

## Implications of Changing Demographics for New Jersey Health Care

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#### **About CSHP**

Established in 1999 with a major grant from the Robert Wood Johnson Foundation to *inform, support and stimulate state health policy in New Jersey and around the nation* 

#### **Current Focus**

- Access and Coverage
- Health System Performance Improvement
- Health and Long-Term Care Workforce
- Long-Term Care and Support Services
- Childhood Obesity Prevention

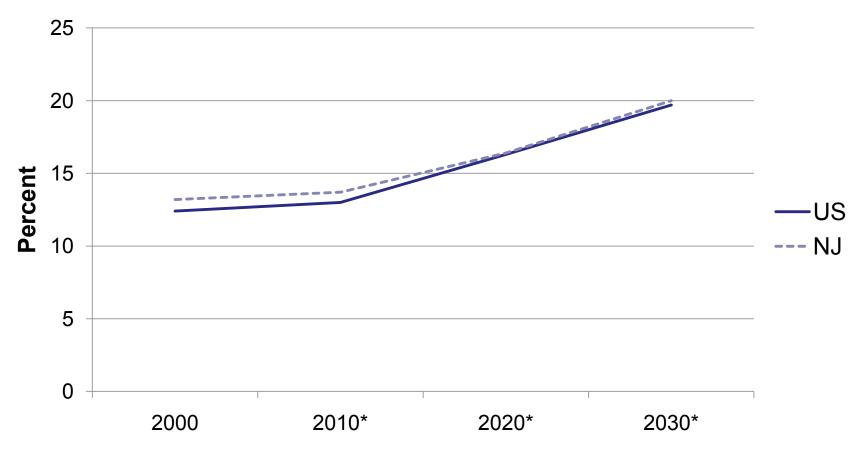
#### Overview

- Changing demographics
  - Aging
  - Migration and immigration
  - Unauthorized immigrants
- New data from the NJ Family Health Survey
  - Coverage
  - Health status
  - Access to care



View from here...

#### The NJ population is aging along with the nation



Source: Schiller, T,. "Growing Slowly, Getting Older: Demographic Trends in the Third District States." Q4 2009 *Business Review.* Philadelphia Federal Reserve.

Center for State Health Policy
Institute for Health, Health Care Policy and Aging Research

<sup>\*</sup> Projected

#### New Jersey is becoming more diverse, 2000-2007

Net loss from interstate migration, but gain from international immigration



■ Natural Increase
■ Net International Migration
■ Net Internal Migration

Source: Schiller, T,. "Growing Slowly, Getting Older: Demographic Trends in the Third District States." Q4 2009 *Business Review*. Philadelphia Federal Reserve.

#### New Jersey's large unauthorized immigrant population

#### 2009 Unauthorized Immigrants in New Jersey\*

- 475,000 (rank 6<sup>th</sup>)
- 5.6% of state population (rank 5<sup>th</sup>)
- 8.7% of state labor force (tied for 3<sup>rd</sup>)

#### Implications for Access

- About 60% of unauthorized lack health insurance\*\*
- Unauthorized 

  nearly a quarter of NJ's uninsured
- Not subject to coverage mandate or subsidy provisions of ACA

<sup>\*</sup>Passel, JS and D Cohn. "US Unauthorized Immigration Flows as Down Sharply Since Mid-Decade." Washington DC: Pew Hispanic Center, Sept. 1, 2010.

<sup>\*\*</sup> US national estimate from: Passel, JS and D Cohn. "A Portrait of Unauthorized Immigration in the United States." Washington DC: Pew Hispanic Center, April 14, 2009.

