

NEW JERSEY HUMAN SERVICES AGE-FRIENDLY BLUEPRINT

MAY 2024



State of New Jersey
Phil Murphy, Governor
Tahesha L. Way, Lt. Governor



HUMAN SERVICES

Department of Human Services
Sarah Adelman, Commissioner

Table of Contents

Executive Summary	5
Age-Friendly State Advisory Council Members	6
Public Members:	6
State Agencies:	6
Introducing Age-Friendly	7
The Eight Age-Friendly Domains	7
New Jersey’s Age-Friendly Path	7
Community-Level Age-Friendly Assessments	8
New Jersey Age Profile	9
Recommendations	16
Housing	16
Health	19
Transportation	22
Socialization	24
Employment	26
Communication and Outreach	30
Conclusion	32
Additional Information	32
References	33
Appendix: Listening Session Flyer	38

How to read this document

Throughout this Blueprint, there are example boxes and other important themes pulled out to highlight important ideas. Example boxes showcase programs or services from New Jersey that have demonstrated success in improving the lives of older adults. Examples are given to show what works and what might be expanded or replicated in more communities throughout the State.



Diversity, Equity, Inclusion



Economic Security



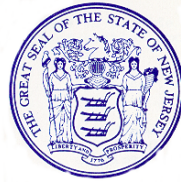
Example



Recommendations



Technology



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SARAH ADELMAN
Commissioner

Dear Governor Murphy,

On behalf of the Department of Human Services and the New Jersey Age-Friendly Advisory Council, I am pleased to present this Age-Friendly Blueprint for the State of New Jersey.

Following your Executive Order 227, Human Services engaged academics, experts, community members, and advocates to identify and evaluate ideas to improve New Jersey's communities for older adults and all people as they age.

This project comes at a very opportune time. New Jersey, like the rest of the United States, is at the threshold of an enormous demographic shift. According to one estimate, nearly 20 percent of New Jersey's population will be over the age of 65 by the end of this decade.

The growth in our older adult population is an opportunity to make our communities more inclusive and integrated – it is not a problem to solve, but a chance to rethink how we want to live, work, and play. Now is the time to reframe and destigmatize aging.

Making life easier for people aged 65 and older is a collective good. Not only do we continue to benefit from the hard-earned wisdom and participation of older adults, we can also improve accessibility and involvement for all individuals.

It will take everyone to move New Jersey toward more Age-Friendly conditions. This Blueprint is a starting point to get business organizations, neighborhoods, policymakers, and all New Jerseyans thinking about large and small ways we can better support our neighbors. It includes actionable ideas as well as overarching philosophies that will inform the implementation of Age-Friendly policies.

Thank you for identifying this opportunity to develop a vision of what's possible for New Jersey. I am grateful to the Advisory Council members, my staff at Human Services, and all of the individuals who participated in our public listening sessions for their contributions to the Age-Friendly Blueprint.

We look forward to continued engagement with you, stakeholders, and New Jersey's communities in advancing the goal of creating an Age-Friendly state.

Sincerely,



Sarah Adelman

Executive Summary

The purpose of this blueprint is to present a framework for new efforts to enhance the lives of older New Jerseyans now and in the future. The population of older adults across New Jersey is growing at an increasing rate. This presents an opportunity to make New Jersey a place where people of all ages can live healthy lives, achieve financial security, and be treated with respect and equality. A dedicated effort by all to improve all aspects of life, from housing to healthcare, can make the state a better place for residents of all ages.

Building on earlier community efforts, Governor Murphy's Executive Order 227 called for the Department of Human Services to develop a blueprint for advancing age-friendly practices across the state with guidance from the Age-Friendly Advisory Council. The following report is the culmination of recommendations made and received by the Department, the Advisory Council, and members of the public.

Throughout their discussions, the Advisory Council found that enabling adults to stay in their communities as long as possible—whether it be through making housing more affordable, increasing the availability of in-home care, or diversifying the types of viable transportation—to be a top priority. They also found that intentional efforts to improve accessibility and inclusion will boost community participation among older adults, among whom social isolation is a growing concern.

Although this blueprint contains a separate set of recommendations organized by category or domain, making New Jersey a better place for all ages requires each domain to seamlessly connect. This means that healthcare, housing, and transportation efforts must be both physically and financially accessible; that the information on programs and initiatives for older adults must be offered in multiple formats and in a variety of locations; and that socialization efforts should take into account the health benefits of decreasing isolation.

Age-Friendly State Advisory Council Members

Public Members:

John Donnadio

New Jersey Association of Counties

Nancyanne Fama

Food Circus New Jersey

Dr. Emily Greenfield

Rutgers University, School of Social Work

Cheryl Kastrenakes

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New Jersey Department of Community Affairs

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Melanie R. Walter, Executive Director

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Laurie Facciarossa Brewer, Ombudsman

Elizabeth Speidel, Director of Community Engagement

New Jersey Transit

President & CEO **Kevin S. Corbett**

Janelle Rivera, Manager

Introducing Age-Friendly

The population of older adults is increasing rapidly across the United States. The U.S. Census Bureau estimates that the number of people aged 65 and older will grow from 49.2 million in 2016 to 73.1 million in 2030—from 15% of the country's population to 21% (Vespa et al., 2018/2020). This demographic shift necessitates proactive planning to ensure our communities are best serving the aging population.

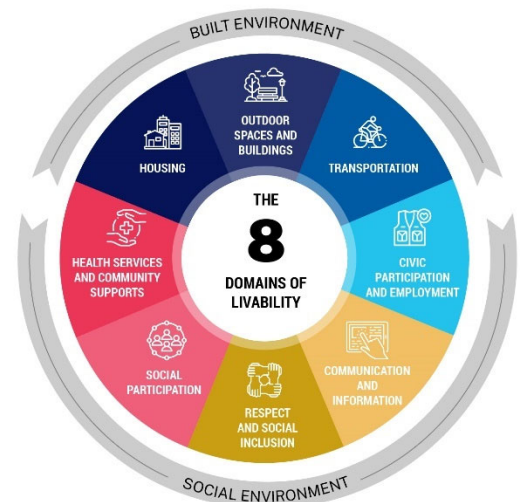
"Age-friendly" communities are welcoming and livable for people of all ages. They provide accessible transportation and housing options, as well as meaningful volunteer and social opportunities. The Age-Friendly movement supports older adults living at home as long as possible by promoting safe public spaces and easy access to essential services. Older adults play a valuable role in our community and economy, and an age-friendly New Jersey will ensure their involvement and contributions are fully utilized. As New Jersey's population ages, age-friendly communities benefit everyone, enhancing the state as a fulfilling place to live.

The Eight Age-Friendly Domains

In 2007, the World Health Organization (WHO) identified eight essential domains for healthy and active aging (World Health Organization, 2007). This blueprint uses these domains to address the most pressing issues for older adults in New Jersey, aiming to make the state more livable for all ages.

The WHO's eight age-friendly domains are as follows:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services



New Jersey's Age-Friendly Path

On March 2, 2021, Governor Phil Murphy signed Executive Order 227, creating an Age-Friendly State Advisory Council within the Department of Human Services.¹

The executive order expanded on years of age-friendly efforts in the state. At the time of signing, fourteen New Jersey communities were members of AARP's Network of Age-Friendly States and Communities, including Somerset County, the first Age-Friendly county in the state. The number of communities has since grown to twenty-three, with Bergen and Ocean counties also joining. In 2016, the Age-Friendly North Jersey Alliance began, bringing together age-friendly projects from sixteen New Jersey communities to collaborate on best practices and advocate for community improvements. The Age-Friendly State Advisory Council members were appointed to continue the age-friendly legacy and to engage new partners to create a comprehensive vision for the state.

Executive Order 227 called for the Department to develop a blueprint, informed by the Advisory Council, outlining

¹ Executive Order 227: <https://nj.gov/infobank/eo/056murphy/pdf/EO-227.pdf>

strategies to advance age-friendly practices across the state, and for the blueprint to be submitted to the governor.

In May 2021, New Jersey became the ninth state to join the AARP Network of Age-Friendly Communities. This designation as a “livable community” recognizes progress made to make the state more accessible and inclusive for all residents.

Beginning in March 2022, the Age-Friendly Advisory Council convened monthly to discuss opportunities for and challenges to making New Jersey more livable for people of all ages. Comprised of representatives from state and local government, academic institutions, nonprofit organizations, businesses, and community groups, the Council drew from both professional expertise and personal experience to identify best practices for an age-friendly New Jersey. The Advisory Council held two listening sessions for the public to submit written or verbal testimony, and their comments were shared with Advisory Council members and live-streamed on YouTube. Themes that emerged during the public listening sessions include:

- The need for more information about existing programs for older adults
- The importance of increased financial support to family caregivers and for housing
- Aid for coordination of local age-friendly work
- The necessity for accommodation for people with aural and visual impairments, especially in public places.

The Advisory Council’s discussions, presentations, and public listening sessions form the basis of this blueprint. Over eighteen months, the Advisory Council highlighted challenges faced by older residents: rising housing costs, limited at-home care access, and social isolation. The Advisory Council emphasized implementing initiatives at the local level to address differences between counties, and between communities within counties, as exhibited in the New Jersey Age Profile below. This blueprint also highlights three cross-cutting issues that did not completely align with the eight Age-Friendly Domains, but were recurring themes in Advisory Council meetings:

- **Digital technology** is increasingly used as a solution for transit, healthcare, and more. However, exclusive use of electronic scheduling and communication programs disproportionately affects older adults, leaving them without needed services. The Advisory Council aimed to ensure that older New Jerseyans were not left behind by these changes.
- **Diversity, equity, and inclusion** are fundamental to all the Advisory Council’s recommendations, but ensuring an age-friendly New Jersey for everyone requires a dedicated effort to address these issues. The blueprint includes specific actions to address these areas.
- The **economic security** of older adults is impacted by housing costs and medical emergencies. The wide-ranging nature of the financial difficulties older adults face is reflected in recommendations spread across each section of the blueprint.

Community-Level Age-Friendly Assessments

Becoming an age-friendly community begins with assessing the livability factors and creating a tailored plan. This blueprint provides recommendations that can be incorporated into community plans based on local needs. A one-size-fits-all approach across the state is not an effective strategy for making meaningful strides in growing Age-Friendly communities. Communities, municipalities, and counties must assess their populations, resources, and needs to make a difference in the lives of residents. Recommendations in this report are broad and may need to be modified or tailored based on a community needs assessment.

Local leaders have access to various tools for assessing and improving a community’s age-friendliness, including the World Health Organization’s community needs assessment. This assessment involves reviewing existing programs and gathering resident feedback to identify opportunities for enhancement. Prioritizing input from older adults and

developing a community profile using the American Community Survey data for understanding demographics of an area are crucial steps in developing an age-friendly plan. Understanding the community's socioeconomic and cultural makeup and resource distribution is also essential for identifying necessary improvements (World Health Organization 2020).

