OFFICE OF HEALTH DISPARITIES
& HEALTH EQUITY

Nebraska Foreign Born Behavioral Risk Factor Report

DIVISION OF PUBLIC HEALTH
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Nebraska Foreign Born Behavioral Risk Factor Report

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Introduction

The purpose of this report is to highlight the health disparities faced by the foreign-born population. The foreign-born population refers to anyone who was not a U.S. citizen at birth. Those who have become United States citizens through naturalization are included in the foreign-born population. The native-born population includes all those born in the United States, Puerto Rico, America Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands. The native-born population also includes those born abroad to a U.S. citizen parent or parents.

Methodology

The data in this report was provided through the 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS). The Nebraska BRFSS has been conducting surveys annually since 1986 in order to collect data on the prevalence of major health risk factors among adults residing in the state. Information gathered in this report can be used to target health education and risk reduction activities throughout the state in order to lower rates of premature death and disability.

Each indicator includes an overview of the topic along with a summary of key disparities by birth place, gender, and race and ethnicity. Additionally, 95% confidence intervals are included below each chart. These confidence intervals represent the margin of error and accuracy of the estimates provided. Please note, the American Indian population was not included in this report due to an insufficient sample size for the American Indian foreign-born population.

Key Findings

Health Status

Overall, foreign-born individuals were more likely than were native-born individuals to perceive their health as being fair to poor. However, when looking within racial groups, it could be seen that only within the Hispanic population did a higher proportion of foreign-born individuals perceive their health as fair to poor compared to native-born individuals.

Access to Health Care

In general, foreign-born individuals had less access to health care than did native-born individuals. Higher percentages of foreign-born individuals reported having no personal physician and no health insurance. Foreign-born individuals were also more likely to be unable to see a doctor due to cost than were native-born individuals.

Chronic Disease

The proportions of the native-born population with chronic disease were generally higher compared to the foreign-born population. The native-born population reported higher percentages of individuals with myocardial infarctions, coronary heart disease, stroke, asthma, diabetes, and arthritis within every racial group.

Cancer

The prevalence of skin cancer in the native-born population was much higher than in the foreign-born population, with the exception of within the African-American population, where foreign-born individuals were slightly more likely to have had skin cancer. The prevalence of all other cancers was also higher in native-born individuals within all racial populations.

Substance Abuse

While native-born individuals were notably more likely to drink heavily and binge drink than foreign-born individuals, similar proportions of both groups reported drinking and driving. Native-born individuals were also generally more likely to smoke.

Preventative Care

In general, higher proportions of native-born individuals took preventative care measures, though the percentages varied somewhat within the various racial populations. Within the Asian population, for example, foreign-born Asians were more likely to have had a routine-check up or had their cholesterol checked than were native-born Asians.

Risk Factors for Illness

The prevalence of obesity was highest in the native-born population. When considering those who were overweight or obese, there was an especially large gap within the African American and Asian populations, where foreign-born African Americans and Asians were much less likely to be obese. Native-born individuals were also more likely to report being mentally unwell or having a depressive disorder. Foreign-born individuals were less likely to be physically active, compared to native-born individuals.

Health Status of Immigrants in Nebraska

2011-2015

Access to Health Care

Foreign-born Nebraskans were almost four times more likely than were native-born Nebraskans to have no health care coverage **3.7x**

58% Foreign-born Hispanics were the most likely group to have no health coverage

20% One-fifth of foreign-born Nebraskans were unable to see a physician due to cost

Two out of every five foreign-born Nebraskans had no personal physician

Preventative Care

66% Foreign-born Hispanics were the least likely population to report having had a routine check-up in the past two years

Only one-fifth of foreign-born Nebraskans age 65 and over had a pneumonia shot, compared to one-third of native-born Nebraskans **20%**

34% Over one-third of foreign-born Nebraskans reported being physically inactive, compared to one-fifth of native-born Nebraskans

Foreign-born Hispanics were 1.7 times more likely to be physically inactive than native-born Hispanics **1.7x**

Nebraska DHHS Office of Health Disparities and Health Equity

Source: Nebraska BRFSS 2011-2015

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Health Status

Perceived Health Status

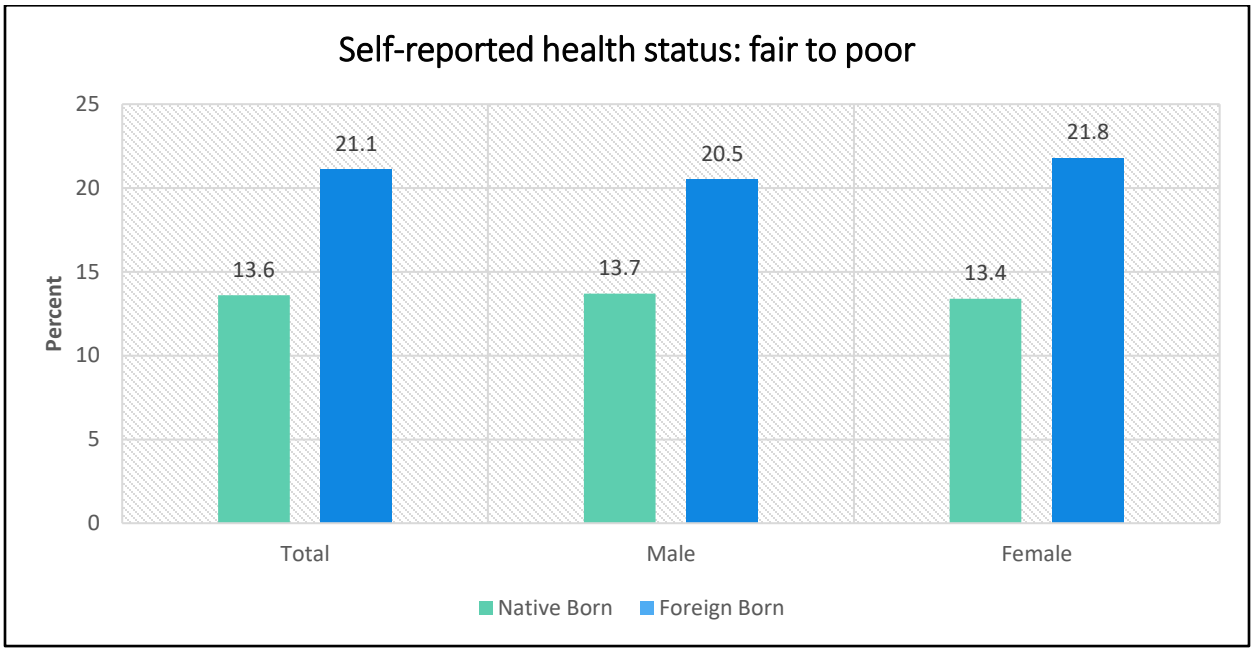
Perceived health status measures how an individual views his or her health – excellent, very good, good, fair, or poor. Individuals who are poor or uninsured are more likely to report being in fair or poor health and have higher rates of hospitalization and mortality compared to those who report excellent or good health. The perceived health status indicator is useful in making broad comparisons across populations that allow for diverse conditions.[1]

Birth Place Disparities

The foreign-born population (21.1%) was more likely to report being in fair to poor health than the native-born population (13.6%), a difference of 7.5 percentage points.

Gender Disparities

There was a gap within the male population, with 20.5% of foreign-born males reporting a fair to poor health status, compared to only 13.7% of native-born males. The gap within the female population was slightly larger, with 21.8% of foreign-born females reporting a fair to poor health status and only 13.4% of native-born females reporting the same.



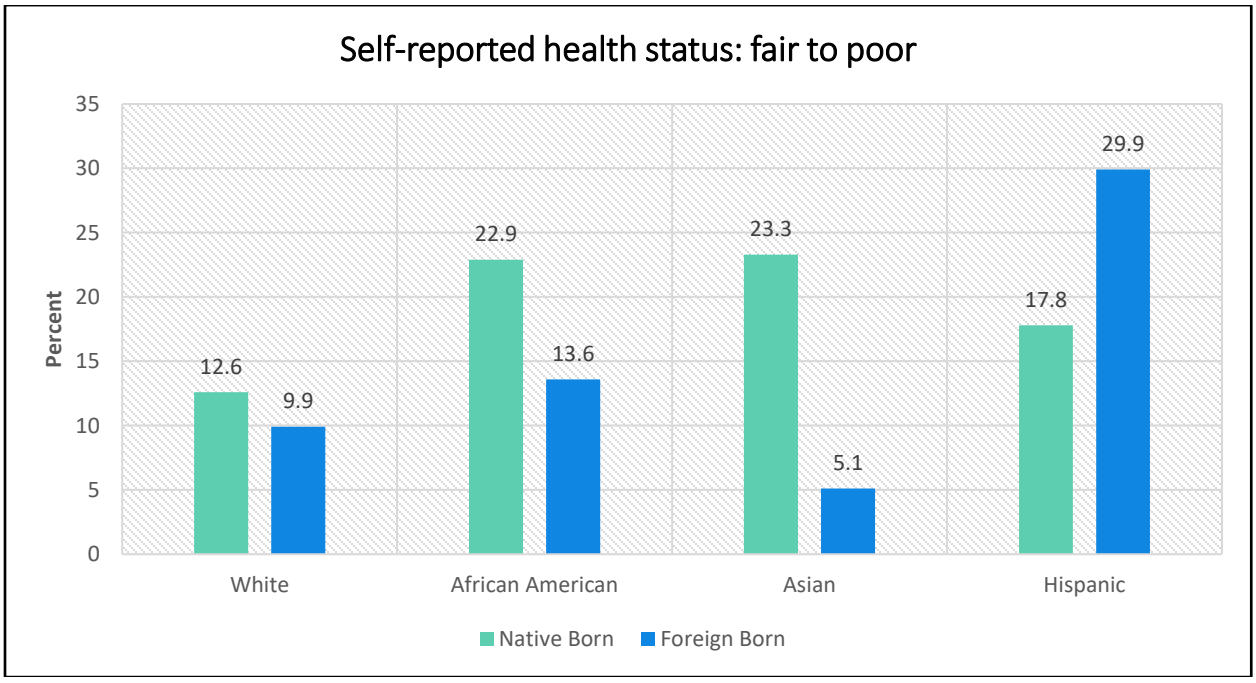
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	13.6	21.1	13.7	20.5	13.4	21.8
95% CI	13.1 – 14.0	18.5 – 24.0	13.0 – 14.4	16.8 – 24.9	12.8 – 14.0	18.5 – 25.6

[1] United States Office of Disease Prevention and Health Promotion. (2016). General health status. Retrieved from www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status

Perceived Health Status

Race and Ethnicity Disparities

Foreign-born Asians (5.1%) were the least likely population to report their health status being fair to poor, followed by foreign-born Whites (9.9%) and native-born Whites (12.6%). Foreign-born Hispanics (29.9%) were the most likely to report a fair to poor health status, followed by 23.3% of native-born Asians and 22.9% of native-born African Americans. The largest gap within a population occurred within the Asian population, where native-born Asians were approximately 4.5 times more likely to report being in fair to poor health than were foreign-born Asians.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	12.6	9.9	22.9	13.6	23.3	5.1	17.8	29.9
95% CI	12.2 – 13.1	7.0 – 13.8	19.5 – 26.7	6.4 – 26.5	16.3 – 32.1	2.7 – 9.4	14.7 – 21.4	25.9 – 34.1

Access to Health Care

No Personal Physician

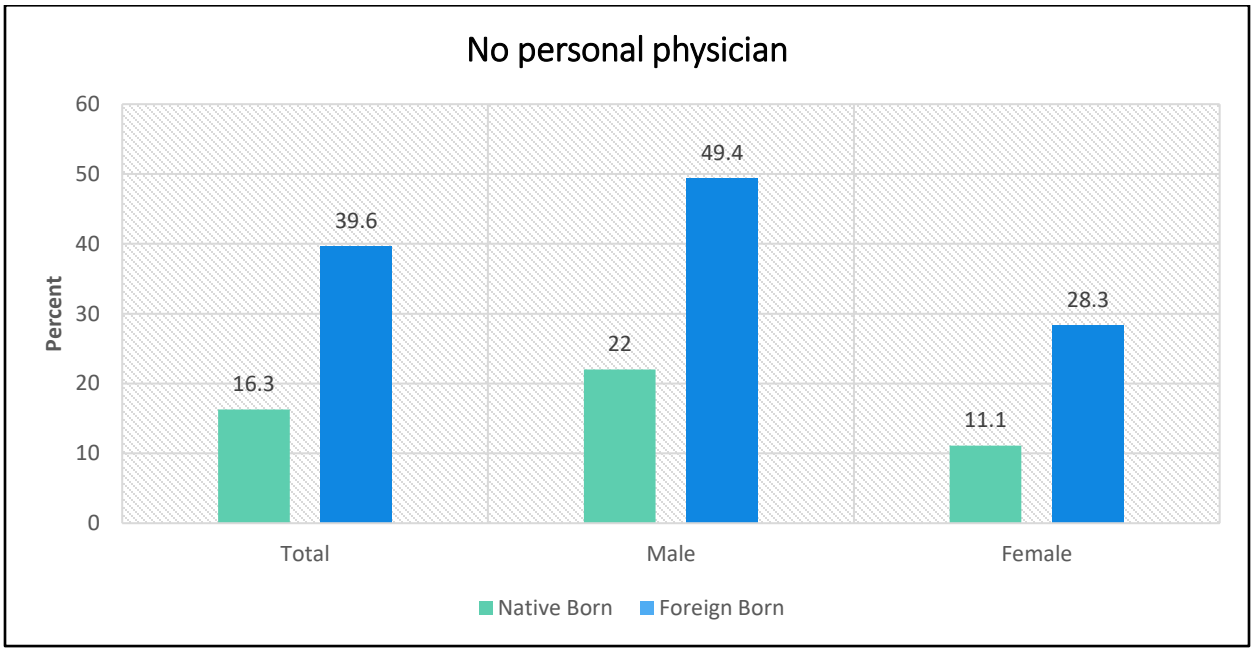
Including various specialties in the medical profession, primary care physicians provide a combination of direct care and, as necessary, counsel the patient in the appropriate use of specialists and advanced treatment locations. Individuals with a medical home are more likely to have routine medical visits and health screenings.[2]

Birth Place Disparities

The proportion of foreign-born individuals who reported having no personal physician (39.6%) was over twice that of native-born individuals who reported the same (16.3%).

Gender Disparities

Almost half of the foreign-born male population (49.4%) reported having no personal physician, compared to just over one-fifth of native-born males (22%). While 28.3% of foreign-born females reported not having a personal physician, only 11.1% of native-born females reported the same. Both native-born and foreign-born males were less likely to have a personal physician than native-born and foreign-born females respectively.



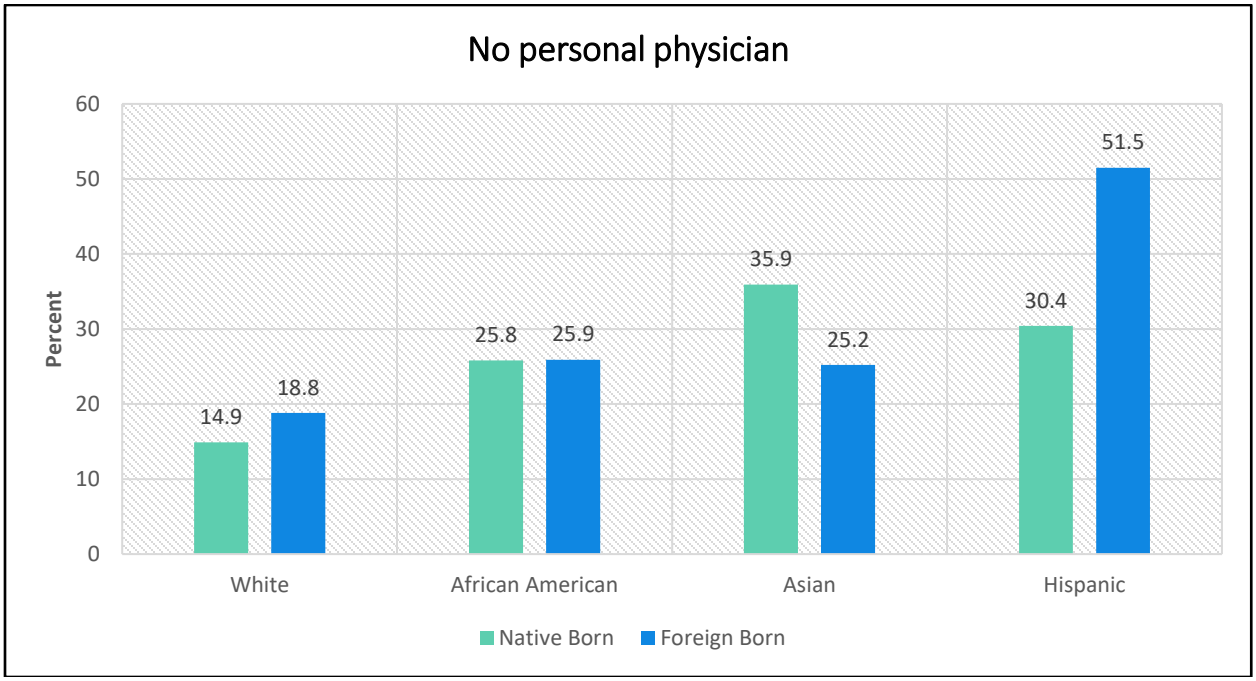
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	16.3	39.6	22.0	49.4	11.1	28.3
95% CI	15.7 – 16.9	36.2 – 43.0	21.0 – 23.0	44.5 – 54.3	10.4 – 11.8	24.3 – 32.7

[2] National Institutes of Health. (2015). Choosing a primary care provider. Retrieved from https://medlineplus.gov/ency/article/001939.htm

No Personal Physician

Race and Ethnicity Disparities

Overall, native-born and foreign-born Whites (approximately 15-19%) were the least likely to not have a personal physician. Over half of foreign-born Hispanics (51.5%) reported that they had no personal physician. The second and third populations most likely to have no personal physician were native-born Asians (35.9%) and native-born Hispanics (30.4%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	14.9	18.8	25.8	25.9	35.9	25.2	30.4	51.5
95% CI	14.3 – 15.5	13.7 – 25.3	21.7 – 30.5	15.2 – 40.5	26.1 – 47.0	18.1 – 33.9	25.9 – 35.4	46.9 – 56.0

No Health Coverage

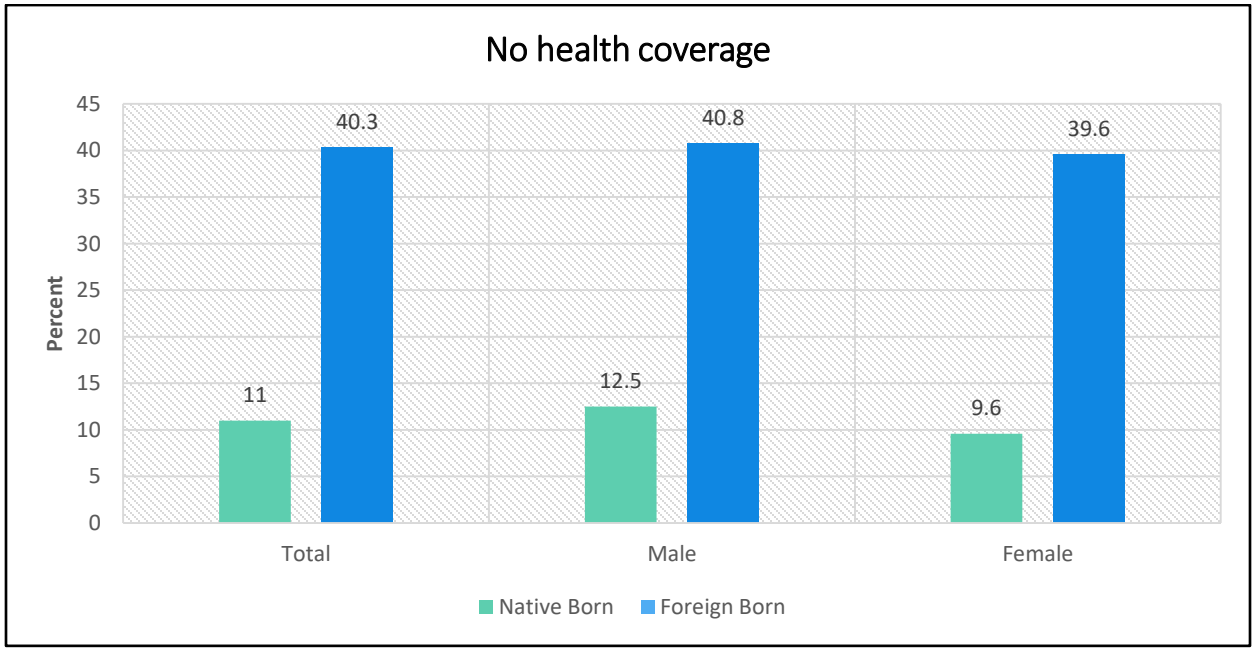
Lack of a health care plan or inadequate insurance coverage prevents many people from getting needed care, as they are financially unable to pay for services without the help of insurance. Individuals with health insurance are generally more likely to have a primary care provider and to have received appropriate preventative care, such as early prenatal care, immunizations, or health screenings.

Birth Place Disparities

The foreign-born population was much less likely to have health coverage than the native-born population. The proportion of foreign-born individuals (40.3%) without health care was over 3.5 times greater than the proportion of native-born individuals (11%) without health care.

Gender Disparities

Just over two-fifths of foreign-born males (40.8%) reported having no health coverage, compared to only one-eighth of native-born males (12.5%). The proportion of foreign-born females with no health coverage (39.6%) was 30 percentage points higher than the proportion of native-born females (9.6%) reporting the same.

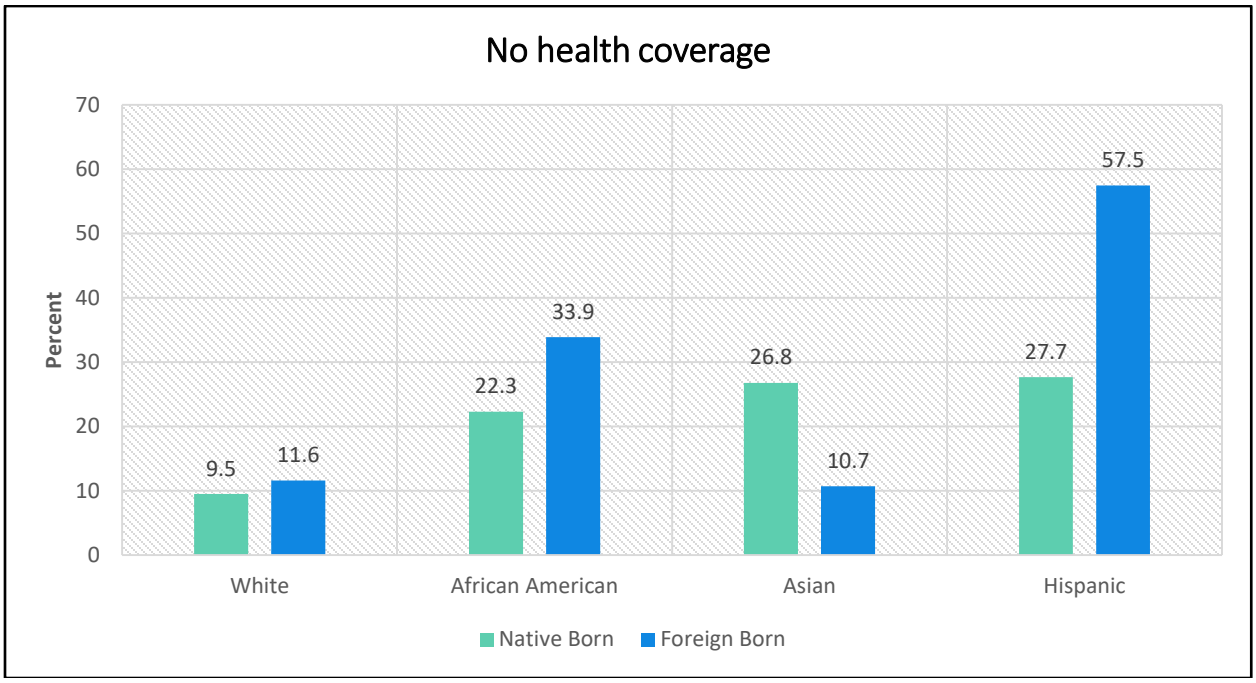


	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	11.0	40.3	12.5	40.8	9.6	39.6
95% CI	10.5 – 11.5	36.9 – 43.7	11.7 – 13.4	35.9 – 45.9	9.0 – 10.3	35.1 – 44.3

No Health Coverage

Race and Ethnicity Disparities

Generally, within each racial group, the foreign-born population was less likely to have health care coverage than the native-born population. However, the opposite was true within the Asian population. A proportion of 26.8% of native-born Asians had no health coverage, compared to only 10.7% of foreign-born Asians. Overall, foreign-born Hispanics were the least likely to have health care coverage, with over half (57.5%) reporting having no health coverage.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	9.5	11.6	22.3	33.9	26.8	10.7	27.7	57.5
95% CI	9.0 – 10.0	7.6 – 17.3	18.5 – 26.6	21.4 – 49.1	17.4 – 38.8	6.3 – 17.7	23.4 – 32.5	53.0 – 61.8

Unable to See Physician Due to Cost

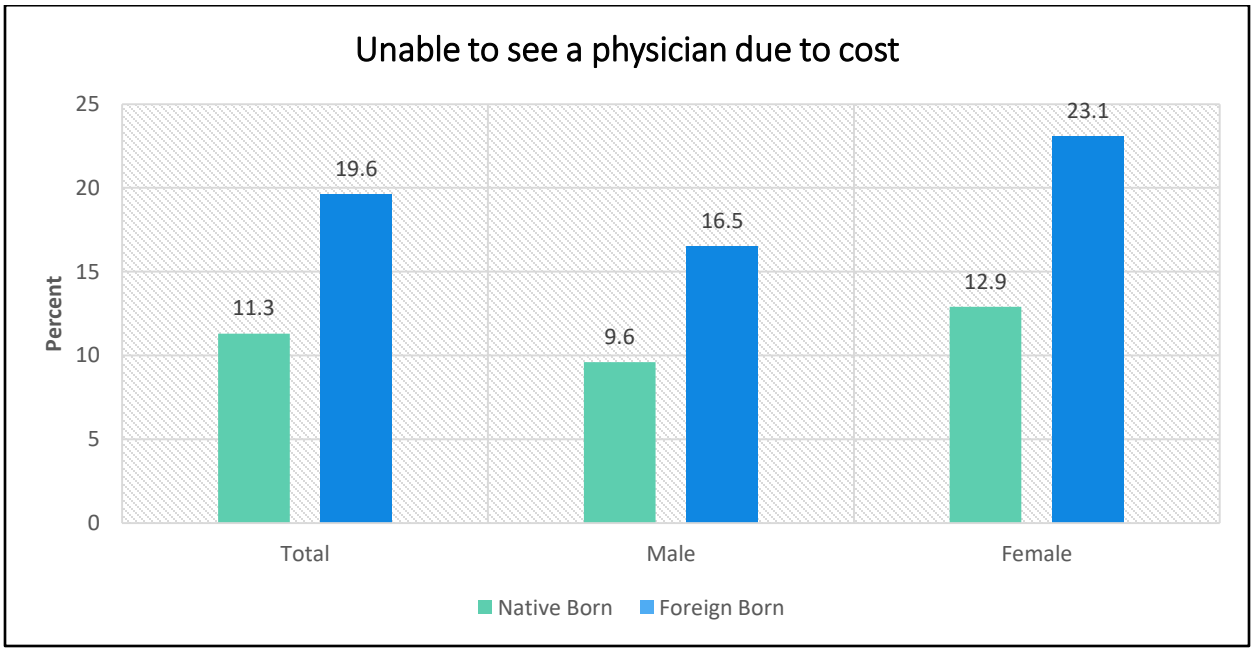
For people with no insurance and limited financial resources, the decision of whether or not to see a doctor is often a financial choice rather than a medical one. Even when health benefits are available, they may not be sufficient to ensure access to needed health care services. Persons with health insurance may still be confronted with significant financial hardships in paying for or obtaining health services or products.

Birth Place Disparities

Approximately one-fifth (19.6%) of foreign-born individuals reported being unable to see a doctor due to cost, compared to only just over one-tenth (11.3%) of native-born individuals.

Gender Disparities

Overall, the proportions of native-born and foreign-born females who were unable to see a physician due to the cost were greater than those of native-born and foreign-born males respectively. Within the male population, foreign-born males (16.5%) were more likely to report being unable to seeing a physician due to cost, compared to native-born males (9.6%). The female population reported the same trend, although with a larger gap. Approximately 23% percent of foreign-born females reported being unable to see a physician due to cost, while approximately 13% of native-born females reported the same.

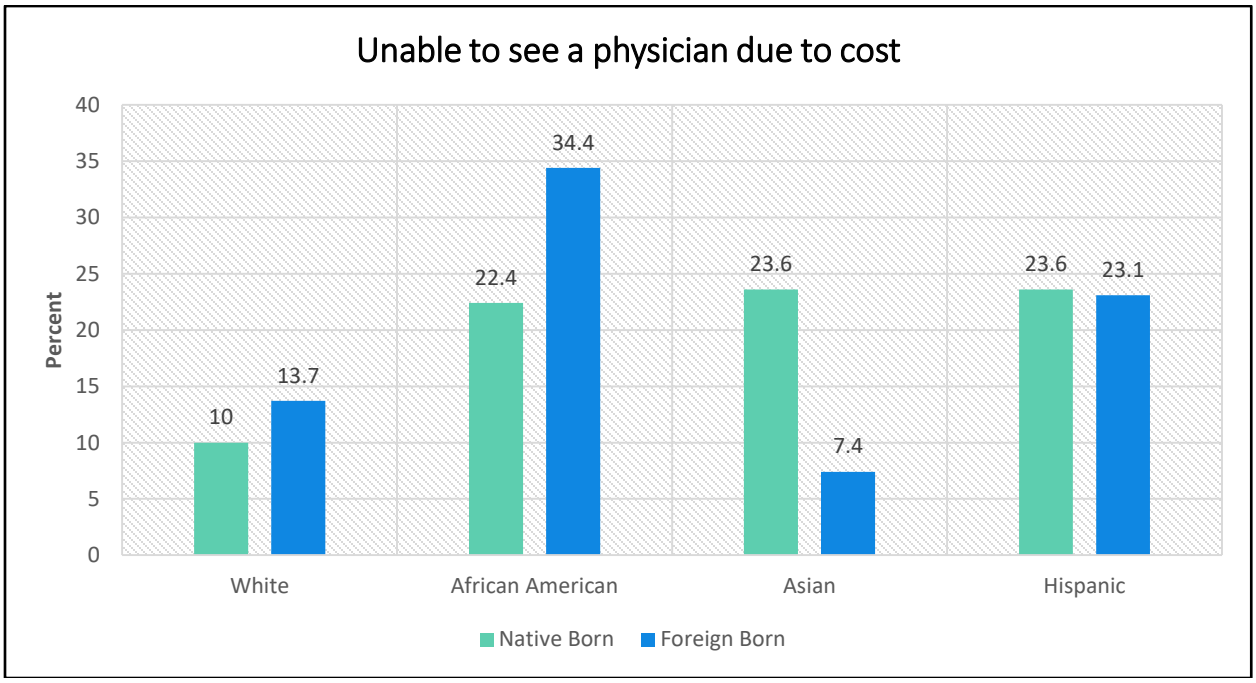


Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	11.3	19.6	9.6	16.5	12.9	23.1
95% CI	10.9 – 11.8	17.1 – 22.3	8.9 – 10.3	13.3 – 20.4	12.3 – 13.6	19.4 – 27.1

Unable to See Physician Due to Cost

Race and Ethnicity Disparities

While most groups reported that 22-24% of the population was unable to see a physician due to cost, there were several outliers. Foreign-born Asians and native-born Whites reported the lowest proportions of those who were unable to see a physician due to cost at approximately 7% and 10% respectively. Foreign-born African Americans (34.4%) were more likely than any other group to be unable to see a physician due to cost.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	10.0	13.7	22.4	34.4	23.6	7.4	23.6	23.1
95% CI	9.6 – 10.5	9.5 – 19.4	18.6 – 26.6	21.9 – 49.5	16.1 – 33.2	3.8 – 13.7	19.7 – 28.1	19.7 – 26.9

Chronic Disease

Myocardial Infarction

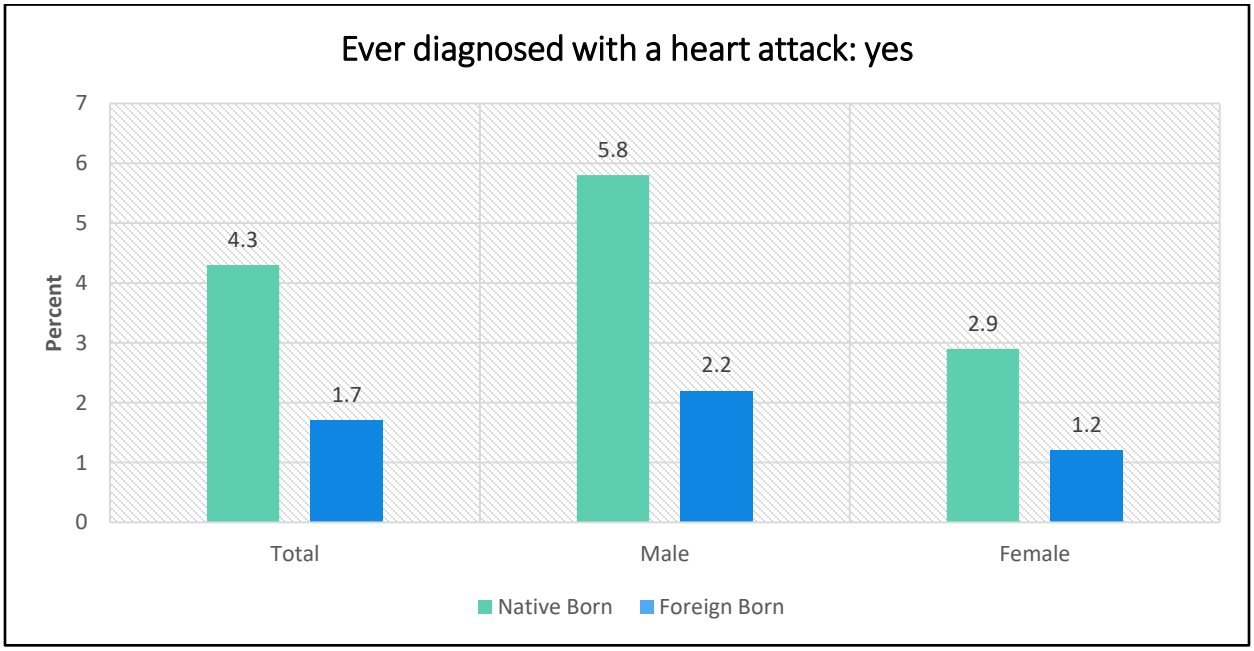
A heart attack or myocardial infarction (MI) is permanent damage to the heart muscle. Heart attacks can occur when the heart cannot get enough oxygen, due to oxygen-rich blood being blocked off from the heart muscle.[3] Heart attacks often occur in individuals with coronary heart disease. Increasing physical activity, maintaining a healthy diet, and reducing stress can all help to improve heart health.[4]

Birth Place Disparities

While 4.3% of the native-born population reported having ever had a heart attack, only 1.7% of the foreign-born population reported the same.

Gender Disparities

Almost 6% of native-born males reported having ever been told by a health professional that they have had a heart attack, compared to foreign-born males at 2.2% who were 2.6 times less likely to have had a heart attack. Native-born females (2.9%) were somewhat more likely than were foreign-born females (1.2%) to report having ever been diagnosed with a heart attack.



	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	4.3	1.7	5.8	2.2	2.9	1.2
95% CI	4.1 – 4.5	1.2 – 2.5	5.4 – 6.2	1.3 – 3.7	2.7 – 3.2	0.8 – 1.9

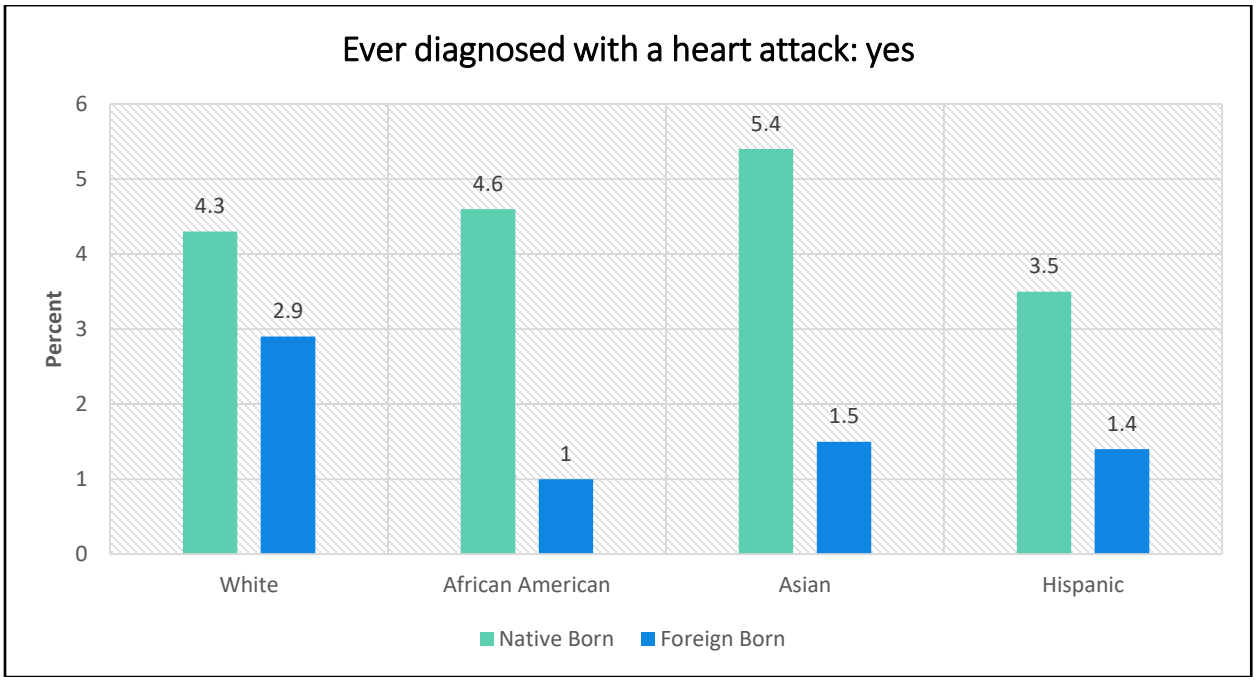
[3] National Institutes of Health. (2016). Myocardial infarction. Retrieved from www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0021982

[4] Centers for Disease Control and Prevention. (2016). Life after a heart attack. Retrieved from www.cdc.gov/heartdisease/heart_attack_recovery.htm

Myocardial Infarction

Race and Ethnicity Disparities

Within the native-born population, Asians (5.4%) reported the highest proportion of individuals who had ever had a heart attack, followed closely by African Americans (4.6%) and Whites (4.3%). Within the foreign-born population, proportions of individuals who have had a heart attack were much lower. In the foreign-born population, Whites (2.9%) reported the highest percentage of individuals who have had a heart attack, while other foreign-born groups reporting the same ranged from 1-1.5%.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	4.3	2.9	4.6	1.0	5.4	1.5	3.5	1.4
95% CI	4.0 – 4.5	1.8 – 4.7	3.2 – 6.6	0.1 – 6.9	2.9 – 9.7	0.4 – 5.4	2.3 – 5.4	0.8 – 2.4

Coronary Heart Disease

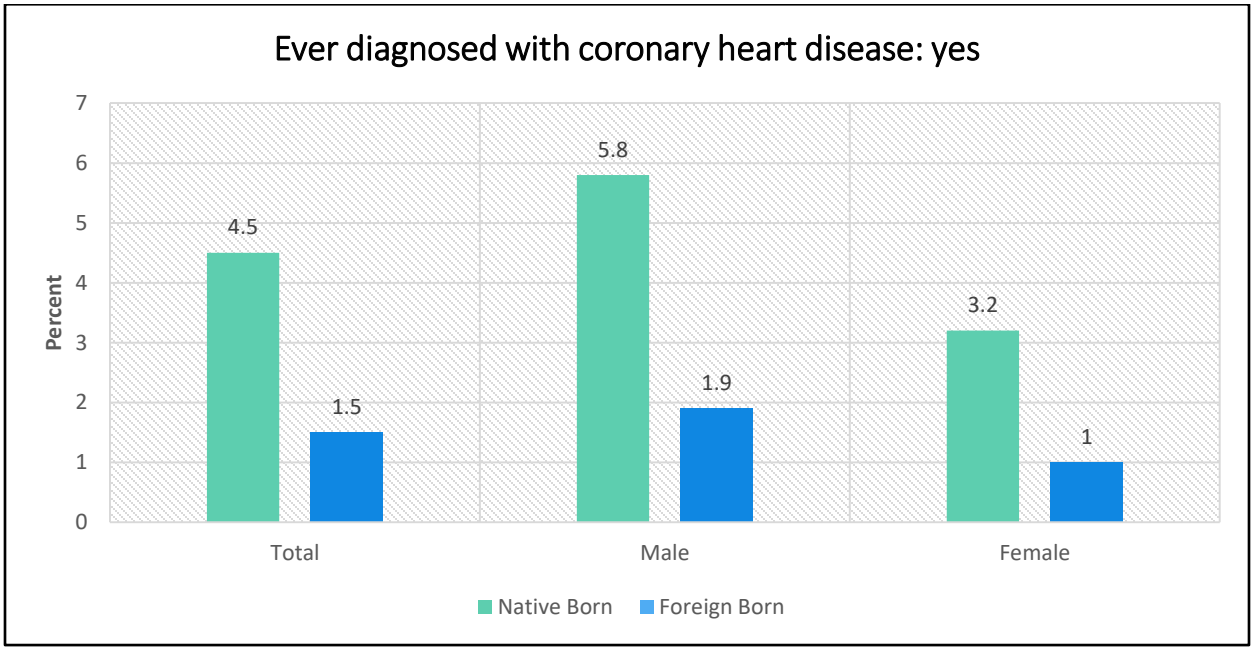
Coronary heart disease is the narrowing of coronary arteries due to the buildup of plaque. With narrowed passageways, the amount of blood delivered is lessened, thus increasing the risk for a heart attack. Various tests can be used to diagnose coronary heart disease, such as electrocardiograms (EKGs), stress testing, or echocardiography.[5]

Birth Place Disparities

A proportion of 4.5% of the native-born population responded "yes" when asked if they had been told by a professional that they have coronary heart disease, in comparison with 1.5% of the foreign-born population.