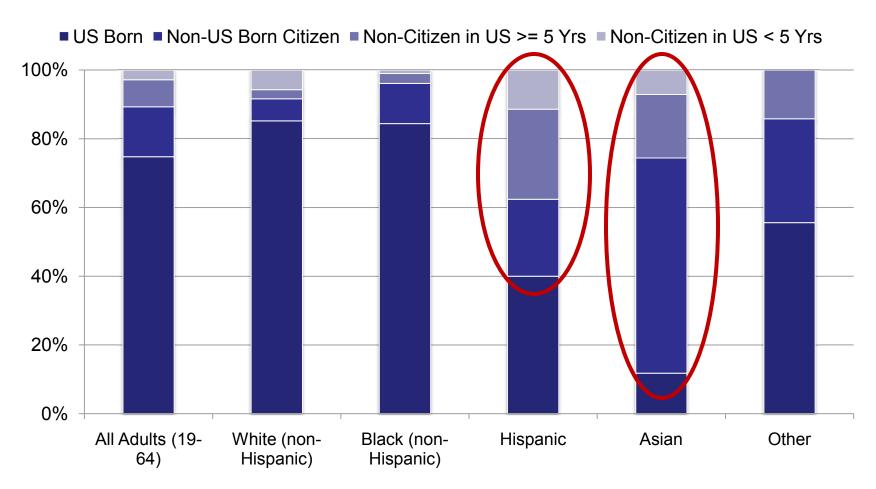
#### The New Jersey Family Health Survey

- Probability sample of 2,500 families with 7,336 members
- Measures coverage, access to care, utilization, health status, attitudes, and other topics
- Telephone interviews November 2008 to November 2009
  - 37 minute average
  - Landline and cell phone samples
  - Spanish and English
  - 45.4% response rate
  - Weighted analysis adjusts for sample design and non-response
- Funded by the Robert Wood Johnson Foundation
- Contributions from Rutgers colleagues Susan Brownlee, Derek DeLia, Dorothy Gaboda, Peter Guarnaccia, Kristen Lloyd, and Jose Nova

NJFHS Findings

## **NEW JERSEY IMMIGRANTS**

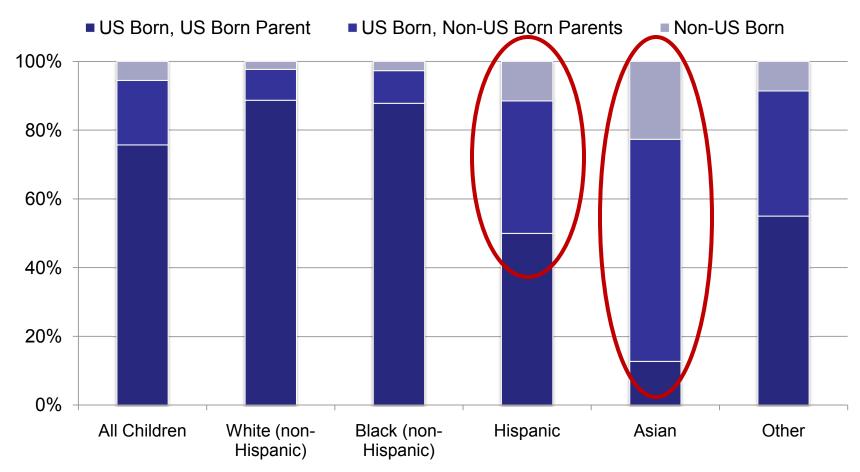
## Latino and Asian Populations in NJ are Largely Immigrant Non-Elderly Adults by Nativity/Citizenship and Race/Ethnicity



Source: Center for State Health Policy, 2009 New Jersey Family Health Survey

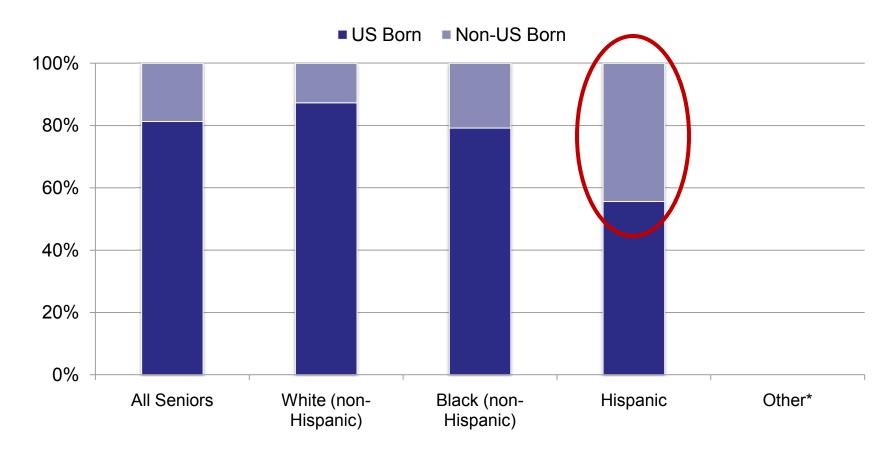
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# Many Latino and Asian Children Have Non-US Born Parents Children by Nativity and Race/Ethnicity