AARP also offers a Livability Index online tool that allows users to search for their community, view how certain indicators are scored, and identify areas for improvement. For example, the AARP Walk Audit Tool Kit can be used to assess the safety and walkability of a street, neighborhood, or community. Rutgers University also piloted a mapping tool that displayed housing and caregiver resources, health and wellness destinations, parks and outdoor spaces, transportation networks, and other resources for several counties.

New Jersey Age Profile

While the total population of the United States has grown 7.3% from 2010 to 2021², the population of older adults has increased at a much higher rate. From 2010 to 2021, the population of those aged 65 and older in the US grew from 40.5 million to 55.9 million, an increase of 37.9%. Moreover, those 65 and older made up 13.1% of the total US population in 2010, and that group increased to 16.8% of the total population in 2021.³

While the older adult population is steadily rising in New Jersey, the proportion of older adults in the state hasn't seen the same increase as the national estimates. From 2010 to 2021, New Jersey's total population increased from 8,801,624 to 9,267,130 (5.3%), while the population of older adults increased from 1,191,030 to 1,563,621 (31.3%). As shown in Figure 1 below, adults 65 and older made up 13.5% of the state's population in 2010 and 16.9% of the population in 2021.⁴

² U.S. Census Bureau. (2023). 2010-2021 *American Community Survey 1-year Estimates: Table S0101. Age and Sex*. Retrieved from <https://data.census.gov/table/ACSST1Y2021.S0101?q=us+population>

³ U.S. Census Bureau. (2023). 2010-2021 *American Community Survey 1-year Estimates: Table S0103. Population 65 Years and Over*. Retrieved from https://data.census.gov/table?q=S0103&g=010XX00US_040XX00US34&tid=ACSST1Y2010.S0103

⁴ Ibid.

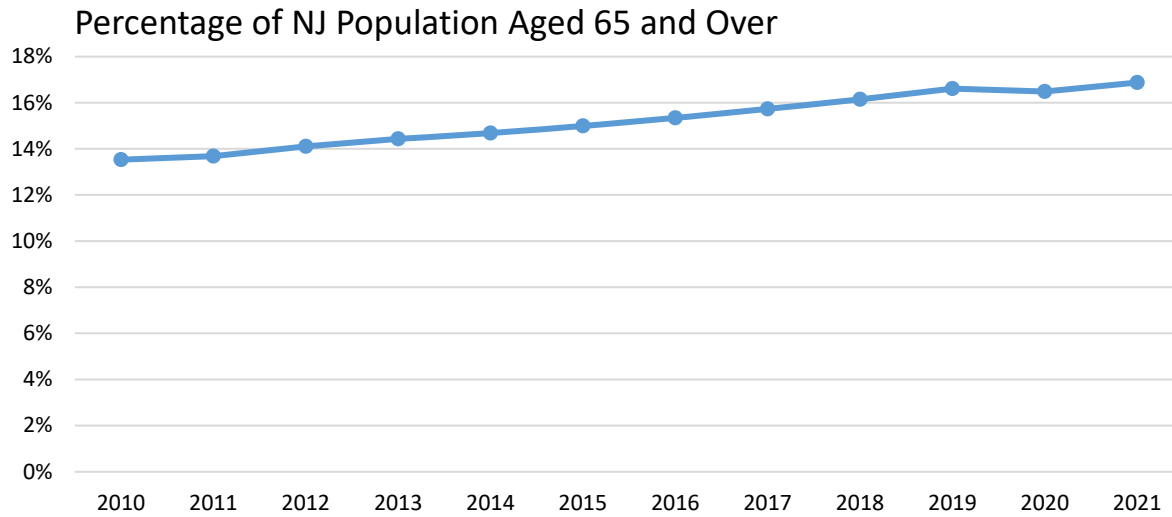


Figure 1 Growth of the percentage of older adults (aged 65 and older) relative to New Jersey’s total population 2010-2021, the most recent years for which data were available. Source: *American Community Survey 1-year Estimates, Table S0103, Population 65 Years and Over*. 2010-2021. **Note:** ACS figures for 2020 were unavailable due to the pandemic, so 2020 Decennial Census figures were used.

Demographers expect the growth trend in New Jersey’s older adult population to continue. By 2029, one model estimates that the number of people in New Jersey aged 65 or older will increase by 414,262, or 28.7%, totaling 1,857,200 people (Figure 2). The model predicts that this group will account for 20.0% of the projected total New Jersey population in 2034.⁵

⁵ Census Bureau Demographic Profiles and New Jersey Department of Labor and Workforce Development, Division of Economic and Demographic Research

NJ Age 65 and Older Population Counts vs Projections

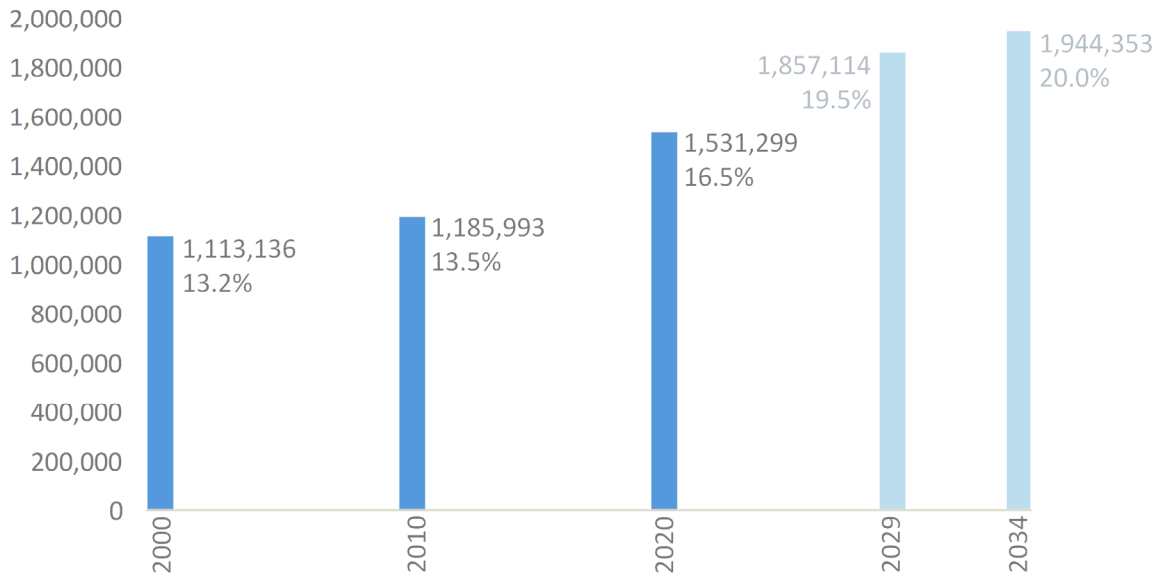


Figure 2 Census counts and projected 65+ population growth in New Jersey from 2000 to 2034, with percentage of total population.

Figure 3 shows the New Jersey population pyramid grouped by age range and sex from 2020 and the projected population percentages in 2030. Both male and female percentages for all age groups over 60 increase when looking forward to 2030. As the population ages, the imbalance between sexes increases.

New Jersey Age Structure Pyramids, 2020 vs 2030

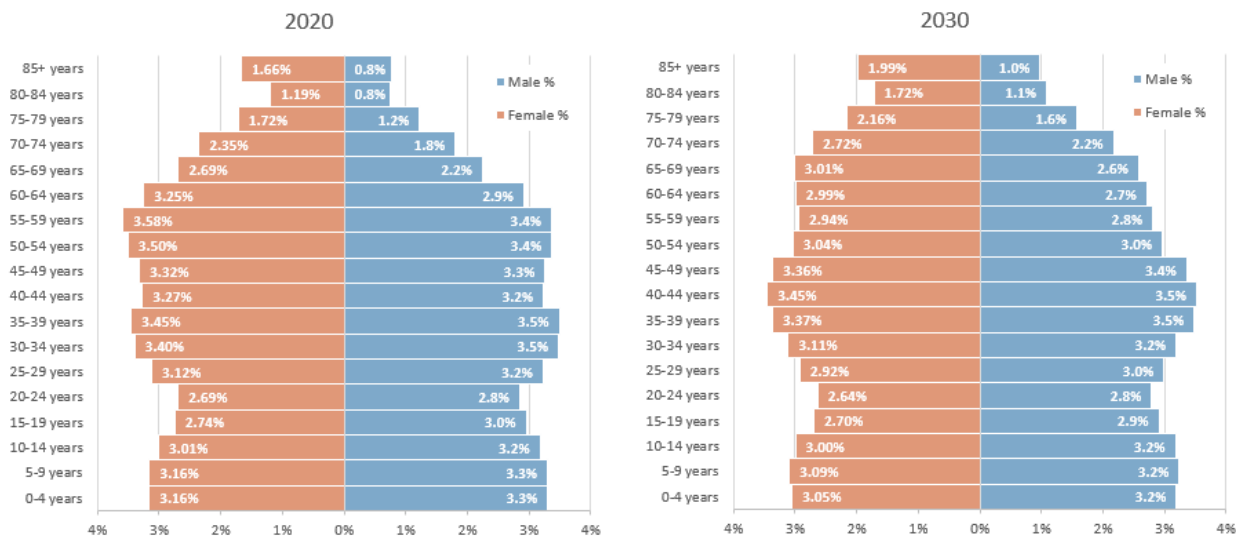


Figure 3 Percentage of total NJ population by age group. Source: Centers for Disease Control and Prevention. (2023). CDC WONDER. State population projections 2004-2030. Retrieved from <https://wonder.cdc.gov/population-projections.html>.

