2009 NEW JERSEY FAMILY HEALTH SURVEY

RUTGERS
Center for State Health Policy

Health, Coverage, and Access to Care of New Jersey Immigrants

Findings from the 2009 New Jersey Family Health Survey, June 2011

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About Rutgers Center for State Health Policy

Rutgers Center for State Health Policy (CSHP) is a policy research center dedicated to helping leaders and decision-makers examine complex state health policy issues and solutions. The Center, established in 1999, is an initiative within Rutgers Institute for Health, Health Care Policy and Aging Research, and its mission is to inform, support, and stimulate sound and creative state health policy in New Jersey and around the nation.

The Center's current research focus includes:

- Access to care and coverage,
- Health systems performance improvement,
- Long-term care & support services,
- Health & long-term care workforce,
- Obesity prevention.

In order to accomplish its mission, CSHP marshals the expert resources of a major public research university to:

- Identify and analyze emerging state health policy issues,
- Conduct rigorous, impartial research on health policy issues,
- Provide objective, practical, and timely evaluation of programs and policy choices,
- Convene the health policy community in a neutral forum to promote an active exchange of ideas on critical issues,
- Educate current and future health policy makers, researchers, and administrators,
- Promote the practical application of scholarship in health policy,
- Foster wide understanding of health policy choices.

CSHP was established with a major grant from the Robert Wood Johnson Foundation. The Center is also supported by grants and contracts from other foundations, public agencies and the private sector. A selection of these funders includes: the Commonwealth Fund, the Agency for Healthcare Research & Quality, the NJ Department of Human Services, the NJ Department of Health & Senior Services, and the NJ Department of Banking & Insurance.

For more information about the Center, see our website at www.cshp.rutgers.edu.

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Acknowledgements

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The authors are solely responsible for all information, analyses, and conclusions presented in this publication.

Executive Summary

This chartbook uses data from CSHP's recently fielded New Jersey Family Health Survey to compare the state's foreign-born population to US-born New Jersey residents on a number of key indicators:

- Demographic and socioeconomic status,
- Health status,
- Health insurance coverage, and
- Health care access.

Key findings of this chartbook are:

Demographic and Socioeconomic Status

- Asians in New Jersey are the most likely of all racial/ethnic groups to be immigrants, followed by Hispanics. Hispanic and Asian adults differ greatly in terms of citizenship status. Hispanic adults are more likely than Asians to be non-citizens, while Asian adults are more likely to be naturalized citizens.
- The poverty status of immigrants displays more marked differences by citizenship than by nativity. While there is very little difference in the poverty status distribution of US-born and foreign-born citizen adults, non-citizen adults are nearly twice as likely to be low or moderate income as citizen adults. Moreover, foreign-born seniors are not disproportionately low income.
- Foreign-born citizen adults are more likely to have a college degree and be working full-time than US-born adults.
- A slim majority of foreign-born children do not speak English as their primary language at home, but a vast majority of non-citizen adults primarily use a language other than English at home.

Health Status

- Immigrant non-elderly adults and children have poorer perceived general and dental health than their US-born counterparts, though this pattern is not evident among seniors. There is not much variation in perceived mental health by nativity/citizenship.
- Across age groups, the foreign-born are less likely to report having a chronic condition such as asthma or diabetes.
- Non-citizen immigrants are the most likely to perceive some aspect of their health as fair or poor despite reporting the lowest rates of chronic conditions.
- Non-citizen, non-elderly adults who have been in the US five or more years are more likely to report having specific acute symptoms.

Health Insurance Coverage

- Immigrants in New Jersey are more likely to be uninsured than US-born residents. Thirty-four percent of immigrant children are uninsured, and 71% of non-elderly adults in the country for less than 5 years lack coverage. Hispanic non-citizens have the lowest rate of insurance coverage of all racial/ethnic groups.
- Foreign-born seniors are more likely than native born seniors to be uninsured or to lack coverage to supplement basic Medicare.
- Rates of uninsured children and adults are highest in the urban northeastern region of the state.

Access to Care

- Except among seniors, immigrants more often report perceived barriers to health care.
- Immigrants of all ages are far less likely to have a usual source of care or to have seen a doctor in the past year if they had a health problem.
- Use of the emergency department for care seen as non-urgent is rare overall and is not more frequent among immigrants than US-born state residents.
- Immigrant adults and seniors express more willingness to use safety net providers than those born in the US. Non-citizen immigrants are even more likely to report willingness, with the overwhelming majority of non-citizen immigrant adults finding use of free and public clinics acceptable.

Our findings speak to some challenges for New Jersey's health care delivery system in the coming years as the Patient Protection and Affordable Care Act (ACA) is implemented. Because having health coverage generally increases health care consumption, the large number of previously uninsured immigrants who acquire health insurance will lead to an increased demand for culturally and linguistically competent care. New Jersey is also known to have a comparatively large population of undocumented immigrants that will continue to remain ineligible for public health insurance and any financial assistance to secure private coverage. Therefore, even with the improvements in access and affordability of coverage provided by health reform, demand for charity care will remain significant and will be increasingly difficult to finance given expected reductions in federal support for uncompensated hospital care.

Overall, these findings are similar to those in other studies of the foreign-born in New Jersey and nationally. However, because of variation by race/ethnicity, age, citizenship status, insurance status, and access to care, the overall health of the foreign-born population cannot be simply summarized. For example, our data show that Hispanic non-citizens are the most likely to report some aspect of their health as fair or poor, the least likely to report a chronic condition, and the most likely to report experiencing a morbid or serious symptom. Extensive research exists on the causal pathways linking demographic characteristics and aspects of the immigrant experience with health outcomes. This literature outlines many factors influencing the reported health status of immigrants that are not controlled for in the data presented in this chartbook.

Introduction

New Jersey has long been one of the top destinations for immigrants to the United States. It is currently estimated that one in five (20%) of the state's 8.7 million residents is foreign-born, a proportion only exceeded by that in California (27%) and New York (21%).[1] A majority of New Jersey's foreign-born population entered the country in the past two decades. Approximately 28% arrived in the 1990s during two of the largest national immigration cohorts, and another 32% have arrived since 2000.[2,3]

This high share of immigrant residents in New Jersey has persisted since the start of the last decade when approximately 17.4% of the population was foreign-born.[4] The influx of international immigrants has been the greatest source of population growth since 2000 and has sustained the state's population in the face of domestic out-migration to other parts of the country. It is estimated that without international immigrant arrivals between 2002 and 2006, New Jersey would have experienced an overall population loss.[5]

Immigrants to New Jersey are racially, ethnically, and socioeconomically diverse, with a presence in every part of the state. A plurality (45%) of New Jersey's immigrants are from Latin American countries, followed by 31% from Asia, 18% from Europe, and 4% from Africa.[6] Historically, immigrants have disproportionately settled in the northeastern part of the state. The counties of Hudson, Bergen, Middlesex, Union, and Passaic still have the highest percentages of foreign-born residents in New Jersey,[6] but as immigrants have followed economic opportunities out into the suburbs, many other counties in the state have seen increases in their foreign-born populations as well.[7]

Compared to the total US foreign-born population, New Jersey has a higher percentage of European, Asian, and African immigrants, its immigrants naturalize to become US citizens faster,[8] and more of them are of working age.[6] They are also less likely to live below the poverty threshold;[9] nationally, 16% of foreign-born individuals had incomes below the poverty threshold in 2008 compared with 9.6% of the New Jersey immigrant population. Those age 25 and older are more likely than immigrants nationally to have a college degree.[10]

As a state with one of the largest foreign-born populations, New Jersey is also in the top tier nationally with respect to the total number and population percentage of undocumented immigrants. The latest estimates are that New Jersey is home to about 550,000 undocumented immigrants comprising 6.2% of the total population, making it the state with the fourth highest concentration of undocumented immigrants.[11] In addition, national data have shown that the population of US-born children of undocumented immigrants has rapidly expanded over recent years leading to a significant increase in children in mixed-status families (citizen children living with at least one undocumented immigrant parent).[12]

The striking diversity of the New Jersey immigrant population also extends to their health status and health behaviors. Prevalence of chronic diseases, unhealthy habits, and indicators of maternal and child health differ significantly between the native and foreign-born populations overall and within racial/ethnic groups. On many measures, such as death rates from heart disease, cancer, and diabetes, immigrants fare better than their US-born counterparts.[6] Yet research consistently finds that the foreign-born have lower rates of utilization of preventive services and primary care than native born Americans.[13,14] This national trend is echoed in the state by the known health care access challenges faced by immigrants.[8,15] Cultural beliefs, language barriers, degree of acculturation, poverty, racial/ethnic biases, citizenship/legal status, and insurance coverage are some of the commonly-studied factors which influence the immigrant experience with the US health care system. In light of the disproportionate disadvantages faced by immigrants, findings of positive health outcomes are often considered better than expected. This picture of immigrant health in New Jersey reflects what most studies of foreign-born populations have termed the "immigrant paradox" and testifies to the complexity of this group's health care needs.

A key access barrier to health care services is lack of health insurance coverage. Immigrants, particularly non-citizen immigrants, are more likely than those born in the US to be uninsured. Because of this, immigrants prominently figure in policy debates regarding health coverage, and New Jersey has historically been more generous than most states in providing insurance to low-income legal immigrants, especially pregnant women and children. However, immigrants eligible for public coverage in New Jersey are not always aware of this available benefit, and citizen children in mixed-status households face additional barriers to accessing coverage (see CSHP's June 2009 report on state practices regarding health coverage for immigrants).[15] Moreover, recent budget constraints have led to cutbacks in coverage for low-income immigrant parents not legally resident for at least five years, and there are no provisions in the state to provide non-emergency coverage for undocumented immigrant adults, a population nationally estimated to have an uninsurance rate of 59%.[16]

The Affordable Care Act (ACA), signed into law on March 23, 2010, aims to increase the number of people in the country with health coverage. Like native born citizens, naturalized citizens and most legal immigrants will benefit from the forthcoming changes. They are subject to the law's individual coverage mandate, are eligible for premium tax credits and cost-sharing reductions and can utilize state insurance exchanges to purchase health plans. However, the ACA maintains the current prohibition on using federal Medicaid funds to cover low-income immigrant adults residing legally in the country less than five years.[17]

Citizen and documented immigrant children of parents of undocumented status are eligible for all of the benefits provided under the ACA, if their parents are willing and able to seek these benefits on their behalf. However, undocumented immigrants, adults and children alike, are not subject to the provisions of this law. They will not be permitted to enter the exchanges to purchase coverage, nor will they be eligible to obtain tax credits to purchase insurance. Under current New Jersey policy, undocumented income-eligible immigrant children can buy into NJ FamilyCare Advantage, and all undocumented immigrants remain eligible for emergency care under federal law; however, the uninsured within this population must continue to seek non-emergency care from safety-net providers.

Immigrants are making up an increasing share of New Jersey's population. An understanding of their health needs and the impact of both state and federal health policy on this diverse group of peoples will be crucial for anticipating the challenges to the state's health care delivery system and formulating effective responses to those challenges in the coming years.

Selected Resources on New Jersey Immigrants

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.

Rosenthal M. *State Practices in Health Coverage for Immigrants: A Report for New Jersey*. New Brunswick, NJ: Rutgers Center for State Health Policy; 2009.

PEW Hispanic Center www.pewhispanic.org

US Census Bureau www.census.gov

Migration Policy Institute www.migrationpolicy.org

About the 2009 New Jersey Family Health Survey

The 2009 New Jersey Family Health Survey (NJFHS) was designed to provide population-based estimates of health care coverage, access, use, and other health topics important for New Jersey policy formulation and evaluation in the coming years. It was funded by the Robert Wood Johnson Foundation and designed and conducted by the Rutgers Center for State Health Policy (CSHP), with interviews carried out by Schulman, Ronca, & Bucuvalas, Inc. (Abt SRBI) under contract to CSHP. Survey data were collected between November 2008 and November 2009.

The NJFHS was a random-digit-dialed (RDD) telephone survey of 2,100 families with landlines and 400 families relying on cell phones residing in New Jersey. It collected information about a total of 7,336 individuals and had an overall survey response rate of 45.4% (61.7% for landlines and 26.0% for cell phones). Interviews averaged 37 minutes in length and were conducted in English and Spanish. The selected respondent was the person who was most knowledgeable about the health and health care needs of the family. This person answered questions concerning all members of the household related by blood, marriage, domestic partnership, adoption, guardianship, or foster care.

Further information on the NJFHS can be found in the appendix at the end of this chartbook along with details regarding the preparation of the survey data for this chartbook. A more comprehensive methods report on the survey, including the sampling strategy, survey administration, and weighting methodology, as well as the full text of the survey questionnaire can be found on the CSHP website at:

http://www.cshp.rutgers.edu/Downloads/8610.pdf
http://www.cshp.rutgers.edu/Downloads/8620.pdf

About the Chartbook

This chartbook describes the US-born and foreign-born populations of New Jersey in terms of their demographic characteristics, health status, health care access, and utilization. Because these characteristics differ by generational cohort, charts and tables are often broken out by age group and provide the most detailed categorizations of immigration status which sample sizes would permit. Children are those up through age 18, non-elderly adults are ages 19 to 64, and elderly adults/seniors are those age 65 or older.

All data are reported by nativity and/or citizenship. For purposes of this chartbook, "immigrant" and "foreign-born" are equivalently defined as New Jersey residents who were born outside of the United States, Puerto Rico, and other US territories, regardless of citizenship status. Children are referred to as members of an "immigrant family" if they or at least one of their parents is foreign-born. "Foreign-born citizens" and "naturalized" are also used synonymously to describe state residents who were not born in the US or any of its territories but who reported having become US citizens. "Non-citizens" refers to all foreign-born persons without naturalized citizenship status and includes both documented and undocumented immigrants (the NJFHS did not inquire about the legal status of non-citizen immigrants).

A five year cut point was used for duration of residence in the US on most charts pertaining to non-elderly adults since that is the threshold after which documented non-citizen immigrants qualify for Medicaid. New Jersey receives federal funds to help finance public health coverage for qualified immigrants residing in the country for at least five years, but receives no support for non-citizens who have been here for less time.

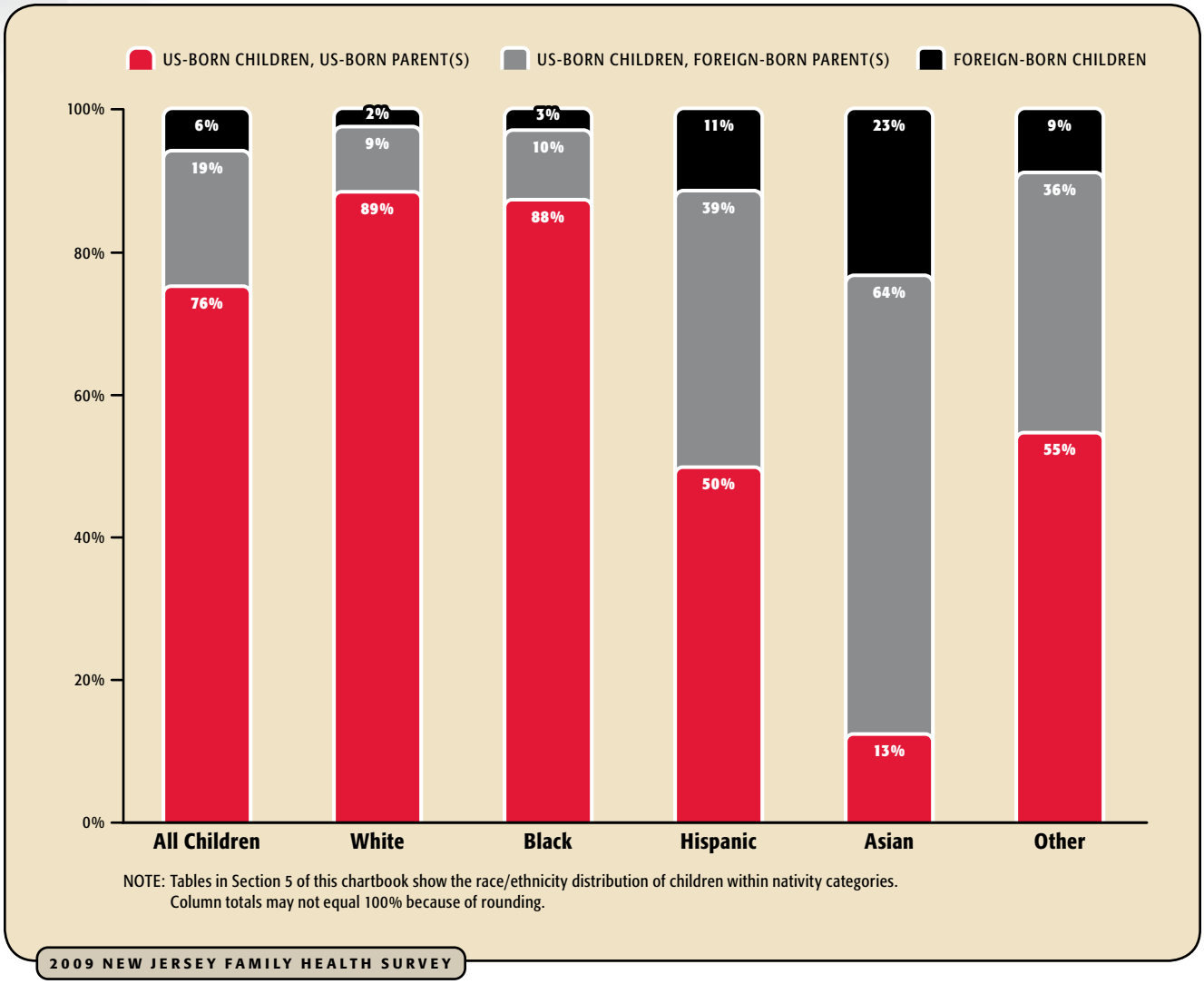
Comparisons by racial/ethnic group are reported in the categories "White", "Black", "Hispanic", "Asian", and "Other". All family members identifying Hispanic as either their race or ethnicity are classified as "Hispanic". The other racial categories are comprised of only non-Hispanic persons.

Differences highlighted in this chartbook have not been tested for statistical significance, though estimates are suppressed whenever there were 40 or fewer sample observations in a subgroup. In addition, the associations shown between immigration status and various health and access indicators are bivariate in nature and should not be interpreted as proof of a causal relationship. Factors unaccounted for may explain the observed differences.

Tables corresponding to most of the exhibits presented within and containing additional data not shown graphically in this chartbook can be found in Section 5.

LIST OF EXHIBITS

Figure 1.1
Nativity of NJ Children (0–18) by Race/Ethnicity



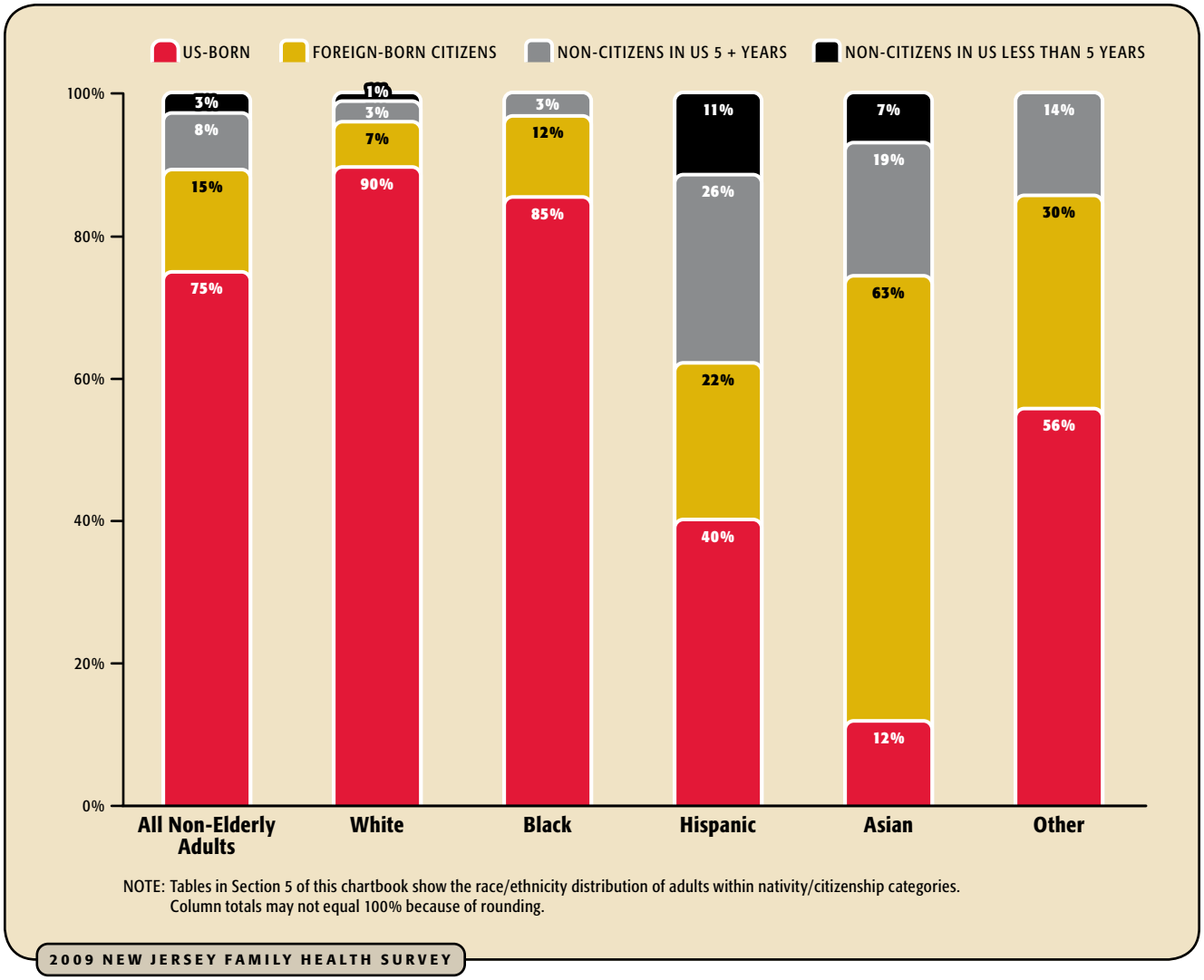
NOTE: Tables in Section 5 of this chartbook show the race/ethnicity distribution of children within nativity categories. Column totals may not equal 100% because of rounding.