#### Many Latino Seniors are Not US Born

Elderly (65+) by Nativity and Race/Ethnicity

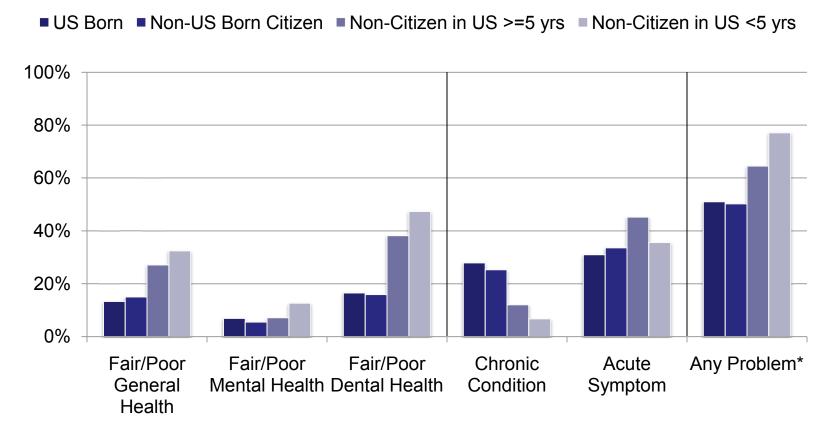


<sup>\*</sup> Data not shown, insufficient sample size

NJFHS Findings

## **HEALTH STATUS**

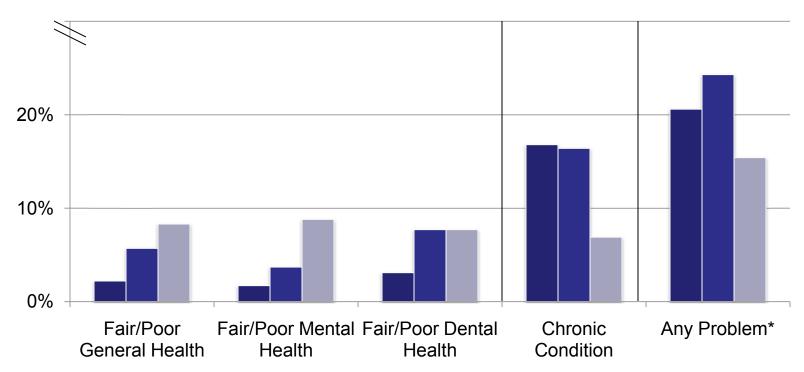
Immigrants Have More Health Problems, but Fewer Chronic Conditions Non-Elderly Adults by Nativity and Citizenship



<sup>\*</sup>Any of the problems shown.

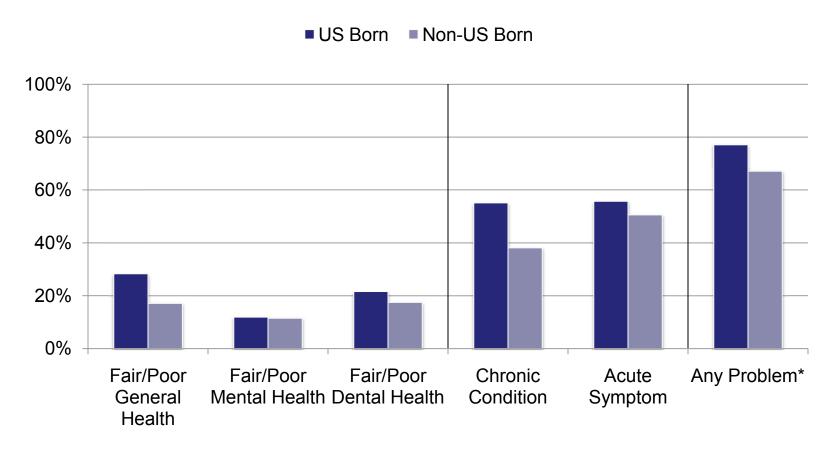
# Similar Pattern Among Children Children by Nativity

■ US Born, US Born Parents ■ US Born, Non-US Born Parents ■ Non-US Born



<sup>\*</sup>Any of the problems shown.

