

Changing Face of New Jersey

As the third most diverse state in the nation, New Jersey is home to people from many cultures, races and ethnic groups. The face our population continues to change. The largest source of population growth since 2000 has been foreign-born residents moving to NJ. Additionally, the proportion of New Jerseyans who speak only English at home has decreased 3% from 2000 to 2007. Twenty-eight percent (or 2.3 million) of our residents speak another language at home besides English. Currently, more than 20% of NJ's population is foreign-born, and health care providers must recognize the diverse and changing health needs of this multicultural patient population in order to provide the best health care to all our residents. The leading countries of origin of these new residents include India, Mexico, Dominican Republic, Philippines and China.

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.

Some researchers suggest the early health advantages of the foreign-born could be due to cultural practices that promote health. In addition, people who come to the U.S. are thought to be healthier on average than those who don't, and the foreign-born who develop health problems in the U.S. may be more likely to move back to their place of birth than those who do not have health problems.

The length of time living in the U.S. can affect health and health behaviors. Over time, the foreign-born may adopt behaviors that have both positive and negative effects. When you look at foreign-born that have been here less than 10 years vs. those who have been in the US longer than 10 years some health indicators change. For instance, rates of hypertension and high blood pressure, higher among foreign-born Whites & Blacks with a longer duration of residence in the U.S. Additionally, smoking rates increase with duration of residence for foreign-born Blacks, Asians and Hispanics. And obesity rates for foreign-born Asians and Hispanics increase with duration of residence greater than 10 years.

Closing the Gap on Health Disparities

Unfortunately, vast differences persist in health outcomes among diverse communities. For instance, African Americans, Hispanics and Native Americans all have higher rates of asthma, diabetes, and HIV/AIDS compared to the White population. Asians have higher rates of coronary heart disease and stomach and liver cancer. Health disparities result from a complex set of factors including education, environment, language barriers, lack of health insurance, income and other socioeconomic factors.

DHSS Disparities Activities

The Department has a variety of programs that focus on reducing disparities in New Jersey.

- The Department's Office of Minority and Multicultural Health (OMMH) was established in 1990 to help people in diverse communities live longer, healthier lives and to leading the effort to reduce – and eventually eliminate – health disparities in New Jersey.
- In 2005, New Jersey became the first state to require physicians receive cultural competency education.
- We have been building on that initiative by promoting cultural sensitivity to all health care providers and ensuring we emphasize the National Standards on Culturally and Linguistically Appropriate Services.
- Our Department released its Health Disparities Strategic Plan in 2007, which we updated just last year.
- In October, our Department participated in the first South Asian Health Literacy Conference which focused on promoting efforts around improving health literacy and reducing health disparities.
- DHSS also gives out a number of grants to help reduce chronic disease such as asthma and diabetes in minority and multicultural communities.
- We are also currently developing our Healthy 2020 plan that will guide us in improving health outcomes over the next ten years.

Summary

Cultural beliefs around health and illness contribute to an individual's ability to understand and act on a health care provider's instruction. Therefore, information must be adapted in a way that is understandable by all. As physicians and health care professionals, it is important to understand patients' culture and risk factors associated with their background to properly treat them. Eliminating disparities is critical given the diversity of our state and commitment needs to be strong at all levels – local, state & national.