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Asian and Hispanic children are more likely to have foreign-born parents than White or Black children.
- While the majority of children in all racial/ethnic groups are native born, Asian children have the highest proportion of foreign-born.

Figure 1.2

Nativity and Citizenship of NJ Non-Elderly Adults (19–64) by Race/Ethnicity



NOTE: Tables in Section 5 of this chartbook show the race/ethnicity distribution of adults within nativity/citizenship categories. Column totals may not equal 100% because of rounding.

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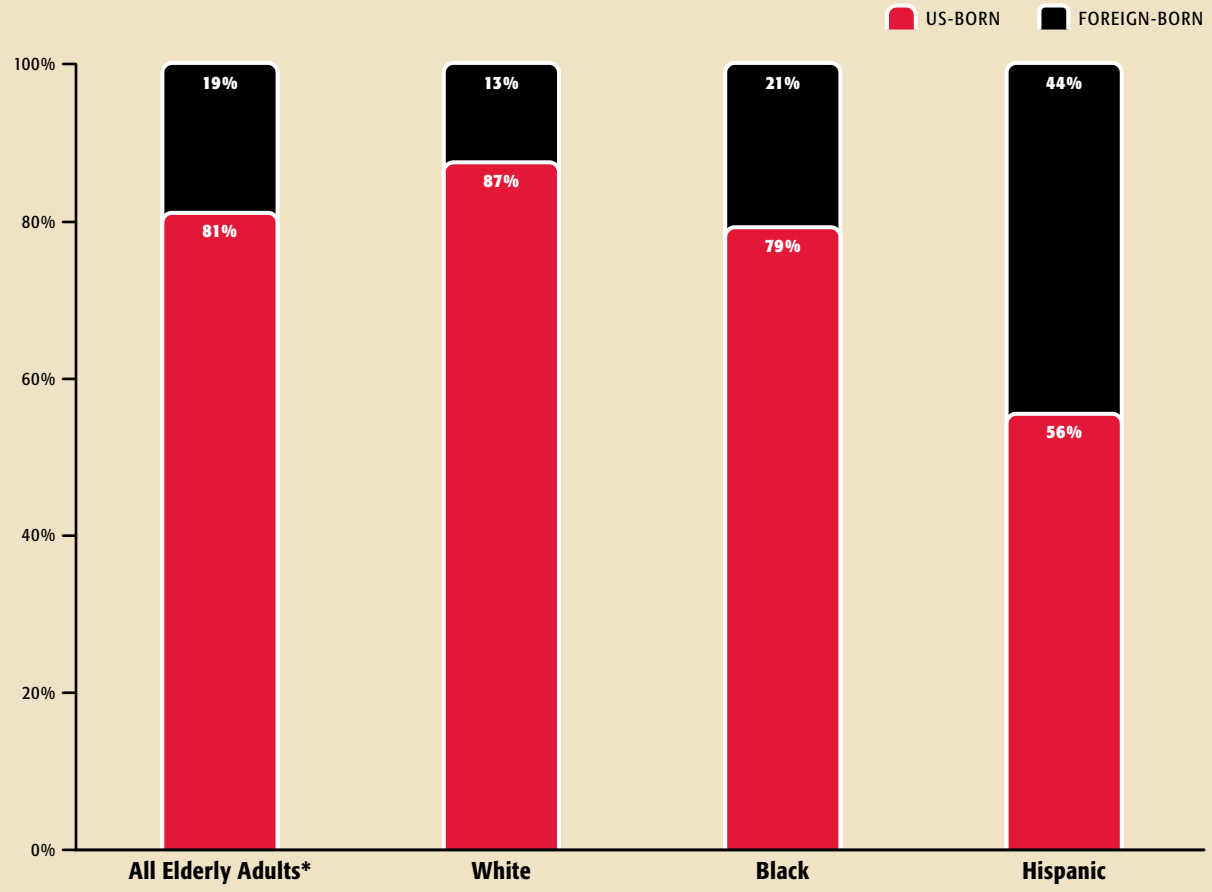
- A greater percentage of Hispanic non-elderly adults are non-citizens than adults in any other racial/ethnic group. Hispanics also have the greatest percentage of recent immigrants.
- While more Asian non-elderly adults are foreign-born than adults in any other racial/ethnic group, the majority of Asian adults are naturalized citizens.

Figure 1.3
Nativity of NJ Elderly Adults (65+) by Race/Ethnicity



*Insufficient sample size to produce estimates for elderly adults of Asian or Other race/ethnicity; however, these elderly adults are included in the overall estimate.

NOTE: Tables in Section 5 of this chartbook show the race/ethnicity distribution of the elderly within nativity categories. Column totals may not equal 100% because of rounding.

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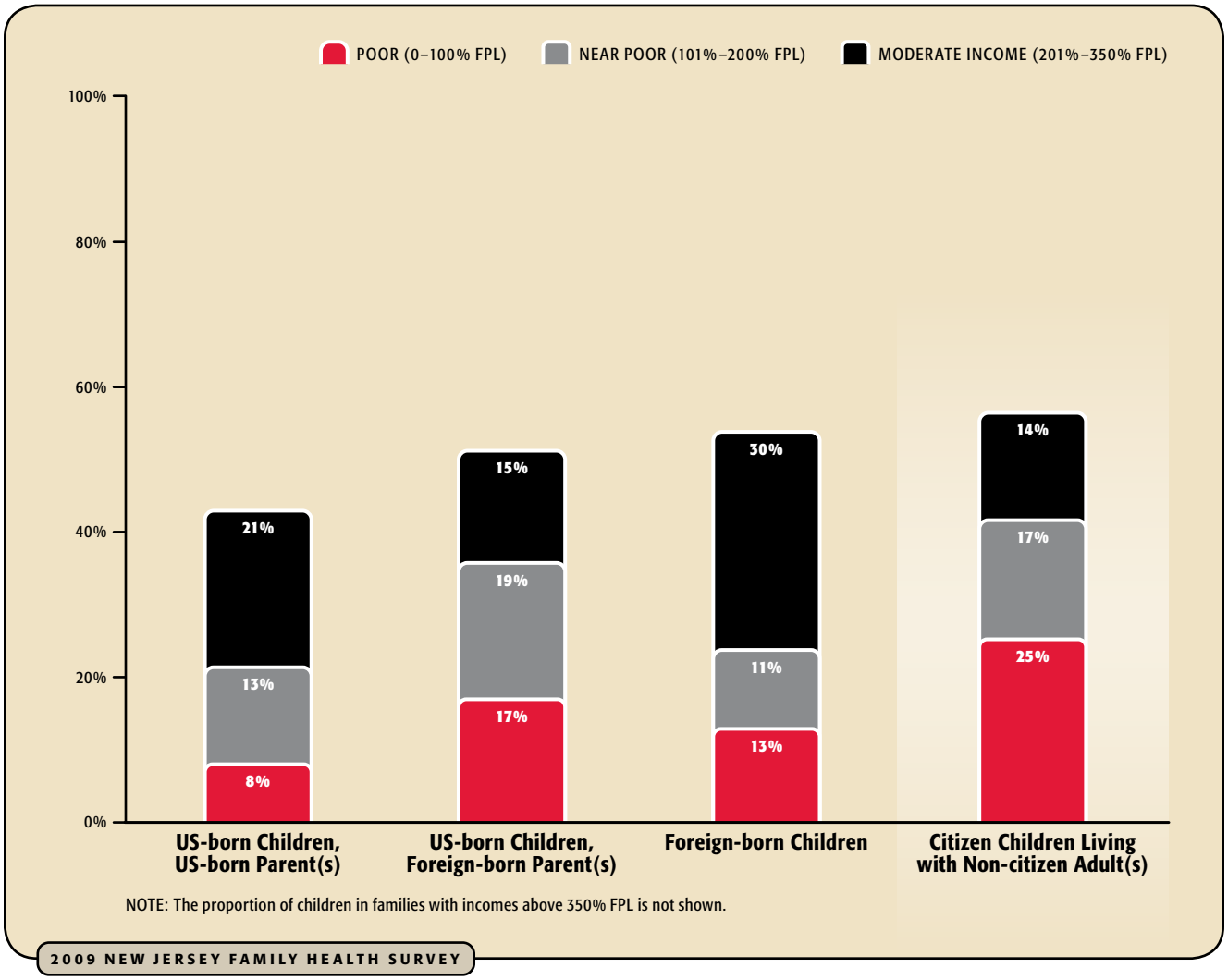
- Many Hispanic elderly adults are not born in the US.
- Compared to other age groups, the percentage of foreign-born Whites and Blacks is greatest among elderly adults.

Figure 1.4

Family Income as a Percentage of the Federal Poverty Level (FPL) for NJ Children by Nativity and Household Citizenship Status



NOTE: The proportion of children in families with incomes above 350% FPL is not shown.

2009 NEW JERSEY FAMILY HEALTH SURVEY

- A larger proportion of children in immigrant families have moderate to low family incomes than children in US-born families.
- US-born children of immigrant parents are more likely to live in poor or near poor families than children who are themselves foreign-born.
- One quarter of citizen children living with a non-citizen adult have family incomes at or below the federal poverty level.

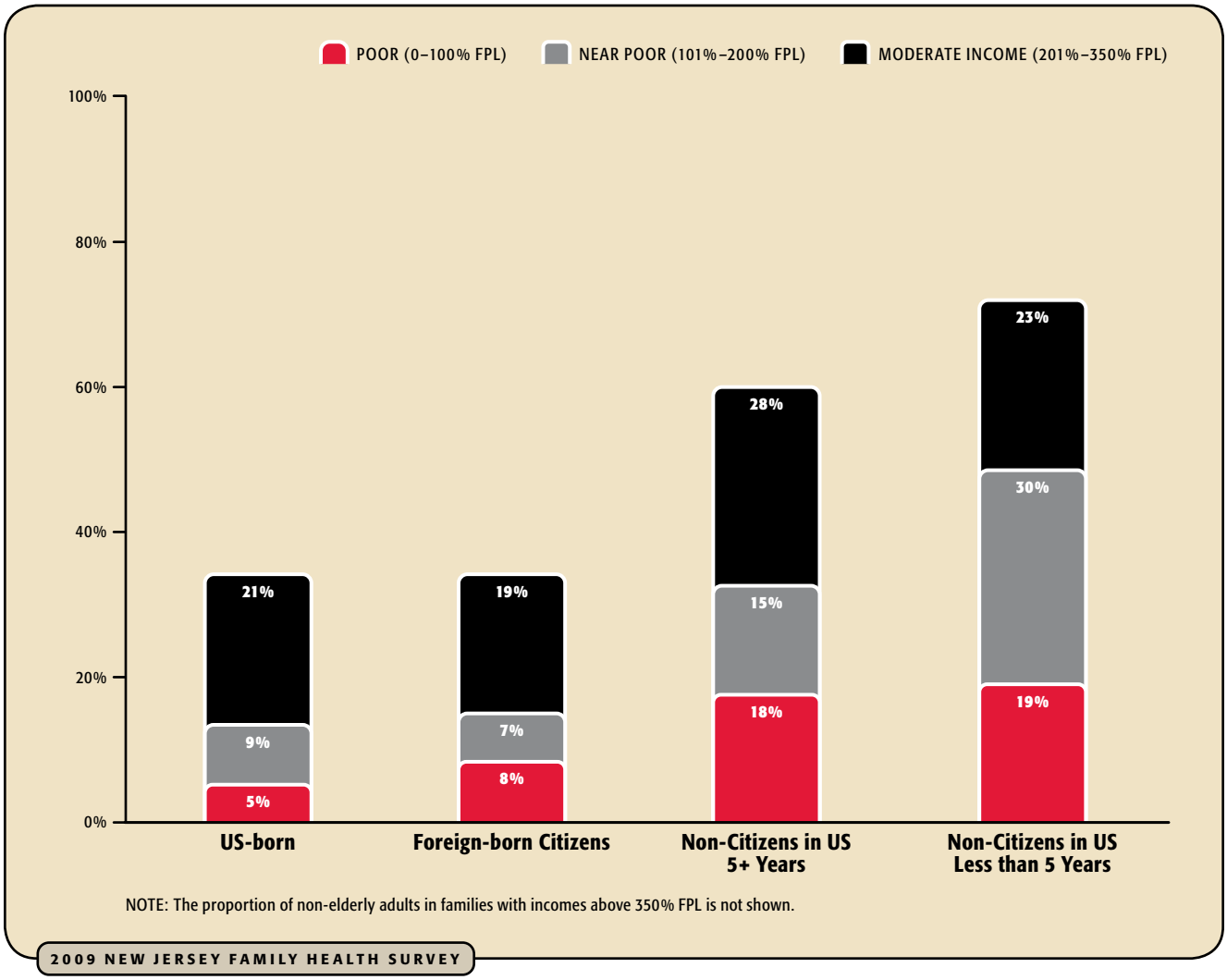
Poverty Thresholds for 2009 by Size of Family

Family Size	Income Threshold
1	$10,956
2	$13,991
3	$17,098
4	$21,954

Source: U.S. Census Bureau
www.census.gov/hhes/www/poverty/data/threshld/thresh09.html

Figure 1.5

Family Income as a Percentage of the Federal Poverty Level (FPL) for NJ Non-Elderly Adults by Nativity/Citizenship



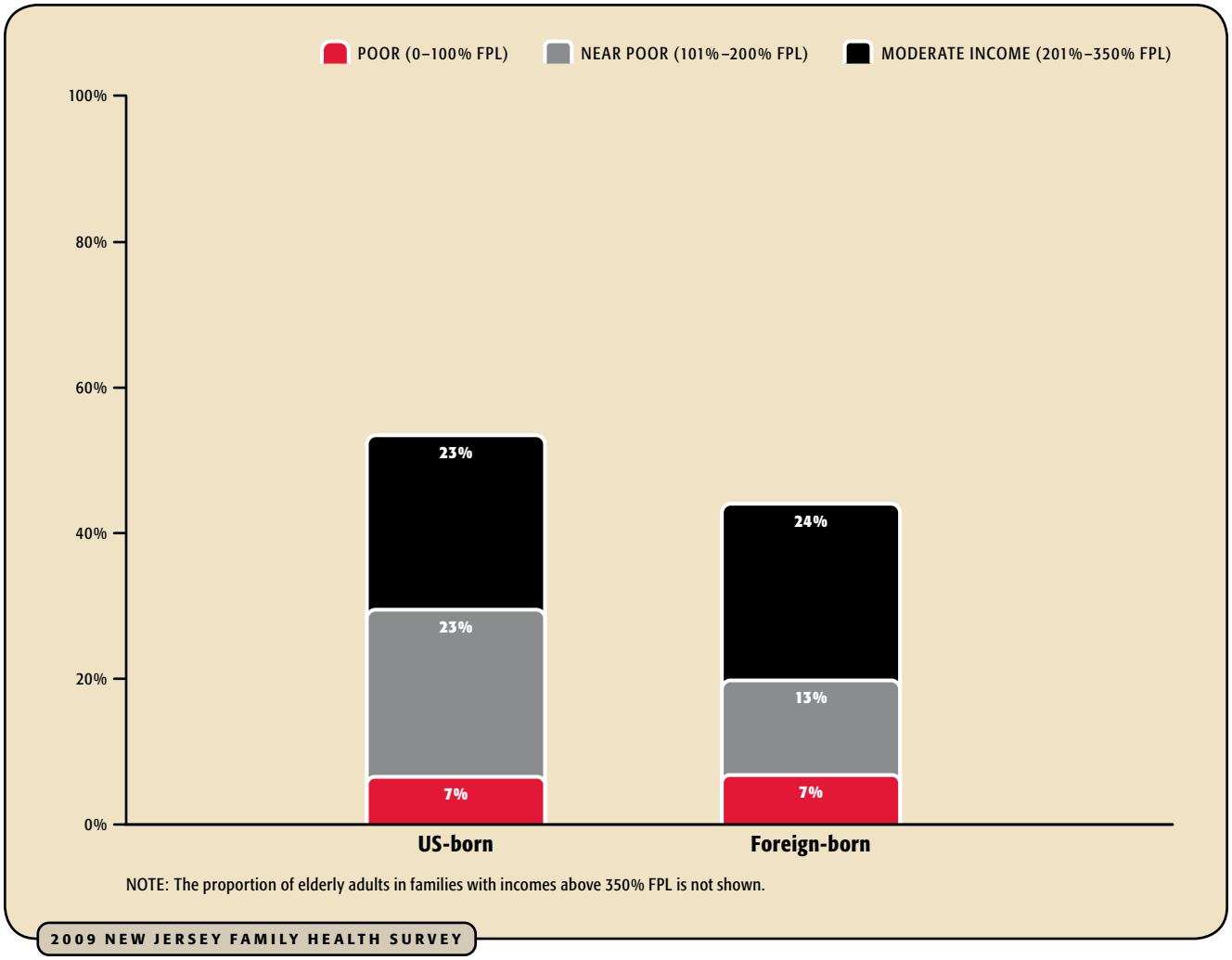
NOTE: The proportion of non-elderly adults in families with incomes above 350% FPL is not shown.

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Non-elderly adults who are US-born citizens are similar to naturalized citizens in the proportion having low to moderate family incomes.
- Non-citizen adults are almost twice as likely to have low or moderate family incomes as citizen adults (63% vs. 34%; data for combined non-citizen groups not shown in chart).
- Recent immigrants are as likely to be poor as non-citizens residing in the US for more than 5 years, but less likely to have family incomes above 350% FPL.

Figure 1.6

Family Income as a Percentage of the Federal Poverty Level (FPL) for NJ Elderly Adults by Nativity



NOTE: The proportion of elderly adults in families with incomes above 350% FPL is not shown.

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Overall, foreign-born seniors are less likely to have low or moderate family incomes than their US-born counterparts.
- Foreign-born and US-born seniors are equally likely to be poor.

Table 1.1
Education Level of NJ Adults by Nativity/Citizenship

	Total %	US-born %	Foreign-born Citizens %	Non-citizens %
Non-Elderly Adults (19-64)				
Less than high school	7	5	5	30
High school or equivalent	35	37	28	31
Some college	22	26	14	8
College or advanced degree	35	33	52	31
Elderly Adults (65+)				
Less than high school	15	12	26	*
High school or equivalent	50	55	23	*
Some college	12	11	17	*
College or advanced degree	23	21	33	*

* Insufficient sample size to produce estimates

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Both non-elderly and elderly adults who are naturalized citizens are more likely to have a college or advanced degree than their US-born counterparts.
- Among non-elderly adults, non-citizens have the highest proportion with less than a high school education, but like those born in the US, about one in three has completed a college or higher degree.
- Slightly over half of US-born seniors have only a high school level education, whereas half of naturalized citizen seniors have pursued a college education.

Table 1.2
Employment Status of NJ Adults by Nativity/Citizenship

	Total %	US-born %	Foreign-born Citizens %	Non-citizens %
Non-Elderly Adults (19-64)				
Working full time	59	59	64	53
Working part time	13	14	11	12
Not working	8	8	7	13
Not in labor force	20	20	18	21
Elderly Adults (65+)				
Working full time	8	6	7	*
Working part time	7	7	5	*
Not working	1	1	1	*
Not in labor force	85	85	87	*

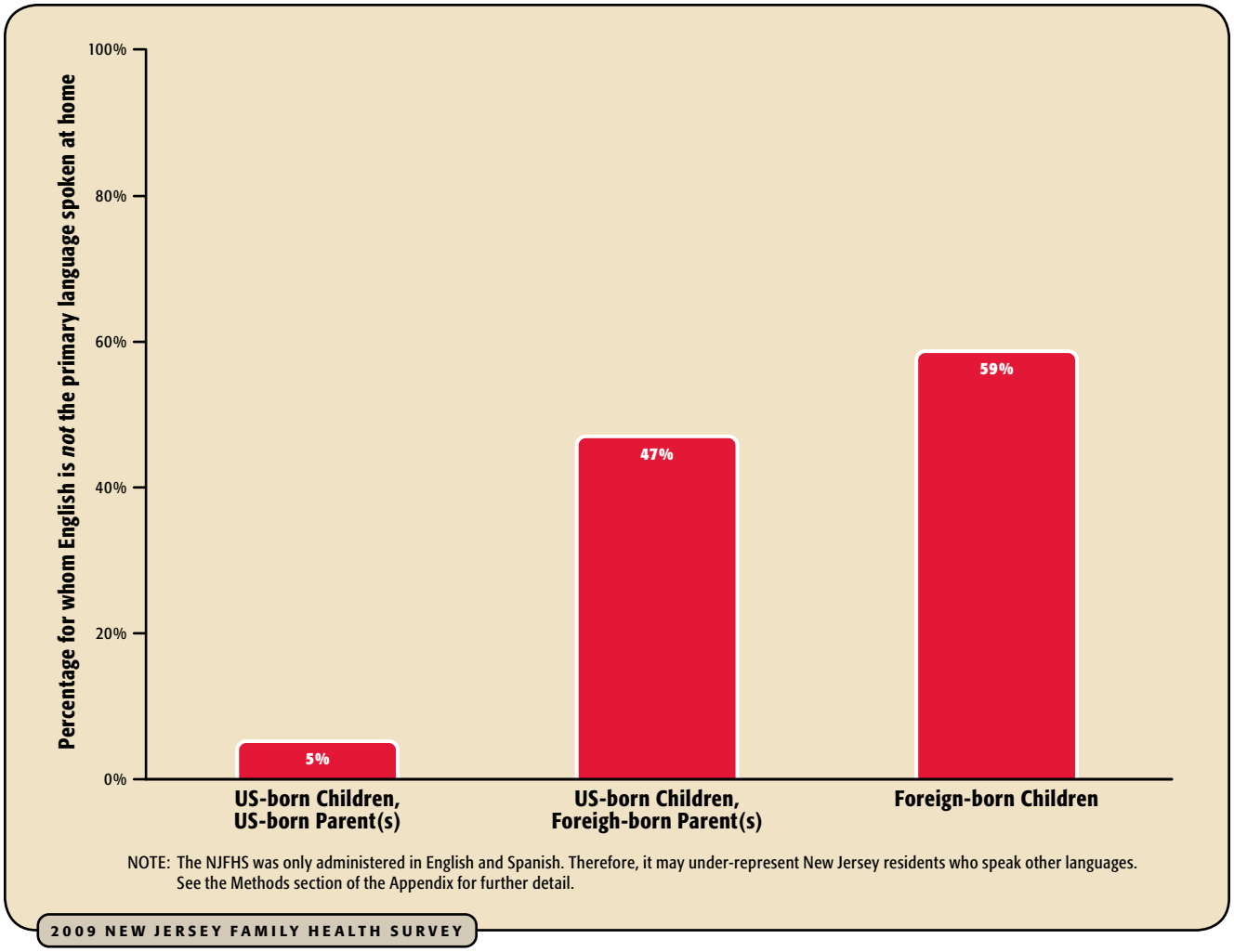
* Insufficient sample size to produce estimates

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Among non-elderly adults, foreign-born citizens are the most likely to be working full time.
- The employment status of elderly adults is nearly the same for both US-born and foreign-born citizens.