Senior Immigrants Do Not have More Health Problems than US Born Elderly Adults by Nativity

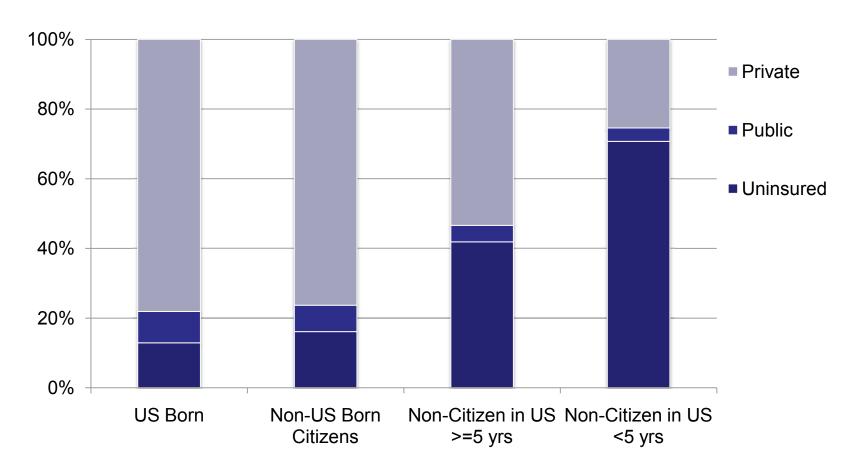


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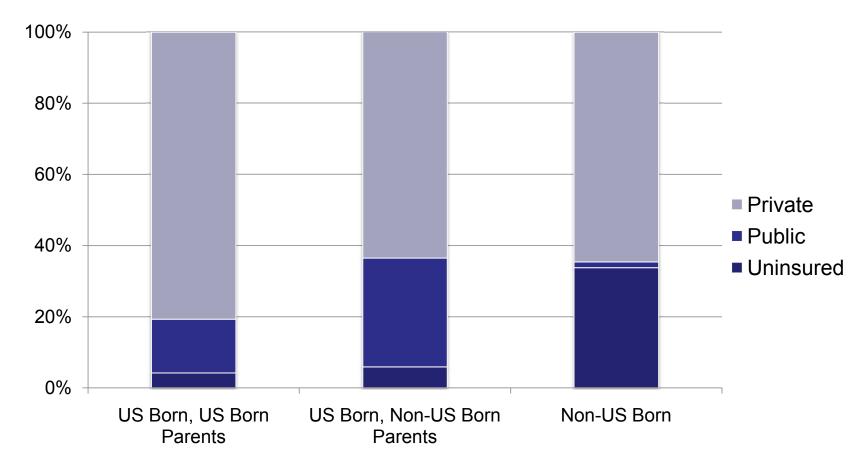
NJFHS Findings

## **COVERAGE**

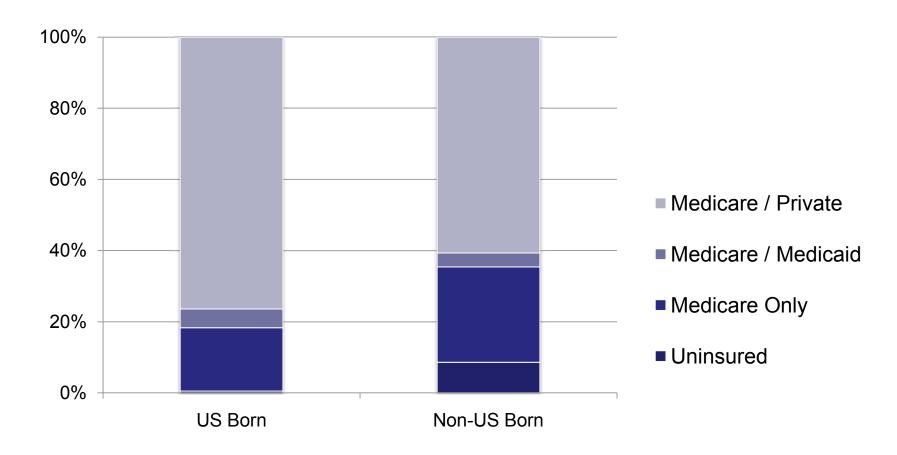
## Non-Citizens Most Likely to be Uninsured Non-Elderly by Nativity and Citizenship



