

THE NEW JERSEY OFFICE OF MINORITY AND MULTICULTURAL HEALTH

**Annual Report
State Fiscal
Year 2006**



Jon S. Corzine
Governor



Fred M. Jacobs, M.D., J.D.
Commissioner



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 360
TRENTON, N.J. 08625-0360

JON S. CORZINE
Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

December 13, 2007

The Honorable Jon S. Corzine
Governor
State of New Jersey
State House
P.O. Box 001
Trenton, New Jersey 08625-0001

Dear Governor Corzine:

On behalf of the Department of Health and Senior Services, I am pleased to present the Office of Minority and Multicultural Health Annual Report for Fiscal Year 2006.

Addressing health disparities is the core mission of the Department of Health and Senior Services. While recognizing the difficulties and complexities inherent in this challenge, the Department continues to make the work of reducing health disparities a number one priority with the Office of Minority and Multicultural Health at the core of these activities.

The Office continues to provide funding to community and faith-based organizations to address health disparities through aggressive outreach, education and linking patients to health care services. Recognized annually in September, Minority and Multicultural Health Month encourages and highlights the involvement of community-based organizations and health care providers as they raise awareness of minority health issues. The Office partners with minority community-based organizations as well as with academic organizations on various topics related to addressing health disparities, including language access and the collection of race and ethnic data.

Still, the Department recognizes that addressing the issue of health disparities requires collaboration and the commitment of multiple State agencies. We appreciate the leadership of your office in this endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred M. Jacobs".

Fred M. Jacobs M.D., J.D.
Commissioner

Enclosure

New Jersey Department of Health and Senior Services
Health and Agriculture Building
Market and Warren Streets
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Trenton, New Jersey 08625
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Office of Minority and Multicultural Health
Annual Report
State Fiscal Year 2006

Linda J. Holmes, MPA, Executive Director
Jose Gonzalez, MPA, Program Development Specialist
Sudha Sharma, MA, Public Health Representative
Tonya Joyner, MPH, Research Scientist
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Daisy Monroe, Secretarial Assistant

ADVISORY COMMISSION MEMBERS (2006)

Robert E. Fullilove, Ed.D.

Associate Dean for Community and Minority Affairs
Mailman School of Public Health, Columbia University

Denise Rodgers, M.D.

Chief of Staff
UMDNJ/Robert Wood Johnson Medical School

Jose Ramos

Executive Director
Spanish American Social Cultural Association of New Jersey, Inc.

Ruppert A. Hawes, M.D.

Faculty Physician
UMDNJ

Ex Officio

Fred M. Jacobs, M.D., J.D.

Commissioner, Department of Health and Senior Services

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I. INTRODUCTION

Background

In September 1990, the New Jersey Office of Minority Health was established by an executive order. In January 1992, formal legislation creating the Office was passed and the Governor signed into law P.L. 1991, Chapter 401, which permanently established the Office of Minority Health in 1992—one of the first states to create such an office. On August 8, 2001, bill A2204 was signed, renaming the Office of Minority Health to Office of Minority and Multicultural Health (OMMH). The amended bill strengthens the activities and increases the functions of the Office in several ways, including the following.

- Clarifies that the populations the Office serves include both racial and ethnic minorities and that the ultimate goal of the Office is to eliminate health disparities. Health disparities are comparisons of measurements in health events such as incidence, prevalence, mortality, and burden of diseases and other adverse health conditions on specific populations (*refer to Appendix 1: Population Estimates by Race/Ethnicity, 2005 and Appendix 2: New Jersey Health Disparity Data, 2005*).
- Enhances the Office's powers and duties by allowing the Office to award grants to community-based programs.

Mission

The mission of the Office of Minority and Multicultural Health is to foster high quality programs and policies that help all racial and ethnic populations in New Jersey achieve optimal health, dignity and independence. The Office provides guidance within DHSS on implementing health disparities initiatives, contributes to policy development on minority health, increases awareness of race/ethnic disparities in health outcomes and health care, and provides funding and technical assistance to minority community-based and faith-based organizations. The Office works toward developing a collaborative state effort to address the wide disparity in death, disease and injury rates between minorities and whites.

The Office of Minority and Multicultural Health (OMMH) is located in the Department of Health and Senior Services within the Office of the Commissioner. The OMMH currently offers funding for outreach and limited one-time professional consultancies for community projects addressing health disparities.

In September 2004, the New Jersey Legislature authorized the Commissioner of the Department of Health and Senior Services to establish the *Eliminating Health Disparities Initiative* in the OMMH. The mandate (P.L. 2004, C. 137) requires the Office to develop and implement a comprehensive, coordinated plan to improve the health of racial and ethnic minorities within the state. The *Eliminating Health Disparities Initiative* provides an opportunity to examine the Department's programs that target specific minority populations and identify their strengths and propose new strategies. The OMMH has led the efforts of the Department in the development of an NJDHSS Plan to Eliminate Health Disparities. Under the leadership of the Office, a Health

Disparities Work Group was created with the mission of developing, implementing and monitoring a plan to eliminate health disparities.

OMMH makes special efforts to reach those who suffer from health disparities due to lack of health insurance and lack of access to language services.

Agenda

The OMMH builds on specific areas of focus to address health disparities. They are:

- The need to standardize the collection and reporting of race/ethnicity data across the Department.
- The need to increase access to language services for those who are more proficient in a language other than English.
- The need to support new and maintain established partnerships with community-based organizations, including faith-based groups, advocacy groups, and agencies that have minority health agendas to maximize outreach and increase awareness of health disparities.
- The need to provide technical assistance to the Department regarding promising practices in addressing health disparities.
- The need to increase minority representation in management/policy-making positions at the NJDHSS.

II. ADDRESSING HEALTH DISPARITIES

During Fiscal Year 2006, the New Jersey Department of Health and Senior Services (NJDHSS) Office of Minority and Multicultural Health staff continued work on the following initiatives to address health disparities.