Figure 1.7

Primary Language Spoken in Home of NJ Children by Nativity



NOTE: The NJFHS was only administered in English and Spanish. Therefore, it may under-represent New Jersey residents who speak other languages. See the Methods section of the Appendix for further detail.

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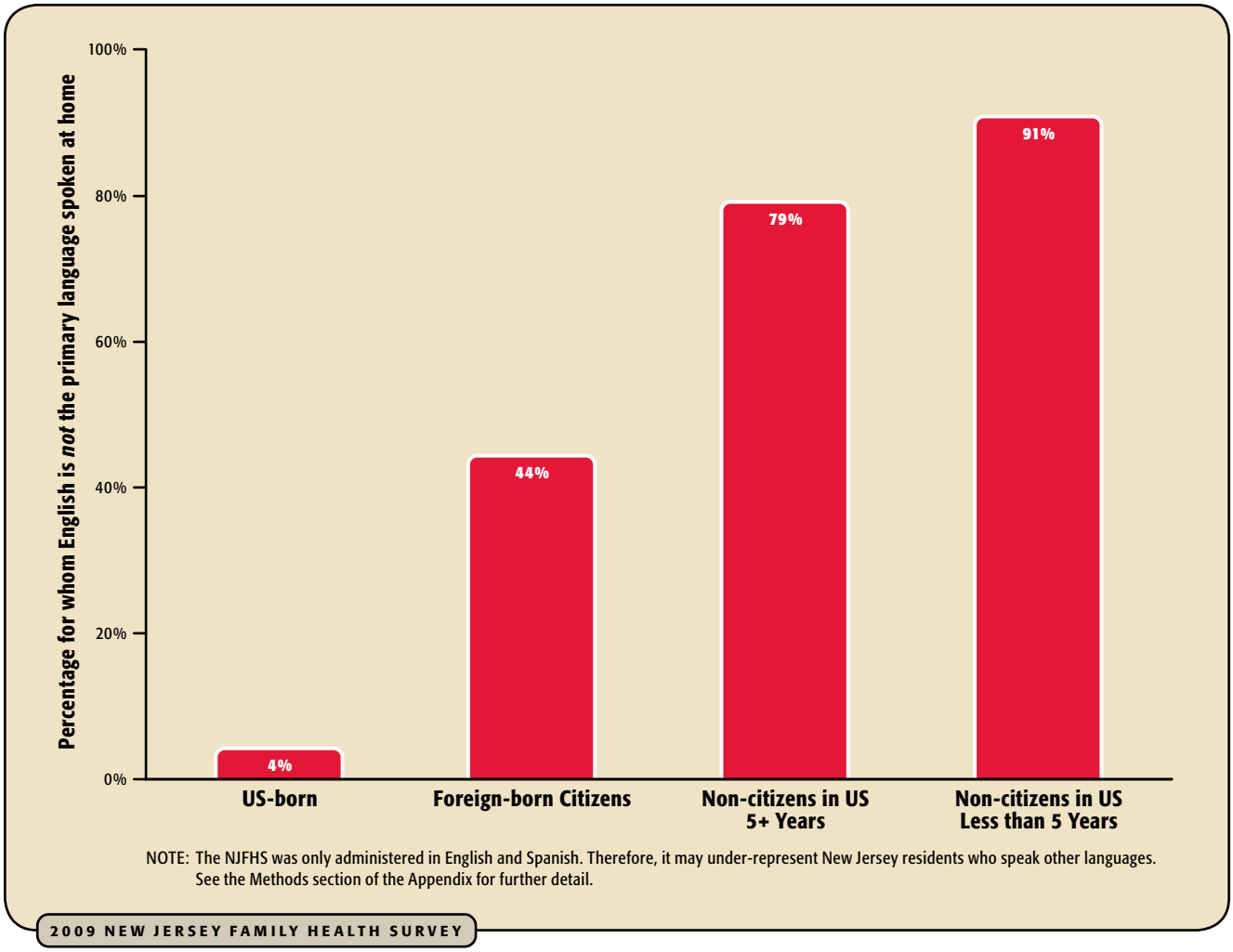
- Nearly half of US-born children of immigrant parent(s) live in homes where English is *not* the primary language.
- Over half of foreign-born children live in homes where English is *not* the primary language.

Figure 1.8

Primary Language Spoken in Home of NJ Non-Elderly Adults by Nativity/Citizenship



NOTE: The NJFHS was only administered in English and Spanish. Therefore, it may under-represent New Jersey residents who speak other languages. See the Methods section of the Appendix for further detail.

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- The vast majority of non-citizen adults do *not* use English as their primary language at home.
- Half of foreign-born seniors do *not* use English as their primary language at home, compared to just 4% of native born seniors (data not shown in chart).

Table 1.3

Percentage with English as Primary Language in Home

All Ages by Race/Ethnicity and Nativity/Citizenship

	Total %	US-born %	Foreign-born Citizens %	Non-citizens %
White	**95**	**99**	**57**	**42**
Black	**98**	**99**	**95**	*
Hispanic	**36**	**53**	**28**	**6**
Mexican/Mexican-American	17	38	*	3
Other Hispanic	39	54	25	5
Asian	**59**	**78**	**65**	**20**
Asian Indian	53	*	62	*
Other Asian	62	77	66	*
Other	**64**	**77**	*	*

*Insufficient sample size to produce estimates

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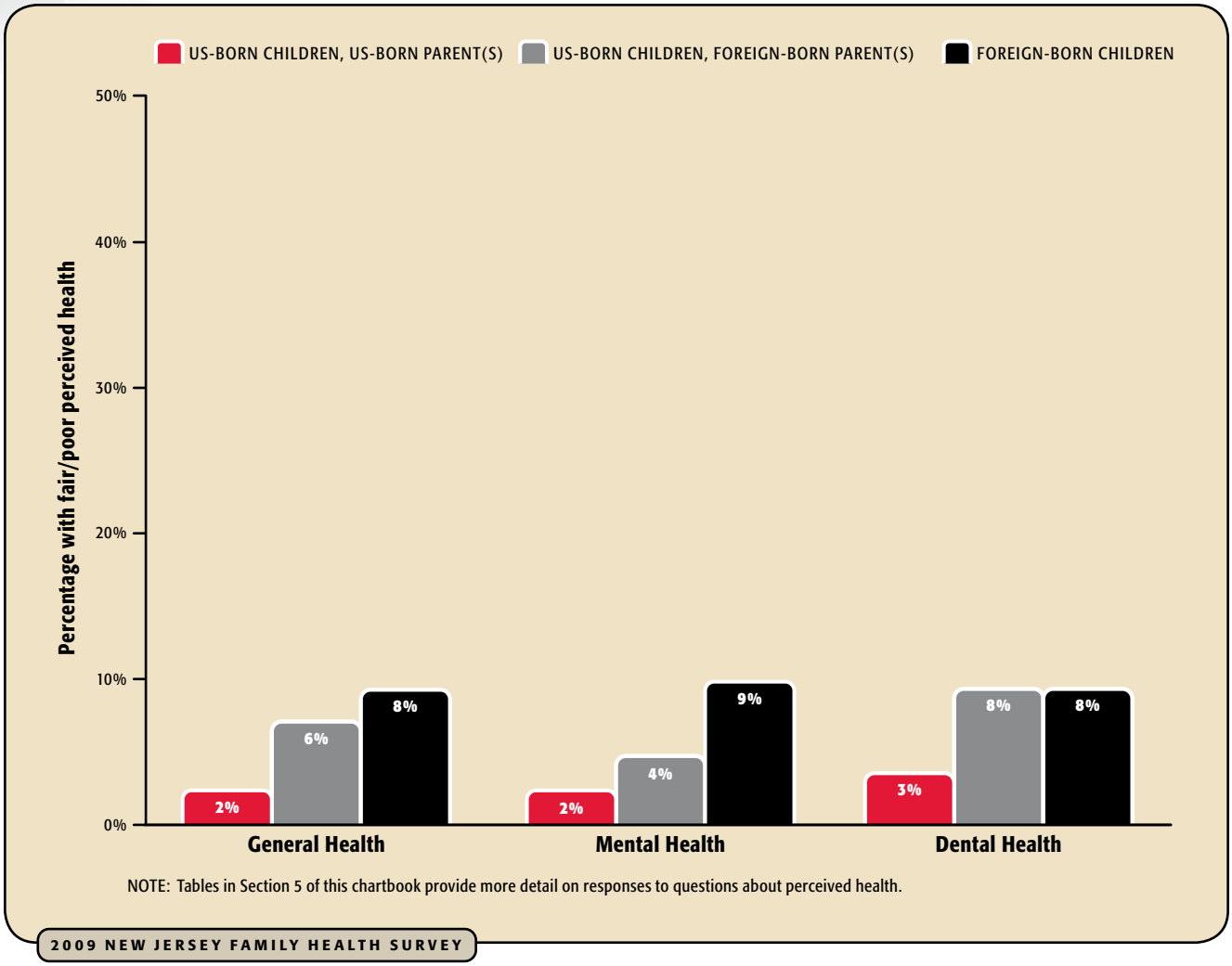
- Hispanics overall and in every nativity/citizenship group are the least likely to use English as their primary language at home.
- Of those who are foreign-born citizens, Blacks are the most likely to speak primarily English at home, and Whites use English at home more than Hispanics but less than Asians.
- Asians from other countries of origin more often report speaking English at home than Asian Indians.

Figure 2.1
Perceived Fair/Poor Health of NJ Children by Nativity

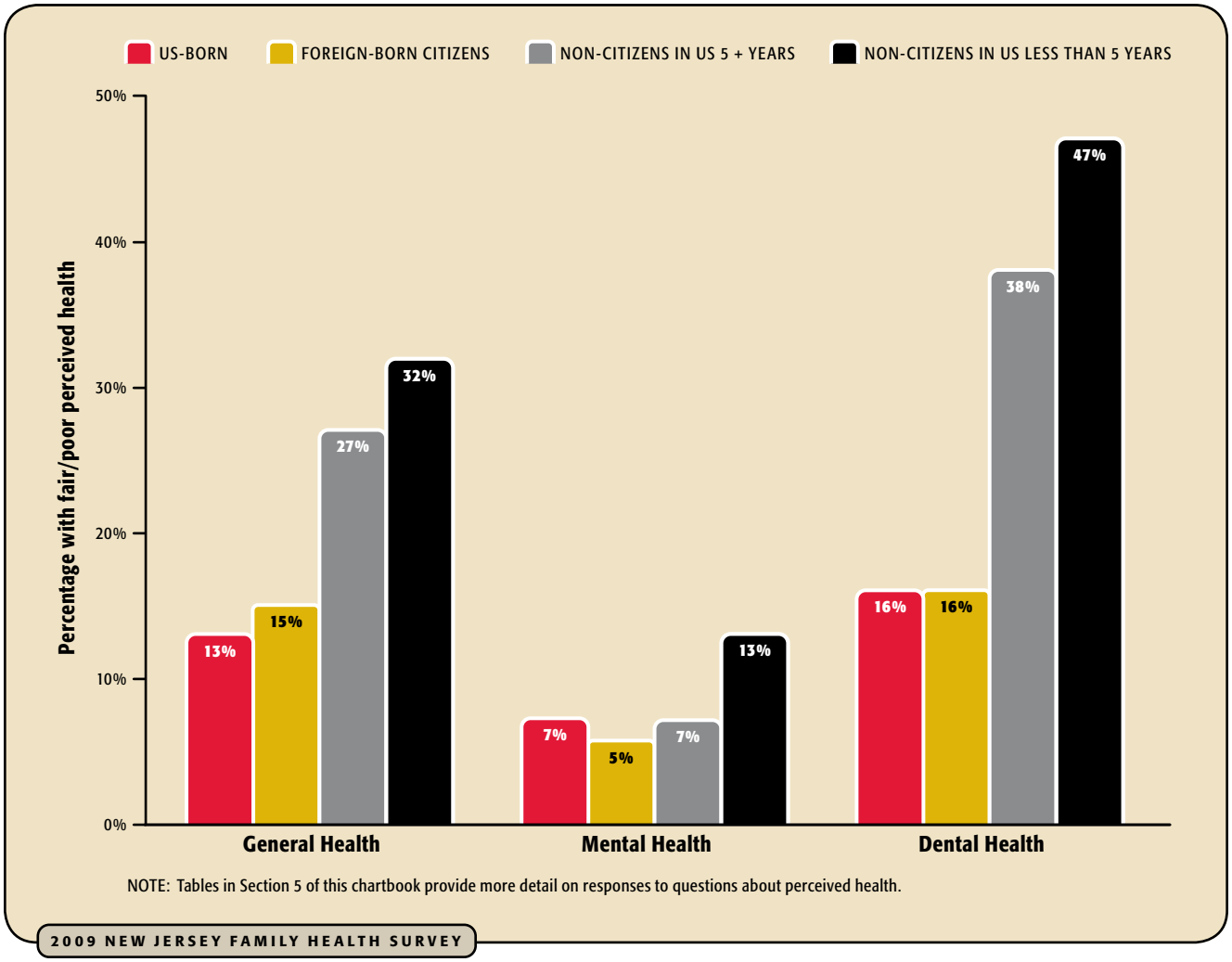


Survey respondents were asked to rate their own and their family members' general, mental, and dental health with the questions "Would you say (*your/family member's*) (*health/mental health/dental health*) is excellent, very good, good, fair, or poor?" Data collected from these questions describe perceived health status regardless of the presence of diagnosed health conditions.

- Overall, very few children are reported in fair or poor health.
- Foreign-born children are more likely to have fair or poor perceived general health than US-born children with US-born parents.
- US-born children with foreign-born parents are more like US-born children of US-born parents in their perceived mental health, but more like foreign-born children in their perceived dental health.

Figure 2.2

Perceived Fair/Poor Health of NJ Non-Elderly Adults by Nativity/Citizenship



NOTE: Tables in Section 5 of this chartbook provide more detail on responses to questions about perceived health.

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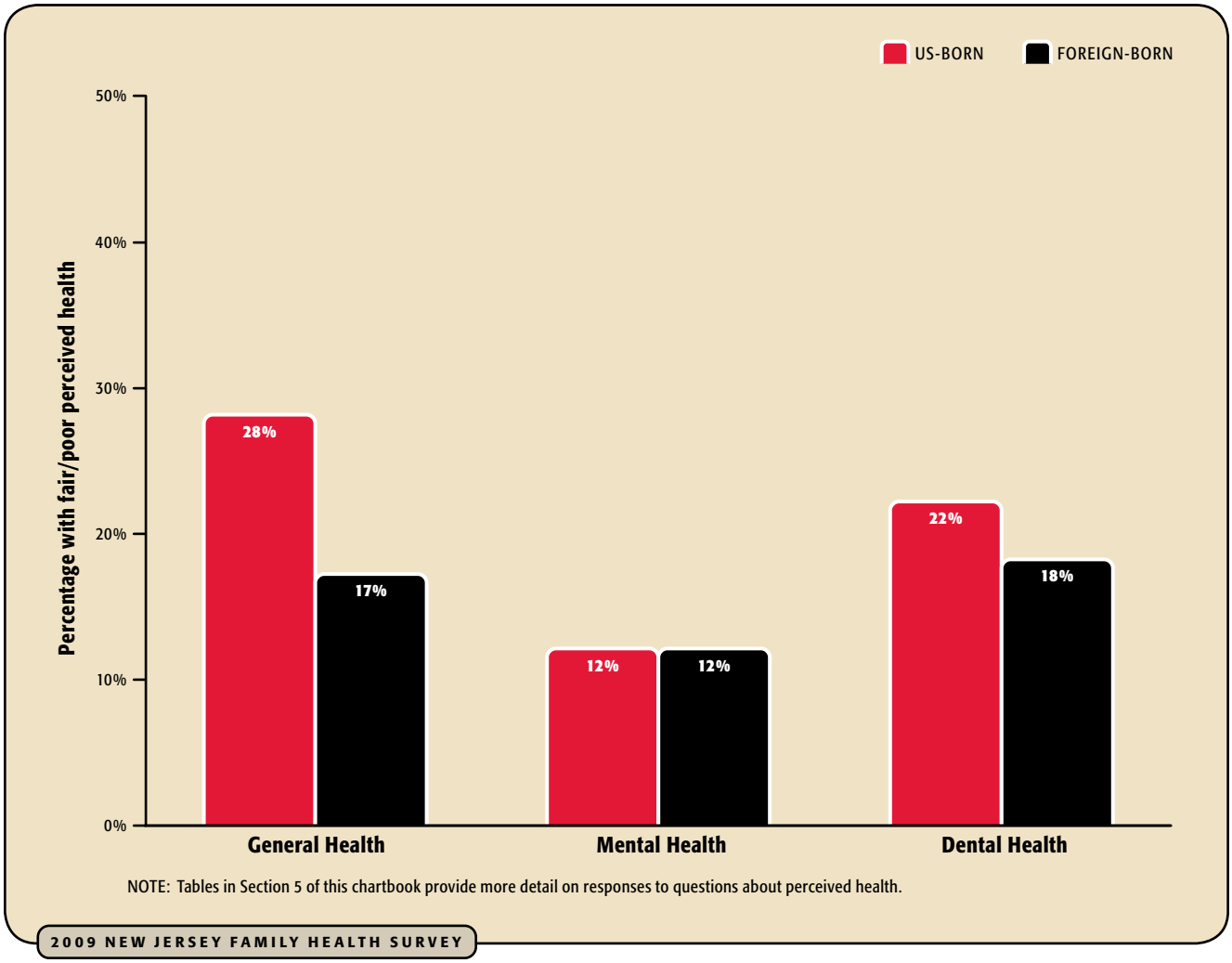
Survey respondents were asked to rate their own and their family members' general, mental, and dental health with the questions "Would you say (*your/family member's*) (*health/mental health/dental health*) is excellent, very good, good, fair, or poor?" Data collected from these questions describe perceived health status regardless of the presence of diagnosed health conditions.

- US-born and naturalized citizen adults are less likely than non-citizens to have fair or poor perceived general and dental health. There is less difference in perceived mental health.
- Non-citizens in the US for less than 5 years are most likely to report fair or poor health on all three measures.
- Nearly half of recent non-citizen immigrant adults are reported in fair or poor dental health.

Figure 2.3

Perceived Fair/Poor Health of NJ Elderly Adults by Nativity



NOTE: Tables in Section 5 of this chartbook provide more detail on responses to questions about perceived health.

2009 NEW JERSEY FAMILY HEALTH SURVEY

Survey respondents were asked to rate their own and their family members' general, mental, and dental health with the questions "Would you say (*your/family member's*) (*health/mental health/dental health*) is excellent, very good, good, fair, or poor?" Data collected from these questions describe perceived health status regardless of the presence of diagnosed health conditions.

- A smaller percentage of foreign-born seniors are reported in fair or poor general health than US-born seniors.
- The perceived mental health of elderly adults does not differ by nativity.
- Foreign-born seniors are slightly less likely than native born seniors to have fair or poor perceived dental health.