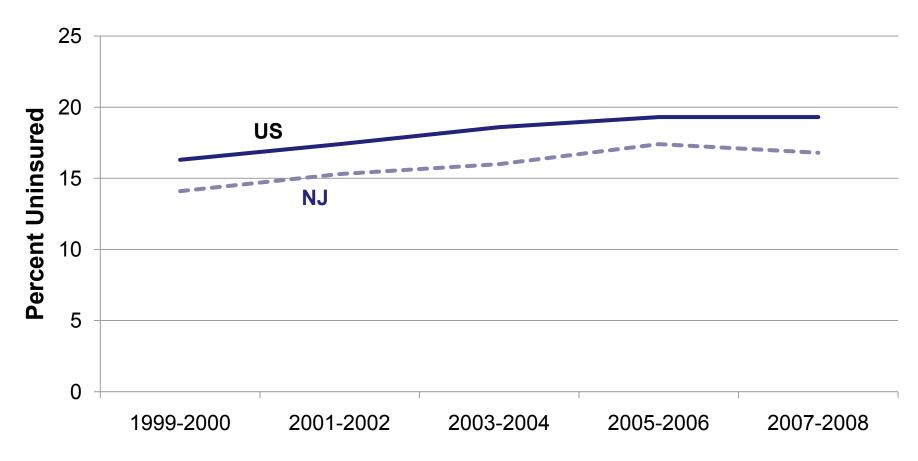
Children of Immigrant Parents Most Likely to Have *Public Coverage*Non-US Born Children Mostly Likely to Be *Uninsured*Children by Nativity



# Non-US Born Seniors More Likely to be Un- or Under-Insured Elderly by Nativity

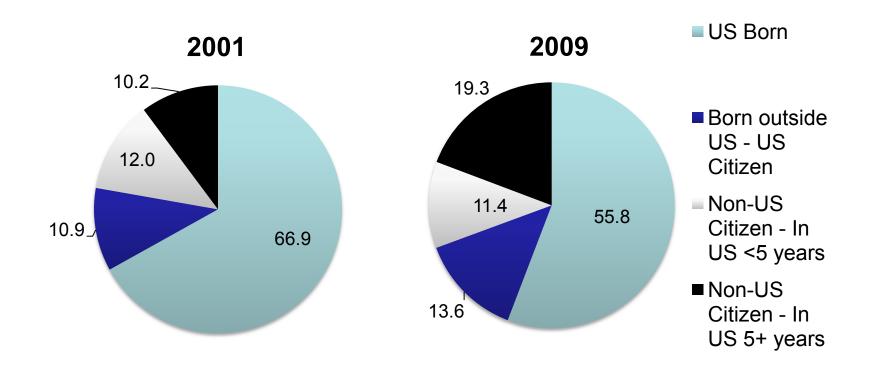


#### Rising Non-Elderly Adult Uninsured Rate, NJ and US



Source: Two year pooled estimates using adjusted Current Population Survey data.

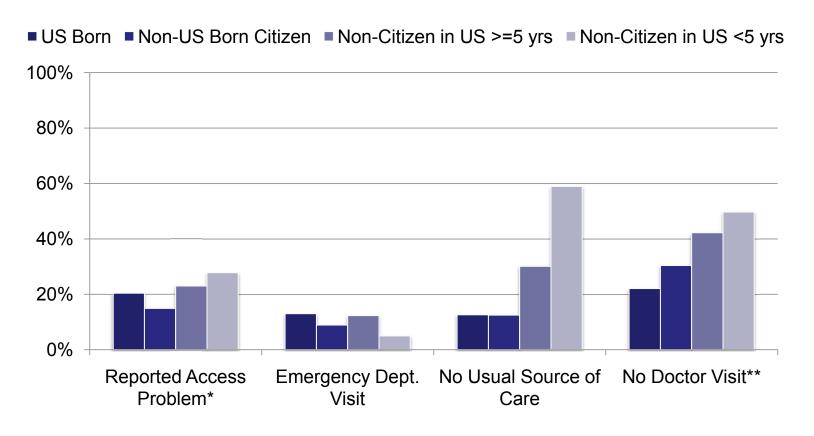
#### Immigrants Comprise a Growing Share of NJ Uninsured



