



Racial and Ethnic Health Disparities in New Jersey

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CHS BRIEF

Health disparities are differences in the presence of disease, health outcomes, or access to health care between specific groups of people within a community. Many racial and ethnic health disparities are highlighted through the [Healthy New Jersey 2010 objectives](#) (HNJ 2010). Recent data from HNJ 2010 which include 149 health objectives in 11 major health areas show that health outcomes are worse for blacks and Hispanics than whites and Asians in many major health areas.

In 1996, the New Jersey Legislature declared that the health conditions and circumstances below were priorities for reducing statewide health disparities. The areas are:

- ❖ Asthma
- ❖ Sexually transmitted disease
- ❖ Infant mortality
- ❖ Adult and child immunizations
- ❖ Kidney disease
- ❖ Cardiovascular disease
- ❖ HIV/AIDS
- ❖ Diabetes
- ❖ Hepatitis C
- ❖ Unintentional injuries
- ❖ Cancer
- ❖ Violence

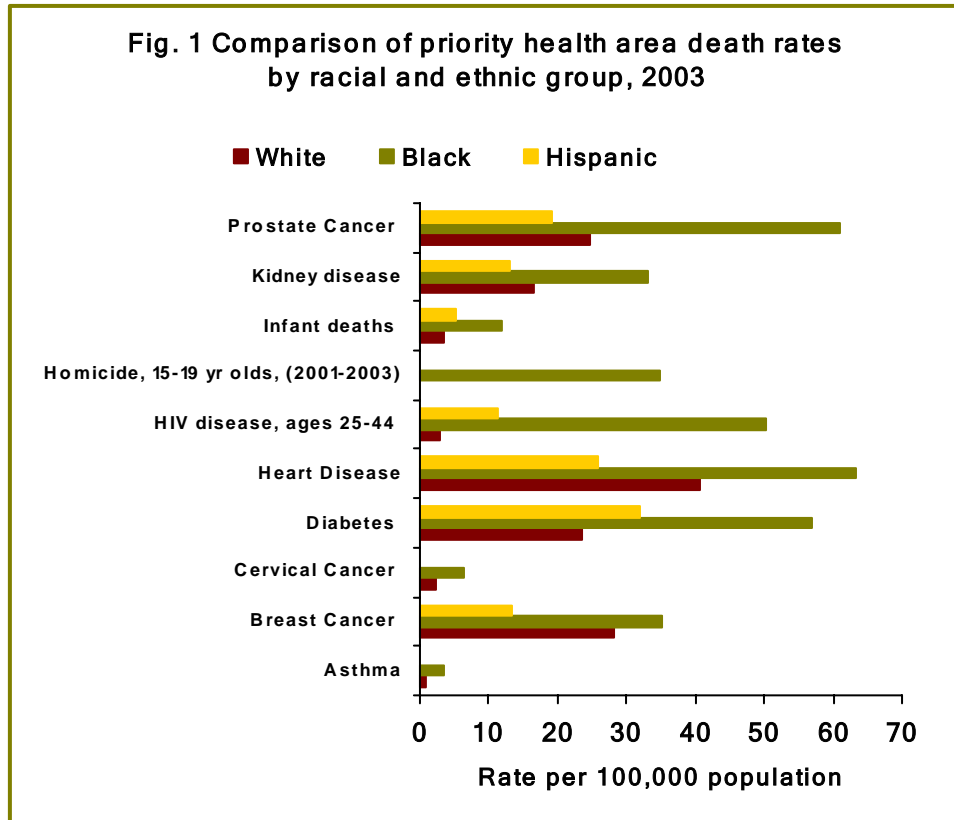
Death rates from the priority health areas show poorer outcomes among blacks and Hispanics as compared to whites in the state. For example, blacks are almost three times more likely than whites to die from prostate cancer. Blacks are also much more likely to die from other causes; nearly four times more likely from asthma, three times more likely from homicide or cervical cancer, and two times more likely from diabetes or kidney disease. In 2004, the HIV disease death rate among 25 to 44 year olds was 16 times higher for blacks. Disparities in death rates are also seen among Hispanics as compared to whites.

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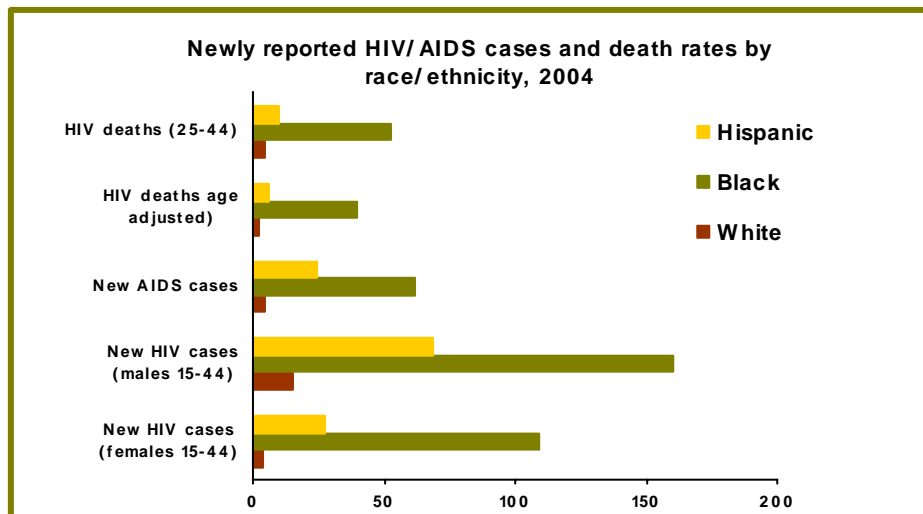
Of the health priority areas presented above, HIV/AIDS, asthma, and infant mortality show the greatest differences between racial and ethnic groups and whites. More detailed information about the disparities in these areas is presented below.

