
Challenges Facing Aging Adults in Northern NJ

A report to the Jewish Federation of Northern NJ

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Introduction

The Jewish Federation of Northern New Jersey (JFNNJ) asked the Ralph W. Voorhees Center to conduct a study to better understand the aging population (aged 55 and up) in northern New Jersey: where they live, existing services and service gaps, cultural and religious needs, and to consider challenges facing aging adults into the future. To do this the research team gathered, analyzed and mapped Census and administrative data, created new datasets by searching the Internet, gathering information from service directories, and calling public and private service providers. The team also conducted about thirty, 30-45 minute interviews with public and private service providers who work with aging adults and many other shorter interviews with local government administrators and other staff to gather basic program information. Longer interviewees included staff at most of the Jewish-affiliated service agencies in northern New Jersey, other non-profit organizations, and local and state governmental agencies (See the Appendix for a detailed discussion of methodology).

JFNNJ Service Area

JFNNJ serves an enormous area that includes 87 municipalities. It extends from the densely populated communities of northern Hudson County and lower Bergen County in the east to far more rural areas of northern Passaic County and Morris County in the west. It includes all municipalities in Bergen County except Carlstadt, Garfield, North Arlington, Lyndhurst, Rutherford, East Rutherford, Teterboro and Wallington. It includes Hoboken, Guttenberg, North Bergen, Secaucus, Weehawken, West New York, Union City in northern Hudson County, Butler, Kinnelon, Lincoln Park, Pequannock, and Riverdale in Morris County and the northern part of Passaic County which includes: Bloomingdale, Haledon, Hawthorne, Little Falls, North Haledon, Paterson, Pompton Lakes, Prospect Park, Ringwood, Totowa, Wanaque, Wayne, West Milford (See Map 1).

The size of the service area and the dramatic differences in population density present a variety of challenges in serving the needs of aging adults. While there are more people in the urban areas, people are farther away from one another in the rural areas. The service networks are concentrated within the denser communities which means more access to resources in some communities and less access in others. The growth of aging adult populations in less dense parts of the service area during the past decade brings greater challenges to service providers. Long distances make transportation and in-home service provision more difficult, time-consuming, and more expensive.

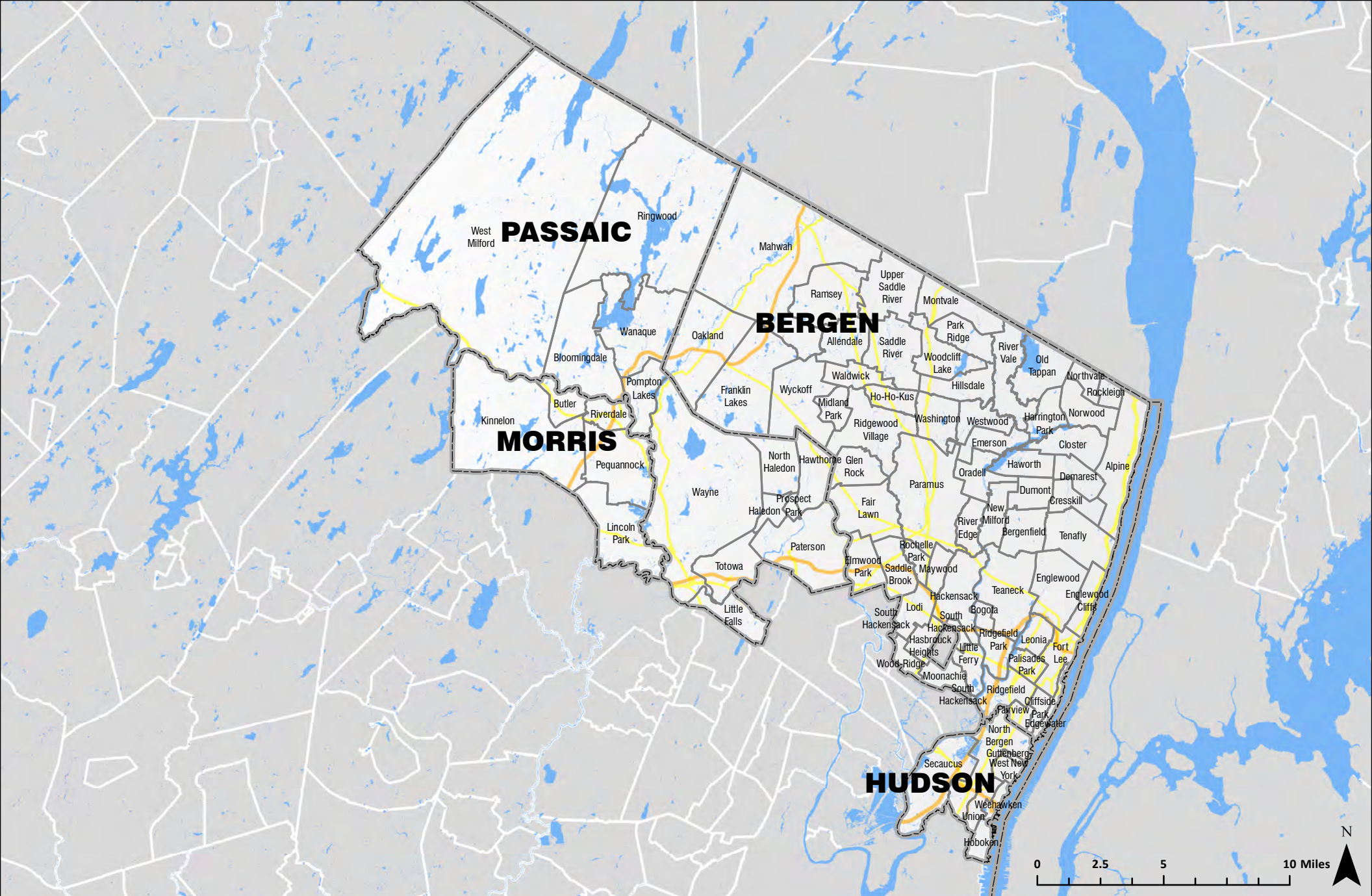
Within the service area, there are many public and private service organizations including 8 Jewish-affiliated service organizations and congregations (See Map 2). Many congregations provide food, transportation, friendly visitors and other programs to help aging adults. Among the many

different religious groups, there are 71 Jewish congregations; most are in Bergen County. Nearly half (32) of the area's Jewish congregations are Orthodox, 19 identify with different streams of Conservative Judaism, and 10 are Reform. Chabad also has a strong presence in the service area with 7 congregations in Bergen and Passaic Counties. There are few Reconstructionist, Independent or unaffiliated synagogues (See Map 3). The location of synagogues provides some sense of the landscape of the Jewish community in northern NJ but many people who are Jewish do not belong to synagogues and the population is more diffuse than the map of institutions might suggest. Interviewees explained that within the Jewish community, the ultra Orthodox do not frequently use JFNNJ-affiliated services and instead provide services for aging adults within their communities.

Map 1: Municipalities, JFNNJ Catchment Area

Map 2: JFNNJ Partner Organizations, JFNNJ Catchment Area

Map 3 : Jewish Congregations and County-wide Adherence, JFNNJ Catchment Area, 2014



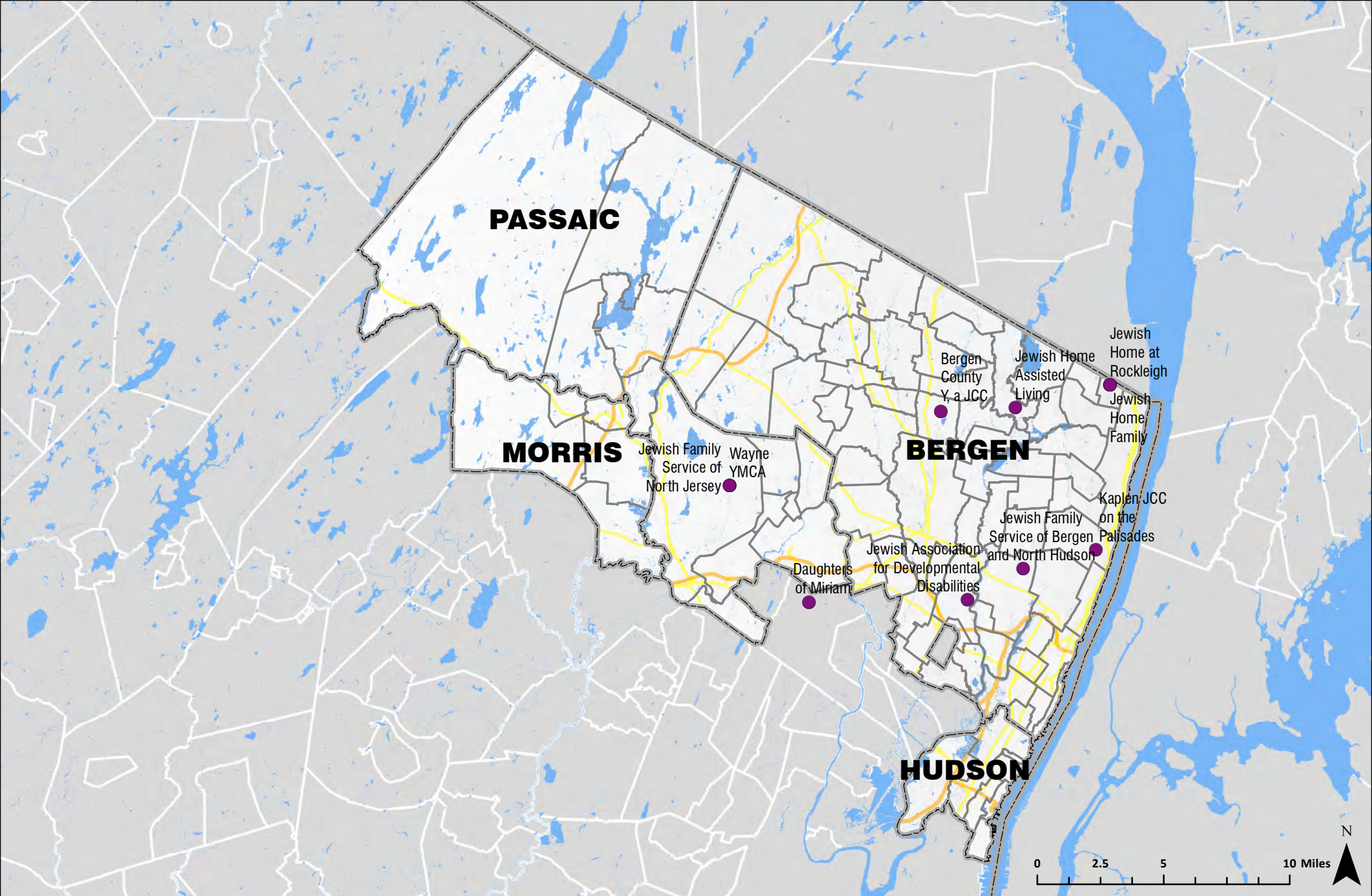
Municipalities JFNNJ Catchment Area

Sources: NJ Department of Environmental Protection 2002; TIGER Files, U.S. Census Bureau 2010; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

- Primary Roads
- Secondary Roads

- County
- Municipality

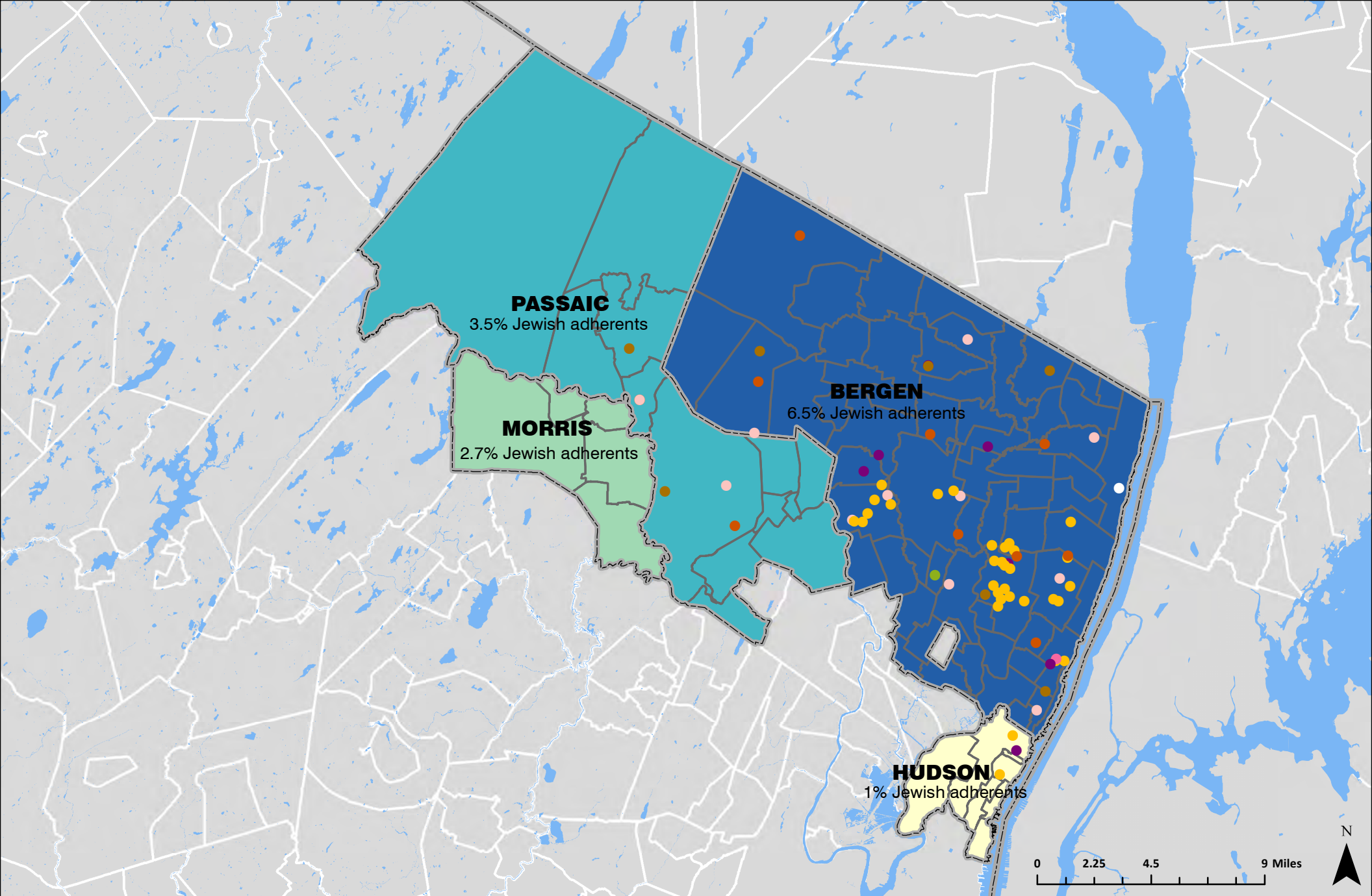
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JFNNJ Partner Organizations

JFNNJ Catchment Area

● Jewish Federation Partners



Jewish Congregations and County-wide Adherence JFNNJ Catchment Area, 2014

Sources: JFNNJ, Revised by RWV Center 2014; Association of Statisticians of American Religious Bodies, 2010 RCMS; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Congregations by Denomination

- | | | |
|---------------------|----------------|-----------------------------|
| ● Unaffiliated | ● Orthodox | ● Conservative, Traditional |
| ● Reform | ○ Independent | ● Conservative, Egalitarian |
| ● Reconstructionist | ● Conservative | ● Chabad |

Findings in Brief

Who are Aging Adults

Aging adults include people 65+, a broad category that encompasses people with a variety of lifestyles and needs. People closer to 65 are more likely to be active and may be working and caring for their children and parents. People on the older age of the spectrum are more likely to be frail and in need of services. What services people need depends on a variety of factors including whether they age at home or in a long-term care facility, their health, income/ assets, presence of family, and where their home is located. JFNNJ's service area includes wealthy and poor communities and poor aging adults live in both types of communities, but it is not always easy to identify aging people who are poor in otherwise wealthy places. Interviewees describe this as hidden poverty. In addition to the above characteristics that shape demand for services, the diverse population of northern NJ requires understanding language, culture, and religious differences to provide effective care for aging adults.