NJFHS Findings

## **ACCESS TO CARE**

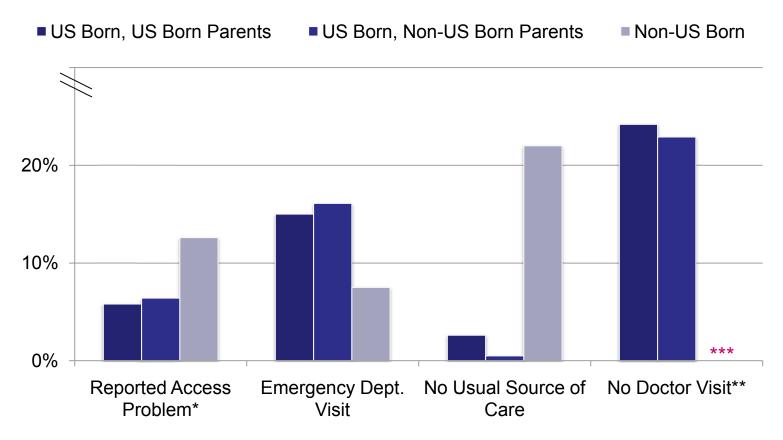
Large Access Gaps for New Immigrants (But ED Use is Not Higher) Non-Elderly Adults by Nativity and Citizenship



<sup>\*</sup>Did not get needed medical/surgical, mental health, dental care or didn't get or used less of a prescription drug.

<sup>\*\*</sup>Among those reporting a health problem.

# Non-US Born Children Also Experience Access Gaps Children by Nativity

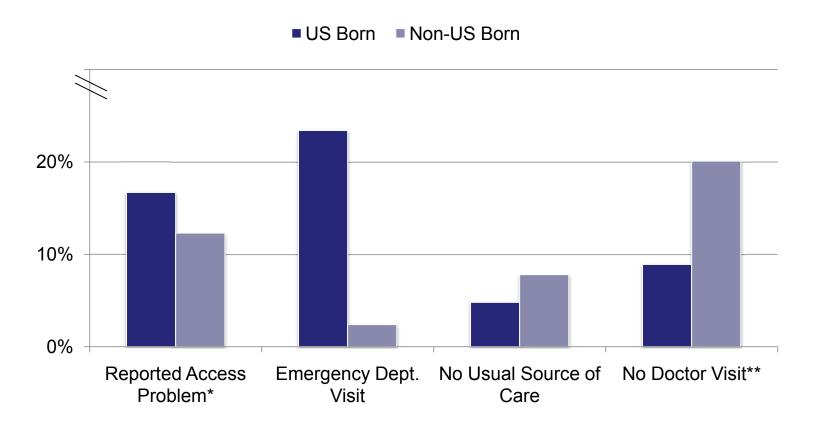


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<sup>\*\*</sup>Among those reporting a health problem

<sup>\*\*\*</sup> Estimate not shown, insufficient sample size

Some Access Gaps for Senior Immigrants (But ED Use is Low) Elderly Adults by Nativity and Citizenship