Table 2.1

Percentage with Perceived Fair/Poor General, Mental, or Dental Health

All Ages by Race/Ethnicity and Nativity/Citizenship

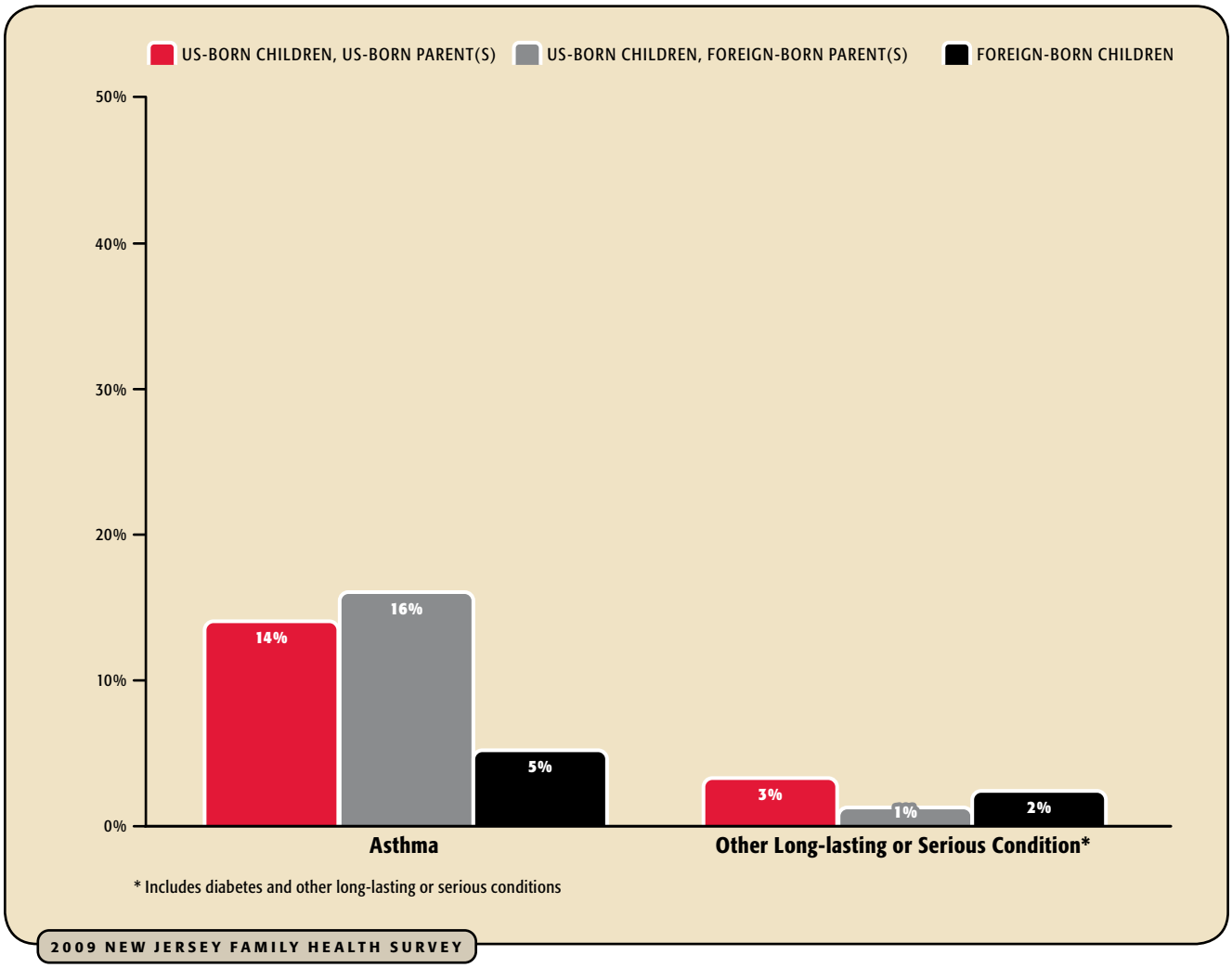
	Total %	US-born %	Foreign-born Citizens %	Non-citizens %
White	**19**	**19**	**21**	**29**
Black	**25**	**26**	**24**	*
Hispanic	**40**	**30**	**32**	**65**
Mexican/Mexican-American	57	39	*	74
Other Hispanic	36	28	34	61
Asian	**18**	**11**	**18**	**27**
Asian Indian	18	*	11	*
Other Asian	19	11	24	*
Other	**17**	**14**	*	*

*Insufficient sample size to produce estimates

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Hispanics are the most likely of all racial/ethnic groups to perceive some aspect of their health as fair or poor. Low perceived health is particularly frequent among Mexican-American non-citizens.
- Within each racial/ethnic group for which data are shown, non-citizens have poorer perceived health than their US-born or naturalized citizen counterparts.

Figure 2.4
Chronic Conditions in NJ Children by Nativity

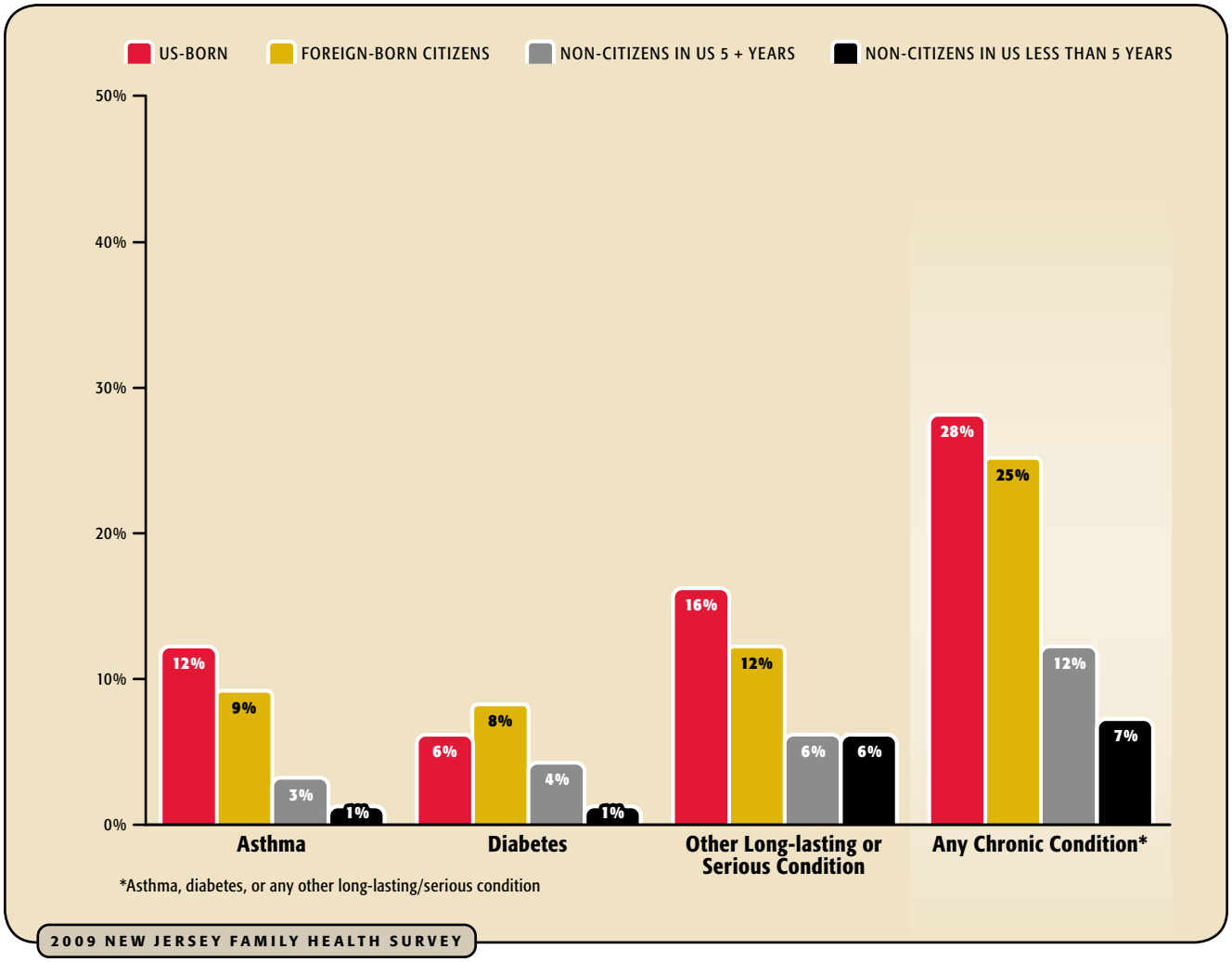


Survey respondents were asked "Has a doctor or other health professional ever said that you (or any other member of your family) had (*condition*)?" Those individuals who received less medical care may be less likely to have a condition recognized by a health professional.

- Immigrant children are about one-third as likely as US-born children to be reported with asthma.
- Few children, regardless of nativity, are reported with chronic conditions other than asthma.

Figure 2.5

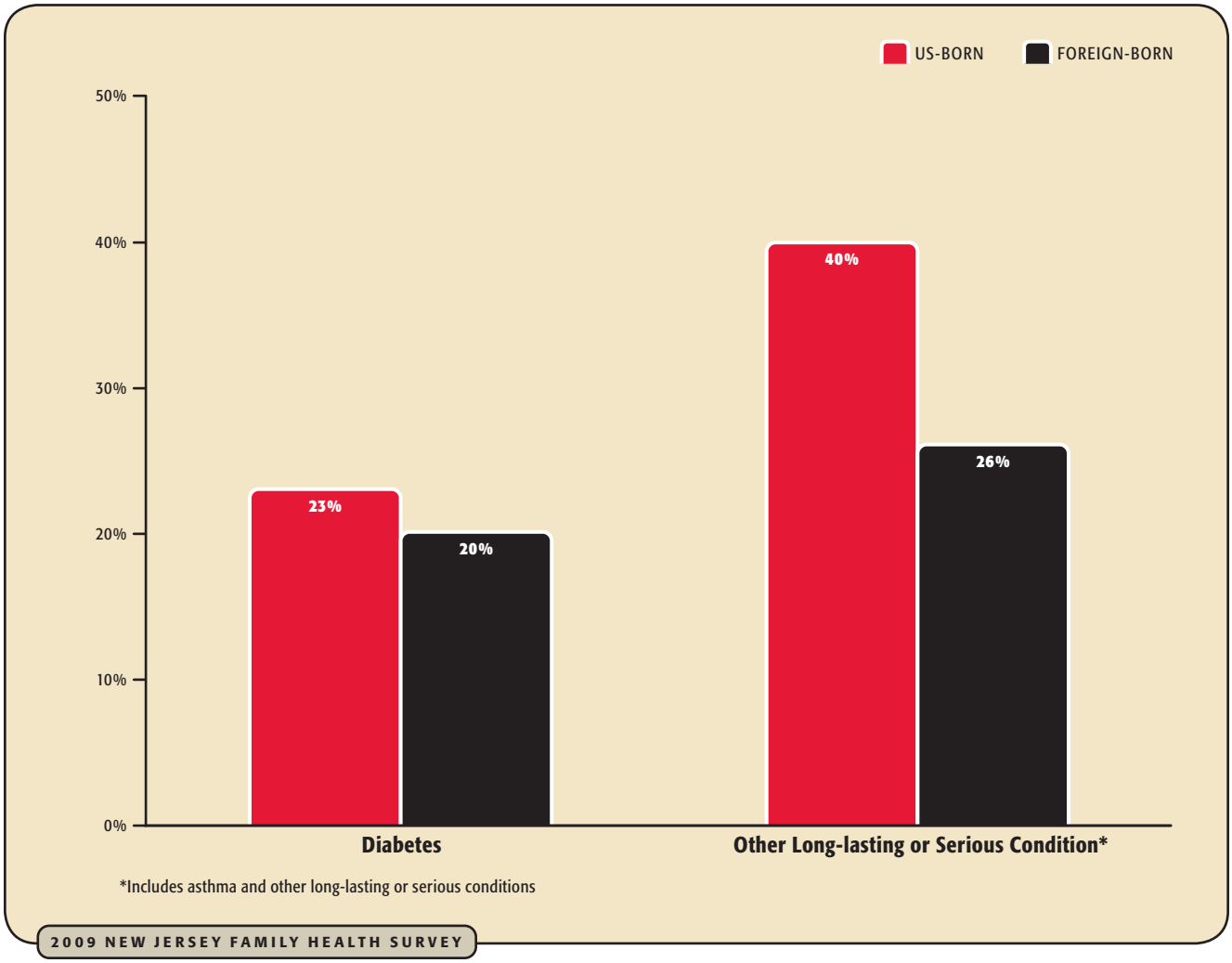
Chronic Conditions in NJ Non-Elderly Adults by Nativity/Citizenship



Survey respondents were asked "Has a doctor or other health professional ever said that you (or any other member of your family) had (*condition*)?" Those individuals who received less medical care may be less likely to have a condition recognized by a health professional.

- Asthma and other long-lasting or serious conditions are reported more frequently among US-born adults, but diabetes is reported slightly more frequently among foreign-born citizens.
- Non-citizen adults have roughly half the reported chronic condition prevalence of citizens, and those in the US under five years report the lowest rates of all.

Figure 2.6
Chronic Conditions in NJ Elderly Adults by Nativity



Survey respondents were asked "Has a doctor or other health professional ever said that you (or any other member of your family) had (*condition*)?" Those individuals who received less medical care may be less likely to have a condition recognized by a health professional.

- Elderly immigrants are similar to native-born seniors in rates of diabetes, but they have lower rates of other chronic conditions.

Table 2.2

Percentage with a Chronic Health Condition

All Ages by Race/Ethnicity and Nativity/Citizenship

	Total %	US-born %	Foreign-born Citizens %	Non-citizens %
White	**27**	**28**	**26**	**18**
Black	**32**	**32**	**38**	*
Hispanic	**23**	**28**	**28**	**10**
Mexican/Mexican-American	15	22	*	7
Other Hispanic	25	29	28	13
Asian	**19**	**14**	**24**	**15**
Asian Indian	17	*	20	*
Other Asian	19	13	24	*
Other	**11**	**13**	*	*

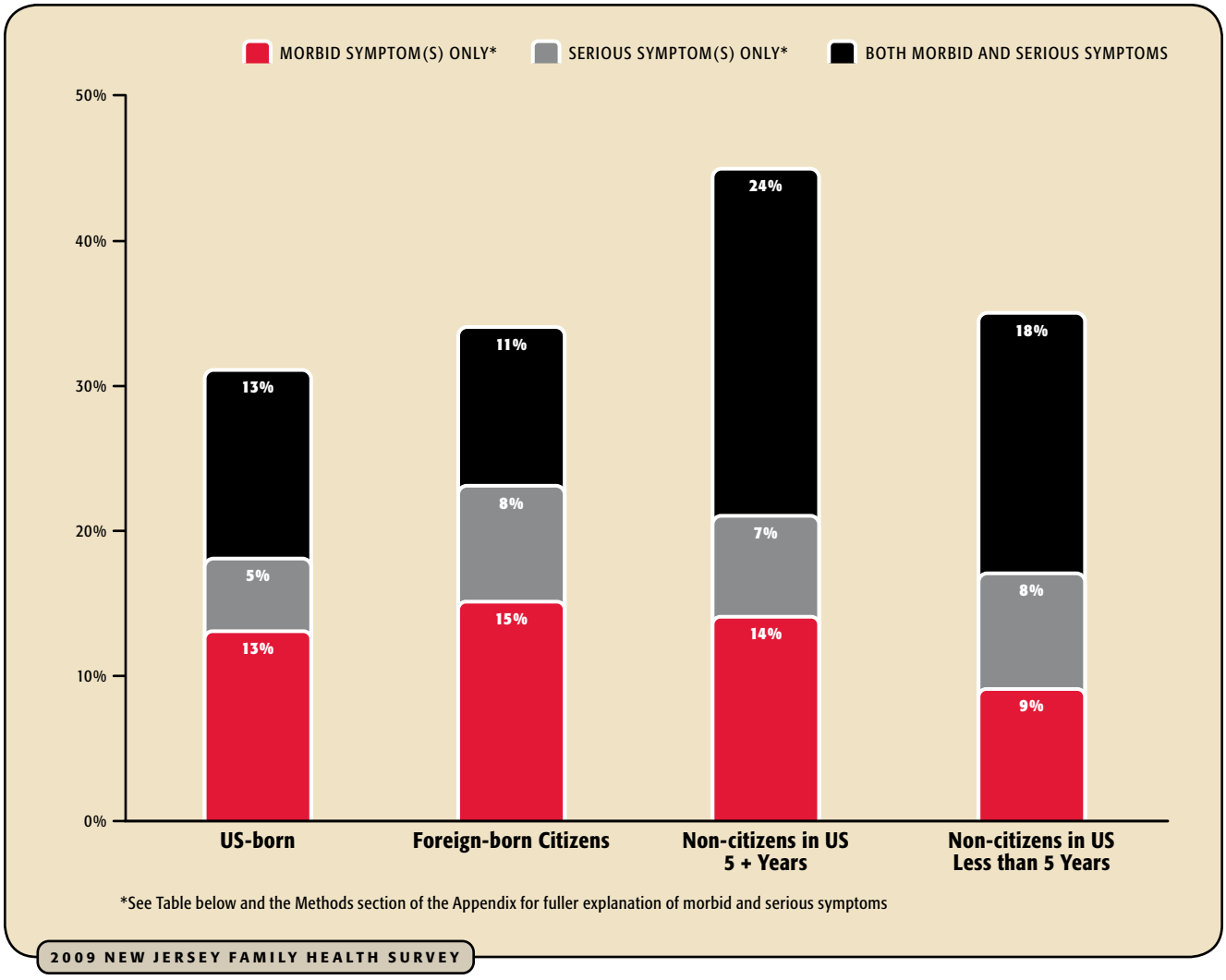
*Insufficient sample size to produce estimates

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Foreign-born Black citizens report the highest rates of chronic health conditions.
- Where the data allow for comparisons, prevalence of chronic health conditions differs more by citizenship status than nativity. In all racial/ethnic groups except Asians, fewer non-citizens report chronic conditions than their citizen (native or naturalized) counterparts.

Figure 2.7

Symptoms among NJ Non-Elderly Adults by Nativity/Citizenship



*See Table below and the Methods section of the Appendix for fuller explanation of morbid and serious symptoms

2009 NEW JERSEY FAMILY HEALTH SURVEY

Survey respondents were asked whether they or other adult family members had experienced any of 15 symptoms during the previous three months.

- Non-citizen adults in the US for at least five years have the highest overall percentage experiencing symptoms, and about half of them reported having both morbid and serious symptoms.
- Immigrant seniors report experiencing symptoms slightly less frequently than US-born seniors (50% vs. 56%; data not shown in chart).

Morbid Symptoms[18]	Serious Symptoms[18]
Likely to have a high impact on quality of life but not very serious	*Likely to represent an underlying disease that could cause death or disability if untreated*
Back pain	Shortness of breath
Cough with yellow sputum	Loss of consciousness
Anxiety, nervousness	Blurry vision
Hip, knee, leg pain	Severe headaches
Sprained ankle	Sadness, hopelessness
Fatigue, weakness	Lump in breast
Trouble urinating	Chest pain
Trouble hearing	

Table 2.3

Percentage Reporting Any Symptom

All Adults (19+) by Race/Ethnicity and Nativity/Citizenship

	Total %	US-born %	Foreign-born Citizens %	Non-citizens %
White	**34**	**34**	**31**	**47**
Black	**34**	**35**	**38**	*
Hispanic	**49**	**45**	**50**	**52**
Mexican/Mexican-American	35	*	*	42
Other Hispanic	52	48	54	57
Asian	**31**	**43**	**31**	**26**
Asian Indian	22	*	23	*
Other Asian	38	*	35	*
Other	**42**	**51**	*	*

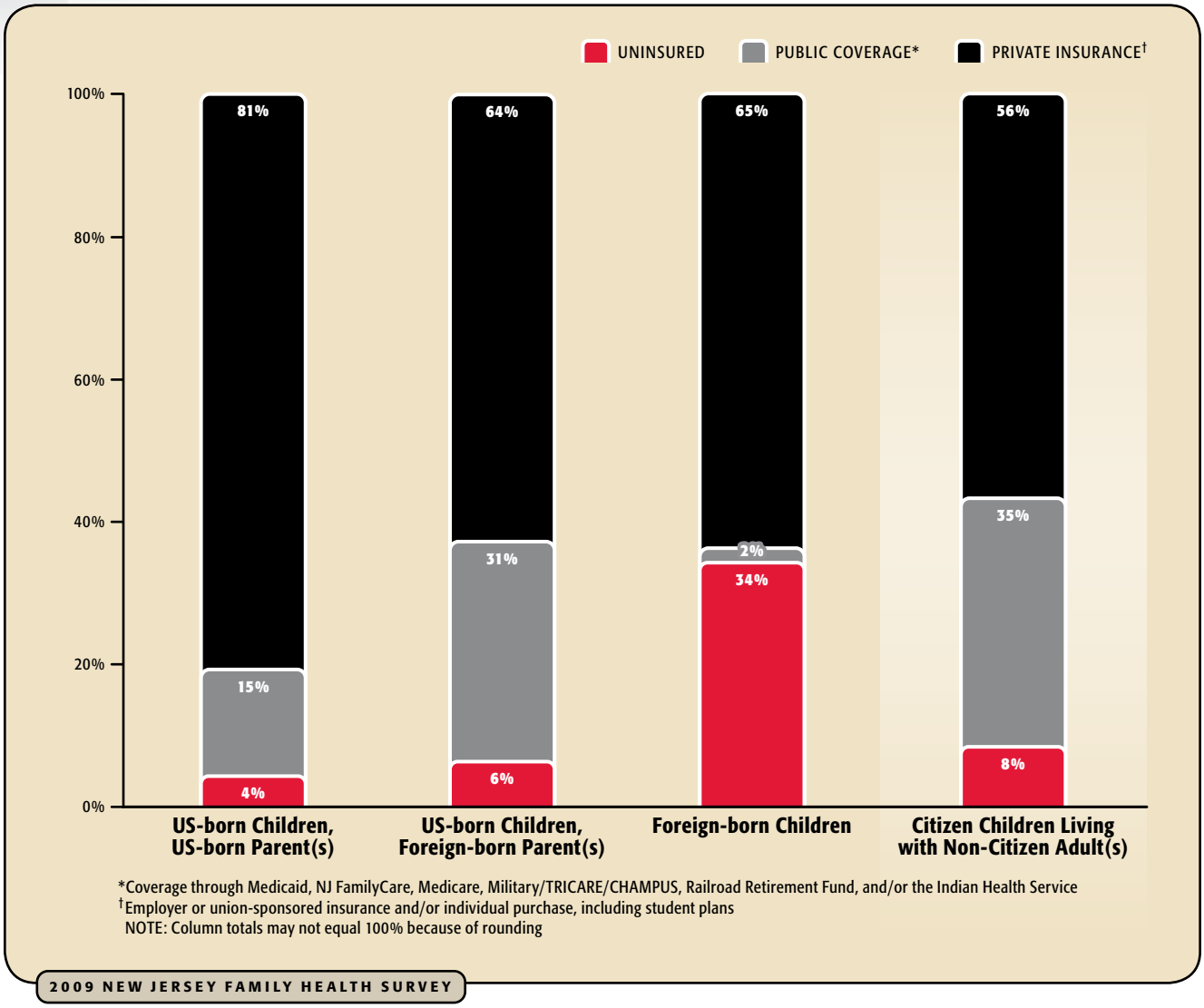
*Insufficient sample size to produce estimates

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Experience of any symptom is highest among Hispanics overall.
- The relationship between symptom prevalence and nativity/citizenship is opposite for Hispanic and Asian adults. Whereas US-born Hispanics have the lowest symptom rate across nativity/citizenship groups, US-born Asians have the highest rate compared to their naturalized and non-citizen counterparts.

