

Demographics

New Jersey is one of the most racially and ethnically diverse states in the country and, according to the 2000 U.S. Census, ranks fifth in the nation in the percentage of foreign-born residents. These residents represent over 100 nationalities, with an increase of about 52 percent between 1990 and 2000. The number of Hispanic or Latino Americans in the state is more than 1.1 million (about 13.5 percent of the total population and one in every eight residents). This population also has exhibited a large increase between 1990 and 2000, with an average growth of 51 percent statewide and as much as 90 percent in some counties. The Asian population in New Jersey has increased also, growing by 77 percent between 1990 and 2000. Asian Indians had an average growth rate of 133 percent followed by Vietnamese, Chinese and Koreans (with about 107 percent and 70 percent growth rates respectively).

Because of this rapid growth in the population of foreign-born residents, more than 873,000 New Jersey residents (approximately one in 10) are LEP or do not speak English “very well”.¹ About 116,000 of these residents do not speak English at all. In Hudson County alone, about 159,000 residents (28 percent of the county’s total population) are LEP. In Bergen, Essex, Middlesex, Passaic and Union counties, the number of LEP residents range from 81,000 to 114,000 (between 13 and 21 percent of the county population). In seven other counties (Atlantic, Camden, Cumberland, Mercer, Monmouth, Morris and Somerset), between five and 10 percent of the residents are LEP (on average, 26,000 residents per county).

Spanish-speaking residents who are LEP number about 483,000 statewide and are more likely to live in Hudson, Passaic and Union counties, comprising about 50,000 to 116,000 county residents (greater than 10 percent of each of these counties’ total population). In Atlantic, Cumberland, Essex and Middlesex counties, the number of Spanish-speaking LEP residents range from 12,500 to 53,000 (between 5 and 7.5 percent of the county population). (See tables below for these data.) Overall, more than 120 languages are spoken in New Jersey. Languages with the highest LEP enrollments in New Jersey schools² are Spanish, Korean, Portuguese, Creole, Arabic, Gujarati, Mandarin, Polish, Urdu, Tagalog and Vietnamese.

Ultimately, this increasing diversity has had 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 minorities, finding that our country’s healthcare system tends to provide minorities with a lower quality of care. The reasons for these disparities are complex and not limited merely to factors related to minority populations. Other factors include the features of clinical encounters and the delivery system, resulting in care that poorly matches the individual needs of minority patients.

¹ US Census defines LEP as those who have reported that they speak English less than “very well.”

² NJ Department of Education, Bureau of Bilingual/ESL Education, 2004.

Nevertheless, healthcare providers, state government, community agencies and other organizations have been working to enhance minorities' access to quality healthcare and improve their care outcomes. Hospitals in New Jersey have been actively committed to developing and providing service interventions that help to "close the gap" in health outcomes and reduce healthcare disparities in their communities. Achieving this objective continues to be a challenge, however, given the financial position of hospitals in New Jersey. The cost associated with training and deploying staff to provide appropriate interpreter services can be significant for a hospital, however, hospitals have identified a variety of options that may be available to serve their LEP patients.

As part of this commitment, hospitals should examine carefully the particular demographics of their service areas and, based on the numbers and types of LEP individuals they encounter and the resources they have available, ensure to the best of their abilities that all minority patients are afforded the services they need, beginning with effective communication with hospital staff and healthcare providers.

The following charts demonstrate the distribution of New Jersey residents with LEP. The data for each county should reflect a hospital's experience with serving the LEP population within its service area.