State Partnership Grant Program to Improve Minority Health

- The U.S. Department of Health & Human Services has established the *State Partnership Grant Program to Improve Minority Health* in order to facilitate the improvement of minority health and the elimination of health disparities. The Office of Minority and Multicultural Health was awarded funding for a 5-year project that will strengthen the infrastructure of the New Jersey Department of Health and Senior Services to address race/ethnic health disparities. This grant provides funding of \$125,000 - \$175,000 each year for the 5-year grant period which began September 1, 2005 and ends August 31, 2010. In addition, the activities and initiatives of this program serve to compliment the OMMH's objectives in the NJDHSS *Strategic Plan to Eliminate Health Disparities*. The program's four objectives match those of the Strategic Plan.
 - Increase the number of disparities initiatives meeting the best practices standard in the Department
 - Increase access to language services
 - Increase minorities in health professions
 - Improve NJDHSS systems to standardize collection in reporting of race and ethnic data in the Department

Language Access

- The OMMH participated on the *Language Access Task Force* created by the NJHA. The Task Force was created as a result of the OMMH summit in 2004, which examined access to language services in New Jersey hospitals. The task force developed and released a white paper that addressed the need for expanded translation and interpreter services in New Jersey hospitals and provided recommendations for steps that hospitals can take to improve the language services they provide.

Minority Health Data

- *Reporting Racial/Ethnic Data*: A study by Rutgers University Center for State Health Policy (CSHP) reported that intake workers and patients are often confused by requirements to report the race and ethnicity of patients leading to frequent inconsistencies and inaccuracies. Often hospital intake workers make a "best guess" based on observation when reporting the race and ethnicity of patients.
- *NJDHSS Publications Review*: A comprehensive review of NJDHSS publications that report race/ethnicity data was conducted on Department websites and online databases. In addition, the Rutgers University Center for State Health Policy (CSHP) created and administered a

telephone survey to interview the authors of these reports to better understand how race/ethnicity data are collected. The study found variation in how that data currently is being reported.

- New Jersey Hospital Association Task Force: Through the establishment of a New Jersey Hospital Association Task Force on data collection that includes the Office of Minority and Multicultural Health, categories for reporting race and ethnicity have been submitted to DHSS for review and approval.
- Creating New Race/Ethnicity Data Collection Tools: Rutgers University Center for State Health Policy (CSHP) is in the process of conducting a case study, examining the collection systems and standards used by other states to compile race/ethnicity data. Several best practices have been identified including a program funded by the State of Pennsylvania which allows the Center for Health Statistics in Pennsylvania to over-sample minority populations in up to 8 communities per year on a topic of importance to that community.

III. NJDHSS/OMMH FUNDED PROGRAMS

FUNDING PRIORITIES

The OMMH continued focusing its activities on addressing disparities in health status between minorities and whites.

MULTI-YEAR DISPARITIES GRANTS

OMMH awarded seven multi-year grants to address health disparities in diabetes and asthma in accordance with the Department of Health and Senior Services grant process. The current three-year funding cycle for these grants began in FY '05 and will end in FY '08.

PROFESSIONAL SERVICE CONSULTANCIES

The professional services consultancies awards are limited to \$12,500 and are granted in accordance with OMB procurement procedures. These professional service consultancies supported development of educational materials, language access and outreach in minority communities.

Multi-Year Disparities Grants

Minority CBOs have been effective in identifying minorities with diabetes, linking them to care and determining who is considered high risk according to the American Diabetes Association Risk Test (ADART). These individuals are referred to local Federally Qualified Health Centers where they receive screenings and appropriate medical care.

Seven grantees provide outreach, education, screenings, referrals and follow-up services focusing on diabetes and asthma to minorities and hard-to-reach populations of the state (*refer to Appendix 6: 2006 Multi-Year Grant Award Recipients*). Grantee progress has been reported as follows for FY '06:

Diabetes Grants to Minority CBOs

- 6,890 individuals were reached through health fairs, meetings, church services, supermarkets, beauty parlors, dances, and other community events.
- 2,450 or about 36% of encounters were individuals of Hispanic origin; 2,423 or 32% were Black; 1,794 or 26% were Asian; 6 individuals reported Native American ancestry; and 2 were Native Hawaiian or Pacific Islander ancestry.
- 2,287 individuals were found at risk for developing diabetes through the ADART. This figure represents 33% of the encounters.
- 371 individuals were referred to and visited community health clinics for glucose testing. This number represents about 16% of those who were found at risk for developing diabetes.
- 191 individuals or about 52% of those tested for diabetes did not have a previous diagnosis of diabetes or were diagnosed with diabetes for the first time.
- 202 individuals or about 54% of those found to be high risk for developing diabetes and referred for testing did not have any health insurance coverage.

Asthma Grants to Minority CBOs

- 1,104 parents received information on the facts about asthma through local schools, community activities and other events such as health fairs, meetings, church services, supermarkets, beauty parlors, dances, and other community- and faith-based activities;
- 341 children were screened for asthma through the peak flow meter to clinically determine their risk factors and current status;
- 364 parents of asthmatic children participated in formal educational workshops on how to prevent asthma attacks and eliminate or minimize the environmental effects of substances and elements that might trigger asthma attacks in children;
- 228 children and their parents were referred and linked to health care providers. In addition, grantees provided interpretation services and translated materials to patients as needed.

Professional Service Consultancies

- *Immigration and American Citizenship Organization (IACO)* published a series of articles in Spanish on DHSS programs that target Latinos and other vulnerable immigrant populations. The Spanish-language periodical, *La Guia del Inmigrante*, is currently received in more than 10,000 hard-to-reach Latino households in Bergen, Passaic, Hudson, Essex, Union, and Middlesex counties. IACO articles addressed the following public health issues: occupational health, obesity, nutrition, lead poisoning, cervical cancer, breast cancer, Medicare Part D, asthma, and health disparities and language access.
- *Association of Pakistani Americans for Community Organization, Inc. (APACO)* held a health fair in Jersey City targeting the large Pakistani, Muslim community there. Educational materials were provided, and in collaboration with Jersey City Family Medical Center, blood pressure and cholesterol screenings were conducted.
- *Save Latin America, Inc.* held community health fairs in Jersey City, Union City, Perth Amboy and Camden. Over 5,000 individuals were screened for diabetes, blood pressure, prostate cancer, colorectal cancer, cholesterol and breast cancer at these health fairs. Patients who tested positive were referred to local health care providers for further testing and/or appropriate treatment.
- *Manavi, Inc.* provided domestic violence prevention services and health education specifically for the South Asian community in New Jersey. As a grassroots organization, Manavi has been providing effective programs for the South Asian community in New Jersey for twenty years. Manavi provided the following services to the South Asian community:
 - Organized and conducted a Healthy Living Campaign;
 - Developed mailing lists of South Asian CBOs and FBOs;
 - Expanded their listserv for exchange of health information, events, and resources;
 - Held media roundtables to forge partnerships with South Asian media;
 - Prepared the Community Resource Directory for South Asians—Health & Human Services in New Jersey and posted the directory online at www.southasianhealth.org.