Gender Disparities

Within the female population, 3.2% of native-born females reported having coronary heart disease, compared to only 1% of the foreign-born female population. The gap within the male population was slightly larger with 5.8% of native-born males reporting having coronary heart disease and only 1.9% of foreign-born males reporting the same.



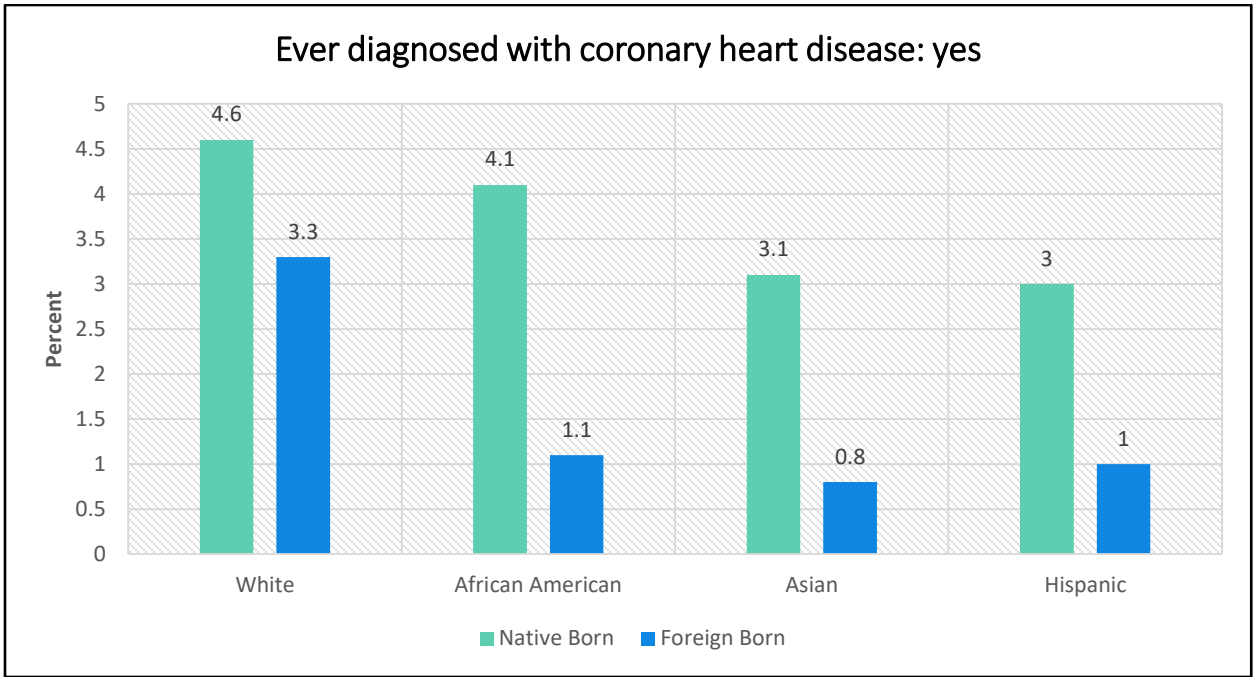
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	4.5	1.5	5.8	1.9	3.2	1.0
95% CI	4.2 – 4.7	1.0 – 2.3	5.4 – 6.2	1.1 – 3.5	3.0 – 3.5	0.6 – 1.7

[5] National Institutes of Health. (2016). What is coronary heart disease. Retrieved from www.nhlbi.nih.gov/health/health-topics/topics/cad

Coronary Heart Disease

Race and Ethnicity Disparities

Native-born Whites (4.6%) were the most likely to have coronary heart disease, followed closely by native-born African Americans (4.1%). The populations with the lowest percentage of those reporting to have coronary heart disease occurred in foreign-born African Americans (1.1%), foreign-born Hispanics (1%) and foreign-born Asians (0.8%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	4.6	3.3	4.1	1.1	3.1	0.8	3.0	1.0
95% CI	4.3 – 4.8	2.0 – 5.4	2.9 – 6.0	0.2 – 7.5	1.4 – 6.5	0.2 – 3.7	1.8 – 4.8	0.5 – 2.2

Stroke

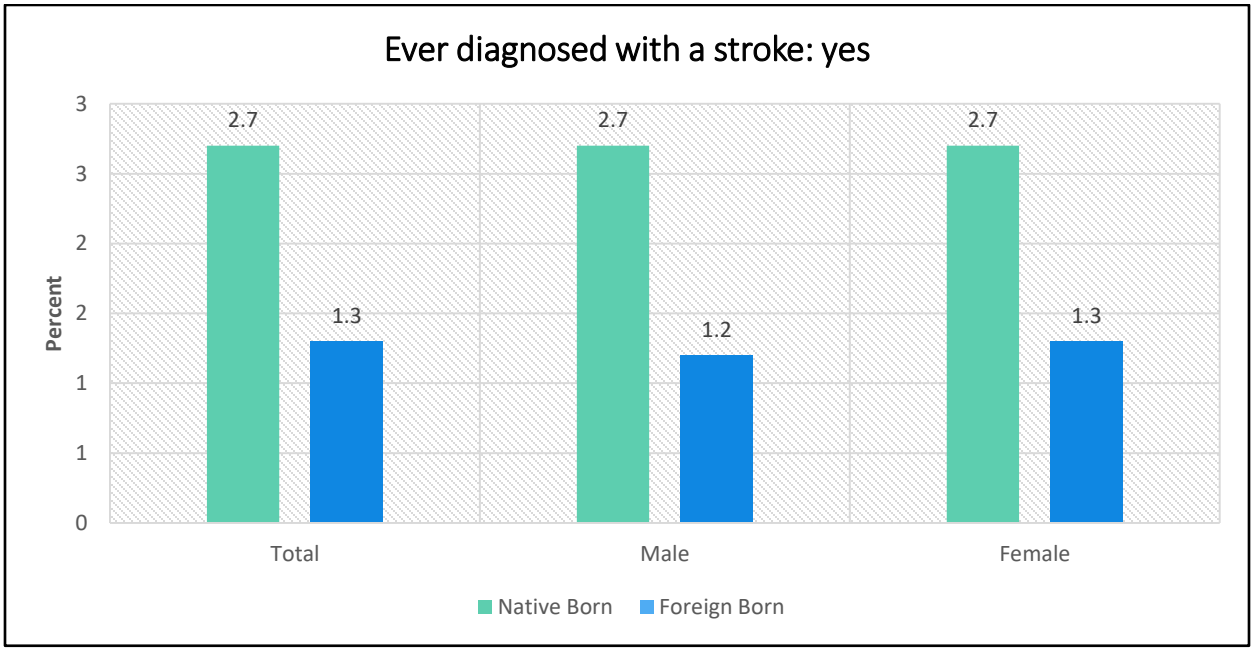
A stroke occurs when blood flow to part of the brain stops. As the blood flow is interrupted, brain cells begin to die, as they cannot get the necessary oxygen. Strokes can cause brain damage, long-term disability, or death.[6] The risk of having a stroke may be reduced by refraining from smoking, maintaining a healthy weight, getting physical activity, and controlling high blood pressure and cholesterol.

Birth Place Disparities

A proportion of 2.7% of the native-born population had been told by a professional that they had a stroke, compared to 1.3% of the foreign-born population.

Gender Disparities

Just under 3% of both native-born males and females reported having ever been diagnosed with a stroke. Foreign-born males (1.2%) and females (1.3%) were less likely to have ever been diagnosed with a stroke.



	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	2.7	1.3	2.7	1.2	2.7	1.3
95% CI	2.5 – 2.9	0.8 – 2.1	2.5 – 3.0	0.5 – 2.6	2.5 – 3.0	0.7 – 2.5

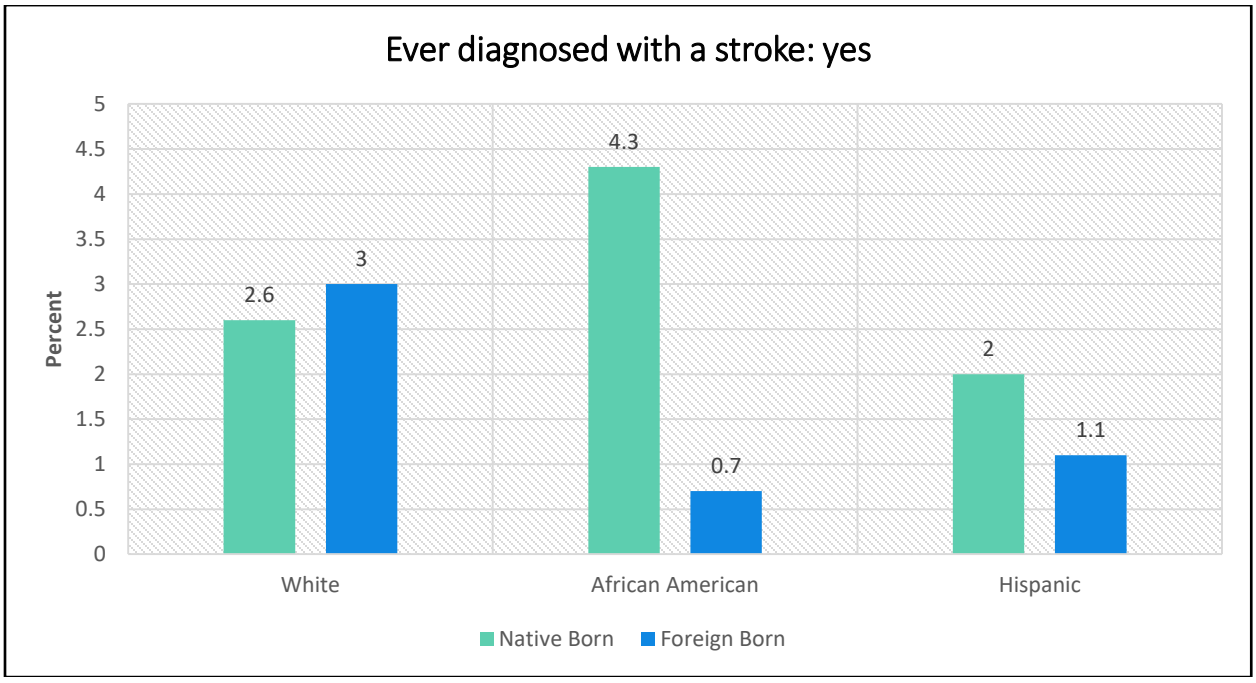
[6] Centers for Disease Control and Prevention. (2016). About stroke. Retrieved from www.cdc.gov/stroke/about.htm

Stroke

Race and Ethnicity Disparities

Native-born African Americans (4.3%) reported the highest proportions of individuals that have had a stroke, compared to only 0.7% of foreign-born African Americans. Foreign-born Hispanics (1.1%) reported the second lowest proportions of individuals having had a stroke, followed by native-born Hispanics (2%).

Please note the Asian category was removed due to insufficient data.



	White		African American		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	2.6	3.0	4.3	0.7	2.0	1.1
95% CI	2.4 – 2.8	1.5 – 5.7	3.1 – 6.1	0.1 – 4.9	1.1 – 3.7	0.5 – 2.5

COPD

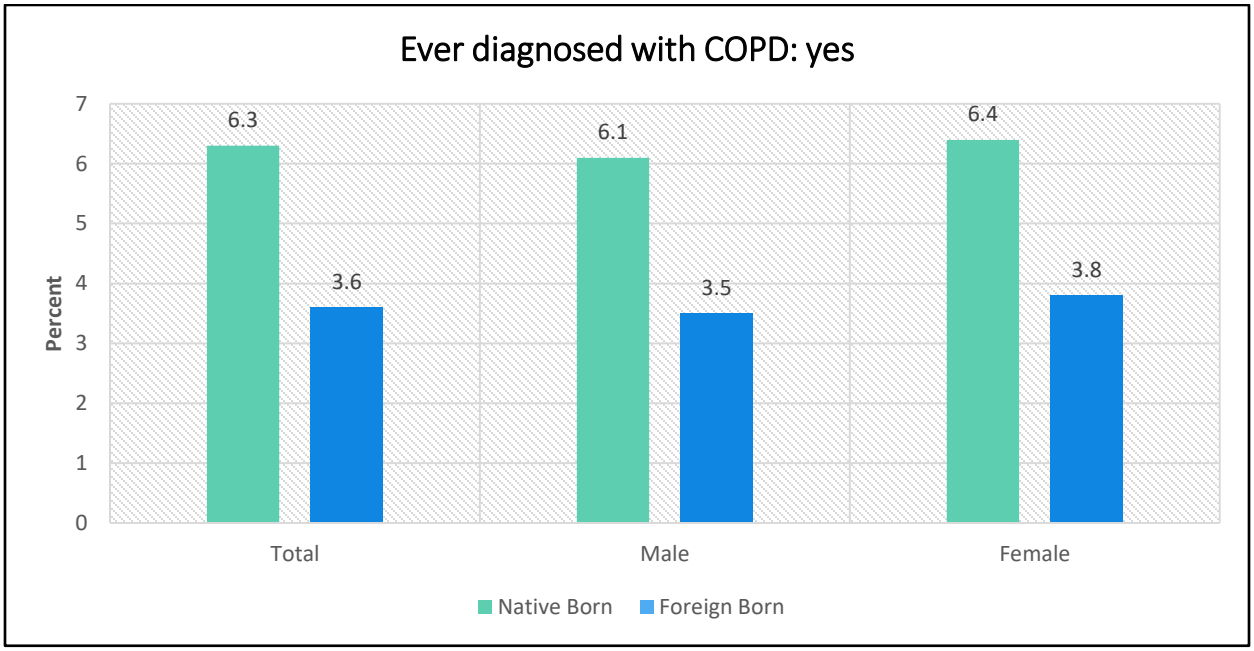
Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term for diseases that impair lung function and create breathlessness. Smoking is the leading cause of COPD, though individuals who are exposed to dust, air pollution or other irritants long-term are also at a higher risk for COPD.[7] Chronic bronchitis and emphysema are common types of COPD.

Birth Place Disparities

Overall, 6.3% of the native-born population reported having been diagnosed with COPD, compared to 3.6% of the foreign-born population.

Gender Disparities

The proportion of native-born males (6.1%) with COPD was 2.6 percentage points larger than the proportion of foreign-born males (3.5%) that reported having COPD. The gap between the proportion of native-born females (6.4%) and foreign-born females (3.8%) that reported having COPD was also 2.6 percentage points.



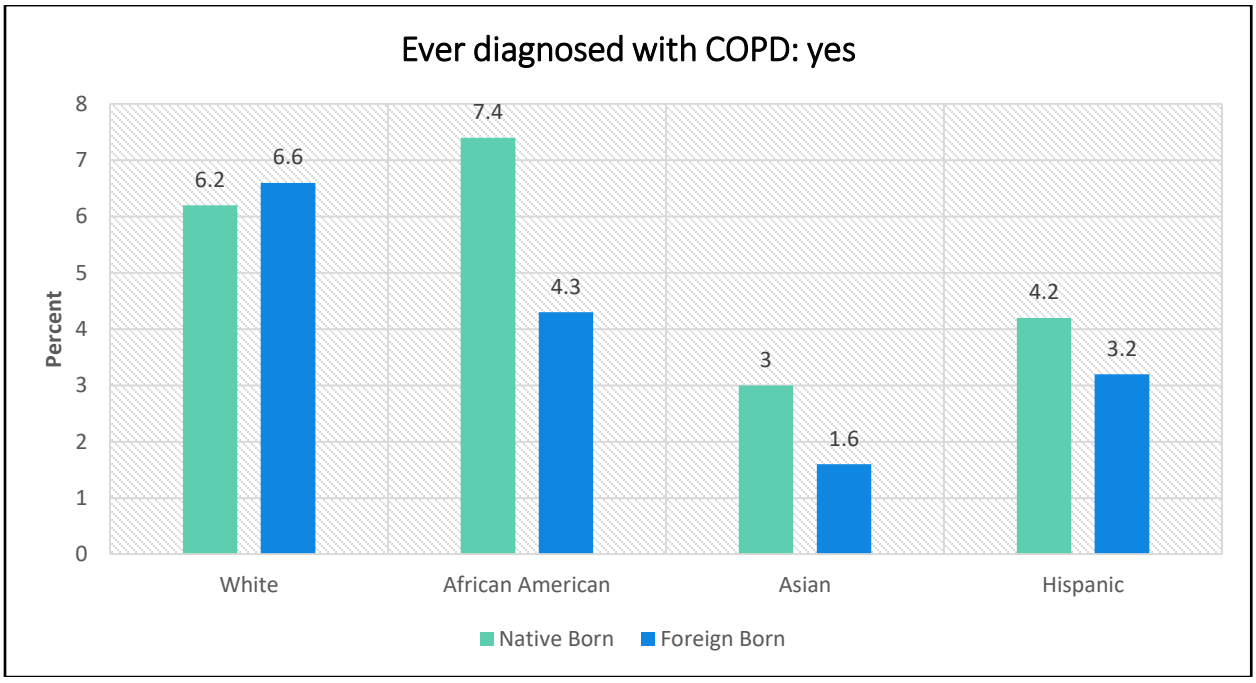
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	6.3	3.6	6.1	3.5	6.4	3.8
95% CI	6.0 – 6.6	2.6 – 5.0	5.7 – 6.5	2.2 – 5.6	6.0 – 6.9	2.5 – 5.7

[7] National Institutes of Health. (2013). What is COPD. Retrieved from www.nhlbi.nih.gov/health/health-topics/topics/copd

COPD

Race and Ethnicity Disparities

Native-born African Americans (7.4%) were most likely to report being diagnosed with COPD, followed closely by foreign-born Whites (6.6%) and native-born Whites (6.2%). Foreign-born Asians (1.6%) and native-born Asians (3%) were the least likely to have been diagnosed with COPD. The largest gap within a population occurred in the African American population, where the proportion of foreign-born African Americans (4.3%) with COPD was 3.1 percentage points less than that of the proportion of native-born African Americans (7.4%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	6.2	6.6	7.4	4.3	3.0	1.6	4.2	3.2
95% CI	5.9 – 6.5	3.8 – 11.4	5.5 – 9.9	1.2 – 14.8	7.0 – 19.2	0.4 – 6.7	3.1 – 5.7	2.1 – 4.8

Asthma

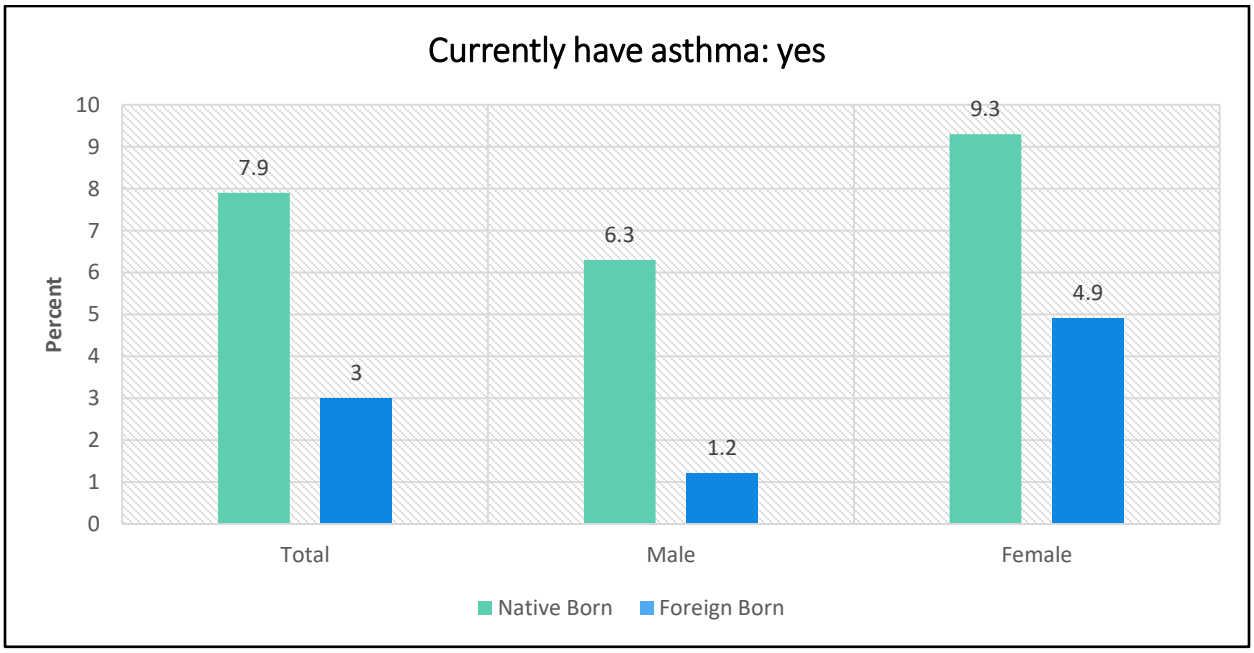
Asthma is a chronic inflammatory disease of the airways that is characterized by recurring symptoms such as wheezing, breathlessness, chest tightness and coughing. In persons with asthma, the airways are more responsive to various stimuli, such as pollen, cigarette smoke, respiratory infections or exercise. When exposed to these stimuli, the airways narrow or become obstructed, which results in respiratory symptoms.[8]

Birth Place Disparities

The proportion of the native-born population with asthma was approximately 8%, which is over twice the proportion of the foreign-born population (3%) that reported having asthma.

Gender Disparities

While 6.3% of native-born males reported having asthma, only 1.2% of foreign-born males reported the same. Native and foreign-born females both reported higher proportions of those with asthma than native and foreign-born males respectively. Native-born females (9.3%) were the most likely group to report having asthma, compared to 4.9% of foreign-born females.



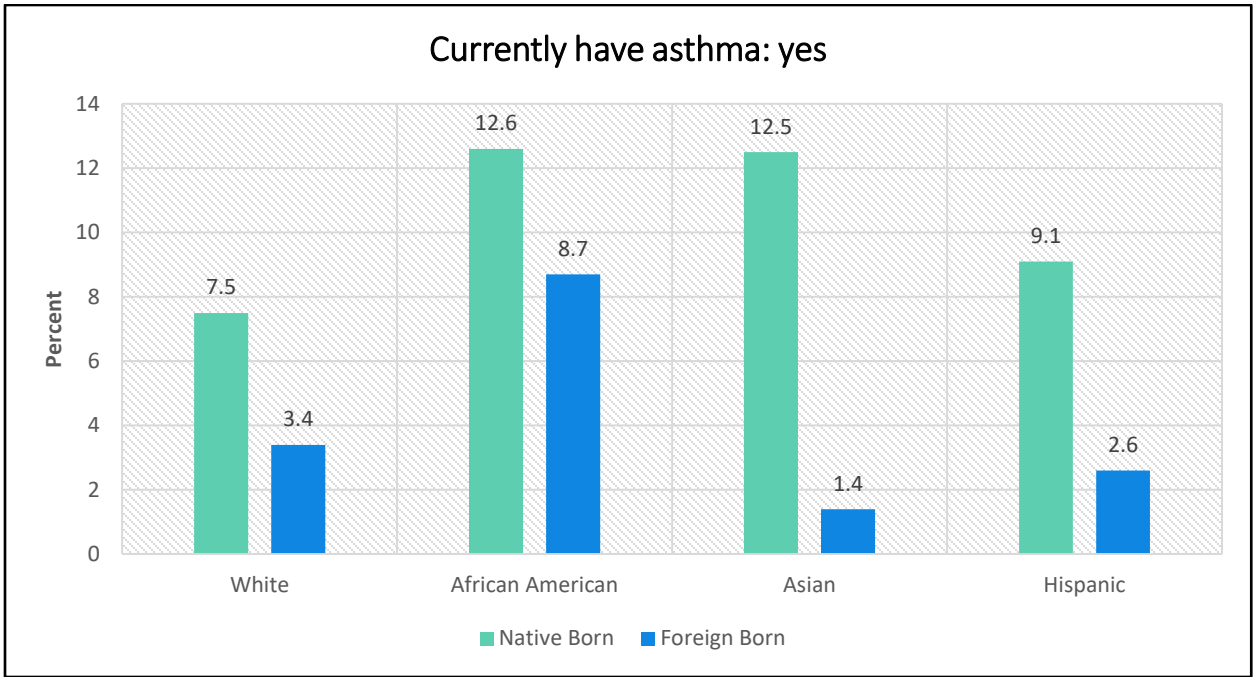
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	7.9	3.0	6.3	1.2	9.3	4.9
95% CI	7.5 – 8.3	2.0 – 4.2	5.8 – 6.9	0.6 – 2.4	8.8 – 9.9	3.2 – 7.4

[8] Centers for Disease Control and Prevention. (2016). Asthma. Retrieved from www.cdc.gov/asthma/default.htm

Asthma

Race and Ethnicity Disparities

Foreign-born Asians (1.4%), Hispanics (2.6%), and Whites (3.4%) were the least likely populations to report having asthma. While foreign-born African-Americans (8.7%) were more likely to have asthma than the rest of the foreign-born population, the proportions of native-born African Americans (12.6%) and native-born Asians (12.5%) with asthma were notably higher.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	7.5	3.4	12.6	8.7	12.5	1.4	9.1	2.6
95% CI	7.1 – 7.9	2.1 – 5.5	10.1 – 15.8	3.8 – 19.0	7.8 – 19.4	0.6 – 3.5	6.4 – 12.7	1.4 – 4.6

Diabetes

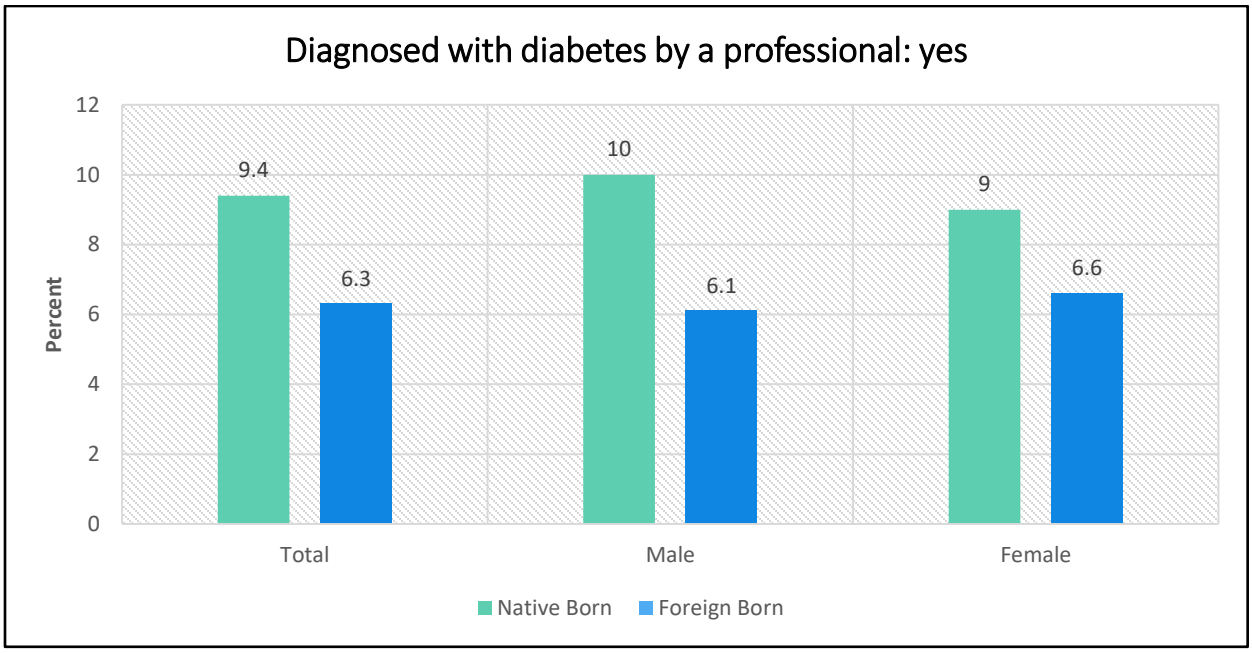
Diabetes is a chronic disease, characterized by high levels of sugar in the blood.[9] Diabetes can be caused by the resistance to or creation of too little insulin, a hormone produced to control blood sugar. While the cause of type 1 diabetes is unknown, some cases of type 2 diabetes can be prevented by increasing physical activity, eating a healthy diet, and decreasing excess body weight.[10]

Birth Place Disparities

The percentage of native-born individuals with diabetes was 9.4%, which is approximately three percentage points higher than the rate of diabetes in foreign-born individuals (6.3%).

Gender Disparities

The largest gap in diabetes was seen between native-born and foreign-born males at 10% and 6.1% respectively. While the gap between native and foreign-born females was smaller, the rate of diabetes in foreign-born females (6.6%) was still almost 2.5 percentage points less than that of native-born females at 9%.



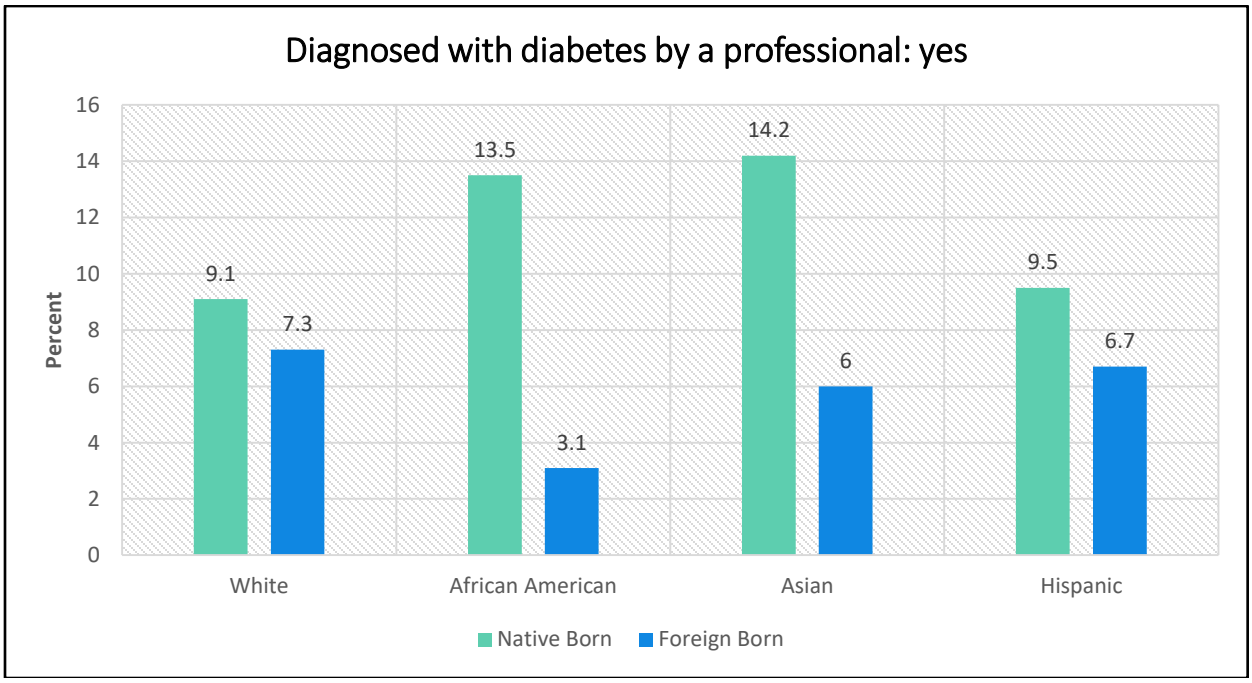
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	9.4	6.3	10.0	6.1	9.0	6.6
95% CI	9.1 - 9.8	5.0 - 7.9	9.4 - 10.6	4.4 - 8.4	8.5 - 9.4	4.8 - 9.0

[9] A.D.A.M Medical Encyclopedia. (2012). Diabetes. Retrieved from http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002194/.
[10] Ibid.

Diabetes

Race and Ethnicity Disparities

Of the native-born population, African Americans and Asians had the highest rates of diabetes at 13.5% and 14.2% respectively, compared to approximately 9-9.5% of Whites and Hispanics. In the foreign-born population, Whites and Hispanics were more likely to have diabetes (around 7%), followed closely by Asians (6%). Foreign-born African Americans saw the lowest rate of diabetes at only 3.1%.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	9.1	7.3	13.5	3.1	14.2	6.0	9.5	6.7
95% CI	8.8 – 9.5	4.8 – 10.8	11.0 – 16.4	1.0 – 9.8	9.6 – 20.5	2.9 – 12.3	7.5 – 12.1	5.0 – 8.9

Arthritis

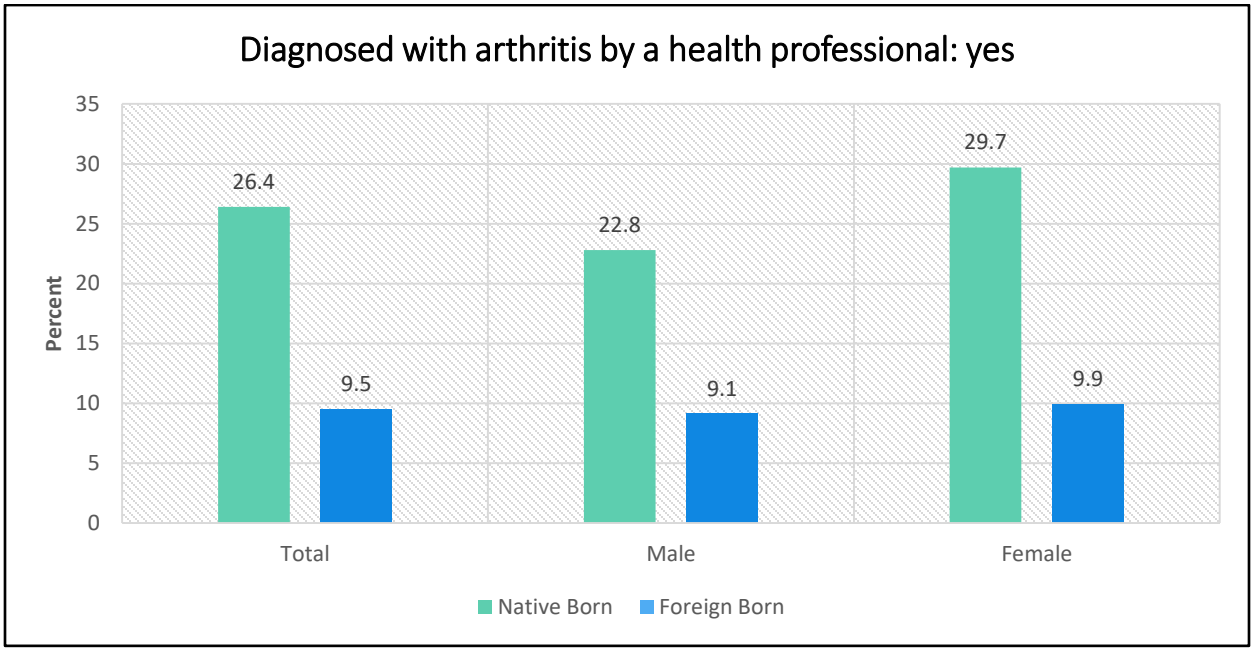
Arthritis includes more than 100 diseases that affect joints and the surrounding tissues and can cause pain and stiffness in the affected areas.[11] The most common type of arthritis in the United States is osteoarthritis, which wears down cartilage and makes it difficult for bones to glide over each other.[12] Osteoarthritis occurs mostly in older individuals, though excess weight and joint injuries or infections can increase the likelihood of all types of arthritis.

Birth Place Disparities

Over one-fourth of the native-born population (26.4%) reported having been diagnosed with arthritis by a health professional, compared to just under one-tenth (9.5%) of the foreign-born population.

Gender Disparities

Native-born females (29.7%) were most likely to have arthritis, a proportion three times higher than that of foreign-born females (9.9%) with arthritis. The gap in the male population was slightly smaller, with the proportion of native-born males (22.8%) with arthritis being approximately 2.5 times greater than the proportion of foreign-born males with arthritis (9.1%).