HIV/AIDS

Four HIV/AIDS related HNJ 2010 objectives best demonstrate the magnitude of health disparities between blacks and whites in 2004: 1) The rate of HIV deaths for blacks overall is 16 times higher than for whites. 2) The HIV disease death rate among 25 to 44 year olds is 11 times higher for blacks. 3) The number of new HIV cases among black females aged 15 to 44 is 27 times higher than for whites in this same age group. 4) The number of new AIDS cases for blacks was more than 14 times the number of new AIDS cases among whites the same year.

Similarly, Hispanics have higher rates of HIV and AIDS as compared to whites. The HNJ 2010 objectives data for 2004 show: 1) the number of new AIDS cases is six times higher among Hispanics than whites, 2) Hispanic females ages 15 to 44

are nearly seven times more likely than whites to test positive for HIV, and 3) Hispanic males within the same age group, 15 to 44, test positive five times more often than whites. 4) Hispanics die from HIV disease at four times the rate of whites.

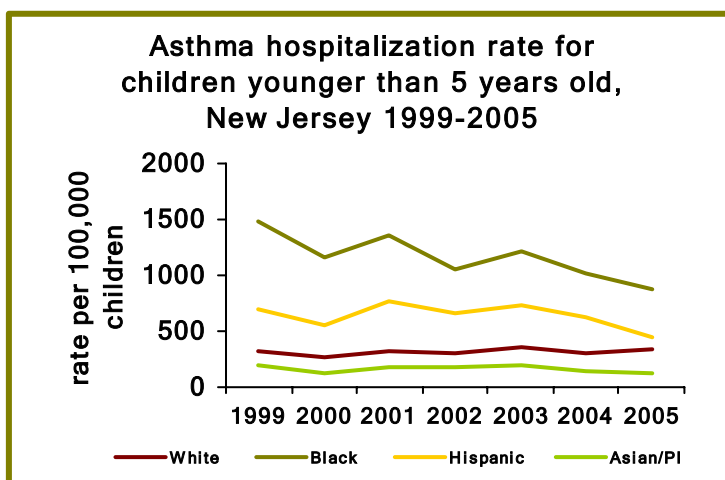


Still, there has been some success in decreasing the HIV infection and AIDS disease and death rates overall and within racial and ethnic groups. HNJ 2010 goals for decreasing death rates from HIV-related disease in the state have been met and surpassed for blacks, Hispanics, and whites.

ASTHMA

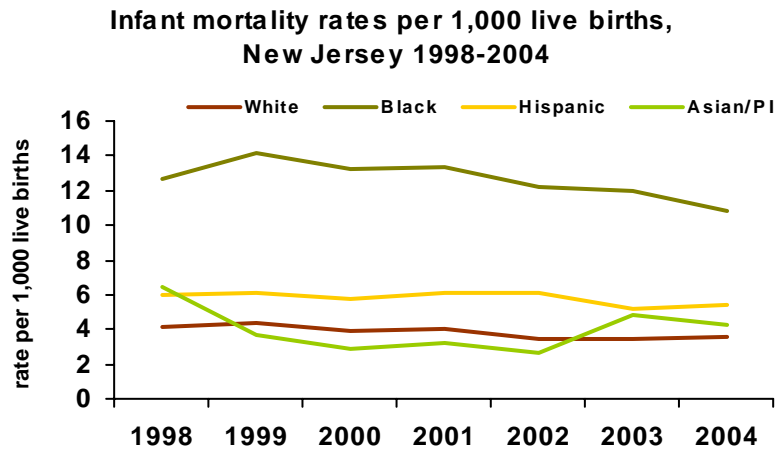
Blacks are four times more likely than whites to die from asthma and are also more likely to be hospitalized because of asthma (427.4 per 100,000 population) than whites (120.1) and Hispanics (269.1).

Among children younger than 5 years old, Hispanics are two times and blacks three times more likely than whites to be hospitalized because of asthma.



INFANT MORTALITY RATES

Infant mortality in New Jersey has declined in recent years. Whites and Hispanics have already met the HNJ 2010 goals set for the objective to reduce infant deaths in the state. However, infant mortality among blacks occurs at four times the rate of whites and more than two times that of Hispanics.



Eliminating health disparities in New Jersey

Racial and ethnic disparities in health result from a complex set of factors. Unequal access to quality care and health care systems, social and environmental conditions, socioeconomic status, care-seeking behavior, health insurance status, and many other issues are believed to contribute. More data collected by race and ethnicity is required to better understand the issues and take appropriate action to eliminate health disparities among different racial and ethnic groups. NJDHSS promotes efforts to examine the differences and improve the health status of all New Jersey residents and has drafted a comprehensive plan to reduce health disparities in the state. The NJDHSS Strategic Plan to Eliminate Health Disparities is available on line at <http://nj.gov/health/omh/documents/healthdisparityplan07.pdf>.

The N.J. Assembly Bill 655 establishes "Eliminating Health Disparities Initiative" in the Office on Minority and Multicultural Health within the New Jersey Department of Health and Senior Services to develop a comprehensive, coordinated plan to reduce health disparities between white and racial and ethnic subgroups in the state for the treatment of certain conditions or diseases.



Jon S. Corzine
Governor

The Center for Health Statistics (CHS) analyzes and disseminates New Jersey health data and information. For more information contact CHS at: (609) 588-4561 us at www.state.nj.us/health/chs