Aging in Place

People are aging in place longer which increases demand for in-home services and brings to light challenges associated with transportation systems, in-home care, housing affordability and safety, and isolation. Even though there are many programs and services, it is hard for people to know what programs exist, how to qualify for them, and what they cost, and some aging adults do not have transportation to get to offices where they can sign-up for programs. In some instances, there is confusion about program change such as the federal health care changes. In other instances, there are few programs that can help.

For example, housing is expensive in northern New Jersey and many people pay a large percentage of income for housing. Spending money for housing means less money for food, healthcare, and other services. Aging adults also lack downsizing options in many communities in the service area. There are programs to help aging adults modify their homes and to make them safer which include simple efforts such as removing rugs and clutter to minimize falls and more complex efforts such as constructing ramps and grab bars. But there are few programs that address the challenges associated with housing affordability. Institutional care is even more expensive and many facilities have waiting lists which necessitate planning ahead.

Aging at home requires robust transportation services to access food, medical care, and reduce isolation, and while transportation services are available for some aging adults in some parts of the service area this is not the case for everyone. The primary issues are 1) many lack access to transportation, 2) where it is provided, it may offer curb-to-curb service which is useful for many but not for those who are frail, 3) the services may involve long trips which may be exhausting for aging adults, and 4) when transportation is available, it is useful for some purposes but not for others. Non-profit organizations and volunteers supplement public systems but providing transportation for every aging adult who needs it is no easy task and while many entities are trying, not everyone is served.

Thinking about the needs of aging adults into the future, in particular as the baby boom generation ages, means recognizing that there will be more people at the far end of the aging spectrum. Since people tend to need more services as they age, needs will increase but the needs of the next generation may be much different. In general, people are healthier, more active, and better educated. Some will have had higher incomes while others will have had much lower incomes which will affect the resources available to sustain them as they age. In addition, many people borrow more money and regardless of income, most people have accumulated debt for a variety of purposes (homes, cars, education); much of this debt is paid over time and paying debt often means saving less. Other trends suggest that younger people are withdrawing money from savings plans like 401k's before retirement which means that they are reducing the resources they will have when they are older. To get what people need or want today, they may be borrowing against their futures. Further complicating the issues above, few people have education or training to enable them to adequately plan ahead for aging and we found few resources to guide people in northern New Jersey.

Report Structure

The report is organized into three main sections. The first section describes the population in the service area including the socioeconomic and cultural characteristics of aging adults and where they live. Section two discusses housing and where people live. Section three outlines the challenges adults face who age in place. Finally, the report concludes with a review and discussion of the main findings. At the end a series of appendices provide more detailed information about methods, data, and more detailed service information.

Aging Adults

In this section, we discuss aging adults, where they live in the service area and their socioeconomic characteristics. Aging adults are defined as people 55+, a broad category that includes people with different needs, abilities, and resources. Younger people are generally healthier and need fewer services and older people, who may be more frail and have less money, need more services. Younger, more active people may work, care for grandchildren and their parents, and help those who are older and they may want recreation, intellectual development, exercise and social programs. People 85+ “tend to have greater needs and fewer resources because they are more likely to be disabled, widowed, living alone and poor” (Ballard et al., 2011). They may find it difficult to access the things they need on their own which increases demands for transportation, food, home care/help, and visitors to reduce isolation (Interviews, 2014; Joint Center for Housing Studies of Harvard University, 2014). Long-term care may become necessary for some.

As people live longer, these distinctions between younger and older aging adults are becoming more pronounced. Some service providers develop dual programming to meet the needs of this diverse population. Meanwhile, what aging adults want may change as the baby boomers, who interviewees describe as better educated, more assertive and healthier, demand a different service infrastructure from what exists today (Interviews, 2014). Groups in New York City have been coordinating service providers and aging adults to develop neighborhood plans collaboratively which is an innovative approach to capture the needs and desires of a changing population.

Aging Adults in the Service Area

JFNNJ’s service area was home to 370,331 adults 55+, 200,860 adults 65+, and 31,206 adults 85+ in 2010. The number of aging adults is greater in more populated municipalities than in less populated and there tends to be a greater share of aging adults in municipalities with long-term care facilities and age-restricted communities. Thirty-six percent of all adults 65+ live in ten municipalities in the service area: Paterson, Wayne, North Bergen, Fort Lee, Union City, Paramus, West New York, Teaneck, Hackensack and Fair Lawn (See Table 1). Although there are more aging adults in the larger municipalities, aging adults also live in smaller communities throughout the service area. Adults 65+ make up 20% or more of the population in Fort Lee (21.8%), Paramus (21.9%), Pequannock (24.9%), Washington (19.9%), North Haledon (20.3%), Englewood Cliffs (24.1%), Norwood (20%), Rochelle Park (19.9%), Saddle River (24.5%) and Rockleigh (57.1%)(US Census 2010)(See Table 2). Many, but not all, of these communities, such as Rockleigh and Pequannock, have assisted living, nursing home facilities, or age-restricted communities (See Appendix A for a complete list of municipalities and the types of long-term care present). Some municipalities, or parts of municipalities, fit the definition for naturally occurring retirement communities (NORC), which are communities that were not specifically designed

for aging adults, but have a relatively large population or concentration of adults aging in place; an interviewee characterized Fort Lee as one such place (Interview, 2014).

Table 1: Top ten municipalities with the largest number of people 65+, 2010

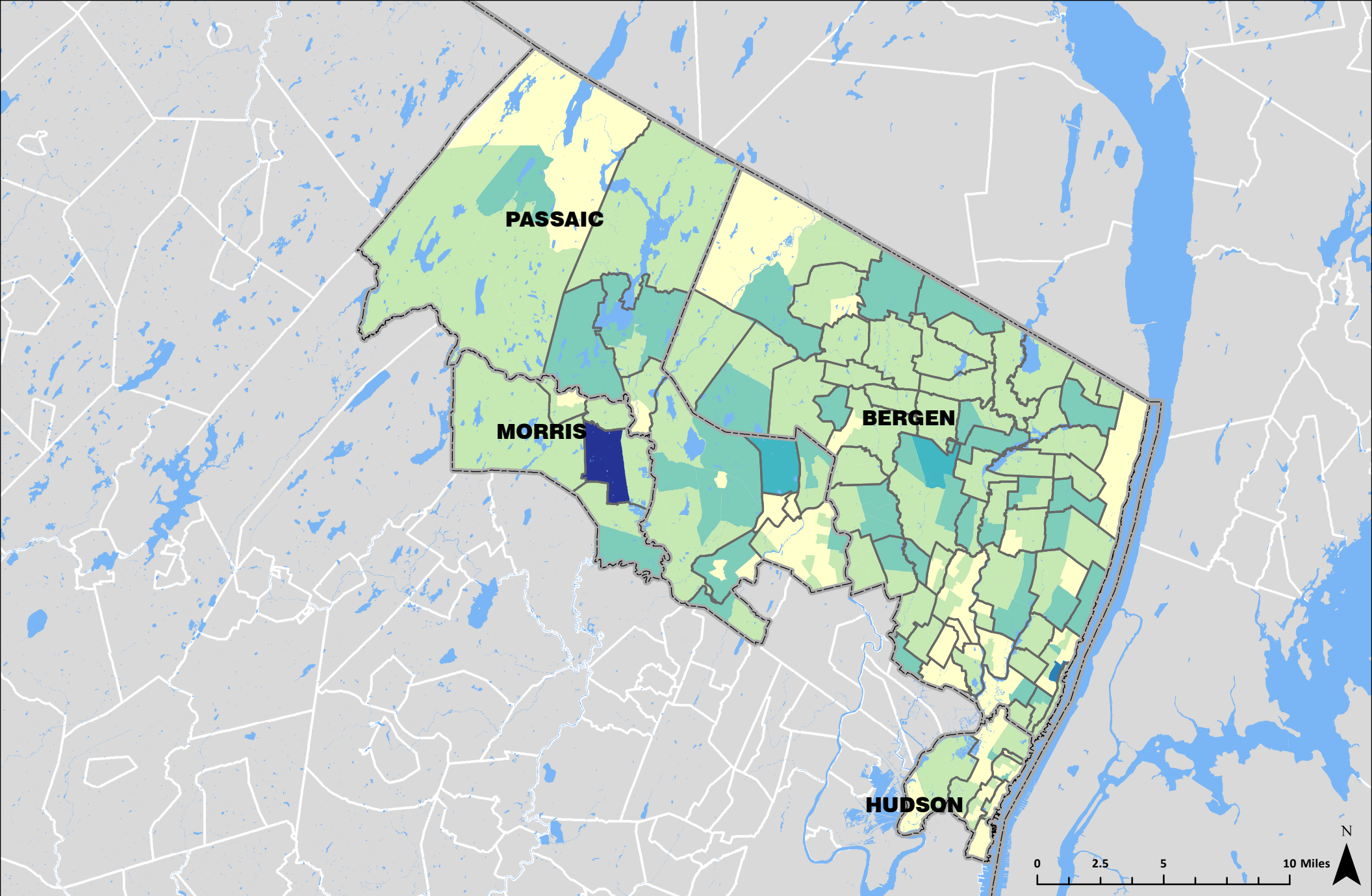
MUNICIPALITIES WITH THE LARGEST NUMBER AGE 65+, 2010										
MUNICIPALITY	COUNTY	TOTAL POPULATION	55 YEARS AND OVER		65 YEARS AND OVER		75 YEARS AND OVER		85 YEARS AND OVER	
Paterson	Passaic	146,199	26,981	18.5%	13,019	8.9%	5,085	3.5%	1,309	0.9%
Wayne	Passaic	54,717	16,272	29.7%	9,307	17.0%	4,982	9.1%	1,657	3.0%
North Bergen	Hudson	60,773	14,736	24.2%	8,188	13.5%	3,982	6.6%	1,265	2.1%
Fort Lee	Bergen	35,345	12,474	35.3%	7,711	21.8%	3,962	11.2%	1,186	3.4%
Union City	Hudson	66,455	13,036	19.6%	6,958	10.5%	3,173	4.8%	837	1.3%
West New York	Hudson	49,708	10,524	21.2%	5,940	11.9%	2,901	5.8%	741	1.5%
Teaneck	Bergen	39,776	11,136	28.0%	5,906	14.8%	2,781	7.0%	980	2.5%
Paramus	Bergen	26,342	9,259	35.1%	5,763	21.9%	3,372	12.8%	1,264	4.8%
Hackensack	Bergen	43,010	10,321	24.0%	5,318	12.4%	2,520	5.9%	755	1.8%
Fair Lawn	Bergen	32,457	9,978	30.7%	5,305	16.3%	2,897	8.9%	1,018	3.1%
TOP 10 TOTAL		554,782	134,717	24.3%	73,415	13.2%	35,655	6.4%	11,012	2.0%
CATCHMENT AREA TOTAL		1,444,012	370,331	25.6%	202,004	14.0%	99,190	6.9%	31,206	2.2%
Source: US Census Bureau, 2010 Census										
KEY		Area ranked in the Top 10 for this indicator				Area ranked in the Top 20 for this indicator				

Table 2: Municipalities with the largest share of people 65+, 2010

MUNICIPALITIES WITH THE LARGEST SHARE AGE 65+, 2010												
MUNICIPALITY	COUNTY	TOTAL POPULATION	65 YEARS AND OVER		65 - 74 YEARS		75 YEARS AND OVER		75 - 84 YEARS		85 YEARS AND OVER	
Rockleigh	Bergen	531	303	57.1%	42	7.9%	261	49.2%	97	18.3%	164	30.9%
Pequannock	Morris	15,540	3,865	24.9%	1,152	7.4%	2,713	17.5%	1,544	9.9%	1,169	7.5%
Saddle River	Bergen	3,152	771	24.5%	361	11.5%	410	13.0%	261	8.3%	149	4.7%
Englewood Cliffs	Bergen	5,281	1,272	24.1%	615	11.7%	657	12.4%	475	9.0%	182	3.5%
Paramus	Bergen	26,342	5,763	21.9%	2,391	9.1%	3,372	12.8%	2,108	8.0%	1,264	4.8%
Fort Lee	Bergen	35,345	7,711	21.8%	3,749	10.6%	3,962	11.2%	2,776	7.9%	1,186	3.4%
North Haledon	Passaic	8,417	1,709	20.3%	786	9.3%	923	11.0%	593	7.1%	330	3.9%
Norwood	Bergen	5,711	1,144	20.0%	548	9.6%	596	10.4%	369	6.5%	227	4.0%
Washington	Bergen	9,102	1,815	19.9%	875	9.6%	940	10.3%	722	7.9%	218	2.4%
Rochelle Park	Bergen	5,530	1,102	19.9%	493	8.9%	609	11.0%	382	6.9%	227	4.1%
TOP 10 TOTAL		114,951	25,455	22.1%	11,012	9.6%	14,443	12.6%	9,327	8.1%	5,116	4.5%
CATCHMENT AREA TOTAL		1,444,012	202,004	14.0%	101,670	7.0%	99,190	6.9%	67,984	4.7%	31,206	2.2%
Source: US Census Bureau, 2010 Census												
KEY		Area ranked in the Top 10 for this indicator					Area ranked in the Top 20 for this indicator					

Map 4: Residents Age 65+, JFNNJ Catchment Area, 2010

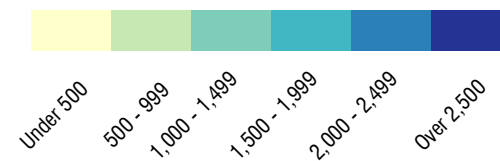
Map 5: Residents Age 65+, JFNNJ Catchment Area, 2010