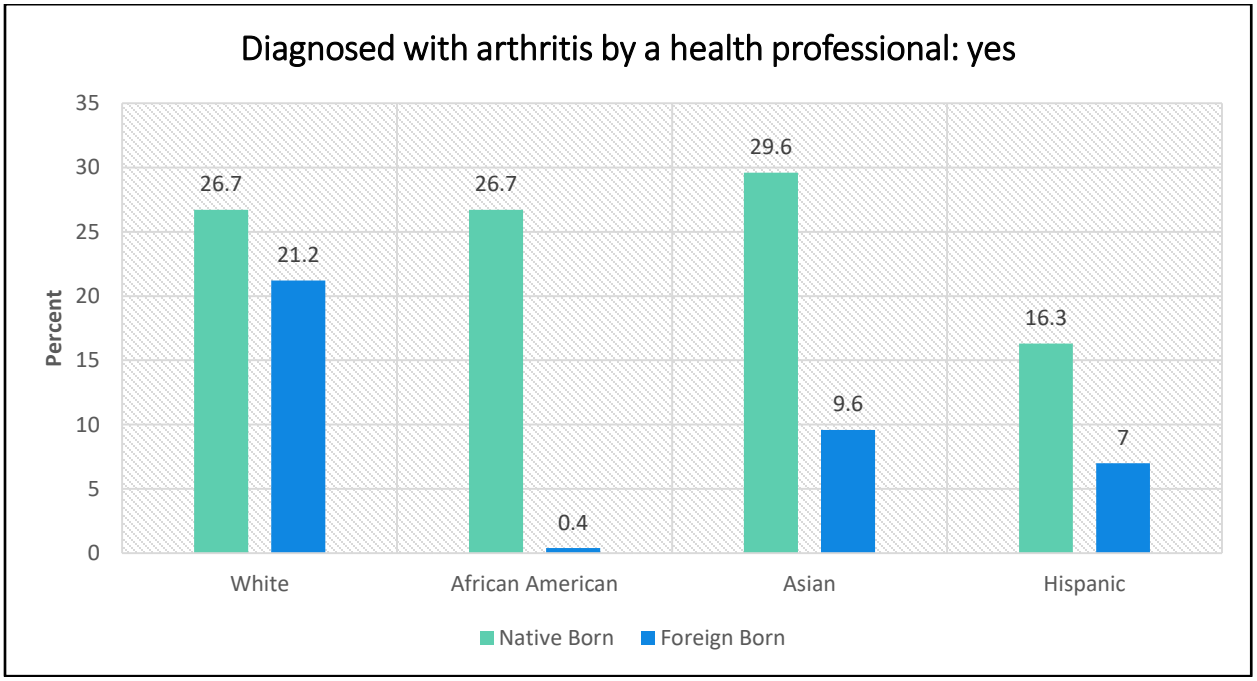
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	26.4	9.5	22.8	9.1	29.7	9.9
95% CI	25.8 – 27.0	7.9 – 11.3	22.0 – 23.6	6.8 – 12.1	28.9 – 30.4	7.9 – 12.3

[11] Centers for Disease Control and Prevention. (2016). Arthritis. Retrieved from www.cdc.gov/arthritis/basics/faqs.htm
[12] National Institutes of Health. (2016). What is osteoarthritis. Retrieved from www.niams.nih.gov/health_info/osteoarthritis/osteoarthritis_ff.asp

Arthritis

Race and Ethnicity Disparities

Within the native-born population, Whites, African Americans and Asians were most likely to have arthritis, ranging from approximately 27-30%. The proportion of native-born Hispanics (16.3%) with arthritis was from 1.5-2 times smaller than the proportions of other native-born populations. Within the foreign-born population, Whites (21.2%) had the largest proportion of individuals with arthritis. The percentages of those with arthritis in other foreign-born populations were much smaller, with less than 1% of African Americans, approximately 10% of Asians and 7% of Hispanics reporting having been diagnosed with arthritis.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	26.7	21.2	26.7	0.4	29.6	9.6	16.3	7.0
95% CI	26.1 – 27.2	16.5 – 26.8	23.2 – 30.6	0.1 – 1.9	21.4 – 39.4	5.6 – 15.9	13.7 – 19.2	5.2 – 9.4

Cancer

Skin Cancer

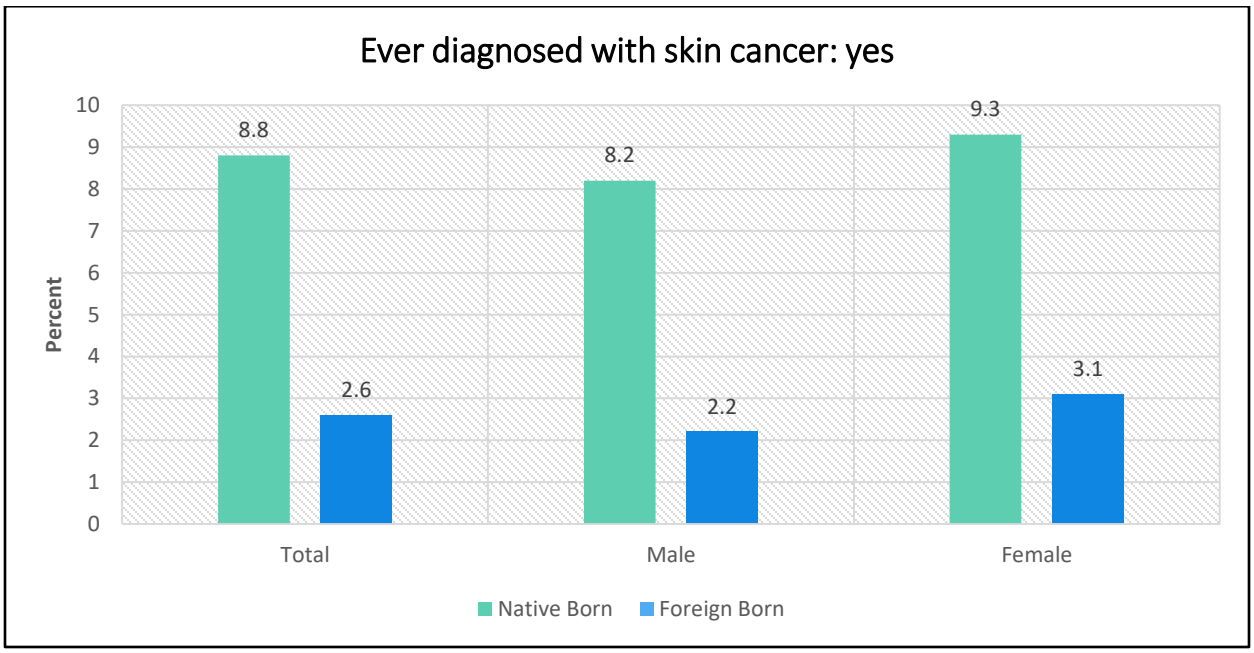
Skin cancer is the most common cancer in the United States.[13] The two most common types of skin cancer, basal cell and squamous cell carcinomas, are highly curable. The third most common type of skin cancer, melanoma, is the deadliest and is caused by exposure to ultraviolet light.[14]

Birth Place Disparities

The proportion of the native-born population (8.8%) that reported having been diagnosed with skin cancer was almost 3.5 times higher than the proportion of the foreign-born population (2.6%) that reported the same.

Gender Disparities

The proportion of native-born males (8.2%) to have been diagnosed with skin cancer was almost four times higher than the proportion of foreign-born males (2.2%) to report the same. The proportion of native-born females (9.3%) that reported having been diagnosed with skin cancer was three times higher than the proportion of foreign-born females (3.1%) to report the same.



Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	8.8	2.6	8.2	2.2	9.3	3.1
95% CI	8.4 – 9.1	1.8 – 3.8	7.7 – 8.8	1.2 – 3.9	8.8 – 9.8	1.9 – 5.0

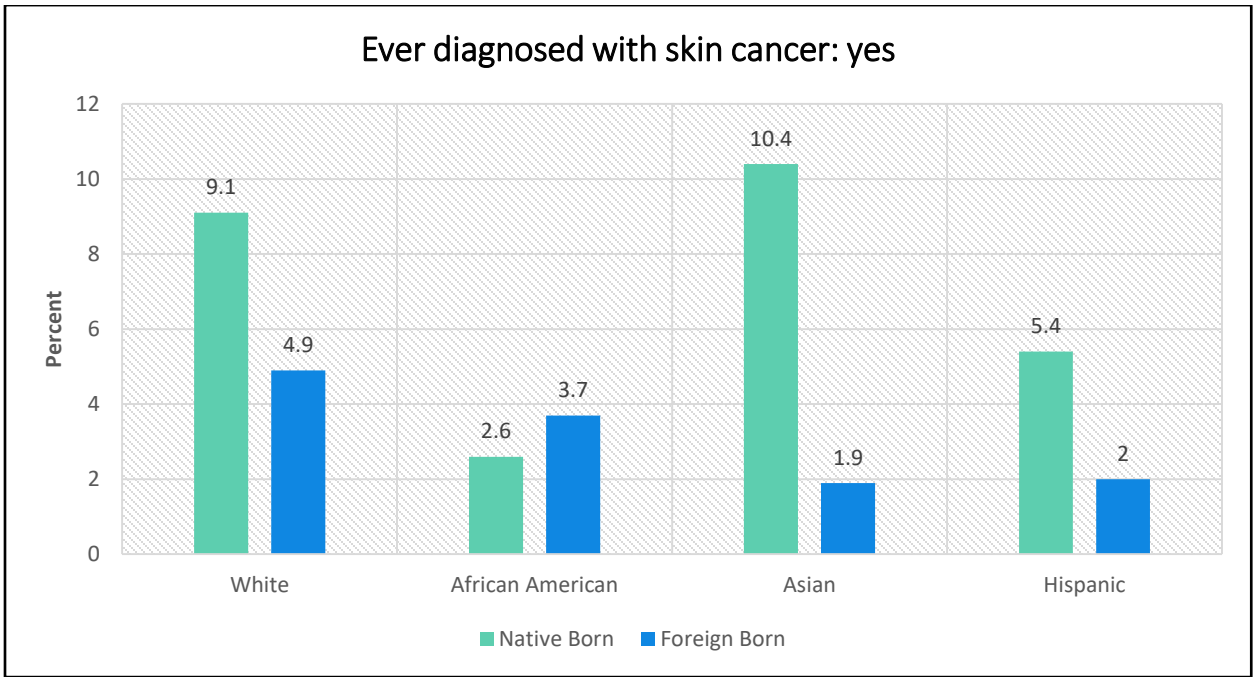
[13] Centers for Disease Control and Prevention. (2016). Skin cancer. Retrieved from www.cdc.gov/cancer/skin/

[14] Centers for Disease Control and Prevention. (2016). What is skin cancer. Retrieved from www.cdc.gov/cancer/skin/basic_info/what-is-skin-cancer.htm

Skin Cancer

Race and Ethnicity Disparities

While native-born Asians (10.4%) were the most likely group to report having had skin cancer, foreign-born Asians (1.9%) were the least likely population to report the same. A somewhat large gap was also seen within the White and Hispanic populations. Approximately 9% of native-born Whites reported having been diagnosed with skin cancer, compared to almost 5% of foreign-born Whites. The gap between native-born Hispanics (5.4%) and foreign-born Hispanics (2%) was somewhat smaller.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	9.1	4.9	2.6	3.7	10.4	1.9	5.4	2.0
95% CI	8.8 – 9.5	3.1 – 7.7	1.6 – 4.3	0.5 – 21.8	5.3 – 19.3	0.6 – 5.7	3.8 – 7.6	1.1 – 3.5

Cancer

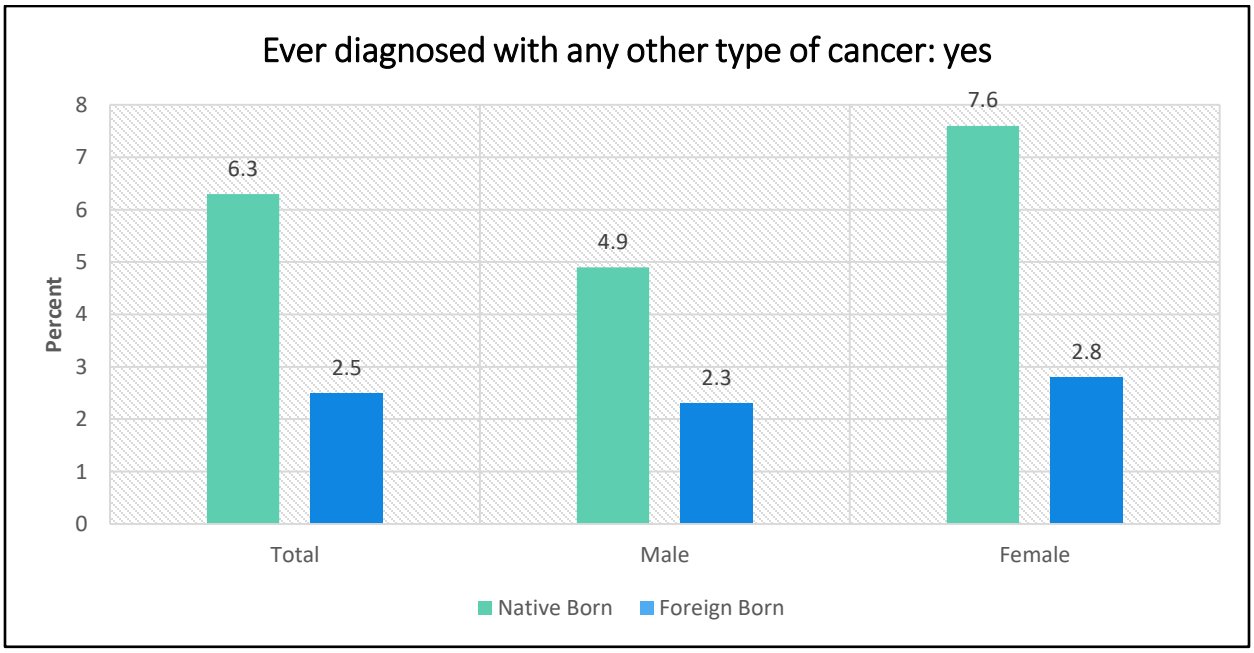
In general, cancer results from the abnormal growth of cells, which can invade nearby tissues. Cancer cells can also spread to other parts of the body through blood or lymph systems.[15] There are more than 100 types of cancer. Those represented in the charts below reported having been told they have a cancer other than skin cancer.

Birth Place Disparities

The proportion of the native-born population (6.3%) that reported having had a type of cancer other than skin cancer was more than twice the proportion of the foreign-born population to report the same (2.5%).

Gender Disparities

Native-born females (7.6%) were the most likely population to have had cancer other than skin cancer. In comparison, only 2.8% of foreign-born females reported having been diagnosed with cancer other than skin cancer. The proportion of native-born males to report having been diagnosed with cancer other than skin cancer was 4.9%, compared to 2.3% of foreign-born males.



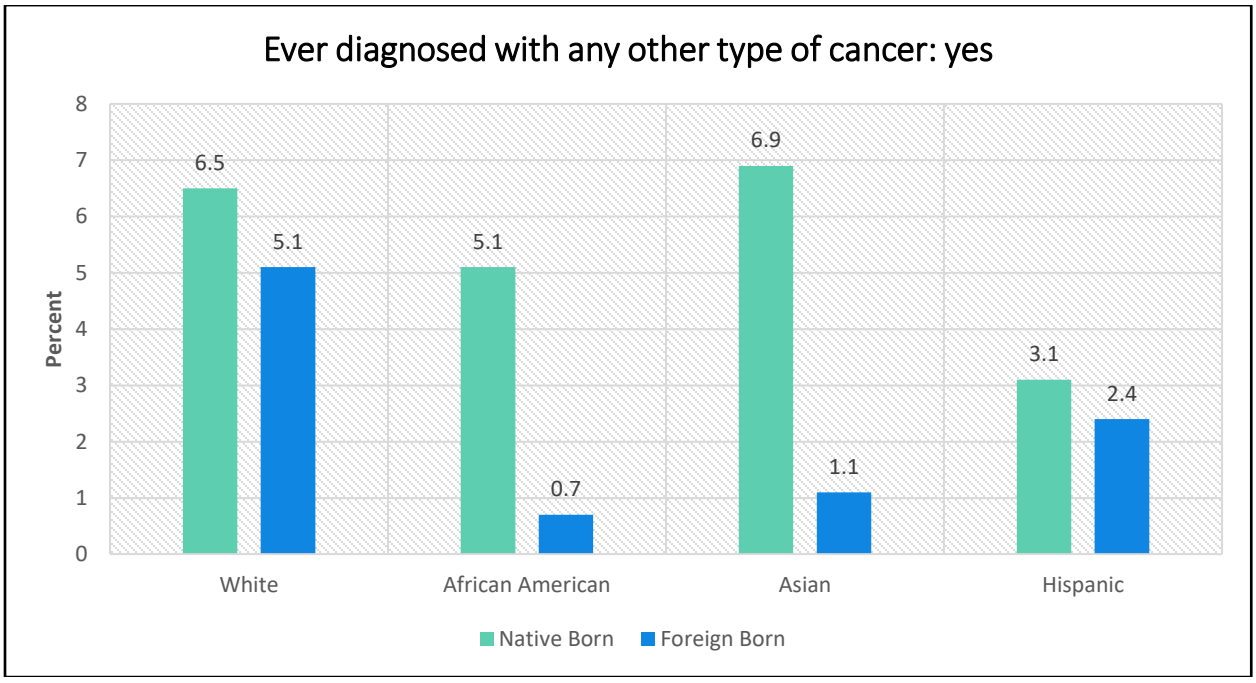
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	6.3	2.5	4.9	2.3	7.6	2.8
95% CI	6.0 – 6.6	1.7 – 3.7	4.5 – 5.2	1.3 – 4.3	7.2 – 8.0	1.8 – 4.4

[15] National Institutes of Health. (2016). Cancer. Retrieved from www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0015630

Cancer

Race and Ethnicity Disparities

The largest gap was seen within the Asian population. Approximately 7% of native-born Asians reported having been diagnosed with cancer other than skin cancer, compared to only just over 1% of foreign-born Asians. The second largest gap occurred within the African American population, with approximately 5% of native-born African Americans reporting having been diagnosed with cancer other than skin cancer, compared to only 0.7% of foreign-born African Americans.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	6.5	5.1	5.1	0.7	6.9	1.1	3.1	2.4
95% CI	6.2 – 6.8	3.4 – 7.7	3.6 – 7.2	0.1 – 4.9	3.5 – 13.4	0.3 – 4.5	2.2 – 4.4	1.3 – 4.3

Substance Abuse

Heavy Drinking

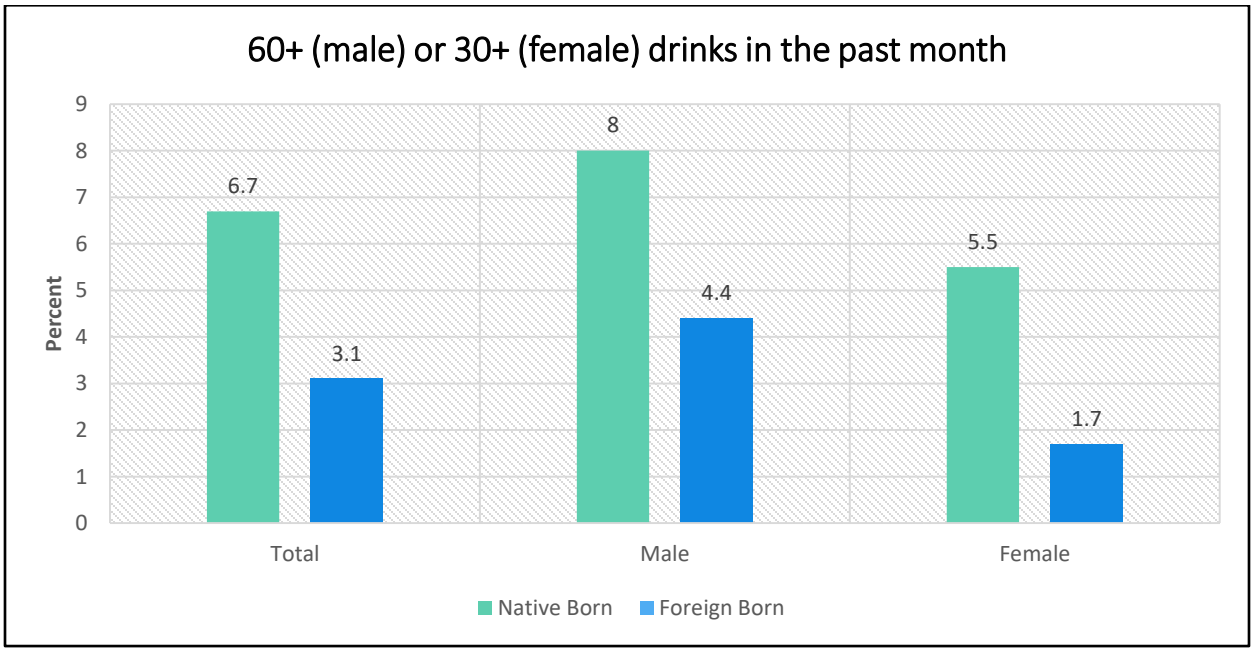
Heavy drinking is defined as males consuming more than 60 alcoholic beverages in one month and women consuming more than 30 alcoholic beverages in one month. Drinking excessive alcohol for an extended period can result in high blood pressure, heart disease, stroke, certain cancers, and mental health problems.[16]

Birth Place Disparities

Overall, native-born individuals were over twice as likely as were foreign-born individuals to drink heavily. While 6.7% of native-born individuals reported drinking excessive amounts of alcohol, only 3.1% of foreign-born individuals reported the same.

Gender Disparities

While 5.5% of native-born females reported heavy drinking, only 1.7% of foreign-born females reported consuming more than 30 alcoholic beverages. The proportion of native-born males (8%) who reported heavy drinking in the past month was 3.6 percentage points above the proportion of foreign-born males (4.4%) who reported the same.



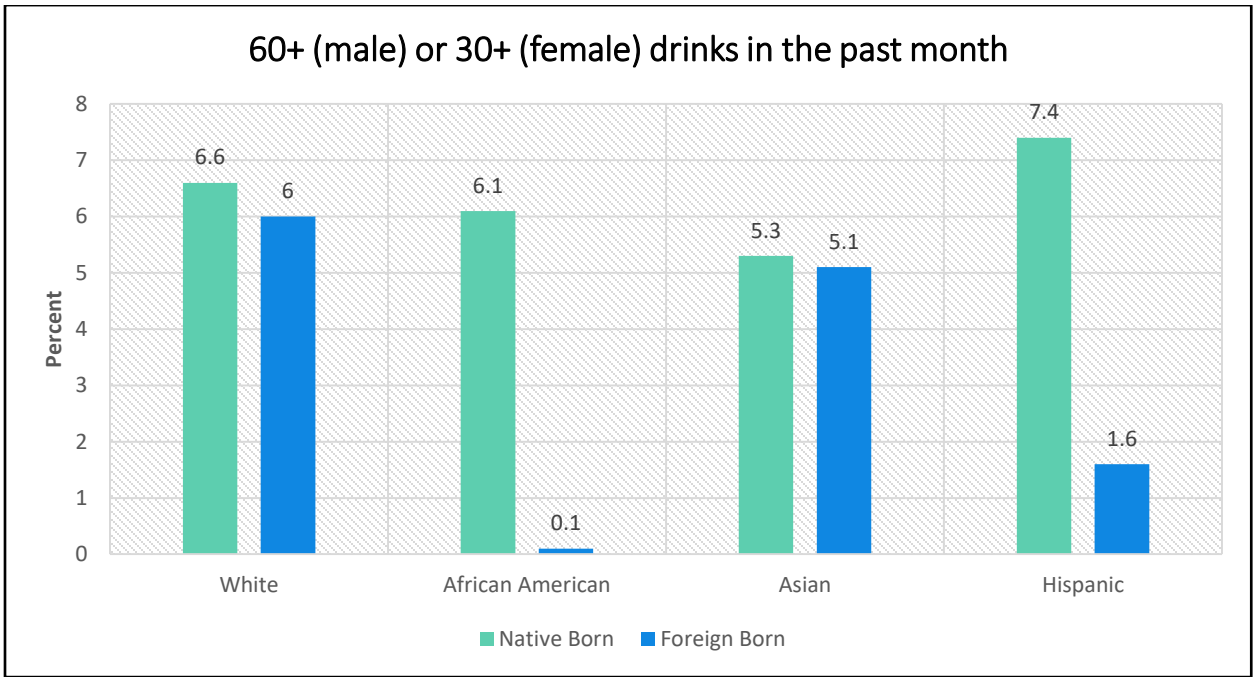
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	6.7	3.1	8.0	4.4	5.5	1.7
95% CI	6.3 – 7.2	1.9 – 5.1	7.3 – 8.8	2.4 – 8.2	5.0 – 6.1	0.8 – 3.5

[16] Centers for Disease Control and Prevention. (2016). Alcohol use and your health. Retrieved from www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

Heavy Drinking

Race and Ethnicity Disparities

While there was less than a one percentage point gap between native-born and foreign-born Whites, as well as between native-born and foreign-born Asians, a large difference could be seen within the African American and Hispanic populations. The native-born African American population (6.1%) reported heavy drinking much more often than the foreign-born African American population (0.1%). The same was true for the native-born Hispanic population (7.4%) and the foreign-born Hispanic population (1.6%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	6.6	6.0	6.1	0.1	5.3	5.1	7.4	1.6
95% CI	6.2 – 7.1	3.5 – 10.2	3.9 – 9.4	0.0 – 0.8	1.5 – 17.6	2.1 – 12.1	5.0 – 11.0	0.4 – 5.6

Binge Drinking

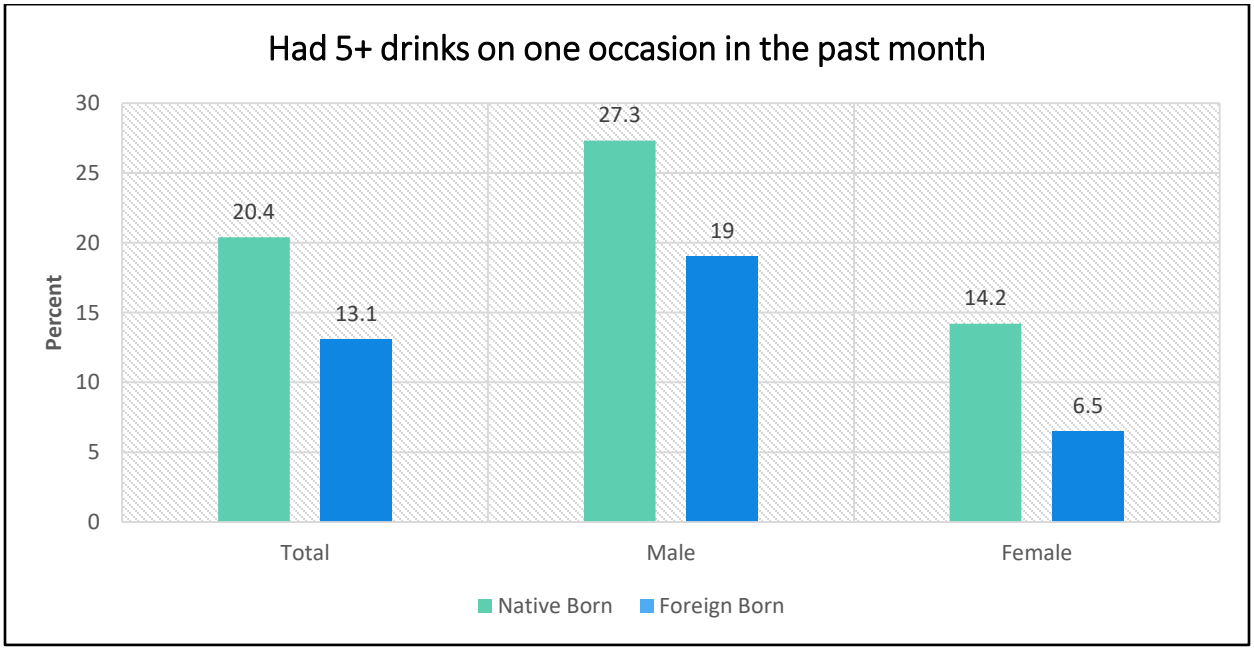
The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as drinking five or more alcoholic beverages on any one occasion.[17] The data below includes individuals who had five or more drinks on any one day in the past month.

Birth Place Disparities

Approximately one-fifth of the native-born population (20.4%) reported having had more than five drinks on one occasion in the past month. The foreign-born population reported a somewhat lower proportion of those who had five drinks or more on one occasion in the past month at 13.1%.

Gender Disparities

Overall, males were more likely to binge drink than were females. In both the native and foreign-born populations, males were approximately 13 percentage points more likely to consume five or more drinks on one occasion than the respective female groups. Native-born males (27.3%) were eight percentage points more likely to binge drink than were foreign-born males (19%). An eight percentage point gap also existed between the proportion of native-born females (14.2%) and foreign-born females (6.5%) that reported binge drinking.



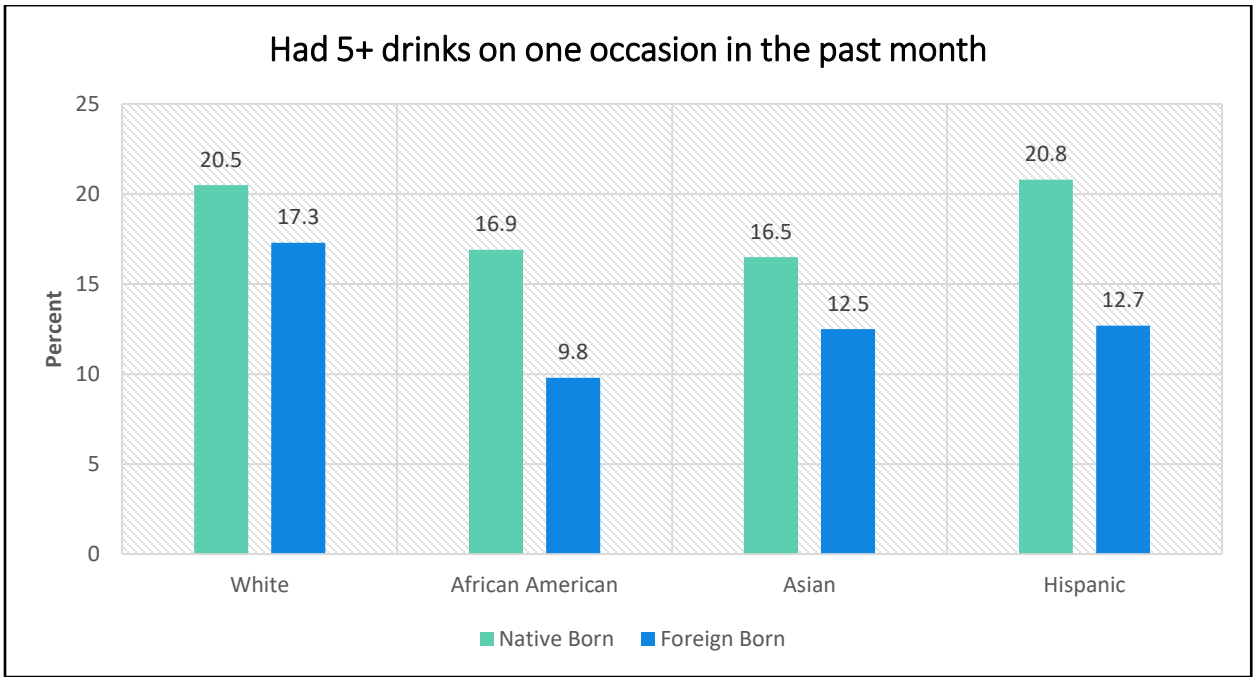
Birth Place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	20.4	13.1	27.3	19.0	14.2	6.5
95% CI	19.8 – 21.0	10.8 – 15.8	26.3 – 28.3	15.3 – 23.5	13.5 – 14.9	4.4 – 9.4

[17] National Institutes of Health. (2016). Drinking levels defined. Retrieved from https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

Binge Drinking

Race and Ethnicity Disparities

While the native-born population was consistently more likely to binge drink within every race, the biggest gaps could be seen within the African American and Hispanic populations. Native-born Hispanics (20.8%) were the most likely to have binge drank in the past month, a proportion 8.1 percentage points higher than the percentage of foreign-born Hispanics (12.7%) who reported the same. The second largest gap was between native-born African Americans (16.9%) and foreign-born African Americans (9.8%) – a difference of 7.1 percentage points.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	20.5	17.3	16.9	9.8	16.5	12.5	20.8	12.7
95% CI	19.9 – 21.2	12.1 – 24.0	13.5 – 21.0	3.8 – 23.1	9.9 – 26.3	7.5 – 20.1	17.0 – 25.2	9.7 – 16.4

Drinking and Driving

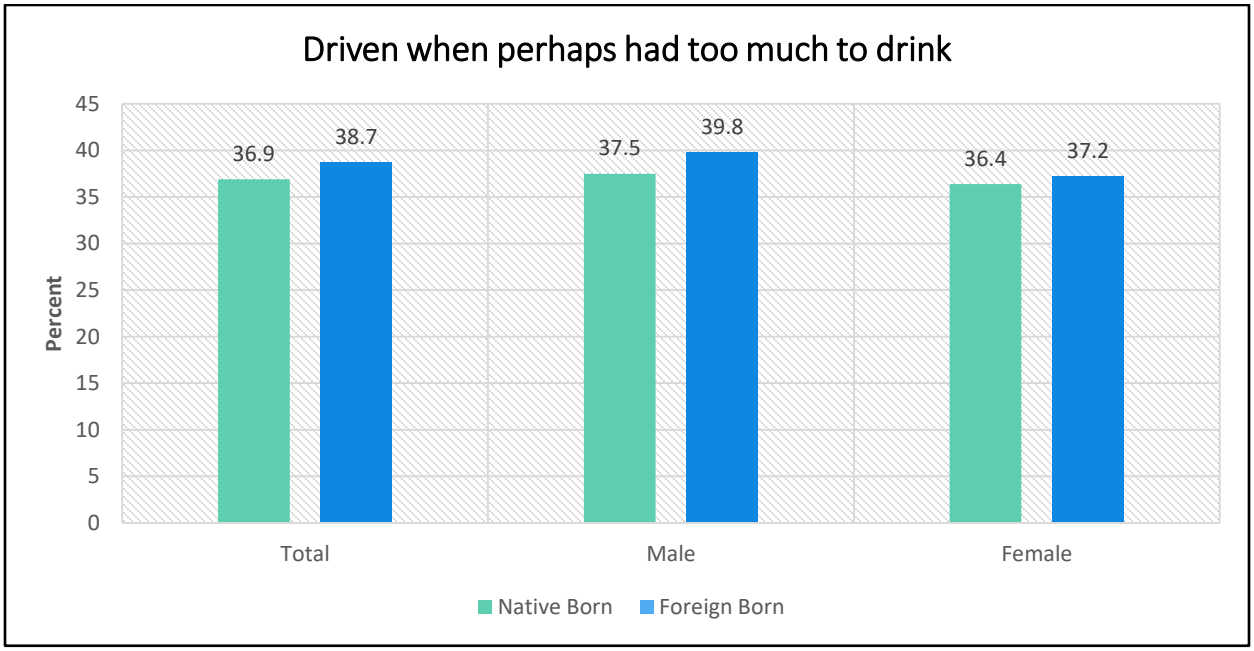
Alcohol-impaired drivers have blood alcohol concentrations (BACs) of .08 grams per deciliter or higher.[18] In 2014, 9,967 individuals were killed in alcohol-impaired driving accidents across the United States. This amount accounted for almost one-third of all traffic-related deaths.[19]

Birth Place Disparities

Similar proportions of the native-born and foreign-born populations reported driving when they had perhaps had too much to drink. Foreign-born individuals (38.7%) were slightly more likely to drink and drive than were native-born individuals (36.9%).

Gender Disparities

There were no extremely large disparities between genders. Approximately 36-40% of all native-born and foreign-born males and females reported having driven when they had perhaps had too much to drink. Males were slightly more likely than were females to have driven when they were alcohol-impaired within both the native-born and foreign-born populations.



	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	36.9	38.7	37.5	39.8	36.4	37.2
95% CI	36.1 – 37.8	34.3 – 43.2	36.1 – 38.9	33.6 – 46.4	35.2 – 37.6	31.3 – 43.5

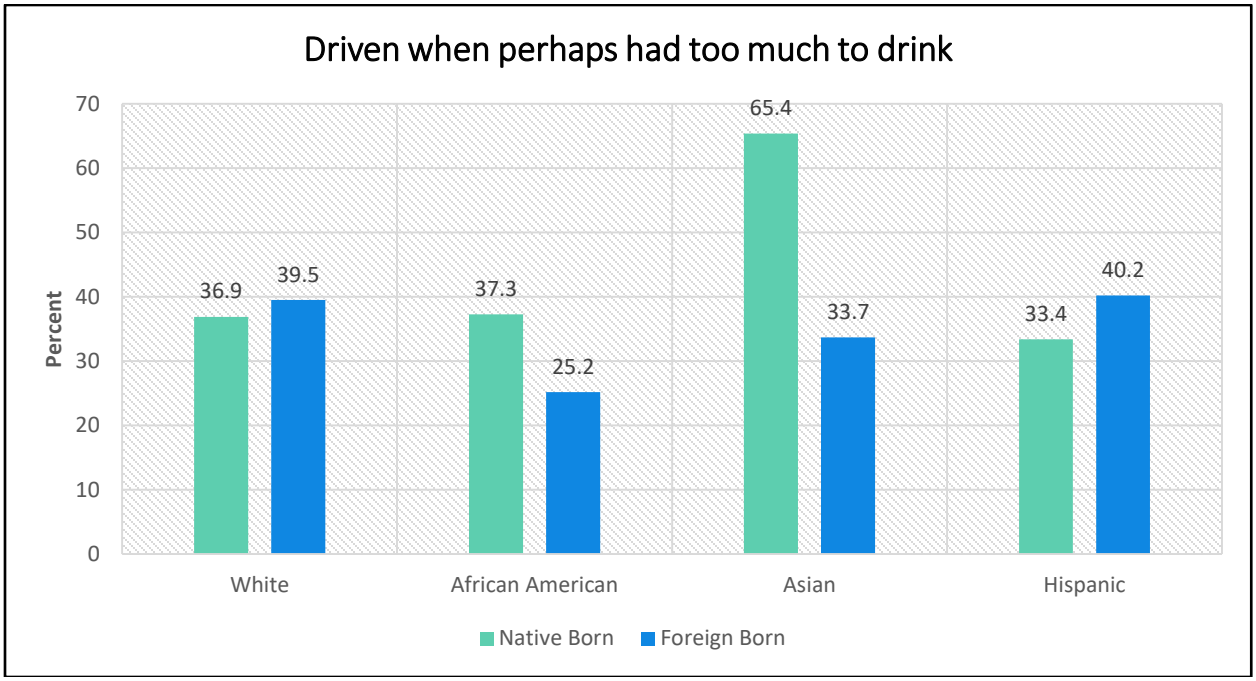
[18] Department of Transportation (U.S.), National Highway Traffic Safety Administration. (2014). Traffic safety facts 2014 data: alcohol-impaired driving. Retrieved from https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812231

[19] Ibid.