Figure 3.1

Health Insurance Coverage of NJ Children by Nativity and Household Citizenship Status



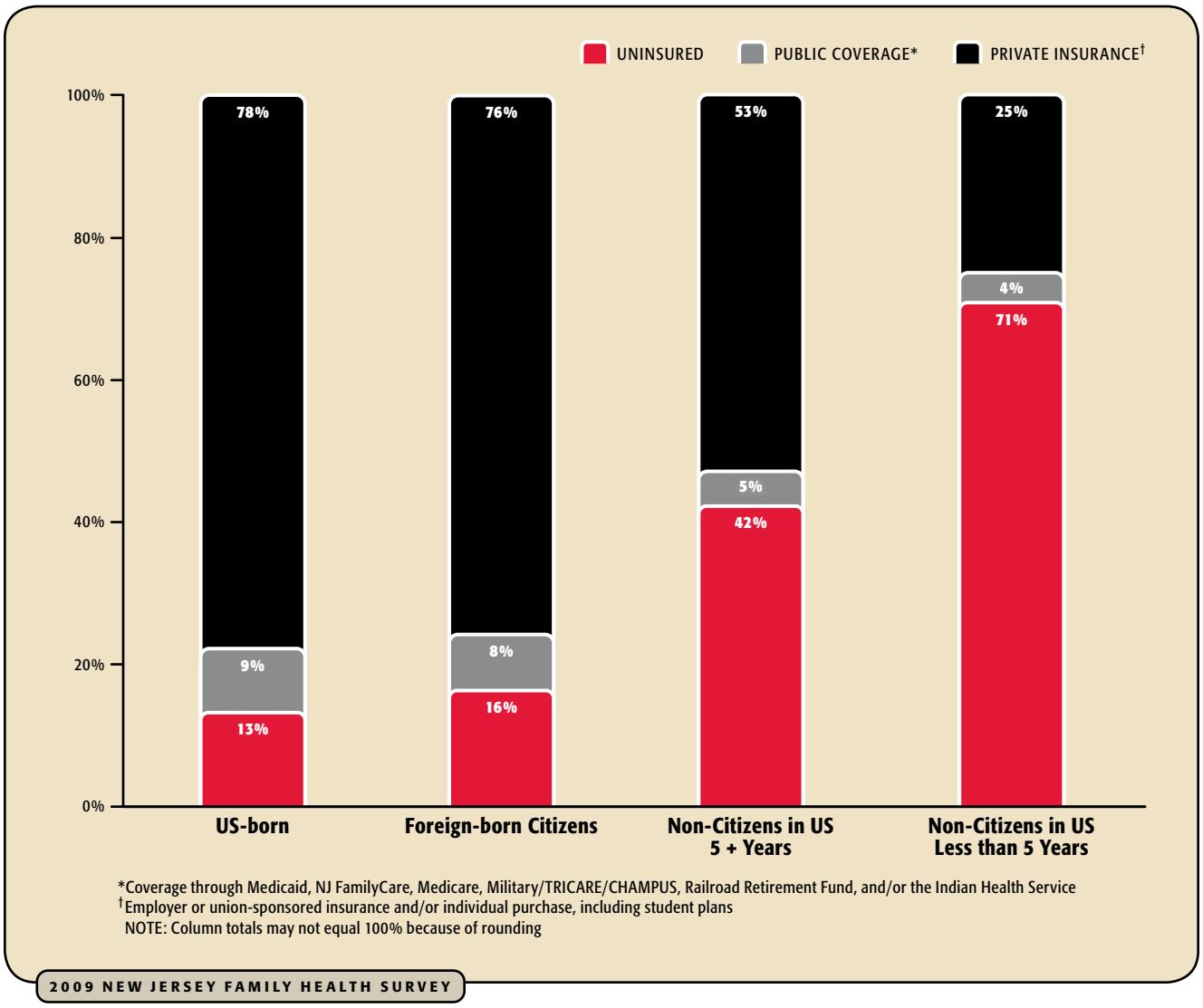
*Coverage through Medicaid, NJ FamilyCare, Medicare, Military/TRICARE/CHAMPUS, Railroad Retirement Fund, and/or the Indian Health Service
†Employer or union-sponsored insurance and/or individual purchase, including student plans
NOTE: Column totals may not equal 100% because of rounding

2009 NEW JERSEY FAMILY HEALTH SURVEY

- The majority of all children have private health insurance, regardless of their immigration status or that of their parents.
- Children of immigrant parents are the most likely by a large margin to have public coverage.
- Foreign-born children are the most likely to be uninsured, also by a large margin.
- US-born Black children are slightly more likely than US-born Hispanic children to be uninsured (10% vs. 7%, respectively), even though Hispanic children have the highest rate of uninsurance overall (15%; data not shown in chart).

Figure 3.2

Health Insurance Coverage of NJ Non-Elderly Adults by Nativity/Citizenship



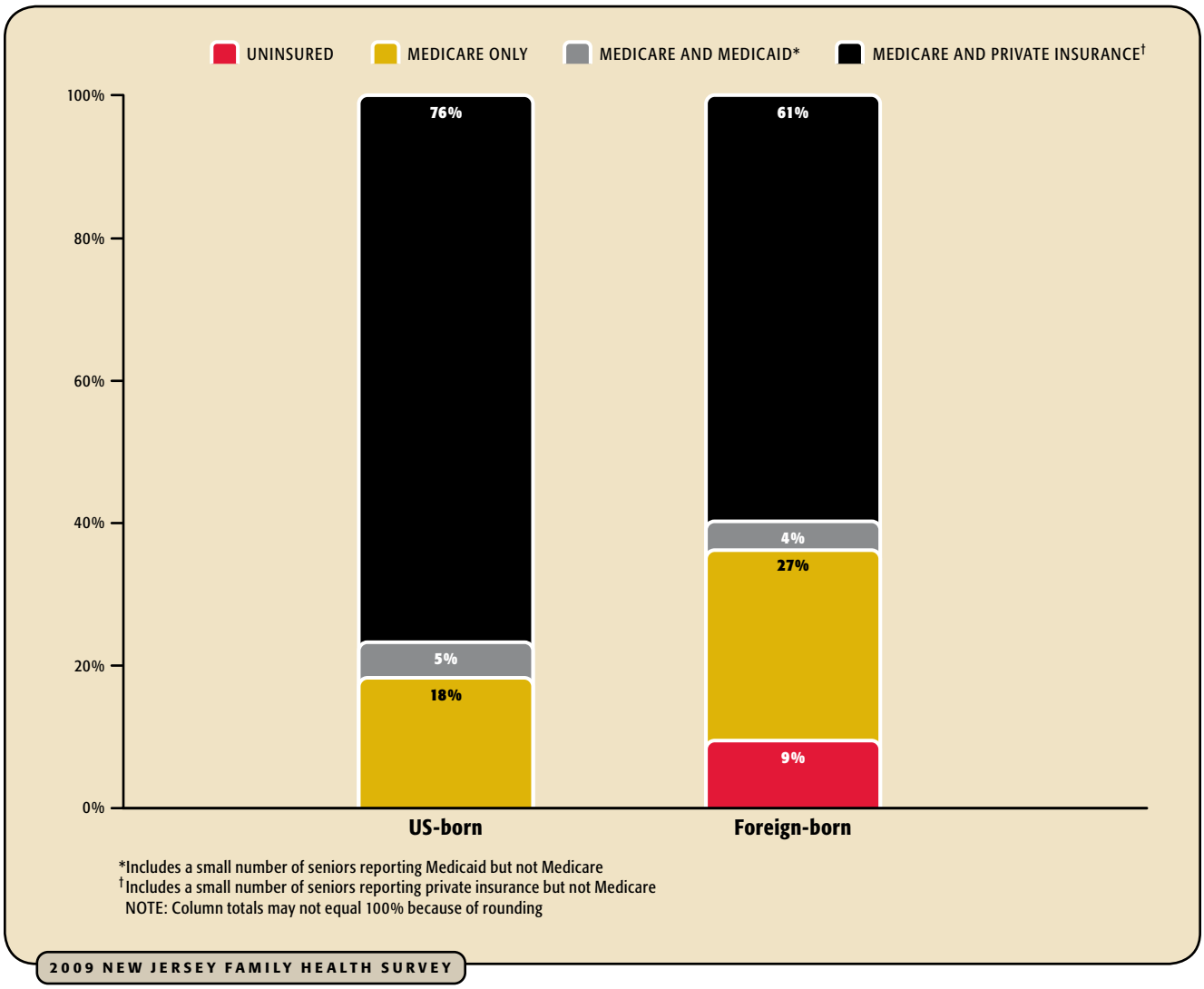
*Coverage through Medicaid, NJ FamilyCare, Medicare, Military/TRICARE/CHAMPUS, Railroad Retirement Fund, and/or the Indian Health Service
†Employer or union-sponsored insurance and/or individual purchase, including student plans
NOTE: Column totals may not equal 100% because of rounding

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Insurance coverage status is similar for US-born and foreign-born citizen adults.
- Non-citizen adults are much more likely to be uninsured than citizens, with the newest immigrant arrivals having the highest uninsured rate by a wide margin.

Figure 3.3

Health Insurance Coverage of NJ Elderly Adults by Nativity



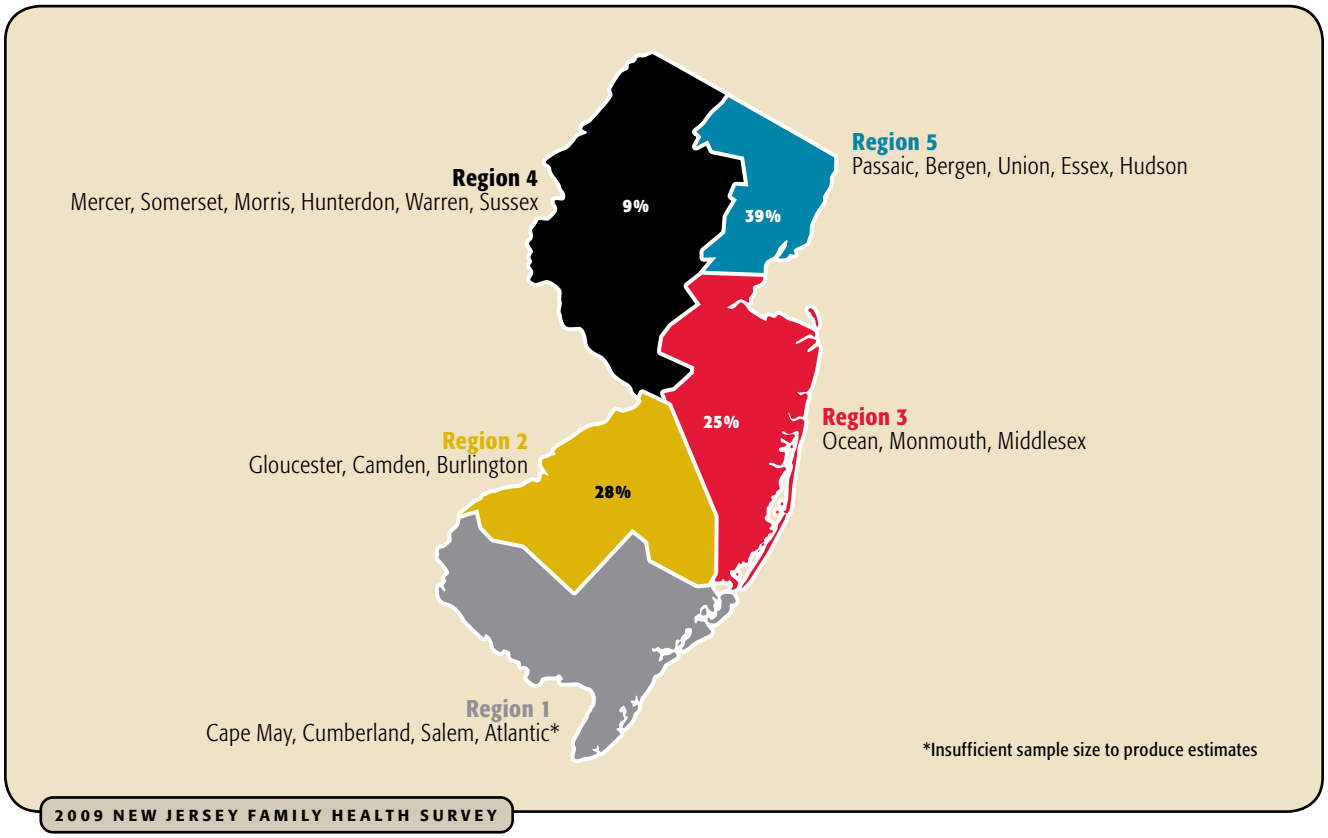
*Includes a small number of seniors reporting Medicaid but not Medicare
†Includes a small number of seniors reporting private insurance but not Medicare
NOTE: Column totals may not equal 100% because of rounding

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Foreign-born elderly adults are more likely than US-born elderly adults to be uninsured or have Medicare only.
- The majority of US-born and immigrant seniors have some type of private insurance supplementing Medicare.

Figure 3.4

Percentage Uninsured among Foreign-born NJ Non-Elderly Adults by Region of State



- The percentage of immigrant adults lacking coverage is highest in the northeastern region comprised of Passaic, Bergen, Union, Essex, and Hudson counties, which is the most urban part of the state.
- The pattern of uninsured rates by region for children in immigrant families is similar to that of adults, with the highest rate (16%) in the northeastern part of the state (data not shown on map).

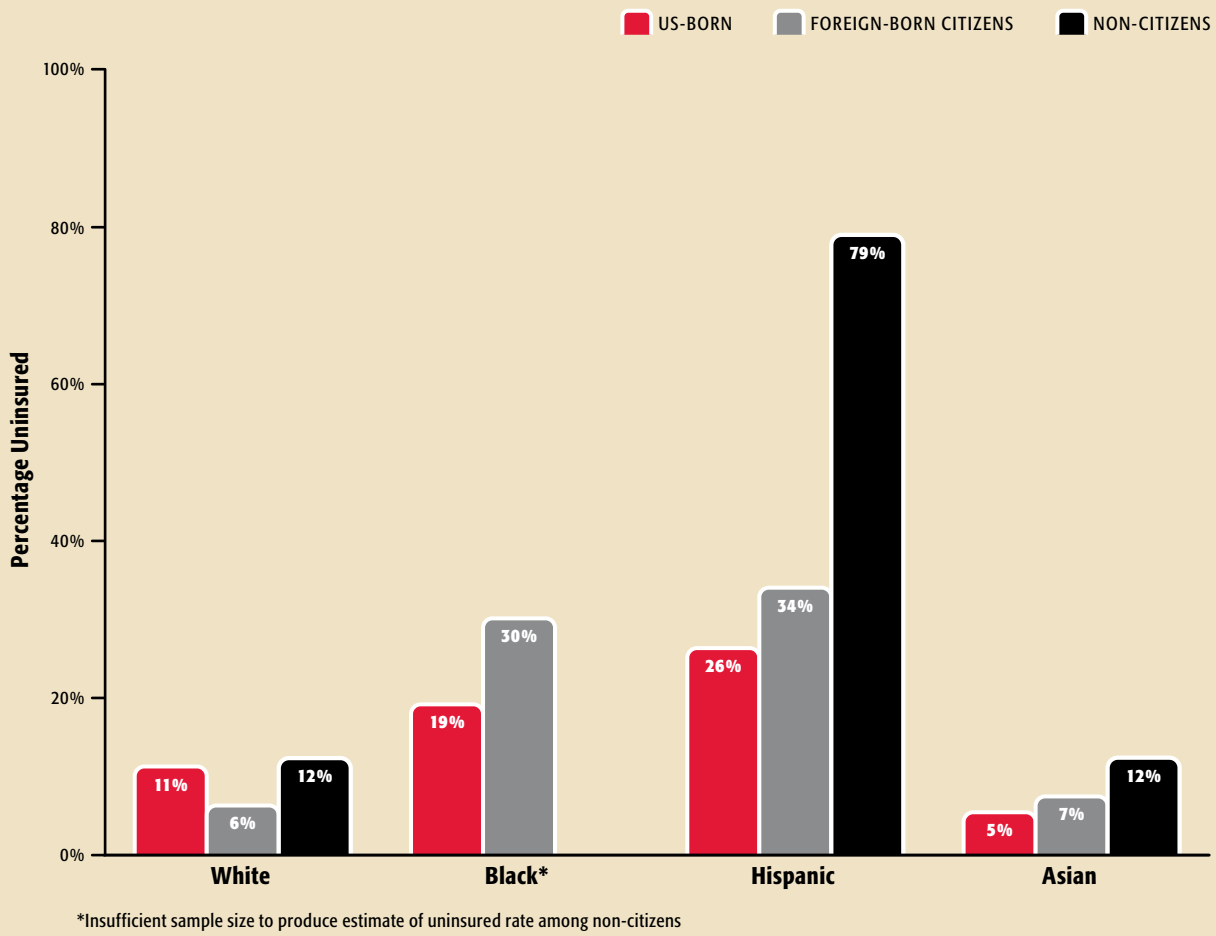
Table 3.1 | **Percentage Uninsured** | Non-Elderly Adults by Race/Ethnicity and Nativity/Citizenship

	Total %	US-born %	Foreign-born Citizens %	Non-citizens %
White	**10**	**11**	**6**	**12**
Black	**20**	**19**	**30**	*
Hispanic	**48**	**26**	**34**	**79**
Mexican/Mexican-American	75	*	*	91
Other Hispanic	41	26	30	73
Asian	**8**	**5**	**7**	**12**
Asian Indian	8	*	7	*
Other Asian	9	*	8	*
Other	**9**	**8**	*	*

*Insufficient sample size to produce estimates

2009 NEW JERSEY FAMILY HEALTH SURVEY

Figure 3.5 | **Percentage Uninsured** | Non-Elderly Adults by Race/Ethnicity and Nativity/Citizenship

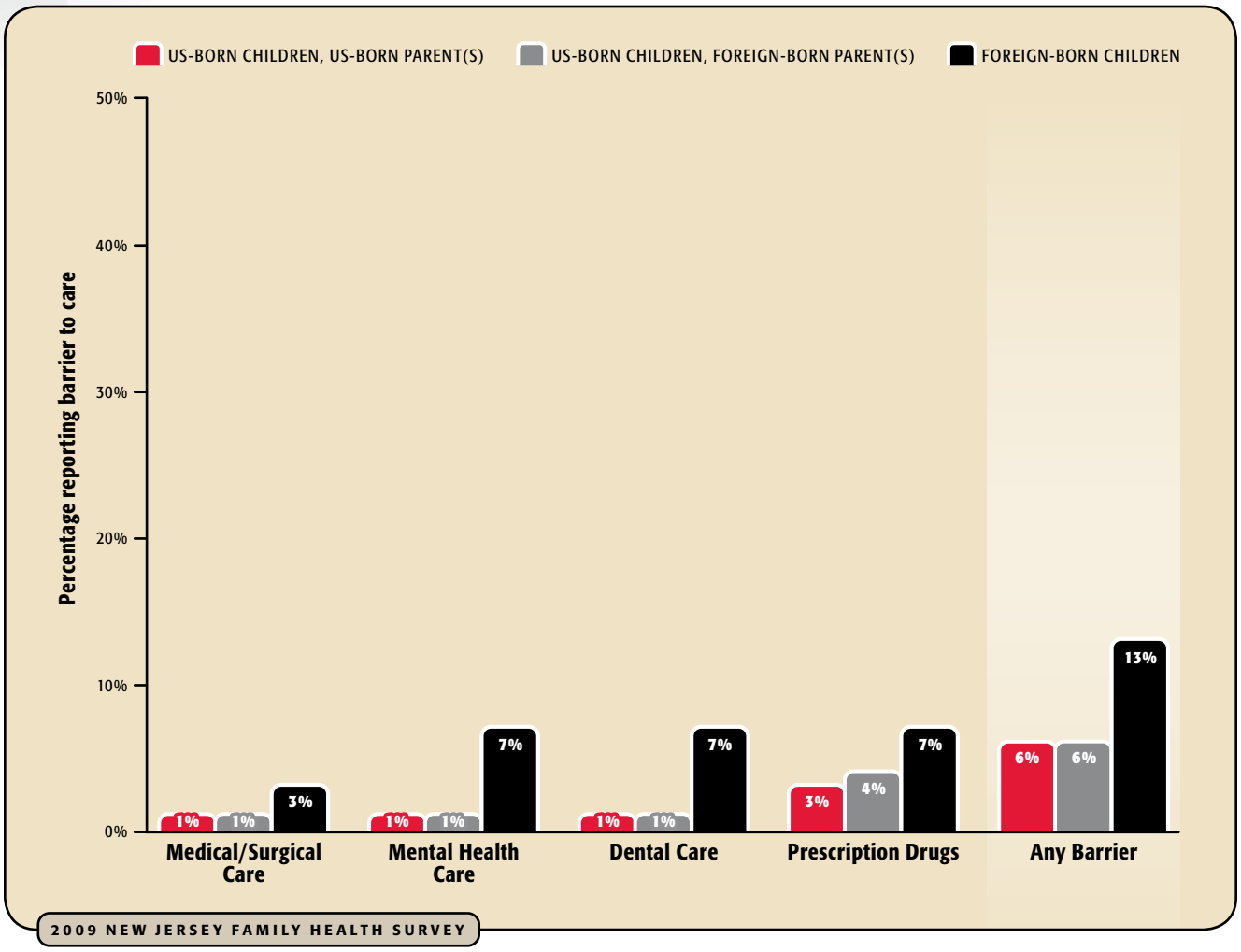


*Insufficient sample size to produce estimate of uninsured rate among non-citizens

2009 NEW JERSEY FAMILY HEALTH SURVEY

- Hispanic adults are the most likely by a large margin to be uninsured overall, with particularly high rates of uninsurance among non-citizens.
- Non-citizen Hispanic adults are over six times more likely to be uninsured than White or Asian non-citizens.
- Rates of uninsurance are nearly the same for Asian and White immigrant adults.