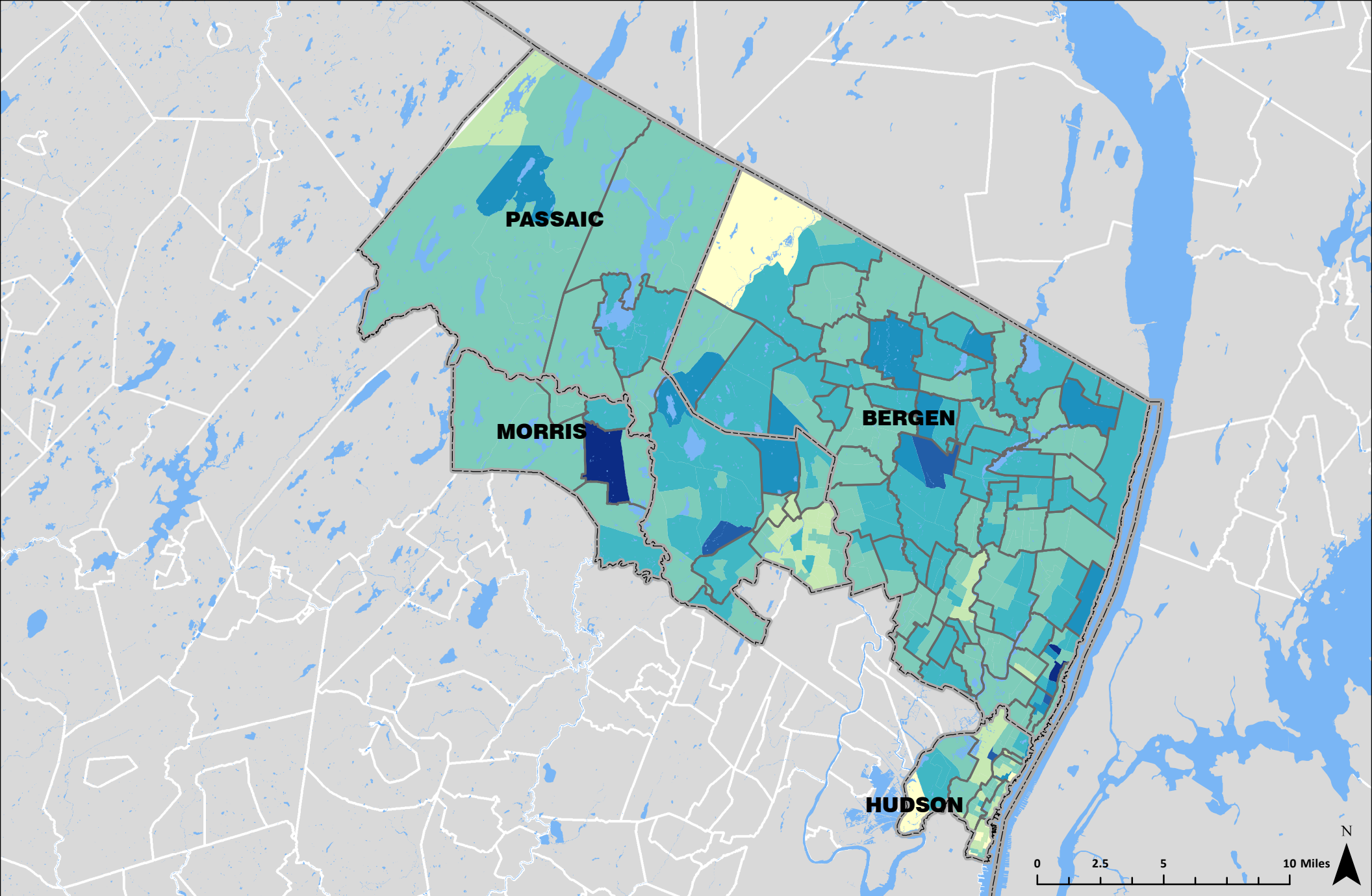
Residents Age 65 and Over JFNNJ Catchment Area, 2010

Sources: U.S. Census Bureau 2010; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Number Age 65+ by Tract



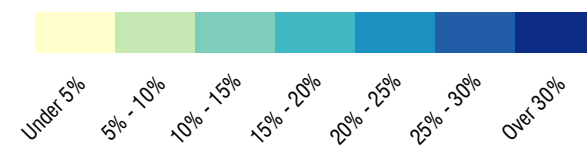
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Residents Age 65 and Over JFNNJ Catchment Area, 2010

Sources: U.S. Census Bureau 2010; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Percent Age 65+ by Tract



Changes in the Aging Population 2000-2010

The population 65+ is increasing and between 1990 and 2010 it grew by 13%, an increase of about 24,000 people. Growth was higher between 1990-2000 (8%) than 2000-2010 (5%) and it occurred in less dense areas: northwestern Passaic, western and central portions of Morris, and northwestern Bergen County. West Milford, Ringwood, Wanaque, Mahwah, Franklin Lakes, Pequannock, Kinnelon and Riverdale experienced more than 25% growth in the 65+ population between 2000 and 2010. Some of these communities are home to senior-restricted housing but some are not. Edgewater in northern Hudson County also experienced more than 25% growth of people 65+ which might be explained, in part, by the addition of Waterford Towers, a 378 unit 55+ community (See Table 3).

In contrast, some southeastern municipalities in Bergen, Passaic and Hudson counties experienced 65+ population decline. Totowa, Prospect Park, Glen Rock, Fair Lawn, Elmwood Park, Rochelle Park, Maywood, South Hackensack, Lodi, River Edge, New Milford, Tenafly, Ridgefield Park, Ridgefield, Haledon and Hoboken saw a decline of 5% to more than 25% of people 65+ (US Census, 2000-2010). This is somewhat surprising as interviewees explained that some aging adults move to some of these towns because of their comparable affordability (See Table 4).

Additionally, while we do not know how many people make the following decisions, interviewees observed that fewer aging adults relocate to Florida, some people maintain two residences to claim lower taxes in Florida but still spend summers in northern NJ, some aging adults have relocated their parents to Northern NJ to be closer to them as they need care, and many people have downsized near the Jersey shore where the housing and taxes are less expensive (Interviews, 2014).

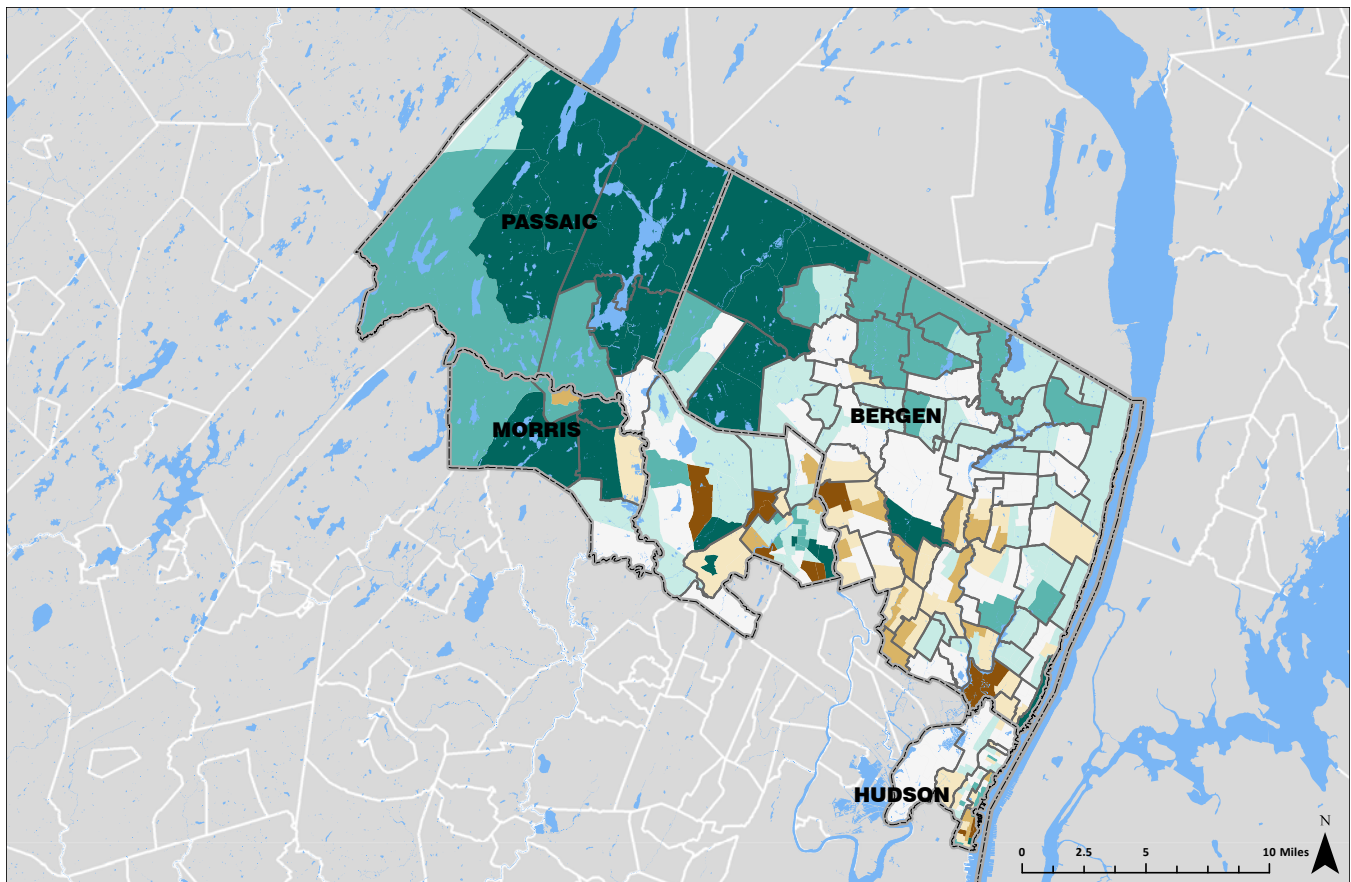
Table 3: Municipalities with the highest 65+ growth rates, 2000-2010

HIGHEST SENIOR GROWTH RATES FROM 2000-2010					
MUNICIPALITY	COUNTY	CHANGE 65+	PERCENT CHANGE	2010 65+ POPULATION	SHARE 65+
Rockleigh	Bergen	178	142.4%	303	57.1%
Pequannock	Morris	1909	97.6%	3,865	24.9%
Edgewater	Bergen	653	95.1%	1,340	11.6%
Riverdale	Morris	233	77.2%	535	15.0%
Wanaque	Passaic	786	63.7%	2,019	18.2%
Franklin Lakes	Bergen	576	49.5%	1,740	16.4%
Kinnelon	Morris	407	48.4%	1,248	12.2%
West Milford	Passaic	1048	47.4%	3,260	12.6%
Mahwah	Bergen	1106	43.0%	3,678	14.2%
Ringwood	Passaic	405	41.2%	1,387	11.3%
Source: US Census Bureau, 2010 Census					
KEY	Area ranked in Top 10 for this indicator			Area ranked in Top 20 for this indicator	

Table 4: Municipalities with the lowest 65+ growth rates, 2000-2010

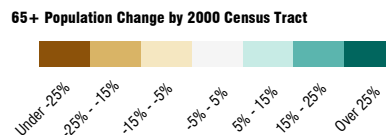
LOWEST SENIOR GROWTH RATES 2000-2010					
MUNICIPALITY	COUNTY	CHANGE 65+	PERCENT CHANGE	2010 65+ POPULATION	SHARE 65+
Haledon	Passaic	-294	-25%	869	10%
Rochelle Park	Bergen	-217	-16%	1,102	20%
River Edge	Bergen	-294	-16%	1,565	14%
Ridgefield	Bergen	-274	-15%	1,579	14%
Wood-Ridge	Bergen	-174	-13%	1,123	15%
Lodi	Bergen	-402	-11%	3,162	13%
New Milford	Bergen	-310	-11%	2,578	16%
Hasbrouck Heights	Bergen	-208	-10%	1,778	15%
Maywood	Bergen	-174	-10%	1,496	16%
Fair Lawn	Bergen	-614	-10%	5,305	16%
Source: US Census Bureau, 2010 Census					
KEY		Area ranked in Top 10 for this indicator		Area ranked in Top 20 for this indicator	

Map 6: Senior Population Change, JFNNJ Catchment Area, 2000-2010



Senior Population Change JFNNJ Catchment Area, 2000-2010

Sources: U.S. Census Bureau 2000, 2010; TIGER Files, U.S. Census Bureau 2010;
NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013;
New York GIS Clearinghouse 2013.



Income, Poverty, and Finances

Northern New Jersey is exceptionally income diverse; it includes some of the wealthiest and poorest communities in the country. Median household income surpassed \$100,000 in Ringwood, Kinnelon, Franklin Lakes, Wyckoff, Upper Saddle River, Ridgewood, River Vale, and Alpine (ACS, 2008-2012). And it was \$35,000 or less in some census tracts in Paterson, Weehawken, Union City, West New York and Guttenberg. While many communities are income segregated, there are higher income residents who live in lower income communities and lower income residents who live in wealthier communities. In many municipalities, with median household incomes of \$100,000 or more, such as Montvale, Saddle River, River Vale and Wayne, up to 20% of households earn less than \$35,000 per year (ACS, 2008-2012).

Some people struggle with poverty before they are older and some become poor as they age. A variety of complicating factors reduce savings. Many people 85+ are living longer, and their retirement money is not lasting as long, as they had expected. The high cost of living in New Jersey combined with increasing healthcare, and other costs, make it hard to stretch savings. More than a quarter of 55+ households are economically stressed, defined as having incomes below 150% of the poverty level, in Paterson, Hoboken, Union City, West New York and North Bergen (ACS, 2008-2012). Between 15% and 20% of 55+ households experience economic stress in Tenaflly, Cresskill, Emerson, Midland Park and Hawthorne. Even though the proportion of economically stressed 55+ households decreases in wealthier municipalities like Ringwood, Oakland and Ramsey (5% to 10%), people 55+ in poverty are present (ACS, 2008-2012).