Drinking and Driving

Race and Ethnicity Disparities

While approximately 33-40% of most populations reported drinking and driving, there were two outliers. The native-born Asian population reported drinking and driving much more than any other group at 65.4%. Foreign-born African Americans reported drinking and driving less than other groups at 25.2%.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	36.9	39.5	37.3	25.2	65.4	33.7	33.4	40.2
95% CI	36.0 – 37.7	30.2 – 49.6	31.2 – 43.9	11.7 – 45.9	51.7 – 76.9	23.0 – 46.4	27.6 – 39.8	34.4 – 46.3

Current Cigarette Smoking

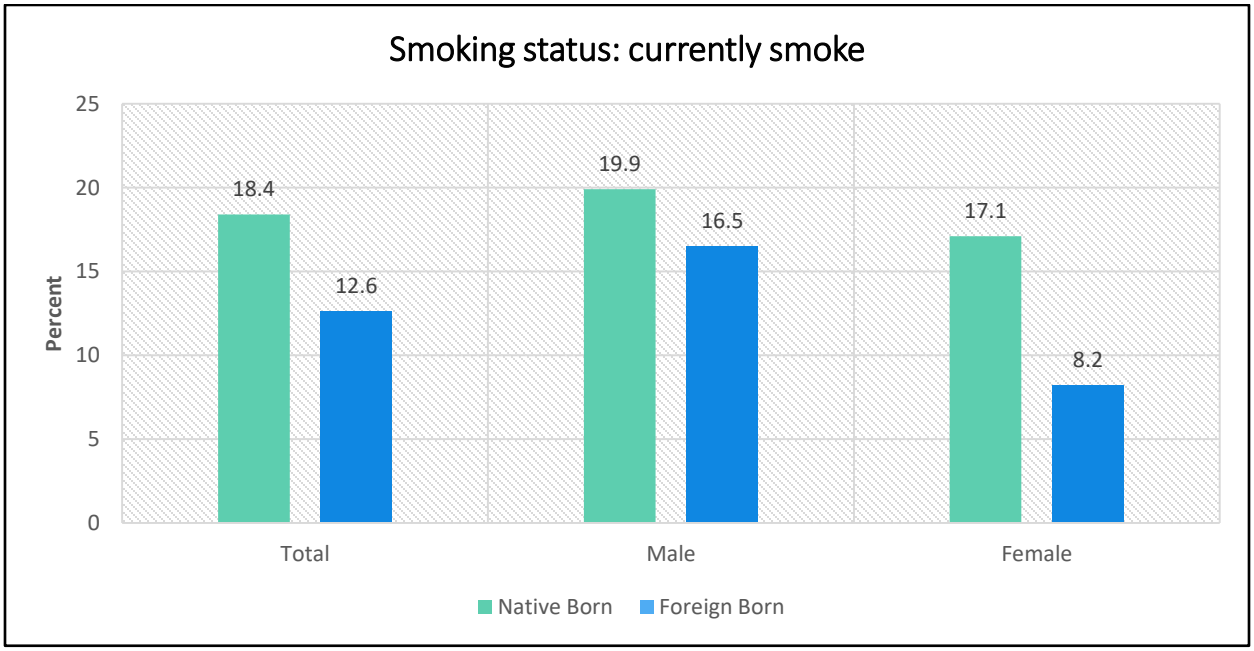
Tobacco is the leading cause of preventable death and disease in the United States. Smoking increases the risk of chronic diseases such as lung disease, coronary heart disease, stroke, and various cancers.[20] Cigarette smoking causes nearly one in five deaths each year in the United States.[21]

Birth Place Disparities

Native-born individuals (18.4%) were 5.8 percentage points more likely to smoke than foreign-born individuals (12.6%).

Gender Disparities

Foreign-born females (8.2%) were the least likely to currently smoke, approximately nine percentage points lower than the proportion of native-born females (17.1%) who currently smoke. Native-born males were the most likely to smoke at 19.9% of the population, compared to 16.5% of foreign-born males.



	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	18.4	12.6	19.9	16.5	17.1	8.2
95% CI	17.9 – 19.0	10.4 – 15.1	19.0 – 20.8	13.2 – 20.5	16.4 – 17.8	5.8 – 11.4

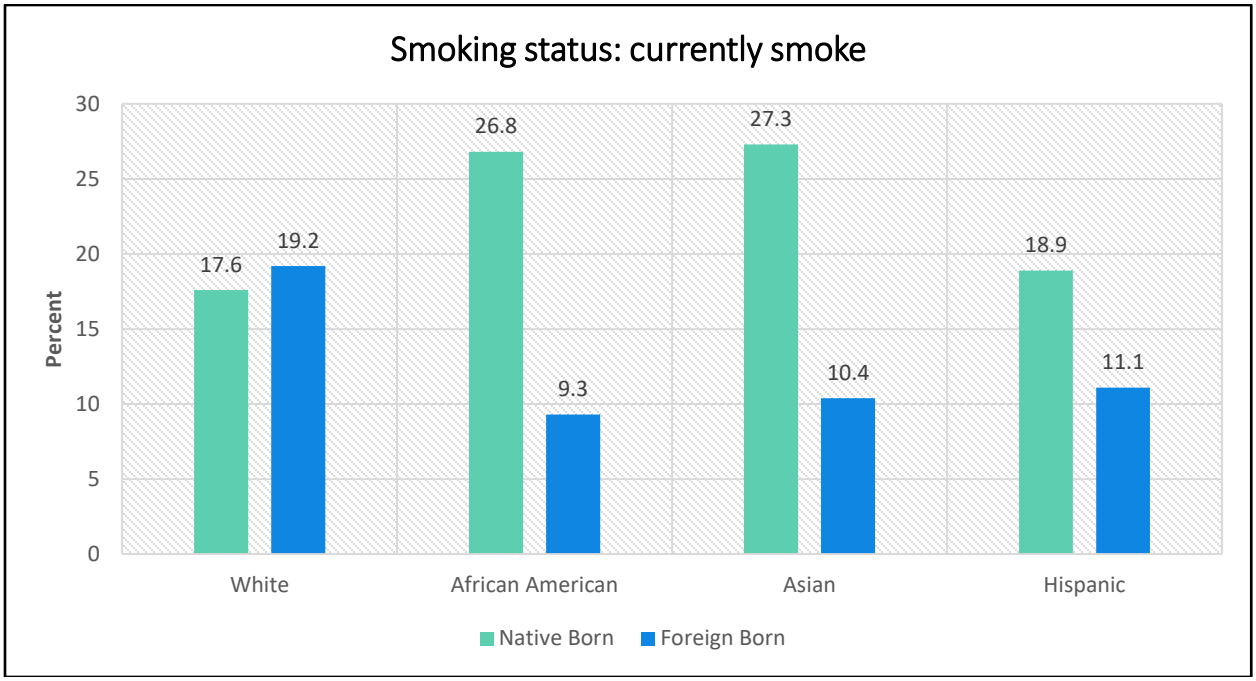
[20] Centers for Disease Control and Prevention. (2016). Health effects of cigarette smoking. Retrieved from www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

[21] Centers for Disease Control and Prevention. (2013). QuickStats: number of deaths from 10 leading causes. Retrieved from www.cdc.gov/mmwr/preview/mmwrhtml/mm6208a8.htm?s_cid=mm6208a8_w

Current Cigarette Smoking

Race and Ethnicity Disparities

The largest gaps in current smokers were seen within the African American and Asian populations. While over one-fourth of native-born African Americans (26.8%) and Asians (27.3%) currently smoke, only around one-tenth of foreign-born African Americans (9.3%) and Asians (10.4%) reported the same.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	17.6	19.2	26.8	9.3	27.3	10.4	18.9	11.1
95% CI	17.0 – 18.2	14.1 – 25.7	22.8 – 31.2	3.3 – 23.7	19.6 – 36.6	6.3 – 16.8	15.7 – 22.6	8.4 – 14.5

Tobacco Use

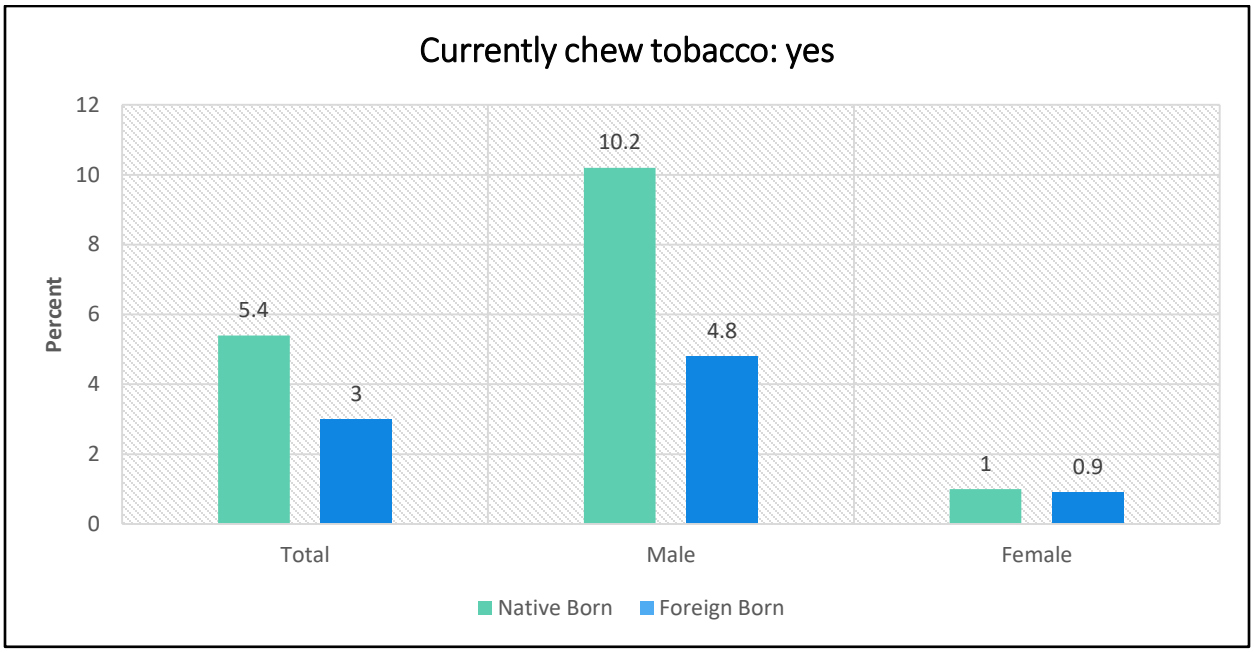
Smokeless tobacco, including chewing tobacco, is not a safe alternative to smoking as it can lead to nicotine addiction and can cause cancer of the mouth, esophagus and pancreas.[22] Smokeless tobacco has been known to cause various oral diseases and contributes to gum disease and tooth decay. Additionally, using smokeless tobacco increases the risk of death from heart disease and stroke.[23]

Birth Place Disparities

A proportion of 5.4% of the native-born population reported chewing tobacco, compared to 3% of the foreign-born population.

Gender Disparities

Females were much less likely to chew tobacco than were males, with approximately 1% of both native and foreign-born females reporting that they currently chew tobacco. Males were more likely to chew tobacco, with the proportion of native-born males (10.2%) that reported currently chewing tobacco being twice that of foreign-born males (4.8%).



	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	5.4	3.0	10.2	4.8	1.0	0.9
95% CI	5.0 – 5.7	1.9 – 4.8	9.6 – 10.9	2.8 – 8.1	0.8 – 1.2	0.3 – 2.5

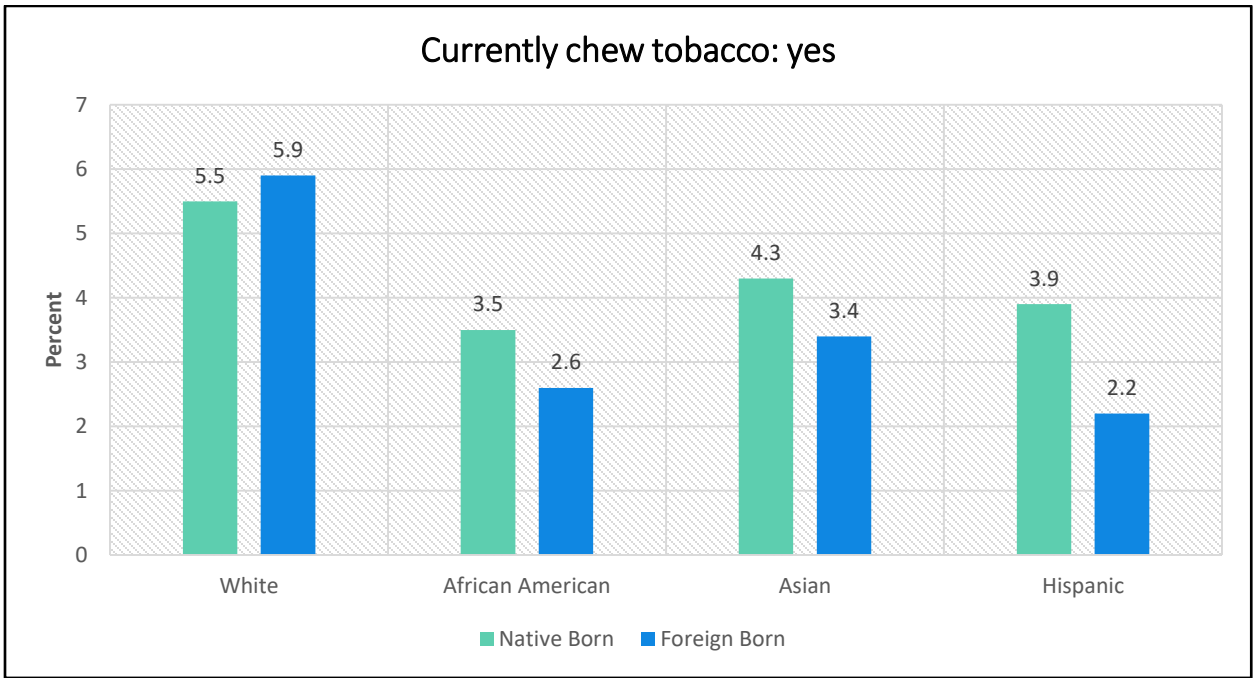
[22] Centers for Disease Control and Development. (2016). Smokeless tobacco: health effects. Retrieved from www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/index.htm

[23] Ibid.

Tobacco Use

Race and Ethnicity Disparities

Native-born and foreign-born Whites showed the highest proportions of individuals who currently chew tobacco at approximately 6% of each population. Foreign-born Hispanics (2.2%) were the least likely to chew tobacco, followed closely by foreign-born African Americans (2.6%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	5.5	5.9	3.5	2.6	4.3	3.4	3.9	2.2
95% CI	5.1 – 5.8	2.6 – 12.9	2.0 – 6.1	0.4 – 16.4	1.8 – 10.0	1.4 – 8.3	2.5 – 6.1	1.0 – 4.7

Preventative Care

Last Routine Check-Up: Past Two Years

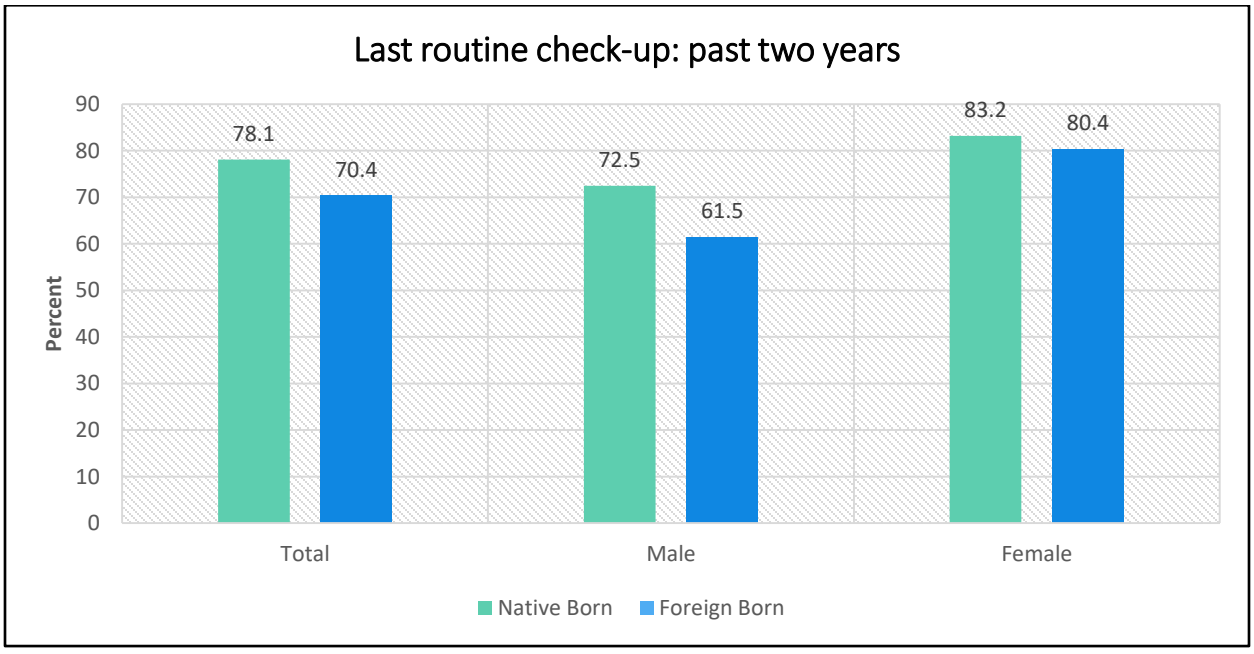
Routine check-ups are helpful in finding problems before they become a cause for concern. Finding problems early makes chances for treatment better. Scheduling regular check-ups with a physician is an important step in maintaining a long, healthy life.

Birth Place Disparities

The proportion of the native-born population (78.1%) that had a routine check-up in the past two years was approximately eight percentage points larger than the proportion of the foreign-born population (70.4%) that reported the same.

Gender Disparities

In general, females were more likely to have scheduled a routine check-up in the past two years than were males. Approximately 83% of native-born females had a routine check-up in the past two years, compared to 80.4% of foreign-born females. The percentage of native-born males who reported having had a routine check-up was 72.5%, notably higher than the percentage of foreign-born males (61.5%).

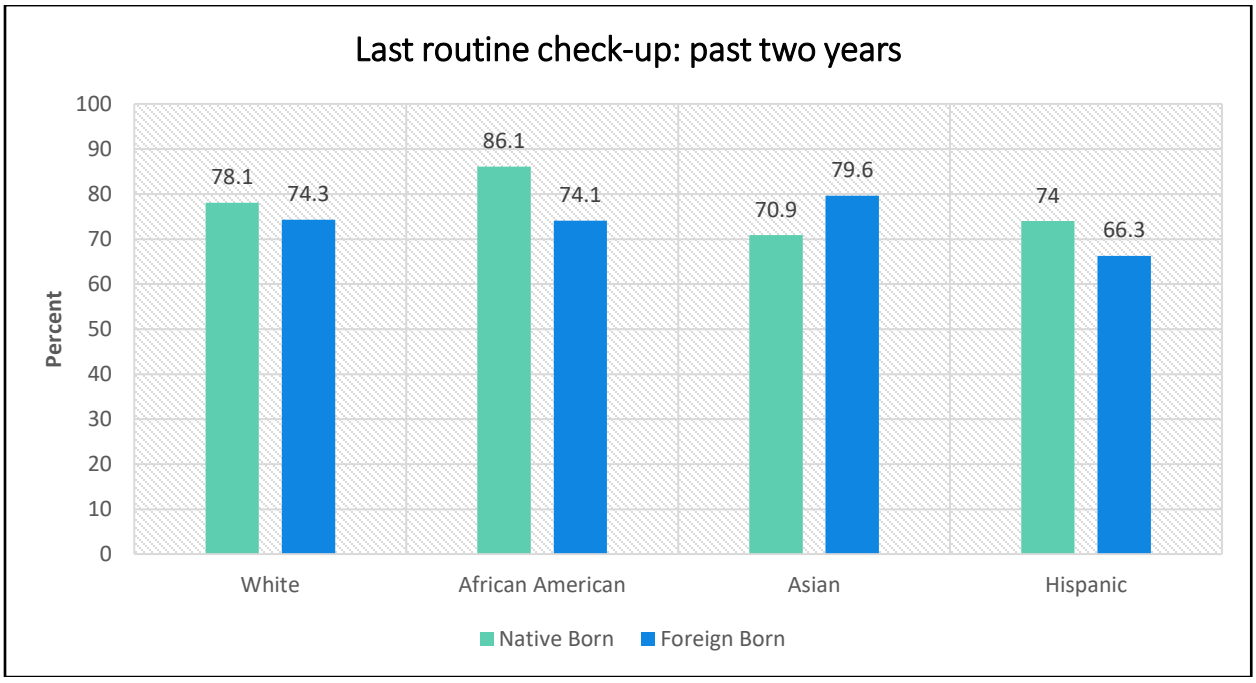


Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	78.1	70.4	72.5	61.5	83.2	80.4
95% CI	77.5 – 78.7	67.1 – 73.5	71.4 – 73.5	56.5 – 66.3	82.4 – 83.9	76.4 – 83.8

Last Routine Check-Up: Past Two Years

Race and Ethnicity Disparities

Native-born African Americans (86.1%) were the most likely to have had a routine check-up in the past two years, compared to 74.1% of foreign-born African Americans; this was the largest gap seen within a population. While native-born individuals were generally more likely than foreign-born individuals to have had a routine check-up in the last two years, the opposite was true within the Asian population. While 79.6% of foreign-born Asians reported having had a routine check-up in the past two years, only 70.9% of native-born Asians reported the same.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	78.1	74.3	86.1	74.1	70.9	79.6	74.0	66.3
95% CI	77.5 – 78.8	67.8 – 79.9	82.4 – 89.1	59.7 – 84.7	59.7 – 80.0	71.4 – 85.9	69.4 – 78.1	61.6 – 70.6

Last Visit to the Dentist: Past Two Years

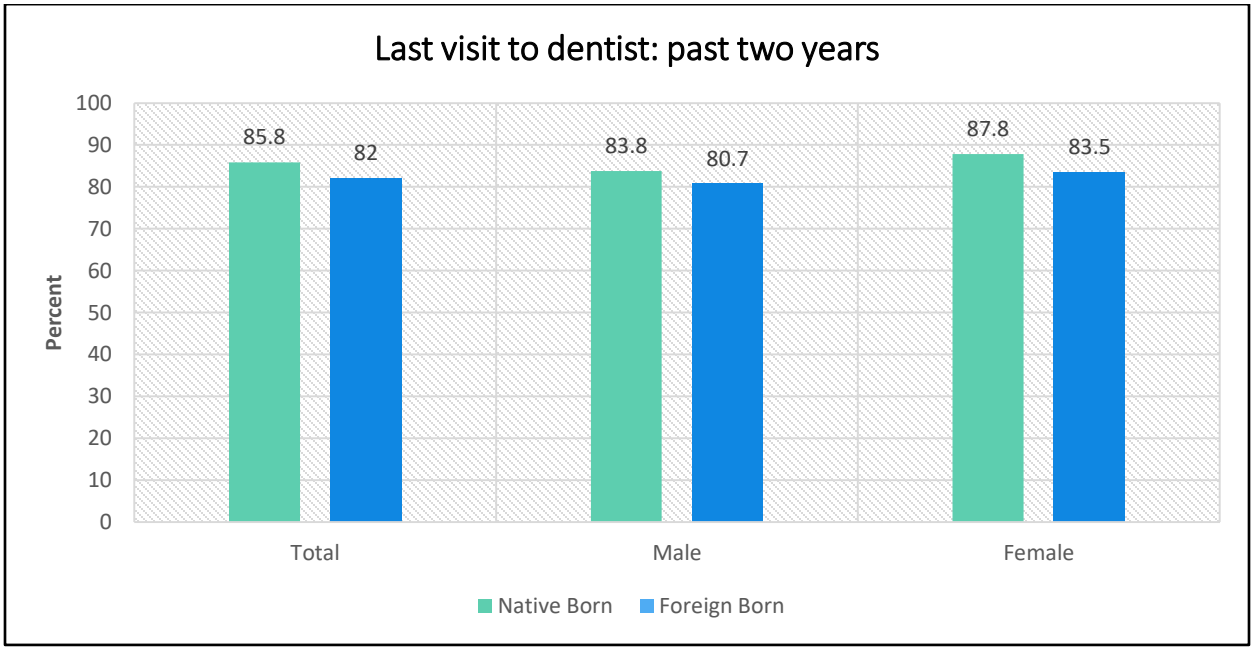
Regular visits to the dentist are an important part of maintaining good oral health. Several of the most common oral health problems include untreated tooth decay (cavities) and gum disease. In fact, it has been reported that more than one in four adults in the United States have untreated tooth decay.[24] While factors such as aging and chronic disease can increase the chance of poor oral health, visiting a dentist on a regular basis can help to decrease and prevent the likelihood of oral health problems in the future.

Birth Place Disparities

There was almost a four percentage point difference between the native and foreign-born populations regarding the percentage of individuals who had visited the dentist in the last two years. Approximately 86% of the native-born population reported visiting the dentist in the past two years, compared to 82% of the foreign-born population.

Gender Disparities

The proportions of native and foreign-born males and foreign-born females who had seen a dentist in the past two years ranged from approximately 81 to 84%. A slightly higher percent of native-born females (87.8%) reported having been to the dentist in the past two years.



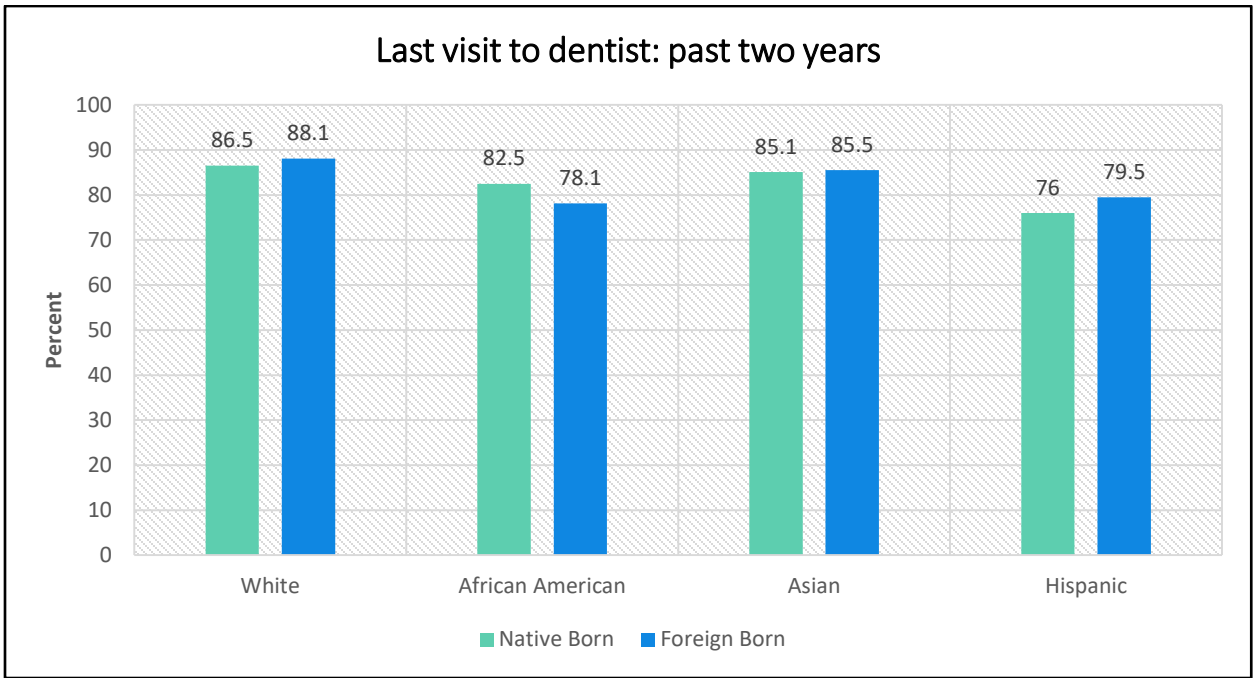
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	85.8	82.0	83.8	80.7	87.8	83.5
95% CI	85.2 – 86.4	78.4 – 85.2	82.8 – 84.7	75.3 – 85.1	87.0 – 88.5	78.3 – 87.7

[24] Centers for Disease Control and Prevention. (2015). Dental Caries and Tooth Loss in Adults in the United States, 2011-2012. Retrieved from www.cdc.gov/nchs/data/databriefs/db197.htm

Last Visit to the Dentist: Past Two Years

Race and Ethnicity Disparities

Native-born Whites (86.5%) and foreign-born Whites (88.1%) were the most likely to have visited a dentist in the past two years. While native-born and foreign-born Asians reported similar proportions (85-86%), African Americans and Hispanics were less likely to have recently visited the dentist. Native-born Hispanics (76%), foreign-born Hispanics (79.5%), and foreign-born African-Americans (78.1%) were the least likely to have visited the dentist in the past two years.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	86.5	88.1	82.5	78.1	85.1	85.5	76.0	79.5
95% CI	85.9 – 87.1	81.9 – 92.3	78.0 – 86.2	61.0 – 89.0	72.6 – 92.5	76.4 – 91.5	70.6 – 80.6	74.3 – 83.9

Ever Had Cholesterol Checked

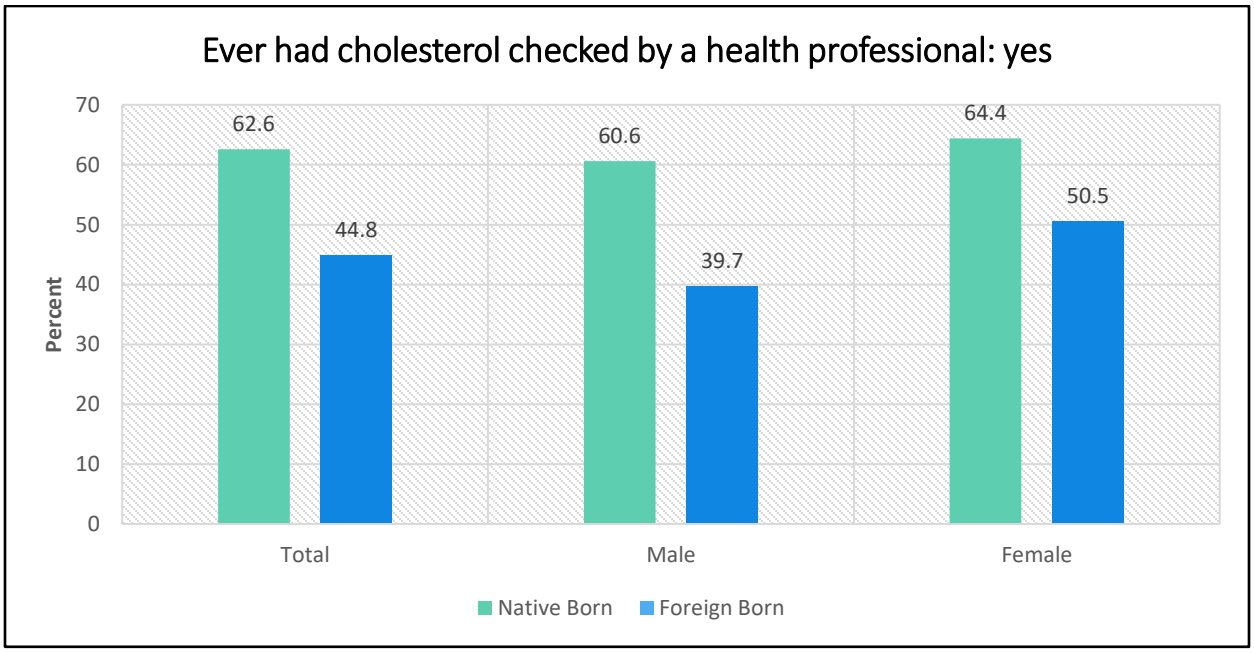
Cholesterol is a fat-like substance found in blood. When there is too much cholesterol in the blood, it can build up on artery walls, which increases the risk for heart disease and stroke.[25] Blood cholesterol increases with age; those who have a familial history of high cholesterol, are overweight, or eat many fatty foods should have their cholesterol tested.

Birth Place Disparities

Overall, native-born individuals were much more likely to have had their cholesterol checked than were foreign-born individuals. While 62.6% of native-born individuals reported having had their cholesterol checked, only 44.8% of foreign-born individuals reported the same.

Gender Disparities

Reporting similar percentages, native-born males (60.6%) and native-born females (64.4%) were most likely to have ever had their cholesterol checked. Foreign-born females (50.5%) were less likely to have ever had their cholesterol checked than native-born females. Foreign-born males (39.7%) were the least likely group to have ever had their cholesterol checked.



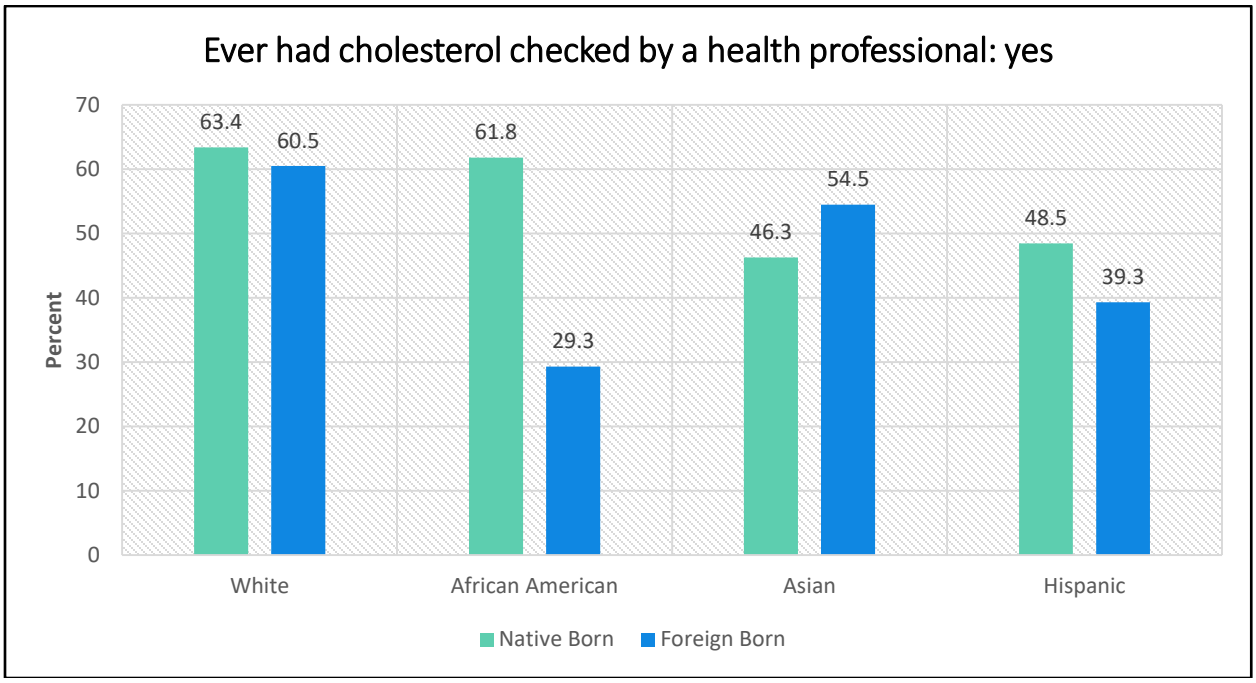
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	62.6	44.8	60.6	39.7	64.4	50.5
95% CI	61.8 – 63.3	40.8 – 48.8	59.3 – 61.8	34.2 – 45.6	63.3 – 65.4	45.1 – 56.0

[25] Centers for Disease Control and Prevention. (2016). Cholesterol. Retrieved from www.cdc.gov/cholesterol

Ever Had Cholesterol Checked

Race and Ethnicity Disparities

Foreign-born African Americans (29.3%) reported the lowest percentage of individuals who had ever had their cholesterol checked, followed by foreign-born Hispanics (39.3%). Native-born Whites (63.4%) and native-born African Americans (61.8%) reported the highest percentages of individuals who had ever had their cholesterol checked, followed closely by foreign-born Whites (60.5%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	63.4	60.5	61.8	29.3	46.3	54.5	48.5	39.3
95% CI	62.6 – 64.2	52.1 – 68.4	55.9 – 67.3	17.2 – 45.2	35.9 – 57.1	43.3 – 65.3	42.7 – 54.3	34.2 – 44.6

Last Cholesterol Check <5 Years

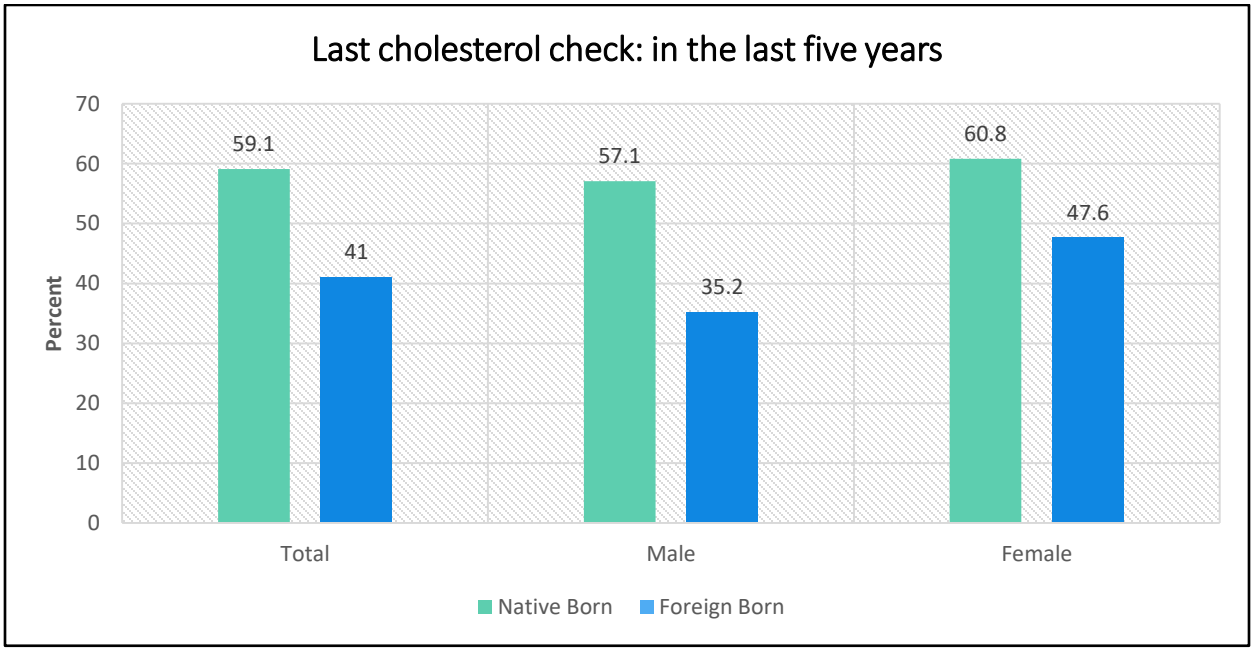
Experts recommend that all adults aged 20 years and older have their cholesterol checked at least once every five years to help them take action to prevent or lower the risk of coronary heart disease.[26]

Birth Place Disparities

Native-born individuals (59.1%) were approximately 18 percentage points more likely than were foreign-born individuals (41%) to have had their cholesterol checked in the last five years.

Gender Disparities

The largest gap could be seen within the male population. While 57.1% of native-born males reported having had their cholesterol checked in the last five years, only 35.2% of foreign-born males reported the same. The gap within the female population was notably less, with 60.8% of native-born females and 47.6% of foreign-born females reporting having had their cholesterol checked in the last five years.



