Patient Race & Ethnicity

IMPROVING HOSPITAL DATA COLLECTION & REPORTING

April 2004

New Jersey Hospital Association

Health Research and Educational Trust of New Jersey

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PREFACE

The Health Research and Educational Trust of New Jersey (HRET), a nonprofit affiliate of the New Jersey Hospital Association, is pleased to provide you with a copy of the report ***Patient Race and Ethnicity: Improving Hospital Data Collection and Reporting*** as part of its data reporter quality improvement initiatives. This is an outgrowth of a study conducted in 1996 and the subsequent educational interventions developed to improve the quality of patient race and ethnicity data reported by hospitals and submitted to the state Department of Health and Senior Services. ***Patient Race and Ethnicity: Improving Hospital Data Collection and Reporting*** reflects data analyses at statewide and local hospital-specific levels, compiled and presented via tables and charts and diagrams.

It is critical that hospitals improve the quality of collecting, coding and reporting patient race and ethnicity data for more accurate representation of the patients they serve. Improved accuracy and reliability of hospital discharge data fields on patient race and ethnicity will help hospitals and the state better identify areas of healthcare disparity in their communities, more objectively assess their community needs and more effectively design targeted service interventions to improve access and quality of care for minority and underserved populations.

The study substantiates a need to improve the quality of these data fields in all hospitals. To support hospital improvement efforts, HRET will plan a series of interventions, educational tools, and staff training programs to assure high quality of data submission by hospitals. If you have questions regarding this report or HRET's educational interventions and programs, please contact Dr. Firoozeh Vali, assistant vice president of research, at 609-275-4145.

Gary S. Carter, FACHE
President and CEO
New Jersey Hospital Association
Princeton

EXECUTIVE SUMMARY

Patient Race and Ethnicity: Improving Hospital Data Collection and Reporting is the second report presented to New Jersey Hospital Association (NJHA) members as part of an NJHA effort to ensure the accuracy of data reported to the state. This resource has been prepared by the Health Research and Educational Trust of New Jersey (HRET), a nonprofit affiliate of NJHA, as part of its data reporter functions and as a quality control measure to ensure that all data reported by hospitals and submitted to the Department of Health and Senior Services (DHSS) are accurate and reliable.

As part of this function and responsibility, HRET provides feedback to hospitals on their reporting practices for patient race and ethnicity data and assists them in identifying challenges and barriers to accurately collecting, coding and reporting these data and exploring opportunities to improve them. In addition, HRET identifies areas that need improvement and develops interventions to educate hospital staff about the issues and quality control and improvement strategies to assure accurate and reliable data submission by hospitals.

Given the dramatic increase in minority and immigrant populations in New Jersey and the substantiated disparities in healthcare access, service utilization and health outcomes at state and national levels, it is critical that hospitals accurately reflect the populations they serve and develop effective interventions to reduce these disparities. One major source of data for the racial and ethnic background of patients hospitals use to identify areas of disparity and need is the UB-92 discharge data from the New Jersey Discharge Data Collection System (NJDDCS). Hospitals rely heavily on these data fields in the design of service interventions that target identified gaps and are responsive to the needs of racially and ethnically diverse patients. It is therefore critically important that these fields accurately and reliably represent the race and ethnicity of the patients that hospitals serve.

Furthermore, hospital discharge data may be used by the DHSS and other organizations for a number of purposes such as reviewing and considering Certificate of Need applications; assessing access of minorities to specific services, including cardiac care and other services; and planning, implementing and evaluating health programs designed to improve the health status of underserved and disenfranchised populations. The accuracy and reliability of race and ethnicity fields of this data set have become a greater concern to healthcare facilities, as the data may also be used by the DHSS to determine the degree to which hospitals are serving minorities in their communities and working to narrow the gaps and disparities in service utilization of racial and ethnic groups.

However, many studies have documented persistent undercounting and misclassification of certain ethnic and racial categories and have raised concerns about inconsistency and quality issues regarding these data fields at national, state and local levels. Underreporting and misclassification problems originate in the admitting process where the information may be assumed, may not have been asked appropriately or simply may not be solicited from patients. In 1996 HRET issued a report on its first study that examined the quality of the race and ethnicity collecting, coding and reporting in hospital discharge dataset, using 1995 discharges. The study found a wide variation among hospitals in these fields, suggesting either a utilization issue or a significant over- or

underreporting of utilization of services for certain racial and ethnic categories, mainly Hispanics. A closer look at individual hospital data indicated that hospitals' collecting and coding practices were a significant source of the problem. To address this issue, HRET developed resources and offered educational sessions in 1996 to assist hospitals with their race and ethnicity coding improvement efforts.

The changes in the race and ethnicity categories of the Census 2000 data collection instruments and their incompatibility with categories used in NJDDCS prompted HRET to revisit the race/ethnicity data quality issue. The current report includes a summary of findings from the new study. Using 1995 data as a baseline, this study examined the distribution of race and ethnicity for all patients hospitalized in New Jersey acute care hospitals and is reflected in discharge data from 1996 through 2002, specifically looking at any improvements or changes across time. The analyses were performed generally for statewide data as well as specifically for individual hospital-level data. To further validate the findings, the distribution of patients' reported race and ethnicity was compared with that of the state populations or the geographic areas each hospital serves, mainly its county and municipality, using the most recent Census data. For each hospital, patients' reported races and ethnicities were compared from 1995 to 2002, and hospitals with problems and significant fluctuations in major race and ethnic categories were identified.

The findings show that although many hospitals have made significant improvement in the collection and coding of their patient race and ethnicity data, coding inconsistency seem to persist and continue to be a concern for some hospitals. HRET asks hospitals to review this report and their hospital-specific data to determine if there are significant fluctuations in their hospital reporting that may not be considered as improvement over time, and if there is a need to implement measures to improve their practices of collecting, coding or reporting patient race and ethnicity data. Improved accuracy and reliability of these data fields will help hospitals and the state better identify areas of healthcare disparity in their communities and more objectively assess their community needs. It will also allow them to more effectively plan culturally appropriate service interventions that would address the individual needs of racially and ethnically diverse patients and improve the access and quality of care for minority, underserved and disfranchised populations, ultimately improving the health of these populations in New Jersey.

Recently, many other studies have also focused on inconsistencies and limitations of health-related data and underscored the need for a standardized data collection process and recommended a routine channel of communication and consistent training for intake workers on the importance of race and ethnicity data collection and its use. HRET is planning quality control and improvement measures to assure more accurate and reliable data submission by hospitals, including development of interventions, educational tools and staff training programs to support hospital improvement efforts. Efforts to secure the funding for implementation of educational interventions are currently underway. In addition, arrangements with the DHSS are already in progress for adjusting race and ethnicity categories of hospital discharge data and making them standardized, consistent and compatible with the Census 2000 categories. These changes will be reflected in the resources and tools that will be prepared by HRET. Certainly there are areas for improvements in all hospitals and HRET is committed to support them in their endeavors.

BACKGROUND

New Jersey is one of the most racially and ethnically diverse states in the country. Population trends in New Jersey show a significant growth in the size of minority and immigrant populations, greatly increasing the state's population diversity. According to the 2000 Census data, about 8.5 million people reside in New Jersey, of whom more than 73 percent are white, 13.6 percent are black, and 5.7 percent are Asian. Comparison of 2000 and 1990 Census data shows an overall decreasing trend for the white populations and an increasing trend for the black, Asian and Hispanic populations. In particular, the Hispanic population has exhibited an average growth rate of 51 percent during the past decade, in some counties by as much as 90 percent. New Jersey ranks fifth in the nation for its percentage of foreign-born residents. The estimated number of foreign-born residents in New Jersey is 1.2 million or about 15 percent of the state's total population, as shown by the Census data. That represents an increase of about 52 percent between 1990 and 2000. This increasing diversity has significant implications for the healthcare delivery system.

Many studies have investigated the racial and ethnic differences in health status, access, service utilization and outcomes and have documented disparities between whites and various racial and ethnic minority groups (AHRQ, 2003; DHSS, 2002; Eggers and Greenberg, 2000; IOM, 2002; Kaiser 1999; Kaiser and the American College of Cardiology Foundation, 2002; Mayberry et al., 2000; Williams, 1997; Williams and Rucker, 2000; Williams et al., 1994). The reasons for these disparities are varied and complex and include factors related to both minority populations and healthcare delivery system. Minorities' socioeconomic status, insurance coverage, stage of disease as well as language and cultural barriers, health practices and health beliefs have been found to be the strongest explanatory variables accounting for the healthcare disparity. Some studies report that although the racial and ethnic inequalities are reduced when these confounding access-related variables are controlled, they persist for several disease categories and service types (Kressin and Petersen, 2001; Geiger, 2002; IOM, 2002). Our healthcare system tends to provide racial and ethnic minorities with a lower quality of care than non-minorities. Some studies have found evidence that stereotyping, biases and uncertainties on the part of healthcare providers can also contribute to unequal treatment (Balsa and McGuire, 2001; IOM, 2002). Certain features in clinical encounters and the delivery system, such as high time and efficiency pressures, cost-containment drives and cognitive complexity, result in care that poorly match the needs of minority patients. These findings call for more cultural sensitivity and competency for healthcare providers and services.

Healthcare providers, state government and other organizations have been working to increase minorities' access to quality healthcare and improve their outcomes. Hospitals in New Jersey are committed to developing and providing service interventions that help "close the gap" in racial and ethnic health outcomes and reduce healthcare disparities in their communities. To identify the right strategies that would make their services more responsive to the individual needs of all patients and design more effective service interventions, hospitals rely on data that provides information on the racial and ethnic background of patients. It is therefore critically important that these data fields accurately and reliably represent the race and ethnicity of the patients that hospitals serve.

The New Jersey Uniform Bill –Patient Summary (UB-PS/UB-92) from the New Jersey Discharge Data Collection System (NJDDCS) is the hospital discharge data set that includes patient race and ethnicity. These data are used by the New Jersey Department of Health and Senior Services (DHSS), hospitals and other organizations for reviewing and considering Certificate of Need applications; defining medically underserved populations; designating medically underserved geographic areas, assessing access of minorities to cardiac and other healthcare services; and planning, implementing and evaluating health programs designed to improve the health status of undeserved and disenfranchised populations. The accuracy and reliability of race and ethnicity fields has become a greater concern to healthcare facilities as the data is also used by the DHSS to determine the degree to which they are serving minorities in their communities.

Given the dramatic increase in minority and immigrant populations of New Jersey, the substantiated disparities in healthcare access, service utilization and health outcomes at state and national levels and the importance of data in planning efforts to reduce these disparities, it is critical that hospitals make sure that race and ethnicity data fields accurately reflect their patient populations. If they do not, any study or determination of utilization of services by different patient groups based on these characteristics could be misleading.

However, previous studies have questioned the validity of racial and ethnic classifications in healthcare data and indicated that reporting of patient race and ethnicity in administrative data at national, state and local levels is not adequate, leading to insufficient assessment of causal factors contributing to healthcare disparities (Arday et al., 2000; Fisher et al., 1992; LaVeist, 2000; Moscou et al., 2003; National Rural Health Association, 2001; Watson, 1997; Williams, 1999). Some have investigated the sources of data limitations in medical settings, such as racial misclassifications, undercounting, coding errors and data collections strategies and emphasized a need for standardized data and information systems (Friedman, 2000; National Rural Health Association, 2001; Williams, 1999). Other studies have recently documented persistent undercounting and misclassification of certain racial/ethnic categories in many hospitals in New Jersey, raised concerns about inconsistency and quality issues in hospital reporting practice and identified a need for routine hospital staff training on collecting, coding and reporting of patient race/ethnicity data (Martin, 2001; Davis and Chase, 2003; HRET, 1996 and 2004).

To support hospital data improvement efforts, the Health Research and Educational Trust of New Jersey (HRET), a nonprofit affiliate of NJHA, initiated studies and educational programs in the 1990s, as part of its data reporter functions and as a quality control measure to ensure that the data reported by hospitals and submitted to DHSS are accurate. In 1996 HRET conducted a study to examine the quality of coding and reporting of patients' race and ethnicity fields in hospital discharge data, using 1995 discharges from the UB-92 that were collected by the Medical Incidents Data System (MIDS). The findings of that study showed a wide variation among hospitals in these fields, suggesting either a utilization issue or a significant misclassification and underreporting of utilization of services for certain racial and ethnic categories, mainly Hispanics. The findings had to be used and interpreted with caution due to data limitations. Multiple admissions could not be controlled for and causes of inconsistencies could not be precisely determined through these data.

There were also some inconsistency and errors involved in any self-reported data of this nature. However, a closer look at each hospital's data indicated that hospitals' coding practices for these fields was to a great extent a major issue. Hospitals did not seem to follow any unified guidelines or recommendations of the Office of Management and Budget (OMB) and on patient self-identification standards for race and ethnicity categories (OMB Directive 15).

To address the issue, HRET developed training materials and offered educational sessions in 1996 to assist hospitals with their race and ethnicity coding improvement efforts. Specifically, HRET developed a patient interview script for staff to use when discussing the race and ethnicity questions with patients; a notice for patients on the reasons for collecting data and an assurance of the confidentiality of their responses; and a laminated card indicating the race and ethnicity options from which patients could choose. The purpose of these tools and resources was to assist hospital intake workers in their collection of demographic data from patients as part of completing registration forms during the admission process. These resources were made available in both English and Spanish and were widely distributed to all New Jersey hospitals.

Other studies investigated the ways patients are assigned to racial and ethnic categories in medical settings and the validity of these data. The findings suggest that the typical data collection systems are not uniform and lack clear guidelines (Moscou et al., 2003). The study recently conducted by the Rutgers Center for State Health Policy (Davis and Chase, 2003) reported barriers to the proper collection of data on patient race and ethnicity that were identified by intake staff at healthcare facilities, including health departments, clinics and hospitals. This pilot study found that patient self-identification, the preferred method of data collection according to OMB Directive 15, was greatly underutilized, resulting in serious undercounting and misclassification. Participants did not know about the importance and uses of these data, perceived discomfort with asking questions about patient race and ethnicity and cited the lack of consistent training and an absence of guidance on a standardized process for collection of data, particularly concerning unique situations such as multiracial patients. Hispanic workers described having particular difficulty assigning race to other Hispanics, choosing to leave it blank if possible. The study underscored the need for a standardized process for collection of data and recommended a routine channel of communication and consistent training for intake workers on the process, the importance of data collection and its use.

Recently, HRET compared the race and ethnicity codes of the hospital discharge data collected via the NJDDCS against the Census data and observed several discrepancies in the race categories between the two data sets. These discrepancies stem mostly from the changes in race and ethnicity categories made in Census 2000 data collection instruments. Since it is critical that the race and ethnicity coding of NJDDCS data be standardized and compatible with the corresponding coding of the Census 2000 to allow for reliable comparative analysis, the state DHSS has been contacted to make the necessary adjustments. Discussions with the state are in progress to adjust race and ethnicity categories in NJDDCS to make them identical to the Census 2000 categories. This issue prompted HRET to revisit and assess the race/ethnicity data quality issues in NJDDCS. In this new study, conducted during 2002 to 2003 and presented in this report, HRET examined the quality of coding and reporting of patients' race and ethnicity fields in hospital discharge data covering 1995 to 2002.