Table 5: Family Poverty Thresholds, 2010

2010 POVERTY THRESHOLDS BY FAMILY SIZE AND NUMBER OF RELATED CHILDREN										
FAMILY SIZE	THRESHOLD (in dollars)	RELATED CHILDREN UNDER 18 YEARS								
		None	1	2	3	4	5	6	7	8+
One person	11,137									
Under 65 years	11,344	11,344								
65 years and over	10,458	10,458								
Two people	14,216									
Householder under 65 years	14,676	14,602	15,030							
Householder 65 years and over	13,194	13,180	14,973							
Three people	17,373	17,057	17,552	17,568						
Four people	22,315	22,491	22,859	22,113	22,190					
Five people	26,442	27,123	27,518	26,675	26,023	25,625				
Six people	29,904	31,197	31,320	30,675	30,056	29,137	28,591			
Seven people	34,019	35,896	36,120	35,347	34,809	33,805	32,635	31,351		
Eight people	37,953	40,146	40,501	39,772	39,133	38,227	37,076	35,879	35,575	
Nine people or more	45,224	48,293	48,527	47,882	47,340	46,451	45,227	44,120	43,845	42,156
Source: U.S. Census Bureau, 2010										

Interviewees describe aging adult poverty in wealthy communities as hidden poverty because it is difficult to see by looking at homes. Aging adults who are stressed financially may be reluctant to say so. One interviewee explained: “you don’t really know how few resources they have, what their financial circumstances are, what their psychosocial issues are – veneer that everything is ok and then you realize” (Interview, 2014). While aging adults may provide information about their income and assets to qualify for some programs, they may struggle for years before asking for help. Undocumented immigrants 55+ may be similarly unlikely to ask for help when they need it.

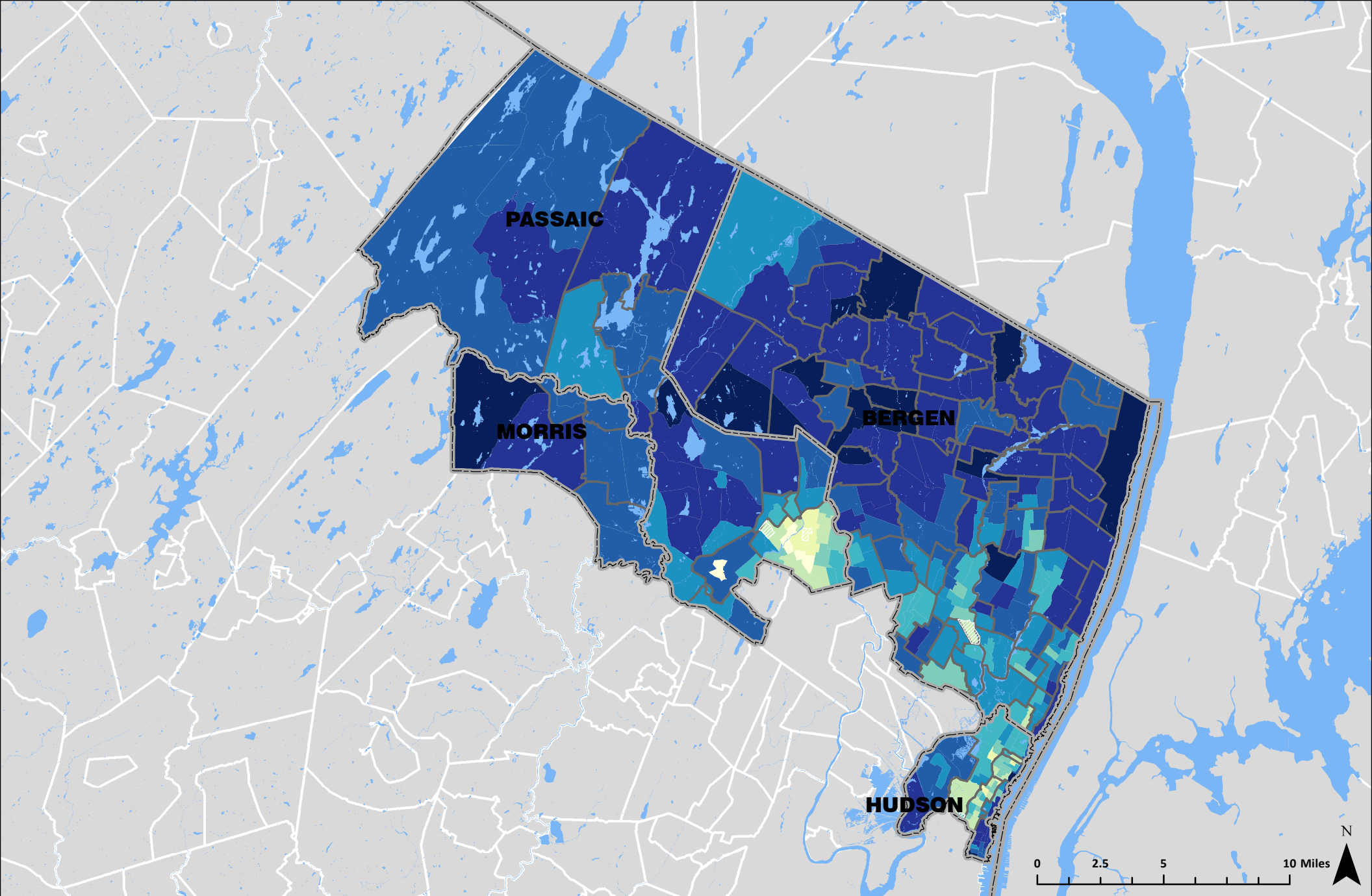
The financial crisis and recession have contributed to the financial hardships many aging adults face. Interviewees mentioned a variety of recession-related challenges including lost income and savings, rising rents and /or dropping housing prices (depending on the location and housing stock), underwater mortgages, and increased spending as younger adults care for grown children and aging parents. Some interviewees fear that it will be more difficult for younger aging adults to save money as the cost of living increases (Interviews, 2014). Relatedly, the reduction and elimination of some public and private pensions may contribute to lost expected income (Ballard et al., 2011).

Other financial concerns include increasing consumer debt related to mortgages, credit cards, and student loans. According to the Federal Reserve Board’s Older Adult Survey, since 2000 there was an increase of mortgage indebtedness by 21% (to 60%) for 60 to 70 year olds and a 14% increase (to 34%) for those older than 70 (Federal Reserve Board, 2013). Moreover, there has been an upward trend in adults 60+ with student loan debt (Hylands, 2014). Student loan debt can be their own, co-signing on behalf of a family member, or debt associated with borrowing to contribute to a child’s education; this latter borrowing typically cannot be refinanced into that child’s name and remains a liability for an aging parent (Lieber, 2014). The trend in consumer debt among older adults contributes to financial security concerns as they live longer. These financial trends suggest the importance of societal discussions about debt and practical financial planning and education about debt at all ages but we found few programs that address serious comprehensive financial literacy / planning for aging adults or discuss the implications of debt.

Map 7: Median Household Income, JFNNJ Catchment Area, 2008-2012

Map 8: Households with Income Under \$35,000, JFNNJ Catchment Area, 2008-2012

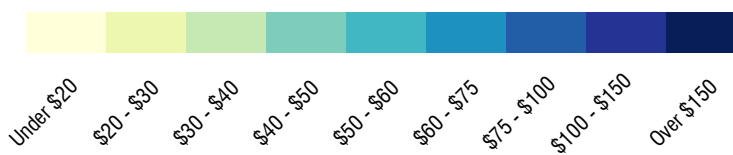
Map 9: Economically Stressed Age 55+, JFNNJ Catchment Area, 2008-2012



Median Household Income JFNNJ Catchment Area, 2008-2012

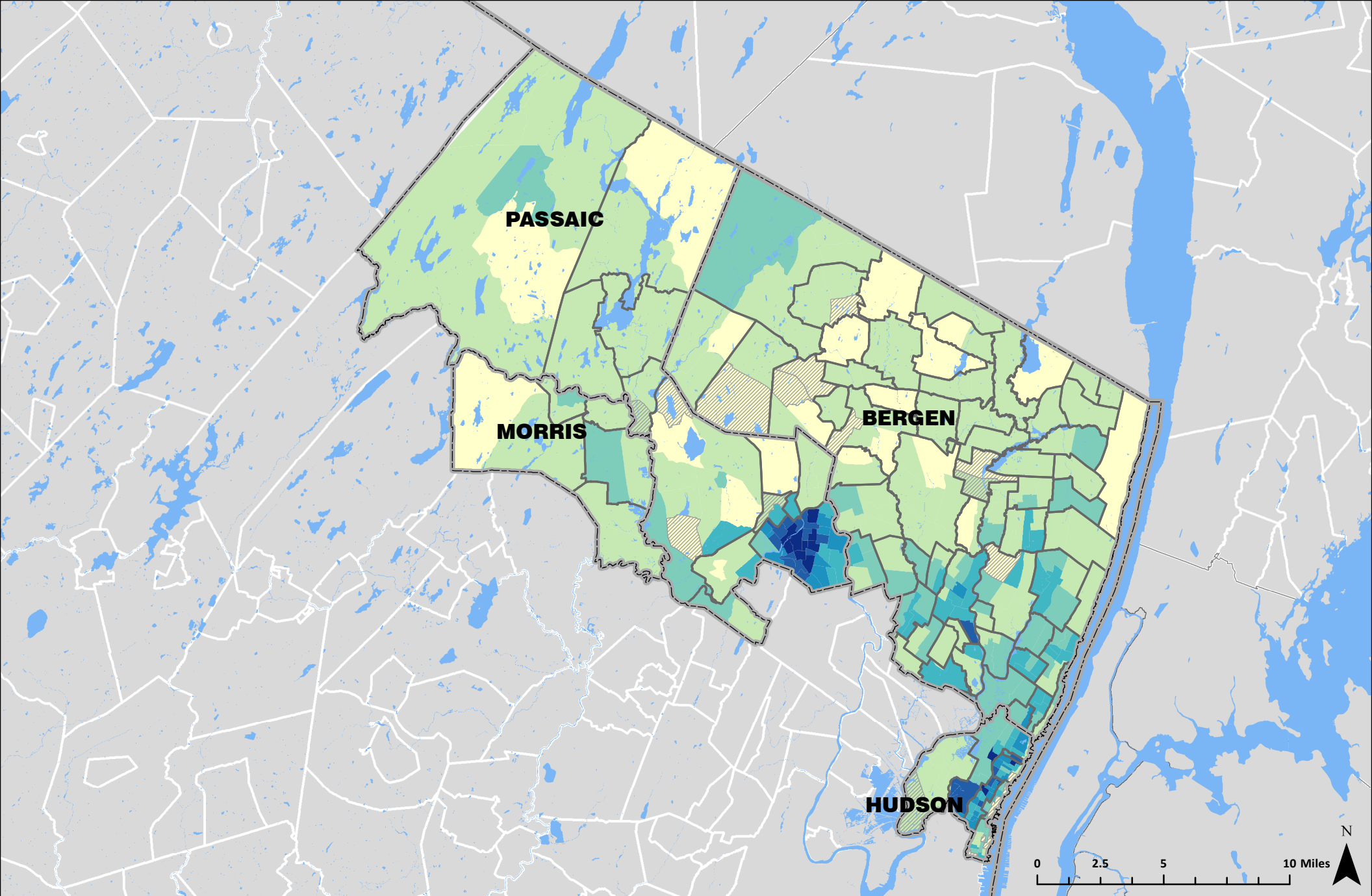
Sources: American Community Survey 2008-2012; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Estimated Median Household Income by Tract (in Thousands)



*Hatched tracts
have unreliable
ACS Estimates

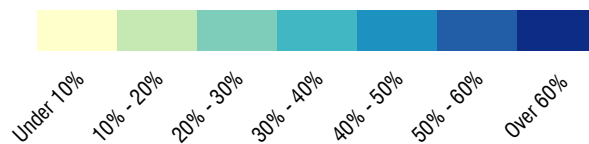
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Households with Income Under \$35,000 JFNNJ Catchment Area, 2008-2012

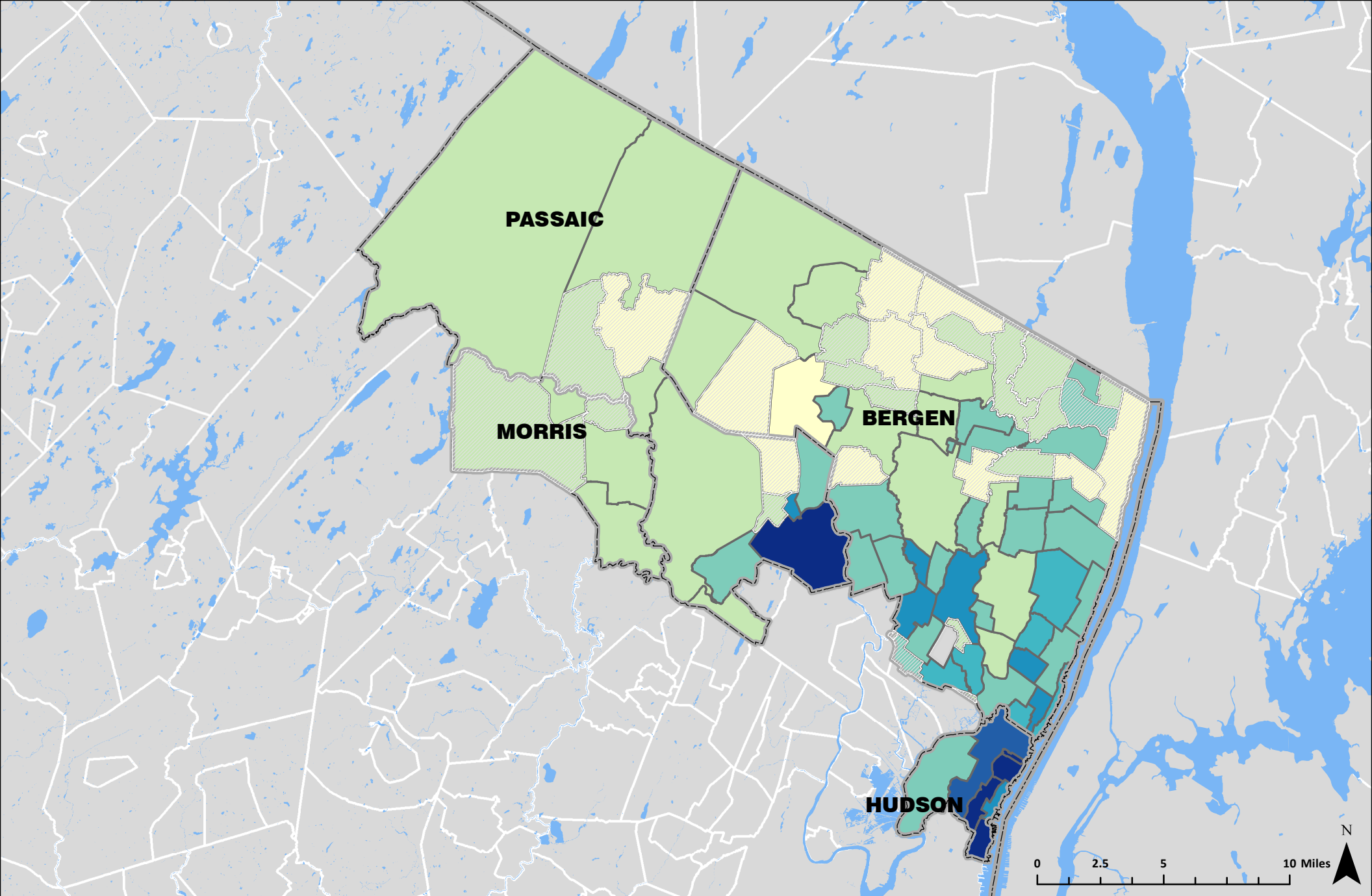
Sources: American Community Survey 2008-2012; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Estimated Percent Households with Annual Income under \$35,000



*Hatched tracts
have unreliable
ACS Estimates

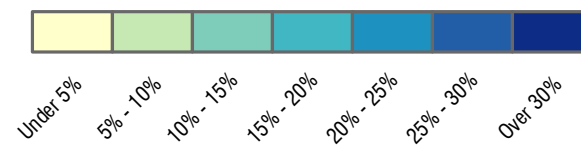
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Economically Stressed Age 55 and Over JFNNJ Catchment Area, 2008-2012

Sources: American Community Survey 2008-2012; TIGER Files, U.S. Census Bureau 2010;
NJ Department of Environmental Protection 2002; NJ Geographic Information Network;
New York GIS Clearinghouse 2013.