IV. ADDITIONAL ACCOMPLISHMENTS

- In FY '06, OMMH provided support for development of a resource guide of language services that includes local and national resources.
- OMMH distributed 10,000 calendars promoting various health education and screening events for Minority and Multicultural Health Month. OMMH encouraged communities throughout the state to be screened and better informed about health conditions that have a disproportionate impact on minorities. In addition, OMMH provided technical assistance and health educational materials to community- and faith-based organizations sponsoring community-based health fairs throughout the year statewide.
- OMMH provided administrative support to the Office of Minority and Multicultural Health Advisory Commission (OMMHAC) by facilitating 4 quarterly meetings and conference calls throughout the year. The OMMHAC partnered with the Office in reviewing and providing recommendations on the language access initiatives developed and implemented by the Office through the State Partnership Grant Program to Improve Minority Health.
- OMMH participated in several conferences and meetings where information on health disparities was presented including the following:
 - “Diabetes Disparities Grants: Making a Difference in Communities,” Diabetes Council Meeting, Nov. 18, 2005, Piscataway, New Jersey.
 - “Health Disparities Among New Jersey Latinos,” Annual Boricua (Puerto Rican) Summit, New Jersey Institute of Technology, Oct. 15, 2005, Newark, New Jersey.

NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES
Management & Administration
QUARTERLY REPORT

Budget Fiscal Year: 2006

FUNDING DIVISION: Management & Administration
FUND-TITLE : Minority & Multi Cultural Health
FUNDING PERIOD : July 1, 2005 to June 30, 2006
FUNDING SOURCE: Special Purpose
ACCOUNT NUMBER: 100-046-4210-100
QUARTER ENDING: June 30, 2006

☐ Federal
☐ Dedicated Revenue
☐ Revolving
☐ Trust
☒ Special Purpose
☐ Special Purpose (fee)

	BFY 05 Total	BFY 06 Expended Obligated	BFY 06 Projected	BFY 06 Total	BFY 07 Projected
<u>Resources</u>					
Budget Allotment	1,500,000			1,500,000	1,500,000
Carryforward Funds	-			-	-
OMB Revert	-			-	-
Transfers In/(Out)	-			-	-
Total Available Resources	<u>1,500,000</u>			<u>1,500,000</u>	<u>1,500,000</u>
<u>Expenditures/Obligations</u>					
Salaries & Fringe Benefits					
Filled Jobs	523,195	421,318	-	421,318	396,722
Funded Vacant Positions	-	-	-	-	-
Fringe Benefits	-	-	-	-	-
Materials & Supplies	25,245	21,987	-	21,987	-
Services Other than Personal	184,172	130,770	-	130,770	-
Maintenance & Fixed Charges	-	50	-	50	-
Special Purpose	-	-	-	-	1,071,540
Administrative Overhead	41,856	33,705	-	33,705	31,738
Health Service Grants - Expended	702,924	852,336	-	852,336	-
Health Service Grants - Obligated	-	-	-	-	-
Equipment	5,576	-	-	-	-
Total Expenditures/ Obligations	<u>1,482,968</u>	<u>1,460,166</u>	<u>-</u>	<u>1,460,166</u>	<u>1,500,000</u>
-BALANCE / (DEFICIT)	17,032			39,834	

FOOTNOTES:

Salaries, fringe benefits and administrative overhead are calculated by the Budget Office.
Operating accounts were projected by the Budget Office using divisional expense budget allocations.
FY 2007 projected operating accounts are from the Department's Budget Request.

Actual Receipts: 2006 \$0

PREPARED BY: Tim Bassett **DATE :** 09-Aug-06

REVIEWED BY: John Fasanella **DATE :** 09-Aug-06

APPENDIX 1:

Population Estimates

Table 1 Population Estimates by Race/Ethnicity, 2005		
Race/Ethnicity	Total	Percent
White non Hispanic	5,510,356	63.21%
Black non Hispanic	1,152,893	13.22%
AI&AN non Hispanic	12,719	0.15%
Asian non Hispanic	622,015	7.13%
NHPI non Hispanic	3,085	0.04%
Two/More Races non Hispanic	89,444	1.03%
Hispanic	1,327,413	15.23%
Total	8,717,925	100.00%
<i>Source: NJ State Data Center, NJ Dept. of Labor</i>		

APPENDIX 2:

New Jersey Health Disparities Data, 2005

Throughout the state—as in the nation—we see uneven health outcomes in different racial/ethnic populations. Analysis of racial/ethnic health disparities data of New Jersey residents has shown the following:

- Asthma hospitalization rates are 3 times higher for blacks and 1.8 times higher for Hispanics. Black death rates are 4 times higher; for Hispanics the rate is twice as high when compared to whites. In 2005, the New Jersey Behavioral Risk Factor Survey (NJBFRS) results showed that 13 percent of blacks, 12 percent of whites, and 11 percent of Hispanics reported receiving an asthma diagnosis. Emergency Department visit rates increased between 2004 and 2005 for all groups except Hispanics.
- Hispanics and Asians/Pacific Islanders have lower breast cancer screening rates than whites and blacks; the age adjusted death rate due to cancer is 24 percent higher among black women. According to the NJBRFS survey, screening rates for white and black females are just below the Healthy New Jersey 2010 (HNJ 2010) target of 75 percent, while rates among Hispanic women lag slightly behind them and rates among Asians and Pacific Islanders remain at about 50 percent. The age-adjusted breast cancer incidence rate among black and Hispanic women is 20 to 30 percent below that of white women, and the rate among Asians and Pacific Islanders is about half the white rate. However, higher percentages of breast cancers are diagnosed at an early (in situ/local) stage among whites and Asians/Pacific Islanders than among blacks and Hispanics. The age-adjusted death rate due to breast cancer among black women is 24 percent higher than the rate among white women. Rates for Hispanics and Asians/Pacific Islanders are one-half and one-third the white rate respectively, but some of the difference may be due to misreporting of race and ethnicity on death certificates, the healthy migrant effect and other data artifacts.
- Cervical cancer screening rates among Asians and Pacific Islanders are lower when compared to all other groups. The incidence rate among blacks and Hispanics is about twice the rate of whites; the death rate from the disease is twice as high among blacks as compared to whites and Hispanics. Survey result rates of cervical cancer screening for whites, blacks, and Hispanics hover at or just below the HNJ 2010 target of 85 percent. The rate among Asians and Pacific Islanders remains below that of the other groups. The age-adjusted incidence rate of invasive cervical cancer among blacks and Hispanics is about twice the rate among whites even though blacks have a slightly higher screening rate and the screening rate among Hispanics is only slightly lower. Mortality rate due to cervical cancer among blacks is more than twice the rate among whites, while the rate among Hispanics is similar to the white rate. Numbers for Asians and Pacific Islanders are too small and reliable rates cannot be computed.
- Prostate cancer incidence rates among blacks are 1.5 times that of whites. Blacks die from the disease at 2.5 times the rate of whites. Prostate cancer mortality rate among blacks remains 2.5 times the rate among whites. The rates among Hispanics and Asians/Pacific Islanders are slightly below the rate among whites. Incidence of invasive prostate cancer among blacks is 1.5 times the rate among whites and Hispanics, while the rate among Asians/Pacific Islanders is about half the white and Hispanic rates. Survey results show that the prostate cancer screening rate among blacks only lags slightly behind that of whites.

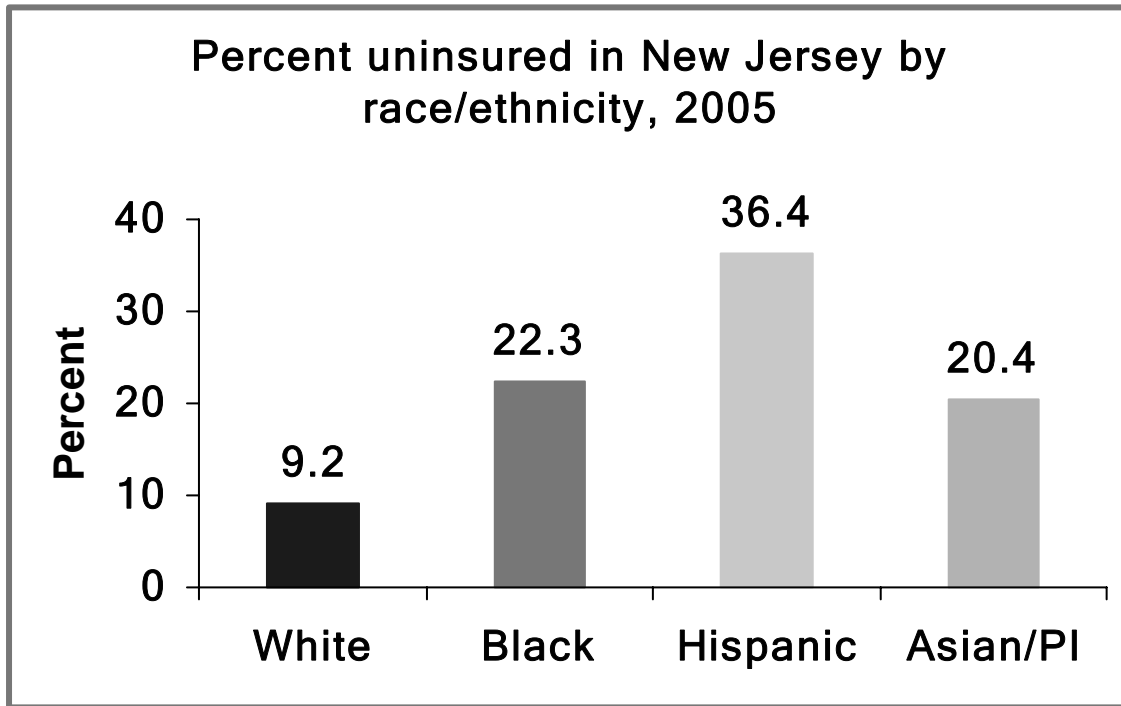
Rates among Hispanics and Asians/Pacific Islanders, however, are well below those of whites and blacks.

- Colorectal cancer screening rates are lower among blacks, Hispanics and Asians/Pacific Islanders. Incidence and death rates are highest among blacks. Colorectal cancer death rates are slowly decreasing among all groups except Asians and Pacific Islanders for whom rates are increasing. The incidence rate has also slowly decreased among whites but has not made much progress among blacks, Hispanics, and Asians/Pacific Islanders. The age-adjusted death rate due to colorectal cancer among blacks is 21 percent higher than the white rate. Rates for Hispanics and Asians/Pacific Islanders are roughly half the white rate, but misreporting of race and ethnicity on death certificates, the healthy migrant effect, and other data artifacts may contribute to the low rates among those two groups.
- Blacks have the highest death rates from heart disease and from stroke. Blacks and whites have much higher cardiovascular death rates than Hispanics and Asians/Pacific Islanders overall. The death rate for blacks is much higher in the 45- to 64-year-old age group than for whites of the same age group. Among persons aged 65 and older, whites experience the highest rate of coronary heart disease deaths. Blacks are more likely to die from stroke than whites, Hispanics, or Asians/Pacific Islanders. Though the rates are declining overall, whites have had the greatest percent decline as compared to other racial/ethnic groups. In recent years, Hispanics have had the lowest stroke death rates.
- The prevalence of diabetes is higher among blacks, deaths are 2 times more likely among blacks, and blacks are more likely than any other group to develop end-stage renal disease (ESRD) or have a lower limb amputated as a result of the disease. The 2005 NJBFRS estimates blacks and Hispanics are significantly more likely than whites to suffer from the disease. Though the incidence rate of ESRD due to diabetes per 1,000 persons diagnosed has slowly declined in recent years, blacks are still 2 times more likely than whites and Hispanics to develop ESRD. Blacks (56.9 per 100,000 population) are more than twice as likely as whites (23.6) to die from diabetes. Although the Hispanic death rate (31.9) is lower, this subpopulation is still more likely than whites to die from the disease. Asians/Pacific Islanders (13.8) have the lowest diabetes death rate of all. While blacks are most likely to have their lower limbs amputated, Asians and Pacific Islanders are least likely as compared to all other racial/ethnic groups.
- Adult obesity is highest among blacks. Childhood obesity is highest among Hispanics; it is 2 times higher among blacks and Hispanics as compared to whites. The 2005 NJBFRS data show that Asians/Pacific Islanders had the highest prevalence of overweight but not obesity when compared to other groups. Blacks are 1½ times more likely than whites and Hispanics, and 3 times more likely than other racial/ethnic groups to be obese.
- HIV/AIDS prevalence rates are significantly higher among blacks and Hispanics in the state. AIDS incidence rates are 16 times higher for blacks and 5 times higher for Hispanics than whites. HIV disease death rates are 19 and 6 times higher for blacks and Hispanics respectively. Overall, one in 65 blacks in New Jersey is living with AIDS. For Hispanics, one in 185 is living with the disease. The prevalence among whites is much lower, with one in 783 living with the disease. HIV disease is the third leading cause of death among black males, the fifth leading cause of death among black females and the number one cause of death among all blacks aged 25 to 44 years old. Among Hispanics in New Jersey, HIV disease is the ninth leading cause of death among all ages and the third leading cause among