Figure 4 examines the change in the older adult population at the county level over the last decade. Since 2011, Hunterdon and Sussex counties have experienced the greatest increases of their shares of the population aged 65 and older, with 50.5% and 48.3% increases, respectively. Ocean and Cumberland counties have seen the smallest increases, at 16.2% and 20.2%, respectively. However, even the counties with the smallest increases over the last ten years still show overall growth. As noted earlier, the statewide increase was 27.5%.⁶

Percentage Increase of 65+ Population by County 2011 vs 2021

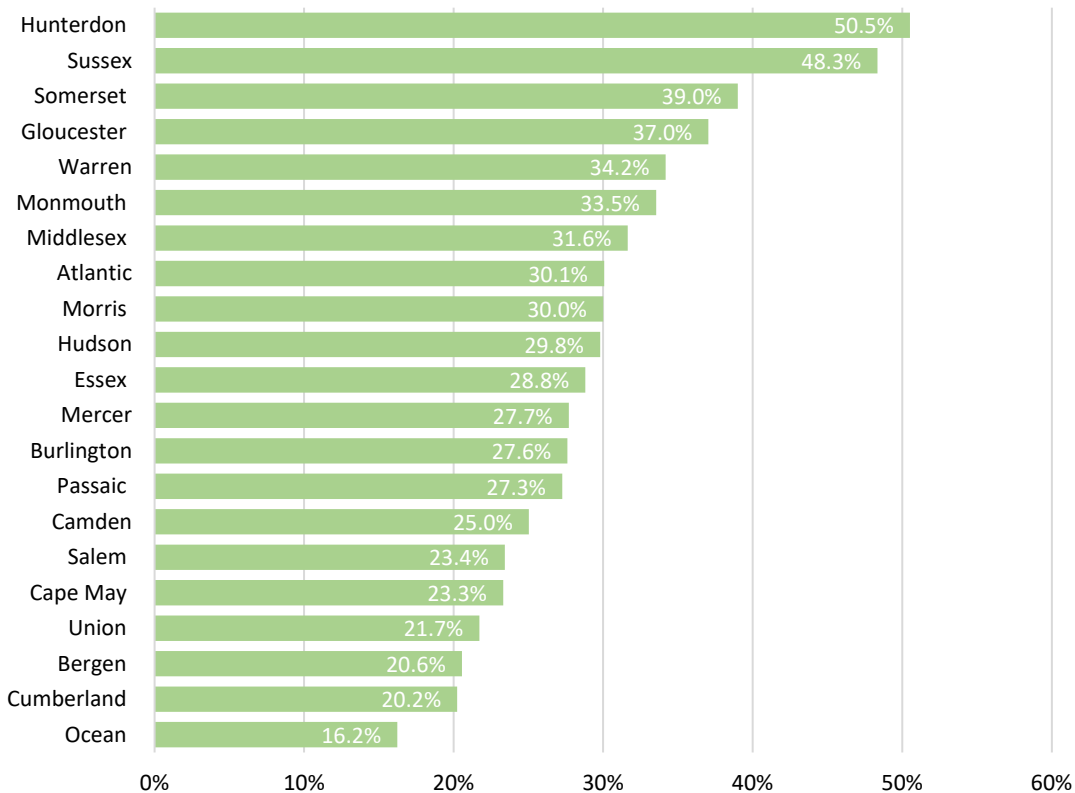


Figure 4 Percentage increase of 65+ population 2011 – 2021, by county.

The maps in Figures 5 and 6 illustrate the current spatial distribution of the older population at the county level. As shown in Figure 5, Bergen, Ocean, Middlesex, Essex, and Monmouth counties had the highest totals of people 65 and older in 2021, while Salem, Warren, Cumberland, Hunterdon, Sussex, and Cape May counties had the lowest. While Cape May, Warren, Hunterdon, and Salem counties have some of the lowest counts of older adults, Figure 6 shows that these counties have the highest proportion of older adults relative to their total populations.

⁶ US Census Bureau, American Community Survey, 2021 5-Year, Table S0103 and 2011, 5-Year, Table S0103, Population 65 Years and Older.

New Jersey Older Adult Population Distribution

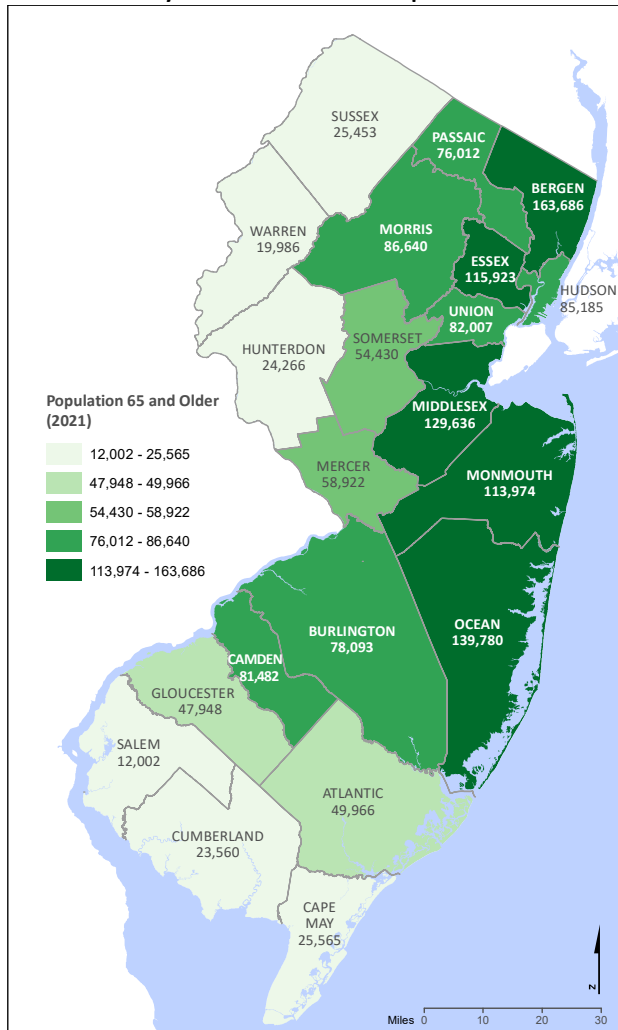


Figure 5 Population aged 65 and older, by county. Source: American Community Survey 5-year estimates. Table S0103 Population 65 years and over. 2017-2021.

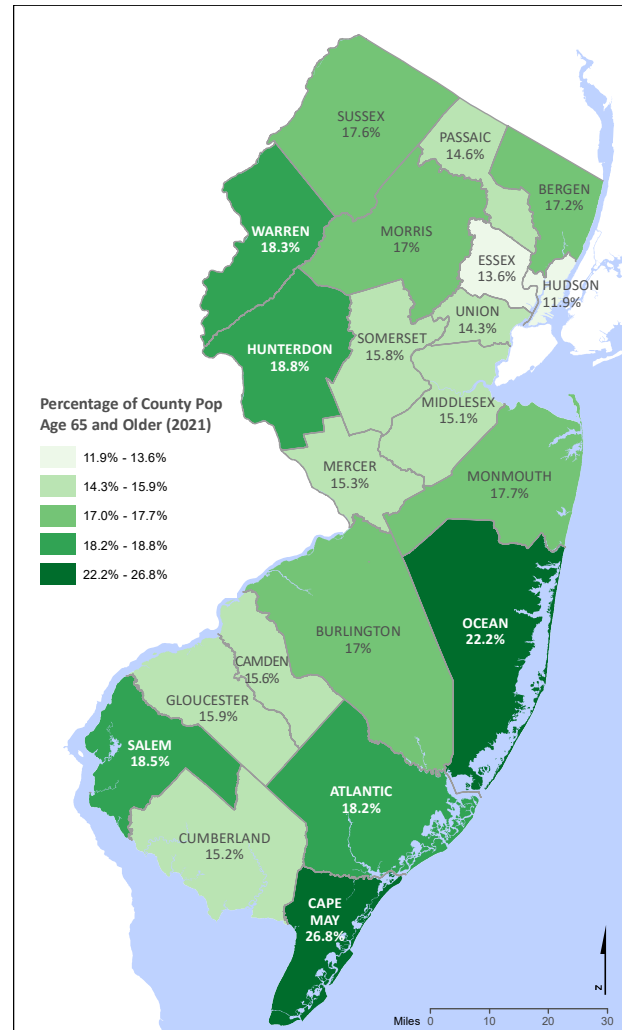


Figure 6 Percentage of county population aged 65 and older. Source: American Community Survey 5-year estimates. Table S0103 Population 65 years and over. 2017-2021.

The maps in Figures 7 and 8, examine the economic characteristics of older adults in New Jersey. According to the American Community Survey, the median household income of people 65 and older in New Jersey was \$60,697 in 2021.⁷ Figure 7 shows that Morris (\$80,935), Somerset (\$78,753), and Hunterdon (\$77,590) counties had the highest median household incomes for this population, while Hudson (\$37,922), Cumberland (\$45,962), and Atlantic (\$52,761) counties had the lowest. Hudson, Essex, and Passaic counties had the highest percentage of people aged 65 and older living below 100% of the federal poverty level, at 18.1%, 13.7%, and 11.5%, respectively. In total, 8.7%

⁷ U.S. Census Bureau. "MEDIAN HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2021 INFLATION-ADJUSTED DOLLARS) BY AGE OF HOUSEHOLDER." *American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B19049, 2021*, <https://data.census.gov/table/ACSDT5Y2021.B19049?t=Income+and+Poverty&g=040XX00US34>.

of older adults in New Jersey are living below the federal poverty level.⁸ A single New Jersey renter in good health aged 65 or older needed an income of at least \$29,616 in order to meet the basic costs of living in 2019; the figure is \$41,292 for a homeowner with a mortgage.⁹

New Jersey Older Adult Economic Indicators

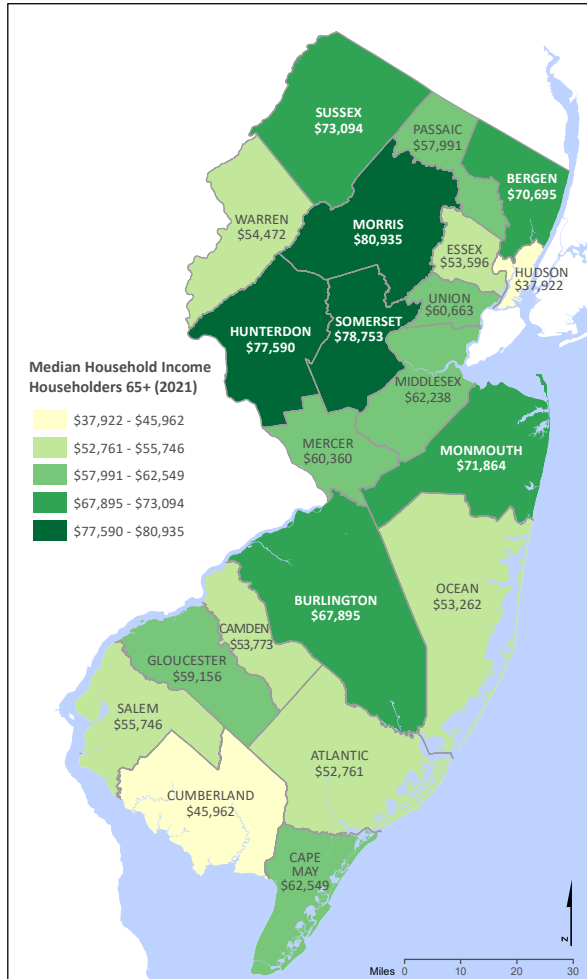


Figure 7 Median Household Income of householders aged 65 and older, by county. Source: American Community Survey 5-year estimates. Table S0103 Population 65 years and over. 2017-2021.