Estimated Percent Age 55+ with Income
Under 150% of Poverty Level by Municipality



*Hatched municipalities
have unreliable
ACS Estimates

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Culture, Language, and Religious Diversity

Language, religious, and cultural differences can increase the challenges associated with providing and accessing services and interviewees stressed the importance of providing multicultural services and staff training (Interviews, 2014). Northern New Jersey is home to immigrants from around the world and immigrant enclaves are located in many northern New Jersey communities. More than half of the population is foreign-born in Union City, West New York, Guttenberg, Fairview, Fort Lee and Palisades Park, and 40 to 50% of residents are foreign born in North Bergen, Ridgefield, Cliffside Park, Edgewater, and Englewood Cliffs (ACS, 2008-2012). Many of these immigrants come from Latin America, Eastern Europe and Asia. Paterson has the largest foreign-born population with immigrants from Latin American, South Asian and Middle Eastern communities; more than 44% are from the Caribbean (See Table 6).

In 12 Bergen County municipalities, East Asian immigrants, mostly from Korea, comprise more than half of the foreign born population. In southern Bergen County, in and around Hackensack, foreign-born residents are largely from Latin America. Eastern European immigrants from Russia and Ukraine live in Fort Lee, Fair Lawn and Cliffside Park. Fair Lawn has the largest number of Eastern European immigrants (more than 40% of the foreign born residents), of which 3,400 are Russian speakers. In Elmwood Park, Saddle Brook and Lodi, Eastern Europeans, many from Poland, make up a large share of foreign-born residents. Finally, an estimated 5,287 Israeli born immigrants live in the service area; 3,635 live in Bergen County (702 in Fair Lawn) and 741 live in Passaic County (ACS, 2008-2012)(See Table 7).

Table 6: Municipalities with the Most Foreign Born Residents, 2008-2012

MUNICIPALITIES WITH THE MOST FOREIGN BORN RESIDENTS 2008-2012							
MUNICIPALITY	COUNTY	TOTAL POPULATION		FOREIGN BORN			
		Estimate	Margin of Error	Estimate	Margin of Error	Share	Margin of Error
Paterson	Passaic	145,655	51	43,322	1,845	30%	1%
Union City	Hudson	66,646	50	37,969	1,136	33%	2%
North Bergen	Hudson	60,772	38	30,115	1,181	50%	2%
West New York	Hudson	49,816	41	29,858	803	60%	2%
Fort Lee	Bergen	35,420	42	17,917	868	51%	2%
Hackensack	Bergen	43,126	36	17,027	861	39%	2%
Palisades Park	Bergen	19,561	29	13,085	585	67%	3%
Wayne	Passaic	54,641	42	10,288	827	19%	2%
Cliffside Park	Bergen	23,618	39	9,968	777	42%	3%
Bergenfield	Bergen	26,774	40	9,899	601	37%	2%
Source: American Community Survey, 2008-2012							
KEY	Area ranked in Top 10 for this indicator			Area ranked in Top 20 for this indicator			

Table 7: Israeli Born Residents, 2008-2012

ISRAELI BORN BY COUNTY, 2008-2012		
COUNTY	ISRAELI BORN	
	Estimate	Margin of Error
Bergen	3,635	609
Passaic	741	245
Morris	350	147
Hudson	561	171
TOTAL	5,287	704
Source: American Community Survey, 2008-2012		

We asked specifically about the needs of older Jewish residents, and the value of Jewish identity emerged as a theme in our interviews. A sense of common identity, solidarity, and history facilitates trust and belonging. Interviewees described the value of being understood without needing to explain who you are. Feelings of comfort, “unspoken connections”, and an “unspoken language” attract people to Jewish-affiliated organizations (Interviews, 2014). Interviewees stressed that many Jewish seniors reach out to Jewish organizations rather than public agencies. Even though most, if not all, Jewish service agencies are ecumenical, they provide a context in which people who are Jewish feel comfortable. These agencies welcome people from many religions and ensure that people experience community and comfort regardless of religion.

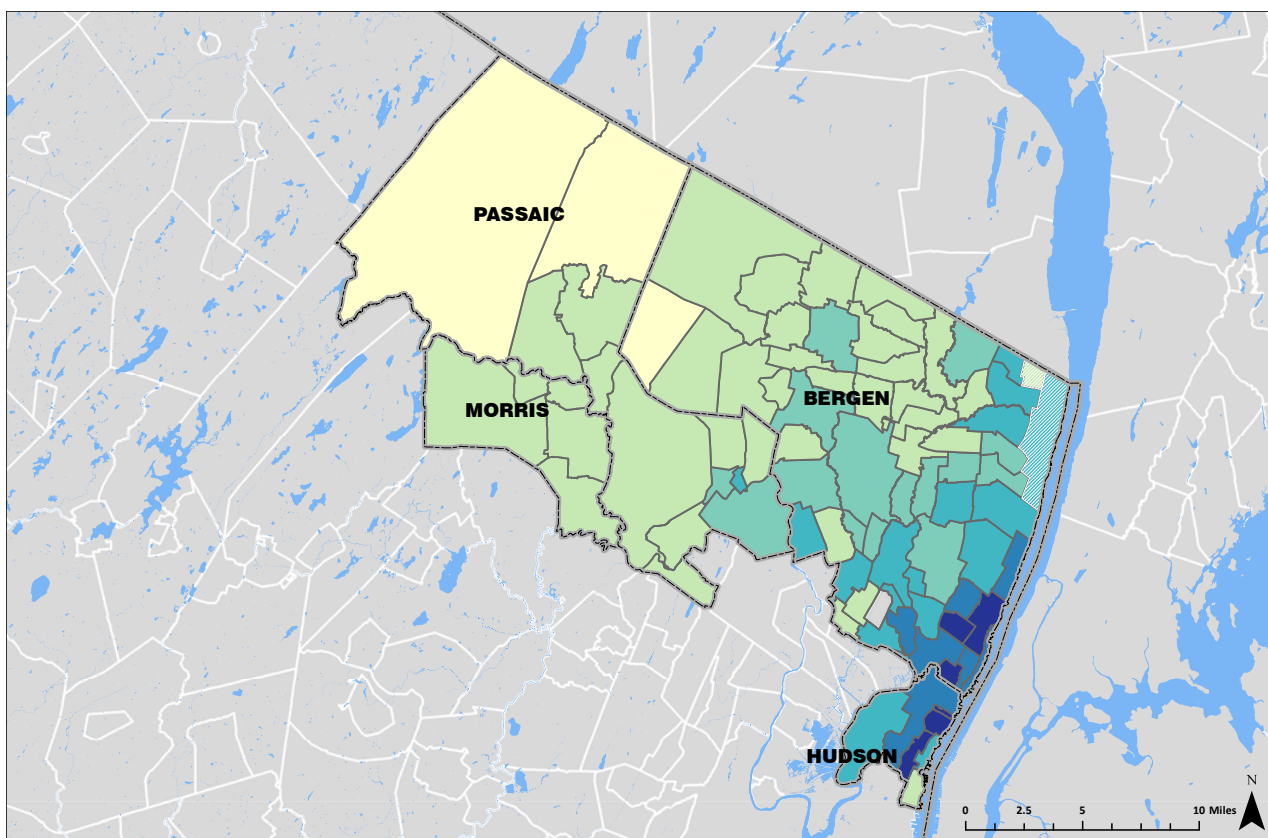
Some of these agencies run programming that contributes to community. The JCC on the Palisades, for example, celebrates Shabbat, hosts lectures, and holds an annual Yiddish concert to keep Yiddish alive. Staff explained that in the Jewish long-term care facilities, people who did not practice regularly when they were younger find comfort in religious practices such as celebrating Shabbat dinner, lighting candles, and eating Kosher food. Community is especially important for Holocaust Survivors. Cafe Europa provides a comfortable environment of shared experiences and support programs, like volunteer transport, that make it possible for aging adults to attend. Interviewees suggested replicating the components that make Cafe Europa a success so that Survivors and other aging adults do not spend holidays like Thanksgiving and Passover alone. They stressed that programs that include transportation are necessary to reduce isolation and depression within the broader population.

Interviewees also stressed the importance of providing training about different religions, experiences and culture for those who work with aging adults at hospitals, adult day care and long-term care facilities. For example, some people prefer or can only be seen by women care providers. And those who work closely with Survivors explained that untrained service providers or volunteers may mistake aging adult reactions such as not wanting to take a shower as being difficult. Interviewees explained that Survivors may find institutional settings especially difficult, and if homecare workers avoid wearing uniforms it can make the care experience feel less institutional. They added that as people age, they remember earlier moments in their lives clearly and may experience trauma related to

these early life experiences. Even the way food is served can transform an experience. Eating at a table with sit down service may be preferable to cafeteria-style dining. Interviewees also observed that some groups rarely reach out for assistance. Others mentioned that they rarely see aging adults from Ultra Orthodox Jewish communities. And they observed that some immigrant groups such as Koreans take care of aging adults within their communities. It is unclear whether that is what happens but it is the perception of service providers. Working in collaboration with immigrant and religious groups can help ensure thoughtful nuanced service provision so that people who need services can and will access them (Interviews, 2014).

How much care and of what sort depends on whether people are aging in place or aging in long-term care communities. Aging in place refers to people who remain outside of long-term care communities, which we define as nursing homes and assisted living facilities. Aging in place occurs in a variety of settings which affects the type of care and how much is needed. In the next section we discuss where people age in place and the challenges associated with the different settings. Then we discuss long-term care arrangements.

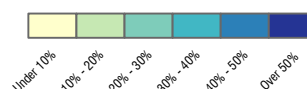
Map 10: Foreign Born Residents, JFNNJ Catchment Area, 2008-2012



Foreign Born Residents JFNNJ Catchment Area, 2008-2012

Sources: American Community Survey 2008-2012; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Percent Foreign Born by Municipality



*Hatched municipalities have inaccurate ACS estimates

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Housing and Related Services

Where adults age - at home or in long-term care settings - affects the service infrastructure they have access to and the additional external services they may need. Those aging in long-term care, such as assisted living and nursing homes, receive many services within those settings. But those who age at home need to go to service providers or have services delivered to them.¹ The structure of social networks depends on where people live. Some urban areas have more robust service networks than rural areas and some towns have much more robust service infrastructures than others. Aging at home or aging in a long-term care setting is expensive in northern New Jersey and there are constrained choices for those who want to downsize. For those who have to move, some of the most affordable options may be outside of their communities, or the service area, which means leaving their community and possibly health and support networks. Below we discuss where people live and the type of housing and associated costs.

Housing Type

Most adults 65+ age in place in the service area (188,659 out of 200,860 65+ residents).² Municipalities that are home to the greatest number of adults aging in place are: Paterson, Fort Lee, Wayne, North Bergen and Union City. Together these municipalities have about 21% of the 65+ population. Other municipalities also have large numbers of people 65+ living at home. More than 5,000 adults 65+ live in Teaneck, West New York and Fair Lawn, 4,000 live in Paramus and Hackensack, and 3,000 live in Cliffside Park, Pequannock, Englewood, Mahwah, Bergenfield and West Milford. The share of 65+ adults aging in place is high in some communities; it is about 20% or more of the population in: Washington (19.9%), Norwood (20%), Saddle River (20.8%), Fort Lee (21.8%), Englewood Cliffs (24.1%) and Pequannock (24.9%). In another 75 municipalities, 65+ adults comprise 10-20% of the population and in six municipalities, they make up less than 10% (US Census, 2010; NJ Dept. of Health, 2014).

The type of housing people live in affects their costs and there are differences associated with ownership, renting, living in age-restricted housing, and living in publicly assisted housing. Most aging adults live in private homes without age restrictions and more own than rent but that depends where they live. Some communities like Pequannock, West Milford, Wanaque, and Edgewater, have large age-

¹ We include age-restricted and independent living communities in the category of aging in place but some of those facilities may provide services such as transportation or skilled nursing on-site.

² Aging in place is commonly defined as aging in one's own home and community (Joint Center for Housing Studies, 2014; Bookman, 2008; Black, 2008). In this report, people who "age in place" include adults who are not living in assisted living or skilled nursing facilities. Although some age-restricted (sometimes referred to as "independent living," "active adult," or "55+") developments are in facilities that offer assisted living and skilled nursing care options, we consider them "aging in place" as they share similar challenges of people who live in their own homes.

restricted developments that house 20% to 40% of the municipality's aging adults³ (RWV Service Directory, 2014; US Census, 2010). Other municipalities have relatively large shares of aging adults residing in publicly assisted housing reserved for those 62+. For example, approximately 10% of adults 65+ live in publicly assisted senior housing in Fort Lee and North Bergen; nearly 25% do in Hoboken⁴ (US Dept. of Housing and Urban Development, 2013; US Census, 2010).

Owner-occupied Housing

The majority of the service area's housing units are single-family houses and median monthly owner costs, defined as the sum of taxes, maintenance, utilities, and association fees, exceed \$2,500 in a majority of municipalities (ACS, 2008-2012). Homeownership rates are higher in general and for adults 65+, in the less densely populated municipalities. Rising housing costs are challenging for aging adults with limited incomes and depleted savings. Some federal and state programs provide valuable but limited assistance with housing-related costs. Senior Freeze assists older adults and people with disabilities experiencing rising property taxes (New Jersey Department of Treasury, 2014). The Low Income Home Energy Assistance Program helps low-income families and individuals with heating and cooling costs. The Weatherization Assistance Program helps low-income families, the elderly and disabled with weatherizing their homes to improve the efficiency of their heating systems while conserving energy. And the New Jersey Board of Public Utilities' Universal Service Fund helps low-income families with natural gas and electric (New Jersey Department of Community Affairs, 2014)(See Appendix for more information). Some of these programs are also available for renters and apply to the discussion below.