all Hispanics aged 25 to 44. It is the nineteenth leading cause of death among all whites and the twenty-fifth among Asians and Pacific Islanders.

- The black infant mortality rate is nearly 3 times the white rate. The infant mortality rate among blacks remains nearly 3 times the rate among whites. The rate among Hispanics is 1.3 times the white rate, while the rate among Asians/Pacific Islanders has been about the same as among whites over the last few years.
- The highest rate of unintentional injury deaths occur among blacks. Overall, blacks suffer the highest rate of fatal unintentional injury (35.3 per 100,000) as compared to all other groups combined (20.3). This pattern is consistent with national figures. In particular, blacks have higher death rates from motor vehicle accidents, poisonings, drownings, and fire, burn, or smoke injuries. Whites are more likely to suffer fatal injuries due to suffocation and also as a result of falls than other racial/ethnic groups.

APPENDIX 3



Source: US Current Population Survey, 2005.

APPENDIX 4

Top six counties in NJ for households in linguistic isolation, and percent of isolated households that speak Spanish, 2000		
County	HHs in Linguistic Isolation	% of L.I. HHs/ Spanish
Hudson	40,000	73%
Bergen	25,200	25%
Essex	21,900	52%
Passaic	19,100	68%
Middlesex	18,200	41%
Union	17,600	59%
Source: US 2000 Census.		

APPENDIX 5:

FY 2006 Multi-Year Grant Award Recipients

Office of Minority and Multicultural Health Grantee Profile FY 2006	
Agency Name:	Friends of Grace Seniors, Inc.
Project Name:	Friends of Grace Diabetes Program
Grant Amount:	\$100,000.00
Address:	40 Bennett Rd. Englewood, NJ 07631
Telephone:	201-541-1200
Contact Person:	Kye – Eun Ma, M.D., President
Target Area:	Bergen County
Agency Overview:	FGS is a non-profit, nonpartisan, community-based organization since 1999. The program is committed to its mission to promote independent and healthy living for members entering their golden years through programs and services that build spirit, mind, and body.
Target Population:	Korean American
County:	Bergen County
Disparity Area:	Diabetes
Project Overview:	FGS provides diabetes education, screening and referrals to Korean Americans in Bergen County that are either diabetic or at risk for developing diabetes through promotional and motivational activities at Korean churches, local agencies, private physicians, local hospitals and other resources. FGS administers the American Diabetes Association's Risk Assessment Test to Asian American individuals in community settings. Those at risk are referred to a local health care provider. FGS also offers a comprehensive diabetes self management program for those who have been diagnosed.

Office of Minority and Multicultural Health Grantee Profile FY 2006	
Agency Name:	Hispanic Family Center of Southern New Jersey
Project Name:	Latino Health Education and Prevention Program (L.H.E.P.P.)
Grant Amount:	\$115,000.00
Address:	35 Church Street Camden, NJ 08105
Telephone:	856-541-6985
Contact Person:	Elsa Candelario, Executive Director
Target Area:	Camden
Agency Overview:	HFC has been in existence since 1976. For the past 27 years, it has been providing the Latino community a wide variety of health and related services in the Camden area with programs such as family counseling, substance abuse counseling (La Esperanza), health education, Hispanic women's resources, and Hispanic senior services.
Target Population:	Latinos
County:	Camden
Disparity Area:	Asthma
Project Overview:	L.H.E.P.P. conducted health education and risk reduction workshops for mothers (including adolescent mothers and expectant mothers) aimed at increasing access to health services. The center did screenings and educated the general community about pediatric asthma within the Camden Latino community.

Office of Minority and Multicultural Health Grantee Profile FY 2006	
Agency Name:	Spanish American Social and Cultural Association, Inc. (SASCA) and Southern Organization United for Regional Collaborative Empowerment (S.O.U.R.C.E.)
Project Name:	Salud Ahora! (Health Now!)
Grant Amount:	\$50,000.00 (Continuation)
Address:	Levitt Parkway, P.O. Box 2248 Willingboro, NJ 08046
Telephone:	609-835-1111
Contact Person:	Jose Ramos, Executive Director
Target Area:	Vineland City and Bridgeton
Agency Overview:	SASCA has been in existence as a multi-social service bilingual provider to the low-income Hispanic communities of Burlington County for over 26 years. This agency is actively involved with the area hospitals, school boards, and local health officials to provide essential services and referrals for its clientele.
Target Population:	Latinos
County:	Cumberland County
Disparity Area:	Diabetes
Project Overview:	SALUD AHORA continued providing diabetes education, screening and referrals to Latinos in Vineland and Bridgeton, who are either diabetic or at risk, through community meetings, churches, workshops, and trainings. SALUD AHORA administered the American Diabetes Association's Risk Assessment Test to individuals in community settings. Those at risk were referred to a local health care provider. In addition, SALUD AHORA facilitated eye exams, which are made available through the Commission for the Blind.