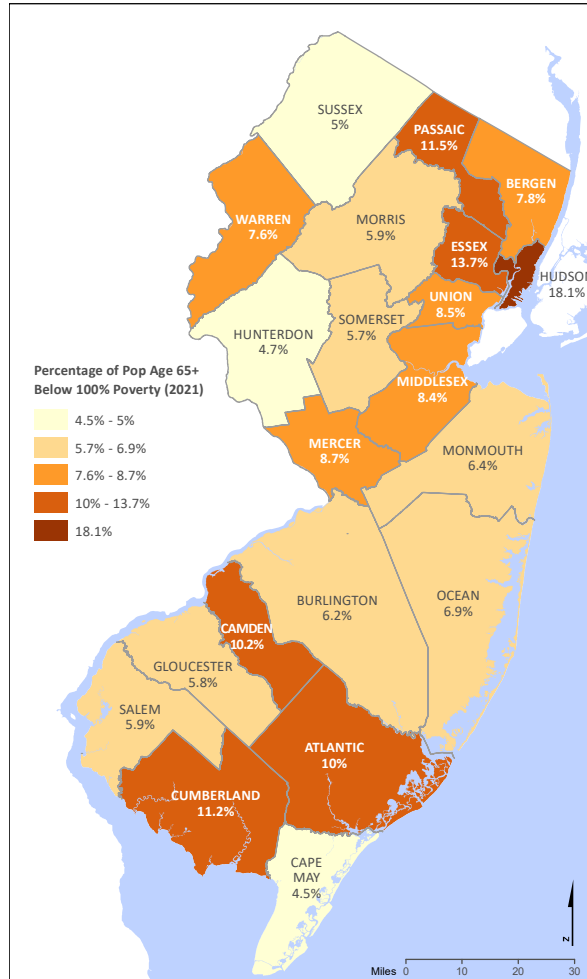


Figure 8 Percentage of population aged 65 and older who were below 100% of the Federal Poverty Line, by county. Source: American Community Survey 5-year estimates. Table S0103 Population 65 years and over. 2017-2021.

⁸ U.S. Census Bureau. "POPULATION 65 YEARS AND OVER IN THE UNITED STATES." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0103, 2021*, [https://data.census.gov/tables/ACSST5Y2021.S0103?t=Age+and+Sex&g=040XX00US34,34\\$0500000](https://data.census.gov/tables/ACSST5Y2021.S0103?t=Age+and+Sex&g=040XX00US34,34$0500000).

⁹ Retrieved from: <https://www.njaaw.org/wp-content/uploads/2022/01/NJ-Elder-Index-Report-FINAL-1.13.2021.pdf>

Limited English Proficiency Among Older Adults: New Jersey vs the Nation

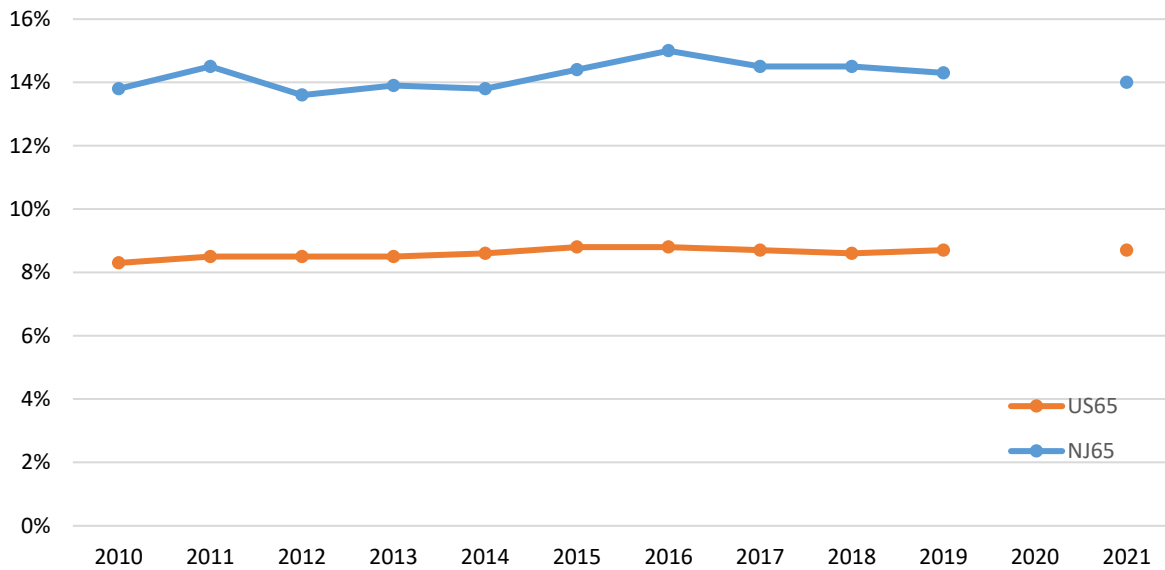


Figure 9 Comparison of limited English proficiency among the population aged 65 and over in New Jersey vs. nationwide. Source: American Community Survey 1-year estimates. Table S0103 Population 65 years and over. Language spoken at home other than English when ability to speak English is less than “Very well.” 2010-2021. Note: 2020 figures are unavailable due to the pandemic.

New Jersey is a linguistically diverse state, with around 32% of the population aged five years and older speaking a language other than English at home.¹⁰ Figure 9 compares limited proficiency among New Jersey’s older adults with the national figures from 2010 through 2021. Among the population aged 65 and older, approximately 5.6% more have limited English proficiency in New Jersey than overall in the United States. This translates to a noticeable increase (Figure 10) in the count of older adults with limited proficiency over an 11-year period, rising by over 54,000 or 33.2%. Age-friendly initiatives must take into account the unique needs, including language access, of populations across the state. A universal approach is not suitable for the diverse nature of older adults in New Jersey.

¹⁰ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Table S1601: Language spoken at home.

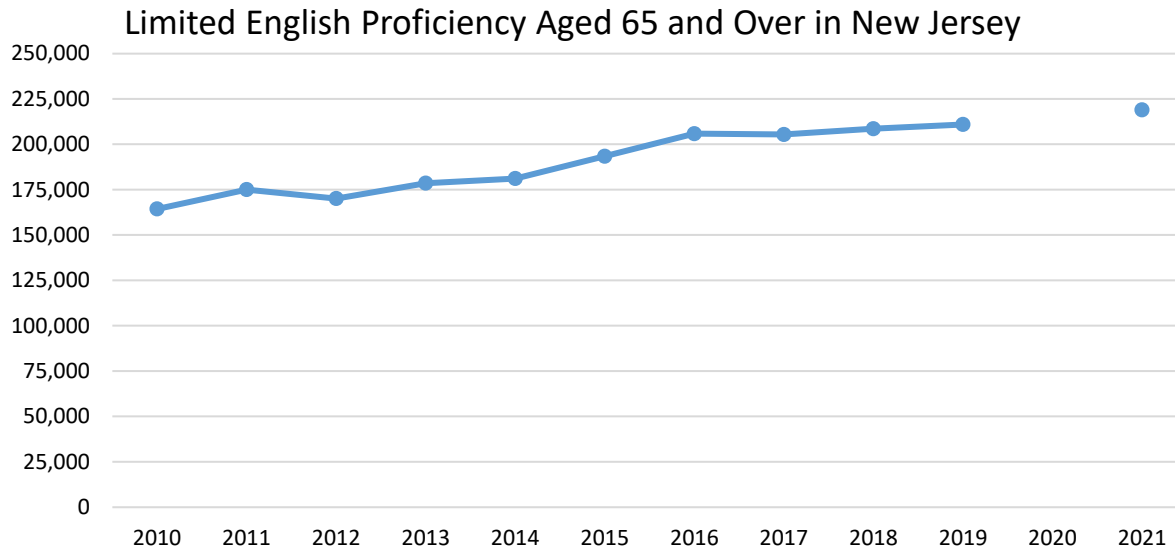


Figure 10 Growth in the New Jersey population aged 65 and older with limited English proficiency. Source: American Community Survey 1-year estimates. Table S0103 Population 65 years and over. Language spoken at home other than English when ability to speak English is less than “Very well.” 2010-2021. Note: 2020 figures are unavailable due to the pandemic.

Recommendations

Housing

Older adults overwhelmingly prefer to remain in their own homes for as long as possible (Binette & Fanni Farago, 2021). However, 13.6% of New Jersey residents aged 65 and older reported difficulty living independently.¹¹ Age-friendly efforts can focus on offsetting facility-based placements for as long as possible through home modifications and assistance with everyday maintenance. Modifying homes with ramps, chair lifts, and/or grab bars can enable older adults to continue to safely and independently access all areas of their home. Offering support for home maintenance tasks - such as seasonal yard work, replacing smoke detector batteries, and installing AC window units - are just a few of many ways to help New Jersey residents age in place.




DEI: Make sure to include special populations and diverse communities in planning activities, including LGBTQ+, new Americans, grand-parents raising grandchildren, and people with Alzheimer’s Disease or Related Dementias.

¹¹ U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Table S1810

In 2021, 75% of housing units headed by a person 65 and older were homeowner occupied.¹² As these homeowners age, many of these homes will no longer be suitable for them, whether it be for a change in family composition, increased mobility challenges, or any other reason. Retrofitting existing housing can reduce the demand on the already limited senior housing stock and minimize the stress of moving. Some municipalities, such as Princeton and Maplewood, have changed local zoning laws to permit the construction of accessory dwelling units (ADUs), or a secondary housing unit on a single-family lot. ADU’s keep people in their communities and near natural supports like family caregivers. Local planning boards can also consider encouraging redevelopment that expands housing options and developing spaces that were previously zoned for other uses.

The remaining 25% of housing units headed by a person 65 and older were occupied by renters, a total of just under 230,000 units. Renters that acquire a mobility impairment are at a greater risk of nursing home placement if their housing is no longer safe or accessible, as they have fewer options to make modifications than owners do. Programs that assist landlords in making rental units more suitable for older adults, including providing access to elevators and prioritizing lower level units, can both prevent nursing home placements and increase the marketability of the units. While renters represent a smaller share of the population, retrofitting existing housing units is just as meaningful as homeowner programs.




DEI: Assessing affordable housing supply in low socioeconomic areas and offering renter assistance and eviction prevention programs can mitigate racial disparities, gentrification, and combat the rising rate of homelessness among older adults.