Aging adults may sell their homes if they become unaffordable or if they choose to downsize. But selling is dependent on property, housing market, and homeowner particulars. Home prices in Passaic County are down 37% as of June 2014 from their April 2006 peak (Bergen prices are down 18%, Hudson 20%, and Morris 19%)(FRBNY, 2014). Mortgage debt and the increase in negative equity, defined as owing more than the value of a property, presents an ongoing challenge. In one third of the 88 zip codes for which data is available, 20% or more of the properties have mortgages with negative equity. The highest rates of underwater properties are in Paterson and Hudson County; rates approach 30% in Fairview and Hackensack (Bergen County) and Pequannock, Bloomingdale, and West Milford (Passaic County). An underwater mortgage makes it difficult to move since selling means realizing lost equity. Even adults who can sell, and lack the money to purchase a home with cash, may find it difficult to access credit to purchase a new home. Many mortgage lenders have tightened lending standards, some borrowers may struggle with negative equity, and some may have outstanding debt and or harmed

³ These estimates assume one-person occupancy for each verified unit in a development. Some units have more than one bedroom, and it is possible that couples inhabit units. For these reasons, it is likely that we underestimated the share of residents in such developments.

⁴ We assumed single-occupancy for each unit.

credit scores. The rising rate of older adults with student loan debt, theirs or as a co-signer for a family member, may impact their ability to secure a loan (Hylands, 2014).

Table 8: Major State Assistance Programs

MAJOR STATE HOUSING PROGRAMS			
PROGRAM	DESCRIPTION	ELIGIBILITY REQUIREMENTS	APPLY/GET INFO
Senior Freeze (Property Tax Reimbursement)	Reimbursement for seniors and adults with disabilities. It is the difference between property taxes and the paid taxes for the "base year" (the first year that all eligibility requirements are met) and the amount due and paid for the current year for the potential reimbursement, provided the amount paid for the current year was greater.	Lived in NJ for the past 10 years and own or rent; 65+ or receive disability benefits through social security; owned and lived in your home (or have leased a site in a mobile home park on which you own a manufactured or mobile home) for at least the last 3 years; paid the full amount of property taxes (or site fees if you are a mobile home owner) for each year after, up to and including the year for which you are claiming the reimbursement; meet the income eligibility requirements which are found on the website*	Application and program details: http://www.state.nj.us/treasury/taxation/ptr/index.shtml Customer service number: 1-800-882-6597
Low Income Home Energy Assistance (LIHEA)	Provides low-income families and individuals help to meet medically necessary home heating and cooling costs. The monetary amount is determined by income, household size, fuel type, and heating region.	Household must be responsible (or through rent) for home heating or cooling costs; monthly gross income maximums apply; gross income at or below 200% of the federal poverty level; eligibility requirements are different for individuals who live in public housing and/or receive rental assistance, households whose heating costs are included in their rent and households that use natural gas or electricity.	Fill out the joint LIHEA/Weatherization/USP application* Customer service number: 1-800-510-3102
Weatherization Assistance Program (WAP)	Helps low-income families and elderly or disabled people with weatherizing their homes and improving the efficiency of their heating system while conserving energy.	Total household income is at or below 200% of the federal poverty level.	Fill out the joint LIHEA/Weatherization/USP application* Customer service number: (609) 984-7920
Universal Service Fund (USF)	Created by the New Jersey Board of Public Utilities (BPU) to increase affordability of electric and natural gas bills for low-income families.	Gross annual household income less than or equal to 175% of the Federal poverty level; spend more than 3% of income for electric services, more than 3% of income for natural gas services and more than 6% if you heat your home with electricity; reside at the address provided on the utility account, and benefits are offered to the individual listed on the utility account.	Fill out the joint LIHEA/Weatherization/USP application* Customer service number: 1 (866) 240-1347
<small>* LIHEA/Weatherization/USF application and program details can be found here: http://www.state.nj.us/dca/divisions/dhcr/forms/docs/heaapp.pdf. Applications should be sent to the local county office. Full list of LIHEA/USF county offices and contact information can be found here: http://www.nj.gov/dca/divisions/dhcr/offices/agencydirectorylist.htm</small>			
<small>Source: New Jersey Department of Treasury, Division of Taxation, 2014; New Jersey Department of Community Affairs, 2014.</small>			

Renter-Occupied Housing

Many aging adults rent and there are higher rates of renter-occupied households, and the percentage of 65+ residents who rent is higher, in Paterson, southeastern Bergen County and Hudson County. Gross median rent, the middle value for all reported rents which includes utility costs paid by the tenant, varies widely throughout the 270 tracts for which there is reliable data. Some median rents are as low as \$500 to \$600 per month, but median rents are above \$1,250 in more than half of the tracts with reliable data (ACS, 2008-2012). An interviewee explained the challenges of living in an expensive area: *"The irony is that it is such a wealthy area but housing costs are so high. We have a lot of people who are living in Bergen county in rental property and paying \$1,200-1,500 a month and they receive from Social Security \$900-1,110 a month and then you add on the cost of medications...A lot of people don't have pensions and just live off of Social Security and never have enough to cover the cost of rent"* (Interview, 2014). The relatively high rental costs in much of the area, which may increase as property values recover, may be a burden for aging adults with fixed incomes.

As people age, they may seek more affordable housing but there are few rental units and few affordable rental units in parts of the service area; therefore, downsizing may mean moving to a new community. Table 8 shows municipalities with greater numbers of rental units, apartment buildings and lower median gross rents. Most of the census tracts with more affordable units are in Paterson, Union City, West New York, North Bergen, Weehawken, Guttenberg and Hackensack (See Table 9).

Interviewees identified Hackensack, Fair Lawn, and Little Falls as aging adult migration destinations. Fair Lawn is well served by Meals on Wheels, volunteer programs help reduce isolation, and the town has transportation and a vibrant senior center but it does not serve Kosher food. Little Falls is located just outside of JFNNJ's service area. The JCC in Tenafly provides robust services but it does not provide bus transportation to Hackensack or Fair Lawn because aging adults would be on the bus longer than an hour which is not allowed. These communities are within the Y-JCC's service area but the Y does not have transportation services.

Table 9: Lower Cost Rental Units, 2008-2012

LOWER COST RENTAL UNITS									
MUNICIPALITY	COUNTY	2010 CENSUS				2008-2012 ACS			
		TOTAL UNITS	RENTER OCCUPIED			5 OR MORE UNIT STRUCTURES		MEDIAN GROSS RENT	
			Count	Percent	Vacant	Estimate	Margin of Error	Estimate	Margin of Error
Paterson	Passaic	47,946	31,211	65.1%	5.8%	12,856	717	\$ 1,085	15
Union City	Hudson	24,929	18,231	73.1%	4.2%	13,474	727	\$ 1,029	28
West New York	Hudson	20,018	14,832	74.1%	5.1%	12,642	638	\$ 1,107	28
North Bergen	Hudson	23,912	13,347	55.8%	6.4%	8,825	596	\$ 1,102	36
Hackensack	Bergen	19,375	11,752	60.7%	4.5%	11,713	700	\$ 1,225	24
Lodi	Bergen	10,127	5,657	55.9%	5.3%	1,846	298	\$ 1,159	36
Cliffside Park	Bergen	10,665	5,090	47.7%	8.8%	4,989	410	\$ 1,237	56
Englewood	Bergen	10,695	4,611	43.1%	5.1%	3,780	459	\$ 1,256	82
Weehawken	Hudson	6,213	3,773	60.7%	4.6%	2,750	348	\$ 1,162	54
Fairview	Bergen	5,150	3,231	62.7%	5.6%	1,238	285	\$ 1,190	64
Teaneck	Bergen	14,024	3,133	22.3%	4.4%	2,342	336	\$ 1,243	80
Guttenberg	Hudson	4,839	2,773	57.3%	7.3%	2,564	340	\$ 1,251	101
Bergenfield	Bergen	9,200	2,631	28.6%	5.4%	1,500	273	\$ 1,169	23
New Milford	Bergen	6,362	2,235	35.1%	5.0%	1,070	251	\$ 1,160	33
Ridgefield Park	Bergen	5,164	2,190	42.4%	4.6%	1,305	204	\$ 1,228	59
Dumont	Bergen	6,542	1,721	26.3%	4.9%	936	229	\$ 1,252	60
Source: US Census Bureau, 2010 Census; American Community Survey, 2008-2012									
KEY		Area ranked in the Top 15 for this indicator				Area ranked in the Top 30 for this indicator			

Age-restricted housing

Age-restricted housing is housing where the primary householder is 50-60+ and it may include limits on the number of younger people in the home. Age-restricted housing is located throughout the service area and in bordering municipalities, but it makes up less than 2% of housing units (RWV Service Directory, 2014; US Census, 2010). There are 43 age-restricted developments in and around the service area; they are widely dispersed, and the majority (31 out of 43) are in Bergen County. Many developments offer townhouse or condominium arrangements, although some also have single-family

detached housing. Developments that offer units for sale in newer “lifestyle” communities provide recreational and social activities. Other for sale units, such as some older cooperative buildings, do not provide such levels of amenity but the proximity of older residents to one another may make socializing and coordinating activities or accessing services easier. For developments with accessible sales prices, found by using real estate websites such as Zillow, prices vary widely. Newer developments with higher amenity levels are more expensive to purchase and require monthly association fees; some of the cooperative buildings, like those in Elmwood Park, have relatively low entry costs and relatively high asset requirements. Some of the issues described in the previous section regarding the issues associated with homeownership apply to age-restricted housing; in addition to appreciation and increasing tax bills, association or assessment fees may be high, and credit quality and negative equity concerns may be an issue for those thinking about moving to or exiting from them.

The majority of age-restricted rental units are integrated in developments that offer assisted living and skilled nursing care. Out of the eighteen rental developments we identified, twelve offer the ability to transition into more intense care arrangements (See Table 10). The other rent-based age-restricted developments offer other services for older adults. Some coordinate social activities and meals, or check on residents who have not been seen in a few days. Costs vary and those that provide additional levels of care can be more expensive with larger down payments and higher monthly charges.

Table 10: Licensed long-term care facilities with independent living and at least one other type of licensed care (assisted living or skilled nursing), 2014

LICENSED LONG TERM CARE FACILITIES WITH INDEPENDENT LIVING							
FACILITY	MUNICIPALITY	COUNTY	INDEPENDENT LIVING	ASSISTED LIVING	SKILLED NURSING	HOSPICE CARE	RESPIRE CARE
Christian Health Care Center	Wyckoff	Bergen					
Emeritus at Emerson	Emerson	Bergen					
Emeritus at Paramus	Paramus	Bergen					
Emeritus at Wayne	Wayne	Passaic					
Five Star Premier Residences	Teaneck	Bergen					
Fritz Reuter Lifecare Retirement Community	North Bergen	Hudson					
Holland Christian Home	North Haledon	Passaic					
St. Joseph's Home For Elderly	Totowa	Passaic					
Sunrise Assisted Living Of Cresskill	Cresskill	Bergen					
Sunrise Assisted Living Of Paramus	Paramus	Bergen					
The Bristol At Woodcliff Lake	Woodcliff Lake	Bergen					
The Chelsea at Bald Eagle	West Milford	Passaic					
Source: NJ Dept. of Health, Long Term Care Facilities Database, 2014							

The location of these developments affects access to services. But many of these age-restricted developments permit service access to a greater number of residents with less effort and resources compared with serving owners and renters who are dispersed through the service area. It is also likely that residents in age-restricted housing have options to socialize which reduces social isolation. The limited availability and costs associated with these developments limit who can live there, and the limited number make it less likely that moving to them will enable adults to use their existing networks.

Publicly Subsidized Housing

Publicly subsidized housing is a broad category of housing for people with lower-incomes that includes housing for older adults, those with disabilities, or families, and is administered by housing authorities or private entities.⁵ There are approximately 20,262 units of federally assisted housing in the service area and approximately 7,697 units receive assistance through state programs such as New Jersey Housing and Mortgage Finance Agency loan guarantees, Balanced Housing, and Mount Laurel.

Publicly subsidized housing makes up a fairly small portion of all housing in the service area, and an even smaller share of that is reserved for older adults. Together, publicly subsidized housing is about 5% of all housing units in the service area and about 9,885 of those units are reserved for seniors (US Census, 2010)(See Table 11). However, older adults who meet income requirements may be eligible for most types of publicly assisted housing.⁶ The federal 202 Supportive Housing for the Elderly Program is available to older adults who can perform daily tasks (e.g. feed, clothe, bathe) but may need assistance (e.g. help with cooking or getting into bath or shower). Section 202 housing operators must provide an optional meal program, housekeeping and personal assistance, and transportation to health-related services (US Dept. of Housing and Urban Development, 2014a). Other federal housing programs may set-aside units for older adults, such as Project-based Section 8, LIHTC projects and Public Housing (See Table 11 for tenant eligibility requirements)(See Tables 11 & 12).

⁵ There are several federal and state programs and laws that govern publicly subsidized housing; often there is layering of subsidies in publicly subsidized developments that combine federal and state assistance, and there is overlap in how New Jersey counts the way municipalities meet affordable housing obligations. This discussion is primarily limited to federal programs because reporting requirements generally provide more accurate counts, even though some under- and mis-reporting occurs, and the programs are well-documented; New Jersey programs are complex and it is often difficult to ascertain where housing is located and what “affordable” means in this context.

⁶ With the exception of the federally subsidized 236 program which is available only to those with disabilities.