Office of Minority and Multicultural Health Grantee Profile FY 2006	
Agency Name:	Catholic Charities of Camden
Project Name:	CCLCHPI Diabetes Initiative
Grant Amount:	\$100,000
Address:	1845 Haddon Ave. Camden, NJ 08103
Telephone:	856-342-4149
Contact Person:	Mr. Vincent Ajuk, Executive Director
Target Area:	Camden County
Agency Overview:	Founded in 1936 as Catholic Aid Society, Catholic Charities continues a strong tradition of serving residents of six southern counties of New Jersey. With a staff of over 80 employees, Catholic Charities serves annually more than 45,000 individuals and families at 12 sites in Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May counties. Today, the agency attempts to alleviate the pain and suffering caused by social, financial, psychological, moral and spiritual ills of people within the geographic limits of the diocese.
Target Population:	African Americans and Latinos at high risk for developing diabetes or those who are poorly managing their diabetes.
County:	Camden
Disparity Area:	Diabetes
Project Overview:	The CCLCHPI administered the American Diabetes Association risk test (ADART) to African American and Latino individuals in Camden County; referred clients that are identified as high risk or as having been diagnosed with diabetes but are not under medical care; and documented health care appointments for high risk clients or clients previously diagnosed with diabetes but not under care.

Office of Minority and Multicultural Health Grantee Profile FY 2006	
Agency Name:	St. Matthew Neighborhood Improvement Development Association, Inc.
Project Name:	East Orange Diabetes Project
Grant Amount:	\$50,000 (Continuation)
Address:	617-A Central Avenue, 2 nd Floor East Orange, NJ 07018
Telephone:	973-678-8955
Contact Person:	Evelyn Davis-Grant, Executive Director
Target Area:	Orange and East Orange
Agency Overview:	St. Matthew Neighborhood Improvement Development Association (NIDA) is a faith-based, private, not-for-profit agency founded in August 1997 by St. Matthew AME Church in Orange, New Jersey. St. Matthew NIDA was formed to serve as a catalyst for building safe, economically viable communities in Orange and East Orange.
Target Population:	African-American communities, including the Haitian and Caribbean communities
County:	Essex
Disparity Area:	Diabetes
Project Overview:	NIDA provided health education in the community. The organization also administered the American Diabetes Association, Diabetes Risk Assessment Test. NIDA collaborated with health care providers including clinics, hospitals, physicians, counselors, and other community-based organizations that provide health-related services. The East Orange Diabetes Project aimed to improve access to health care services, educate the community about healthy lifestyle habits (e.g., diet and exercise), and improve communication between health care providers and patients.

Office of Minority and Multicultural Health Grantee Profile FY 2006	
Agency Name:	Center for Human Services, Inc.
Project Name:	Reducing Health Disparities
Grant Amount:	\$100,000
Address:	100 North Pearl St., P.O. Box 755 Bridgeton, NJ 08302
Telephone:	856-575-0857
Contact Person:	Luis Marino, Executive Director
Target Area:	Southern New Jersey (Salem/Cumberland Counties)
Agency Overview:	<p>Since its inception in 1969, the Center for Human Services (CHS) has been serving the underprivileged and underserved populations in the Mid-Atlantic states, particularly Hispanic migrant and seasonal workers. For the past 20 years the CHS has administered the High School Equivalency Program (HEP) in New Jersey and has assisted eligible Hispanic migrant and seasonal farm workers to obtain their GED diplomas. CHS also has successfully administered a project for the rehabilitation of disabled Latino migrant and seasonal farm workers in collaboration with the NJ Division of Vocational Rehabilitation Services. In addition, the CHS has been actively involved in researching and advocating for substance abuse and mental health services for these difficult to reach populations.</p>
Target Population:	Hispanic migrant and seasonal farm workers/families at high risk for developing diabetes or with diabetes but poor diabetes management
County:	Cumberland
Disparity Area:	Diabetes
Project Overview:	<p>The CHS administered the American Diabetes Association risk test (ADART) to Hispanic migrant farm workers and other minorities in Bridgeton and Vineland and made diabetes health care appointments for clients identified as high risk for developing diabetes. The CHS also provided education services such as group sessions, physical activity instructions, and support services including hotlines. In addition, the project provided referrals for screening and treatment to local Federally Qualified Health Centers.</p>

Office of Minority and Multicultural Health Grantee Profile FY 2006	
Agency Name:	Healthy Mothers/Healthy Babies of Essex
Project Name:	East Orange Diabetes Disparities Project
Grant Amount:	\$100,000
Address:	303-309 Washington St., 4 th Floor Newark, NJ 07652
Telephone:	201-342-4304
Contact Person:	Beverly Braxton-Cannon
Target Area:	Essex County
Agency Overview:	Healthy Mothers/Healthy Babies (HM/HB) of Essex is a non-profit grassroots organization dedicated to reducing infant mortality and improving health outcomes within the cities of East Orange, Irvington, Orange and Newark. HM/HB of Essex and the Northern Consortium have a combined 20-year history of successfully developing programs which improve the emotional and physical well-being of women of color, their children and their families. HM/HB of Essex and its collaborating agencies provide a variety of services including pregnancy testing, parent education, perinatal addiction counseling, health screenings, outreach, and culturally competent education to professionals and Essex County residents. HM/HB of Essex operates eight social and health services projects in the cities of East Orange, Irvington, Orange and Newark.
Target Population:	African Americans at high risk for developing diabetes or with diabetes but poor diabetes management
County:	Essex
Disparity Area:	Diabetes
Project Overview:	HM/HB of Essex administered the American Diabetes Association risk test (ADART) to Blacks/African Americans and other identified minorities in East Orange who might be at risk for developing diabetes. They referred all individuals scoring 10 or more on the ADART to the health care provider, Newark Community Health Center. HM/HB of Essex provided education services, including group sessions and physical activity instruction. In addition, support services that included hotlines, pamphlets and website services were provided with group sessions conducted in a classroom setting by a Certified Diabetes Educator.