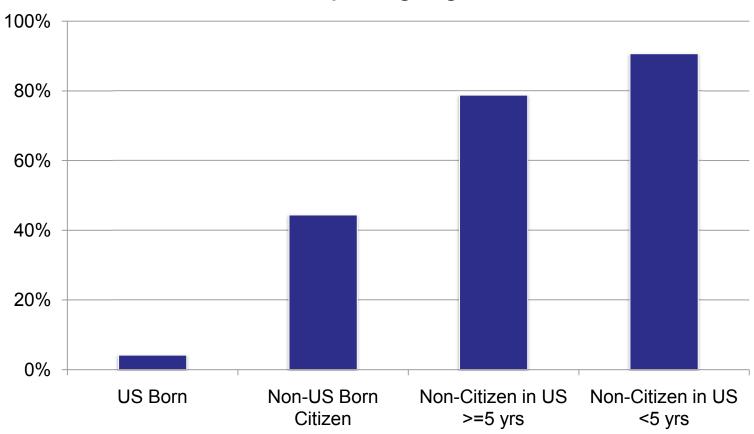


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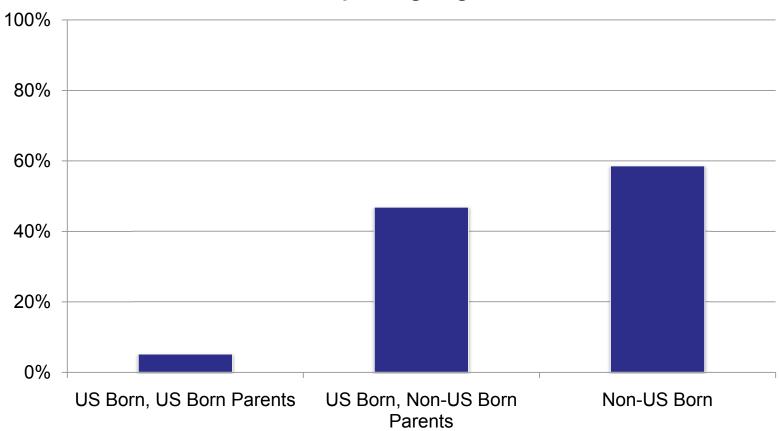
# Many Immigrants Do Not Speak English at Home Non-Elderly Adults by Nativity and Citizenship

#### **Percent Not Speaking English at Home**



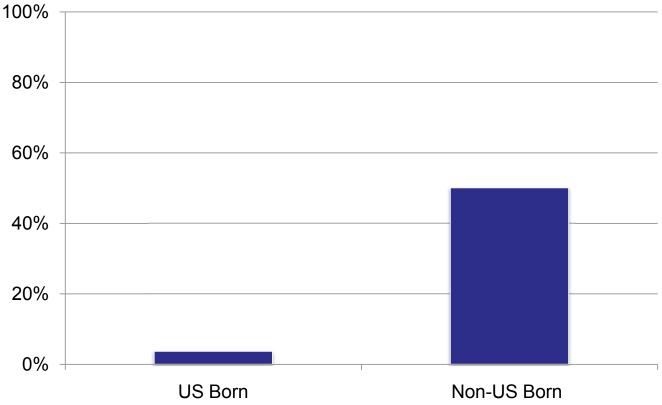
Many Children in Immigrant Families Do Not Speak Non-English at Home Children by Nativity





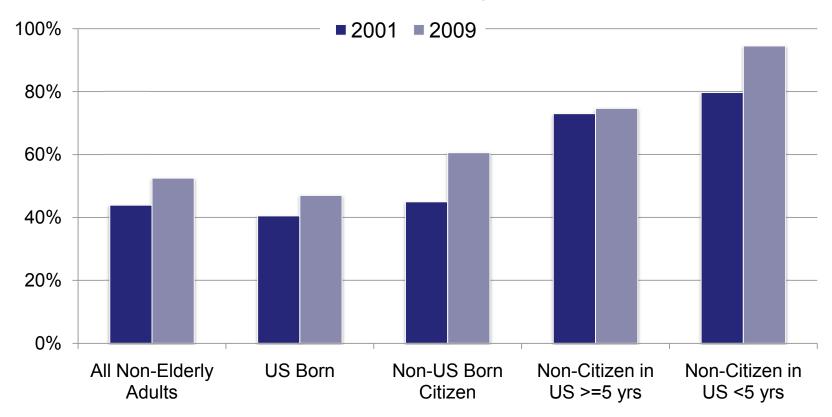
About Half of Non-Citizen Seniors Do Not Speak Non-English at Home Elderly by Nativity





# Immigrant Survey Respondents Willing to Use Safety Net Non-Elderly Adults by Nativity and Citizenship

Strongly or somewhat agrees that having "my medical needs taken care of at a public or free clinic is just fine with me."



## **Looking Ahead**

- Challenges of serving immigrants are large and growing
  - Language interpretation, cultural competence, etc.
- NJ uninsured rate likely to exceed national average after implementation of the ACA
- Demand for FQHC and charity care will remain significant
  - Charity care among the elderly is high and rising
- Expected reductions in federal DSH support and state budget woes likely to increase challenge of NJ charity care financing