When state and federal funding permits increasing the number of available affordable housing vouchers to help older adults remain in their current homes, assistance programs should also facilitate downsizing by offering alternative, appropriately-sized housing. For new construction and existing home renovation, universal design principles,¹³ and climate resiliency, including evacuation planning and emergency preparedness, should be incorporated when possible. Developers should incorporate extended crosswalk lights, safe intersections, benches, well-lit areas, access to transportation, and public bathrooms to promote increased physical activity, socialization, and community integration (Aspinal, et al, 2010).


Incorporating additional incentives within housing projects that address the unique needs of an aging population, such as access to transportation, endorsements, or age-friendly accreditation, could enhance housing stock for older adults.

Critical aspects of community-based housing for older adults go beyond the physical building. Older adults need access to doctors, pharmacies, grocery stores, and social programming. Without diverse, safe, reliable transportation; high-quality accessible health care; available in-home caregivers; and vibrant social opportunities, community-based living is less achievable.

Assisted living residences, which provide apartment-style housing in conjunction with personal and health services, are good options



Economic Security: The New Jersey ANCHOR program improves economic security by offering property tax rebates to renters in addition to homeowners. This tax relief program helps middle class New Jersey residents keep up with rising housing costs and increasing property taxes. Continuation of this program and other property tax relief programs can further ensure the financial health of New Jersey residents, particularly those who are on fixed incomes.



Economic Security: Encourage communities to engage with the United States Department of Housing and Urban Development’s (HUD) Continuum of Care (CoC) program and seek other funding opportunities for supportive housing for New Jerseyans experiencing homelessness.

¹² U.S. Census Bureau, 2021 American Community Survey 5-Year Estimates

¹³ <https://universaldesign.ie/what-is-universal-design/the-7-principles/>

for individuals interested in residing in a supportive home and community based setting. The American Health Care Association reports that over 80% of assisted living residents and families are satisfied with their care, and 91% report feeling safer than living on their own.¹⁴ Although assisted living residences are typically less expensive than traditional nursing facilities,^{15 16} many individuals may find these settings cost-prohibitive. Assisted living settings can make greater efforts to make their residences more accessible, such as by expanding the number of Medicaid residents that they accept in their facilities. NJ FamilyCare incentivizes assisted living residences to accept more Medicaid beneficiaries through its tiered rate system, which provides higher daily rates to assisted living residences that serve greater percentages of Medicaid residents.



Example: Mr. Fix it

The Mr. Fix It program is a program administered by the county Area Agencies on Aging (AAAs) that provides residential maintenance funds to people 60 years and older to help them remain in their homes. Funding is used for minor home repairs, grab bar installations, shoveling snow, installing air conditioning units, and simple plumbing. Programs like Mr. Fix It, which operate in Hunterdon County, Warren County (as the Chore Corps), and elsewhere, help transform homes into safer dwellings for people who wish to age in place.



Housing Recommendations

Recommendation 1: Offset facility-based placements by promoting strategies that support aging in place, including home modifications and maintenance assistance programs.

Recommendation 2: Encourage communities to engage in United States Department of Housing and Urban Development's (HUD) CoC funding opportunities.

Recommendation 3: Change local zoning laws to permit the construction of accessory dwelling units (ADUs).

Recommendation 4: Create more affordable housing, including affordable assisted living residences.

Recommendation 5: Incorporate universal design, climate resiliency, and emergency preparedness plans into new construction and improve accessibility of existing housing stock.

Recommendation 6: Incentivize age-friendly designs in competitive bidding projects.

Recommendation 7: Prioritize new construction projects in locations convenient to public transportation and other amenities and necessities.

Recommendation 8: Improve accessibility of existing rental units, such as prioritizing lower-level units for older adults and providing access to elevators.

Recommendation 9: Protect and support renters by offering renter assistance, enforcing eviction protections, and modifying rental units to be more accessible for older adults.

Recommendation 10: Modify existing programs and create new initiatives that assist older LGBTQ+, New Americans, grandparents raising grandchildren, people with Alzheimer's Disease or Related Dementias, and people who are at risk of homelessness.

¹⁴ <https://www.ahcancal.org/News-and-Communications/Press-Releases/Pages/Just-The-Facts-Assisted-Living-Is-A-Safe,-High-Quality-Long-Term-Care-Option-For-America%E2%80%99s-Seniors.aspx>

¹⁵ Lord J, Davlyatov G, Thomas KS, Hyer K, Weech-Maldonado R. The Role of Assisted Living Capacity on Nursing Home Financial Performance. INQUIRY: The Journal of Health Care Organization, Provision, and Financing. 2018;55. doi:10.1177/0046958018793285

¹⁶ <https://www.healthline.com/health/assisted-living-vs-nursing-home>

Recommendation 11: Improve the state’s built environment in outdoor spaces through additions like extended crosswalks, safe intersections, well-lit areas, and street furniture.

Recommendation 12: Continue property tax relief programs such as ANCHOR to alleviate housing costs for those on a fixed income.

Health


The health and overall well-being of older adults rely on their ability to remain in their own homes and communities for as long as possible. People want to stay in their own homes as they age, and their health is better off when they can (Cutchin, 2003 & Sixsmith et al, 2014). Efforts to enhance health should prioritize home-based care, reducing the need for nursing facility placements.

The direct care workforce is the backbone of our economy, extremely diverse, largely comprised of unpaid and family caregivers, and essential to expanding home- and community-based services for older adults. Efforts to grow the paid workforce, improve training and pay for workers, and support unpaid caregivers, will ensure New Jerseyans have the support they need to live healthy, fulfilling lives in their communities.

Providing detailed information on in-home supports, assisted living, and other community-based living options creates a smoother transition from independent living to receiving 24/7 care if needed. Programs and policies that facilitate in-home medical care and on-site case management services promote aging in place and address



DEI: About 53% of New Jersey direct care workers are immigrants. Bolstering supports for direct care workers in immigrant communities can strengthen the care economy tremendously. Public policies that facilitate career pathways and programs that offer culturally and linguistically competent training and mentorship can enable more New Americans to join this workforce (PHI).



DEI: The collection of demographic data, including race, ethnicity, disability, immigration status, language spoken, sexual orientation, or geographic location for program utilization can help identify health disparities in access and institutionalization.

health-related social needs. The State-funded Congregate Housing Services Program provides services to low-income older adults or adults with disabilities residing in certain subsidized housing facilities. The services offered include daily meals provided in a group setting, housekeeping, personal assistance, and service coordination. Coordinating housing, transportation, and socialization initiatives around health programs can increase engagement in health-based activities. For instance, aligning transportation services around grocery stores, pharmacies, recreation centers, and medical providers ensures accessibility to appointments and treatment. Expanding nutrition programs like Meals on Wheels increases food access and social opportunities associated with congregate meals. Collaborations with fitness and recreation centers can also increase the number of programs tailored to older adults.



Technology: Offering technology support and training for older adults can increase access to telehealth services as well as reduce social isolation. The Division of Aging in DHS has offered a number of technology-based initiatives, including a partnership with Get-SetUp to provide hundreds of live, interactive online classes free to older adults. The Division of Aging has also distributed tablets retrofitted with easy-to-navigate apps designed for older adults that can provide access to social service and health care providers.

Public health campaigns can reduce the risk and increase awareness of early symptoms of cognitive decline associated with Alzheimer’s Disease and other Related Dementias. Arming healthcare providers with information and resources to screen patients for early detection will improve the

outlook for individuals and their families living with Alzheimer’s and dementia. Dementia-friendly housing and healthcare services can help people living with cognitive decline and their loved ones maintain their living arrangements, sustain caregiving in the community longer, and ultimately live a higher quality of life. Additionally, mental health and addiction service providers specializing in the older adult population are in high demand in New Jersey. In 2021, 15.8% of New Jersey respondents 65 and older reported having ever been told that they had a form of depression, and another 9.4% said they had poor mental health for 14 or more days in the last month (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, 2021). Improved data collection on older adults with Alzheimer’s and dementia, mental health, and substance use disorders can inform improved, tailored care.

Individuals with disabilities face healthcare disparities, including barriers to routine health screenings (Heller, 2013), discrimination, affordability, and communication and decision-making difficulties (New Jersey Council on Developmental Disabilities, 2022). Planning teams and caregivers should work collaboratively to overcome barriers to care and ensure all recommended preventative screenings are completed on time. Aging with a disability may look different than aging for individuals without developmental disabilities. Informing and educating caregivers and medical professionals is therefore critical to ensure healthy aging for people with disabilities. Care teams should make alternate long-term care plans as early as possible in instances where family caregivers are aging and become unable to support loved ones with developmental disabilities. Care teams can also empower loved ones with disabilities with supported decision-making around health care and long-term care, retirement planning, and end of life planning.

Programs of All Inclusive Care for the Elderly (PACE) are another innovative option for providing comprehensive healthcare services to older adults. PACE offers medical and social services provided by an interdisciplinary team of professionals in community-based centers and in the homes of participants, helping older adults delay or avoid nursing home care. These community centers provide medical care, rehabilitation, social activities, and dining. Availability of PACE continues to grow in New Jersey; there are currently eight PACE programs in New Jersey serving 11 counties, providing unique opportunities for further partnerships with social service agencies, insurers, and local governments to deliver services addressing healthcare, mental health supports, and social isolation.

In recent years, there has been a nationwide emphasis on a transition from nursing facilities to home- and community-based services through Medicaid programs (Skira, Wang & Konetzka, 2022). In January 2024, two-thirds (66%)¹⁷ of New Jersey Medicaid members were receiving services in home- and community-based settings. Alternatively, those who choose facility-based care should have the highest quality options available. Individuals looking for a nursing home can more easily find high-quality care when information about nursing home quality is publicly available and easy to understand. Tools like the Department of Health’s Nursing Home Facility Data Dashboard¹⁸, which includes quality, staffing, and health inspection information on all nursing facilities in the state, can help individuals



DEI: The Department of Human Services currently participates in a Bridging ID/DD and Aging Grant program in collaboration with the NJ Council on Developmental Disabilities, to develop best practices and policy change to enhance and improve aging services to individuals with intellectual/developmental disabilities (I/DD) and their families. The Division of Developmental Disabilities (DDD) has partnered with the Boggs Center on Developmental Disabilities at Rutgers (NJ’s University Center for Excellence in Developmental Disabilities) to provide professionals and their families with information and resources to effectively support healthy aging, person, and family centered health care decision making and considerations for end-of-life planning.

¹⁷ See: <https://njfamilycare.dhs.state.nj.us/analytics/home.html>

¹⁸ See: <https://www.nj.gov/health/lrc/nursing-homes/>

make informed decisions about their care or the care of their loved ones.

The concept of Age-Friendly Health Systems focuses on medical providers who deliver care tailored for older adults. This approach uses the evidence-based “4Ms” framework: What Matters, Medication, Mobility, and Mentation (Mate *et al.*, 2021). Older adults utilize emergency departments more than any other age group, making up 15% of the almost 150 million emergency department visits in the United States annually (Hunt, 2020). Health systems and providers that prioritize age-friendly policies can create a strategic advantage by better serving this growing population.