Office of Minority and Multicultural Health Grantee Profile FY 2006	
Agency Name:	Puerto Rican Association for Human Development
Project Name:	The Latino Diabetes Connection (“The Azucar Project”)
Grant Amount:	\$100,000
Address:	100 First Street Perth Amboy, NJ 08060
Telephone:	732-442-1081
Contact Person:	Lydia Trinidad, Executive Director
Target Area:	Middlesex County
Agency Overview:	The Puerto Rican Association for Human Development (PRAHD) has dedicated its efforts to serve the needs of the residents of Middlesex County, by developing human potential and promoting self sufficiency through the implementation and operation of programs designed to improve the social, economic, health and education status of our community through the provision of appropriate services and leadership for 30 years. This agency is centrally located at 100 First Street in Perth Amboy with large segments of the minority communities that it serves located at its periphery.
Target Population:	Latino individuals with high risk for developing diabetes or with diabetes but poor diabetes management
County:	Middlesex
Disparity Area:	Diabetes
Project Overview:	The PRAHD administered the American Diabetes Association risk test (ADART) to Latino and other minority individuals of Middlesex County. Individuals identified as diabetic or high risk for developing diabetes were referred to a local health care provider. PRAHD also provided diabetes education services that included group sessions and physical activity instruction. Support services with hotlines, pamphlets and website services were provided, as well as group sessions in a classroom setting led by a Certified Diabetes Educator.

APPENDIX 6:

FY 2006 Professional Services Consultancies

Office of Minority and Multicultural Health Consultant Profile FY 06	
Agency Name:	Save Latin America, Inc. (SLA)
Project Name:	Save Latin America's Family Health Festivals
Grant Amount:	\$10,000
Address:	3510 Bergenline Ave., 2nd floor Union City, NJ 07087
Telephone:	201-271-7474
Contact Person:	Johnny Torres, Project Director
Target Area:	Hudson and Middlesex Counties
Agency Overview:	<p>Since 1998, SLA has held 13 Family Health Festivals, in Union City, West New York and Jersey City. Over 20,000 New Jersey residents have attended these Family Health Festivals. More than 18,000 people have benefited from various health screening and exams including cholesterol, diabetes, blood pressure, prostate, colorectal/cancer exams, eye exams, dental exams, electrocardiograms, mammograms, urinalysis, and more. All these were administered in a friendly and festive atmosphere, putting people at ease and making them feel comfortable about the services they were getting. In 2000, Save Latin America, Inc. (SLA) was incorporated in New Jersey as a non-profit corporation under the Federal Tax Statutes 501- 3c. Today, SLA is a strong well-known multipurpose agency in Hudson County with strong links and collaborative projects with local school districts.</p>
Target Population:	Low or moderate-income Hispanic residents of Hudson and Middlesex Counties with no health insurance and poorly served by the existing health care systems in place.
County:	Hudson County
Disparity Area:	Limited or no access to health care
Project Overview:	SLA organized three Family Health Festivals in Northern, Central and Southern New Jersey that provided the Hispanics and other minorities with greater access to health programs, services, screenings, referrals and information at no cost.

Office of Minority and Multicultural Health Consultant Profile	
Agency Name:	Association of Pakistani Americans for Community Organization, Inc. (APACO)
Project Name:	<i>Health Fair</i>
Grant Amount:	\$5,000.00
Address:	615 Pavonia Avenue Jersey City, NJ 07306
Telephone:	201-222-3436
Contact Person:	Abdul Malik - Executive Director
Target Area:	Jersey City
Agency Overview:	The Association of Pakistani Americans for Community Organization, Inc. is a non-profit Organization working to improve access to health and social services for low to moderate income members of the Pakistani community in Jersey City.
Target Population:	Pakistani Muslim community
County:	Hudson County
Disparity Area:	Pakistani community Health Fair
Project Overview:	APACO planned, promoted and held a community health fair for the Pakistani-American community in Jersey City. Jersey City Medical Center collaborated with APACO and provided space for the health fair, medical staff conducted screenings and they provided evaluation of the program's impact.

Office of Minority and Multicultural Health Consultant Profile	
Agency Name:	Manavi, Inc.
Project Name:	<i>South Asian Health Project</i>
Grant Amount:	\$12,500.00
Address:	P.O. Box 3103 New Brunswick, NJ 08903
Telephone:	732-435-1414
Contact Person:	Maneesha Kelkar - Executive Director
Target Area:	All counties of New Jersey
Agency Overview:	Manavi was established in 1985. Manavi's mission is to end violence against women. The main goal is to empower women of South Asian descent so they can escape family violence. Manavi has been developing partnerships with organizations such as the South Asian Health Project and South Asian Health Association of New Jersey, to develop initiatives that will address health needs for South Asian communities in New Jersey and promote health and well-being.
Target Population:	South Asian groups in all counties of New Jersey
County:	
Disparity Area:	South Asian Health
Project Overview:	The South Asian Health Project provided trainings to build capacity of existing and emerging groups to respond to the health needs of the South Asian community. The organization collaborates with other grassroots agencies to promote health in the South Asian community.

Office of Minority and Multicultural Health Consultant Profile FY 06	
Agency Name:	Immigration & American Citizenship Organization (IACO)
Project Name:	“La Guia Del Inmigrante Newsletter”
Grant Amount:	\$12,000
Address:	647 Main Avenue, Suite 205 P.O. Box 1541 Passaic, NJ 07055
Telephone:	973-472 4648
Contact Person:	Gustavo Ramírez, President
Target Area:	Passaic, Bergen, Hudson, Union and Essex Counties
Agency Overview:	IACO is a non-profit organization established for charitable purposes. Its objective is to orient and assist immigrants, regardless of their nationality, race, religion, sex, age, academic background and economic situation, in their process of adaptation, stabilization and development in this society. IACO’s membership is made up of about 7,000 members from South, North and Central America, Europeans, Caribbeans, Asians and Middle Eastern nationals.
Target Population:	Latino immigrant and difficult to reach populations of Passaic, Bergen, Hudson, Union and Essex Counties
County:	Passaic
Disparity Area:	Limited or no access to health care
Project Overview:	IACO helps to improve the outreach to Latinos served by the programs of the different Divisions of the Department of Health and Senior Services of the State of New Jersey. Also, IACO raises awareness about the need to eliminate health disparities among Latinos in New Jersey. The project uses their bimonthly newsletter – ‘ <i>La Guia del Inmigrante</i> ’ – as the main outreach vehicle. This newsletter is an informational tool designed to fight the lack of information suffered by immigrants, which serves as a bridge of information between community service organizations, health organizations, Local, State and Federal Agencies and the immigrants.