Figure 4.1
Perceived Barriers to Care among NJ Children by Nativity

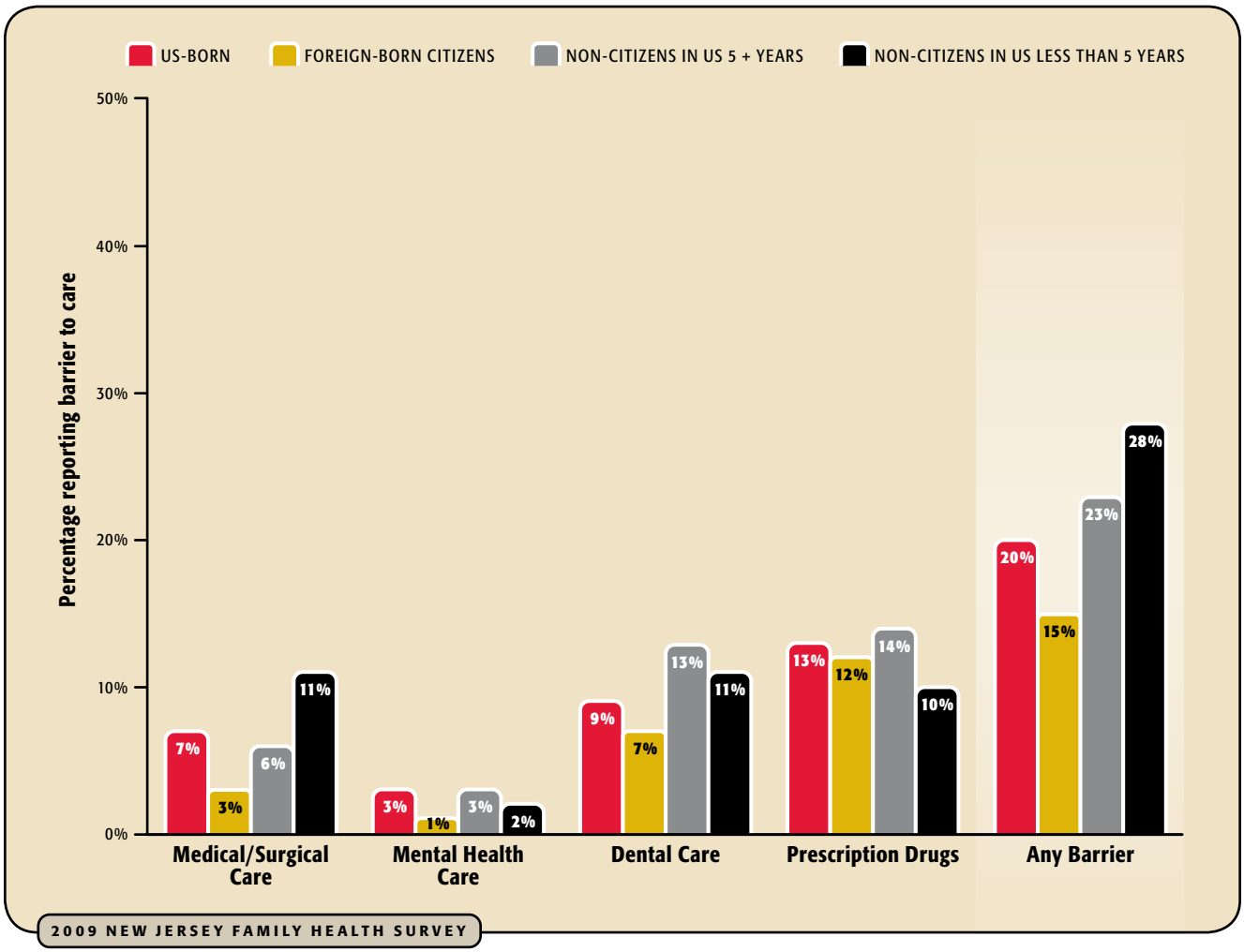


Perceived barriers to care were captured with the question "During the past 12 months was there a time when you (or someone else in your family) wanted (*health care type*) but could not get it at that time?"

- Perceived barriers to care are more common among immigrant children than US-born children, especially for mental health and dental care.
- US-born children of both US-born and foreign-born parents have a similar prevalence of perceived barriers to care.

Figure 4.2

Perceived Barriers to Care among NJ Non-Elderly Adults by Nativity/Citizenship

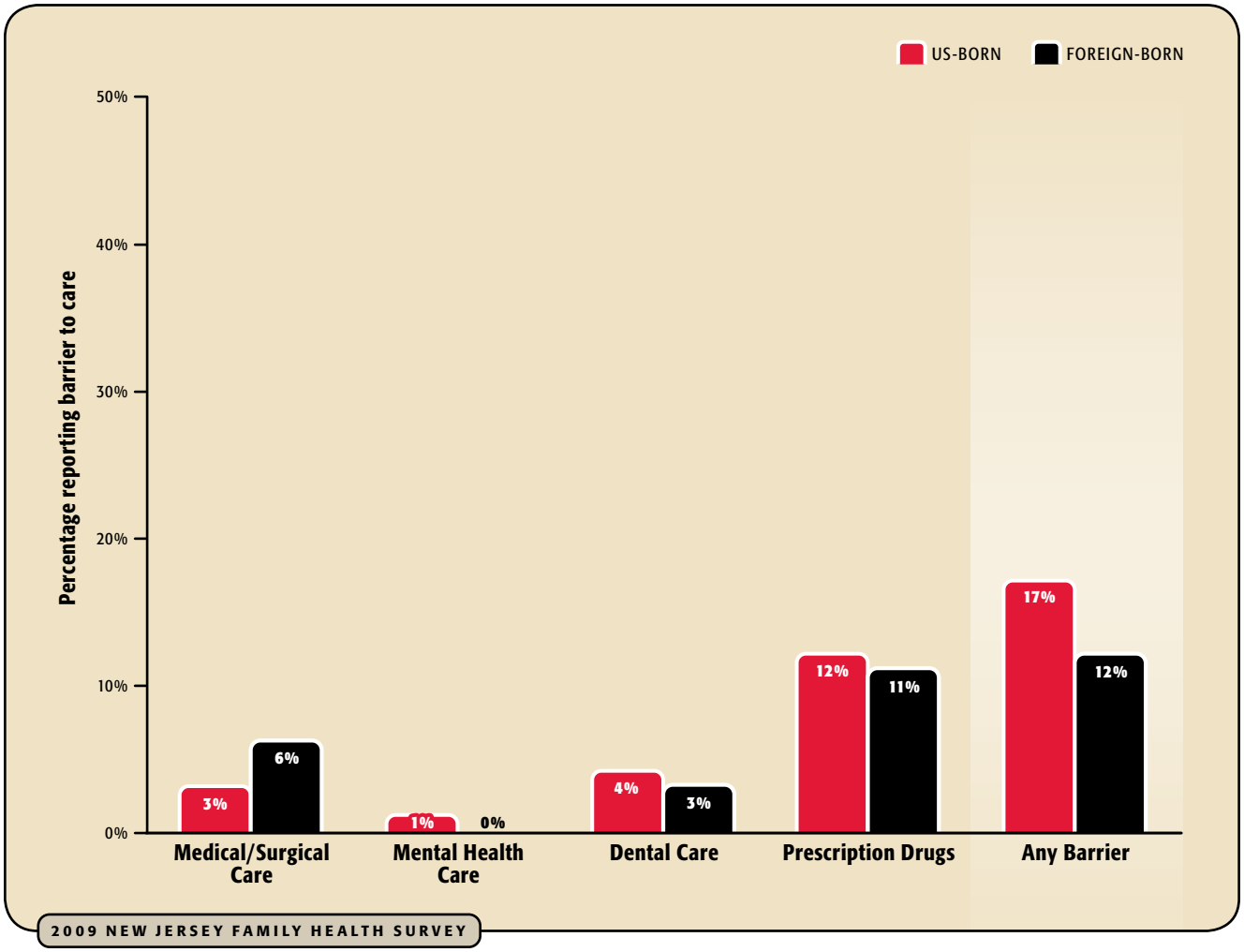


Perceived barriers to care were captured with the question "During the past 12 months was there a time when you (or someone else in your family) wanted (*health care type*) but could not get it at that time?"

- In general, non-citizen adults are more likely to report a perceived barrier to care than citizen adults.
- Overall, foreign-born citizens are reported with fewer perceived barriers to care than other adults.
- The variation in prevalence of perceived barriers to care among non-elderly adults of differing nativity/citizenship status is minimal for mental health care and prescription drug access and greatest for medical/surgical and dental care.
- Immigrant adults living in the easternmost regions of the state are more likely to perceive barriers to health care than those living in western regions, with those in the urban northeast reporting the highest rate of all (21%; data not shown in chart).

Figure 4.3

Perceived Barriers to Care among NJ Elderly Adults by Nativity

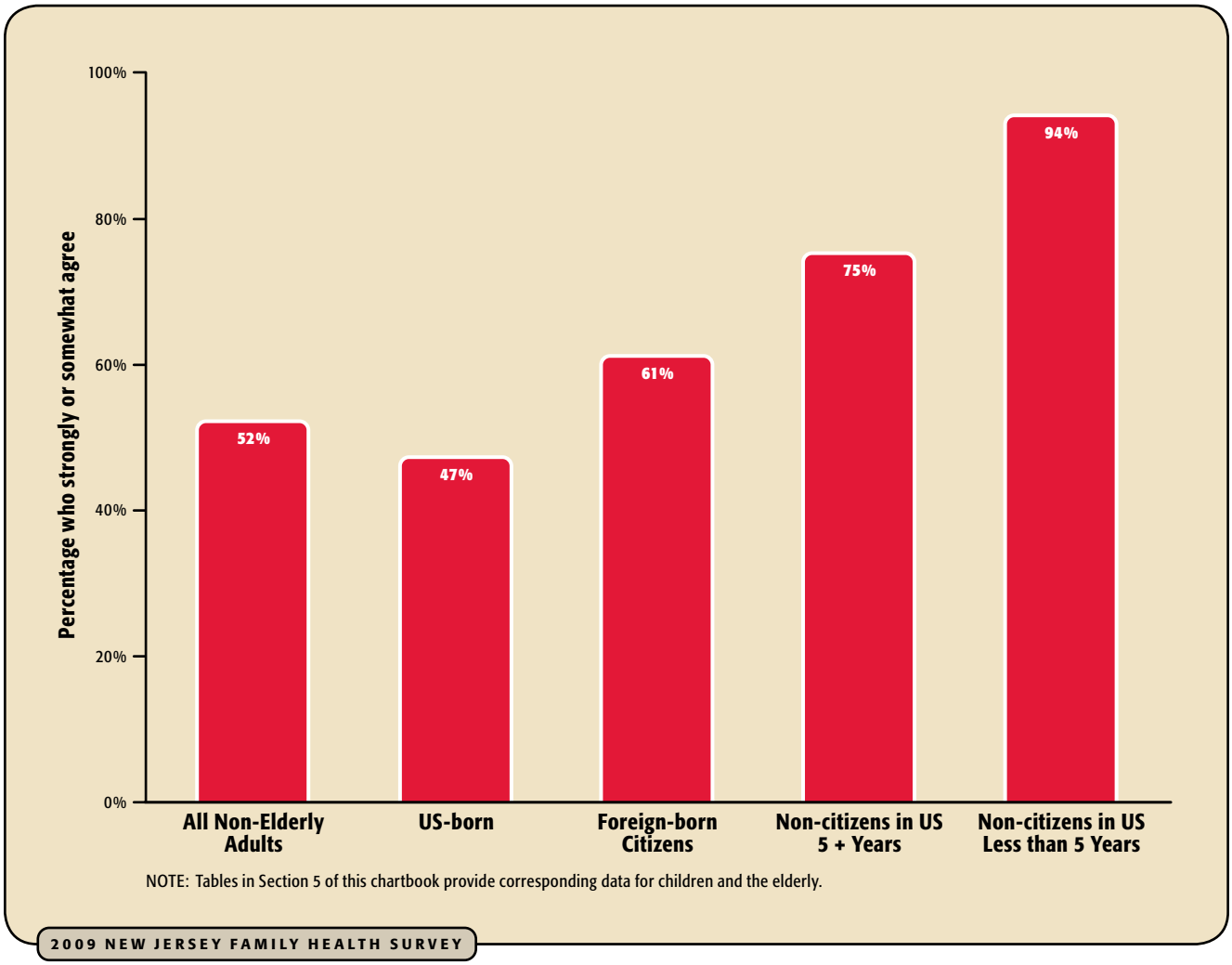


Perceived barriers to care were captured with the question "During the past 12 months was there a time when you (or someone else in your family) wanted (*health care type*) but could not get it at that time?"

- Failure to meet prescription drug needs is the most frequently reported access problem among US-born and foreign-born seniors alike, in spite of the implementation of the Medicare prescription drug benefit in 2006.
- Overall, proportionately fewer immigrant elderly adults report a perceived barrier to care than their US-born counterparts.

Figure 4.4

NJ Non-Elderly Adults Living in Households where the Survey Respondent is Willing to Use Public or Free Clinics by Nativity/Citizenship



NOTE: Tables in Section 5 of this chartbook provide corresponding data for children and the elderly.

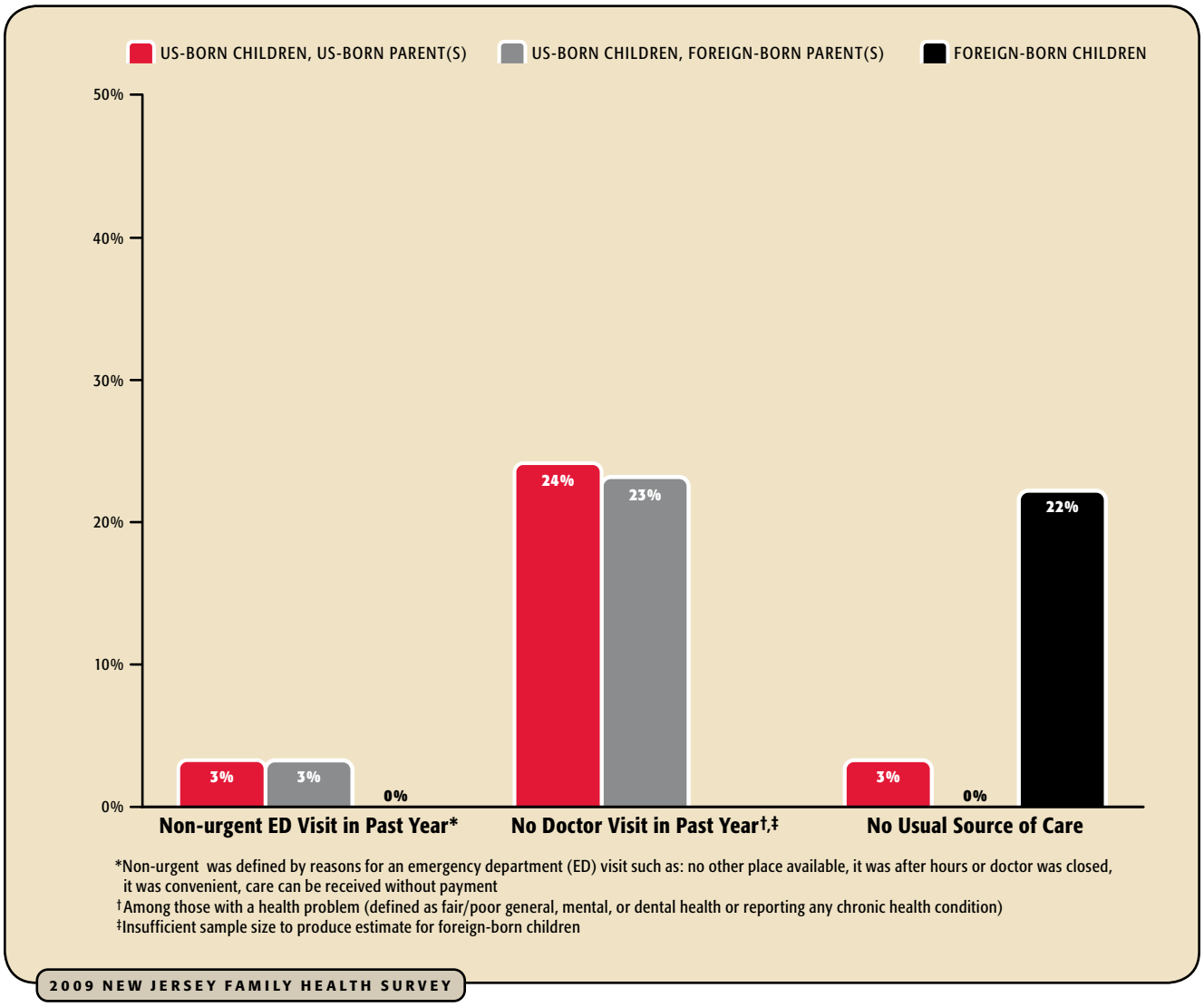
2009 NEW JERSEY FAMILY HEALTH SURVEY

The respondent in each household was asked "Having my medical needs taken care of at a public or free clinic is just fine with me. Do you agree or disagree?"

- The majority of immigrant adults are willing to use safety net providers to take care of their medical needs.
- Non-citizens recently arriving to the US are twice as likely as US-born residents to agree that it is just fine to seek care at a public or free clinic.
- Foreign-born seniors are more willing than US-born seniors to use safety net clinics (56% vs. 34%; data not shown in chart).
- Immigrant seniors are less likely than immigrant non-elderly adults to agree that it is fine to utilize public or free clinics for medical care (56% vs. 69%; data not shown in chart).

Figure 4.5

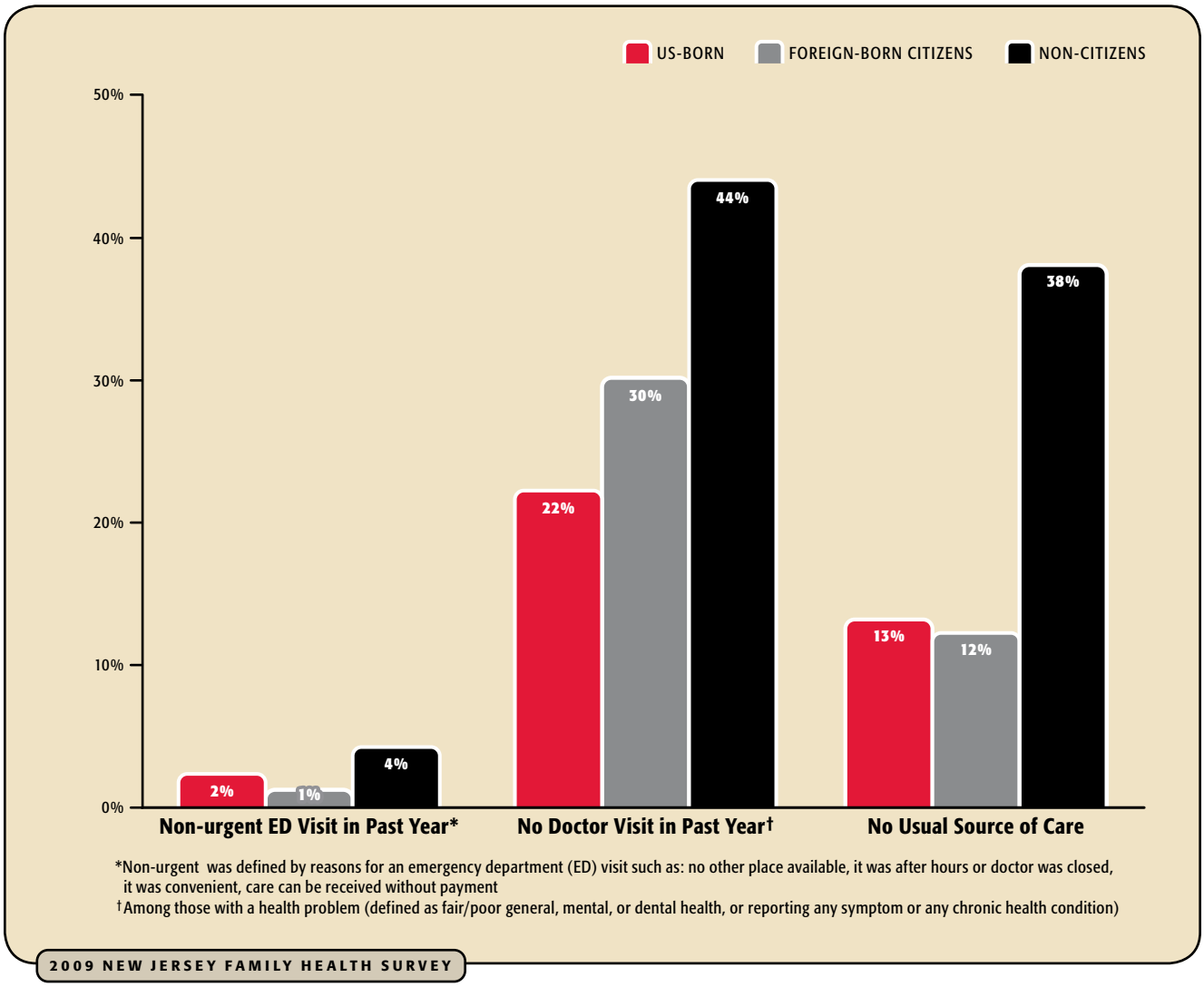
Access Indicators among NJ Children by Nativity



- Utilization-based indicators of access provide a mixed picture for children. Among both US-born children of US-born parents and those of foreign-born parents, few visited the emergency room for non-urgent conditions, although more than one in five with indicators of a health problem did not see a doctor in the previous year.
- Foreign-born children are much more likely to lack a usual source of care than others.