Underreporting and misclassification problems originate mainly in the admitting process, where the information may be assumed, may not have been asked appropriately or simply may not be solicited from patients. The findings of this study will guide HRET to develop an educational initiative to help hospitals improve their processes for collecting important demographic data.

METHODOLOGY

This study used 1995 data as a baseline and examined the distribution of race and ethnicity for all New Jersey acute care hospital discharge data from 1996 through 2002. The variations of reported patient race and ethnicity data were examined temporally (across time for each hospital), specifically looking at any improvements or changes from 1995 to 2002, as well as spatially (across hospitals at each point in time.) The analyses were performed generally for statewide data as well as specifically for individual hospital-level data. To further validate our findings, the distribution of patients' reported race and ethnicity were compared with that of the state populations or the geographic areas each hospital is serving, mainly its county and municipality, using the most recent Census data. For each hospital, the reported patient races and ethnicities were compared from 1995 to 2002, and hospitals with problems and significant fluctuations in major race and ethnic categories were identified.

Data Source:

The data presented in this report were derived from the New Jersey Uniform Bill-Patient Summary (UB-PS/UB-92) data that were collected by the Medical Incidents Data System (MIDS) for years 1995-2000 and the UB-92 from the New Jersey Discharge Data Collection System (NJDDCS) for 2001-2002 for all inpatients discharged from acute care hospitals in New Jersey. UB-92 contains patient demographic, financial and clinical data. The demographic data include such patient characteristics as age, sex, race and ethnicity, residence zip code, date of admission, date of discharge, source and type of admission (i.e., emergency) and insurance coverage. The financial data include charges by hospital department or cost center, and the clinical data include diagnosis and procedure code designations for up to nine diagnoses and six procedures.

Population-based data were obtained from the Census 2000 and whenever available the 2001 or 2002 Census estimates based on Current Population Survey of the corresponding year.

Rate Construction:

To calculate patient rates for racial and ethnic groups, the numerator is the number of admissions for each racial and ethnic category statewide or at the individual hospital and the denominator is the total admissions for the entire state or for each hospital. The denominator excludes the number of cases with reported unknown race and ethnicity.

Limitations:

HRET is aware of the limitations of the data sets used in this study. For example, it was not possible to control for multiple admissions or precisely determine the extent to which questions were asked inappropriately or the information on patients' race and ethnicity were collected insufficiently, coded incorrectly or reported inaccurately. There are also some inconsistencies and errors involved in any self-reported data of this nature. This study aimed at documenting anomalies related to variation in reporting practices for NJDDCS data set within and between hospitals, but the sources and specific issues related to these practice variations could not be uncovered through this study. Through the method and data used in this study, the exact degree of errors could not be measured, as we could not determine if questions were asked appropriately and if data were collected and coded correctly.

Furthermore, some concerns have been reported regarding the under count of minorities, especially immigrant populations, in Census data, leading to imprecise population estimates in communities with significantly high numbers of immigrants. The study used racial and ethnic distribution of the population in hospital service areas, municipality and county as a measure to compare with that of patient distribution, but hospitals are not serving only their immediate geographic areas. Therefore, this comparison is not robust and is used as an approximation. Despite these limitations, the results of this study provided sufficient evidence that caused HRET to again question the accuracy and reliability of race and ethnicity data and the current hospital practices for collecting, coding and reporting these data.

Presentation of the Results:

This study presents comprehensive data on hospital reporting of patient race and ethnicity, using inpatient discharges from 1995 through 2002 for the entire state and individual hospitals. In each table, the state and hospital-specific data on distribution of race and ethnicity of patients admitted in New Jersey hospitals are presented alphabetically by hospital name. The first table presents the distribution of major racial and ethnic groups in 2002 (the most recent data available), while each of the following tables show hospital rates for each major race and ethnicity separately and tracks them from 1995 to 2002 for the state and hospital-specific admissions. These tables allow comparison of changes in each hospital's race and ethnicity reporting practice over time. At the bottom of each of these tables, population data are also provided for New Jersey statewide and all 21 counties, using the Census data, to allow for comparison of patient race and ethnicity with those of the populations in each hospital's major geographic service areas.

Also included are two charts for each major racial and ethnic group (white, black, Asian and Hispanic) that graphically display the difference between the rates reported by each hospital for that racial/ethnic group from 1995 to 2002. To create these charts, hospital rates in each category in 2002 were subtracted from 1995 rates and the differences were displayed in two charts -- one showing the changes with hospitals sorted alphabetically and the other with hospitals sorted in ascending order. There is no goal for these rate changes that would represent a better practice of collecting, coding and reporting.

FINDINGS

This report provides information about hospital racial and ethnic data reporting and documents possible anomalies related to variation in reporting practices for the NJDDCS data set within and between hospitals. The specific issues related to these practice variations could not be uncovered through this study, but it did identify the general landscape of the problem and sets the stage for hospitals' improvement efforts.

Charts 1 and 2 display the distribution of major racial groups (whites, blacks and Asians) and Hispanics in the New Jersey population, using Census data, and in hospital patient population, using inpatient discharge data, NJDDCS. Comparison of New Jersey racial and ethnic populations from

Chart 1: New Jersey Population by Race/Ethnicity, 1995-2002

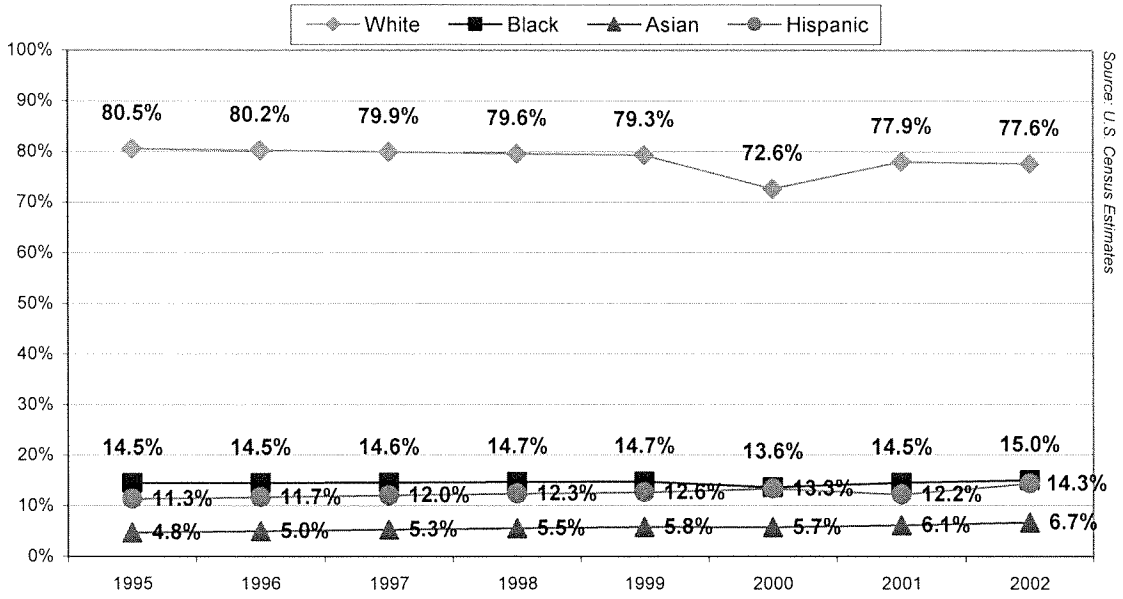
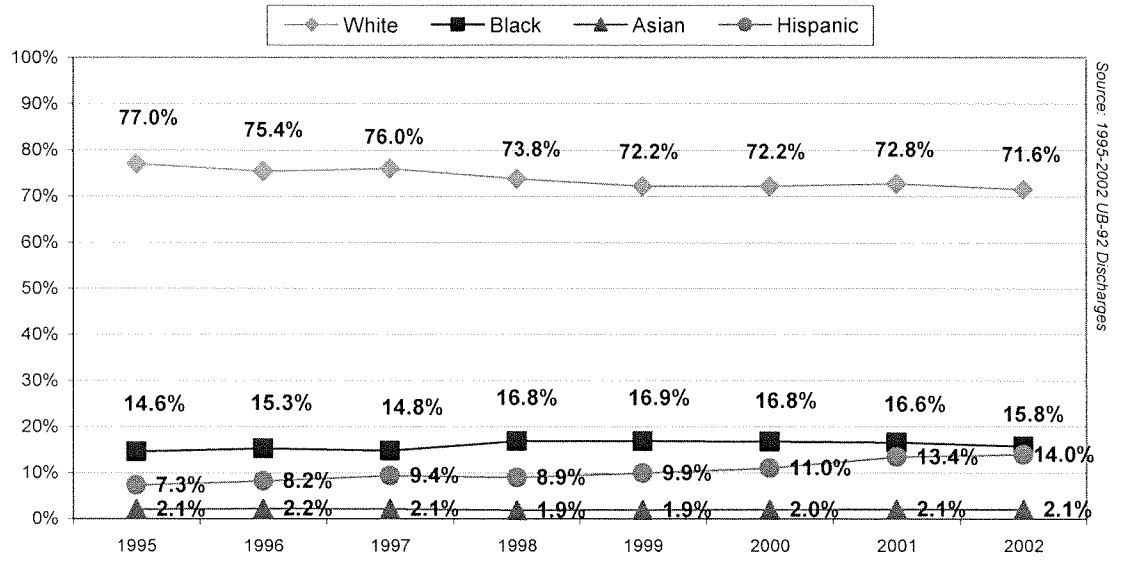
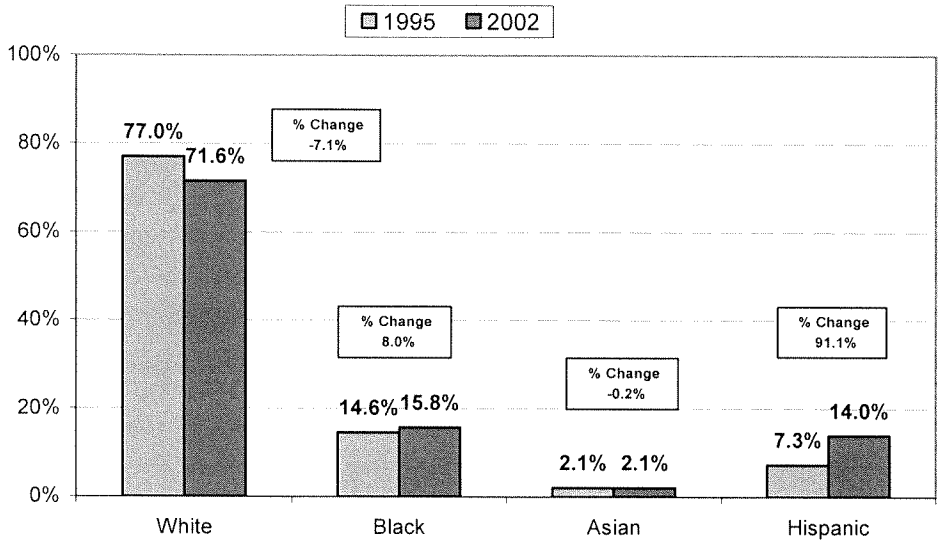


Chart 2: New Jersey Hospital Inpatient Discharges by Race/Ethnicity, 1995-2002



1995 to 2002 shows an overall decreasing trend for the white populations by 4 percent, 80.5 percent to 77.6 percent. These data reflect an increasing trend for blacks by 4 percent (from 14.5 percent to 15.0 percent), Asian by 40 percent (from 4.8 percent to 6.7 percent) and Hispanic populations by 26 percent (from 11.3 percent to 14.3 percent). Review of this distribution for hospital inpatients shows similar trends. However, the proportion of white patients admitted to New Jersey hospitals has decreased in 2002, 77.0 percent in 1995 to 71.6 percent (about 7 percent change).

Chart 3: N.J. Hospital Inpatient Discharges by Race/Ethnicity Variation & Percentage Change from 1995 to 2002

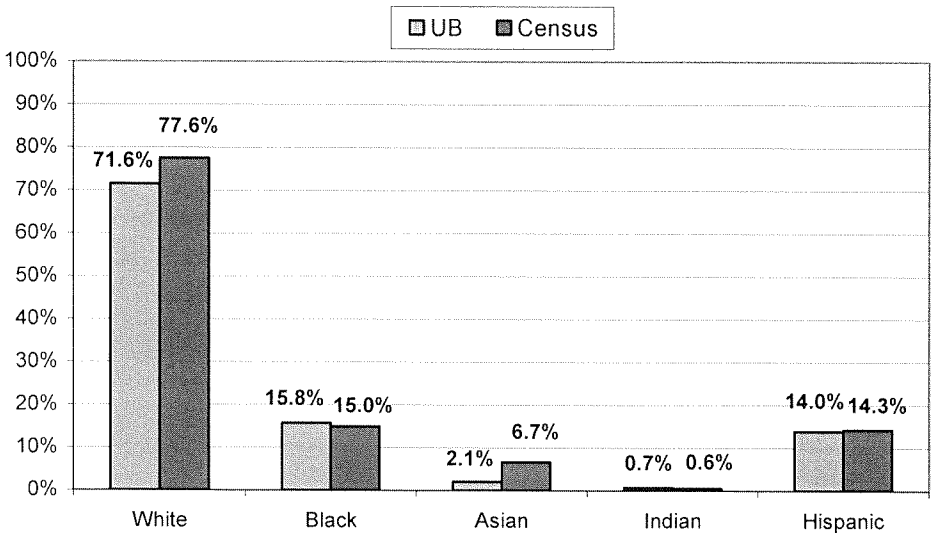


Source: 1995, 2002 UB-92 Discharges

This proportion has remained almost the same at 2.1 percent for Asian patients and has increased by for black patients from 14.6 percent to 15.8 percent (about 8 percentage change) and for Hispanic patients from 7.3 percent to 14.0 percent (about 91 percentage change). Chart 3 displays these changes over time.

The Asian population has shown significant growth from 1995 to 2002. Specifically, the state's Asian Indian and Chinese populations have increased dramatically during this period. The fact that hospital discharges do not reflect these population changes and show lower-than-expected admissions for this racial group may indicate improper collection and coding of these data. The reporting of Hispanic patients was almost doubled during this period, reaching 14 percent of the total number of patients and very close to the total population ratio. HRET's educational interventions in 1996, which targeted hospital admission staff and aimed to improve the quality of coding for the Hispanic category of the data set, may to a

Chart 4: Comparison of Hospital Discharges and N.J. Population by Race and Ethnicity, 2002



Source: 2002 UB-92 Discharges and U.S. Census, Estimates

great extent explain this change over time. Chart 4 shows the current distribution of different racial and ethnic groups as reflected in Census and hospital discharges in 2002 for a comparative overview of these data sets.