Table 11: Publicly Assisted Housing, 2014

PUBLICLY ASSISTED HOUSING BY COUNTY, 2014										
COUNTY	LIHTC	PUBLIC HOUSING	SEC. 8	202	236	811	OTHER FEDERAL	STATE	SENIOR	TOTAL
Bergen	883	1,914	2,841	848	120	84	242	2,023	3,998	8,955
Hudson	978	4,055	2,169	373	154	-	78	2,893	3,048	10,700
Morris	89	-	111	89	-	-	-	323	323	612
Passaic	1,660	1,350	1,579	49	452	84	40	2,458	2,635	7,672
TOTAL	3,610	7,319	6,700	1,359	726	168	360	7,697	9,885	27,939
Sources: HUD LIHTC Database, 2014; HUD Multifamily Assistance and Section 8 Database, 2014; NJ Dept. of Community Affairs, 2010a,b, 2013, 2014										

Table 12: Publicly Assisted Housing Programs, 2014

PUBLICLY ASSISTED HOUSING PROGRAMS						
	Section 202 Supportive Housing for the Elderly	Section 236 Rental Housing Assistance Program	Section 811 Supportive Housing for Persons with Disabilities	Section 8 Multifamily Housing	Public Housing	Low-Income Housing Tax Credit
Age Restriction	62 years old	None	None	None	None	None
Income Eligibility	<50% AMI	<50% AMI	Residents who cannot financially provide for themselves	<50% AMI & <80% AMI (as determined by local housing authority)	very-low and low-income residents	< 50% AMI or <60% AMI (determined by number of affordable units offered)
Rent	30% total income or 10% adjusted income*	30% total income or 10% adjusted income*	30% total income or 10% adjusted income*	30% total income or 10% adjusted income*	30% total income or 10% adjusted income*	30% total income or 10% adjusted income*
Ownership	Private non-profit	Private for-profit / non-profit	Private non-profit	Private for-profit / non-profit	Local housing authority	Private for-profit / non-profit
Description	Housing for seniors who can perform daily tasks (e.g. eating, bathing), alone or with assistance	Housing for very low-income individuals and families	Supportive living for those with physical, developmental, or mental impairment that prevents independent living	Housing for low- and very low-income individuals and families with time delimited affordability	Local housing authorities determine household characteristics based on local needs	Housing for lower-income residents with 30-year affordability
*Whichever is higher						
**AMI, area median income, is determined by the US Dept of Housing and Urban Development						
Sources: US Dept. of Housing and Urban Development, 2012, 2013b, 2014a,b,c,d						

There are long waiting lists for this type of housing because of the limited number of units and high demand. New Jersey programs encourage affordable housing but the complexity and level of affordability make it difficult to know how many units are available, to whom they are affordable, and where they are located. Most of the federal programs are designed for those with the greatest needs and

there is little support for those who are not extremely poor. Aging adults living in publicly subsidized housing may already be tied into networks of social support, but this varies.

Thus, for aging adults in the service area, the cost of aging in place is high, especially for those living on a fixed income. Homeowners and renters have few options to relocate, but finding housing units that are smaller and affordable is challenging, especially within people's own communities. Furthermore, there are few subsidized housing options but the waiting lists are long and age-restricted developments are too expensive for many. While many people prefer to age in place, at some point, some people need to live in long-term care facilities. We turn to that now.

Long-term Care Facilities

While many people prefer to age in place, some need the medical and non-medical care that long-term care (LTC) facilities, such as nursing homes, assisted living, and some public assisted senior housing facilities, provide.⁷ Aging adults are entering LTC facilities at older ages than in the past. This is a function of better health, the high cost of LTC, more options for home-based support, and preferences to age in place rather than in institutional settings. Many people fear institutional care because they equate it with losing their freedom and being separated from their social, medical, and religious networks. Many Jewish residents may be especially reluctant to age in an institutional setting. While Jewish-affiliated care facilities are fully aware of holidays, rules, and follow strict Kashrut, other facilities may not. Because of this reluctance and the cost of LTC, many people age at home until they absolutely need institutional care. The average yearly cost of a semi-private room at a NJ nursing home is \$109,500 and a private room is \$118,625 (Genworth Financial, Inc., 2014). Medicare does not cover nursing home care and qualifying for the Special Medicaid Program for the Aged, Blind, and Disabled coverage means having assets and financial resources less than \$4,000 individually or \$6,000 as a couple (N.J.A.C. 10:72-4.5). Additionally, there is a 5 year "look back" period, where asset transfers made in the past 5 years are considered during the eligibility process and are subject to penalty. Interviewees explained that some aging adults have too much to qualify for Medicaid but not enough to access the care they need (Interviews, 2014). Relatedly, some people find it difficult to access LTC when they need it. The facilities may be full. Interviewees strongly suggest that aging adults shop for LTC and place their names on waiting lists long before they need the care (Interviews, 2014). These factors make the transition to LTC difficult and some people remain in their homes when more comprehensive care would improve their quality of life.

Spatial distribution of long-term care facilities

LTC facilities are located throughout the service area. Facilities are labeled by the type of care they provide. Assisted living allows more independence while providing daily support and services

⁷ "The US Department of Health and Human Services (HHS) estimates that nearly 70 percent of people who reach the age of 65 will ultimately need some form of long-term care. This care can be costly, adding to the pressure of financially stretched older adults" (Joint Center for Housing of Harvard University, 2014).

such as housekeeping or assistance with bathing and dressing (New Jersey Department of Health, 2014). Skilled nursing augments assisted living with twenty-four hour medical care. Within the Federation's service area, there are 25 assisted living facilities and 58 nursing homes.⁸ LTC facilities are located in Bergen, southern Passaic and Eastern Hudson Counties. Wayne, Paramus and North Bergen have the highest number of seniors aging in these institutions, followed by Lincoln Park, Cliffside Park and Hackensack (See Map 17). Approximately 6% of the population 65+ live in long-term care facilities (12,201 out of 200,860). And more than 20% of people 65+ live in LTC institutions in: Park Ridge (22%), Emerson (23.6%), Paramus (26.4%), Rochelle Park (28.4%), Woodcliff Lake (41.5%) and Rockleigh (95.7%) (US Census, 2010; NJ Dept. of Health, 2014)(See Table 13).⁹

Table 13: Top 10 municipalities with long-term care beds

LONG-TERM CARE SLOTS AND INDEPENDENT LIVING UNITS							
MUNICIPALITY	COUNTY	LTC SLOTS	INDEPENDENT LIVING UNITS	TOTAL POPULATION	AGE 65+		SHARE 65+ IN LTC
					Count	Share	
Wayne	Passaic	1,739	472	54,717	9,307	17.0%	18.7%
Paramus	Bergen	1,523	95*	26,342	5,763	21.9%	26.4%
Lincoln Park	Morris	736	-	10,521	1,673	15.9%	44.0%
North Bergen	Hudson	610	*	60,773	8,188	13.5%	7.4%
Hackensack	Bergen	504	-	43,010	5,318	12.4%	9.5%
Wanaque	Passaic	428	755	11,116	2,019	18.2%	21.2%
Woodcliff Lake	Bergen	390	-	5,730	939	16.4%	41.5%
Wyckoff	Bergen	384	112*	16,696	2,777	16.6%	13.8%
Park Ridge	Bergen	365	15	8,645	1,661	19.2%	22.0%
Emerson	Bergen	346	-	7,401	1,469	19.8%	23.6%
Source: US Census Bureau, 2010 Census; NJ Dept. of Health Long Term Care Facilities Database, 2014							
*Independent living facilities with no listed unit count							
KEY	Area ranked in Top 10 for this indicator			Area ranked in Top 20 for this indicator			

LTC settings that include independent living and provide the option of transitioning as care needs increase provide a continuum of care that enables people to age in place, remain in their community, and avoid disruptive moves.

Hospice provides care for individuals facing terminal illness and it allows the patient and their family to cope by providing services that enhance their quality of life in a facility. Hospice care is customized to meet patient needs, and offers the basic services to all such as medical, nursing and counseling at home and when needed (NJ Dept. of Health, 2014; New Jersey Hospice and Palliative

⁸ Assisted living and skilled nursing facilities are licensed by the state of New Jersey and must provide baseline services and are subject to performance evaluations to maintain their standing.

⁹ Estimates of share of the 65+ population living in LTC were derived using the bed counts from the NJ Dept. of Health LTC facility database, assuming one person occupying each bed, then dividing by the total number of 65+ individuals as reported in the 2010 Decennial Census.

Care Organization, 2014). In New Jersey, hospice is licensed to a provider, not a facility because it often occurs in a home or the skilled nursing or assisted living facility they reside in.

Map 11: Median Monthly Owner Costs (Mortgage Holding Households), JFNNJ Catchment Area, 2008-2012

Map 12: Owner-Occupied Age 65+, JFNNJ Catchment Area, 2008-2012

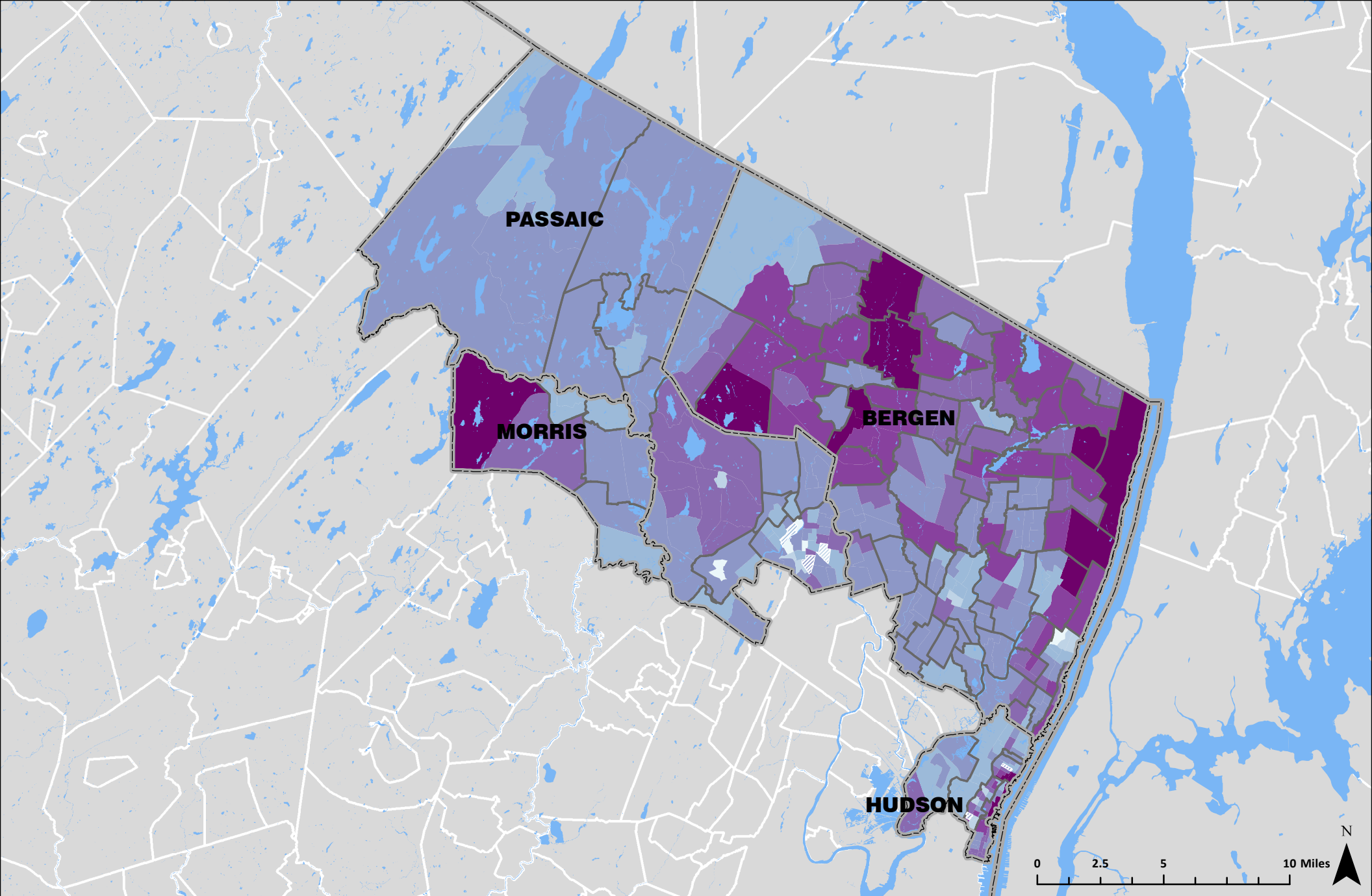
Map 13: Homes in Negative Equity, JFNNJ Catchment Area, First Quarter 2014

Map 14: Renters Age 65+, JFNNJ Catchment Area, 2008-2012

Map 15: Median Gross Rent, JFNNJ Catchment Area, 2008-2012

Map 16: Independent Living and 55+ Communities, JFNNJ Catchment Area

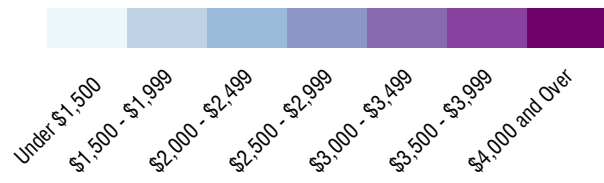
Map 17: Licensed Long Term Care Facilities, JFNNJ Catchment Area, 2014



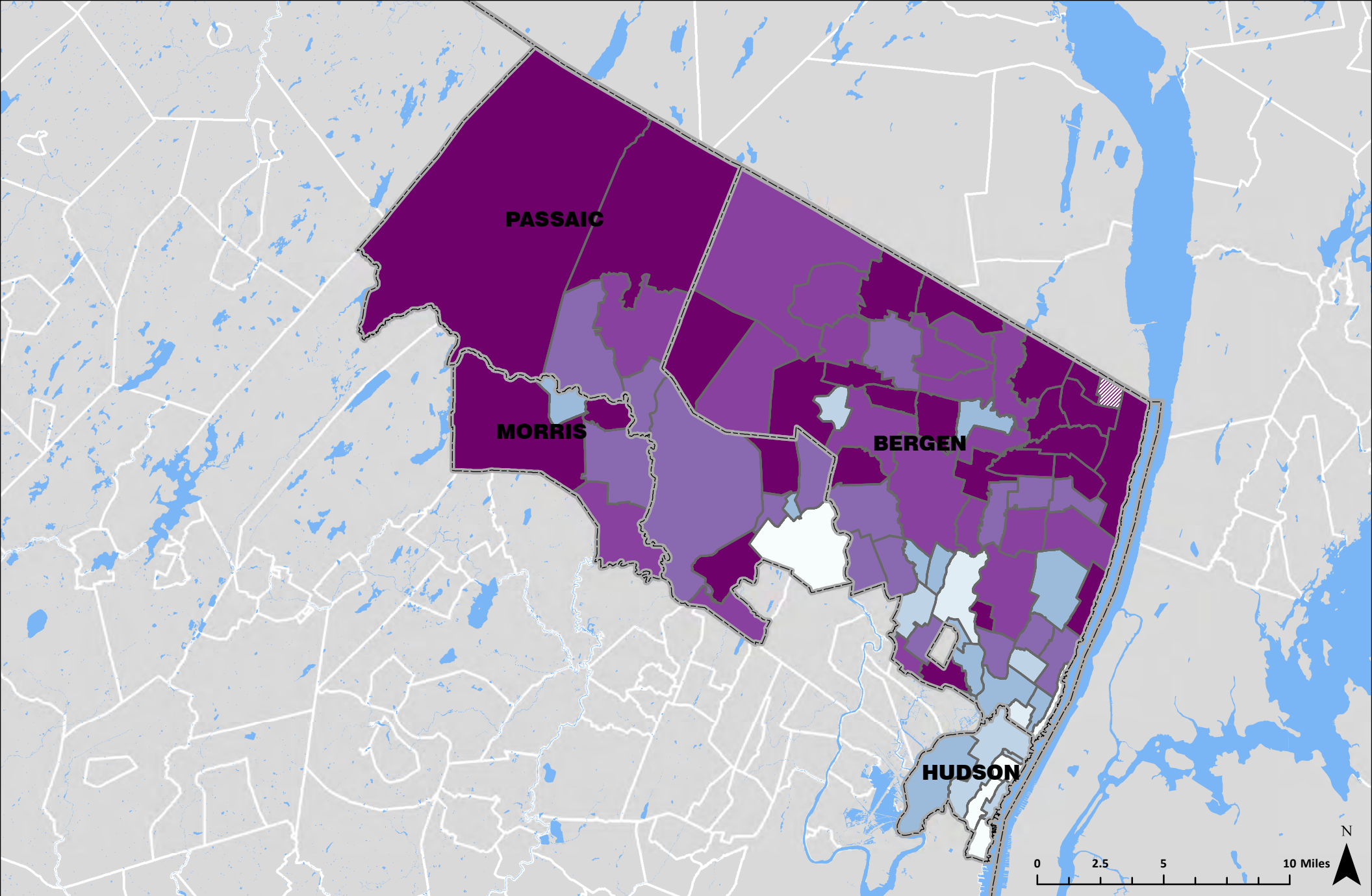
Median Monthly Owner Costs (Mortgage Holding Households) JFNNJ Catchment Area, 2008-2012