APPENDIX 7

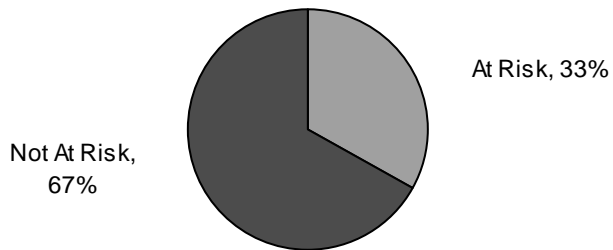
Office of Minority Health Grants Activity Report - Annual, 2005 - 2006													
	Catholic Charities, Diocese of Camden		Center for Human Services		Healthy Mothers/Healthy Babies of Essex		Puerto Rican Association for Human Development		Friends of Grace Seniors, Inc		Total		
	At Risk	Not at Risk	At Risk	Not at Risk	At Risk	Not at Risk	At Risk	Not at Risk	At Risk	Not at Risk	At Risk	Not at Risk	Total
Encounters	254	1,108	738	817	535	967	107	589	653	1,122	2287	4,603	6,890
Ethnicity	0	-			0	0			0		0	-	-
Hispanic:	156	507	411	653	7	26	105	589	0		679	1,775	2,454
Non-Hispanic:	50	245	327	164	528	941	2		653	1,122	1560	2,472	4,032
Race	0	-			0	0			0		0	-	-
Black:	77	570	198	86	530	961	1		0		806	1,617	2,423
White:	13	-	503	592	1	3	105	589	0		622	1,184	1,806
Asian:	7	5	3	3	0	0	1		653	1,122	664	1,130	1,794
American Indian or Alaska Native:	0	-	3	1	1	1			0		4	2	6
Native Hawaiian or Pacific Islander:	0	1	1		0	0			0		1	1	2
More than One Race:	0	7	4	2	3	2			0		7	11	18
Not Specified:	0	-	26	133	0	0			0		26	133	159
Origin	0	-			0	0			0		0	-	-
# Born in USA	115		423	275	399	691	20	62	0		957		

		591										1,619	2,576
# Born Outside USA	134	517	290	473	136	276	87	527	653	1,122	1300	2,915	4,215
Primary Language Spoken at Home:	0	-			0	0			0		0	-	-
English	111	654	409	261	457	795	20	62	0		997	1,772	2,769
Spanish	129	453	325	551	9	31	86	527	0		549	1,562	2,111
Korean	0	-	0		0	0			653	1,122	653	1,122	1,775
Other if > 10%, specify	14	19	4	4	62	141	1		0		81	164	245
Gender	0	-		1	0	0			0		0	1	1
Female:	161	787	458	410	403	672	39	333	405	612	1466	2,814	4,280
Male:	88	321	280	407	132	295	24	256	248	443	772	1,722	2,494
Age Group:	0	-			0	0			0		0	-	-
0 - 17	0	1	5	45	11	41			1	32	17	119	136
18 - 34	25	498	176	512	123	449	16	149	8	113	348	1,721	2,069
35 - 44	53	307	126	143	124	302	25	174	31	282	359	1,208	1,567
45 - 64	135	231	248	65	224	144	43	144	527	469	1177	1,053	2,230
65 +	36	71	172	40	53	31	23	119	86	159	370	420	790
	Community Health Practice (Lourdes)		Community Health Care, Inc.		Newark Community Health Center		Raritan Bay Medical Center		Englewood Hospital		Total		
Patients	#	%	#	%	#	%	#	%	#	%	#	%	
# Referred Patient Visits	122	48.0%	129	17.5%	18	3.4%	41		61	9.3%	371	8.1%	
Uninsured	108	42.5%	14	10.9%	4	22.2%	22		54	8.3%	202	54.4%	

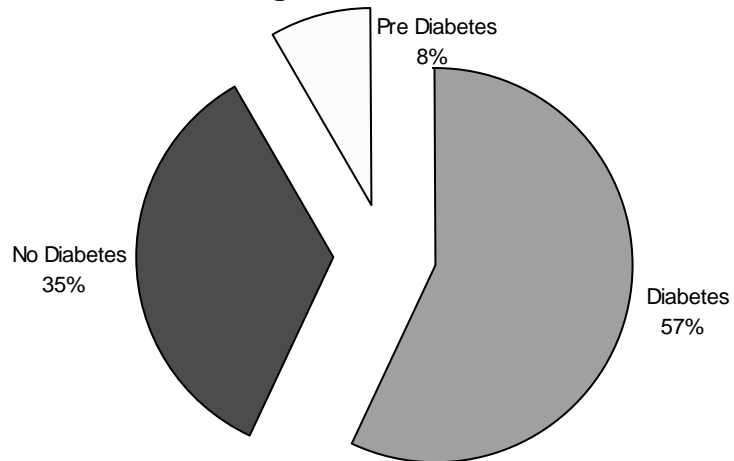
Diagnosis			0		0		0		0		0	
Diabetes	93	76.2%	26	20.2%	0		12	60	98.4%	191	51.5%	
No Diabetes	15	12.3%	81	62.8%	18	100.0%	2	1	1.6%	117	31.5%	
Pre Diabetes	14	11.5%	13	10.1%	0		1	0		28	7.5%	
Outcomes			0				0	0		0		
A1c Tests	64	52.5%	19	14.7%	0		11	24	39.3%	118	61.8%	
Foot Exams	89	73.0%	11	8.5%	0		14	60	98.4%	174	91.1%	
Cholesterol Tests	52	42.6%	23	17.8%	0		10	60	98.4%	145	39.1%	
Retinal Exams	46	37.7%	10	7.8%	0		14	0	0	70	18.9%	

APPENDIX 9

**OMMH Diabetes Disparity Grants' Encounters
by Diabetes Risk Factor, FY 06**



**OMMH Diabetes Disparity Grants' Encounters by
Diagnosis, FY 06**



APPENDIX 10