Table 1 presents the distribution of major racial groups (white, black and Asian) and one major ethnic group (Hispanic) in 2002 that is the most recent data available. The distribution of these categories for statewide discharges is also provided to allow for possible benchmarking. Also provided in this table are the racial and ethnic distribution of general population for the state of New Jersey and each of its 21 counties, using Census data, to allow hospitals to compare the race and ethnicity of their patients with the population of their proximate geographic areas.

Tables 2 through 5 present hospital rates from 1995 to 2002 for the state and hospital-specific admissions for each major race and ethnicity separately (white, black, Asian and Hispanic). These tables allow comparison of changes in each hospital's race and ethnicity reporting practice over time. Also provided at the bottom of each of these tables are population-based data to allow for similar comparisons described above. Following each of these tables, two charts are provided that graphically display the difference between the rates reported by each hospital for that racial/ethnic group from 1995 to 2002. Through these charts hospitals with major rate fluctuations, as well as those with minor changes, over time were identified.

It should be noted that the report of race and ethnicity was not consistent between and within hospitals over time. Review of individual hospital reports showed a wide variation among facilities, and some hospitals showed significant inconsistencies in their reports of these categories from one year to another. Please also note that hospital rate changes over time, major or minor, may not necessarily represent a better or worse practice of collecting, coding and reporting. More studies are needed to investigate the nature and causes of these variations.

The findings reported in tables 2 to 5 show that although many hospitals have made significant improvement in the collection and coding of their patient race and ethnicity data from 1995 to 2002, coding inconsistency and quality issues persist and continue to be a concern in some hospitals. In some situations patients in one racial or ethnic category almost doubled from one year to the next. Separate analyses have been conducted for data of each individual hospital and are attached to this report. Certainly there is need for all hospitals to review their hospital-specific data to identify any problem or significant fluctuations in their reporting and implement measures to improve their existing practice of collecting, coding or reporting data on patient race and ethnicity. There are areas for improvement in all hospitals.

CONCLUSION

The wide disparities in health between minority and non-minority groups is well documented in New Jersey, specifically in the incidence of conditions such as heart disease, stroke, cancer, diabetes, asthma, childhood preventable conditions and infant mortality, just to name a few. NJHA is committed to proactively guiding hospitals and community leaders to develop partnerships addressing the needs of their diverse communities and reducing healthcare disparities. NJHA and HRET have initiated many research and educational initiatives to identify the needs of New Jersey

communities, make hospitals and other healthcare and social service agencies aware of the characteristics and needs of their communities and develop interventions to address them. Many of these initiatives document and reflect the state's racial and ethnic disparities in healthcare, increase cultural sensitivity, or offer tools, guidelines and other resources to improve providers' cultural competency and the quality of healthcare services for the diverse populations of New Jersey.

The current study reflects the same goals and was developed as an outgrowth of the initiative implemented in 1996 to improve the quality of data reported by hospitals and submitted to the DHSS. Other studies by HRET and other agencies have also documented persistent undercounting and misclassification of certain racial and ethnic categories at the local level, raised concerns about inconsistency and quality issues in hospital practices and identified a need for standardized processes and routine hospital staff training on the collecting, coding and reporting of patient race and ethnicity. Certainly all hospitals could benefit from improvement efforts. It is critical that hospitals improve the quality of these data fields and accurately reflect the populations they serve so they may effectively target service interventions aimed at improving access and reducing healthcare disparities in their communities.

In response to similar issues and wide disparities in health and healthcare, many state, academic and community organizations, such as UMDNJ Institute for the Elimination of Health Disparities, the Center For Healthy Families and Cultural Diversity and Kean University's Transcultural Society, have been formed to launch initiatives to address these issues. Furthermore, the New Jersey DHSS expanded the activities of the Office of Minority Health in 2001. The functions of the new office, the New Jersey Office of Minority and Multicultural Health (OMMH), include advocating for the identification, adoption and implementation of effective measures to improve the health of racial and ethnic populations; serving as a resource center for minority health information and health-related data; developing a clearinghouse to collecting new data; improving existing data systems by ensuring the collection of race and ethnicity-specific identifiers; and providing grants to community-based organizations for research on the reduction of health disparities in at-risk minority populations.

Contingent upon receipt of funding, HRET plans to work closely with hospitals to improve their practice of collecting, coding and reporting patient race and ethnicity through an intensive educational campaign targeting hospital admission, registration and intake staff. HRET plans to partner with the OMMH, collaborate closely with other agencies that are involved in efforts to improve race and ethnicity data quality and reduce healthcare disparities in New Jersey and form a coalition of healthcare providers, community agencies and academia that would join forces toward achieving our common goals.

We hope this study and the educational programs that will follow will help hospitals identify issues and improve the quality of their patient race and ethnicity data. Improved quality of these data fields will help hospitals and the state:

- Better identify areas of healthcare disparity in their communities;
- More objectively assess their community needs;
- More effectively plan programs and service interventions that would address the identified needs;

- Respond to the individual needs of racially and ethnically diverse patients;
- Close the existing gaps by providing culturally sensitive and appropriate services to racial and ethnic groups; and
- Improve the access and quality of care for minority and underserved populations in New Jersey.

FUTURE PLANS

Upon distribution of these reports and in response to the identified needs regarding this data quality issue, HRET plans to secure funding to develop a mass educational initiative, using a variety of media, to improve hospital practice of collecting, coding and reporting patient race and ethnicity and to enhance accuracy and reliability of these data fields. HRET will target hospital admission, registration and intake staff and supervisors and provide them with knowledge, skills and tools to accurately collect and report the race and ethnicity of their patients. The following educational tools and training programs will be developed:

- **Standardized Processes.** With input from hospitals and an advisory panel, HRET will develop a standardized process for collecting, coding and reporting of patient race and ethnicity data, following recommendations of OMB Directive 15 on patient self-identification.

- **Tools.** HRET will develop a reference manual for hospital staff that will include informational sections on the importance of collecting race and ethnicity data; data collection processes and challenges; guidelines for standard collection and coding; frequently asked questions; a patient interview script; and recommended strategies for asking questions regarding patients' race and ethnicity, collecting self-identified data and handling unique or complex situations. Accompanying the manual will be educational tools and resources including an information sheet for patients about data collection and privacy as well as laminated information cards in multiple languages with race and ethnicity categories to guide patient self-identification (consistent with Census categories and OMB-15), sensitively explain the race and ethnicity question and provide clear options for patients to choose. Other training materials from educational sessions based on training curriculum will also be included. Patient resources will be translated into Spanish and additional languages to be determined by the panel.

- **Training.** With input from the project's advisory panel, HRET will develop a training curriculum on concepts of race, ethnicity, country of origin and nationality; the importance of proper data collection; guidelines for standard coding; tips for successfully gathering race and ethnicity data; and best practices among hospitals and clinics in New Jersey. Training will also tackle issues such as staff discomfort with asking about race and ethnicity. To increase the opportunities for follow-up training of veteran staff or initial training of new staff, HRET plans to also provide the training in Web-based, interactive and video formats.

- **Conferences, Technical Assistance and Consultation.** Through this project a statewide conference and several regional training sessions will be offered for hospital intake staff and supervisors to promote the objectives of the project and the availability of resources. HRET will also provide technical assistance and consultations through all appropriate channels including on-site visits for those hospitals needing additional support in following the data collection guidelines. As part of the project, HRET will identify hospitals with consistent data problems and target them for technical assistance.

RECOMMENDATIONS FOR USING THIS REPORT TO IMPROVE THE QUALITY OF DATA ON PATIENT RACE AND ETHNICITY

One purpose of this study was to trigger the following questions, ultimately stimulating interest in the value of accurate patient race and ethnicity data and encouraging ways to improve their quality. Answering these questions will assist hospitals to identify potential gaps or specific problems that may exist in their previously collected data and/or their existing process of collecting, coding and reporting data on patient race and ethnicity.

Community Profile

- What is the racial and ethnic composition of the communities you serve?
- What is the racial and ethnic composition of the patients you serve and is it consistent with the community composition?
- Are there any inconsistencies or significant fluctuations over time in the reported race and ethnicity of your patients?
- Can inconsistencies or discrepancies be attributed to problems with data collection and coding?

Soliciting Information

- How do you ask patients about their race and ethnicity?
- Do you follow OMB-15 directives and guidelines on self-identification questions?
- Do you follow any other guidelines on appropriate ways to interview patients and ask them about their race and ethnicity?
- Are your access managers and intake workers aware of the importance of collecting these data and the ways they are used?
- Are your access managers and intake workers aware of the best ways to collect data from patients with mixed and multiple races or ethnicities?
- What barriers do your intake staff members face in the process of collecting these data?

Coding

- How are these data coded?
- What quality control measures do you use to assure the accuracy of collecting and reporting these data?
- Are your access managers and intake workers aware of the best ways to code data from patients with mixed and multiple races or ethnicities?
- Do you have trainings on the collection, coding and reporting of these data as part of the orientation of new staff and/or routine in-service updates for existing staff?

Resource Availability

- What resources are available to access managers and intake workers that may guide them in uniformly collecting these data?
- What resources are available for patients to assist them with accurately identifying their race and ethnicity?
- What resources do your intake workers need to improve accuracy of collecting these data?
- What resources do your patients need to help them better identify and declare their race and ethnicity?

The best way to utilize this report is to integrate it into your hospital's data quality improvement efforts. HRET suggests the following steps for reviewing and using your hospital data:

- **Review and verify the data.**
  - Review the attached report and your hospital-specific data.
  - Use the definitions in this report to determine if the reported patient race and ethnicity rates for your facility match those provided by your internal patient information system. This process should include the staff responsible for data collection, coding, reporting and analysis. There may be small variations based on whether admission or discharge dates are used to determine the number of patients.
  - Review demographic characteristics of your service area.
  - Utilize the statewide and county rates or rates of other hospitals with similar population mix for benchmarking.
- **Identify issues.** After closely reviewing your data:
  - Determine if you can identify any problems or significant fluctuations in your hospital reporting. Please note some fluctuations should be considered positive as they are indicative of major improvements in the current practice; and,

  - Decide whether you need to implement measures to improve your existing practice of collecting, coding or reporting the race and ethnicity of patients.

- **Correct the sources of data errors.** Review your data collection and reporting processes and ensure that all intake staff members follow OMB-15 recommendations on patient self-identification. It is important to take a systemic approach to solving any problems. HRET will later provide your staff with tools, training and technical assistance to construct a mechanism that prevents inconsistent or erroneous use of coding guidelines and ensures reliable collection, coding and reporting of patient race and ethnicity data by staff.

- **Participate in the educational campaign.**
  - Encourage admissions, registration and in-take workers who are responsible for collecting patient data to attend an HRET training session.

  - Follow guidelines to establish standardized processes.

  - Use HRET'S educational tools and resources.

  - Reach out for technical assistance, as needed.

By working to improve the collection, coding and reporting of patient race and ethnicity data, hospitals can more realistically assess the extent of disparities in the communities they serve and develop culturally appropriate programs to address gaps and improve the access and quality of care for minorities and underserved populations in New Jersey.

Patient Race & Ethnicity

IMPROVING HOSPITAL DATA COLLECTION & REPORTING

TABLES & CHARTS

Table 1: Hospital Uniform Bill Inpatient Data by Race/Ethnicity
2002

Hospital	Total Admissions	Race				Ethnicity
		% White	% Black	% Amer Indian	% Asian	% Hispanic
Statewide	**1,099,980**	**71.6%**	**15.8%**	**0.7%**	**2.1%**	**14.0%**
Hospital 1	13,362	68.7%	17.1%	0.9%	2.5%	8.3%
Hospital 2	9,480	44.3%	33.0%	1.1%	2.8%	16.6%
Hospital 3	7,636	54.0%	38.0%	1.0%	1.7%	93.1%
Hospital 4	8,994	83.8%	11.1%	0.0%	4.3%	11.5%
Hospital 5	8,664	92.2%	4.2%	1.0%	1.4%	0.7%
Hospital 6	7,813	54.6%	22.7%	0.5%	5.4%	6.4%
Hospital 51	4,754	78.2%	16.4%	0.8%	0.8%	21.8%
Hospital 7	10,780	91.3%	7.2%	0.0%	0.4%	2.8%
Hospital 8	7,543	48.5%	42.0%	7.2%	1.5%	7.2%
Hospital 9	15,534	48.8%	38.4%	7.8%	2.8%	7.8%
Hospital 10	5,469	72.5%	23.1%	0.2%	0.8%	42.2%
Hospital 11	9,793	53.7%	41.2%	0.6%	1.4%	20.5%
Hospital 12	14,690	90.7%	7.0%	0.2%	1.5%	4.5%
Hospital 13	11,432	93.1%	1.9%	0.1%	1.2%	1.7%
Hospital 14	13,052	49.2%	16.5%	0.4%	3.2%	0.0%
Hospital 15	15,387	75.5%	16.5%	1.7%	2.1%	21.6%
Hospital 16	9,454	55.1%	37.8%	0.4%	1.2%	40.9%
Hospital 17	30,709	93.9%	2.1%	0.0%	0.4%	1.7%
Hospital 18	19,925	60.9%	31.5%	0.2%	1.3%	18.6%
Hospital 19	5,010	89.6%	6.3%	0.1%	1.0%	4.7%
Hospital 20	6,106	14.4%	84.1%	0.1%	0.7%	0.0%
Hospital 21	17,842	62.5%	9.9%	0.4%	3.6%	6.7%
Hospital 22	10,663	83.4%	6.9%	1.7%	1.8%	19.4%
Hospital 23	3,360	20.9%	60.0%	0.1%	3.3%	11.2%
Hospital 24	41,069	74.6%	7.1%	2.0%	3.4%	23.4%
Hospital 25	4,985	93.4%	2.1%	0.1%	0.6%	2.0%
Hospital 26	15,434	79.9%	9.3%	0.2%	4.7%	9.5%
Hospital 27	5,238	16.8%	79.2%	0.9%	1.6%	4.0%

Source: 2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 Estimated US Census Data