According to the 2022 New Jersey Elder Index, a single person 65 and older spends an average of \$457 on health costs each month, including premiums and out-of-pocket expenses (Elder Index, 2022). The high cost of healthcare sometimes leads older adults to limit and delay their medical and dental visits, prescriptions, and other care critical to their health and well-being. In 2020, 31.4% of New Jersey respondents 65 and older said they did not visit the dentist or dental clinic within the past year for any reason (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, 2020). Another 5.4% of New Jersey residents 65 and older indicated that they had vision difficulty, and 11% indicated hearing difficulty.¹⁹ Lowering the costs of prescriptions and making dental care, eyeglasses, and hearing aids more affordable and accessible will improve the financial and economic well-being of older adults. The Department of Human Services has expanded eligibility through increased income limits for prescription assistance programs (PAAD and Senior Gold) and the Hearing Aid Assistance for the Aging and Disabled program two times in the last three years, reducing out-of-pocket expenses for over 145,000 people. These efforts help older adults become more engaged in their communities and social circles when their sensory and medical needs are met, reducing social isolation and rates of depression (Xiang, An, and Heinemann, 2017).



Example: Mental Health First Aid for Older Adults

The National Council for Mental Wellbeing offers a certification program that trains paid and unpaid caregivers on how to help an older adult who may be experiencing a mental health or substance use challenge. The program covers the unique impact of mental health and substance use on older adults, identifies risk factors and protective factors specific to older adults, and prepares learners to take action when needed. Courses are available in person and virtually.



Health Recommendations

Recommendation 1: Foster partnerships that improve well-being by focusing on the social drivers of health.

Recommendation 2: Focus on healthcare equity by collecting programmatic demographic data and offering culturally responsive care trainings for healthcare workers.

Recommendation 3: Integrate Alzheimer’s Disease and dementia screening with other services in ways that will increase access to diagnosis and treatment.

Recommendation 4: Collect and use data to monitor nursing facility quality.

Recommendation 5: Establish or expand programs that help older adults age in place.

Recommendation 6: Help fitness and recreation centers provide physical fitness programs tailored to older adults.

¹⁹ U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Table S1810

Recommendation 7: Lower out-of-pocket healthcare costs for older adults.

Recommendation 8: Establish age-friendly health systems.

Recommendation 9: Create innovative community partnerships with insurers or PACE providers to avoid and delay nursing home placement.

Recommendation 10: Expand mental health and addiction services for older adults.

Recommendation 11: Empower loved ones with intellectual and developmental disabilities with supported decision-making around health care and long-term care, retirement planning, and end-of-life planning.

Recommendation 12: Strengthen the direct care workforce through recruitment, training, and expanding benefits.

Recommendation 13: Provide specialized services to recruit and support workers in immigrant communities, such as mentorship and training programs.

Recommendation 14: Provide older adults with technological support and education to assist with accessing healthcare services.

Transportation

Transportation must be a priority at every stage of planning for initiatives serving older adults. Transportation plays a crucial role in connecting every domain of aging addressed in this blueprint.



Technology: Planners should consider the diverse capacities of older adults when implementing improvements to transportation platforms. Many older adults quickly adopt new technology, and age-friendly efforts should not always default to the lowest-tech option. For example, New Jersey Travel Independence Program (NJ TIP) travel training presents a variety of ways older adults can pay train fares, from handing cash to a conductor to using the NJ Transit mobile app.

Communities should ensure there are accessible transportation options to senior centers, libraries, medical providers, and other community assets. Mapping these and studying the transportation habits of older adults can help communities tailor new programs and services to better meet needs. Municipalities and counties can expand transportation service areas, offer alternative transit options, and form collaborations to improve efficiency. Public-private partnerships and volunteer programs should be prioritized to increase transportation options for non-driving individuals, which are the preferred alternative transportation models of the older

adult population (Rahman et al, 2016). An evaluation of a volunteer driving program found that recruiting challenges might be overcome by including incentives to recruit and retain drivers such as gift cards and public recognition (Hanson, 2014).

An age-friendly town reduces reliance on driving and supports independent living. Accessible sidewalks, well-placed crosswalks, and reduced traffic enhances older adults' access to essential services. Developers interested in creating new mixed use developments that incorporate public transit and walkable access may be able to find support through the New Jersey Economic Development Authority's (EDA) Aspire program.²⁰ The Aspire program provides grants and tax credits to commercial, residential, and mixed use development projects in targeted growth areas. Residential developments supported by this program must include affordable housing units, and any construction in suburban areas must be located within a half mile of a rail station or high-frequency bus stop.

²⁰ See: <https://www.njeda.gov/aspire/>

Communities should assess their streets for pedestrian-friendly features. Complete Streets, adopted as a policy by the New Jersey Department of Transportation, is defined by the National Complete Streets Coalition as “an approach to planning, designing, building, operating, and maintaining streets that enables safe access for all people who need to use them, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities.” As of 2023, 169 cities and eight counties in the state have adopted a Complete Streets policy, resolution, plan, or legislation.²¹ The model includes providing protected crosswalks with curb cuts and extra time to cross intersections, level and well-maintained sidewalks, and accessible public transit to ensure that safe routes connect everyday destinations in communities without the need to depend on others. These policies have been found to increase physical activity among older adults (Berke et al. 2007), leading to health benefits such as delayed cognitive decline (Centers for Disease Control, 2020).

Transportation programs should prioritize outreach and marketing and provide training for how to access routes. Clear information in plain language on schedules, ticketing, routes, and accessibility is essential for all consumers. In the United States, driving is associated with independence, and lifelong drivers who are no longer able to drive do not tend to view public transit as a viable option (Jones et al, 2018; Kostyniuk & Shope, 2003). Lifelong drivers could benefit from defensive driving courses and classes focused on navigating alternative transportation. These efforts aim to destigmatize non-driving options for older adults.



Example: Ride Provide²²

Greater Mercer TMA (GMTMA) provides door-to-door transportation in private vehicles for older adults and visually impaired adults in Mercer County and Plainsboro through its Ride Provide program. The program is a community-based nonprofit that helps older adults maintain their independence and reduces social isolation by connecting them with their community and providing access to services that may otherwise only be accessible by driving. Individuals first become members by paying an annual membership fee, and members can then contribute to a prepaid account to seamlessly schedule rides and not worry about exchanging cash during the ride. Rides can be scheduled by phone or online at least three days in advance. There are no limitations to the purpose for the ride as long as it is within the service area. Ride fares depend on the number of zones traveled, but transportation to local medical facilities is free.



Transportation Recommendations

Recommendation 1: Make senior centers more accessible by offering a variety of transit options.

Recommendation 2: Assess whether older adults in local communities have transportation access to vital spaces, such as grocery stores, medical offices, and parks.

Recommendation 3: Ensure new development projects consider walkable access and integration with public transit systems.

Recommendation 4: Enhance local transit options by expanding transportation service areas, establishing alternative forms of transit, and collaborating with community organizations.

Recommendation 5: Conduct community street assessments to identify means to make streets more pedestrian-friendly.

Recommendation 6: Learn more about older adult transit habits to better inform local initiatives.

²¹ Retrieved from <https://smartgrowthamerica.org/program/national-complete-streets-coalition/policy-atlas/>

²² <https://rideprovide.org/>

Recommendation 7: Consider the needs and preferences of older adults when designing and incorporating new transportation technology.

Recommendation 8: Explore and promote existing travel training opportunities to increase the level of comfort with navigating public transportation.

Recommendation 9: Offer and encourage defensive driving courses for individuals who are seeking to adapt to evolving abilities.

Socialization

Health and quality of life are heavily dependent on social connections (World Health Organization). 42% of New Jersey householders 65 and older live alone, and the New Jersey Department of Human Services' social isolation study found that over 44% of older adults described themselves as lonely. Additionally, researchers found a correlation between loneliness and health ratings. Respondents suggested exercise classes or recreational activities, chore services, and transportation would improve their ability to connect with others. Additionally, people who were lonely were more likely to report difficulty riding a bus and accessing all other types of transportation, including riding a train, using a ride service, driving their own car, and using paratransit (New Jersey Department of Human Services, 2023). The Foundation for Social Connections developed guidance on how community leaders can advance social connection in their communities. The guide includes six action steps to improve social connection in the community: Reflect, Review, Assess Community Social Connection, Conduct a Social Connection Workshop, Create a Track & Measure Plan, and Evaluate and Share. The guide has many resources that municipalities and other localities can use to address the conditions that lead to social disconnection and the structural drivers of isolation.²³



DEI: Long-term care facilities and other agencies that support older adults should organize social groups and events for LGBTQ+ individuals so they feel supported, included, and meaningful in their communities. Including the LGBTQ+ ally symbol in marketing materials and meeting spaces and using the preferred terminology and pronouns indicates a supportive and welcoming environment for all.



Economic Security: Householders with low income were more likely to be lonely according to the 2023 New Jersey Department of Human Services Social Isolation Study. Ensuring the economic security of older adults prevents social isolation and resulting health issues.

Encouraging in-person social and community activities is crucial to preventing social isolation among older adults. Social opportunities for older adults should be tailored for older adults who are most at risk for social isolation including those who are homebound and individuals living in long-term care facilities. Individuals who are homebound can benefit from personalized visit programs, virtual programming, and integrating new programming into existing supports such as caregiver visits and meal-delivery services.

In addition to its social benefits, volunteering builds resilience in disasters or emergencies (Kim & Zakour, 2017). The COVID-19 pandemic weakened volunteer networks; however, programs can offer paths to employment as a strategy to rebuild volunteer bases that provide significant support to older adults. According to ACL, older adults nationwide volunteer almost two billion hours each year, providing over \$56 billion in economic value. These opportunities keep people active and healthy. Caregiving networks, such as the Village model²⁴, facilitate community engagement, support

²³ See: <https://action4connection.org/>

²⁴ https://www.vtvnetwork.org/content.aspx?page_id=22&club_id=691012&module_id=248578

aging in place, deepen relationships with neighbors, and enhance access to services (Scharlach, Graham & Lehning, 2012; Greenfield et al, 2012).

Fostering intergenerational relationships can enhance older adults' social skills, confidence, and self-esteem, benefiting their emotional and overall health and well-being. Participants in intergenerational programs feel more connected to their community (Teater, 2016). Designing communities to promote intergenerational connections, such as co-locating senior centers and schools, building community gardens, and creating central courtyards in developments promotes positive community interactions (Zhong, Lee & Lee, 2022). Collaborations with institutions of higher education can also establish mutually beneficial social and learning programs for older adults and younger students.