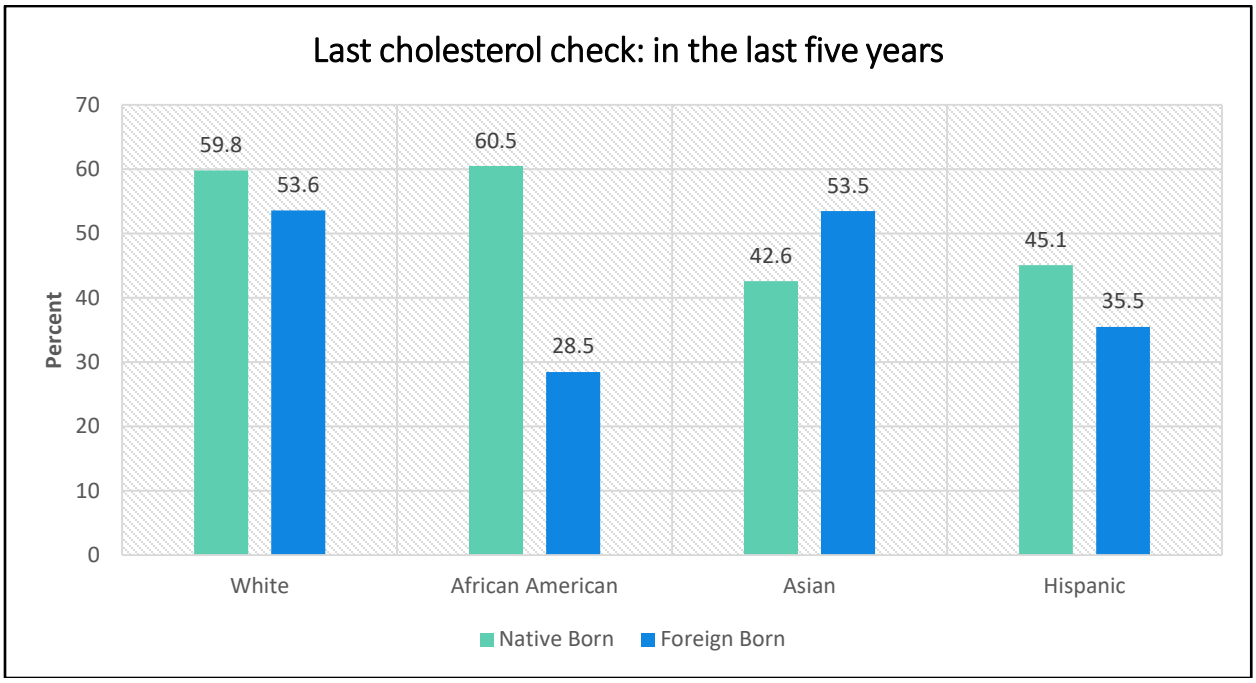
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	59.1	41.0	57.1	35.2	60.8	47.6
95% CI	58.3 – 59.8	37.2 – 45.0	55.8 – 58.4	30.0 – 40.8	59.8 – 61.8	42.2 – 53.1

[26] Centers for Disease Control and Prevention. (2016). High cholesterol facts. Retrieved from www.cdc.gov/cholesterol/facts.htm

Last Cholesterol Check <5 Years

Race and Ethnicity Disparities

Foreign-born African Americans (28.5%) and foreign-born Hispanics (35.5%) reported the lowest proportions of those who had their cholesterol checked in the last five years. Native-born African Americans reported the highest number of individuals who had their cholesterol checked in the last five years. The gap of 32 percentage points between native and foreign-born African Americans was the highest seen within a racial population.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	59.8	53.6	60.5	28.5	42.6	53.5	45.1	35.5
95% CI	59.0 – 60.6	45.3 – 61.6	54.6 – 66.2	16.6 – 44.4	32.6 – 53.2	42.2 – 64.4	39.4 – 50.9	30.6 – 40.6

Flu Shot

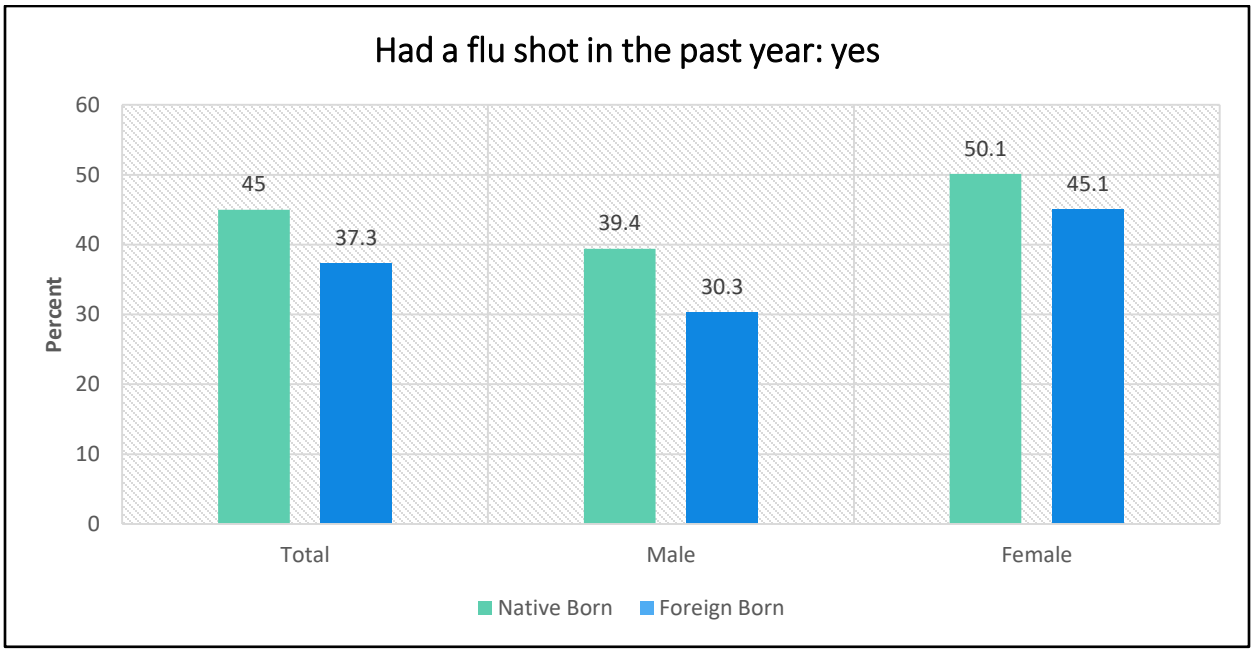
Flu shots protect individuals against the most common influenza viruses and it is recommended that everyone over six months of age get a flu shot every influenza season.[27] Influenza season in the United States can start as early as October and end as late as May. Flu shots not only reduce the risk of vaccinated individuals getting sick, but also decrease the chance of spreading the flu to others and throughout a community.

Birth Place Disparities

While 45% of the native-born population reported having had a flu shot in the past year, 37.3% of the foreign-born population reported the same.

Gender Disparities

Overall, females were more likely than were males to report having had a flu shot within the past year. Half of native-born females (50.1%) had a flu shot within the last year, compared to 45.1% of foreign-born females. Only 39.4% of native-born males and 30.3% of foreign-born males reported having had a flu shot within the last year.



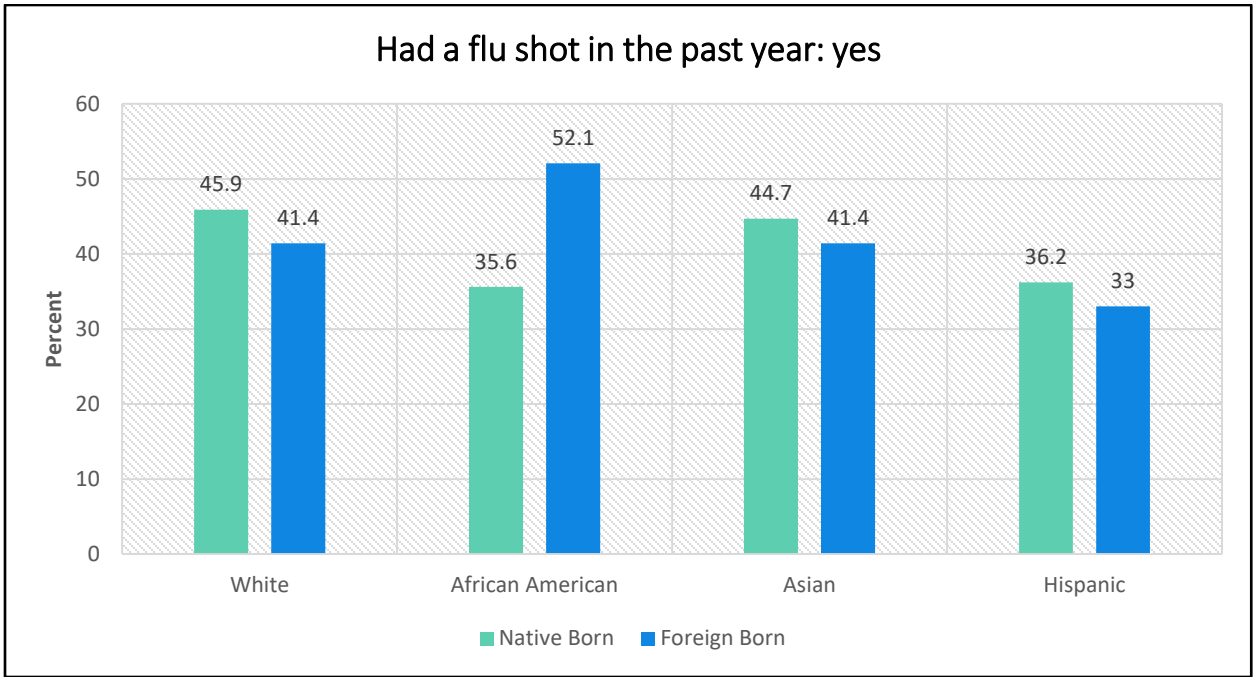
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	45.0	37.3	39.4	30.3	50.1	45.1
95% CI	44.3 – 45.7	34.1 – 40.5	38.4 – 40.5	26.1 – 34.9	49.2 – 51.1	40.6 – 49.7

[27] Centers for Disease Control and Prevention. (2016). Key facts about seasonal flu vaccine. Retrieved from www.cdc.gov/flu/protect/keyfacts.htm

Flu Shot

Race and Ethnicity Disparities

Foreign-born Hispanics (33%) were the least likely to have had a flu shot within the past year, followed closely by native-born African Americans (35.6%) and native-born Hispanics (36.2%). Foreign-born African Americans (52.1%) were the most likely to have had a flu shot within the past year, followed by 45.9% of native-born Whites and 44.7% of native-born Asians.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	45.9	41.4	35.6	52.1	44.7	41.4	36.2	33.0
95% CI	45.2 – 46.6	35.2 – 48.0	31.2 – 40.4	38.0 – 65.9	34.9 – 54.9	32.8 – 50.4	31.8 – 40.8	28.9 – 37.3

Pneumonia Shot

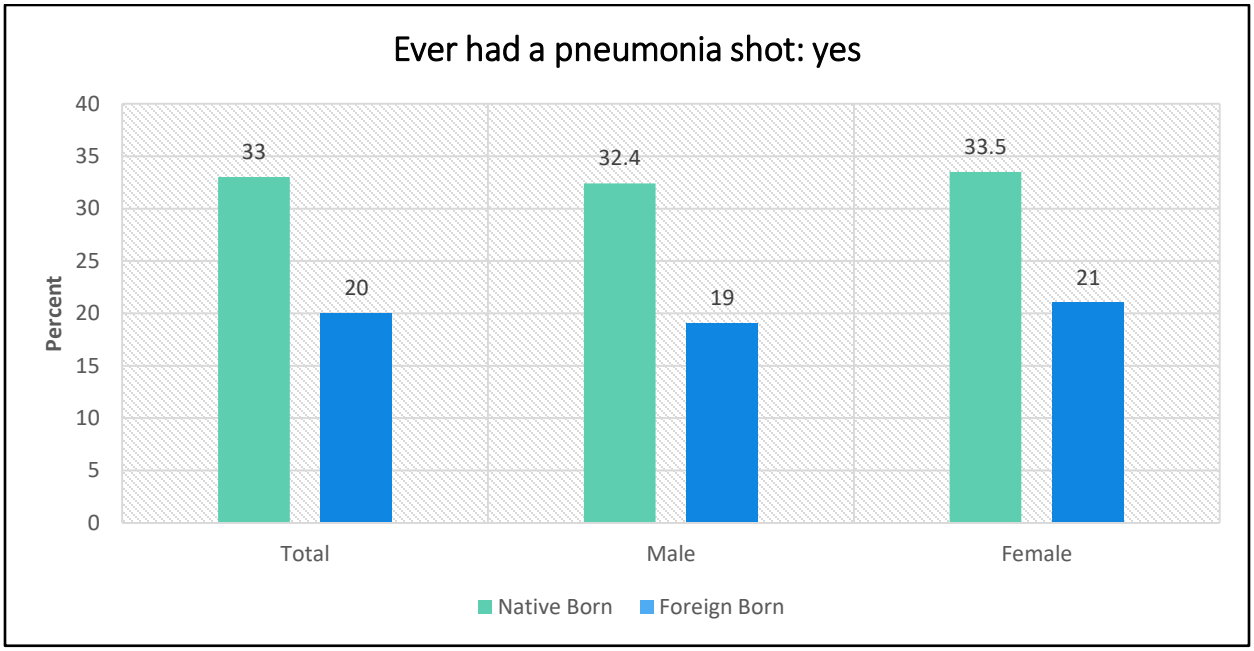
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in an individual's lifetime and is different from a flu shot.[28] Pneumococcus can cause pneumonia (lung infection), ear infections, sinus infections and meningitis. While pneumococcal disease is common in young children, adults over the age of 65 face the greatest risk of serious infection.

Birth Place Disparities

Approximately one-third of the native-born population (33%) reported having ever had a pneumonia shot, compared to only one-fifth of the foreign-born population (20%).

Gender Disparities

Within the male population, 32.4% of native-born males reported having ever had a pneumonia shot. The proportion of foreign-born males (19%) reporting the same was just over 13 percentage points less. The gap within the female population was similar, with 33.5% of native-born females having had a pneumonia shot, compared to 21% of foreign-born females.



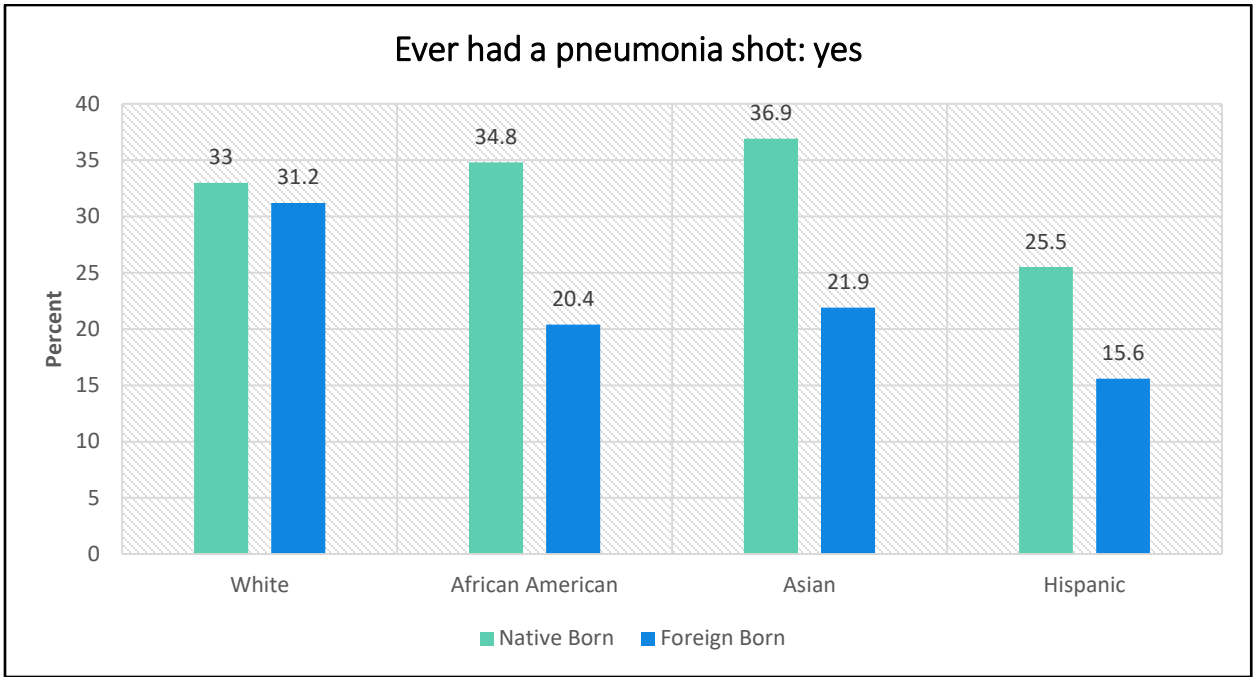
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	33.0	20.0	32.4	19.0	33.5	21.0
95% CI	32.3 – 33.6	17.3 – 22.9	31.3 – 33.4	15.4 – 23.1	32.7 – 34.3	17.3 – 25.3

[28] Centers for Disease Control and Prevention. (2016). Pneumococcal vaccination: what everyone should know. Retrieved from www.cdc.gov/vaccines/vpd/pneumo/public/index.html

Pneumonia Shot

Race and Ethnicity Disparities

Foreign-born Hispanics (15.6%) were the least likely population to have had a pneumonia shot, followed by 20.4% of foreign-born African Americans and 21.9% of foreign-born Asians. Native-born Asians (36.9%), native-born African Americans (34.8%), and native-born Whites (33%) were the most likely populations to report having ever had a pneumonia shot.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	33.0	31.2	34.8	20.4	36.9	21.9	25.5	15.6
95% CI	32.3 – 33.7	25.7 – 37.4	30.2 – 39.7	10.8 – 35.1	27.5 – 47.4	14.7 – 31.4	21.5 – 30.0	12.4 – 19.5

Colonoscopy or Sigmoidoscopy

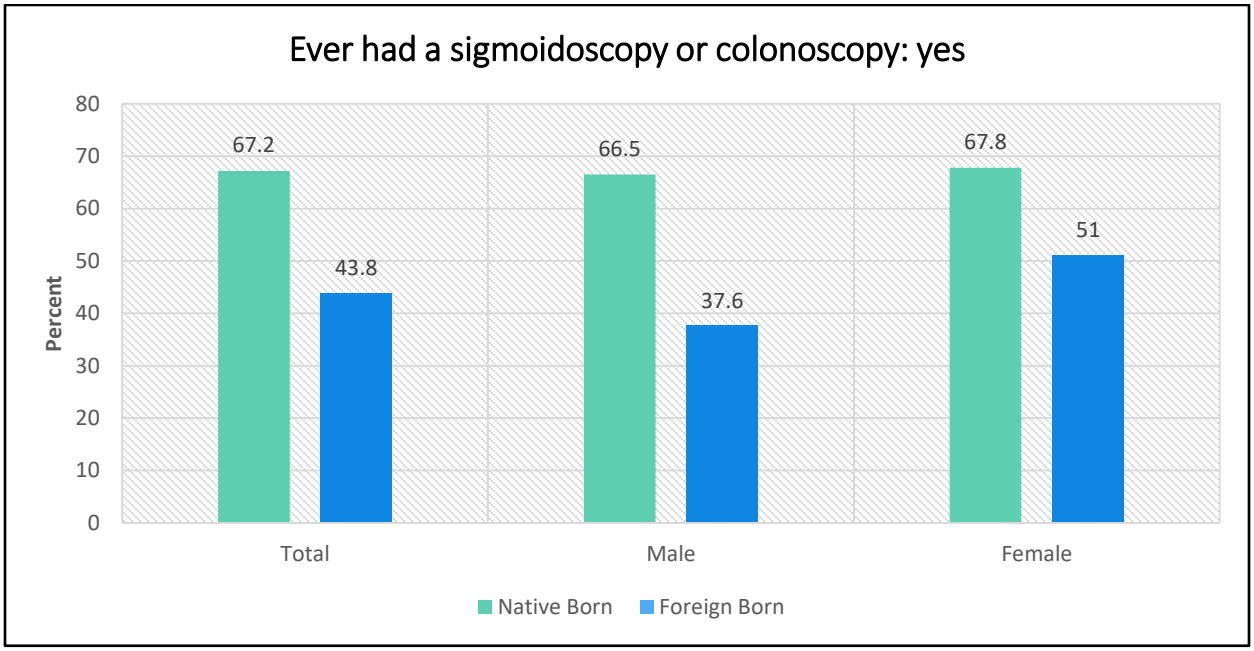
Colonoscopies and sigmoidoscopies are screening tests that help to prevent and detect colorectal cancer. Screening is recommended starting at age fifty. Colonoscopies are able to explore possible causes of abdominal pain, chronic pain, or intestinal problems.[29]

Birth Place Disparities

Approximately two-thirds of the native-born population (67.2%) reported having ever had a colonoscopy or sigmoidoscopy, compared to less than half of the foreign-born population (43.8%).

Gender Disparities

Within the male population, 66.5% of native-born males reported having ever had a colonoscopy or sigmoidoscopy, compared to only 37.6% of foreign-born males. The gap within the female population was somewhat smaller. The proportion of native-born females reporting having ever had a colonoscopy or sigmoidoscopy was 67.8%, compared to 51% of foreign-born females.



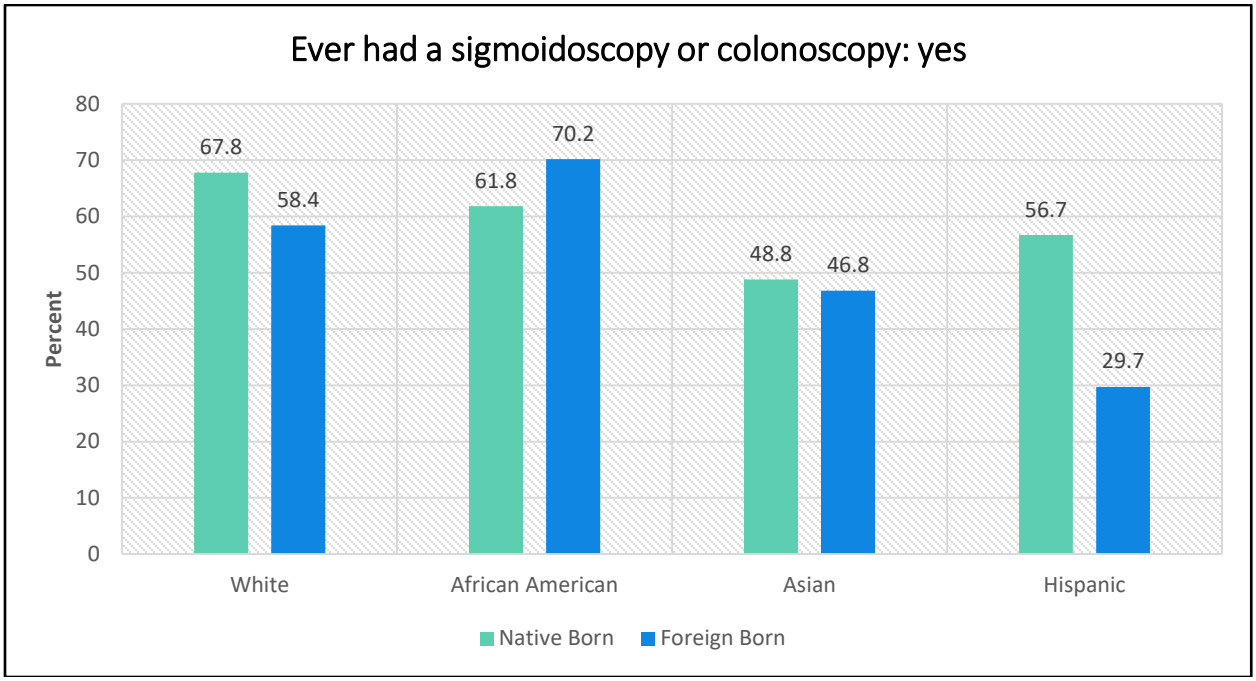
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	67.2	43.8	66.5	37.6	67.8	51.0
95% CI	66.5 – 68.0	38.4 – 49.3	65.3 – 67.7	29.9 – 45.9	66.8 – 68.7	43.9 – 58.1

[29] Centers for Disease Control and Prevention. (2014). Colorectal cancer screening guidelines. Retrieved from www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm

Colonoscopy or Sigmoidoscopy

Race and Ethnicity Disparities

Less than a third of foreign-born Hispanics (29.7%) reported having ever had a sigmoidoscopy or colonoscopy, making them the least likely population to have had the screening tests. The next least likely groups to report having ever had a colonoscopy were foreign-born Asians (46.8%) and native-born Asians (48.8%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	67.8	58.4	61.8	70.2	48.8	46.8	56.7	29.7
95% CI	67.1 – 68.6	49.8 – 66.5	55.8 – 67.5	36.6 – 90.5	35.2 – 62.5	31.7 – 62.5	49.0 – 64.1	22.2 – 38.6

Last Sigmoidoscopy: Less than Five Years Ago

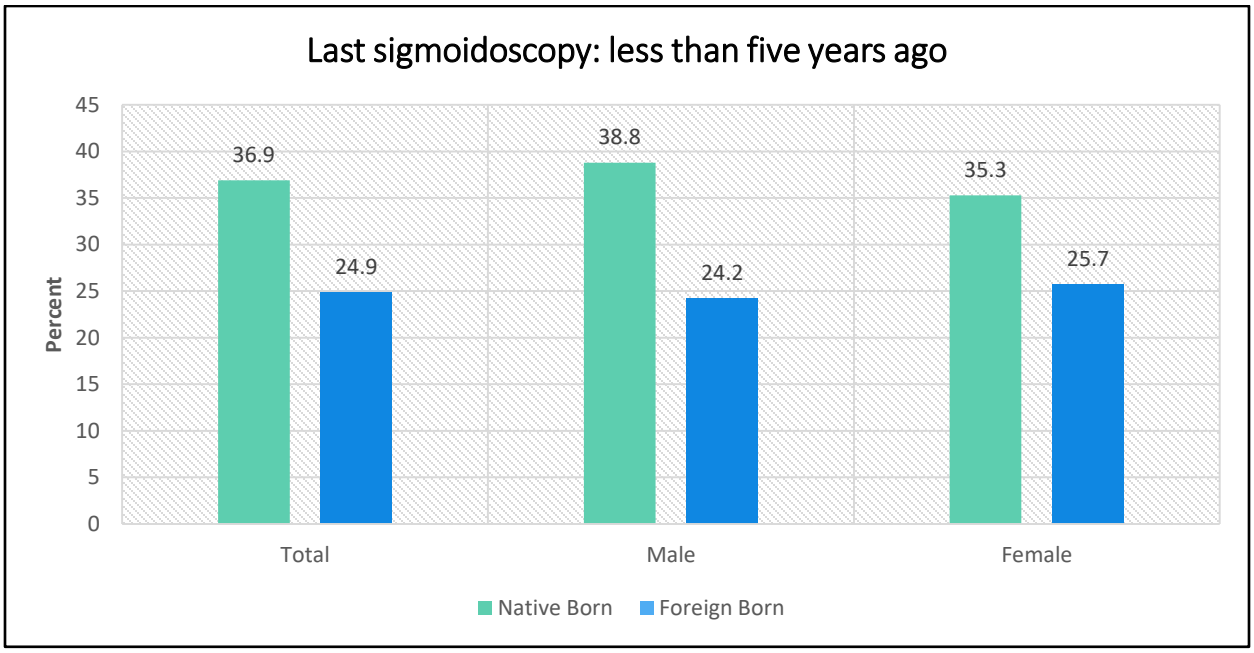
Sigmoidoscopies can help to detect colorectal cancer. Compared to colonoscopies, sigmoidoscopies are quicker, lasting only 10 to 20 minutes, and generally do not require sedation. It is recommended that individuals start having a sigmoidoscopy once every five years after the age of fifty.[30]

Birth Place Disparities

Overall, 36.9% of the native-born population reported having had a sigmoidoscopy less than five years ago, compared to only 24.9% of the foreign-born population.

Gender Disparities

There was a gap of almost 15 percentage points between the proportion of native-born males (38.8%) reporting having had a sigmoidoscopy less than five years ago and the proportion of foreign-born males reporting the same (24.2%). While over one-third of native-born females (35.3%) reported having had a sigmoidoscopy within the last five years, only one-fourth of foreign-born females (25.7%) reported the same.



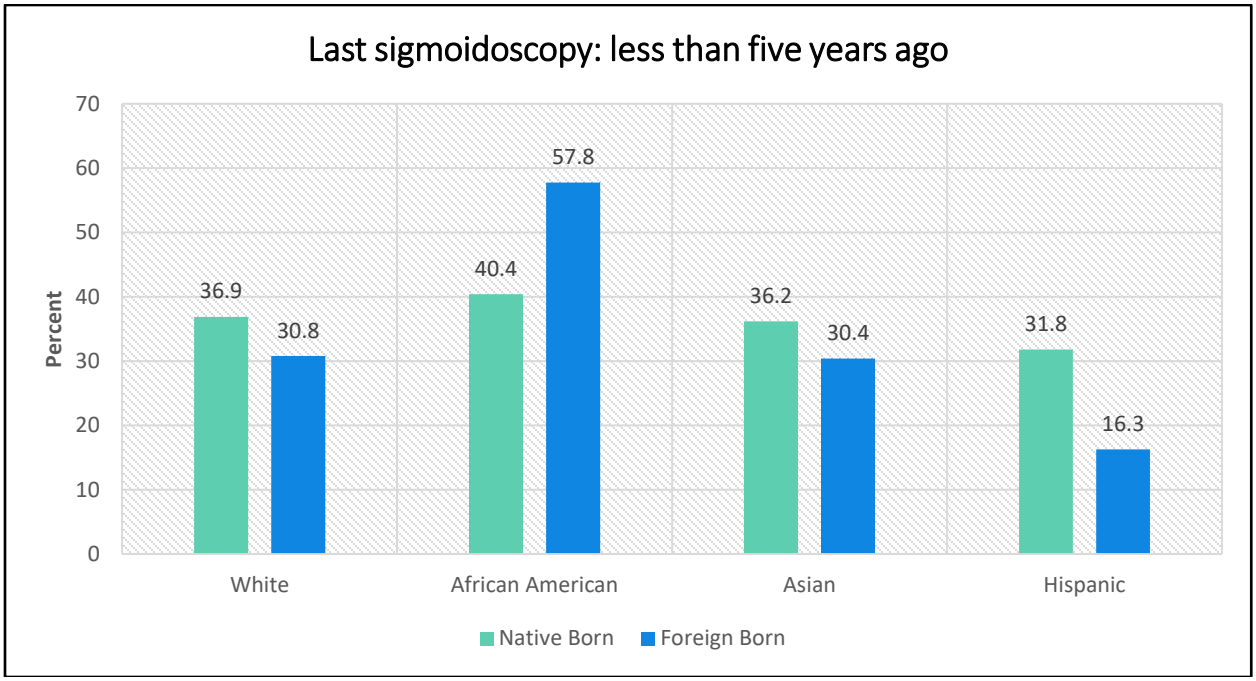
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	36.9	24.9	38.8	24.2	35.3	25.7
95% CI	36.1 – 37.7	20.4 – 29.9	37.5 – 40.1	17.7 – 32.1	34.3 – 36.4	20.4 – 31.9

[30] American Cancer Society. (2016). Frequently asked questions about colonoscopy and sigmoidoscopy. Retrieved from www.cancer.org/healthy/findcancerearly/examandtestdescriptions/faq-colonoscopy-and-sigmoidoscopy

Last Sigmoidoscopy: Less than Five Years Ago

Race and Ethnicity Disparities

Foreign-born Hispanics (16.3%) were the least likely population to have had a sigmoidoscopy within the last five years, reporting proportions almost half of what other populations reported. Foreign-born Asians (30.4%), foreign-born Whites (30.8%) and native-born Hispanics (31.8%) were the next least likely populations to have had a sigmoidoscopy within the last five years.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	36.9	30.8	40.4	57.8	36.2	30.4	31.8	16.3
95% CI	36.1 – 37.8	24.1 – 38.4	34.6 – 46.5	27.0 – 83.6	23.4 – 51.2	18.0 – 46.5	25.2 – 39.2	10.5 – 24.4

DRE: Last Two Years (Ages 50+)

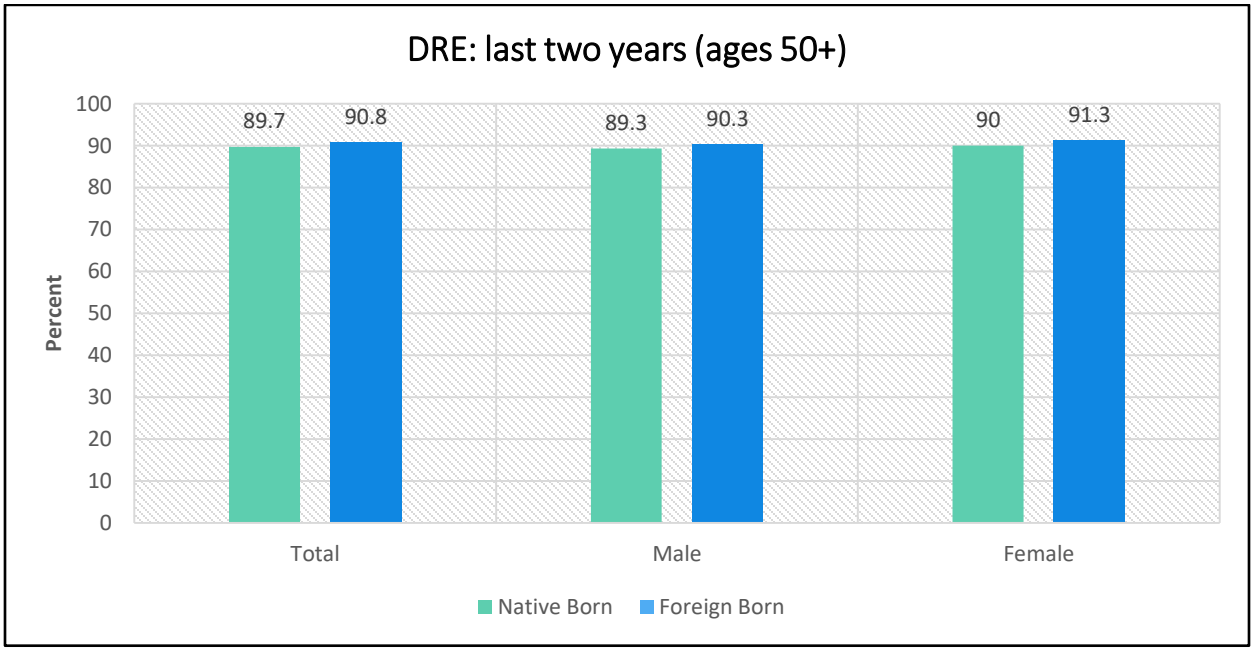
For men, a digital rectal exam (DRE) can allow the health professional to examine the prostate for any irregularities in size, shape and texture. For women, a DRE is often completed as part of a gynecological examination to check the uterus and ovaries.[31]

Birth Place Disparities

Similar proportions of both native-born and foreign-born populations over age fifty had a DRE within the last two years. The foreign-born population (90.8%) was slightly more likely than the native-born population (89.7%) to have had a DRE within the last two years.

Gender Disparities

Within both the male and female populations over age fifty, approximately 89-91% of individuals reported having had a DRE within the last two years. Foreign-born females (91.3%) were slightly more likely than other groups to have had a DRE within the last two years.



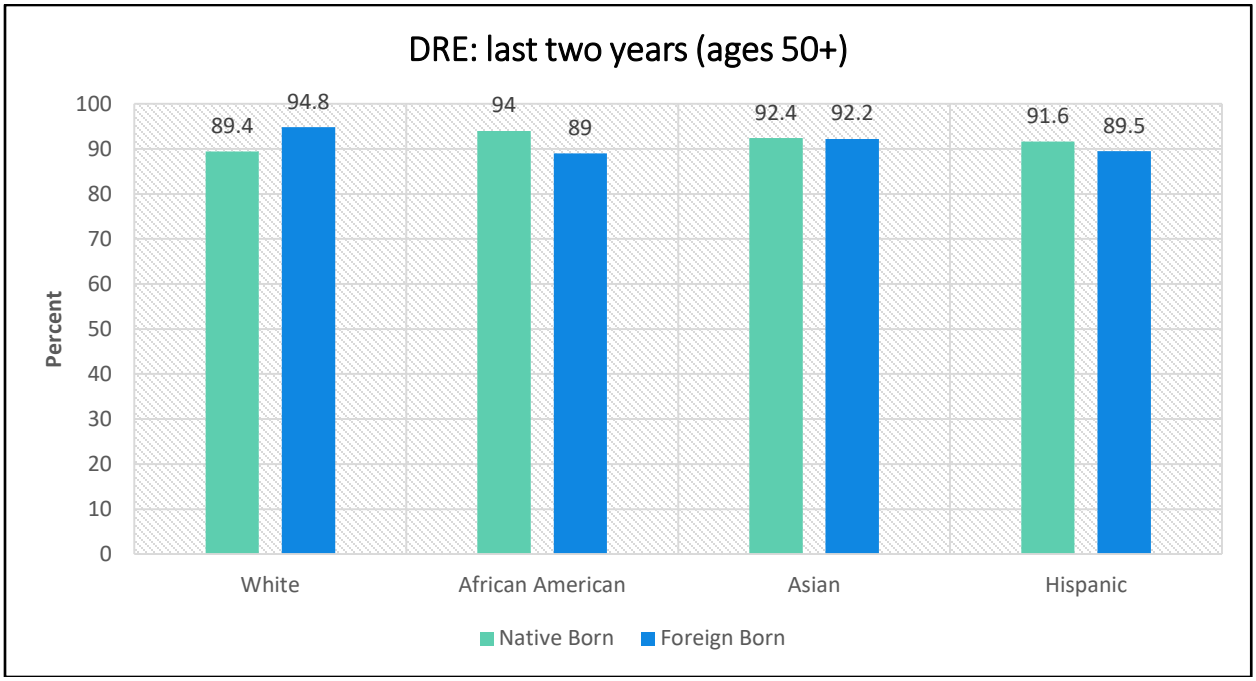
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	89.7	90.8	89.3	90.3	90.0	91.3
95% CI	89.0 – 90.3	86.7 – 93.7	88.3 – 90.3	84.0 – 94.3	89.2 – 90.8	85.5 – 94.9

[31] National Institutes of Health. (2016). Digital rectal exam. Retrieved from https://medlineplus.gov/ency/article/007069.htm

DRE: Last Two Years (Ages 50+)

Race and Ethnicity Disparities

Overall, approximately 90-95% of most populations reported having had a DRE in the past two years. Foreign-born African Americans (89%), native-born Whites (89.4%) and foreign-born Hispanics (89.5%) reported slightly lower proportions of individuals who had a DRE in the last two years.



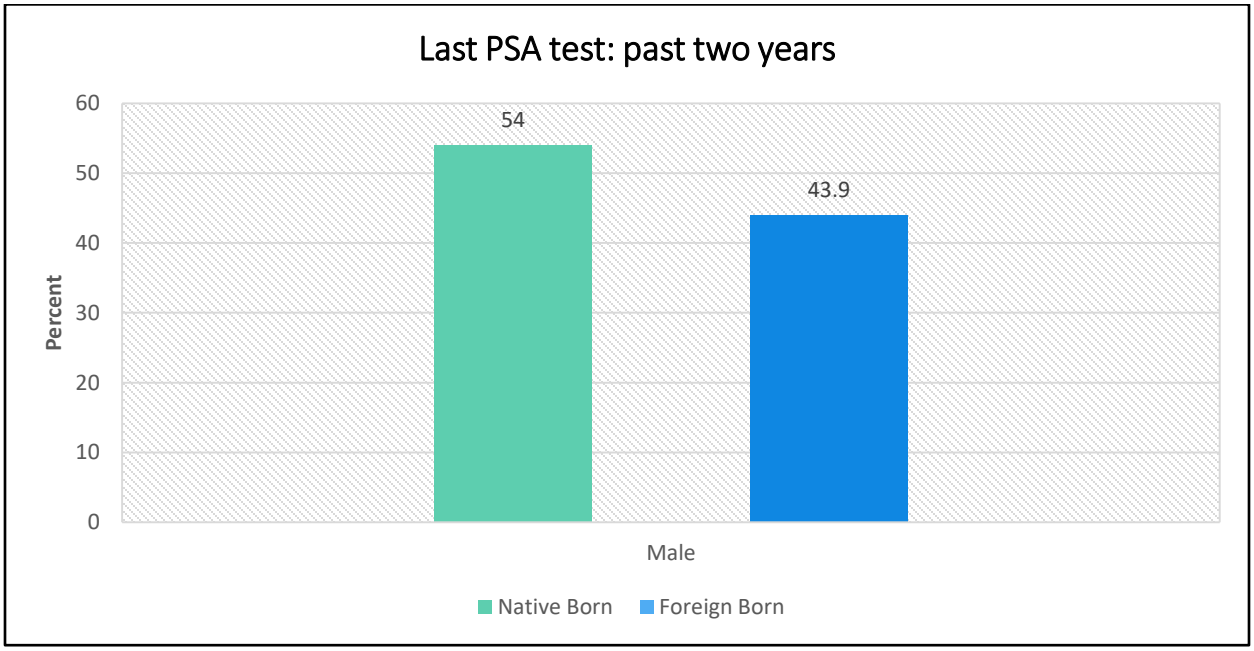
	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	89.4	94.8	94.0	89.0	92.4	92.2	91.6	89.5
95% CI	88.8 – 90.1	90.0 – 97.4	89.6 – 96.6	62.4 – 97.6	80.7 – 97.2	74.7 – 98.0	87.2 – 94.6	83.4 – 93.5

Last PSA Test (Past Two Years)

PSA, or prostate-specific antigen, is a protein produced by the prostate. Cancer can be detected when PSA reaches certain detectable-levels in the bloodstream. During a PSA test, blood is taken from the arm and PSA levels are measured to determine if the amount of PSA in the bloodstream is normal.[32]

Birth Place and Gender Disparities

Over half of the native-born male population over age 18 (54%) had a PSA test within the last two years. The proportion of the foreign-born male population to report having a PSA within the last two years was somewhat smaller at 43.9%.