Table 1: Hospital Uniform Bill Inpatient Data by Race/Ethnicity
2002

Hospital	Total Admissions	Race				Ethnicity
		% White	% Black	% Amer Indian	% Asian	% Hispanic
Hospital 28	9,676	95.2%	1.2%	0.0%	1.0%	3.1%
Hospital 29	4,865	15.2%	78.4%	1.3%	0.9%	2.3%
Hospital 30	21,529	59.8%	8.4%	0.4%	8.2%	5.7%
Hospital 31	15,618	37.7%	39.8%	0.2%	4.2%	33.0%
Hospital 32	24,640	79.9%	17.1%	0.4%	1.0%	3.6%
Hospital 33	10,697	82.8%	12.2%	0.4%	0.6%	0.8%
Hospital 34	7,777	79.2%	14.4%	1.1%	0.8%	1.9%
Hospital 35	8,923	78.7%	17.3%	0.4%	0.9%	0.8%
Hospital 36	14,875	81.3%	7.6%	0.1%	0.5%	8.7%
Hospital 37 *	14,023	30.1%	0.0%	0.0%	0.0%	30.1%
Hospital 38	6,712	75.0%	6.2%	0.5%	3.2%	30.9%
Hospital 39	12,918	81.3%	5.3%	0.0%	4.9%	5.8%
Hospital 40	13,918	94.8%	2.6%	0.1%	0.5%	1.5%
Hospital 41	4,869	76.6%	22.4%	0.1%	0.8%	4.6%
Hospital 42	19,509	84.6%	11.3%	0.2%	0.7%	6.2%
Hospital 43	12,420	76.4%	17.4%	0.1%	1.1%	3.0%
Hospital 44	12,080	48.1%	27.7%	0.1%	4.7%	10.2%
Hospital 45	23,275	22.5%	69.4%	0.9%	1.5%	8.7%
Hospital 46	8,938	95.8%	1.0%	0.2%	0.3%	0.0%
Hospital 47	17,139	20.9%	0.0%	0.0%	0.0%	20.9%
Hospital 48	20,644	80.4%	8.9%	0.2%	1.6%	5.8%
Hospital 49	9,547	85.1%	2.1%	0.9%	1.8%	61.7%
Hospital 50	10,029	89.8%	2.4%	2.1%	5.7%	77.4%
Hospital 52	26,326	80.0%	13.1%	0.4%	4.6%	10.2%
Hospital 53	12,950	79.4%	12.0%	0.1%	1.5%	19.4%
Hospital 54	7,025	77.5%	15.7%	0.1%	1.5%	2.0%
Hospital 55	11,025	78.3%	9.4%	1.8%	1.1%	36.0%
Hospital 56	5,217	88.5%	4.6%	3.1%	1.1%	2.4%
Hospital 57	16,153	89.2%	6.1%	1.0%	2.3%	2.4%

* NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.
Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 Estimated US Census Data

Table 1: Hospital Uniform Bill Inpatient Data by Race/Ethnicity
2002

Hospital	Total Admissions	Race				Ethnicity
		% White	% Black	% Amer Indian	% Asian	% Hispanic
Hospital 58	39,551	70.7%	23.6%	1.2%	2.2%	5.8%
Hospital 59	19,209	100.0%	0.0%	0.0%	0.0%	2.7%
Hospital 60	168	100.0%	0.0%	0.0%	0.0%	4.8%
Hospital 61	1,876	100.0%	0.0%	0.0%	0.0%	1.8%
Hospital 62	30,347	55.9%	10.6%	1.3%	7.4%	0.0%
Hospital 63	12,379	87.1%	10.0%	0.4%	1.1%	3.9%
Hospital 64	15,401	82.1%	5.4%	1.7%	1.8%	5.3%
Hospital 66	8,557	70.5%	28.1%	0.2%	0.4%	15.0%
Hospital 67	2,986	91.7%	7.7%	0.3%	0.1%	1.0%
Hospital 68	10,496	84.0%	13.7%	0.2%	0.4%	19.7%
Hospital 69	6,610	97.0%	0.7%	0.0%	0.2%	3.9%
Hospital 70	650	52.8%	13.1%	0.0%	1.8%	12.5%
Hospital 71	7,665	66.6%	28.3%	0.7%	0.7%	57.7%
Hospital 72	25,947	62.5%	20.6%	0.4%	1.2%	26.1%
Hospital 73	6,833	81.9%	7.2%	1.1%	1.4%	10.8%
Hospital 74	10,471	34.0%	5.4%	0.1%	1.7%	59.9%
Hospital 75	5,670	74.1%	8.2%	0.7%	1.5%	26.3%
Hospital 76	16,172	62.1%	27.8%	0.7%	4.2%	31.6%
Hospital 78	13,445	88.2%	10.2%	0.1%	0.5%	0.0%
Hospital 79	7,126	81.3%	16.4%	0.4%	0.5%	5.0%
Hospital 80	18,387	22.0%	48.8%	0.3%	0.7%	31.1%
Hospital 81	27,167	92.5%	2.5%	0.1%	1.9%	2.4%
Hospital 82	18,136	81.2%	16.0%	0.3%	1.3%	3.1%
Hospital 83	18,985	85.0%	10.0%	0.6%	1.3%	47.7%
Hospital 84	3,616	79.4%	19.2%	0.2%	0.4%	49.6%
Hospital 85	8,516	90.9%	6.7%	0.3%	0.7%	50.0%
Hospital 86	6,093	95.6%	2.7%	0.4%	0.3%	1.8%
Hospital 87	3,520	93.9%	1.4%	0.5%	0.5%	6.3%
Hospital 88	3,069	91.1%	7.4%	0.6%	0.2%	8.5%

Source: 2002 UB-92 Discharges

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Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

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Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
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Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 Estimated US Census Data

Table 2: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
White Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Hospital 30	77.1%	73.6%	71.1%	66.6%	66.0%	63.5%	60.2%	59.8%
Hospital 31	91.3%	90.8%	90.4%	46.8%	41.2%	38.4%	38.0%	37.7%
Hospital 32	81.3%	78.8%	78.5%	78.4%	79.5%	79.2%	78.9%	79.9%
Hospital 33	85.3%	84.8%	85.0%	84.0%	84.1%	84.2%	82.2%	82.8%
Hospital 34	82.2%	79.9%	79.3%	77.8%	78.0%	79.5%	78.7%	79.2%
Hospital 35	80.1%	80.9%	78.7%	79.5%	79.2%	79.5%	77.2%	78.7%
Hospital 36	91.6%	90.6%	90.0%	88.5%	89.1%	61.9%	81.7%	81.3%
Hospital 37 *	71.5%	69.9%	69.6%	69.2%	69.0%	67.6%	49.1%	30.1%
Hospital 38	71.6%	73.7%	79.3%	71.3%	65.1%	75.2%	78.1%	75.0%
Hospital 39	89.4%	88.0%	87.0%	86.3%	86.3%	84.4%	83.7%	81.3%
Hospital 40	97.8%	97.5%	96.2%	90.2%	97.2%	96.8%	95.9%	94.8%
Hospital 41	79.3%	76.8%	76.9%	76.6%	77.5%	75.7%	74.5%	76.6%
Hospital 42	85.8%	85.9%	86.2%	85.8%	83.2%	83.6%	83.4%	84.6%
Hospital 43	84.1%	82.1%	81.3%	79.6%	43.4%	78.8%	77.2%	76.4%
Hospital 44	65.3%	63.1%	61.3%	60.0%	56.8%	56.4%	51.3%	48.1%
Hospital 45	65.8%	68.6%	69.3%	31.8%	24.2%	23.8%	21.6%	22.5%
Hospital 46	98.1%	95.5%	96.2%	96.4%	96.4%	95.6%	95.2%	95.8%
Hospital 47	79.5%	80.0%	81.0%	80.0%	79.0%	76.3%	60.7%	20.9%
Hospital 48	89.3%	85.1%	84.5%	82.5%	82.1%	82.6%	79.9%	80.4%
Hospital 49	99.2%	29.3%	72.6%	83.6%	84.0%	83.9%	85.3%	85.1%
Hospital 50	97.2%	94.9%	96.4%	96.8%	96.2%	95.8%	90.7%	89.8%
Hospital 51	81.6%	79.5%	80.7%	81.0%	80.6%	79.3%	79.5%	78.2%
Hospital 52	81.3%	80.4%	80.3%	81.6%	81.5%	80.9%	80.7%	80.0%
Hospital 53	90.7%	90.8%	89.4%	87.6%	86.0%	85.5%	82.1%	79.4%
Hospital 54	81.0%	80.3%	79.5%	79.3%	78.4%	76.1%	79.8%	77.5%
Hospital 55	83.3%	81.1%	82.9%	81.4%	81.7%	81.1%	79.4%	78.3%
Hospital 56	92.6%	91.7%	91.1%	92.1%	90.8%	90.3%	88.2%	88.5%
Hospital 57	89.9%	87.9%	89.5%	89.1%	89.0%	89.7%	89.2%	89.2%
Hospital 58	84.9%	76.2%	77.1%	70.2%	68.3%	70.5%	71.2%	70.7%
Hospital 59	86.2%	85.5%	85.4%	86.0%	89.9%	100.0%	100.0%	100.0%

* NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.
Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Table 2: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
White Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Hospital 60	95.2%	95.0%	96.1%	95.4%	95.3%	100.0%	100.0%	100.0%
Hospital 61	96.7%	97.6%	96.8%	97.0%	98.0%	100.0%	100.0%	100.0%
Hospital 62	80.3%	78.3%	77.6%	76.9%	76.7%	75.1%	72.1%	55.9%
Hospital 63	87.5%	86.2%	87.4%	87.0%	87.3%	88.2%	88.3%	87.1%
Hospital 64	92.3%	91.3%	90.9%	90.4%	89.0%	85.3%	83.2%	82.1%
Hospital 65	89.3%	89.6%	88.5%	87.2%	88.8%	89.1%	88.7%	0.0%
Hospital 66	70.1%	67.1%	67.5%	67.7%	67.4%	67.9%	71.1%	70.5%
Hospital 67	92.1%	91.9%	92.9%	91.7%	92.4%	92.1%	91.6%	91.7%
Hospital 68	76.2%	80.6%	83.1%	82.7%	80.8%	82.4%	82.8%	84.0%
Hospital 69	99.4%	99.4%	99.0%	99.2%	99.4%	98.2%	95.6%	97.0%
Hospital 70	58.9%	58.6%	54.7%	50.6%	44.7%	43.5%	50.5%	52.8%
Hospital 71	76.8%	75.7%	76.4%	75.6%	76.3%	77.5%	67.2%	66.6%
Hospital 72	71.8%	68.9%	69.0%	66.6%	65.9%	64.8%	63.1%	62.5%
Hospital 73	88.5%	88.5%	87.5%	86.1%	84.9%	85.3%	85.7%	81.9%
Hospital 74	48.4%	44.8%	43.6%	38.6%	36.3%	35.5%	34.4%	34.0%
Hospital 75	89.2%	85.0%	84.4%	84.5%	84.9%	85.3%	79.4%	74.1%
Hospital 76	65.8%	65.5%	66.0%	68.0%	68.7%	68.6%	58.1%	62.1%
Hospital 77	69.4%	56.6%	52.2%	54.3%	52.7%	53.3%	50.2%	0.0%
Hospital 78	39.1%	0.0%	0.0%	0.0%	0.0%	7.4%	86.9%	88.2%
Hospital 79	77.5%	79.7%	85.3%	85.4%	84.6%	83.2%	81.3%	81.3%
Hospital 80	15.0%	11.6%	12.0%	11.6%	11.6%	11.6%	10.9%	22.0%
Hospital 81	93.8%	94.1%	94.1%	94.1%	94.5%	93.8%	92.9%	92.5%
Hospital 82	85.1%	84.9%	83.8%	83.2%	83.1%	82.5%	81.4%	81.2%
Hospital 83	90.6%	87.7%	87.6%	86.8%	87.2%	86.7%	85.4%	85.0%
Hospital 84	83.6%	81.7%	81.7%	82.0%	82.0%	83.2%	78.7%	79.4%
Hospital 85	93.2%	92.7%	92.1%	92.2%	92.8%	93.1%	91.9%	90.9%
Hospital 86	97.5%	97.4%	97.1%	97.3%	96.4%	96.3%	95.2%	95.6%
Hospital 87	97.5%	95.6%	95.4%	95.8%	94.6%	93.7%	93.0%	93.9%
Hospital 88	90.3%	86.5%	88.2%	88.2%	91.2%	91.0%	90.7%	91.1%

Source: 1995-2002 UB-92 Discharges

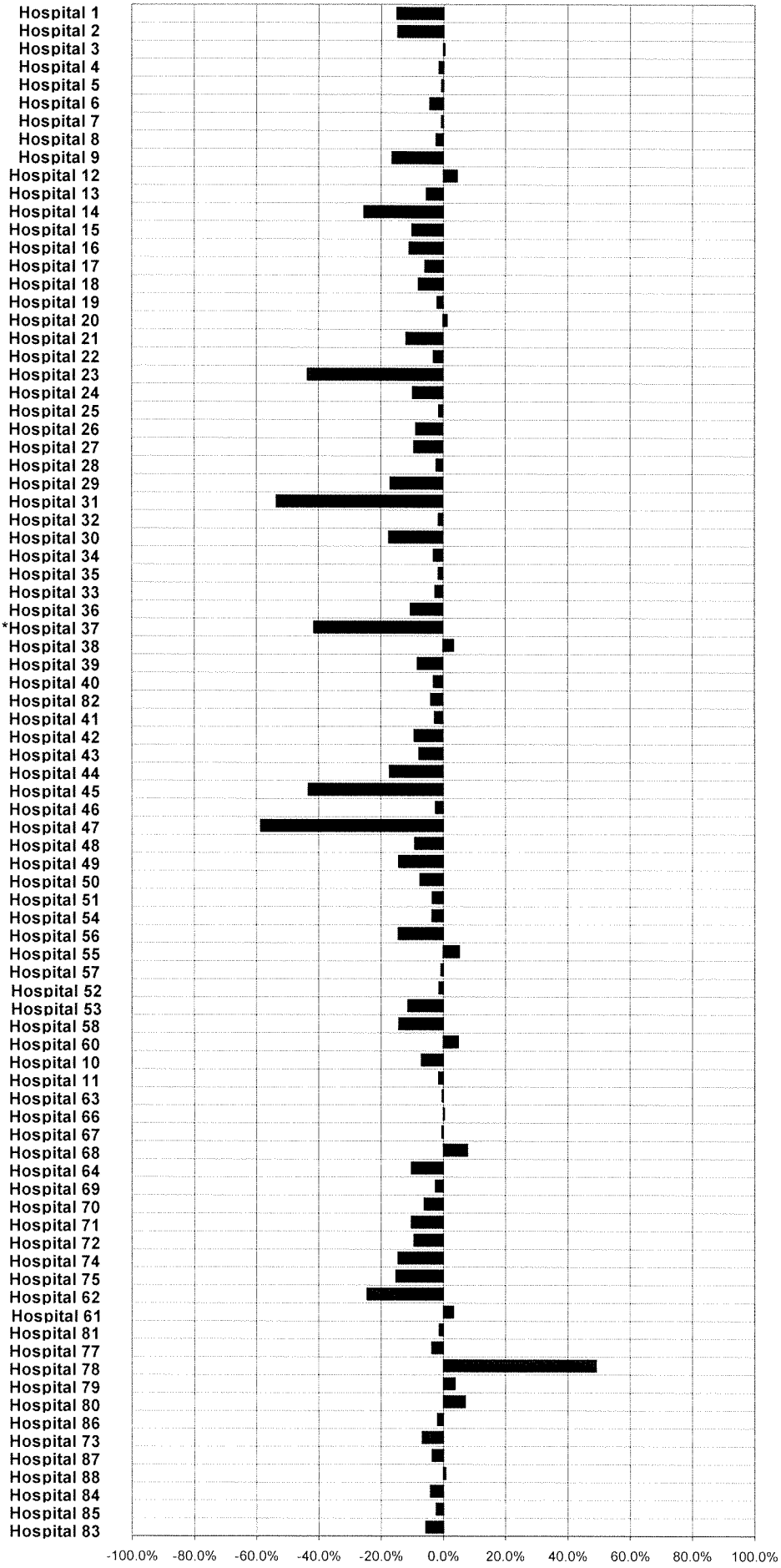
2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Chart 5: Change of Hospital-specific Patient Population by Race/Ethnicity 1995-2002 (Ranked by Hospital)

