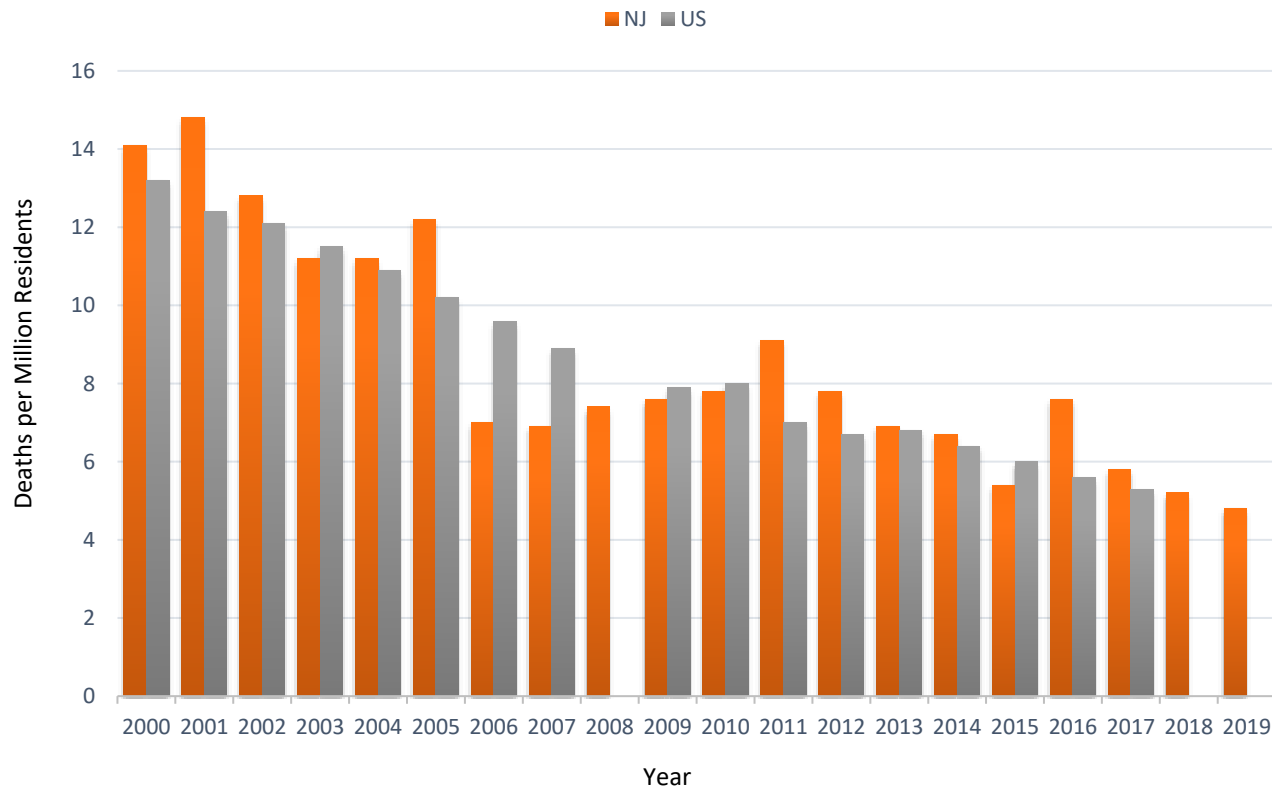


## OHI #10: Mortality from or with Pneumoconiosis

Annual Age-Standardized, Mortality Rate for Total Pneumoconiosis Deaths, New Jersey and United States, 2000-2019



**Annual Number and Age-Standardized Rate\*  
for Total Pneumoconiosis Deaths,  
New Jersey and United States, 2000-2019**

Year	Number		Rate*	
	NJ	US	NJ	US
2000	98	2,864	14.1	13.2
2001	103	2,747	14.8	12.4
2002	89	2,718	12.8	12.1
2003	81	2,639	11.2	11.5
2004	76	2531	11.2	10.9
2005	85	2,430	12.2	10.2
2006	52	2,312	7.0	9.6
2007	51	2,194	6.9	8.9
2008	55	N/A	7.4	N/A
2009	57	1998	7.6	7.9
2010	61	2,037	7.8	8.0
2011	74	1,890	9.1	7.0
2012	62	1,850	7.8	6.7
2013	56	1,859	6.9	6.8
2014	55	1,790	6.7	6.4
2015	47	1,735	5.4	6.0
2016	65	1,662	7.6	5.6
2017	51	1,636	5.8	5.3
2018	48	N/A	5.2	N/A
2019	41	N/A	4.8	N/A

\*Deaths per million residents

N/A: not available

Data Source: NJ Department of Health, Center for Health Statistics; US Census Bureau [<https://data.census.gov/cedsci/>].

**Technical Notes:**

- Includes persons age 15 years or older.
- Excludes patients with unknown age, out-of-state residents and unknown residence, and out-of-state inpatient hospitalizations.
- Pneumoconiosis with less than five deaths are too small to produce reliable estimates.
- Age-standardized rates reported in Table 10b and Figure 10 are based on the 2000 U.S. Standard Population and the Census Bureau's Population Estimates. Rates are expressed as deaths per one million residents.
  - Rates are not calculated for cells with <5 deaths.

**Limitations:**

- State vital records are subject to certain limitations:
  - Causes of death listed on the death certificate may be inaccurate.
  - The number of contributing cases of death listed on the death certificate may vary by person completing the death certificate and geographic region.
  - Death certificates identify only a small percentage of individuals who develop pneumoconiosis.
  - Decedent's state of residence may not have been the same as the state of exposure.
- Pneumoconiosis are typically chronic diseases of long latency (pre-clinical period). Furthermore, current incidence is not necessarily indicative of current exposure. Therefore, it may be many years before reductions in occupational exposures affect hospitalizations.