Businesses can adopt practices to become more accessible to older adult patrons and workers. Businesses can also explore the Age Friendly Institute's Certified Age Friendly Employer (CAFÉ) program to better support employees aged 50 and up. Age-friendly business practices value the contributions of older adults and leverage the spending power of this population.



Example: Creative Aging Initiative²⁵

In 2022, the New Jersey State Council on the Arts launched its Creative Aging Initiative, awarding \$10,000 to organizations providing free arts learning experiences for older adults. Led by experienced artists, the programs provided by libraries, veterans' homes, and senior and community centers helped reduce social isolation and foster community connections through activities like mural painting, storytelling, and open mic nights.



Socialization Recommendations

Recommendation 1: Integrate residents of long-term care facilities into community events and activities.

Recommendation 2: Foster intergenerational relationships by offering opportunities such as community gardens, central courtyards, and collaborations with schools and colleges.

Recommendation 3: Encourage in-person activities tailored to the communities' interests and ensure programs are accessible for people that have disabilities and functional access needs.

Recommendation 4: Increase awareness of existing social programs.

Recommendation 5: Educate and encourage businesses to better serve older adult consumers.

Recommendation 6: Engage older adults in the arts.

Recommendation 7: Reach homebound older adults through personalized visitation programs, virtual programming, and integrating social opportunities into existing services and supports.

Recommendation 8: Create specific initiatives that support LGBTQ+ older adults.

²⁵ https://myemail.constantcontact.com/Open-Grant-Application--Creative-Aging-Initiative.html?soid=1117482190155&aid=xELqTP_RVyc

Employment

Many New Jersey residents spend their adult lives working to secure a retirement that can sustain their cost of living. According to the New Jersey Elder Index, a measure of the income necessary for older adults to meet their basic needs, the statewide cost of living in 2022 for a single older homeowner without a mortgage was \$30,792 (Elder Index, 2022), while the average Social Security benefit was \$21,573 (Social Security Administration, 2023). There are programs to assist low-income older adults, but many still struggle to bridge the gap or return to work from retirement. The Elder Index can be used to gauge the cost of living and assess the adequacy of economic and social welfare benefit programs. From 2020 to 2022, New Jersey's homeowners with mortgages experienced a cost of living increase of 9.2% and 10.5% for single and coupled residents, respectively. Renters have experienced similar escalations, witnessing respective increases of 10.4% and 11.7% (Elder Index, 2022).

People aged 65 and older have lower workforce participation rates than those aged 16 and over, both nationally and in New Jersey. In 2021, national figures showed a 62.8% workforce participation rate for the age 16 and older population, and 18.5% for the aged 65 and over population. In New Jersey, the figures were higher at 65.6% (age 16+) and 23.0% (aged 65+). New Jersey has consistently exhibited higher employment rates among older adults than the national average. Figure 11 shows the trend over the period from 2010 to 2021, where New Jersey's older adult workforce participation was an average of 3.2% higher during the 11-year period for which data were available. Note: 2020 figures were unavailable due to the pandemic.



Economic Security: Integrate the Elder Index, or other data-based economic measures, into program guidelines and requirements to better address the basic needs of older adults

Population Aged 65 and Over in the Workforce: NJ vs US (2010-2021)

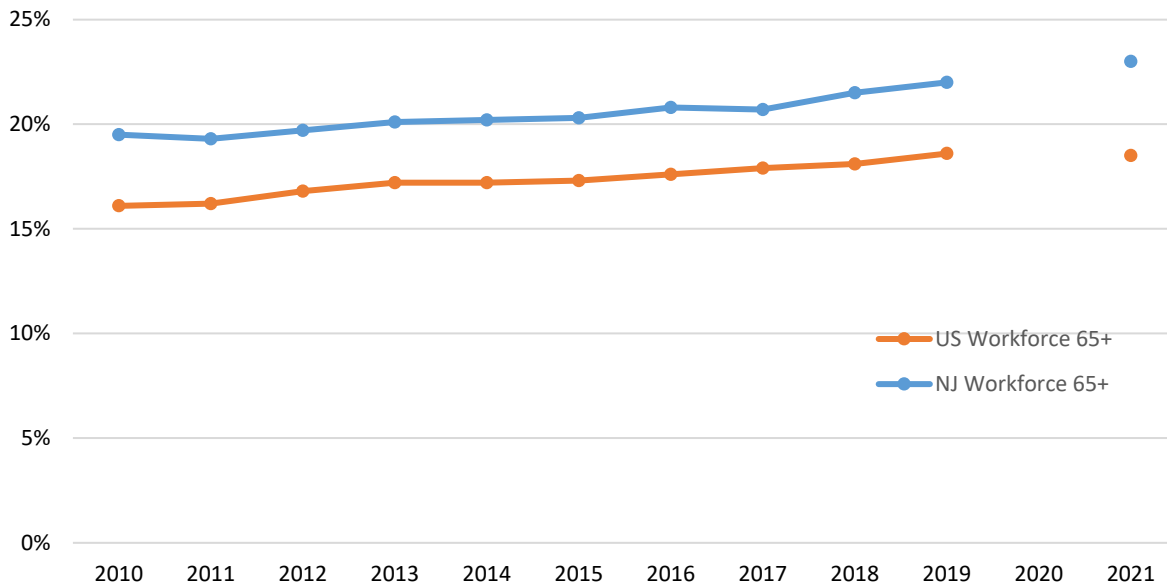


Figure 11 Comparison of workforce participation rates aged 65 and over in New Jersey vs the nation. New Jersey seniors were consistently more likely to be working compared to the national average. Source: American Community Survey 1-year estimates. Table S0103 Population 65 years and over. Employment status in labor force. 2010-2021. Note: 2020 figures are unavailable due to the pandemic.

Figure 12 shows the number of New Jersey older adults in the workforce, with a steep line due to the increasing population over time. The number of New Jersey older adults working or looking for work increased from 232,251 in 2010 to 359,633 in 2021, a gain of 55%. A New Jersey Department of Labor and Workforce Development projection estimates this figure to reach 408,171 workers by 2029 and 434,637 by 2034 (The State of New Jersey, n.d.).

New Jersey Population Aged 65 and over in Workforce (2010-2021)

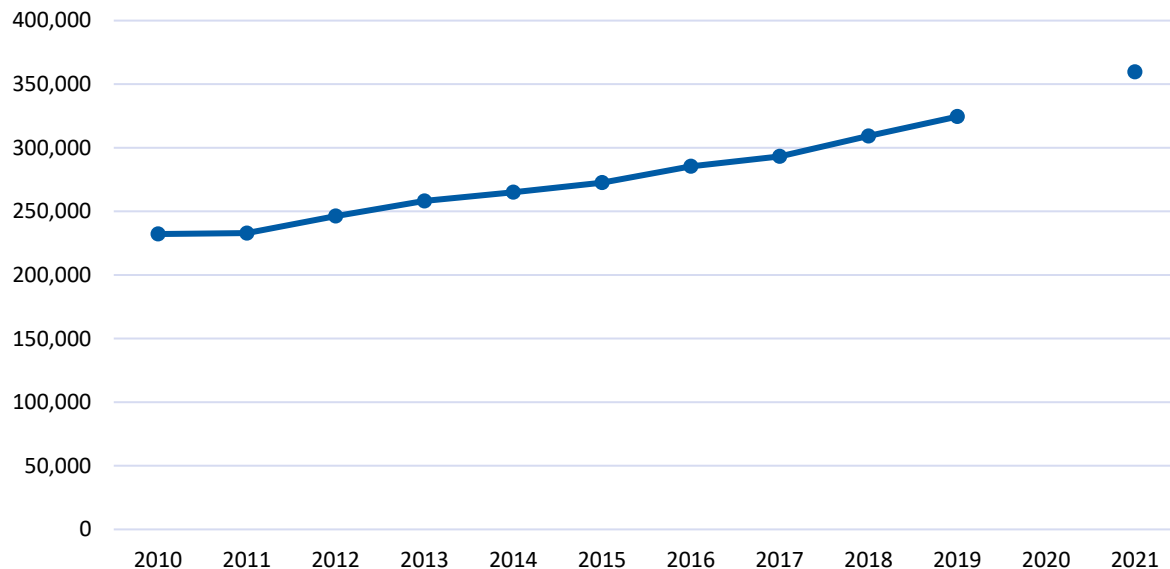


Figure 12 Count of workforce participation aged 65 and over in New Jersey from 2010 to 2021. Seniors in the workforce increased from 232,251 in 2010 to 359,633 in 2021, a gain of 55%. Source: American Community Survey 1-year estimates. Table S0103 Population 65 years and over. Employment status in labor force. 2010-2021. Note: 2020 figures are unavailable due to the pandemic.

Older adults working or volunteering experience positive outcomes including reduced social isolation, (Cho & Xiang, 2023), improved mental health (Hao, 2008), and greater brain function (Carlson et al., 2009). Interactions outside the immediate family, such as with coworkers or fellow volunteers, contribute to increased physical activity and improved mood (Fingerman, 2019).

Older adults seeking work face unique challenges securing and maintaining employment. According to a 2009 report by the Equality and Human Rights Commission, older adults prefer employment that has flexible hours, schedules, and leave times; provides individualized adaptations for tasks that may be more physically demanding at older ages; and offers more affordable and accessible training opportunities (Smeaton, Vegeris & Sahin-Dikmen, 2009). Employers should accommodate these preferences to benefit from experience and reliability of older adults in the workforce. Access to a car is a strong indicator of economic benefit and job retention (Smart & Klein, 2018); accessibility depends more on the ease of travel for individuals than simply how near or far they are to others (Deka, 2022). Many older New Jerseyans struggle to find adequate transportation to work once they can no longer drive (Curl et al., 2013). Improving transportation options could enhance employment opportunities for older adults in New Jersey.



DEI: Enforcing labor protections can be an effective mechanism to protect older workers that are too often exploited in the workplace

Private industry, from retail to corporate work, faces labor shortages that could be alleviated by the many older adults seeking employment or delaying retirement. The New Jersey Department of Labor and Workforce Development Senior Community Service Employment Program, or Workforce 55+, uses federal funding to help eligible older adults secure training and employment. Employers can make small adjustments to attract older applicants, such as offering more flexible scheduling, making minor modifications

to the work environment to reduce physical demands, and actively recruiting older applicants. Advertising job opportunities in spaces frequented by older adults, such as senior centers, places of worship, senior housing developments, community newsletters, local fairs, cultural festivals, and grocery stores can make opportunities more visible. Employers can also obtain credentials, such as the Certified Age-Friendly Employer (CAFE) program, to signal their support for older employees.