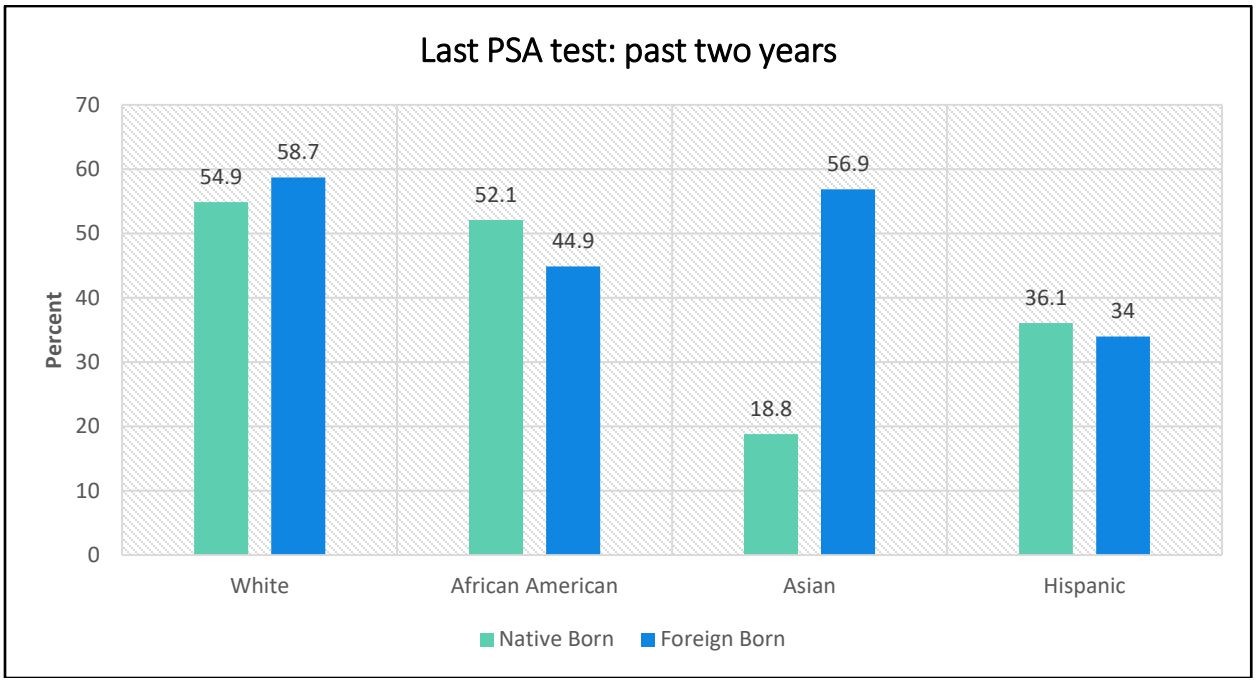
Birth place	Male	
	Native	**Foreign**
Percent	54.0	43.9
95% CI	52.0 – 55.9	32.1 – 56.3

[32] Prostate Cancer Foundation (2013). PSA and DRE screening. Retrieved from www.pcf.org/c/psa-dre-screening/

Last PSA Test (Past Two Years)

Race and Ethnicity Disparities

Over half of the native and foreign-born White populations reported having had a PSA test within the past two years. Over 50% of native-born African Americans (52.1%) and foreign-born Asians (56.9%) also reported having had a PSA test in the past two years. Native-born Asians (18.8%), followed by foreign-born Hispanics (34%) and native-born Hispanics (36.1%) were the least likely to have had a PSA test in the last two years.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	54.9	58.7	52.1	44.9	18.8	56.9	36.1	34.0
95% CI	52.9 – 56.9	39.8 – 75.4	37.3 – 66.6	12.2 – 82.7	4.6 – 52.7	19.6 – 87.7	22.2 – 52.9	19.9 – 51.5

Risk Factors for Illness

Overweight: BMI 25 – 29.9

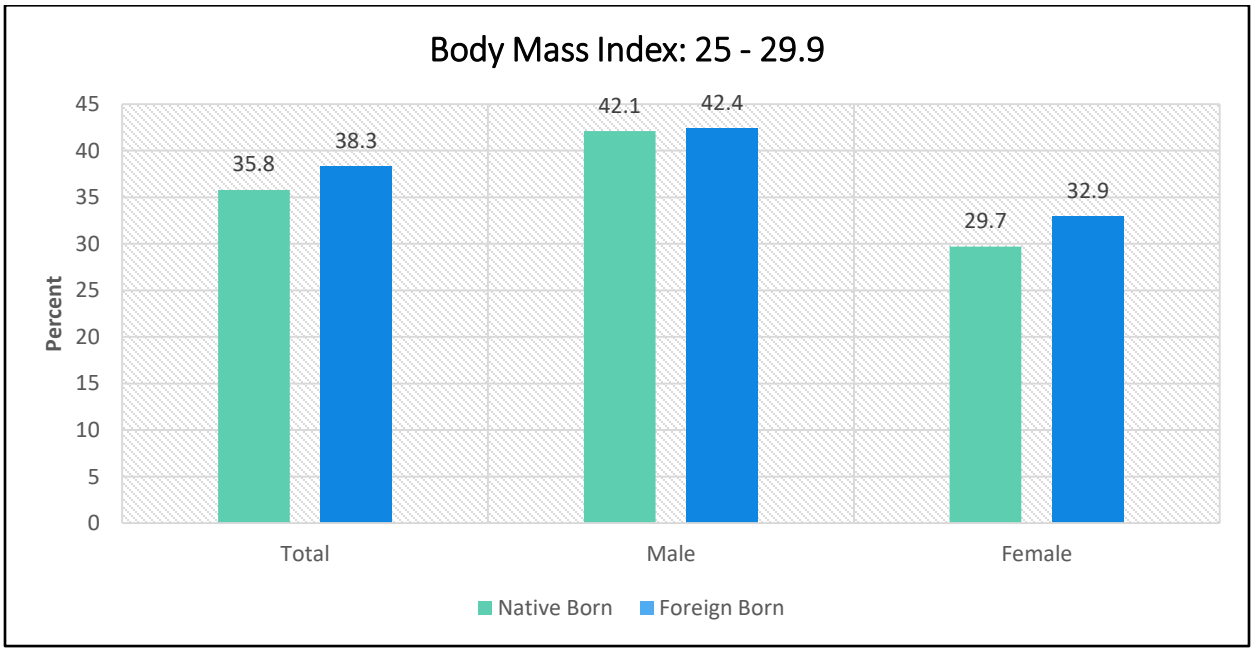
Body Mass Index (BMI) is an estimated measure of an adult's body fat, which is determined by the ratio of an individual's height and weight. Higher BMIs can indicate a higher risk of heart disease, high blood pressure, type 2 diabetes, and certain cancers.[33] Individuals with a BMI of 25-29.9 are considered overweight.

Birth Place Disparities

There was only a 2.5 percentage point difference in the proportions of overweight native-born and foreign-born individuals, with the proportion of overweight foreign-born individuals (38.3%) being slightly higher than the proportion of native-born individuals (35.8%).

Gender Disparities

Overall, males were more likely to be overweight than were females. While similar percentages of native-born and foreign-born males (approximately 42%) were considered overweight, there was a small gap between overweight native-born females (29.7%) and foreign-born females (32.9%).



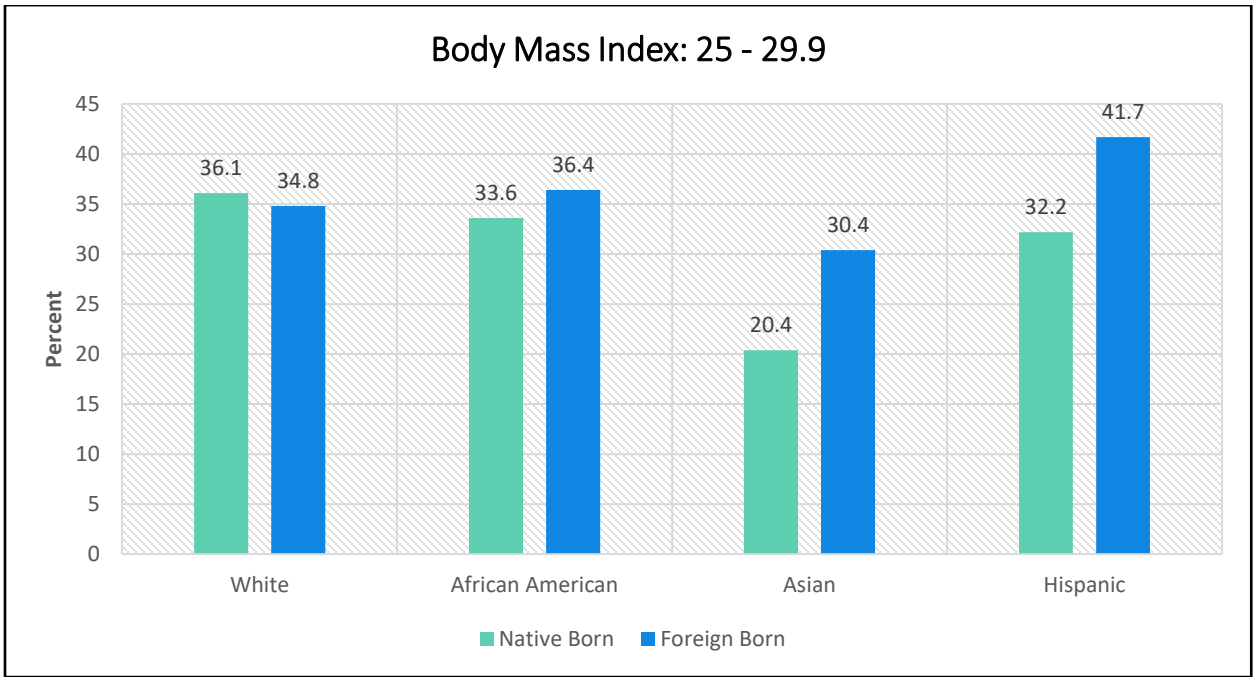
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	35.8	38.3	42.1	42.4	29.7	32.9
95% CI	35.1 – 36.5	34.8 – 42.0	41.0 – 43.1	37.3 – 47.6	28.9 – 30.6	28.2 – 37.9

[33] National Institutes of Health. (2016). BMI Tools. Retrieved from www.nhlbi.nih.gov/health/educational/lose_wt/bmitools.htm

Overweight: BMI 25 – 29.9

Race and Ethnicity Disparities

Within both the native-born and foreign-born populations, Asians were the least likely to be overweight. However, the Asian population also showed the largest gap within a race, with 20.4% of native-born Asians and 30.4% of foreign-born Asians reporting being overweight. Hispanics also had quite a large gap between the foreign and native-born populations. Foreign-born Hispanics (41.7%) were more likely than any other population to be overweight, while native-born Hispanics (32.2%) were somewhat less likely to be overweight.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	36.1	34.8	33.6	36.4	20.4	30.4	32.2	41.7
95% CI	35.4 – 36.8	28.7 – 41.5	29.3 – 38.3	23.7 – 51.4	13.9 – 29.0	22.7 – 39.4	27.8 – 36.8	36.6 – 47.0

Obese: BMI 30+

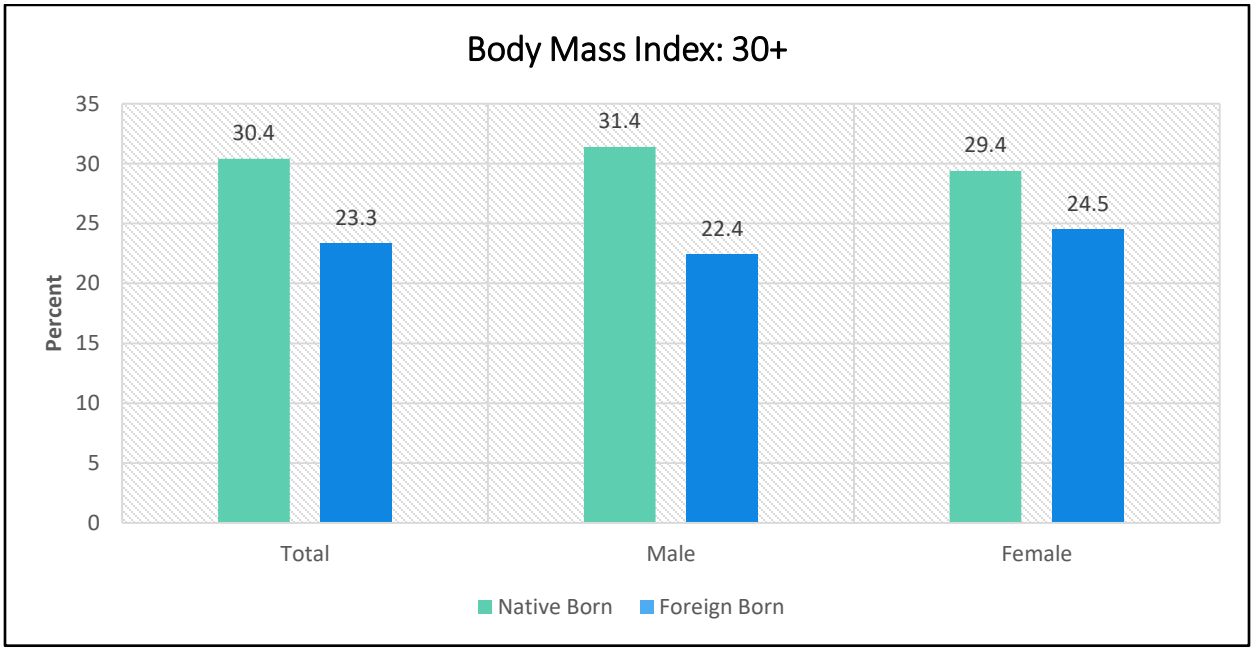
A Body Mass Index of 30 or higher is considered obese.

Birth Place Disparities

The proportion of native-born individuals who were obese was approximately seven percentage points higher than that of the proportion of obese foreign-born individuals. While 30.4% of native-born individuals reported a BMI of over 30, only 23.3% of foreign-born individuals reported the same.

Gender Disparities

Native-born males (31.4%) were nine percentage points more likely to be obese than were foreign-born males (22.4%). Though there was also a difference between native-born females (29.4%) and foreign-born females (24.5%), it was a smaller gap of approximately five percentage points.

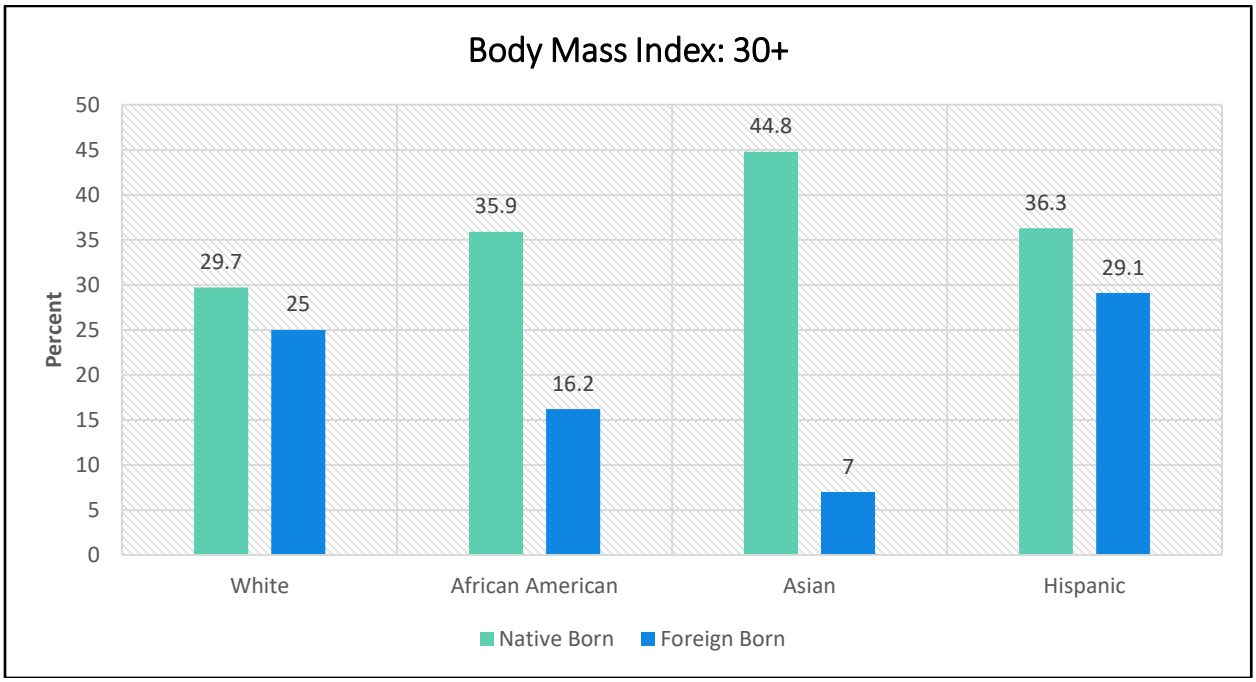


	Total		Male		Female	
Birth Place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	30.4	23.3	31.4	22.4	29.4	24.5
95% CI	29.7 – 31.0	20.4 – 26.4	30.4 – 32.4	18.6 – 26.6	28.6 – 30.3	20.3 – 29.2

Obese: BMI 30+

Race and Ethnicity Disparities

Within the native-born population, Asians were the most likely to be obese (44.8%), compared to approximately 30-36% of Whites, African Americans and Hispanics. Within the foreign-born population, Asians were the least likely to be obese (7%), followed by African Americans at 16.2%.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	29.7	25.0	35.9	16.2	44.8	7.0	36.3	29.1
95% CI	29.0 – 30.3	19.2 – 31.8	31.5 – 40.5	7.3 – 32.4	34.7 – 55.4	3.8 – 12.5	31.8 – 41.1	24.8 – 33.7

Overweight or Obese: BMI 25+

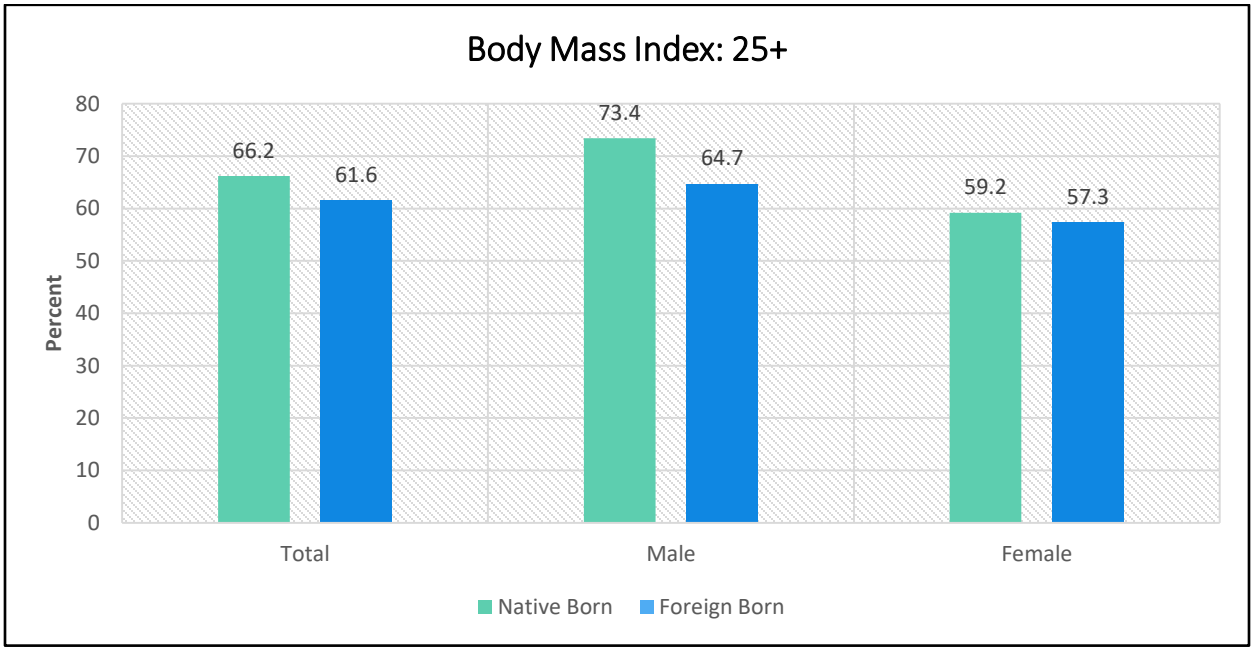
The information below includes those who had a BMI of at least 25 – this includes both overweight and obese individuals.

Birth Place Disparities

Of the native-born population, 66.2% of respondents were considered overweight or obese, compared to a slightly lower proportion of the foreign-born population at 61.6%.

Gender Disparities

Overall, females were less likely to be overweight or obese than were males. Within the male population, foreign-born males (64.7%) were less likely to be overweight or obese than were native-born males (73.4%). The native-born and foreign-born female populations reported similar proportions of those who were overweight or obese at 59.2% and 57.3% respectively.

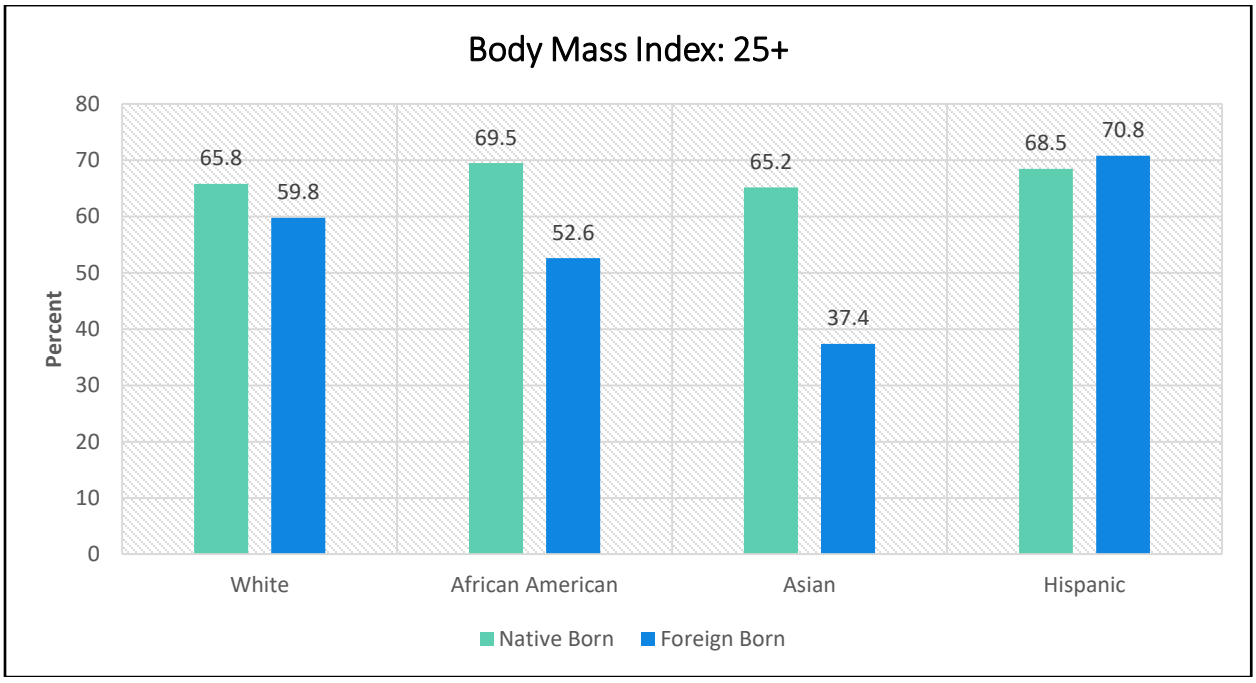


	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	66.2	61.6	73.4	64.7	59.2	57.3
95% CI	65.5 – 66.9	57.9 – 65.2	72.4 – 74.4	59.6 – 69.6	58.2 – 60.1	52.1 – 62.4

Overweight or Obese: BMI 25+

Race and Ethnicity Disparities

The native-born populations reported greater proportions of individuals having a BMI of over 25 in comparison to the foreign-born populations with one exception: foreign-born Hispanics (70.8%) were slightly more likely than were native-born Hispanics (68.5%) to be overweight or obese. Foreign-born Asians (37.4%) were the least likely of all groups to have a BMI of over 25, while native-born Asians (65.2%) where around 28 percentage points more likely to report a BMI of over 25.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	65.8	59.8	69.5	52.6	65.2	37.4	68.5	70.8
95% CI	65.1 – 66.5	52.9 – 66.3	64.5 – 74.1	37.7 – 67.1	53.1 – 75.7	29.1 – 46.5	63.4 – 73.1	65.6 – 75.5

Physical Activity

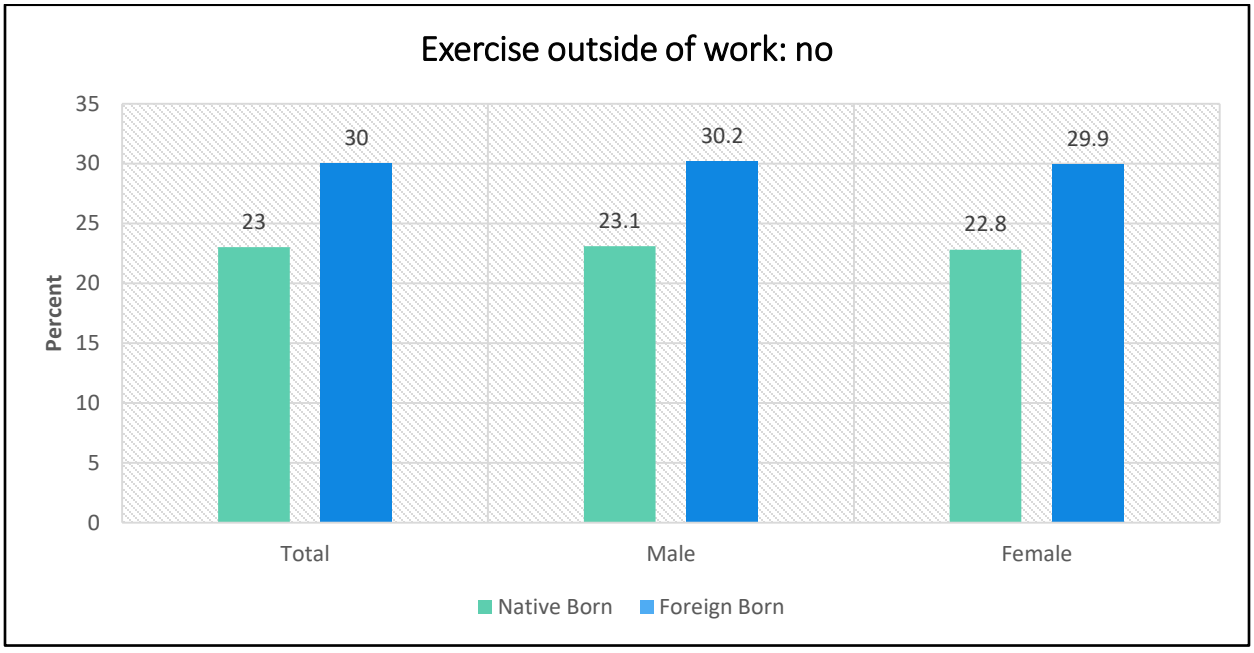
Regular physical activity helps to improve health and can decrease the risk of numerous chronic diseases. In addition to reducing the risk of cardiovascular disease, type 2 diabetes, and some cancers, regular exercise can also improve an individual's mental health and ability to do daily activities.[34] Those represented in the charts below responded no, when asked if they exercise outside of work.

Birth Place Disparities

Of the native-born population, 23% of respondents reported having no exercise outside of work, compared to a somewhat larger proportion of the foreign-born population (30%).

Gender Disparities

The proportion of native-born males who reported not exercising outside of work (23.1%) was approximately seven percentage points lower than the proportion of foreign-born males (30.2%) that reported the same. Both native-born females (22.8%) and foreign-born females (29.9%) reported proportions similar to the male native-born and foreign-born populations respectively.



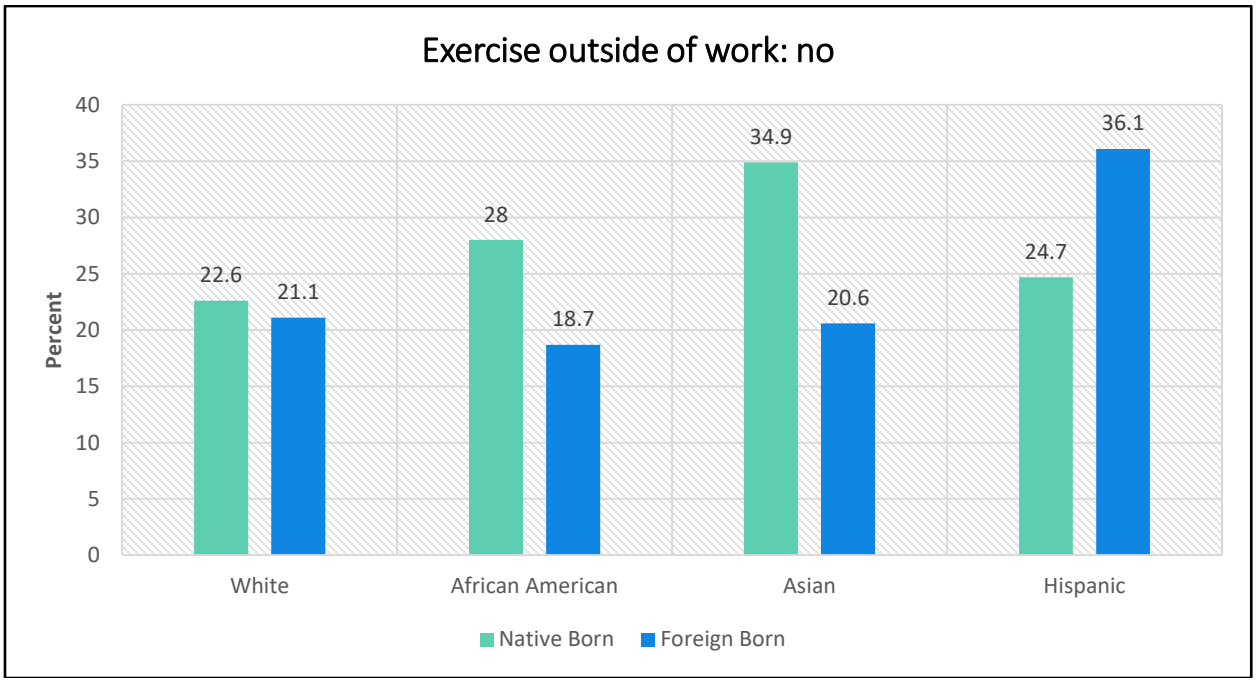
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	23.0	30.0	23.1	30.2	22.8	29.9
95% CI	22.4 – 23.6	27.0 – 33.3	22.3 – 24.0	25.7 – 35.0	22.1 – 23.6	25.9 – 34.3

[34] Centers for Disease Control and Prevention. (2016). Physical Activity. Retrieved from www.cdc.gov/physicalactivity/basics/index.htm

Physical Activity

Race and Ethnicity Disparities

Foreign-born Hispanics (36.1%) and native-born Asians (34.9%) were the least likely groups to exercise outside of work, followed by native-born African Americans (28%). The largest gap could be seen within the Asian population, where the proportion of foreign-born Asians (20.6%) that did not exercise outside of work was approximately 14 percentage points lower than the proportion of native-born Asians (34.9%) that reported the same.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	22.6	21.1	28.0	18.7	34.9	20.6	24.7	36.1
95% CI	22.1 – 23.2	16.1 – 27.2	24.1 – 32.3	10.2 – 31.6	25.7 – 45.4	14.7 – 28.1	21.0 – 28.9	31.8 – 40.6

High Physical Activity

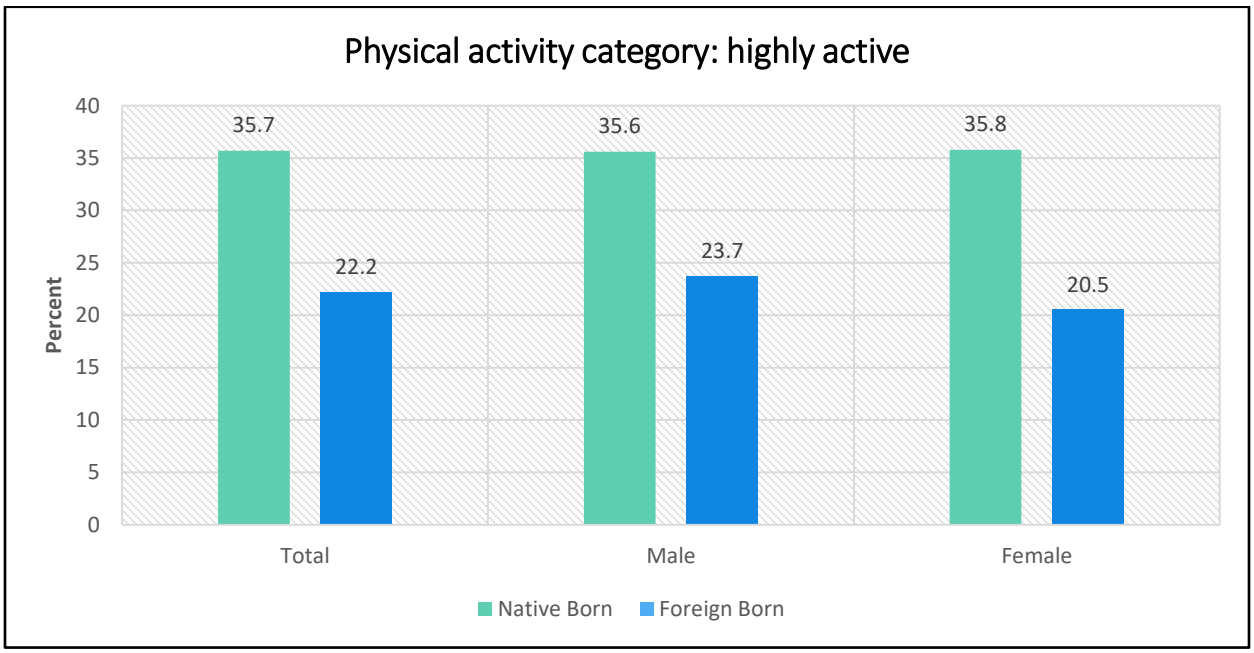
Those represented in the charts below reported being highly active.

Birth Place Disparities

Over one-third of the native-born population (35.7%) reported being highly active. The proportion of the foreign-born population (22.2%) that reported being highly active was almost 14 percentage points less.

Gender Disparities

There was a notable gap between native-born males (35.6%) and foreign-born males (23.7%) who reported being highly active. The gap between native-born females (35.8%) and foreign-born females (20.5%) was slightly larger with a difference of approximately 15 percentage points.