Figure 4.6

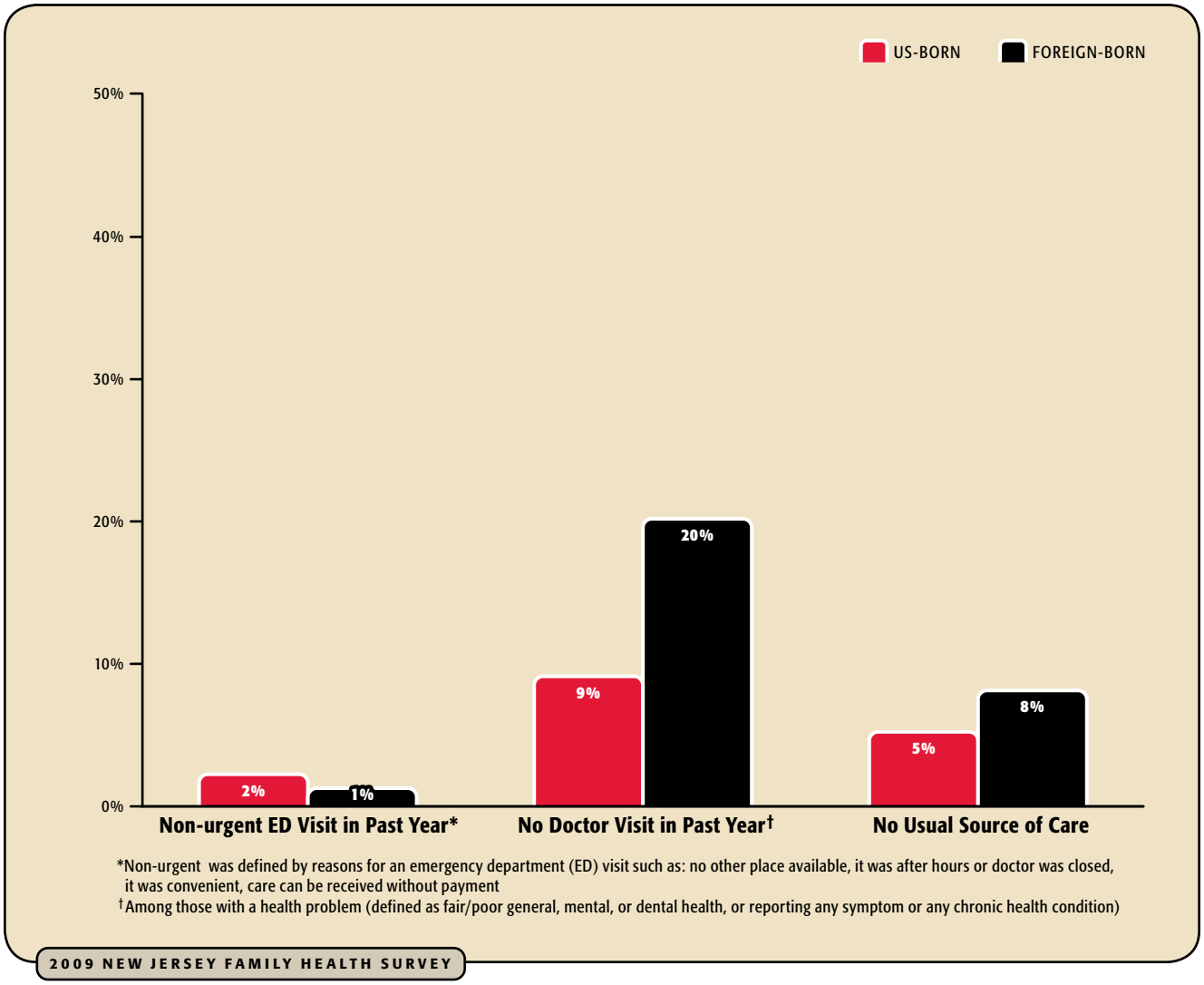
Access Indicators among NJ Non-Elderly Adults by Nativity/Citizenship



- Very few non-elderly adults visited the emergency room for non-urgent care, and this differed little between US-born and foreign-born adults.
- Non-citizen adults with a health problem are twice as likely as US-born citizens with a health problem to have not seen a doctor in the past year.
- Non-citizen adults are three times more likely than US-born or naturalized citizens to lack a usual source of care.

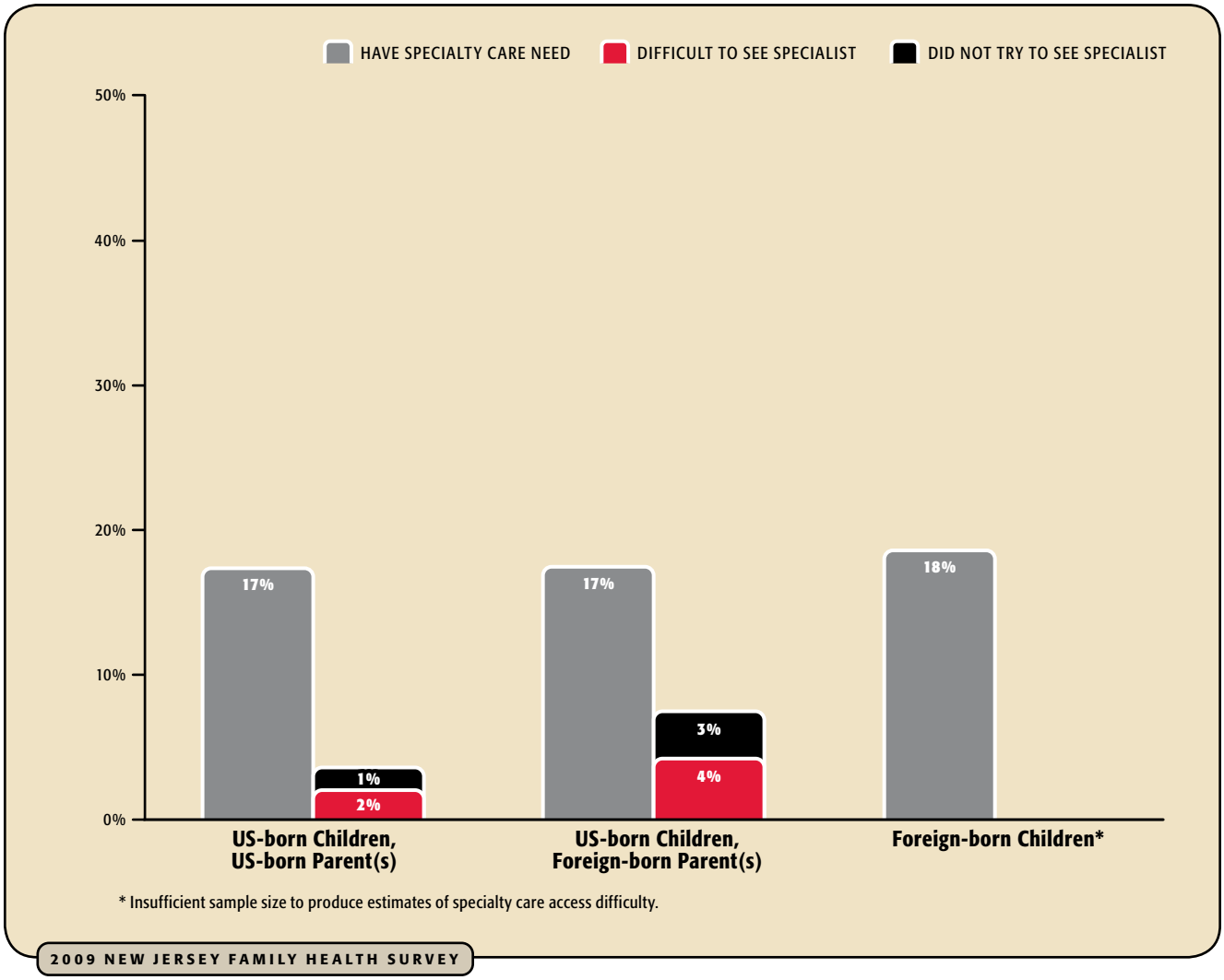
Figure 4.7

Access Indicators among NJ Elderly Adults by Nativity



- Like other age groups, very few elderly adults visited the emergency room for conditions reported as non-urgent, and there is no difference between US-born and foreign-born seniors.
- Foreign-born seniors with a health problem are less likely to have recently visited a doctor than US-born seniors, and they are also less likely to have a usual source of care.

Figure 4.8
Specialty Care Need and Access of NJ Children by Nativity

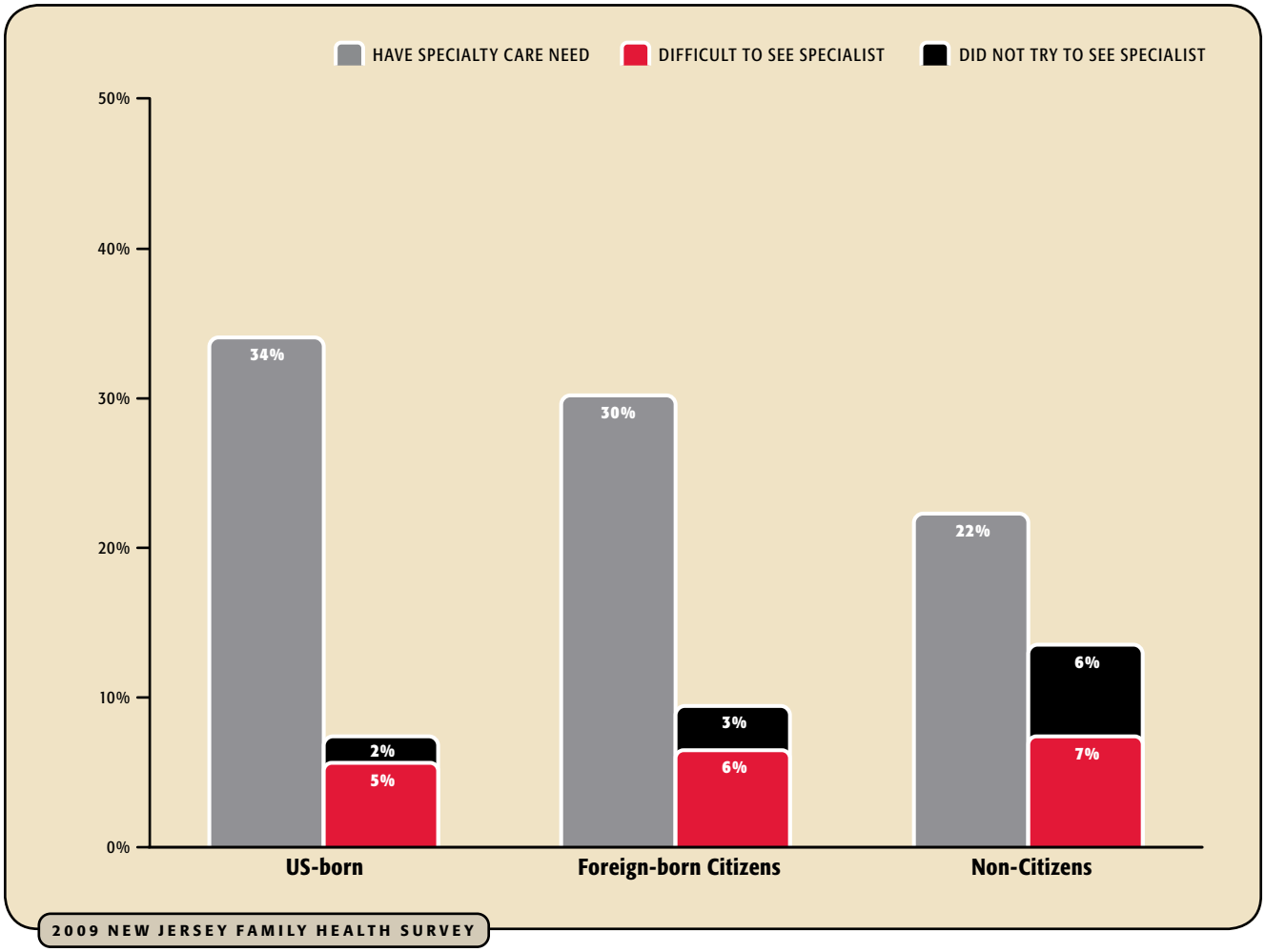


Specialty care need was assessed from the respondent's answer to two survey questions: "In the past 12 months, did you (or anyone in your family) see a specialist, or were told by a doctor or other health professional that (*you/they*) needed to see a specialist?" In reference to any family member not named in response to the first question, respondents were asked the follow-up question: "In the past 12 months, did you (or any of the family members not yet mentioned) think (*you/he/she*) needed to see a specialist?" These questions capture both professional and self-assessed need for specialty care.

- Specialty care need is about equally prevalent among children of US-born and foreign-born parents, but US-born children of immigrant parents are more likely to report difficulty accessing that specialty care than children of US-born parents.

Figure 4.9

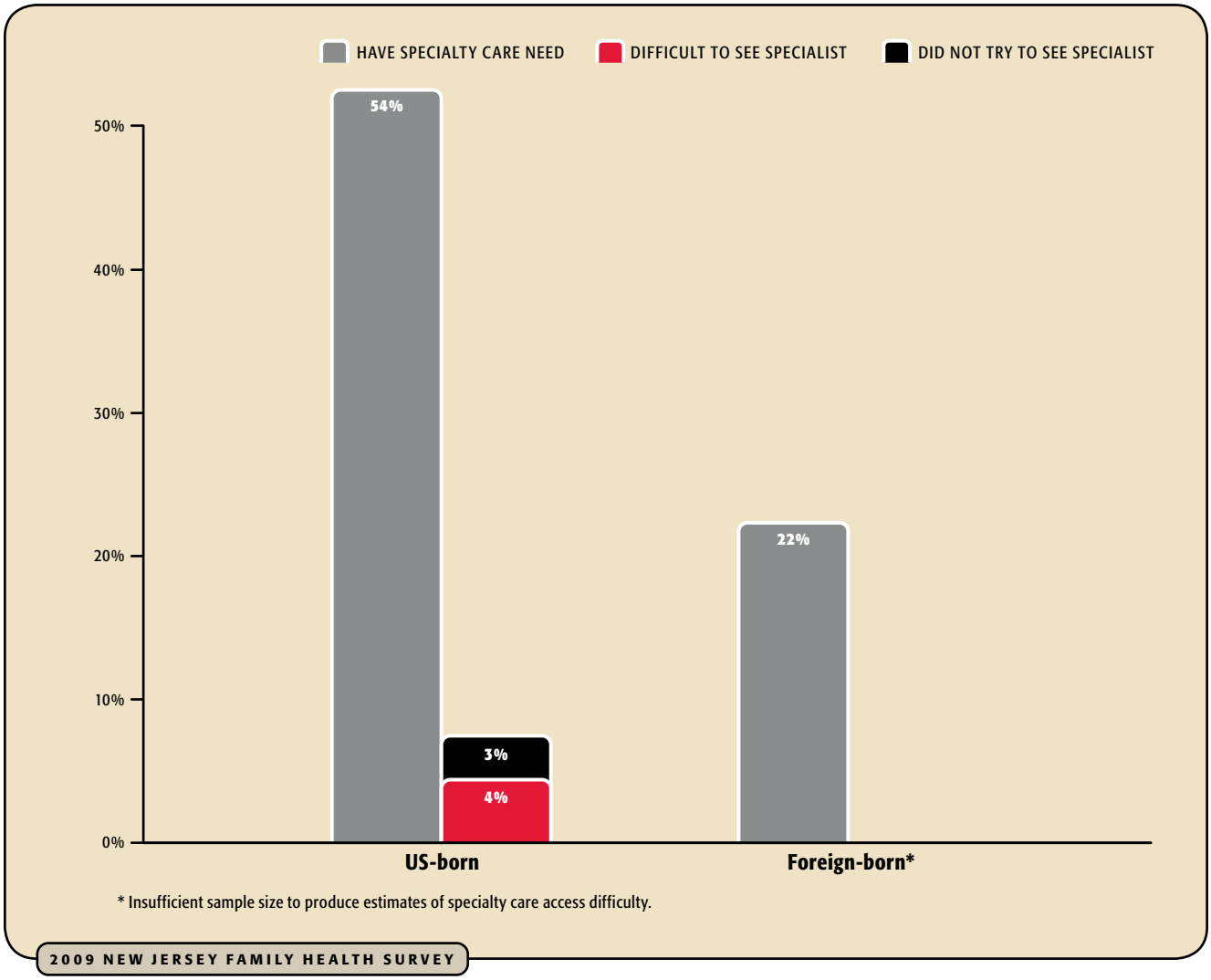
Specialty Care Need and Access of NJ Non-Elderly Adults by Nativity/Citizenship



Specialty care need was assessed from the respondent's answer to two survey questions: "In the past 12 months, did you (or anyone in your family) see a specialist, or were told by a doctor or other health professional that (*you/they*) needed to see a specialist?" In reference to any family member not named in response to the first question, respondents were asked the follow-up question: "In the past 12 months, did you (or any of the family members not yet mentioned) think (*you/he/she*) needed to see a specialist?" These questions capture both professional and self-assessed need for specialty care.

- A greater proportion of US-born citizens need specialty care than non-citizens.
- Although a lower percentage of non-citizen adults have a specialty care need, they are more likely than citizen adults to not try or have difficulty seeing a specialist.

Figure 4.10
Specialty Care Need and Access of NJ Elderly Adults by Nativity



Specialty care need was assessed from the respondent's answer to two survey questions: "In the past 12 months, did you (or anyone in your family) see a specialist, or were told by a doctor or other health professional that (*you/they*) needed to see a specialist?" In reference to any family member not named in response to the first question, respondents were asked the follow-up question: "In the past 12 months, did you (or any of the family members not yet mentioned) think (*you/he/she*) needed to see a specialist?" These questions capture both professional and self-assessed need for specialty care.

- A majority of US-born seniors have a need for specialty care, whereas less than one in four foreign-born seniors have a need.
- US-born seniors needing specialty care are unlikely to report difficulty accessing that care.

Table 5.1

Demographic and Socioeconomic Characteristics of NJ Children by Nativity

Children Under Age 19

	US-born, US-born Parent(s) (N=1,639,101)			US-born, Foreign-born Parent(s) (N=407,761)			Foreign-born (N=119,661)		
Mean Age	**8.9**			**8.6**			**12.3**		
Median Age	**9**			**8**			**13**		
	n	**N**	**%**	**n**	**N**	**%**	**n**	**N**	**%**
Gender									
Female	599	792,909	48.4	132	186,394	45.7	29	64,591	54.0
Male	635	846,192	51.6	162	221,367	54.3	34	55,070	46.0
Race/Ethnicity									
White	859	1,087,526	66.3	98	110,363	27.1	13	28,211	23.6
Black	207	299,512	18.3	27	32,424	7.9	7	9,302	7.8
Hispanic	139	196,151	12.0	109	151,190	37.1	21	44,717	37.4
Mexican/Mexican-American	9	11,573	6.0	20	33,079	22.1	–	–	–
Other Hispanic	122	181,420	94.0	86	116,616	77.9	–	–	–
Asian	7	17,284	1.0	41	88,219	21.6	18	31,350	26.2
Asian Indian	–	–	–	16	37,561	42.9	–	–	–
Other Asian	–	–	–	23	49,942	57.1	–	–	–
Other	22	38,628	2.4	19	25,565	6.3	4	6,081	5.1
Primary Language in Home									
English	1,191	1,554,645	94.8	177	216,046	53.1	30	49,504	41.4
Other	43	84,456	5.2	116	190,947	46.9	33	70,157	58.6
Percent of Federal Poverty Level									
0 to 100%	122	136,649	8.3	49	68,282	16.8	7	15,570	13.0
101 to 200%	185	216,823	13.2	71	76,666	18.8	13	12,970	10.8
201 to 350%	241	347,846	21.2	45	62,935	15.4	18	35,924	30.0
Greater than 350%	686	937,783	57.2	129	199,878	49.0	25	55,196	46.1

– Insufficient sample size to produce estimate
NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

Table 5.2

Demographic and Socioeconomic Characteristics of NJ Non-Elderly Adults by Nativity and Citizenship

Adults Ages 19–64

	US-born (N=3,865,198)			Foreign-born Citizens (N=750,285)			Non-citizens in US 5+ Years (N=409,282)			Non-citizens in US Less than 5 Years (N=143,218)		
Mean Age	**42.1**			**43.5**			**38.3**			**29.9**		
Median Age	**43**			**43**			**38**			**27**		
	n	**N**	**%**	**n**	**N**	**%**	**n**	**N**	**%**	**n**	**N**	**%**
Gender												
Female	2,208	2,013,483	52.1	252	370,558	49.4	93	180,881	44.2	29	50,631	35.4
Male	1,980	1,851,716	47.9	200	379,727	50.6	112	228,400	55.8	39	92,587	64.6
Race/Ethnicity												
White	3,212	2,906,639	75.2	151	219,290	29.2	41	89,374	21.8	4	20,649	14.4
Black	502	528,739	13.7	44	73,381	9.8	15	18,204	4.5	5	854	0.6
Hispanic	375	329,541	8.5	121	184,131	24.5	112	215,626	52.7	40	93,974	65.6
Mexican/Mexican-American	16	24,190	7.7	12	29,939	16.7	38	69,035	32.9	–	–	–
Other Hispanic	332	291,801	92.3	104	149,707	83.3	72	140,555	67.1	–	–	–
Asian	49	45,995	1.2	115	244,032	32.5	32	72,156	17.6	19	27,741	19.4
Asian Indian	14	14,289	32.0	55	98,197	41.7	–	–	–	–	–	–
Other Asian	33	30,400	68.0	55	137,483	58.3	–	–	–	–	–	–
Other	50	54,284	1.4	21	29,451	3.9	5	13,921	3.4	0	0	0.0
Primary Language in Home												
English	4,034	3,699,021	95.8	255	413,407	55.6	49	86,717	21.2	9	13,270	9.3
Other	151	162,855	4.2	195	329,535	44.4	156	322,565	78.8	59	129,947	90.7
Percent of Federal Poverty Level												
0 to 100%	196	200,419	5.2	37	62,872	8.4	38	72,406	17.7	18	27,292	19.1
101 to 200%	439	328,610	8.5	62	50,539	6.7	52	60,587	14.8	28	42,474	29.7
201 to 350%	723	795,205	20.6	88	142,618	19.0	50	113,942	27.8	8	33,511	23.4
Greater than 350%	2,830	2,540,963	65.7	265	494,256	65.9	65	162,347	39.7	14	39,941	27.9

– Insufficient sample size to produce estimate
NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

Table 5.3

Demographic and Socioeconomic Status of NJ Elderly Adults by Nativity

Adults Ages 65+

	US-born (N=845,014)			Foreign-born (N=194,402)		
Mean Age	**76.4**			**72.6**		
Median Age	**76**			**71**		
	n	**N**	**%**	**n**	**N**	**%**
Gender						
Female	366	524,163	62.0	61	114,455	58.9
Male	285	320,851	38.0	38	79,947	41.1
Race/Ethnicity						
White	548	708,336	83.8	48	102,771	52.9
Black	77	100,092	11.8	9	26,307	13.5
Hispanic	21	32,406	3.8	23	25,918	13.3
Asian	1	83	0.0	16	33,424	17.2
Other	4	4,097	0.5	3	5,982	3.1
Primary Language in Home						
English	638	814,014	96.3	56	96,959	49.9
Other	13	31,000	3.7	43	97,443	50.1
Percent of Federal Poverty Level						
0 to 100%	32	56,050	6.6	10	13,689	7.0
101 to 200%	123	197,180	23.3	20	24,970	12.8
201 to 350%	126	195,657	23.2	18	47,566	24.5
Greater than 350%	370	396,127	46.9	51	108,177	55.7

NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

Table 5.4

Health Status of NJ Children by Nativity

Children Under Age 19

	US-born, US-born Parent(s) (N=1,639,101)			US-born, Foreign-born Parent(s) (N=407,761)			Foreign-born (N=119,661)		
	n	N	%	n	N	%	n	N	%
General Health Status									
Excellent	770	1,071,291	65.6	158	218,364	53.6	34	58,522	48.9
Very good	264	340,736	20.9	66	101,710	24.9	11	30,032	25.1
Good	162	185,361	11.3	51	64,562	15.8	15	21,199	17.7
Fair/Poor	34	36,717	2.2	19	23,126	5.7	3	9,908	8.3
Mental Health Status									
Excellent	760	1,050,410	64.6	167	249,449	61.2	35	64,636	54.0
Very good	260	344,441	21.2	68	96,376	23.6	10	22,224	18.6
Good	171	204,337	12.6	44	46,848	11.5	13	22,288	18.6
Fair/Poor	32	27,904	1.7	15	15,088	3.7	5	10,512	8.8
Dental Health Status									
Excellent	707	966,915	60.1	145	225,884	55.7	21	38,364	33.5
Very good	258	353,226	22.0	66	81,090	20.0	15	36,957	32.3
Good	207	237,803	14.8	61	67,171	16.6	22	30,315	26.5
Fair/Poor	44	50,051	3.1	20	31,232	7.7	4	8,863	7.7
Chronic Conditions									
Asthma	182	235,712	14.4	37	65,105	16.0	4	6,146	5.3
Other long-lasting or serious condition*	36	51,611	3.2	8	4,975	1.2	2	2,362	2.0
Any Health Problem†	263	332,577	20.6	66	98,566	24.3	11	17,173	15.4

*Includes diabetes or any other long-lasting or serious condition

†Defined as fair/poor general, mental, or dental health, or reporting any chronic condition

NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

Table 5.5

Health Status of NJ Non-Elderly Adults by Nativity and Citizenship

Adults Ages 19–64

	US-born (N=3,865,198)			Foreign-born Citizens (N=750,285)			Non-citizens in US 5 + Years (N=409,282)			Non-citizens in US Less than 5 Years (N=143,218)		
	n	N	%	n	N	%	n	N	%	n	N	%
General Health Status												
Excellent	1596	1,166,866	30.3	117	217,318	29.0	47	93,152	22.8	9	23,056	16.1
Very good	1252	1,257,927	32.6	133	221,250	29.5	50	99,708	24.4	13	22,825	15.9
Good	924	919,301	23.8	128	198,955	26.5	53	105,493	25.8	26	50,884	35.5
Fair/Poor	410	512,539	13.3	74	112,762	15.0	55	110,929	27.1	20	46,453	32.4
Mental Health Status												
Excellent	2000	1,765,691	45.8	200	366,241	48.9	73	131,953	32.2	26	65,011	45.4
Very good	1111	1,049,194	27.2	109	188,404	25.1	38	75,909	18.6	10	11,586	8.1
Good	839	772,562	20.0	112	153,857	20.5	76	172,259	42.1	25	48,537	33.9
Fair/Poor	230	267,352	6.9	29	41,100	5.5	18	29,161	7.1	7	18,084	12.6
Dental Health Status												
Excellent	1417	1,105,208	28.7	97	159,227	21.3	33	65,412	16.0	9	29,633	20.7
Very good	1118	1,055,670	27.4	124	215,967	28.8	30	67,556	16.5	8	9,089	6.4
Good	1085	1,052,246	27.4	145	255,146	34.0	66	119,893	29.3	25	36,773	25.7
Fair/Poor	552	633,765	16.5	85	119,114	15.9	76	156,421	38.2	26	67,723	47.3
Chronic Conditions												
Asthma	470	478,976	12.4	28	65,083	8.7	7	12,542	3.1	1	901	0.6
Diabetes	210	244,493	6.3	44	62,975	8.4	8	15,336	3.8	3	1,447	1.0
Other long-lasting or serious condition	553	619,117	16.0	53	87,820	11.7	15	23,982	5.9	6	8,679	6.1
Any chronic condition	1052	1,077,765	27.9	107	189,189	25.3	27	48,140	12.0	8	9,660	6.7
Symptoms*												
Morbid only	499	480,377	12.6	63	112,967	15.2	30	54,184	13.7	6	12,174	9.0
Serious only	228	203,720	5.3	33	57,077	7.7	17	28,561	7.2	4	11,324	8.3
Both morbid and serious	387	496,471	13.0	56	79,636	10.7	40	94,042	23.8	11	24,792	18.3
Any Health Problem†	1,909	1,948,117	51.0	243	372,904	50.2	128	259,148	64.5	41	106,083	77.1

*See the Methods section of the Appendix for definitions of morbid and serious symptoms

†Defined as fair/poor general, mental, or dental health, or reporting any symptom or any chronic health condition

NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

Table 5.6
Health Status of NJ Elderly Adults by Nativity
Adults Ages 65+

	US-born (N=845,014)			Foreign-born (N=194,402)		
	n	N	%	n	N	%
General Health Status						
Excellent	113	118,012	14.1	15	27,671	14.2
Very good	170	203,120	24.3	19	46,248	23.8
Good	200	278,541	33.3	42	87,318	44.9
Fair/Poor	165	236,480	28.3	23	33,165	17.1
Mental Health Status						
Excellent	216	252,647	30.0	34	69,345	35.8
Very good	175	226,147	26.8	25	53,755	27.8
Good	194	263,656	31.3	28	48,164	24.9
Fair/Poor	64	100,808	11.9	11	22,296	11.5
Dental Health Status						
Excellent	115	136,679	16.8	13	31,148	16.3
Very good	146	183,640	22.6	23	44,072	23.0
Good	241	317,292	39.0	37	82,876	43.2
Fair/Poor	137	175,620	21.6	22	33,634	17.5
Chronic Conditions						
Diabetes	137	195,564	23.2	21	39,587	20.4
Other long-lasting or serious condition*	244	332,935	39.9	31	50,400	25.9
Symptoms†						
Morbid only	139	235,861	28.1	24	48,337	24.9
Serious only	41	62,153	7.4	13	32,069	16.5
Both morbid and serious	120	169,460	20.2	8	17,421	9.0
Any Health Problem‡	464	645,638	77.1	69	130,610	67.2

*Includes asthma and any other long-lasting or serious condition
†See the Methods section of the Appendix for definitions of morbid and serious symptoms
‡Defined as fair/poor general, mental, or dental health, or reporting any symptom or any chronic health condition
NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

Table 5.7

Health Insurance and Access to Care of NJ Children by Nativity

Children Under Age 19

	US-born, US-born Parent(s) (N=1,639,101)			US-born, Foreign-born Parent(s) (N=407,761)			Foreign-born (N=119,661)		
	n	N	%	n	N	%	n	N	%
Health Insurance Coverage									
Public*	206	246,808	15.1	89	124,592	30.6	2	1,890	1.6
Private†	959	1,323,434	80.7	188	259,271	63.6	42	77,357	64.6
Uninsured	69	68,859	4.2	17	23,899	5.9	19	40,413	33.8
Perceived Barriers to									
Medical/surgical care	17	23,898	1.5	5	5,166	1.3	2	3,540	3.0
Mental health care	11	21,507	1.3	2	2,995	0.7	2	8,504	7.1
Dental care	20	12,335	0.8	8	4,623	1.1	2	8,504	7.1
Prescription drugs	36	56,210	3.4	8	14,965	3.7	2	8,205	6.9
Any of above	69	94,001	5.8	20	26,023	6.4	5	15,087	12.6
Willing to use free or public clinics‡	481	663,511	41.5	165	225,016	56.7	39	74,412	62.2
Indicators of Access									
Non-urgent ED visit in past year	25	47,459	2.9	8	11,229	2.8	0	0	0.0
No doctor visit in past year§	70	80,393	24.2	17	22,521	22.9	–	–	–
No usual source of care	41	42,363	2.6	6	1,983	0.5	15	26,322	22.0
Specialty Care Access									
Needed specialty care in past year	220	274,777	16.8	59	67,977	16.8	11	21,932	18.3
Difficult to see a specialist	25	35,393	12.9	17	17,118	25.2	–	–	–
Didn't try to see a specialist	11	15,541	5.7	7	12,153	17.9	–	–	–

*Coverage through Medicaid, NJ FamilyCare, Medicare, Military/TRICARE/CHAMPUS, Railroad Retirement Fund, and/or the Indian Health Service
†Employer or union-sponsored insurance and/or individual purchase, including student plans
‡Resides in a household where the survey respondent somewhat or strongly agrees that "having my medical needs taken care of at a public or free clinic is just fine with me"
§Among those with a health problem (see Table 5.4)
– Insufficient sample size to produce estimate
NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

Table 5.8

Health Insurance and Access to Care of NJ Non-Elderly Adults by Nativity and Citizenship

Adults Ages 19–64

	US-born (N=3,865,198)			Foreign-born Citizens (N=750,285)			Non-citizens in US 5+ Years (N=409,282)			Non-citizens in US Less than 5 Years (N=143,218)		
	n	N	%	n	N	%	n	N	%	n	N	%
Health Insurance Coverage												
Public*	259	349,037	9.0	34	56,733	7.6	9	19,372	4.7	2	5,627	3.9
Private†	3382	3,018,815	78.1	331	572,673	76.3	99	218,351	53.4	19	36,363	25.4
Uninsured	547	497,346	12.9	87	120,879	16.1	97	171,559	41.9	47	101,228	70.7
Perceived Barriers to												
Medical/surgical care	221	253,158	6.6	11	19,909	2.7	11	24,041	5.9	4	15,717	11.0
Mental health care	90	101,895	2.6	10	7,127	1.0	3	10,685	2.6	2	2,606	1.8
Dental care	301	362,067	9.4	36	51,097	6.8	24	54,578	13.3	7	15,254	10.7
Prescription drugs	419	488,236	12.7	51	90,062	12.0	25	58,264	14.2	8	14,304	10.0
Any of above	699	783,665	20.4	76	111,481	14.9	43	93,972	23.0	15	39,829	27.8
Willing to use free or public clinics‡	1,739	1,771,508	47.0	268	440,599	60.6	156	294,474	74.7	57	135,266	94.5
Indicators of Access												
Non-urgent ED visit in past year	65	66,340	1.7	6	8,761	1.2	6	21,592	5.3	1	287	0.2
No doctor visit in past year§	441	428,525	22.1	79	113,268	30.4	57	109,416	42.2	24	52,696	49.7
No usual source of care	415	478,667	12.6	67	92,762	12.5	59	121,907	30.1	41	84,371	58.9
Specialty Care Access												
Needed specialty care in past year	1290	1,300,571	33.8	133	226,143	30.2	45	106,316	26.0	8	16,104	11.2
Difficult to see a specialist	193	209,568	16.2	22	41,457	18.5	13	36,482	34.3	–	–	–
Didn't try to see a specialist	84	95,350	7.4	13	20,453	9.1	10	22,966	21.6	–	–	–

* Coverage through Medicaid, NJ FamilyCare, Medicare, Military/TRICARE/CHAMPUS, Railroad Retirement Fund, and/or the Indian Health Service

† Employer or union-sponsored insurance and/or individual purchase, including student plans

‡ Resides in a household where the survey respondent somewhat or strongly agrees that "having my medical needs taken care of at a public or free clinic is just fine with me"

§ Among those with a health problem (see Table 5.5)

– Insufficient sample size to produce estimate

NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

Table 5.9

Health Insurance and Access to Care of NJ Elderly Adults by Nativity

Adults Ages 65+

	US-born (N=845,014)			Foreign-born (N=194,402)		
	n	N	%	n	N	%
Health Insurance Coverage						
Medicare and Private Insurance*	531	645,709	76.4	62	118,093	60.7
Medicare and Medicaid†	18	44,722	5.3	8	7,478	3.9
Medicare only	97	150,425	17.8	18	52,033	26.8
Uninsured	5	4,158	0.5	11	16,798	8.6
Perceived Barriers to						
Medical/surgical care	15	22,000	2.6	6	11,193	5.9
Mental health care	4	8,837	1.1	0	0	0.0
Dental care	20	29,975	3.6	4	6,220	3.2
Prescription drugs	61	98,173	11.7	15	21,552	11.4
Any of above	83	1,398,875	16.7	17	23,364	12.3
Willing to use free or public clinics‡	208	269,337	34.0	53	100,888	56.3
Indicators of Access						
Non-urgent ED visit in past year	13	17,618	2.1	2	2,169	1.1
No doctor visit in past year§	45	57,349	8.9	15	26,259	20.1
No usual source of care	22	40,795	4.8	5	15,172	7.8
Specialty Care Access						
Needed specialty care in past year	333	452,440	54.0	34	42,931	22.1
Difficult to see a specialist	28	37,432	8.3	–	–	–
Didn't try to see a specialist	13	24,787	5.5	–	–	–

*Includes a small number of seniors reporting private insurance but not Medicare
†Includes a small number of seniors reporting Medicaid but not Medicare
‡Resides in a household where the survey respondent somewhat or strongly agrees that "having my medical needs taken care of at a public or free clinic is just fine with me"
§Among those with a health problem (see Table 5.6)
– Insufficient sample size to produce estimate
NOTE: n is the unweighted sample size, and N is the weighted population estimate

2009 NEW JERSEY FAMILY HEALTH SURVEY

APPENDIX

Methods

The New Jersey Family Health Survey (NJFHS), like all comparable surveys, is subject to sampling variability. This means that differences in estimates across population subgroups may be different from true population differences because of sampling error. Because a large number of differences are highlighted in this chartbook, formal statistical tests of significance were not performed. Estimates for subgroups with 40 or fewer sample observations are not shown in the chartbook because they would be especially unreliable. Still, readers should interpret small and moderate differences among groups shown in the chartbook with caution, even where subgroup sample sizes exceed the minimum threshold.

The New Jersey Family Health Survey sample consisted of 7,336 persons. The data for this chartbook are based on 7,254 persons. Records for 16 children, 60 non-elderly adults, and 6 elderly adults were excluded entirely from the analytic sample because nativity and/or citizenship status was not reported. Other methods were used to handle missing survey data in the remaining analytic variables.

The key sociodemographic characteristics of family income, race/ethnicity, and health insurance coverage were imputed using standard statistical techniques in the small number of cases when these variables were not reported. In the analytic sample of 7,254 persons, 8.4% had a poverty level assignment based on an imputed family income, 0.4% had an imputed race/ethnicity, and 1.2% had coverage type imputed. For all other variables, missing values were excluded using "pairwise deletion", meaning that a person's record was not deleted entirely from the sample if it had any missing data, but was only dropped when it had a missing value for the specific variable under analysis. Almost every remaining analytic variable had an item non-response rate less than 5% in each age group. The exceptions to this were detailed Hispanic ethnicity (Mexican-American vs. Other Hispanic), which was unknown for 5.3% of non-elderly adults, and willingness to use a free or public clinic, which had a 5.9% item non-response rate among elderly adults.

The NJFHS was administered in both English and Spanish. State residents who are speakers of other languages may be under-represented in the NJFHS. The table below shows the percentage of interviews with Hispanic respondents that were conducted in Spanish by nativity/citizenship and overall.

Language used in Interviews with Hispanic Respondents (n=304)

Nativity/Citizenship of respondent	Percentage* of interviews conducted in Spanish
US-born	12%
Foreign-born citizen	52%
Non-citizen	92%
Total	**41%**

*Unweighted

Certain analytic variables were derived from a complex question or a series of questions in the survey. Correct interpretation of the estimates generated from these variables is aided by knowledge of the question wording and data preparation. This additional information is provided for specific figures below.

- **Figures 2.1, 2.2, & 2.3**: Perceived health was assessed by the question: "Would you say (*your/family member's*) health is excellent, very good, good, fair, or poor?" This question was asked about the respondent and the respondent's family members' general, mental, and dental health.
- **Figures 2.4, 2.5, & 2.6**: Chronic health conditions of asthma or diabetes were assessed by the question "Has a doctor or other health professional ever said that you (or any other member of your family) had (*disease*)?" Presence of any other serious condition was assessed with the question "Have you (or anyone in your family) had any other type of serious or long-lasting medical condition that I haven't mentioned?"
- **Figure 2.7**: Presence of specific physical symptoms was assessed over the three months preceding the survey by inquiring of the respondent if he/she or any other adult family member experienced
  - » morbid symptoms: 1) back or neck pain that made it very painful to walk a block or go up

stairs, 2) cough with yellow sputum and fever, 3) anxiety, nervousness or fear that interfered with work or social activities, 4) hip, knee, or leg pain that made it difficult to walk a block or go up stairs, 5) sprained ankle that is too painful to bear weight, 6) fatigue, extreme tiredness, or generalized weakness, 7) great difficulty starting urination or passing urine, and 8) difficulty hearing conversations or telephone calls.

» serious symptoms: 1) shortness of breath when lying down, waking up, or with light work or exercise, 2) loss of consciousness or fainting, 3) unusually blurry vision or difficulty seeing, 4) headaches that are new or more frequent or severe than before, 5) sadness, hopelessness, frequent crying, or feelings of depression, 6) lump or mass in the breast, and 7) chest pain that lasted more than one minute.[18]

- **Figures 4.1, 4.2, & 4.3**: Perceived barriers to care were captured with the question "During the past 12 months was there a time when you (or someone else in your family) wanted (*health care type*) but could not get it at that time?" Perceived barriers to prescription drugs were considered present if the respondent answered affirmatively to either or both of the following two questions: "During the past 12 months, was there a time when you (or someone in your family) didn't get or delayed getting a prescription because it cost too much? Please include refills of earlier prescriptions as well as new prescriptions" and "During the past 12 months have you (or someone in your family) taken less of a prescribed medication to make that prescription last longer?"
- **Figures 4.5, 4.6, & 4.7**: Visits to the Emergency Department were categorized as non-urgent based on the respondent's answer to two questions about themselves and/or those family members identified as having visited an emergency room in the past year. Respondents were asked whether the visit to the emergency room was for illness, injury, or follow-up to care gotten there or somewhere else. If the reason was for follow-up care, the visit was considered non-urgent. For those visits due to illness or injury, the respondent was asked "What was the main reason why you (or someone else in your family) went to an emergency room for that visit instead of a regular doctor or some other place to get care?" Responses of "After hours/ my usual place or doctor closed", "No other place available/has no regular place or doctor", "Convenient", "Don't have to pay/care available without payment", or "Needed prescription filled or refilled" were considered non-urgent reasons to visit the ED.
- **Figures 4.8, 4.9, & 4.10**: Specialty care need was assessed from the respondent's answer to two survey questions. First respondents were asked if they or other family members had ever been told by a health professional that they needed care from a specialist (defined as "doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care"). If they were not, they were asked if they (or the family member) perceived a need for such care. Individuals reported as having either a professional or self-assessed need for specialty care were classified as "needing specialty care." A follow up question captured specialty care access among those with a need. Respondents were asked how easy or difficult it was to see a specialist (very easy, somewhat easy, somewhat difficult, very difficult, or didn't try to see one). These response choices were collapsed to categorize each individual as finding it not difficult to see a specialist, difficult to see a specialist, or not trying to see a specialist.

The entire NJFHS questionnaire as well as a more detailed methodological report can be found on the CSHP website:

Questionnaire:
http://www.cshp.rutgers.edu/Downloads/8620.pdf

Methods Report:
http://www.cshp.rutgers.edu/Downloads/8610.pdf

The New Jersey Family Health Survey Compared to Other Surveys

Estimates derived from the NJFHS can differ from those obtained by other surveys for a variety of reasons. While sampling variability can lead to differences in point estimates between two different samples drawn from the same population, differences can also stem from differences in survey methodology. Population coverage between surveys can differ due to the sampling strategy employed (e.g., landline telephone random-digit sample (RDD) only vs. landline plus cell phone RDD vs. address-based sampling) such that certain groups of people are non-randomly excluded from the final sample, leading to differences in estimates. Also, wording differences between survey questions can end up capturing different aspects of a single concept such that seemingly comparable estimates are not actually measuring the same thing. Even similarly phrased survey questions can elicit different responses due to the timing of the questions or the context in which they are placed. Data processing techniques that differ between surveys, such as imputation, can also lead to differences in the estimates between two sources.

Population estimates of the number of non-citizens in New Jersey from the NJFHS differ from those obtained in the Census Bureau's Current Population Survey (CPS) and the American Community Survey (ACS) for similar time periods. As shown in the table below, the NJFHS estimate of non-citizens is 67% of the comparable CPS estimate and 78% of the ACS estimate. As long as this under-coverage of non-citizens in the NJFHS is random, all estimates pertaining to this immigrant subgroup remain valid.

Immigrant Population Estimates by Survey

	NJFHS 2009	CPS 2009		ACS 2009	
Immigration Status	Weighted total	Weighted total	NJFHS as % of CPS	Weighted total	NJFHS as % of ACS
US born	6,726,468	6,761,886	99.5%	6,777,973	99.2%
Foreign-born citizens	990,055	922,249	107.4%	851,095	116.3%
Non-citizens	670,948	995,595	67.4%	857,254	78.3%

Estimates of the uninsured population in the state can be found in different surveys, most commonly the CPS and, more recently, the ACS. The NJFHS asks about coverage status at the time of the interview and, therefore, produces "point-in-time" estimates of the uninsured. The CPS asks questions to determine whether individuals were uninsured for all the previous calendar year, but many analysts believe respondents to the CPS report their coverage status at the time of the interview. Therefore, the CPS results are often interpreted as a mixture of "point-in-time" and "full year" estimates of the uninsured. The ACS only recently began inquiring about insurance status and does so through a single question assessing current coverage status. While this "point-in-time" assessment is similar to the NJFHS, the ACS does not employ a verification question, as the NJFHS does, to confirm lack of coverage for each individual with no selected coverage type. Instead, the uninsured are assigned as a residual. These are a few of the key reasons why rates of uninsurance may differ between the NJFHS and other surveys.

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