ABUSE - SMOKING

**Table 5B. Percent of women and men who smoke by race/ethnicity and nativity**

Measures	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Prevalence of smoking among <b>women</b>	White NH	18.9	(17.8, 20.1)	14.9	(11.5, 19.2)
	Black NH*	19.0	(16.6, 21.5)	2.5	(1.3, 4.8)
	Asian NH	0.6	(0.1, 4.3)	3.9	(2.0, 7.3)
	Hispanic*	18.4	(15.2, 22.1)	8.7	(6.8, 11.1)
	Total	18.7	(17.8, 19.6)	8.2	(7.0, 9.6)
Prevalence of smoking among <b>men</b>	White NH	20.1	(18.7, 21.5)	19.4	(14.8, 25.1)
	Black NH*	27.9	(23.8, 32.4)	7.6	(4.5, 12.4)
	Asian NH	5.1	(2.0, 12.7)	9.7	(6.6, 13.9)
	Hispanic	21.7	(17.3, 26.9)	21.3	(17.8, 25.3)
	Total	20.9	(19.7, 22.1)	17.7	(15.4, 20.2)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2005-2007

\* statistically significant at p<.05

# DATA TABLES WITHOUT FIGURES

## HEALTH-RELATED BEHAVIORS

### SUBSTANCE ABUSE - BINGE DRINKING AND DRUG-RELATED DEATHS

**Table 5C. Percent of women and men who binge drink by race/ethnicity and nativity**

Measures	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Prevalence of binge drinking among <b>women</b>	White NH	13.4	(12.2, 14.7)	12.3	(7.5, 19.5)
	Black NH	7.6	(5.9, 9.6)	4.0	(1.6, 9.8)
	Asian NH*	14.5	(7.2, 26.8)	2.1	(0.9, 4.6)
	Hispanic	9.1	(6.9, 11.9)	7.5	(5.4, 10.3)
	Total*	12.1	(11.2, 13.1)	6.8	(5.3, 8.7)
Prevalence of binge drinking among <b>men</b>	White NH*	23.5	(21.9, 25.2)	13.7	(9.7, 18.9)
	Black NH	12.4	(9.3, 16.4)	7.3	(3.6, 14.0)
	Asian NH	11.7	(5.7, 22.6)	5.5	(3.1, 9.7)
	Hispanic	15.8	(11.9, 20.7)	16.8	(13.4, 20.8)
	Total*	21.2	(19.9, 22.6)	12.6	(10.5, 14.9)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, New Jersey Behavioral Risk Survey, 2006-2008

\* statistically significant at p<.05

**Table 5D. Age-adjusted drug-related death rates by race/ethnicity and nativity**

Measures	Race/Ethnicity	US-Born		Foreign-Born	
		Rate	(95% CI)	Rate	(95% CI)
Drug-related death rates per 100,000 population	White NH*	12.6	(12.0, 13.2)	5.0	(3.8, 6.4)
	Black NH	18.3	(16.7, 20.0)		**
	Asian NH		**		**
	Hispanic*	10.1	(8.5, 11.9)	2.4	(1.7, 3.1)
	Total*	12.7	(12.2, 13.2)	2.5	(2.1, 3.0)

Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, vital statistics data, 2004-2006

\* statistically significant at p<.05. \*\* The number of deaths is too small (n<20) to calculate a reliable rate.

*Drug-related death causes include drug overdoses, drug psychoses, drug dependence, non-dependent abuse of drugs other than alcohol or tobacco, suicide by drugs, homicidal poisoning by any drug or medication, and drug poisoning that is undetermined whether accidentally or purposefully inflicted.*

# DATA TABLES WITHOUT FIGURES

## HEALTH-RELATED BEHAVIORS

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