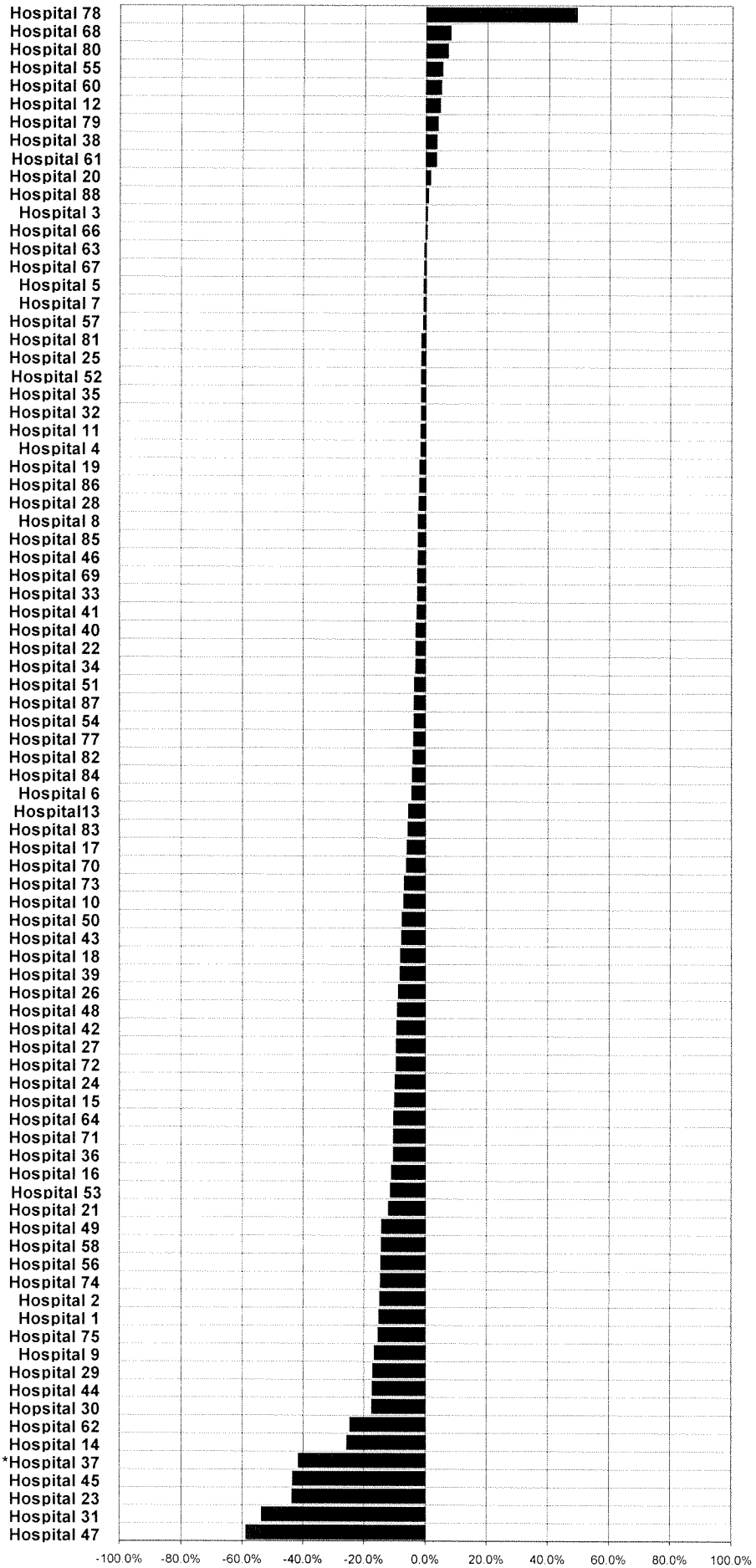
WHITES



*NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.

Source: 1995-2002 UB-92 Discharges

Chart 6: Change of Hospital-specific Patient Population by Race/Ethnicity 1995-2002 (Ranked by Rate)
WHITES



*NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.
Source: 1995-2002 UB-92 Discharges

Table 3: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Black Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Statewide	**15.9%**	**15.3%**	**14.8%**	**16.8%**	**16.9%**	**16.8%**	**16.6%**	**15.8%**
Hospital 1	15.1%	14.8%	15.6%	14.8%	16.4%	17.3%	17.5%	17.1%
Hospital 2	39.8%	35.3%	36.0%	34.3%	35.5%	33.9%	34.8%	33.0%
Hospital 3	41.5%	40.7%	39.2%	40.8%	38.3%	38.1%	38.3%	38.0%
Hospital 4	7.6%	8.7%	8.8%	9.6%	9.2%	10.2%	10.0%	11.1%
Hospital 5	4.9%	4.4%	4.5%	4.4%	4.3%	4.6%	4.5%	4.2%
Hospital 6	14.6%	23.3%	25.6%	27.2%	26.5%	26.1%	22.2%	22.7%
Hospital 7	7.7%	7.3%	7.0%	6.9%	7.2%	6.9%	7.4%	7.2%
Hospital 8	38.7%	39.5%	40.2%	40.6%	40.8%	40.2%	40.2%	42.0%
Hospital 9	32.5%	33.8%	35.3%	36.0%	26.7%	37.8%	38.9%	38.4%
Hospital 10	18.9%	23.9%	25.1%	21.2%	22.7%	21.6%	21.8%	23.1%
Hospital 11	42.8%	42.6%	44.2%	46.2%	46.6%	43.8%	43.1%	41.2%
Hospital 12	7.4%	8.0%	7.8%	7.4%	7.4%	6.8%	6.8%	7.0%
Hospital 13	0.9%	1.1%	1.2%	1.4%	1.5%	1.4%	1.2%	1.9%
Hospital 14	15.2%	16.9%	17.1%	17.5%	17.7%	18.7%	19.7%	16.5%
Hospital 15	9.3%	9.9%	9.2%	11.6%	13.8%	14.9%	15.8%	16.5%
Hospital 16	30.8%	29.7%	30.1%	31.9%	31.6%	35.8%	37.6%	37.8%
Hospital 17	0.2%	0.5%	0.9%	1.2%	1.4%	0.7%	2.0%	2.1%
Hospital 18	29.5%	29.2%	29.5%	29.8%	31.6%	30.8%	31.3%	31.5%
Hospital 19	6.7%	7.0%	6.3%	6.3%	6.1%	6.0%	5.1%	6.3%
Hospital 20	85.7%	87.2%	86.1%	85.3%	86.0%	86.0%	85.4%	84.1%
Hospital 21	12.6%	11.7%	11.3%	11.0%	10.6%	10.2%	10.4%	9.9%
Hospital 22	7.0%	7.3%	7.4%	8.0%	8.4%	8.3%	7.5%	6.9%
Hospital 23	0.7%	1.2%	0.3%	64.3%	59.5%	59.6%	62.3%	60.0%
Hospital 24	8.1%	7.1%	7.2%	7.4%	7.6%	7.2%	6.7%	7.1%
Hospital 25	2.4%	2.6%	1.8%	2.1%	1.6%	1.7%	2.4%	2.1%
Hospital 26	8.6%	8.5%	8.6%	8.7%	9.0%	9.2%	9.2%	9.3%
Hospital 27	72.3%	74.8%	76.3%	76.9%	75.7%	75.9%	78.0%	79.2%
Hospital 28	1.1%	0.9%	1.2%	1.1%	1.2%	1.2%	1.2%	1.2%
Hospital 29	60.8%	61.0%	67.5%	70.4%	73.7%	76.2%	79.5%	78.4%

Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Table 3: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Black Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Hospital 30	8.2%	7.6%	7.2%	7.9%	8.3%	8.8%	9.1%	8.4%
Hospital 31	0.1%	0.2%	0.7%	43.0%	41.2%	40.6%	41.0%	39.8%
Hospital 32	17.6%	17.6%	17.4%	17.3%	17.3%	17.4%	17.8%	17.1%
Hospital 33	12.2%	12.0%	12.1%	12.6%	12.2%	11.5%	12.0%	12.2%
Hospital 34	12.3%	14.0%	14.4%	15.1%	14.6%	14.1%	13.9%	14.4%
Hospital 35	15.6%	15.5%	15.8%	16.4%	16.6%	16.4%	17.3%	17.3%
Hospital 36	7.8%	7.4%	7.9%	7.8%	7.7%	2.8%	7.3%	7.6%
Hospital 37 *	25.1%	26.1%	26.4%	26.8%	26.7%	27.4%	15.2%	0.0%
Hospital 38	4.3%	7.6%	2.4%	6.0%	6.3%	6.7%	7.3%	6.2%
Hospital 39	6.6%	5.5%	6.1%	6.1%	5.9%	5.6%	5.5%	5.3%
Hospital 40	1.6%	1.8%	1.8%	1.7%	1.8%	1.8%	2.5%	2.6%
Hospital 41	20.2%	22.7%	22.4%	22.8%	21.9%	23.7%	24.7%	22.4%
Hospital 42	12.8%	12.3%	11.9%	11.6%	11.8%	11.6%	11.9%	11.3%
Hospital 43	13.8%	14.9%	15.7%	16.3%	9.4%	16.2%	16.8%	17.4%
Hospital 44	30.0%	31.1%	32.1%	31.8%	32.7%	32.1%	28.9%	27.7%
Hospital 45	31.9%	1.3%	1.1%	58.6%	69.8%	69.4%	69.2%	69.4%
Hospital 46	0.9%	0.8%	0.8%	0.8%	0.9%	1.0%	1.0%	1.0%
Hospital 47	19.6%	17.3%	16.3%	17.2%	17.2%	18.0%	14.2%	0.0%
Hospital 48	7.7%	7.7%	7.7%	8.1%	8.5%	8.2%	8.4%	8.9%
Hospital 49	0.4%	0.1%	0.8%	1.1%	1.3%	1.6%	2.1%	2.1%
Hospital 50	1.0%	2.4%	2.0%	1.6%	1.9%	1.5%	2.3%	2.4%
Hospital 51	16.2%	17.6%	17.7%	16.1%	16.9%	17.9%	17.3%	16.4%
Hospital 52	13.7%	13.4%	13.4%	13.2%	12.9%	13.2%	13.5%	13.1%
Hospital 53	8.3%	6.9%	7.0%	8.5%	8.3%	8.8%	10.1%	12.0%
Hospital 54	12.8%	13.3%	13.7%	14.1%	15.2%	15.6%	14.4%	15.7%
Hospital 55	10.7%	11.3%	10.2%	9.5%	9.3%	9.5%	9.2%	9.4%
Hospital 56	3.9%	3.9%	4.1%	3.7%	3.7%	3.7%	4.5%	4.6%
Hospital 57	6.7%	7.3%	6.5%	6.5%	6.6%	5.7%	6.3%	6.1%
Hospital 58	13.0%	14.0%	17.5%	18.4%	21.6%	22.9%	23.2%	23.6%
Hospital 59	5.2	5.8%	6.2%	6.4%	4.3%	0.0%	0.0%	0.0%

* NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.
Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Table 3: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Black Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Hospital 60	2.0%	1.9%	2.0%	2.3%	2.2%	0.0%	0.0%	0.0%
Hospital 61	0.7%	0.8%	0.5%	0.7%	0.3%	0.0%	0.0%	0.0%
Hospital 62	12.3%	13.5%	13.8%	13.5%	13.0%	13.0%	12.8%	10.6%
Hospital 63	10.6%	11.3%	10.5%	10.3%	10.3%	9.4%	9.4%	10.0%
Hospital 64	4.8%	4.9%	5.0%	4.5%	4.8%	4.7%	4.7%	5.4%
Hospital 65	9.7%	9.1%	10.5%	11.4%	10.3%	9.7%	10.1%	0.0%
Hospital 66	27.7%	30.2%	29.3%	30.9%	31.1%	30.1%	27.3%	28.1%
Hospital 67	7.5%	7.8%	6.7%	7.7%	7.2%	7.4%	7.8%	7.7%
Hospital 68	16.9%	14.7%	13.5%	13.2%	15.0%	15.1%	15.3%	13.7%
Hospital 69	0.5%	0.4%	0.7%	0.7%	0.4%	0.6%	0.8%	0.7%
Hospital 70	26.9%	24.9%	20.6%	20.6%	19.1%	19.3%	21.0%	13.1%
Hospital 71	21.9%	22.9%	22.2%	22.7%	21.9%	20.3%	22.4%	28.3%
Hospital 72	23.4%	23.3%	22.5%	23.4%	22.6%	22.4%	20.9%	20.6%
Hospital 73	7.2%	6.9%	8.2%	8.0%	8.3%	7.5%	6.3%	7.2%
Hospital 74	9.1%	9.2%	8.1%	7.7%	6.2%	5.6%	5.3%	5.4%
Hospital 75	6.3%	8.4%	8.3%	8.2%	8.3%	7.0%	7.5%	8.2%
Hospital 76	33.0%	33.2%	32.8%	31.1%	29.9%	30.4%	31.3%	27.8%
Hospital 77	27.0%	28.4%	27.7%	28.5%	28.6%	27.2%	26.0%	0.0%
Hospital 78	3.7%	0.0%	0.0%	0.0%	0.0%	1.0%	10.2%	10.2%
Hospital 79	20.9%	19.2%	13.7%	13.2%	13.5%	14.7%	14.5%	16.4%
Hospital 80	72.7%	68.6%	67.6%	67.1%	65.6%	64.6%	63.8%	48.8%
Hospital 81	2.4%	2.2%	2.3%	2.6%	2.2%	2.3%	2.4%	2.5%
Hospital 82	13.0%	13.3%	14.2%	14.6%	14.6%	14.7%	15.9%	16.0%
Hospital 83	7.3%	7.6%	7.6%	8.5%	8.3%	9.1%	9.3%	10.0%
Hospital 84	15.4%	17.3%	16.7%	17.0%	17.0%	15.5%	19.3%	19.2%
Hospital 85	5.6%	5.4%	6.1%	6.1%	5.3%	5.3%	5.8%	6.7%
Hospital 86	1.7%	1.8%	2.0%	1.7%	2.2%	1.9%	2.5%	2.7%
Hospital 87	1.1%	1.3%	1.3%	0.9%	0.9%	1.2%	1.2%	1.4%
Hospital 88	8.7%	10.5%	9.9%	8.7%	5.8%	7.2%	7.2%	7.4%