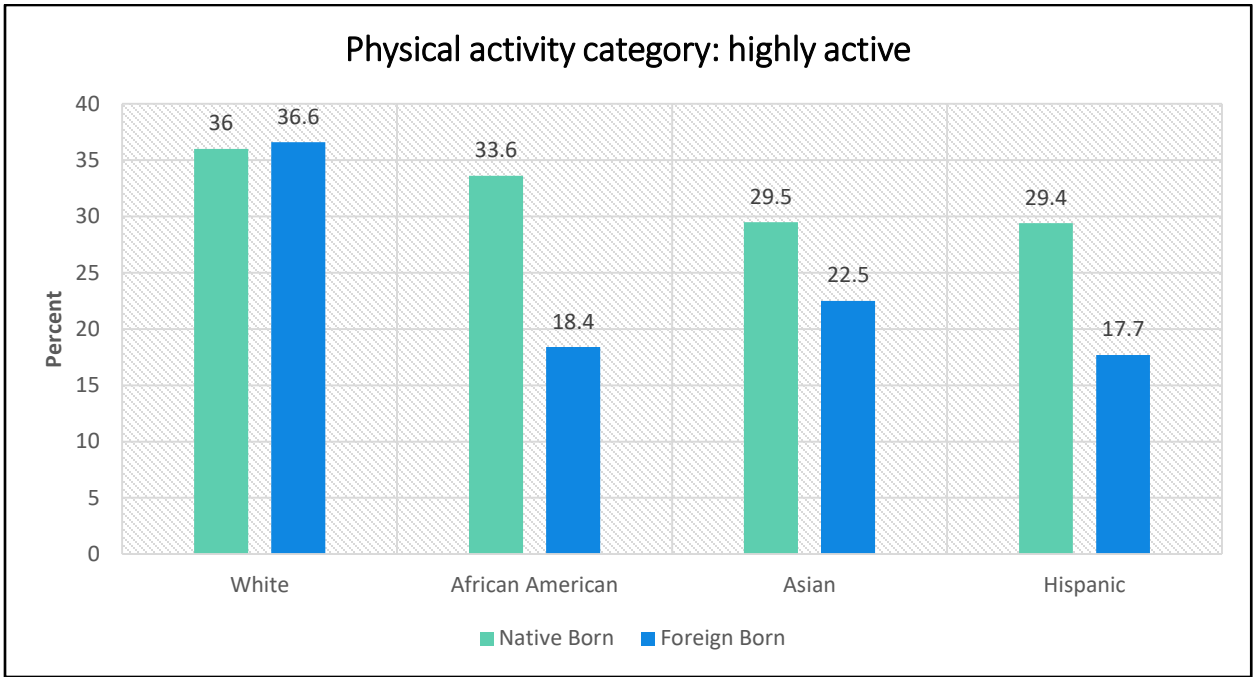


	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	35.7	22.2	35.6	23.7	35.8	20.5
95% CI	34.9 – 36.5	18.8 – 26.1	34.3 – 36.9	18.5 – 29.9	34.7 – 36.8	16.6 – 25.0

High Physical Activity

Race and Ethnicity Disparities

Foreign-born Whites (36.6%) were the most likely population to be highly active, followed closely by native-born Whites (36%). Other foreign-born populations were less likely to be highly active. Foreign-born Hispanics (17.7%) and foreign-born African Americans (18.4%) were the least likely populations to be highly active, followed by foreign-born Asians (22.5%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	36.0	36.6	33.6	18.4	29.5	22.5	29.4	17.7
95% CI	35.1 – 36.8	29.0 – 45.1	27.4 – 40.5	7.7 – 37.7	20.9 – 39.7	14.4 – 33.4	23.8 – 35.8	13.5 – 22.9

Physical Inactivity

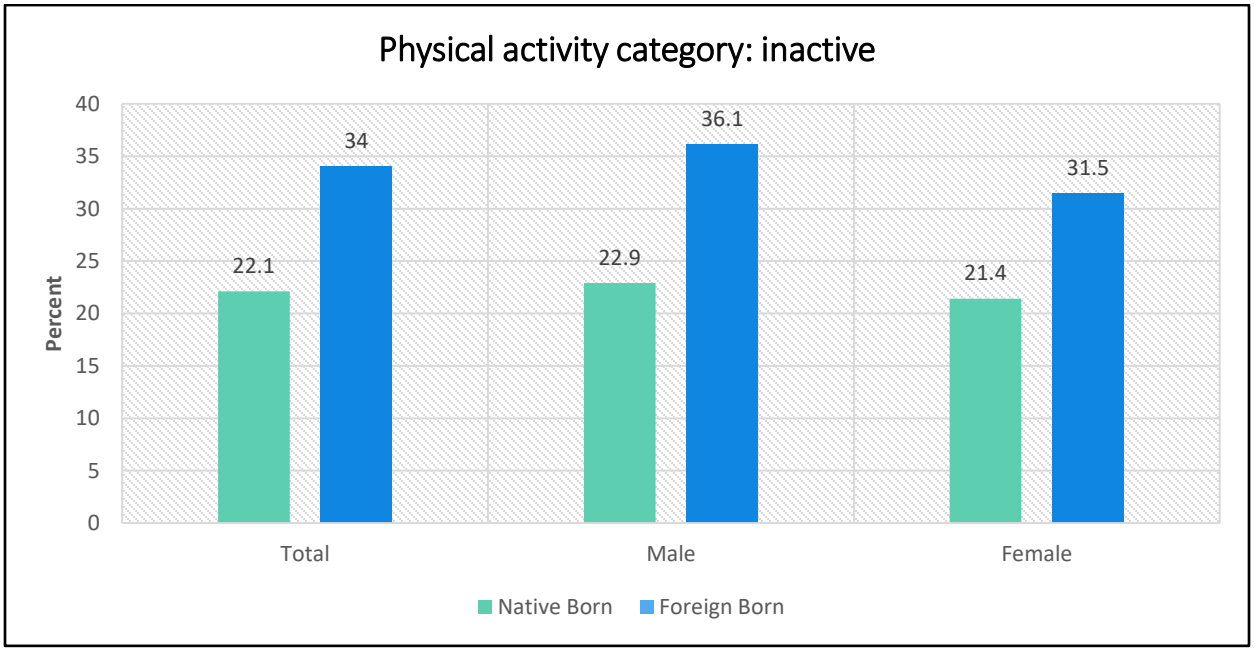
Physical inactivity refers to those people who had no leisure-time physical activity in the past month. An estimated 300,000 deaths each year in the United States are a result of a combination of physical inactivity and poor eating habits.[35] Exercise can help to prevent high blood pressure and cholesterol, which are contributing factors to heart disease and stroke.

Birth Place Disparities

There was a large difference between the proportions of native and foreign-born populations that reported being physically inactive. While 22.1% of native-born individuals reported being physically inactive, 34% of foreign-born individuals reported the same.

Gender Disparities

There was a large gap in the proportion of males who reported being physical inactive. Approximately 36% of foreign-born males reported being physically inactive, compared to only 22.9% of native-born males. The gap within the female population was somewhat less, though still evident. A proportion of 31.5% of foreign-born females were physically inactive, compared to only 21.4% of native-born females.



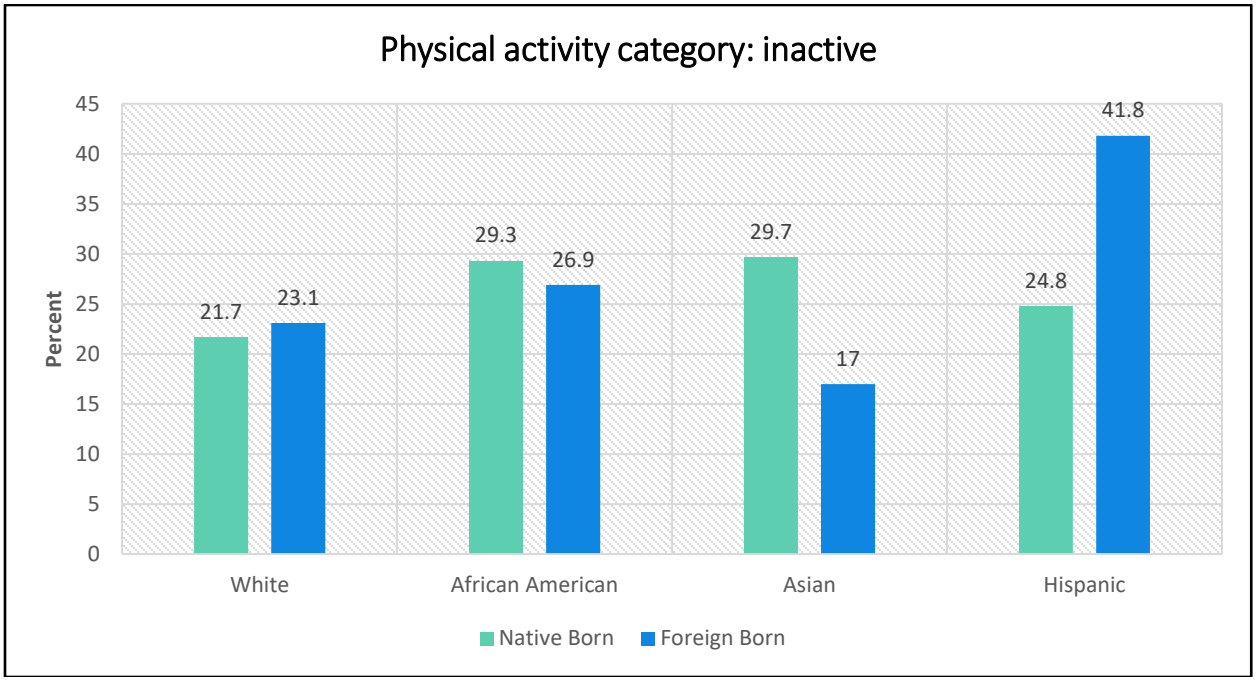
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	22.1	34.0	22.9	36.1	21.4	31.5
95% CI	21.4 – 22.8	29.7 – 38.5	21.8 – 24.0	29.8 – 42.9	20.5 – 22.3	26.2 – 37.4

[35] Centers for Disease Control and Prevention. (2016). Physical inactivity. Retrieved from www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/physicalinactivity.html

Physical Inactivity

Race and Ethnicity Disparities

Foreign-born Hispanics (41.8%) were the most likely population to report being physically inactive, while only approximately one-fourth of other groups reported the same. Foreign-born Asians (17%) and native-born Whites (21.7%), reported slightly lower proportions of physically inactive individuals.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	21.7	23.1	29.3	26.9	29.7	17.0	24.8	41.8
95% CI	21.0 – 22.4	16.7 – 31.2	23.9 – 35.3	11.2 – 51.8	19.7 – 42.0	10.4 – 26.6	19.9 – 30.5	35.8 – 48.1

Physically Unwell

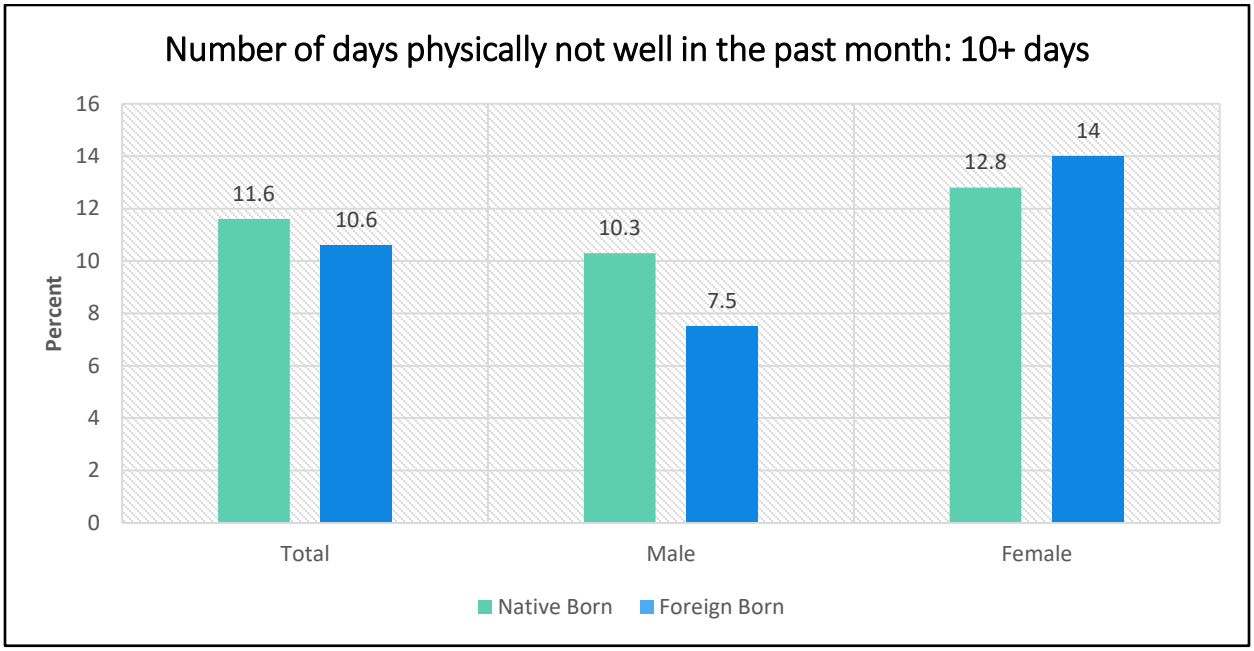
Respondents were asked to think about their physical health, including physical illness and injury, and then asked for how many days during the past 30 days their physical health was not good. Those represented in the charts below responded with ten or more days.

Birth Place Disparities

Although not a large gap, the native-born population (11.6%) was slightly more likely than was the foreign-born population (10.6%) to be physically not well for ten or more days in the past month.

Gender Disparities

Overall, females in both the native-born and foreign-born populations were more likely than were males to report being physically unwell for ten or more days in the past month at approximately 13 – 14%. Native-born males (10.3%) were 2.8 percentage points more likely than were foreign-born males (7.5%) to be physically unwell for ten or more days in the past month.

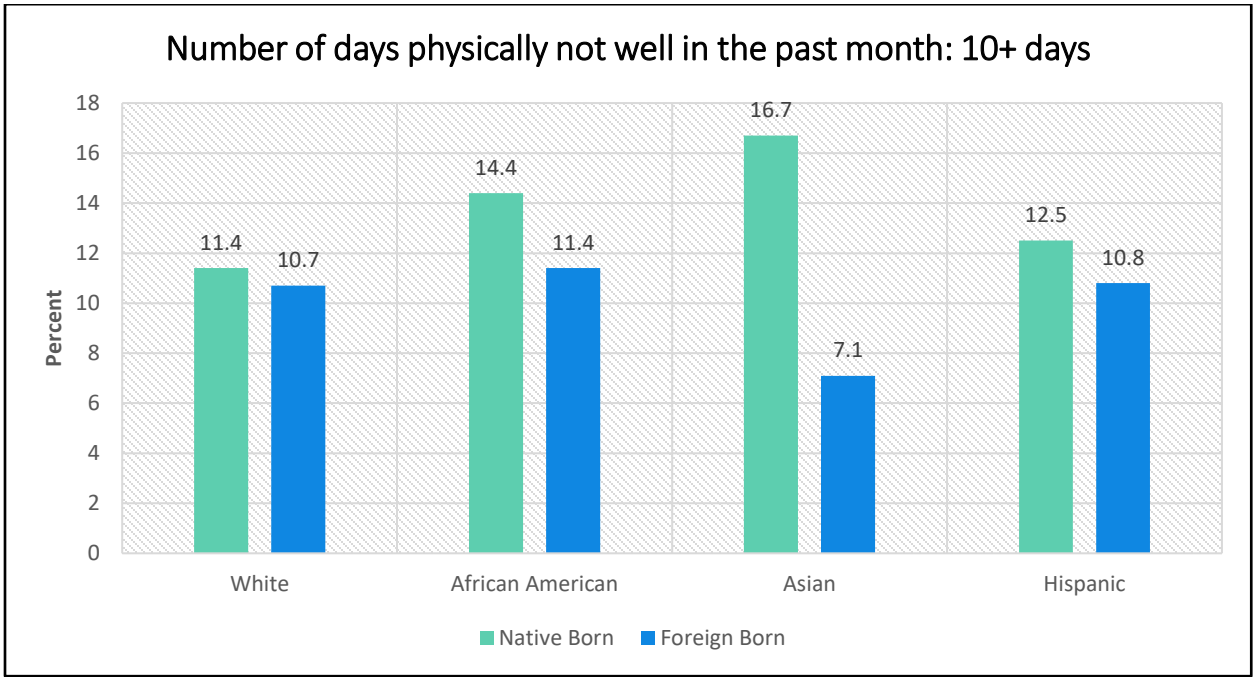


Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	11.6	10.6	10.3	7.5	12.8	14.0
95% CI	11.2 – 12.1	8.7 – 12.8	9.8 – 10.9	5.3 – 10.4	12.2 – 13.4	11.1 – 17.6

Physically Unwell

Race and Ethnicity Disparities

The Asian population saw the largest gap in the proportion of individuals who were physically unwell for ten or more days in the past month. Out of all populations, native-born Asians (16.7%) had the highest proportion of individuals who reported being physically unwell for ten or more days in the past month, while foreign-born Asians (7.1%) had the lowest proportion of individuals reporting the same. Native-born African Americans (14.4%) and native-born Hispanics (12.5%) also had somewhat higher proportions of those reporting being physically unwell for ten or more days in the past month.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	11.4	10.7	14.4	11.4	16.7	7.1	12.5	10.8
95% CI	11.0 – 11.8	7.1 – 15.7	11.6 – 17.7	4.8 – 25.0	11.3 – 24.0	3.8 – 12.9	10.1 – 15.2	8.4 – 13.8

Mentally Unwell

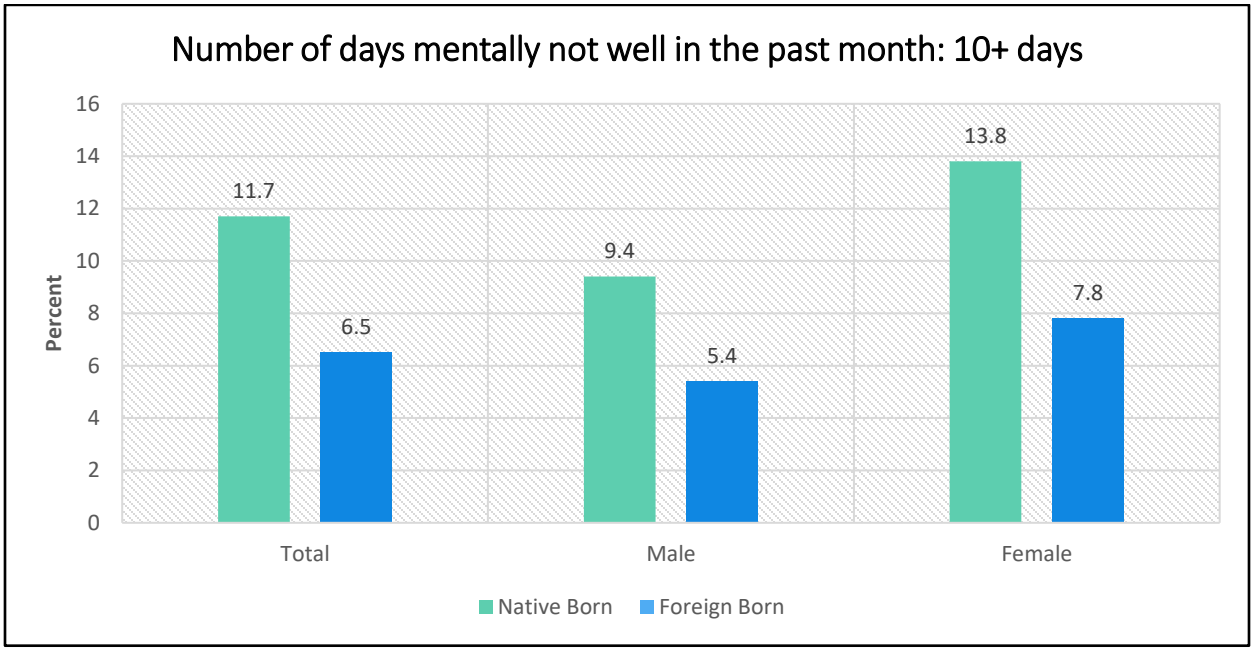
Respondents were asked to think about their mental health, including stress, depression, and problems with emotions, and then asked how many days during the past 30 days their mental health was not good. Those represented in the charts below responded with ten or more days.

Birth Place Disparities

Overall, native-born individuals (11.7%) were almost twice as likely as were foreign-born individuals (6.5%) to report being mentally unwell for ten or more days in the past month.

Gender Disparities

There was a large gap between native-born females (13.8%) and foreign-born females (7.8%) who reported being mentally unwell for ten or more days in the past month. The gap within the male population was somewhat less, with 9.4% of native-born males and 5.4% of foreign-born males reporting being mentally unwell for ten or more days in the past month.

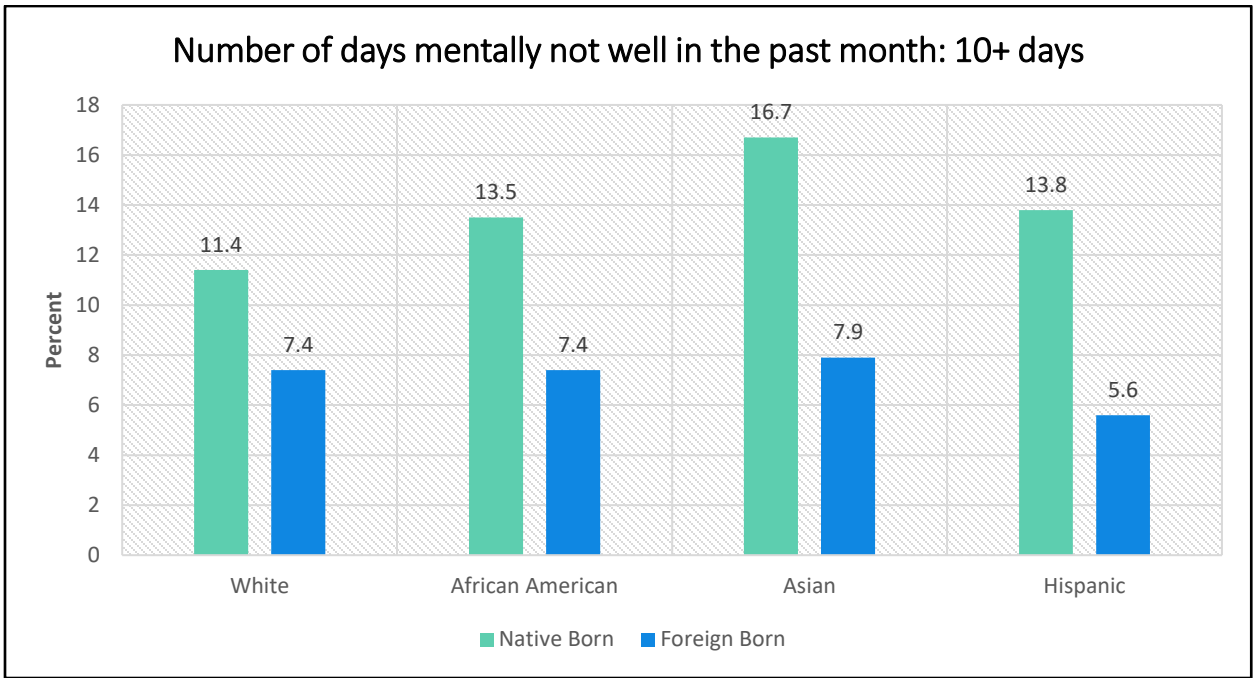


	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	11.7	6.5	9.4	5.4	13.8	7.8
95% CI	11.3 – 12.2	5.2 – 8.2	8.8 – 10.1	3.8 – 7.6	13.2 – 14.5	5.7 – 10.6

Mentally Unwell

Race and Ethnicity Disparities

Within the foreign-born population, Hispanics (5.6%) saw the lowest proportion of individuals who were mentally unwell for ten or more days in the past month, compared to around 7.5 – 8% of foreign-born Whites, African Americans and Asians. The native-born populations saw the highest percentages of individuals who were mentally unwell for ten or more days in the past month, with native-born Asians reporting the highest proportion at 16.7%.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	11.4	7.4	13.5	7.4	16.7	7.9	13.8	5.6
95% CI	10.9 – 11.9	5.0 – 10.9	10.8 – 16.7	2.5 – 20.2	11.2 – 24.3	4.1 – 14.6	11.2 – 17.0	4.0 – 7.6

Depressive Disorder

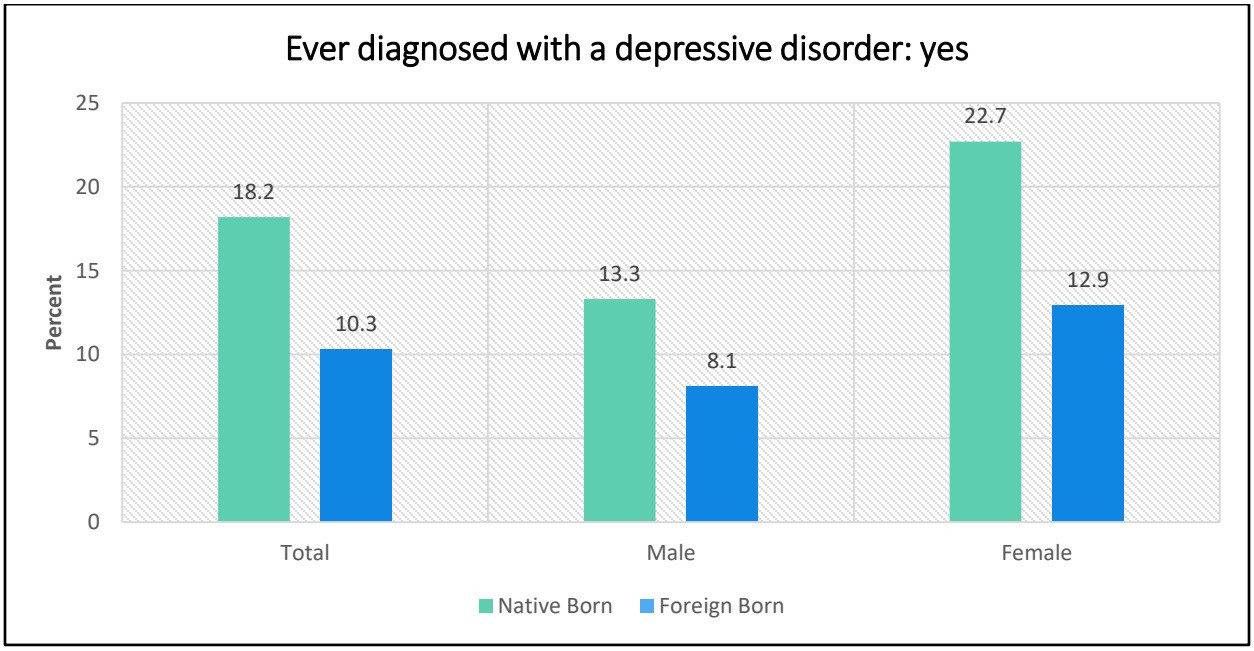
Depressive disorders are often characterized by feelings of sadness and hopelessness, though individuals with a major depressive disorder may also experience loss of interest in activities, changes in weight or activity, insomnia and difficulties concentrating. Depression is a major cause of illness and injury worldwide for both men and women. If not treated, individuals with depression face a higher risk of suicide, heart disease and other mental disorders.[36]

Birth Place Disparities

The proportion of the native-born population (18.2%) that reported having ever had depressive disorder was approximately eight percentage points higher than that of the proportion of the foreign-born population (10.3%) reporting the same.

Gender Disparities

Native-born females were by far the most likely to report having ever had a depressive disorder, with over one-fifth (22.7%) of the population reporting so. The proportion of foreign-born females (12.9%) reporting the same was almost ten percentage points less. The gap within the male population was smaller, with 13.3% of native-born males reporting having had a depressive disorder and 8.1% of foreign-born males reporting the same.



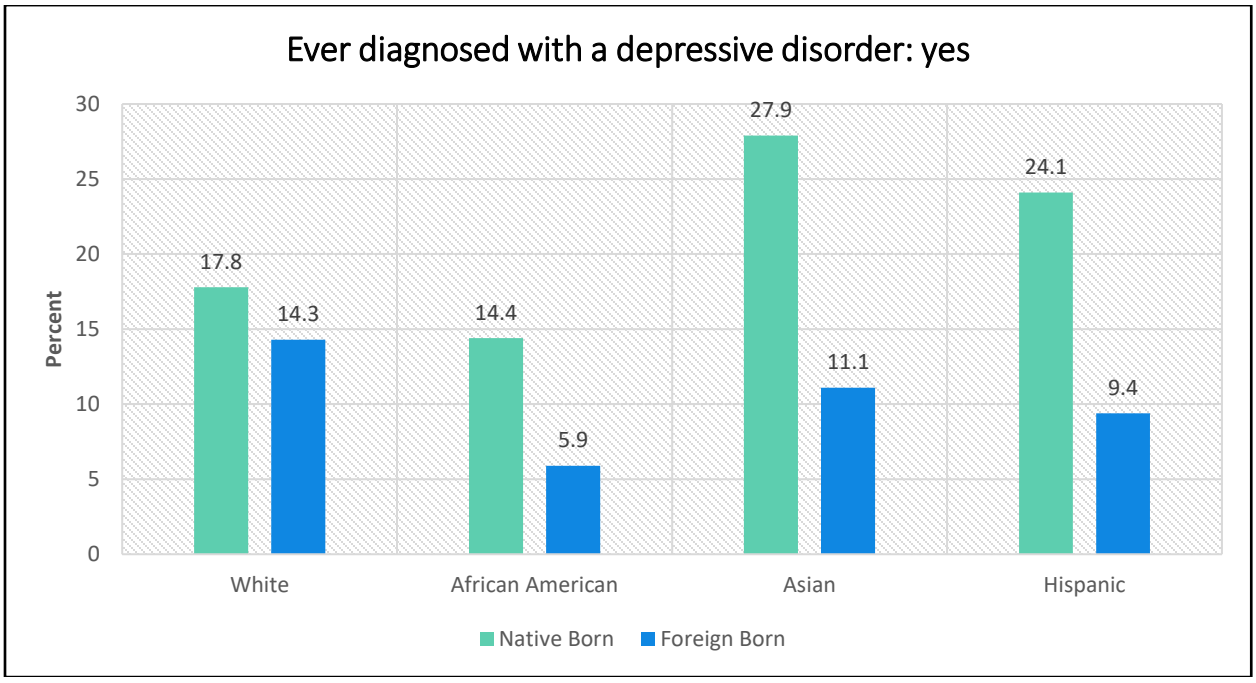
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	18.2	10.3	13.3	8.1	22.7	12.9
95% CI	17.6 – 18.7	8.6 – 12.4	12.5 – 14.0	6.0 – 10.8	21.9 – 23.5	10.1 – 16.2

[36] Centers for Disease Control and Prevention. (2016). Depression. Retrieved from www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm

Depressive Disorder

Race and Ethnicity Disparities

Only 5.9% of foreign-born African Americans reported having ever had a depressive disorder, compared to 14.4% of native-born African Americans, a gap of 8.5 percentage points. Approximately 28% of native-born Asians reported having ever had a depressive disorder, compared to just over 11% of foreign-born Asians. Within the Hispanic population, approximately 24% of native-born Hispanics reported having ever had a depressive disorder, compared to only 9.4% of foreign-born Hispanics.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	17.8	14.3	14.4	5.9	27.9	11.1	24.1	9.4
95% CI	17.2 – 18.3	10.4 – 19.4	11.8 – 17.5	1.6 – 19.6	20.1 – 37.3	6.4 – 18.6	20.2 – 28.5	7.2 – 12.1

Anxiety Disorder

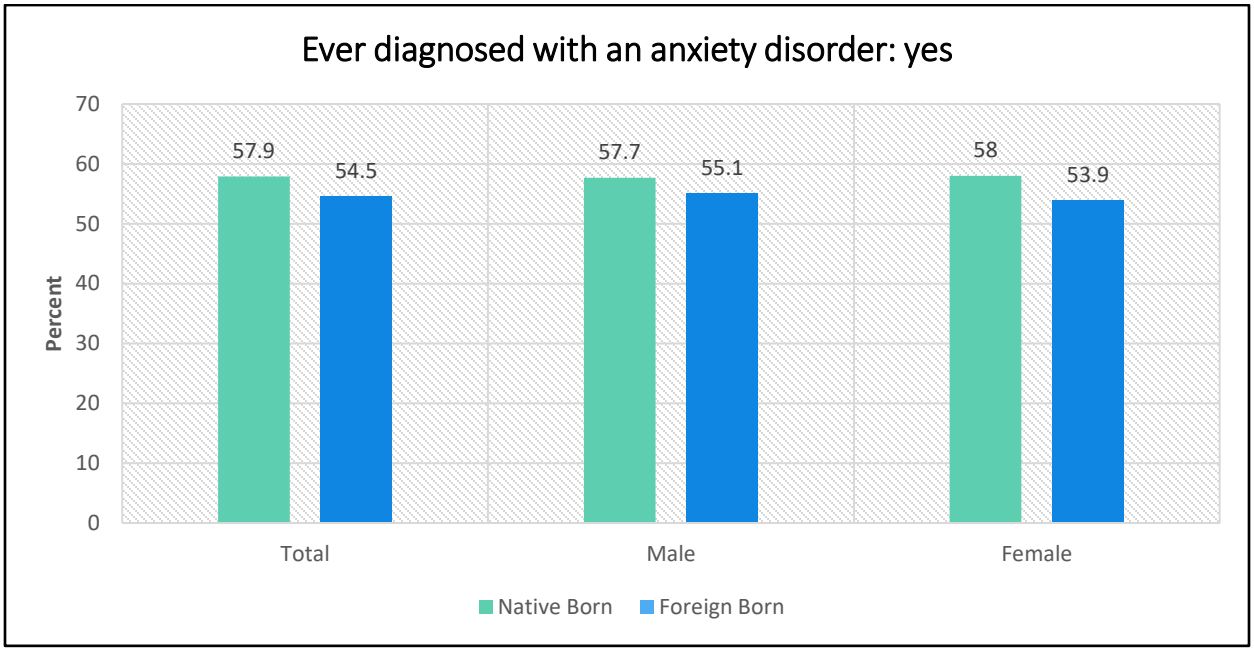
Anxiety disorders are often identified by an individual's excessive and unrealistic worry about daily tasks or objects.[37] Anxiety disorders can range from generalized anxiety disorders to panic or social anxiety disorders.[38] While occasional anxiety is normal, the anxiety for individuals who have anxiety disorders generally does not go away and can get worse over time.

Birth Place Disparities

The proportion of the native-born population (57.9%) to report having ever had an anxiety disorder was 3.4 percentage points higher than that of the foreign-born population (54.5%).

Gender Disparities

Approximately 54-58% of all populations reported having ever had an anxiety disorder. The proportion of native-born females (58%) who reported having ever had an anxiety disorder was approximately four percentage points higher than the proportion of foreign-born females (53.9%) to report the same. Within the male population, native-born males (57.7%) were slightly more likely than were foreign-born males (55.1%) to have ever reported having an anxiety disorder.



	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	57.9	54.5	57.7	55.1	58.0	53.9
95% CI	57.1 – 58.7	49.7 – 59.3	56.3 – 59.1	47.8 – 62.1	56.9 – 59.1	47.4 – 60.2

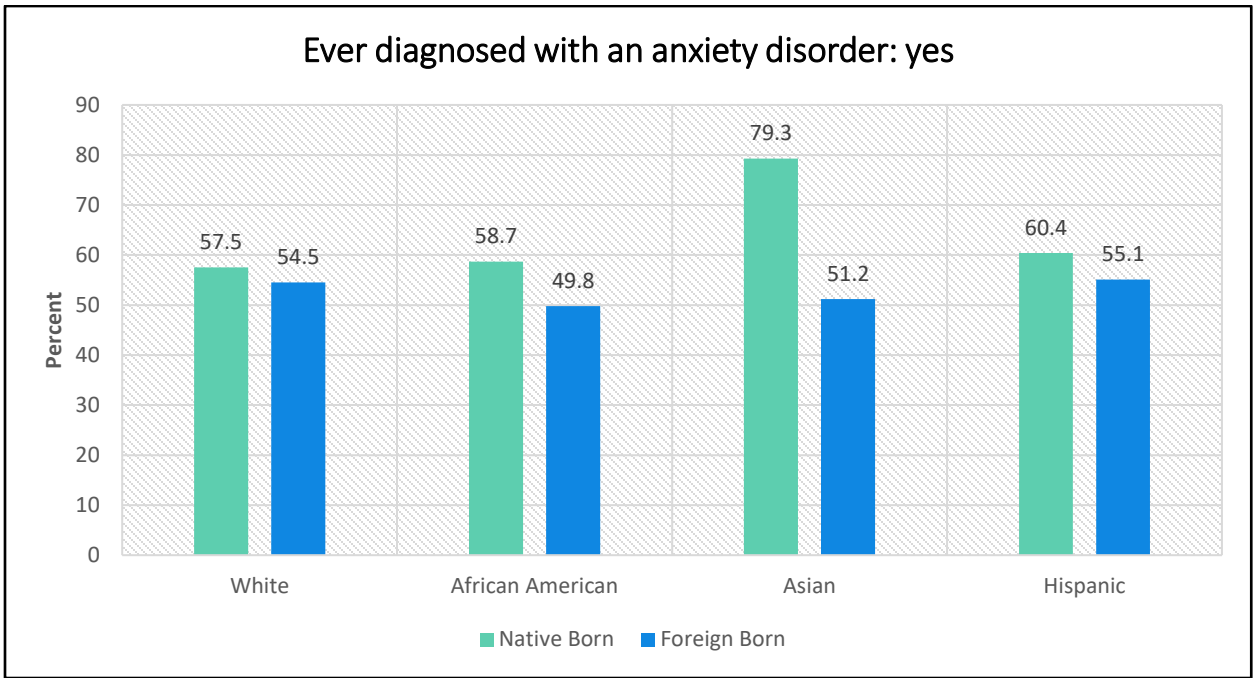
[37] Centers for Disease Control and Prevention. (2013). Anxiety. Retrieved from www.cdc.gov/mentalhealth/basics/mental-illness/anxiety.htm

[38] National Institutes of Health. (2016). Anxiety disorders. Retrieved from www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml#part_145333

Anxiety Disorder

Race and Ethnicity Disparities

While approximately 55-60% of most populations reported having ever had an anxiety disorder, there were several outliers. The prevalence of anxiety disorders was much higher in the native-born Asian population, with 79.3% of the population reporting having had an anxiety disorder. Contrarily, foreign-born African Americans (49.8%) and foreign-born Asians (51.2%) reported lower proportions of individuals with anxiety disorders compared to other populations.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	57.5	54.5	58.7	49.8	79.3	51.2	60.4	55.1
95% CI	56.7 – 58.3	45.1 – 63.6	52.0 – 65.1	28.5 – 71.2	64.5 – 89.0	36.6 – 65.6	53.1 – 67.3	48.6 – 61.5

Anxiety/Depression Severity

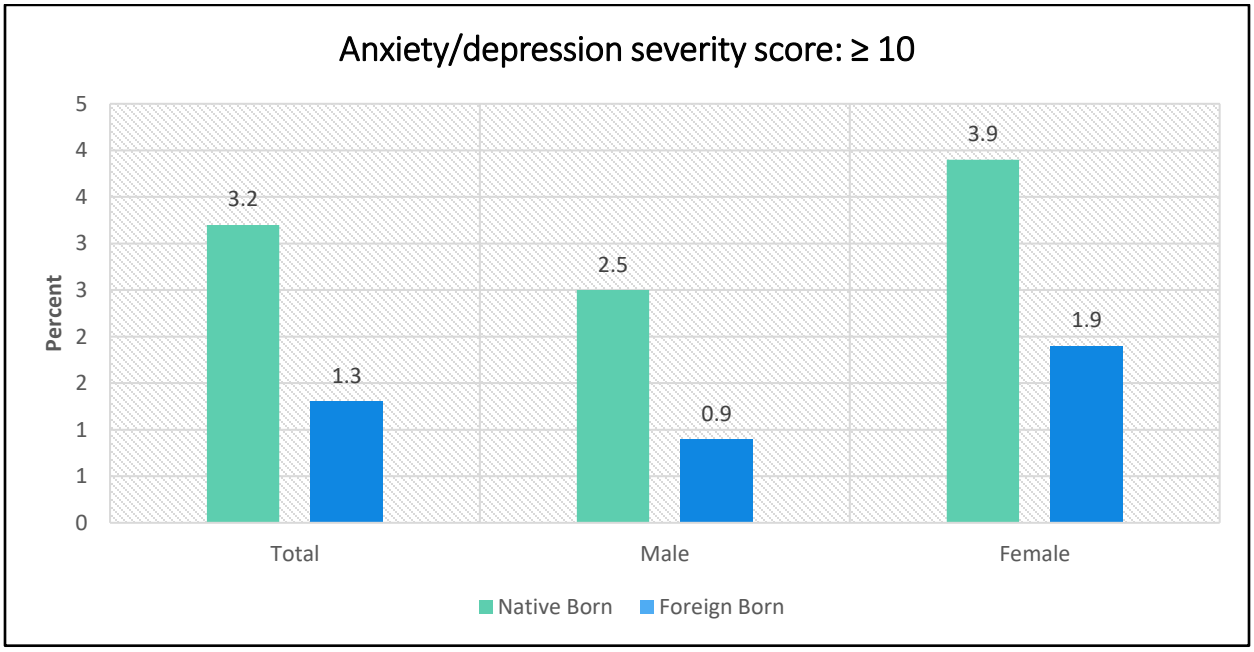
Individuals represented in the charts below reported an anxiety/depression severity score of ten or greater. A score greater than ten indicates moderate, moderately severe or severe anxiety/depression.

Birth Place Disparities

The native-born population (3.2%) was almost 2.5 times more likely than the foreign-born population (1.3%) to report having an anxiety/depression severity score of over ten.

Gender Disparities

Native-born females (3.9%) were the most likely to report a high anxiety/depression severity score, compared to 1.9% of foreign-born females. Native-born males (2.5%) were the second most likely to report a high anxiety/depression severity score, compared to only 0.9% of foreign-born males.