Example: Workforce Training at New Jersey's Community Colleges

New Jersey's community colleges offer courses tailored to older adults, helping them apply their skills and experience in today's job market. Rowan College at Burlington County's LIFE program²⁶ offers courses on public speaking and resume writing/job interviews for people age 50 and older. Union College's Senior Scholars program²⁷ offers free classes on Google Apps software to Union County residents age 60 and older. Additionally, many other community colleges provide reduced rates or tuition waivers for residents aged 65 or older.



Employment Recommendations

Recommendation 1: Analyze financial eligibility criteria for programs serving older adults to take into consideration the cost of living, using existing data such as the Elder Index.

Recommendation 2: Create and build volunteer programs with paths to employment.

Recommendation 3: Encourage the adoption of the Village model.

Recommendation 4: Provide training opportunities, flexible scheduling, and task adaptations to support older workers.

Recommendation 5: Raise awareness of labor protections in place for older workers to prevent exploitation in the workplace.

Recommendation 6: Foster re-training and skills development for older adults.

Recommendation 7: Improve ease of travel through transportation initiatives to improve staffing shortages and retention.

Recommendation 8: Obtain credentials, such as CAFÉ, to signal workplace support for older employees.

Recommendation 9: Target job vacancy announcements in spaces and platforms utilized by older adults.

²⁶ <https://www.rcbc.edu/senior>

²⁷ <https://www.ucc.edu/continuing-and-professional-education-and-workforce-development/continuing-education/senior-programs/>

Communication and Outreach

Robust outreach plans are essential for programs and supports to reach their full potential. Given the diversity of the state's communities, a one-size-fits-all approach to outreach is not effective; program managers must tailor outreach and information dissemination plans to the communities that they serve. The state's aging population is highly diverse and varies significantly across the state. Community-level differences are also significant, as evidenced by a mapping tool²⁹ developed by Rutgers University and Bergen County, which revealed vastly different numbers of housing resources in the communities of Paramus and Englewood despite having roughly the same population count and median income. A similar community profile can help identify areas with abundant or scarce resources.



Economic security: The Consumer Finance Protection Bureau publishes many resources to protect older adults from scams, fraud, and exploitation. Information on retirement planning, rights, and specific budgeting and financial planning tools are also available and designed for people on fixed incomes. Visit the CFPB website for guides, webinars, and other tools for older adults and their families.²⁸

New Jersey's diverse communities have unique characteristics that should be considered for local initiatives. For instance, less than one percent of New Jersey households speak Korean in some capacity³⁰; in Bergen County, however, this jumps to around six percent, with some municipalities (such as Palisades Park) where more than half of the households speak an Asian and Pacific Island language as per most recent ACS data.³¹ Identifying culturally diverse communities will guide outreach efforts with appropriate language and cultural sensitivity.



DEI: Resources and information should be shared in multiple languages since 14% of New Jerseyans over the age of 65 speak English "less than very well."³²

Disseminating information in multiple and accessible formats is crucial to reaching older adults. Making program information available online allows for easy access at any time and from anywhere. Technology also enables individuals to schedule rides, place grocery deliveries, access medical treatment, socialize, and find information. The percentage of older adults who say they own a smartphone has risen from 13% in 2012 to 61% in 2021; the gap in ownership between older adults and the national average has fallen during this time, from 39% in 2012 to 26% in 2021 (Faverio, 2022). While technology has become increasingly prevalent among older adults, many still refrain from using it due to personal preference or concerns about scams and fraud. The reported levels of scams targeting older adults have risen sharply in the past decade (from 1.9 million reported in 2011 to 5.5 million in 2021), making older adults uniquely vulnerable to financial losses (Federal Trade Commission, 2023). The FBI's Internet Crime

²⁸ See: <https://www.consumerfinance.gov/consumer-tools/educator-tools/resources-for-older-adults/>

²⁹ See: <https://agefriendlymapping.rutgers.edu/?latlng=40.72629%2C-74.40774&z=9.5&choropleth=pop55plus&layers=nj%20municipalities>

³⁰ US Census Bureau, 2022. American Community Survey 5-year estimates. Table B16002 Population 65 years and over. 2010-2021. Retrieved from https://data.census.gov/table?t=Language+Spoken+at+Home&g=040XX00US34_060XX00US3400355770&tid=ACSDT1Y2022.B16002

³¹ U.S. Census Bureau. (2021). Household language by household limited English speaking status. *American Community Survey, ACS 5-Year Estimates Selected Population Detailed Tables, Table B16002*. Retrieved November 29, 2023, from https://data.census.gov/table/ACSST5Y2021.S1601?t=Language%20Spoken%20at%20Home&g=050XX00US34003_060XX00US3400355770

³² US Census Bureau. American Community Survey 5-year estimates. Table S0103 Population 65 years and over. 2010-2021. Retrieved from <https://data.census.gov/table?g=040XX00US34&tid=ACSST1Y2021.S0103>

Center found that total reported losses by people age 60 and older increased to \$3.1 billion dollars from 2021 to 2022, an increase of 84%(Federal Bureau of Investigation, 2023). Educating the public to better identify scams can go a long way in preventing fraud and protecting older adults.



DEI: Older adults who are deaf or hard-of-hearing, or have visual impairments face barriers in both healthcare (Lesch et al., 2019; Lam & Leat, 2013) and the workplace (Dong et al., 2023; La Grow & Day, 2005). Employers, healthcare providers, and other places of public accommodation can improve access by ensuring websites are compatible with screen readers and implementing hearing loop systems in public spaces such as courthouses.

In addition to providing information on the internet, information should also be available in other formats such as paper materials, mailings, public service announcements, phone assistance, and in person. Relying solely on the internet for information and resources should be avoided. For example, while online patient portals have benefits, studies show an overall preference for non-web based tools (Gordon and Hornbrook, 2016), and disparities in access have been observed among different racial groups with Black and Hispanic individuals being offered and accessing these portals at significantly lower rates than white individuals (Richwine et al, 2023). Offering multiple formats ensures accessibility and discourages overreliance on technology, which could lead to social isolation (Santini et al., 2020; Skalacka & Pajestka, 2021).

Each county in New Jersey is served by an Area Agency on Aging (AAA), a trusted local source on information that can screen individuals for additional support and services. Entities seeking to help New Jersey residents access resources on aging should utilize the information-providing capabilities of AAAs. Healthcare providers, housing providers, congregate care facilities, case managers, and municipal and county officials all benefit from collaborating with AAAs.



Technology: Increase enrollment in digital access initiatives, including broadband access, benefits such as the Lifeline³³ program, assistive technology and tablet programs, and digital training and support services. Whenever possible, intergenerational digital training programs should be encouraged, as they generate socialization opportunities that help address social isolation.



Communication and Outreach Recommendations

Recommendation 1: Establish partnerships between localities and agencies, such as Managed Care Organizations, with AAAs to increase awareness of resources and to help information reach those in need.

Recommendation 2: Offer all communications in multiple formats including online, phone, mail and in person.

Recommendation 3: Utilize technology when possible, close the digital divide, and offer technology training.

Recommendation 4: Educate and increase awareness about fraud and scams to build resilience among older adults.

Recommendation 5: Create community profiles at the local and state level to identify resources and characteristics of the population to drive initiatives.

Recommendation 6: Use language access needs and cultural considerations to guide communication and outreach efforts.

Recommendation 7: Address the need for large font print, screen reader compatibility, and hearing loop systems to make information accessible to all.

³³ <https://nj.gov/humanservices/home/digitalaccessforall.shtml>

Conclusion

This blueprint is a call to action to change perceptions of aging and recognize it as a supreme asset. With support from all sectors, both public and private, New Jersey can strengthen age-friendly efforts to support all people who live, work, study, and participate in activities here. Comprehensive policies that support aging communities will enhance health, well-being, satisfaction, and quality of life for all. This blueprint marks a milestone in an ongoing journey to improve the state's outlook. The New Jersey Department of Human Services acknowledges the contributions of the Advisory Council members, experts, and state staff to this report and looks forward to continued collaboration.

Additional Information

NJ Resources is a comprehensive guide detailing programs and resources offered by the New Jersey Department of Human Services and other State agencies and partners. For more information about programs and resources listed throughout this blueprint, please visit the Division of Disability Services website at <https://www.nj.gov/human-services/dds/resources/> to view a copy of the NJ Resources guide.

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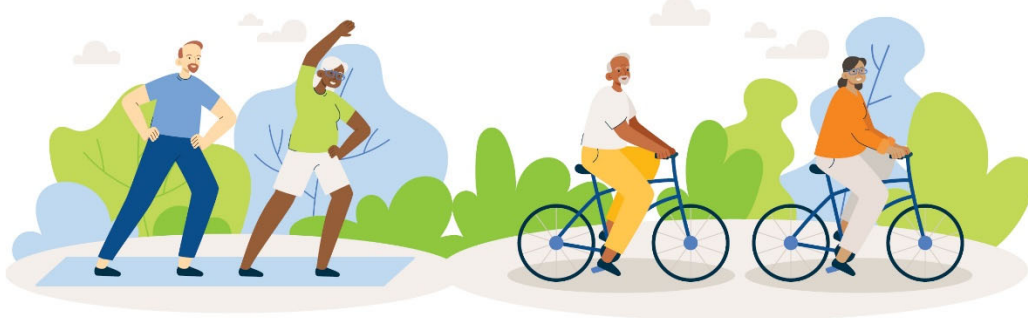
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Appendix: Listening Session Flyer



HOW CAN NEW JERSEY BE A BETTER PLACE FOR ALL AGES?

Share your experiences and ideas at an official listening session

We're all aging every day — an age-friendly New Jersey helps everyone.

The New Jersey Age-Friendly Advisory Council and the Department of Human Services have been tasked by Governor Murphy to promote inclusive communities for people of all ages. The Council is holding two **virtual listening sessions** to hear from older residents and those who care for them about what the state can do.

With help from your testimonies, the Council will identify best practices for social participation, housing, transportation, and age-friendly employment; address disparities faced by the state's diverse population of older adults; and shape the blueprint on how to advance age-friendly practices across the state. Help make New Jersey a better place for all ages by signing up today.



SESSION #1*
Tuesday, March 14th
10 a.m. to noon

SESSION #2*
Tuesday, March 21st
5 p.m. to 7 p.m.

Sign language interpreters and real-time captioning will be provided.

Listening sessions will be livestreamed on the [official DHS YouTube page](#).

*Speaking slots for both sessions are full, but you can still submit written testimony.

To provide written testimony, email DoAS.AgeFriendlyNJ@dhs.nj.gov

Testimonies are limited to three minutes per speaker.

Questions? Call **800-792-8820**



State of New Jersey
Phil Murphy, Governor
Sheila Oliver, Lt. Governor



Department of Human Services
Sarah Adelman, Commissioner