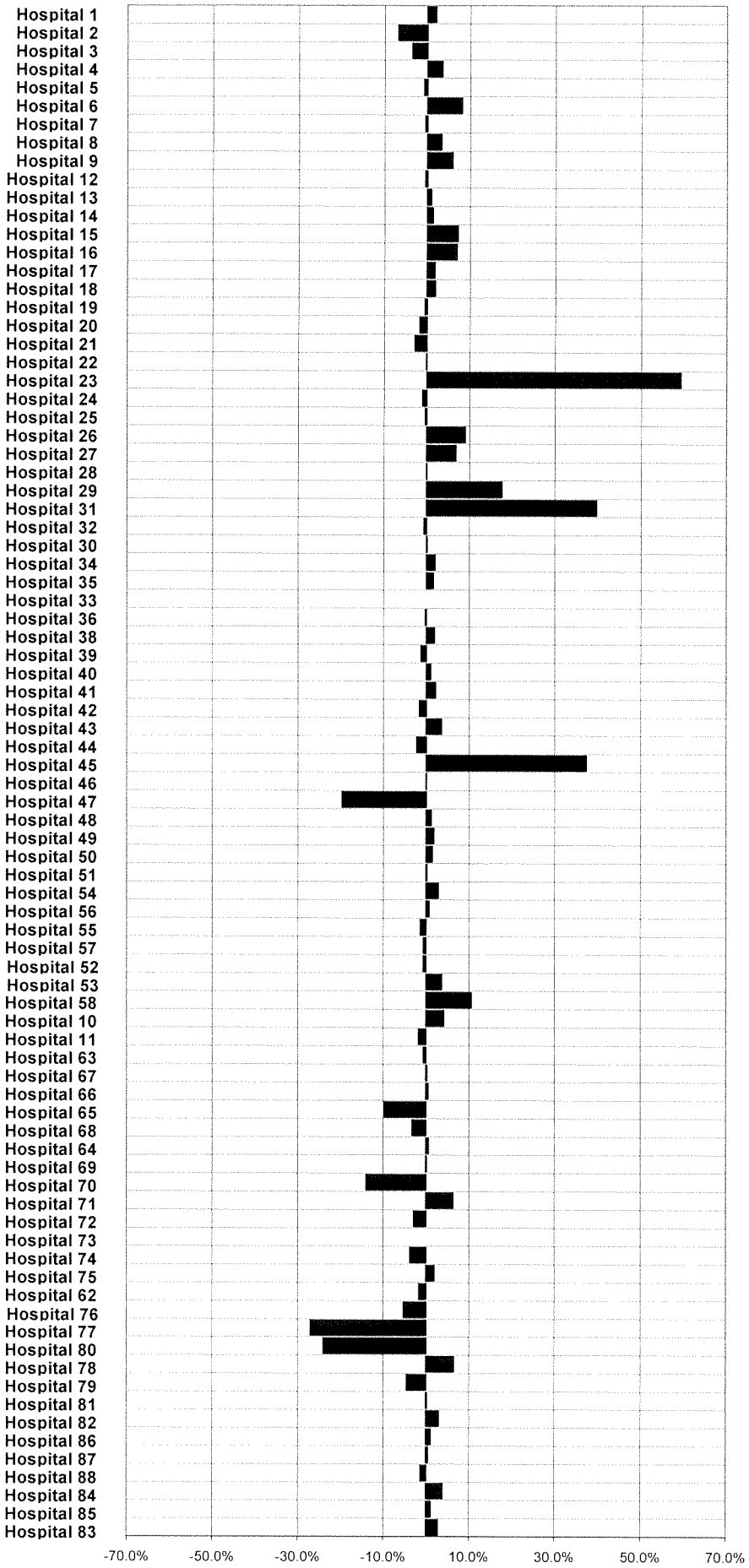
Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

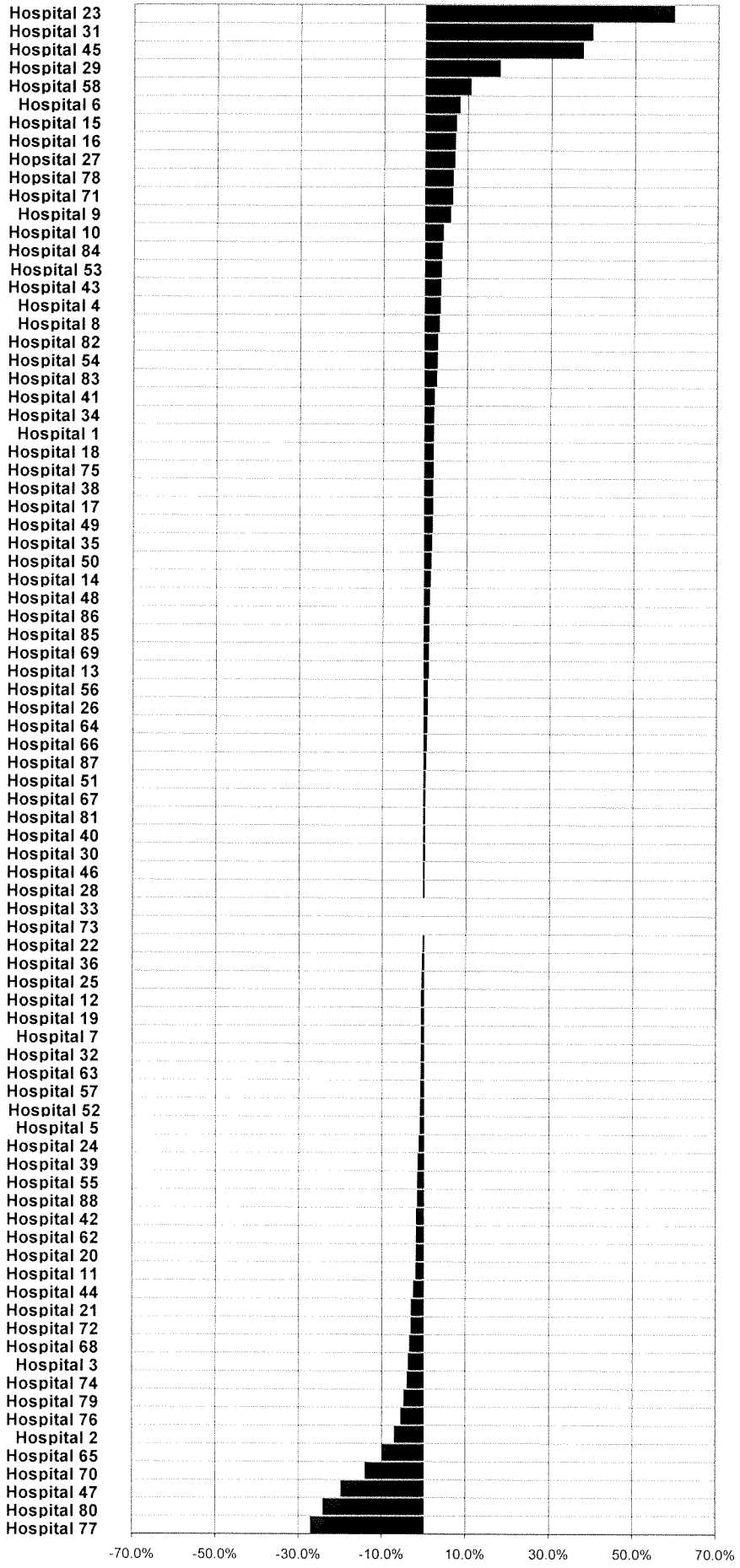
Source: 2002 US Census Estimates

Chart 7: Change of Hospital-specific Patient Population by Race/Ethnicity 1995-2002 (Ranked by Hospital)
BLACKS



Source: 1995-2002 UB-92 Discharges

Chart 8: Change of Hospital-specific Patient Population by Race/Ethnicity 1995-2002 (Ranked by Rate)
BLACKS



Source: 1995-2002 UB-92 Discharges

Table 4: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Asian Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Statewide	**2.2%**	**2.2%**	**2.1%**	**1.9%**	**1.9%**	**2.0%**	**2.1%**	**2.1%**
Hospital 1	0.9%	1.5%	1.3%	1.2%	2.4%	2.7%	2.4%	2.5%
Hospital 2	0.8%	1.5%	1.3%	1.5%	2.9%	3.0%	2.4%	2.8%
Hospital 3	1.5%	0.8%	1.1%	0.9%	1.1%	1.4%	1.1%	1.7%
Hospital 4	0.9%	1.5%	1.2%	1.0%	1.2%	1.5%	3.0%	4.3%
Hospital 5	1.2%	1.7%	1.4%	1.0%	1.1%	1.0%	1.0%	1.4%
Hospital 6	19.0%	2.1%	2.1%	1.8%	2.4%	2.4%	1.9%	5.4%
Hospital 7	0.4%	0.3%	0.3%	0.2%	0.3%	0.3%	0.3%	0.4%
Hospital 8	2.1%	2.0%	2.0%	1.7%	1.5%	1.5%	1.4%	1.5%
Hospital 9	1.6%	1.7%	1.1%	1.5%	1.3%	1.6%	2.2%	2.8%
Hospital 10	1.2%	0.9%	0.9%	1.2%	0.7%	0.8%	0.6%	0.8%
Hospital 11	1.3%	0.9%	1.2%	1.4%	1.2%	1.2%	1.0%	1.4%
Hospital 12	5.2%	4.3%	5.2%	4.8%	1.2%	1.4%	1.2%	1.5%
Hospital 13	0.7%	0.8%	0.6%	1.1%	1.2%	1.0%	1.2%	1.2%
Hospital 14	5.5%	4.7%	4.9%	4.9%	4.7%	6.1%	4.1%	3.2%
Hospital 15	2.0%	2.3%	1.8%	2.3%	1.6%	2.1%	2.0%	2.1%
Hospital 16	1.2%	1.7%	1.5%	1.5%	1.2%	1.1%	0.8%	1.2%
Hospital 17	0.0%	0.1%	0.0%	0.1%	0.6%	0.2%	0.2%	0.4%
Hospital 18	1.2%	1.4%	1.3%	1.3%	0.9%	1.1%	1.2%	1.3%
Hospital 19	0.8%	0.6%	0.8%	0.8%	0.8%	0.7%	0.9%	1.0%
Hospital 20	0.9%	0.9%	0.9%	0.8%	1.1%	1.8%	0.6%	0.7%
Hospital 21	7.0%	5.5%	4.7%	4.3%	4.4%	4.1%	3.5%	3.6%
Hospital 22	2.4%	2.9%	2.3%	2.3%	1.9%	2.4%	2.1%	1.8%
Hospital 23	34.9%	97.9%	75.2%	2.7%	3.5%	4.0%	3.3%	3.3%
Hospital 24	3.5%	3.3%	3.4%	2.8%	3.3%	3.4%	3.6%	3.4%
Hospital 25	2.2%	1.6%	1.0%	0.4%	0.7%	0.6%	0.5%	0.6%
Hospital 26	2.6%	2.7%	2.7%	3.7%	4.3%	4.8%	4.8%	4.7%
Hospital 27	0.8%	0.7%	0.5%	0.5%	0.9%	2.1%	2.6%	1.6%
Hospital 28	1.6%	1.2%	1.1%	0.6%	0.6%	0.7%	0.8%	1.0%
Hospital 29	1.0%	1.1%	1.3%	1.0%	1.2%	1.0%	1.3%	0.9%

Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Table 4: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Asian Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Hospital 30	4.8%	4.0%	4.6%	5.2%	5.5%	6.5%	6.9%	8.2%
Hospital 31	8.6%	9.0%	8.9%	7.3%	5.7%	4.7%	4.7%	4.2%
Hospital 32	0.7%	0.6%	0.7%	0.6%	0.7%	0.7%	0.7%	1.0%
Hospital 33	1.6%	2.1%	1.8%	2.2%	2.6%	1.9%	0.6%	0.6%
Hospital 34	1.8%	2.3%	2.4%	3.4%	3.6%	2.7%	0.7%	0.8%
Hospital 35	1.8%	1.5%	2.8%	2.4%	1.9%	1.6%	0.9%	0.9%
Hospital 36	0.4%	0.5%	0.5%	0.3%	0.9%	0.3%	0.5%	0.5%
Hospital 37 *	0.9%	0.9%	0.8%	0.8%	0.8%	1.0%	0.4%	0.0%
Hospital 38	22.2%	18.7%	18.2%	3.3%	3.6%	3.4%	4.2%	3.2%
Hospital 39	2.6%	2.3%	2.3%	2.8%	3.2%	4.6%	5.0%	4.9%
Hospital 40	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.4%	0.5%
Hospital 41	0.4%	0.4%	0.7%	0.5%	0.5%	0.5%	0.6%	0.8%
Hospital 42	1.0%	1.0%	0.9%	0.6%	0.6%	0.7%	0.6%	0.7%
Hospital 43	0.5%	0.7%	0.7%	0.9%	0.5%	0.8%	1.0%	1.1%
Hospital 44	3.9%	4.2%	5.1%	4.9%	4.8%	5.1%	5.5%	4.7%
Hospital 45	0.8%	0.0%	0.0%	1.0%	1.3%	1.2%	1.3%	1.5%
Hospital 46	0.7%	0.4%	0.5%	0.5%	0.2%	0.5%	0.3%	0.3%
Hospital 47	0.5%	0.5%	0.6%	0.8%	0.7%	0.7%	0.7%	0.0%
Hospital 48	1.3%	1.5%	1.7%	1.6%	1.9%	1.9%	2.2%	1.6%
Hospital 49	0.2%	0.0%	0.5%	0.6%	1.1%	1.7%	2.0%	1.8%
Hospital 50	0.9%	1.0%	0.5%	0.6%	0.8%	1.3%	5.2%	5.7%
Hospital 51	0.7%	0.7%	0.5%	0.6%	0.5%	0.8%	0.8%	0.8%
Hospital 52	2.6%	2.9%	3.3%	4.0%	4.3%	4.4%	4.4%	4.6%
Hospital 53	0.2%	0.3%	0.8%	0.7%	0.7%	0.8%	1.0%	1.5%
Hospital 54	3.0%	3.4%	3.1%	2.7%	1.9%	1.7%	1.3%	1.5%
Hospital 55	1.1%	1.3%	1.0%	1.0%	1.2%	1.1%	1.2%	1.1%
Hospital 56	1.1%	1.0%	1.0%	1.0%	1.3%	1.3%	1.2%	1.1%
Hospital 57	1.3%	1.6%	1.1%	1.2%	1.9%	2.3%	2.5%	2.3%
Hospital 58	1.2%	1.6%	2.0%	2.0%	2.0%	2.3%	2.5%	2.2%
Hospital 59	4.3%	4.3%	1.7%	1.4%	1.3%	0.0%	0.0%	0.0%

* NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.
Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
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Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Table 4: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Asian Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Hospital 60	1.0%	1.1%	0.6%	0.6%	0.6%	0.0%	0.0%	0.0%
Hospital 61	2.1%	0.8%	0.3%	0.4%	0.3%	0.0%	0.0%	0.0%
Hospital 62	5.5%	6.2%	6.5%	7.3%	8.1%	8.9%	9.9%	7.4%
Hospital 63	0.5%	0.7%	0.7%	0.9%	1.0%	0.7%	0.8%	1.1%
Hospital 64	1.8%	1.5%	1.4%	1.5%	1.6%	2.1%	2.0%	1.8%
Hospital 65	0.3%	0.5%	0.2%	0.2%	0.2%	0.2%	0.1%	0.0%
Hospital 66	0.7%	0.5%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%
Hospital 67	0.1%	0.2%	0.1%	0.2%	0.2%	0.2%	0.1%	0.1%
Hospital 68	0.1%	0.0%	0.0%	0.0%	0.1%	0.4%	0.3%	0.4%
Hospital 69	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.3%	0.2%
Hospital 70	3.7%	3.6%	5.0%	5.1%	4.1%	4.3%	4.0%	1.8%
Hospital 71	0.7%	0.6%	0.6%	0.7%	0.6%	0.5%	0.4%	0.7%
Hospital 72	1.8%	1.7%	1.9%	1.6%	1.5%	1.3%	1.4%	1.2%
Hospital 73	1.9%	2.4%	1.6%	1.5%	1.4%	1.4%	1.0%	1.4%
Hospital 74	2.1%	1.7%	1.6%	1.9%	1.1%	1.4%	1.4%	1.7%
Hospital 75	2.3%	2.1%	2.1%	3.5%	2.6%	1.8%	1.2%	1.5%
Hospital 76	1.0%	0.8%	0.9%	0.6%	0.8%	0.7%	1.1%	4.2%
Hospital 77	1.2%	1.1%	1.1%	1.0%	1.4%	1.3%	1.2%	0.0%
Hospital 78	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.5%
Hospital 79	0.4%	0.2%	0.2%	0.6%	0.4%	0.5%	0.4%	0.5%
Hospital 80	0.5%	0.6%	0.7%	0.6%	0.5%	0.7%	0.5%	0.7%
Hospital 81	2.5%	2.1%	1.8%	1.6%	1.6%	1.8%	1.9%	1.9%
Hospital 82	1.6%	1.6%	1.7%	1.8%	2.0%	2.2%	1.4%	1.3%
Hospital 83	1.2%	1.4%	1.4%	1.2%	1.4%	1.4%	1.3%	1.3%
Hospital 84	0.4%	0.2%	0.4%	0.1%	0.2%	0.3%	0.1%	0.4%
Hospital 85	0.5%	0.4%	0.4%	0.4%	0.5%	0.5%	0.5%	0.7%
Hospital 86	0.4%	0.4%	0.4%	0.3%	0.5%	0.4%	0.5%	0.3%
Hospital 87	0.5%	0.4%	0.5%	0.4%	0.5%	0.5%	0.3%	0.5%
Hospital 88	0.3%	0.6%	0.9%	1.7%	1.7%	0.4%	0.3%	0.2%

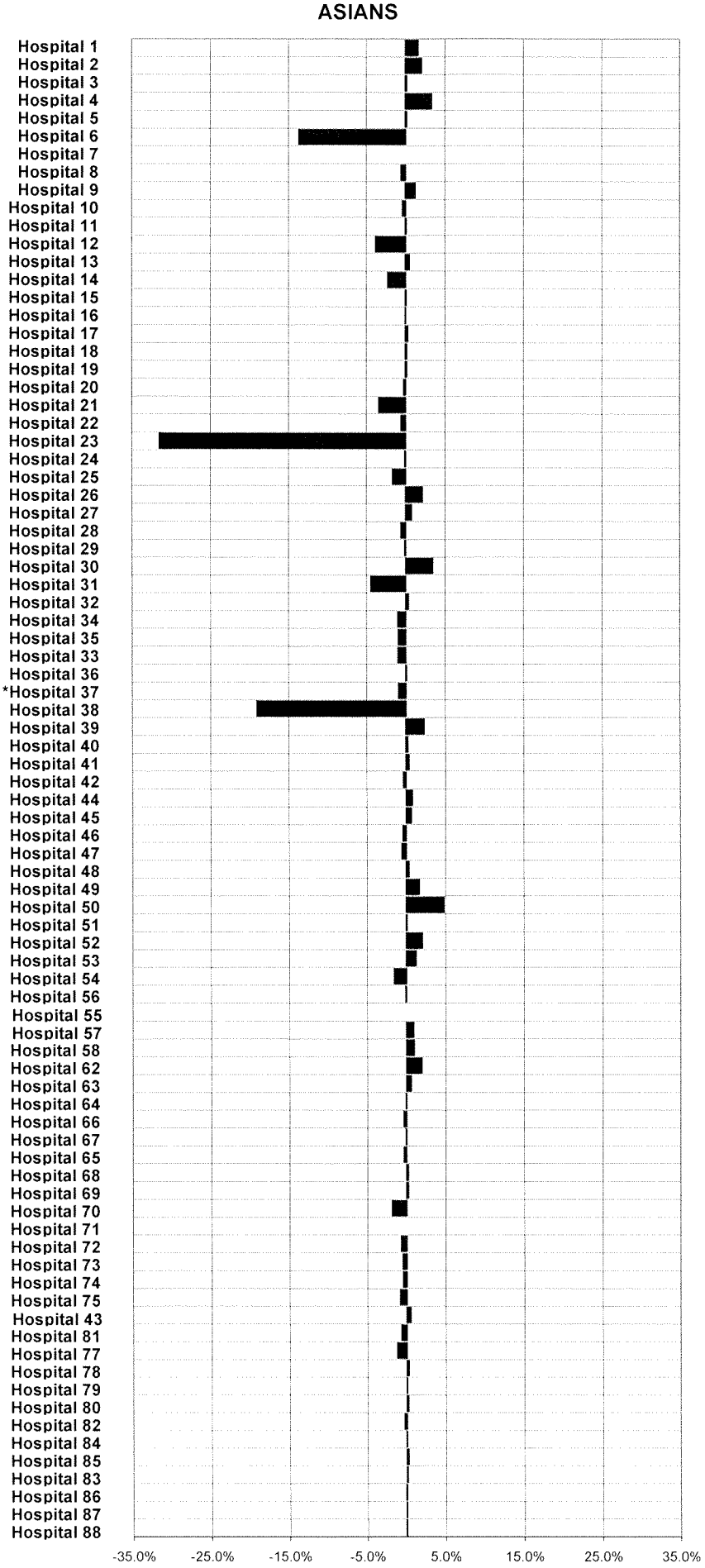
Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

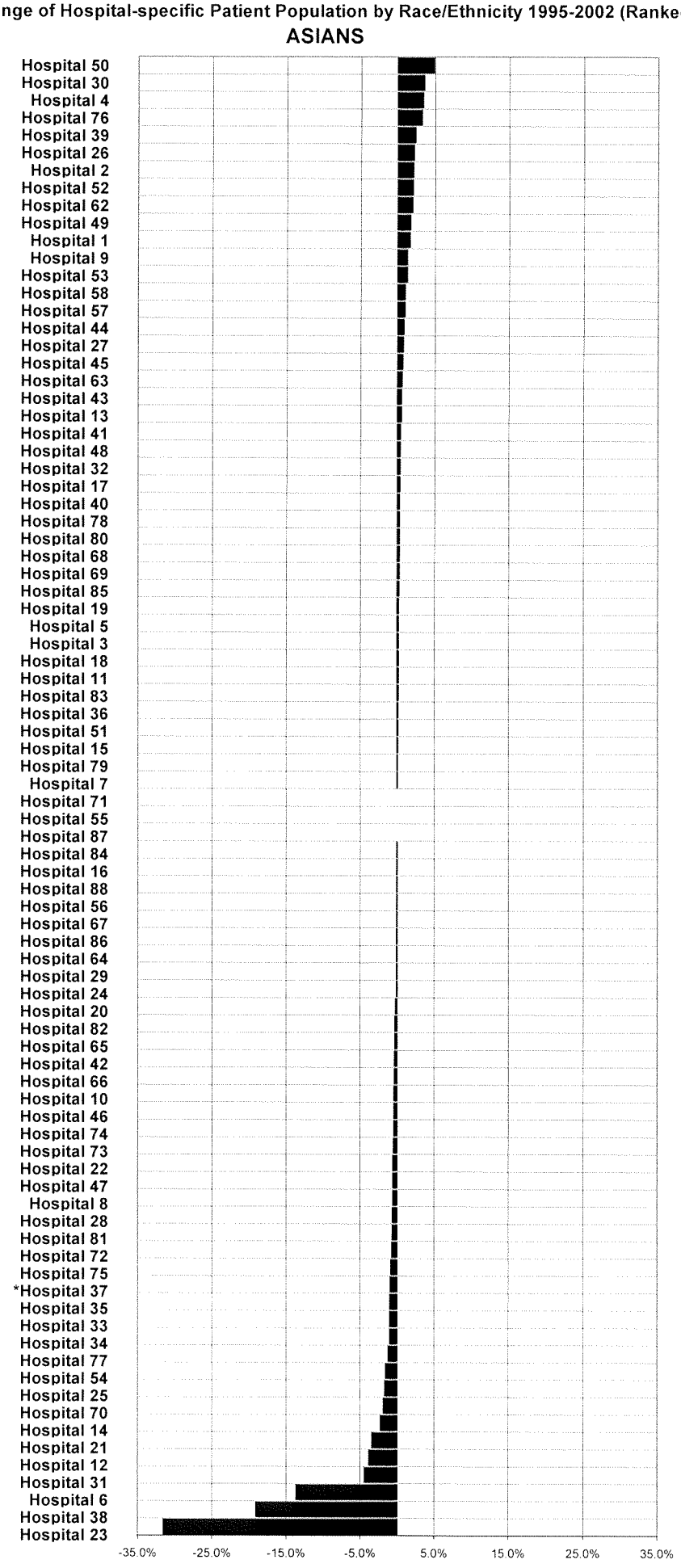
Chart 9: Change of Hospital-specific Patient Population by Race/Ethnicity 1995-2002 (Ranked by Hospital)



*NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.

Source: 1995-2002 UB-92 Discharges

Chart 10: Change of Hospital-specific Patient Population by Race/Ethnicity 1995-2002 (Ranked by Rate)



*NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.

Source: 1995-2002 UB-92 Discharges

Table 5: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Hispanic Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Statewide	**9.2%**	**8.2%**	**9.4%**	**8.9%**	**9.9%**	**11.0%**	**13.4%**	**14.0%**
Hospital 1	4.7%	5.9%	5.4%	5.5%	8.6%	8.4%	7.6%	8.3%
Hospital 2	14.4%	12.1%	11.9%	10.9%	13.6%	16.8%	16.3%	16.6%
Hospital 3	39.4%	36.2%	36.5%	37.0%	38.7%	36.6%	95.4%	93.1%
Hospital 4	100.0%	0.0%	1.1%	7.5%	9.8%	10.6%	10.9%	11.5%
Hospital 5	0.0%	0.0%	0.4%	0.3%	0.5%	0.6%	0.5%	0.7%
Hospital 6	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.4%
Hospital 7	2.2%	2.1%	2.1%	2.2%	2.5%	2.7%	2.5%	2.8%
Hospital 8	8.2%	8.8%	8.7%	8.6%	8.7%	8.2%	6.7%	7.2%
Hospital 9	6.1%	5.4%	6.4%	6.9%	6.7%	7.6%	3.8%	7.8%
Hospital 10	36.1%	34.8%	33.0%	34.6%	35.2%	39.5%	42.5%	42.2%
Hospital 11	25.9%	25.6%	26.8%	24.2%	21.3%	19.9%	20.3%	20.5%
Hospital 12	2.9%	2.7%	3.3%	3.2%	58.2%	97.3%	3.2%	4.5%
Hospital 13	0.0%	0.0%	0.0%	0.5%	0.7%	1.7%	1.8%	1.7%
Hospital 14	0.0%	0.0%	39.5%	21.9%	41.1%	43.4%	0.0%	0.0%
Hospital 15	10.3%	11.4%	11.8%	12.8%	15.0%	16.1%	19.5%	21.6%
Hospital 16	34.7%	37.7%	37.3%	37.9%	41.7%	40.8%	40.5%	40.9%
Hospital 17	0.0%	0.0%	0.0%	0.0%	5.9%	2.5%	2.2%	1.7%
Hospital 18	5.5%	16.6%	16.1%	16.7%	14.2%	14.1%	17.6%	18.6%
Hospital 19	2.6%	2.6%	1.8%	1.8%	1.2%	2.8%	4.8%	4.7%
Hospital 20	3.1%	2.9%	2.9%	3.4%	3.5%	0.0%	0.0%	0.0%
Hospital 21	4.5%	6.1%	5.9%	6.4%	6.9%	6.3%	6.4%	6.7%
Hospital 22	17.0%	17.7%	17.7%	17.7%	18.0%	18.9%	19.5%	19.4%
Hospital 23	0.0%	0.0%	0.0%	6.5%	9.4%	8.8%	10.6%	11.2%
Hospital 24	2.5%	2.4%	3.4%	3.3%	3.5%	3.8%	11.0%	23.4%
Hospital 25	0.0%	0.5%	4.6%	2.2%	2.1%	2.1%	1.6%	2.0%
Hospital 26	6.3%	6.4%	7.1%	7.5%	7.6%	9.0%	9.3%	9.5%
Hospital 27	4.1%	5.3%	4.6%	4.7%	4.3%	5.8%	4.2%	4.0%
Hospital 28	0.8%	1.3%	1.0%	9.5%	8.3%	5.9%	3.7%	3.1%
Hospital 29	1.8%	1.8%	2.4%	1.7%	1.9%	1.9%	1.7%	2.3%

Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Table 5: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Hispanic Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Hospital 30	100.0%	2.5%	5.3%	6.0%	5.8%	6.1%	6.2%	5.7%
Hospital 31	0.0%	0.0%	0.0%	29.5%	32.7%	33.1%	33.6%	33.0%
Hospital 32	2.6%	2.7%	2.5%	2.7%	2.8%	3.2%	3.1%	3.6%
Hospital 33	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%	0.8%
Hospital 34	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	1.5%	1.9%
Hospital 35	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.7%	0.8%
Hospital 36	4.6%	5.1%	5.9%	8.0%	7.7%	8.3%	7.9%	8.7%
Hospital 37 *	0.6%	0.7%	0.6%	0.7%	0.7%	0.9%	13.7%	30.1%
Hospital 38	1.1%	0.0%	0.2%	5.2%	22.6%	30.5%	30.2%	30.9%
Hospital 39	2.7%	2.3%	2.8%	2.9%	2.7%	3.5%	6.6%	5.8%
Hospital 40	0.5%	1.2%	6.6%	3.6%	1.0%	0.9%	1.1%	1.5%
Hospital 41	3.2%	2.7%	3.0%	3.3%	3.6%	3.8%	3.9%	4.6%
Hospital 42	13.1%	11.5%	11.7%	10.1%	7.4%	6.1%	6.5%	6.2%
Hospital 43	4.0%	4.0%	2.3%	2.1%	3.4%	3.5%	6.8%	3.0%
Hospital 44	6.7%	7.1%	0.0%	0.0%	5.2%	12.0%	9.1%	10.2%
Hospital 45	54.4%	68.2%	69.0%	17.9%	8.9%	8.7%	8.5%	8.7%
Hospital 46	0.0%	0.3%	0.4%	0.5%	0.6%	0.8%	0.0%	0.0%
Hospital 47	12.8%	10.3%	8.9%	9.9%	9.1%	9.9%	13.4%	20.9%
Hospital 48	2.0%	2.8%	3.1%	3.5%	3.7%	4.3%	4.8%	5.8%
Hospital 49	98.9%	29.2%	53.0%	58.8%	58.8%	58.2%	59.9%	61.7%
Hospital 50	0.2%	0.3%	0.2%	0.5%	0.5%	11.3%	75.3%	77.4%
Hospital 51	17.7%	17.3%	18.4%	16.6%	18.5%	18.0%	22.1%	21.8%
Hospital 52	8.1%	8.3%	8.4%	8.9%	9.0%	8.8%	9.6%	10.2%
Hospital 53	3.3%	5.5%	11.0%	17.7%	9.9%	19.6%	21.1%	19.4%
Hospital 54	5.1%	5.1%	5.5%	5.0%	4.3%	2.8%	2.0%	2.0%
Hospital 55	29.1%	30.5%	32.0%	34.8%	34.3%	35.2%	34.1%	36.0%
Hospital 56	1.1%	1.5%	1.9%	2.0%	1.8%	2.2%	2.7%	2.4%
Hospital 57	1.0%	0.9%	0.8%	1.0%	1.5%	2.2%	2.1%	2.4%
Hospital 58	0.0%	0.0%	0.0%	1.1%	2.7%	4.2%	5.2%	5.8%
Hospital 59	0.0%	0.0%	0.0%	0.0%	1.7%	6.0%	3.1%	2.7%

* NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.
Source: 1995-2002 UB-92 Discharges

2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Table 5: N.J. Hospitalizations By Race & Ethnicity 1995 - 2002
Hispanic Population

Hospital	1995	1996	1997	1998	1999	2000	2001	2002
Hospital 60	5.6%	5.2%	0.0%	0.0%	1.0%	3.8%	4.1%	4.8%
Hospital 61	0.0%	0.0%	0.0%	0.0%	1.1%	2.4%	1.0%	1.8%
Hospital 62	100.0%	0.0%	3.0%	7.0%	0.0%	0.0%	0.0%	0.0%
Hospital 63	2.3%	2.5%	2.5%	2.7%	2.9%	2.9%	3.2%	3.9%
Hospital 64	2.1%	3.3%	2.7%	3.3%	1.3%	6.3%	4.7%	5.3%
Hospital 65	5.3%	7.6%	6.8%	3.8%	5.9%	6.2%	6.2%	0.0%
Hospital 66	8.6%	10.0%	8.7%	9.2%	11.2%	10.1%	11.1%	15.0%
Hospital 67	2.2%	1.1%	1.6%	0.8%	0.9%	1.0%	0.8%	1.0%
Hospital 68	24.1%	22.2%	19.1%	19.3%	21.5%	22.3%	20.8%	19.7%
Hospital 69	0.2%	0.5%	0.6%	0.8%	0.1%	0.8%	2.8%	3.9%
Hospital 70	22.0%	18.7%	19.0%	19.0%	21.1%	20.8%	19.0%	12.5%
Hospital 71	6.7%	7.6%	7.7%	7.2%	7.4%	8.0%	57.9%	57.7%
Hospital 72	26.6%	26.5%	26.6%	25.2%	25.8%	25.7%	25.8%	26.1%
Hospital 73	19.9%	16.1%	15.2%	16.6%	11.8%	8.6%	9.7%	10.8%
Hospital 74	51.9%	53.4%	54.0%	54.5%	60.4%	61.9%	62.8%	59.9%
Hospital 75	12.1%	13.8%	14.9%	14.3%	21.6%	23.0%	24.1%	26.3%
Hospital 76	24.0%	21.0%	29.9%	31.0%	32.1%	33.7%	28.9%	31.6%
Hospital 77	17.0%	7.3%	9.5%	16.5%	22.0%	25.7%	31.2%	0.0%
Hospital 78	0.2%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Hospital 79	1.2%	1.1%	1.0%	0.9%	1.2%	2.8%	3.2%	5.0%
Hospital 80	17.1%	13.2%	13.4%	14.6%	14.7%	15.7%	16.4%	31.1%
Hospital 81	0.0%	0.0%	1.5%	1.7%	1.9%	2.0%	2.2%	2.4%
Hospital 82	2.2%	2.5%	2.8%	2.9%	2.4%	2.4%	2.9%	3.1%
Hospital 83	0.6%	0.5%	0.5%	0.9%	0.9%	1.4%	77.3%	47.7%
Hospital 84	0.4%	0.7%	0.6%	0.9%	0.8%	1.1%	80.4%	49.6%
Hospital 85	0.4%	0.3%	0.3%	0.2%	0.3%	0.6%	80.1%	50.0%
Hospital 86	0.5%	0.5%	0.7%	0.9%	0.7%	0.9%	1.0%	1.8%
Hospital 87	5.8%	5.3%	6.2%	6.3%	5.9%	5.7%	6.2%	6.3%
Hospital 88	8.9%	12.1%	11.1%	12.4%	13.1%	9.9%	9.0%	8.5%

Source: 1995-2002 UB-92 Discharges

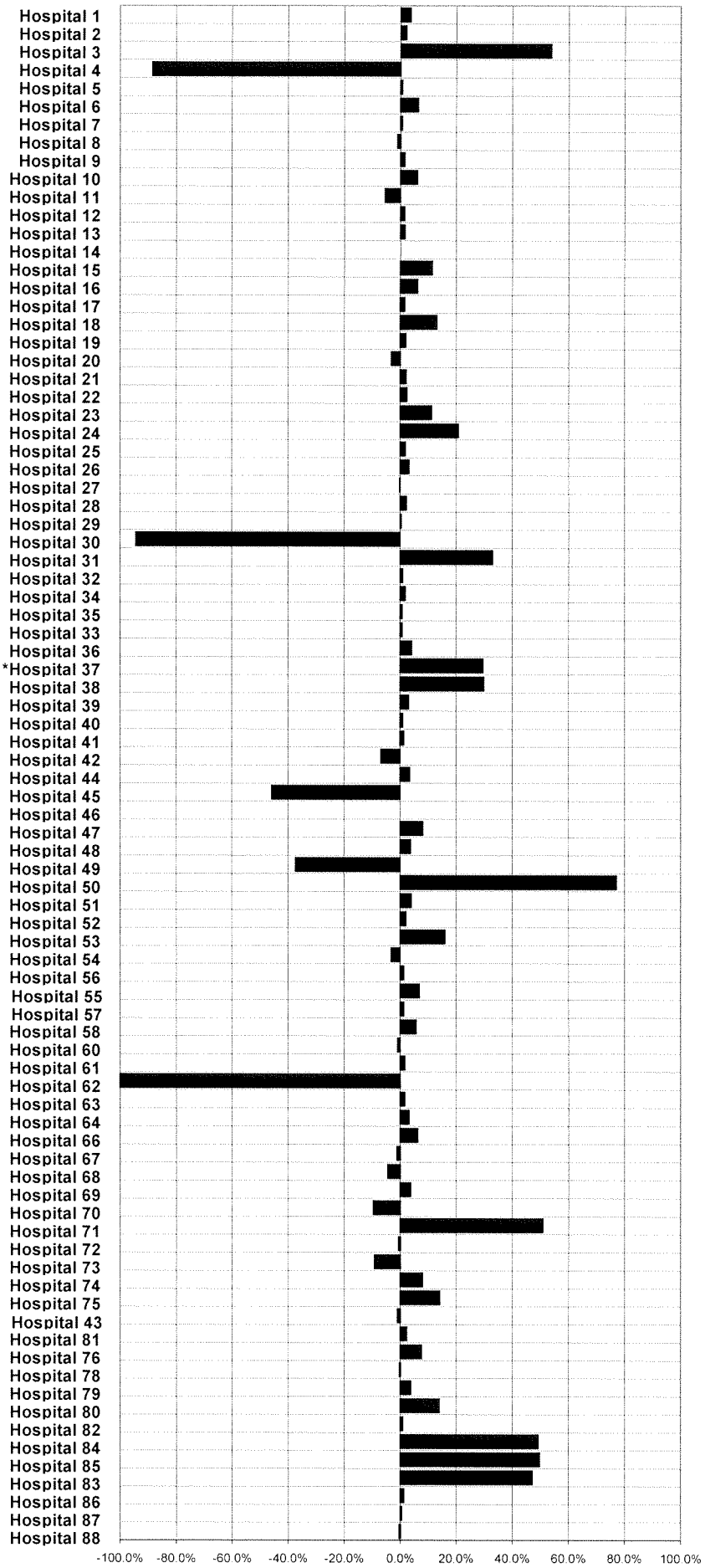
2002 Census Estimates - Race/Ethnicity of NJ Population by County

County	White	Black	Amer Ind	Asian	Hisp	County	White	Black	Amer Ind	Asian	Hisp
NEW JERSEY	**77.6**	**14.5**	**0.3**	**6.3**	**14.2**	Mercer	71.9	20.7	0.2	5.9	10.5
Atlantic	74.4	18.4	0.3	5.6	12.8	Middlesex	72.5	10.1	0.3	15.8	14.9
Bergen	81.2	5.8	0.2	11.7	11.7	Monmouth	86.2	8.3	0.2	4.3	6.7
Burlington	79.0	16.2	0.2	2.9	4.6	Morris	89.1	2.9	0.2	7.0	8.3
Camden	74.6	19.9	0.3	3.9	10.3	Ocean	94.5	3.3	0.2	1.4	5.5
Cape May	93.4	5.0	0.2	0.7	3.5	Passaic	78.5	15.4	0.7	4.0	31.9
Cumberland	74.8	21.6	1.0	1.0	20.3	Salem	82.7	15.3	0.3	0.7	4.3
Essex	51.1	43.3	0.3	4.0	16.6	Somerset	80.6	8.3	0.2	10.0	9.4
Gloucester	87.9	9.5	0.2	1.6	2.8	Sussex	96.6	1.3	0.1	1.3	4.1
Hudson	71.9	15.4	0.6	10.1	41.2	Union	71.8	22.5	0.3	4.2	21.6
Hunterdon	94.6	2.5	0.2	2.1	3.2	Warren	95.4	2.4	0.1	1.5	4.4

Source: 2002 US Census Estimates

Chart 11: Change of Hospital-specific Patient Population by Race/Ethnicity 1995-2002 (Ranked by Hospital)

HISPANICS

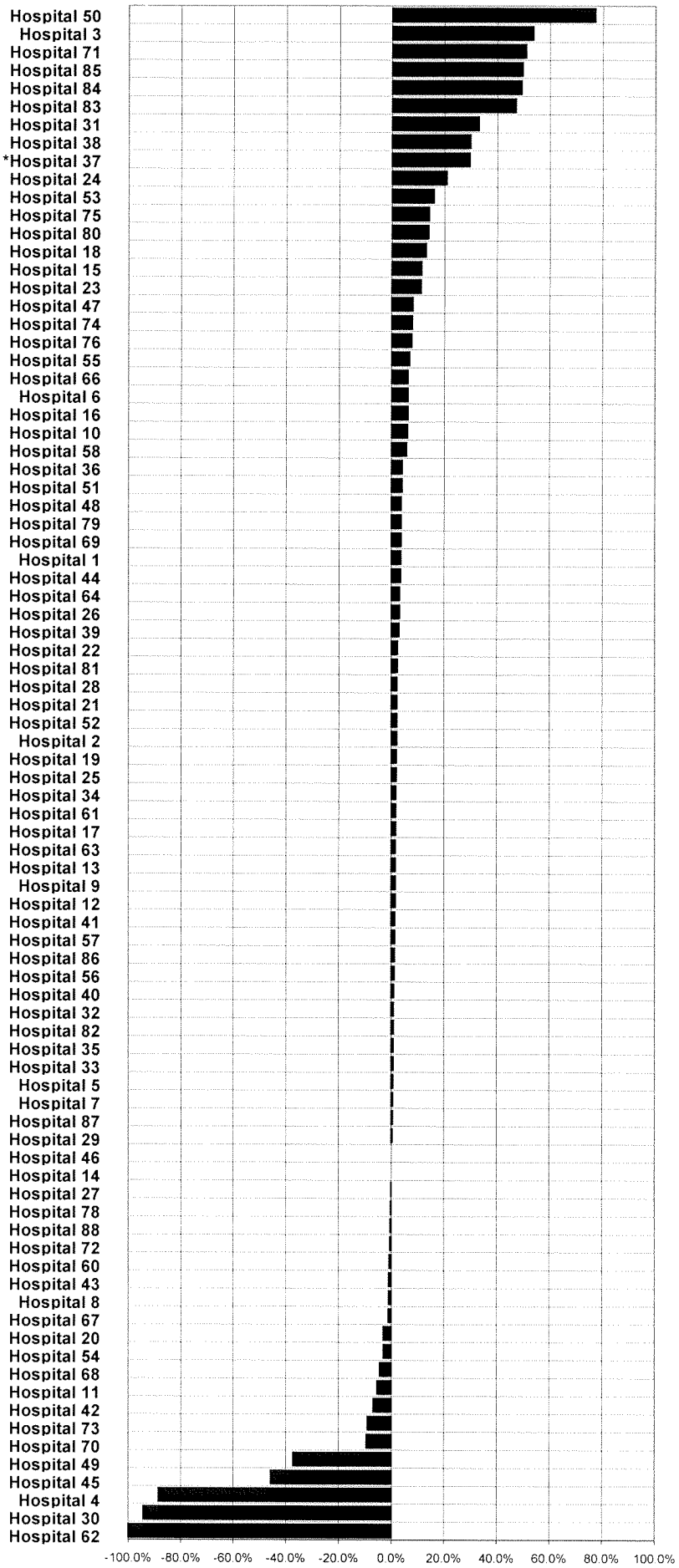


*NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.

Source: 1995-2002 UB-92 Discharges

Chart 12: Change of Hospital-specific Patient Population by Race/Ethnicity 1995-2002 (Ranked by Rate)

HISPANICS



*NOTE: The number of patients reported to the state was incorrect. The issue is being investigated by hospital and data intermediary.

Source: 1995-2002 UB-92 Discharges

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