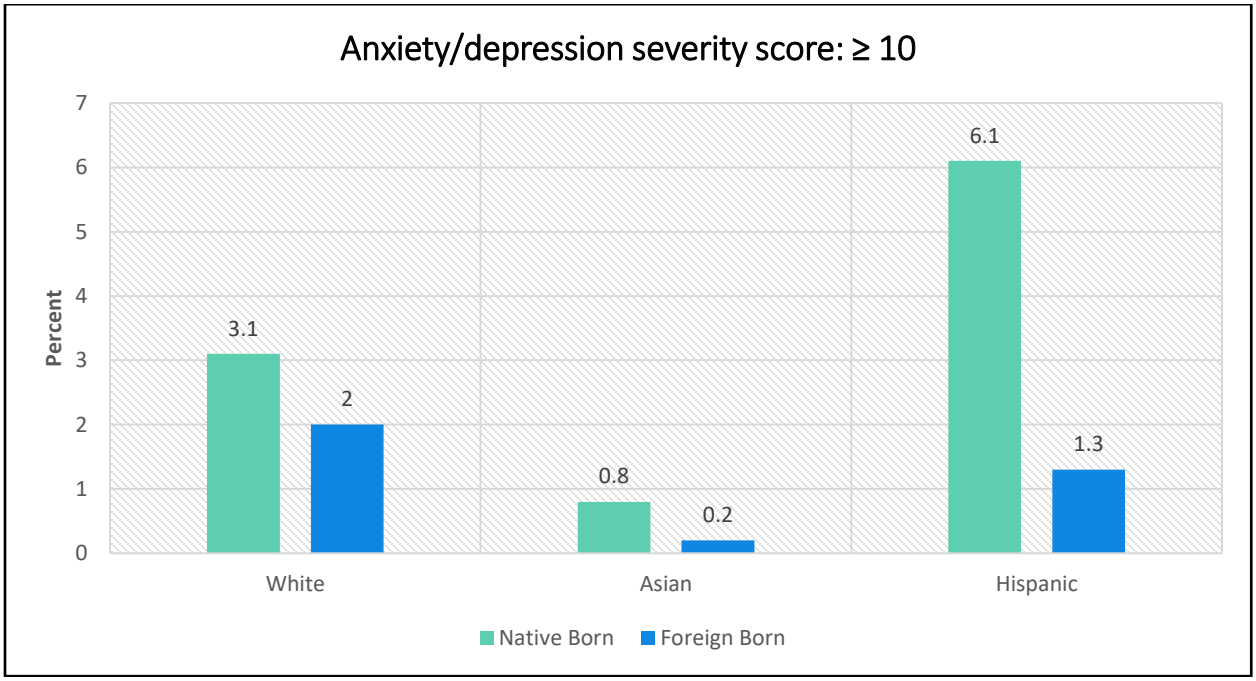
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	3.2	1.3	2.5	0.9	3.9	1.9
95% CI	2.9 – 3.6	0.8 – 2.3	2.1 – 2.9	0.3 – 2.8	3.4 – 4.4	1.1 – 3.1

Anxiety/Depression Severity

Race and Ethnicity Disparities

Native-born Hispanics (6.1%) were the most likely population to report having an anxiety/depression severity score of over ten. The second most likely group to report having a high anxiety/depression severity score was native-born Whites (3.1%). Native-born and foreign-born Asians were the least likely population to have a high anxiety/depression severity score, both reporting proportions of under 1%.

Please note the African American category was removed due to insufficient data.



	White		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	3.1	2.0	0.8	0.2	6.1	1.3
95% CI	2.8 – 3.4	1.0 – 4.0	0.2 – 2.7	0.0 – 1.8	3.8 – 9.6	0.6 – 2.8

Activity Limitations

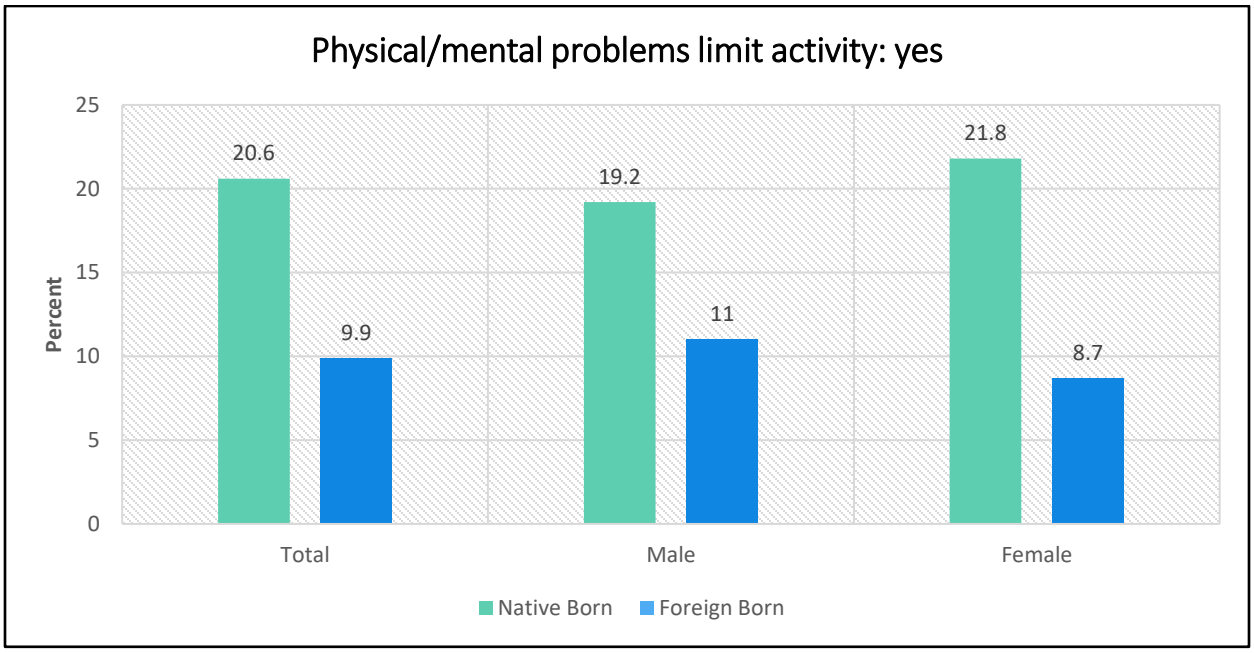
Limitation in activity refers to a long-term reduction in an individual's ability to carry out activities. Those represented in the charts below responded yes, when asked if physical or mental problems limit their activities.

Birth Place Disparities

Approximately one-fifth of the native-born population (20.6%) reported that physical or mental problems limit their activities, compared to just under one-tenth of the foreign-born population (9.9%).

Gender Disparities

Within the female population, there was a large gap between native-born females (21.8%) and foreign-born females (8.7%) reporting that their activity was limited by physical or mental problems. The gap within the male population was somewhat smaller, with 19.2% of the native-born male population and 11% of the foreign-born male population reporting that physical or mental problems limit their activities.

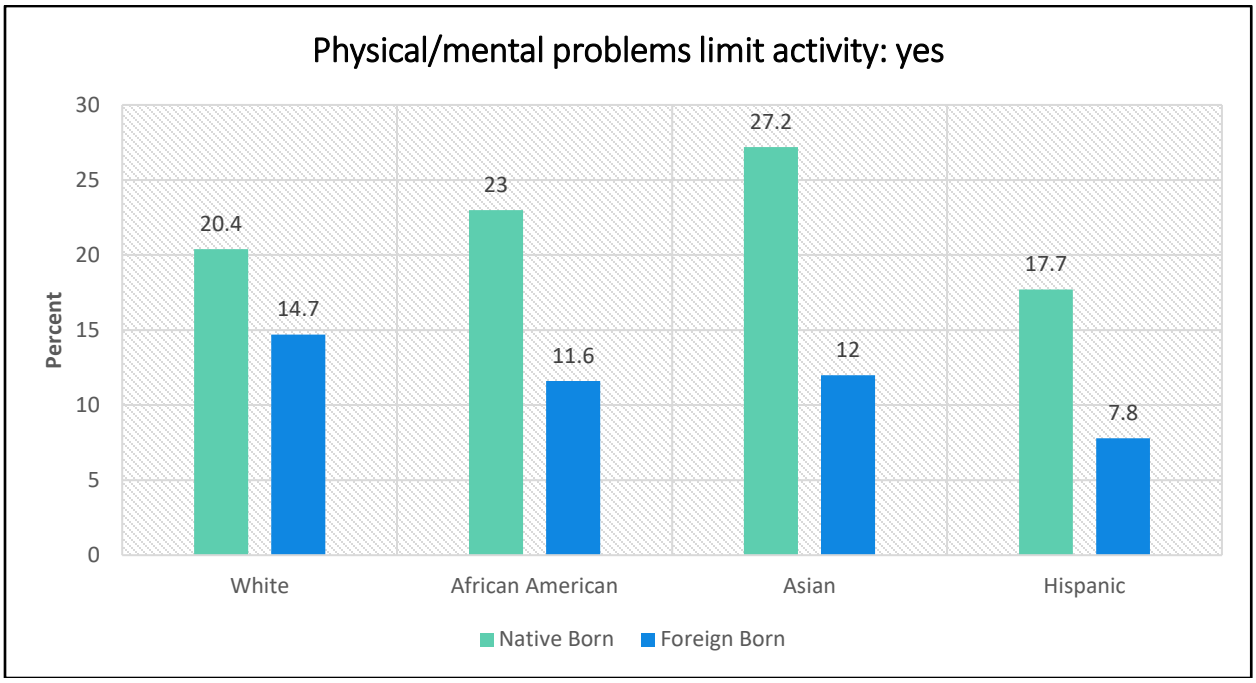


	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	20.6	9.9	19.2	11.0	21.8	8.7
95% CI	20.0 – 21.1	8.1 – 12.1	18.4 – 20.0	8.3 – 14.4	21.1 – 22.5	6.5 – 11.5

Activity Limitations

Race and Ethnicity Disparities

The largest gap within a race was seen in Asians, with over one-fourth of native-born Asians (27.2%) reporting that physical or mental problems limit their activity, compared to only 12% of foreign-born Asians. Native-born African Americans (23%) and Whites (20.4%) were the second most likely to have their activity limited by physical or mental problems, while the least likely groups were foreign-born Hispanics (7.8%) and foreign-born African Americans (11.6%).



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	20.4	14.7	23.0	11.6	27.2	12.0	17.7	7.8
95% CI	19.8 – 20.9	11.1 – 19.2	19.4 – 26.9	5.2 – 23.9	19.3 – 36.9	7.3 – 19.1	14.7 – 21.2	5.6 – 10.8

Insufficient Sleep

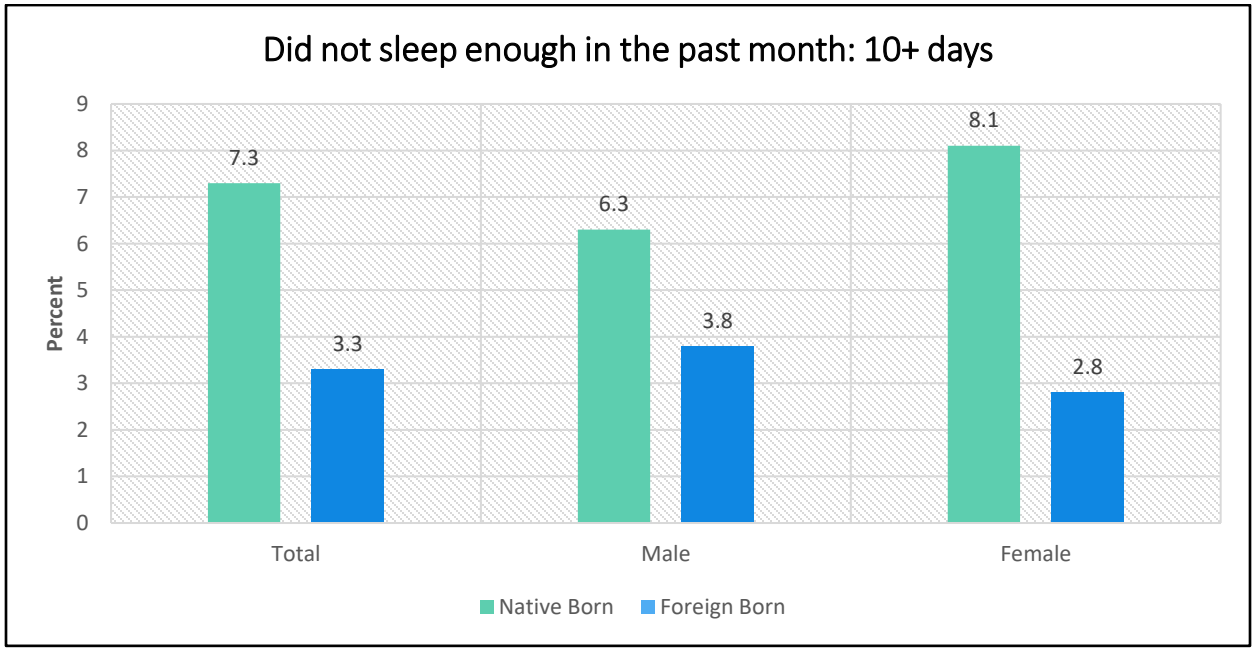
Insufficient sleep has been linked to numerous chronic diseases, including diabetes, obesity, depression and cardiovascular disease.[39] Additionally, insufficient sleep can be responsible for motor vehicle crashes, causing considerable injury each year. To measure insufficient sleep, respondents were asked the number of days in the past month that they did not sleep enough. Those represented in the charts below responded with ten or more days.

Birth Place Disparities

While 7.3% of the native-born population reported not sleeping enough during ten or more days in the past month, only 3.3% of the foreign-born population reported the same, a difference of four percentage points.

Gender Disparities

Native-born females (8.1%) were the most likely to report insufficient sleep, while foreign-born females (2.8%) were the least likely to report the same. Both native-born and foreign-born males fell in the middle of these two percentages with approximately 4-6% reporting that they did not get enough sleep during ten or more days in the past month.



Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	7.3	3.3	6.3	3.8	8.1	2.8
95% CI	6.7 – 7.9	1.9 – 5.8	5.5 – 7.2	1.6 – 8.7	7.4 – 9.0	1.5 – 4.9

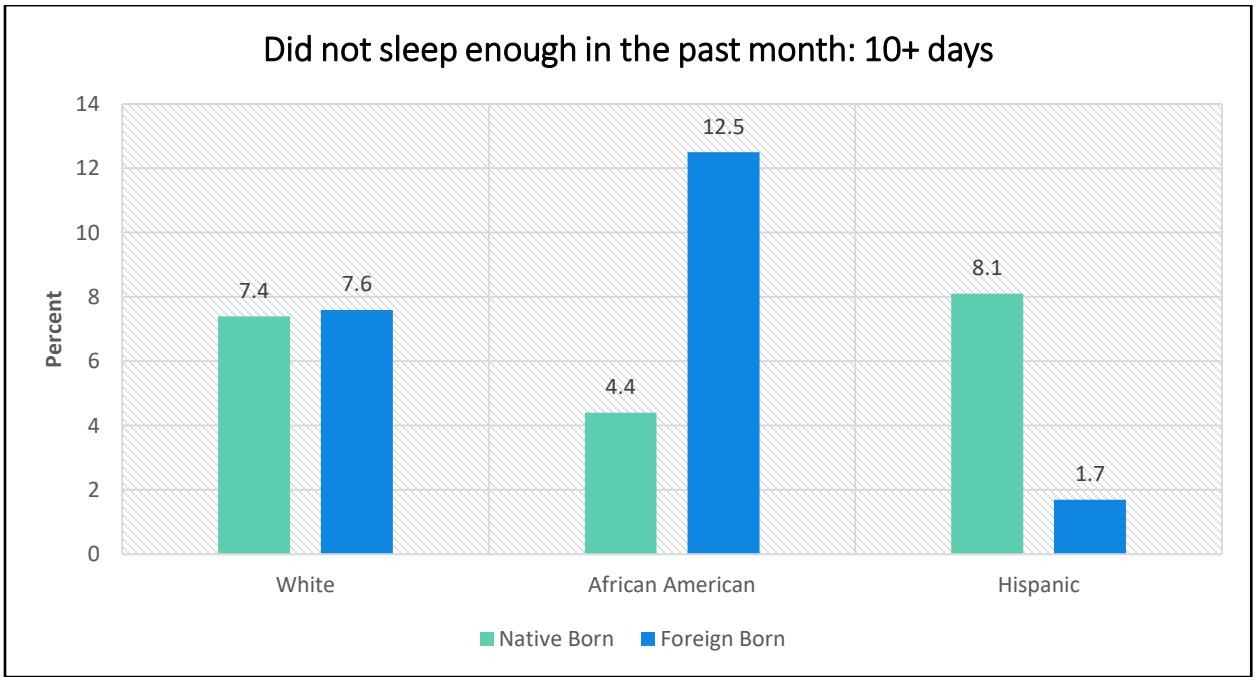
[39] Centers for Disease Control and Prevention. (2016). Sleep and sleep disorders. Retrieved from www.cdc.gov/sleep/index.html

Insufficient Sleep

Race and Ethnicity Disparities

Foreign-born African Americans (12.5%) were the most likely to report insufficient sleep, followed by native-born Hispanics and Whites, as well as foreign-born Whites, all ranging from 7.5-8%. Foreign-born Hispanics (1.7%) and native-born African Americans (4.4%) were the least likely to report not getting enough sleep during ten or more days in the past month.

Please note the Asian category was removed due to insufficient data.



	White		African American		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	7.4	7.6	4.4	12.5	8.1	1.7
95% CI	6.9 – 8.0	3.7 – 15.1	1.7 – 10.8	1.8 – 52.9	3.9 – 16.2	0.7 – 4.2

Fruits and Vegetables: Five or More Servings

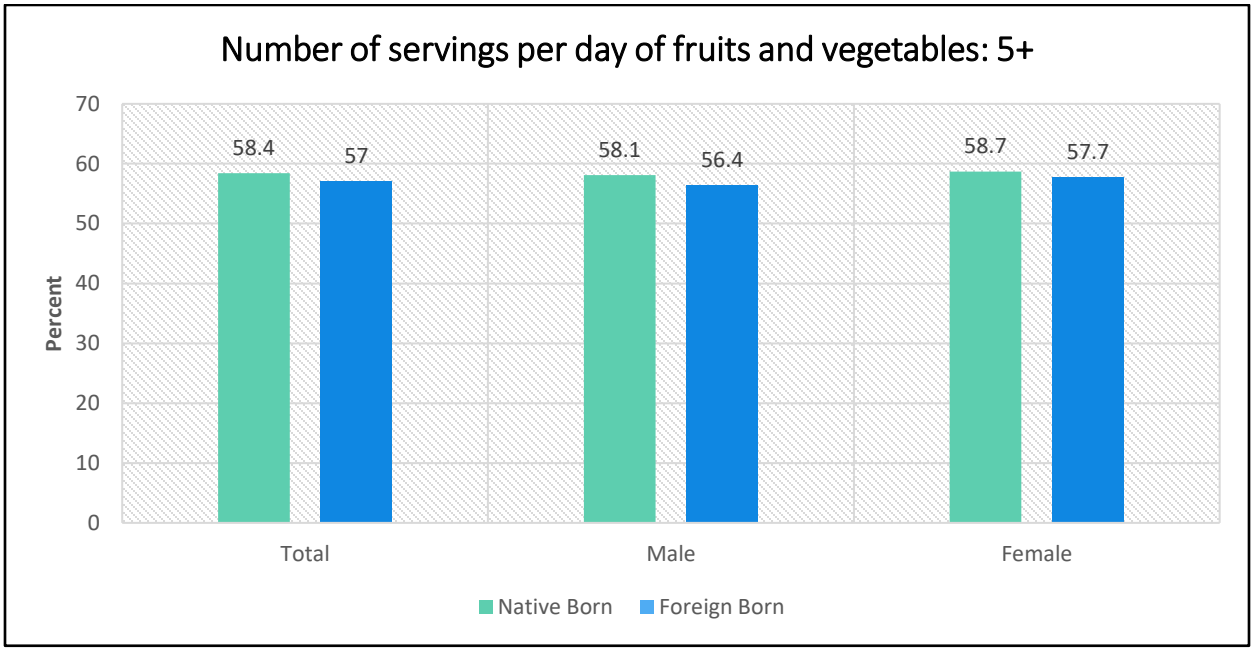
Diets high in fruits and vegetables can reduce the risk for cancer and chronic disease.[40] Fruits and vegetables are a good source of essential vitamins and minerals. They also provide fiber, while remaining low in fat and calories. Half of one's dinner plate should consist of fruits and vegetables.

Birth Place Disparities

Overall, there was no large difference between the native-born and foreign-born populations. Of the native-born population, 58.4% ate five or more servings of fruits and vegetables per day, compared to 57% of the foreign-born population.

Gender Disparities

While both foreign-born males and females were slightly less likely to eat fruits and vegetables than were native-born males and females respectively, the difference was extremely small at approximately one percentage point.



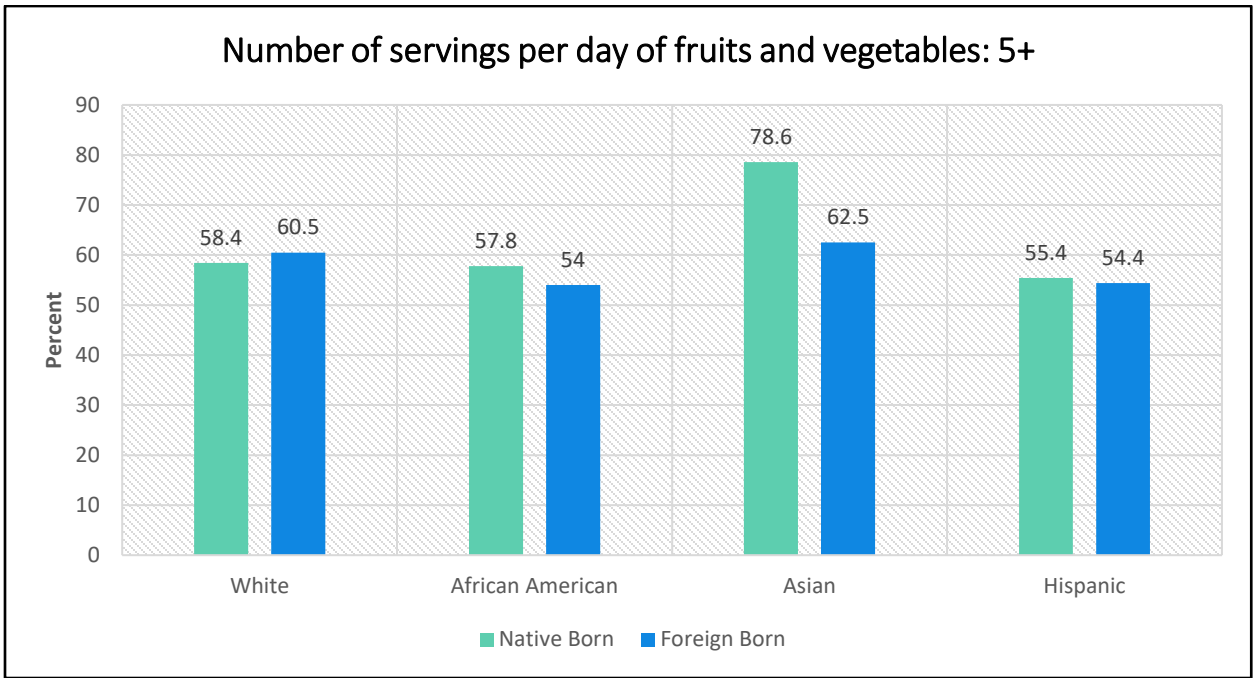
	Total		Male		Female	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	58.4	57.0	58.1	56.4	58.7	57.7
95% CI	57.6 – 59.2	52.4 – 61.5	56.7 – 59.4	49.5 – 63.1	57.6 – 59.8	51.5 – 63.6

[40] Centers for Disease Control and Prevention. (2015). Adults meeting fruit and vegetable intake recommendations. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm

Fruits and Vegetables: Five or More Servings

Race and Ethnicity Disparities

In general, approximately 55-60% of all populations ate five or more servings of fruits and vegetables daily. However, several populations reported higher proportions of individuals who ate five or more servings of fruits and vegetables daily. Just over 78% of native-born Asians ate more than five servings of fruits and vegetables daily, while 62.5% of foreign-born Asians reported the same.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	58.4	60.5	57.8	54.0	78.6	62.5	55.4	54.4
95% CI	57.5 – 59.2	51.7 – 68.7	51.3 – 64.1	32.4 – 74.2	65.8 – 87.5	48.1 – 75.0	48.3 – 62.2	48.2 – 60.5

High Cholesterol

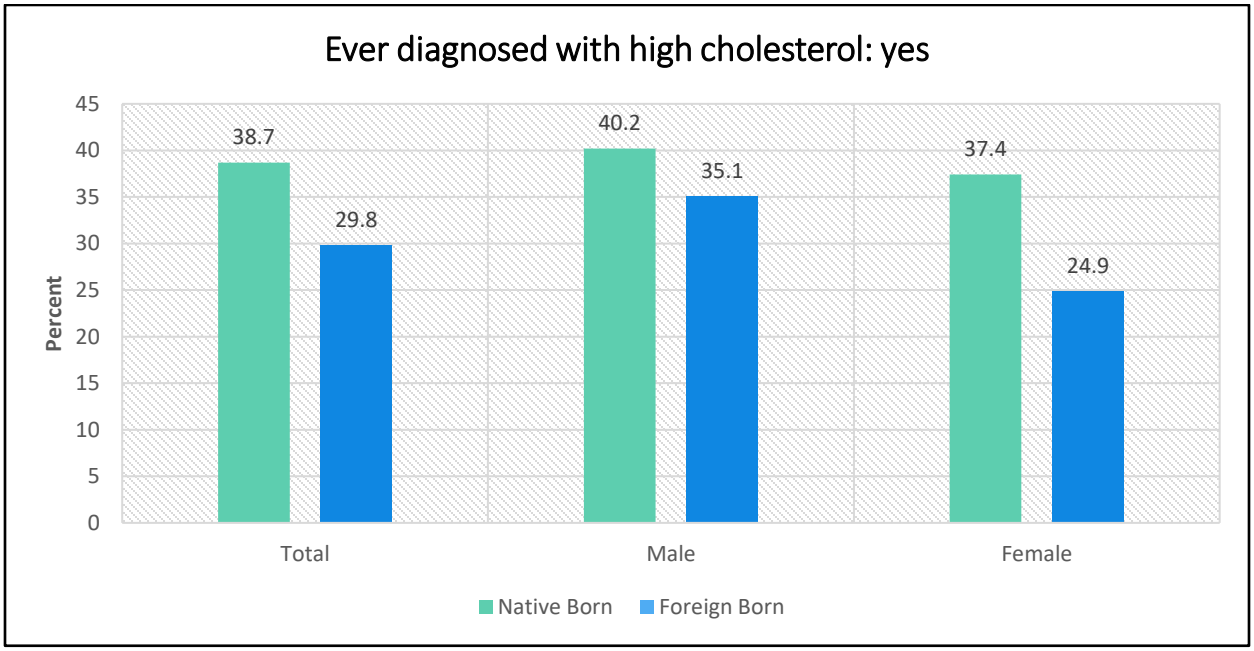
High cholesterol occurs when low-density lipoprotein (LDL) levels are high. LDL, often called bad cholesterol, makes up most of the body's cholesterol. An estimated 73.5 million adults in the United States (31.7%) have high LDL, or cholesterol.[41] Health conditions, life style and family history are the most common factors that can increase the risk of high cholesterol.[42]

Birth Place Disparities

Within the native-born population, 38.7% of respondents reported having been told by a health professional that they have high cholesterol. Within the foreign-born population, 29.8% reported the same, which was approximately nine percentage points less than the native-born population.

Gender Disparities

Similar percentages of native-born males (40.2%) and females (37.4%), as well as foreign-born males (35.1%) reported having been told by a health professional that they have high cholesterol. Foreign-born females (24.9%) were less likely to have high cholesterol.



Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	38.7	29.8	40.2	35.1	37.4	24.9
95% CI	37.7 – 39.6	25.1 – 34.9	38.7 – 41.7	27.4 – 43.7	36.2 – 38.6	19.7 – 31.0

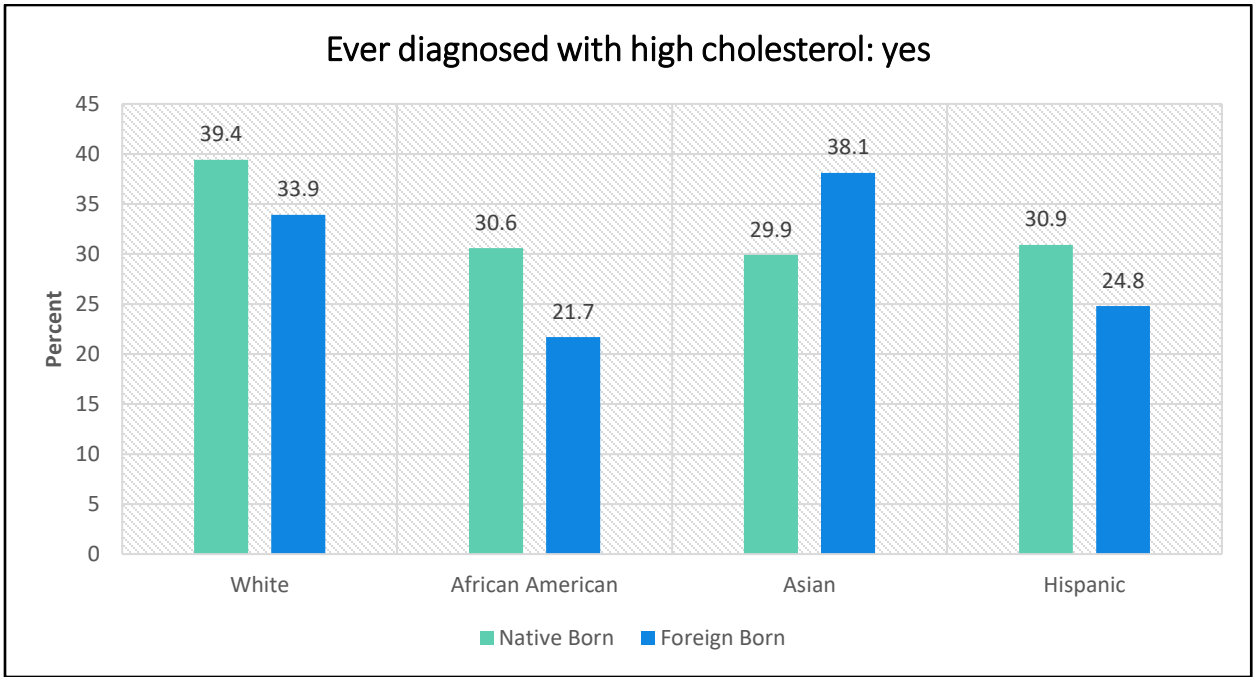
[41] American Heart Association. (2015). Heart Disease and Stroke Statistics. Retrieved from http://circ.ahajournals.org/content/early/2014/12/18/CIR.0000000000000152/tab-article-info

[42] Centers for Disease Control and Prevention. (2016). High cholesterol risk factors. Retrieved from www.cdc.gov/cholesterol/risk_factors.htm

High Cholesterol

Race and Ethnicity Disparities

Native-born Whites (39.4%) were the most likely group to have been told by a health professional that they have high cholesterol, followed closely by foreign-born Asians (38.1%). Foreign-born African Americans (21.7%) and foreign-born Hispanics (24.8%) were the least likely populations to have high cholesterol.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	39.4	33.9	30.6	21.7	29.9	38.1	30.9	24.8
95% CI	38.4 – 40.4	26.1 – 42.7	24.8 – 37.1	8.2 – 46.3	20.4 – 41.6	24.7 – 53.6	24.0 – 38.8	18.9 – 31.8

High Blood Pressure

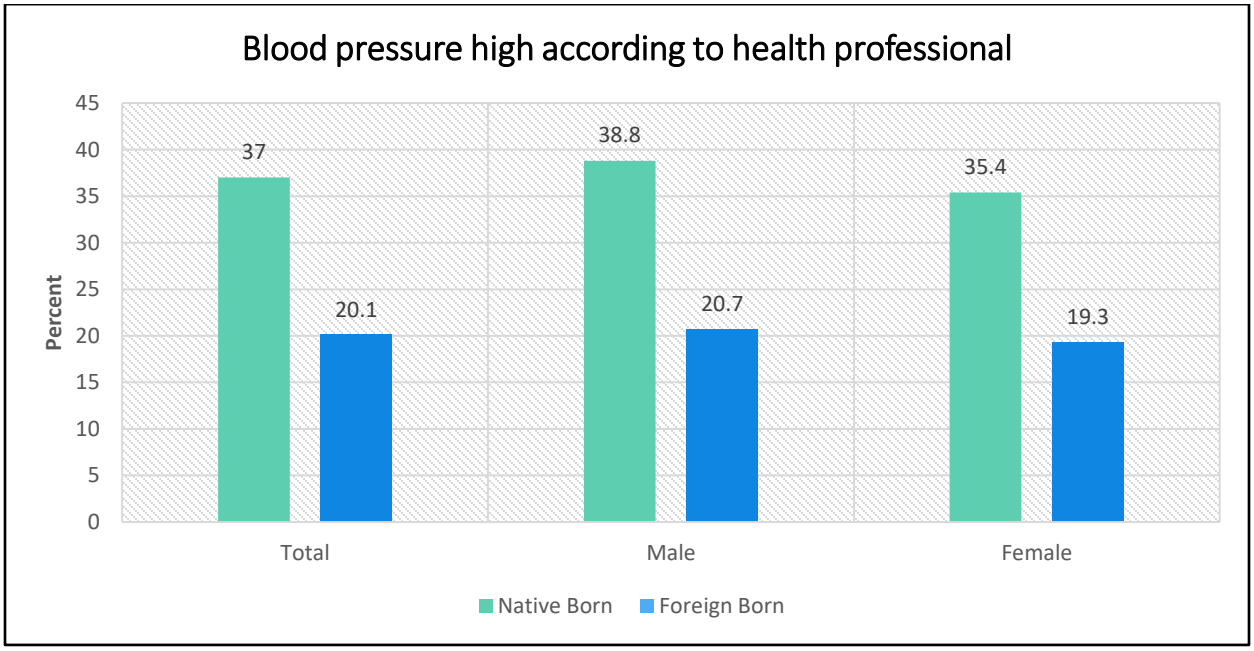
High blood pressure, clinically known as hypertension, occurs when blood flows through the vessels with a greater force than usual.[43] Conditions of the kidney or nervous system, body hormone levels, and water or salt levels in the body can affect blood pressure. Research has shown that individuals who are obese, African American, frequently stressed, or drink larger amounts of alcohol are more susceptible to hypertension.[44]

Birth Place Disparities

There was a large difference between the native and foreign-born populations in regards to high blood pressure. While 37% of native-born individuals reported having being told they have high blood pressure by a health professional, only 20.1% of foreign-born individuals reported having high blood pressure.

Gender Disparities

There was a difference of approximately 18 percentage points between native-born males (38.8%) and foreign-born males (20.7%) who had high blood pressure. The gap between native and foreign-born females was similar, with 35.4% of native-born females reporting high blood pressure and 19.3% of foreign-born females reporting high blood pressure.



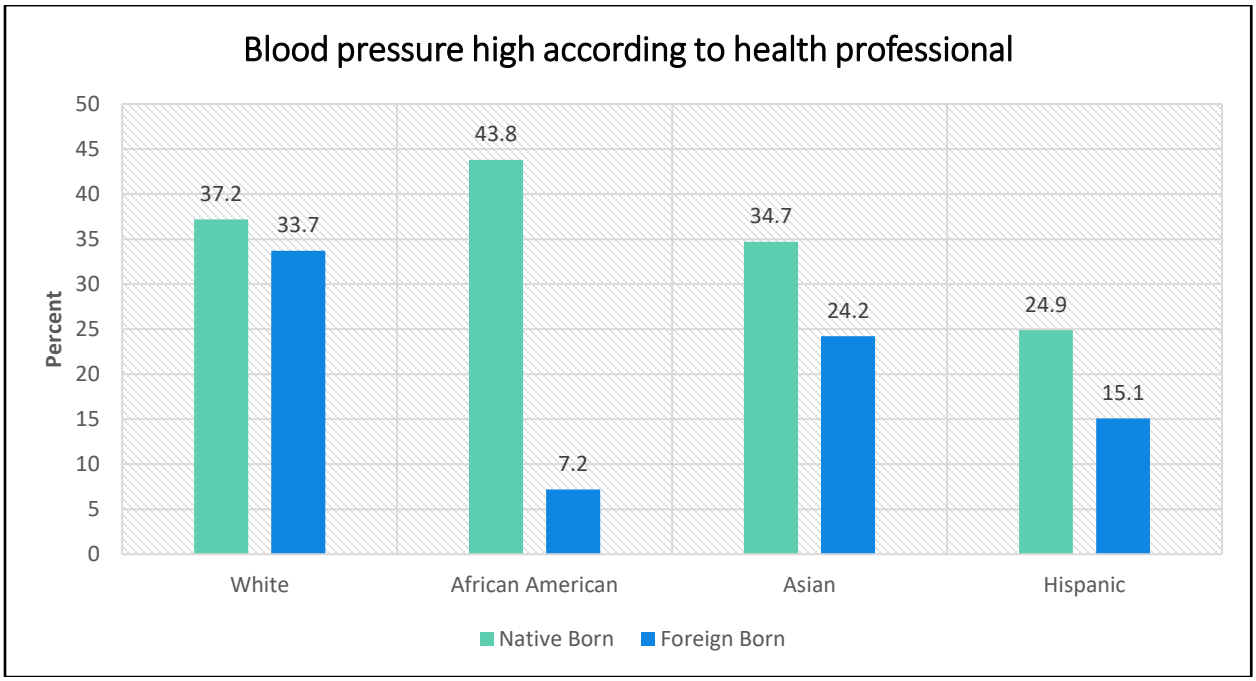
Birth place	Total		Male		Female	
	Native	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	37.0	20.1	38.8	20.7	35.4	19.3
95% CI	36.2 – 37.8	17.1 – 23.4	37.6 – 40.1	16.4 – 25.9	34.4 – 36.4	15.7 – 23.5

[43] National Institutes of Health. (2016). Hypertension. Retrieved from www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0024199/
[44] Ibid.

High Blood Pressure

Race and Ethnicity Disparities

The largest gap was seen within the African American population. Native-born African Americans had the highest rate of high blood pressure of the entire native-born population (43.8%), compared to foreign-born African Americans at only 7.2%. While the difference in high blood pressure among native-born Whites (37.2%) and foreign-born Whites (33.7%) was only around 3.5 percentage points, both native-born Asians and Hispanics were ten percentage points more likely to report high blood pressure than were foreign-born Asians and Hispanics respectively.



	White		African American		Asian		Hispanic	
Birth place	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**	**Native**	**Foreign**
Percent	37.2	33.7	43.8	7.2	34.7	24.2	24.9	15.1
95% CI	36.4 – 38.0	26.7 – 41.6	37.8 – 50.1	2.4 – 19.9	24.9 – 45.9	15.7 – 35.4	20.5 – 29.8	11.9 – 19.0

Conclusion

An individual's health can be affected by race, sex, age, socioeconomic status, and geographic location, all of which contribute to creating the disparities seen in this report. Determinants of health can also include access to high-quality education, nutritious food, safe housing, and public transportation.[45] While genetics, biology and individual behavior also play a role, many disparities occur when certain groups face more barriers or obstacles to health and health services.

Though foreign-born individuals were generally less likely to report having ever had chronic diseases or cancer, they were more likely to report having difficulty accessing health care. The foreign-born population often faces additional barriers to health care, resulting in higher percentages of the population having no personal physician and no health insurance. Cost remains a barrier for a significant number of the population, with almost 20% of the foreign-born population reporting being unable to see a doctor due to the cost. Foreign-born individuals were also less likely than were native-born individuals to report taking recommended preventative care measures.

[45] Healthy People. (2016). Disparities. Retrieved from https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

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