Sources: American Community Survey 2008-2012; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Estimated Median Monthly Owner Costs by Tract



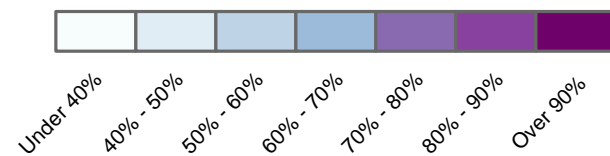
*Hatched tracts
have unreliable
ACS Estimates



Owner-Occupied Age 65 and Over JFNNJ Catchment Area, 2008-2012

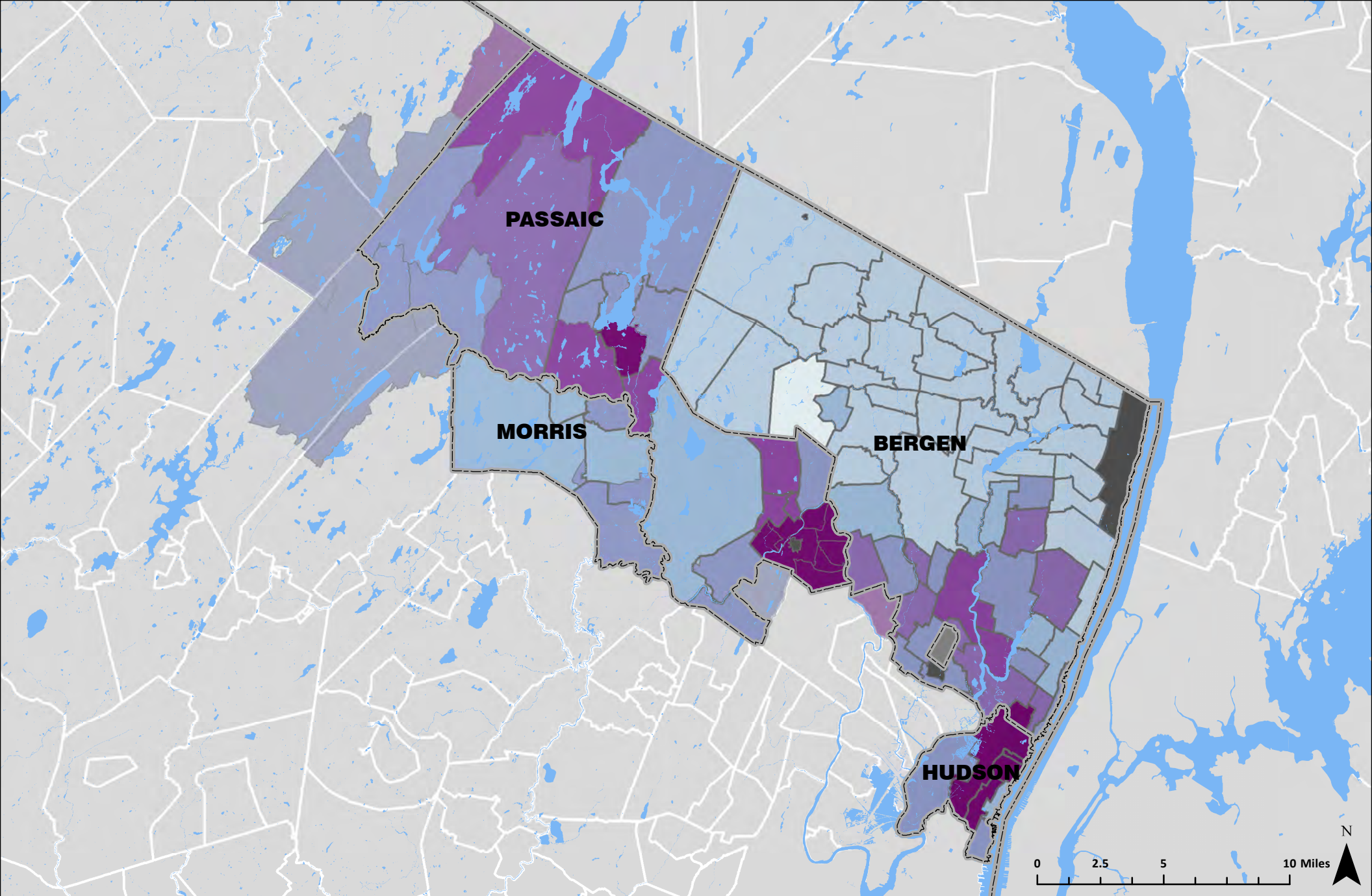
Sources: American Community Survey 2008-2012; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Estimated Percent Owner Occupied of All 65+ Householders



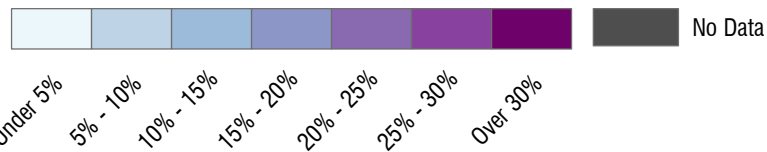
*Hatched municipalities
have unreliable
ACS estimates

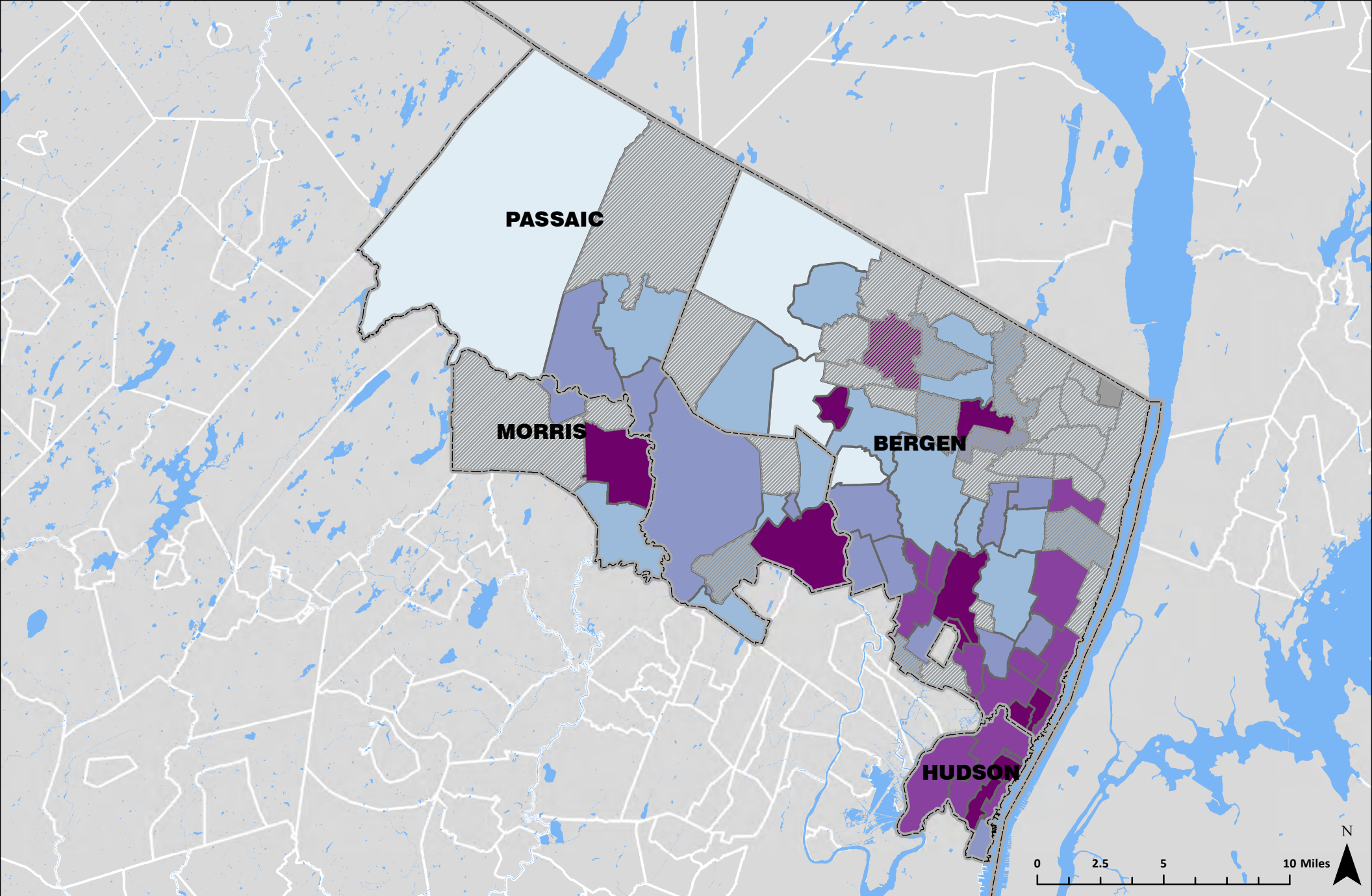
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Homes in Negative Equity JFNNJ Catchment Area, First Quarter 2014

Percent Homes in Negative Equity by 5-Digit Zip Code

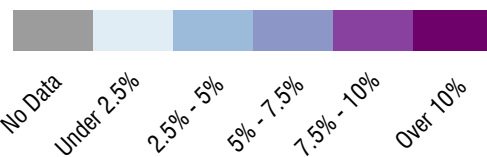




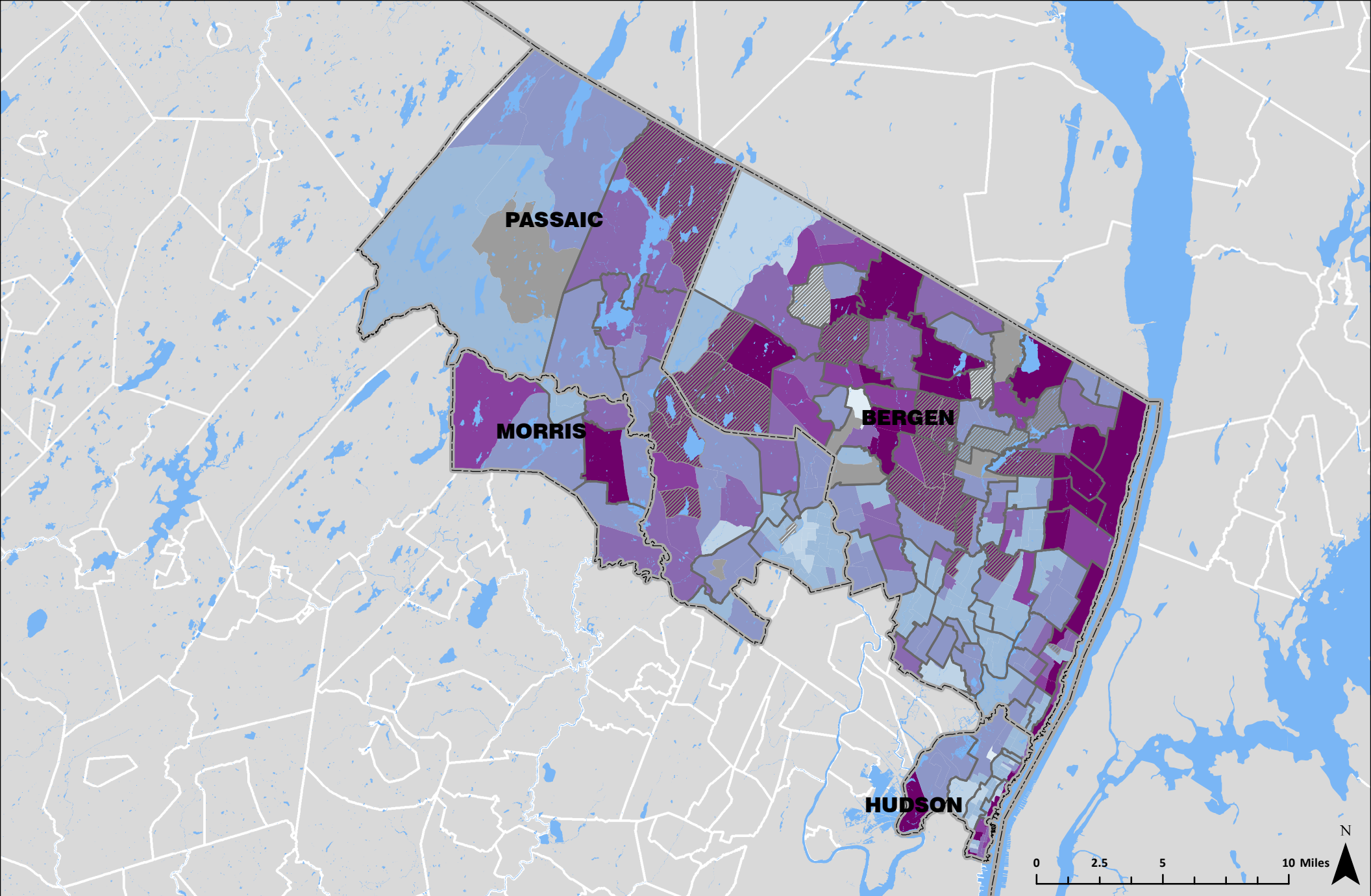
Renters Age 65 and Over JFNNJ Catchment Area, 2008-2012

Sources: American Community Survey 2008-2012; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Estimated Percent Renter-Occupied Units with
Householders Age 65+ by Municipality



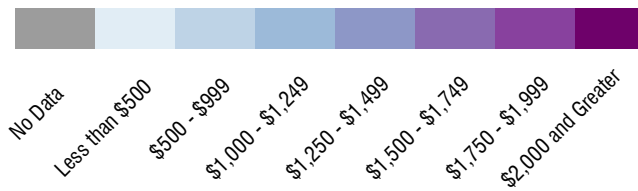
*Hatched municipalities
have unreliable
ACS Estimates



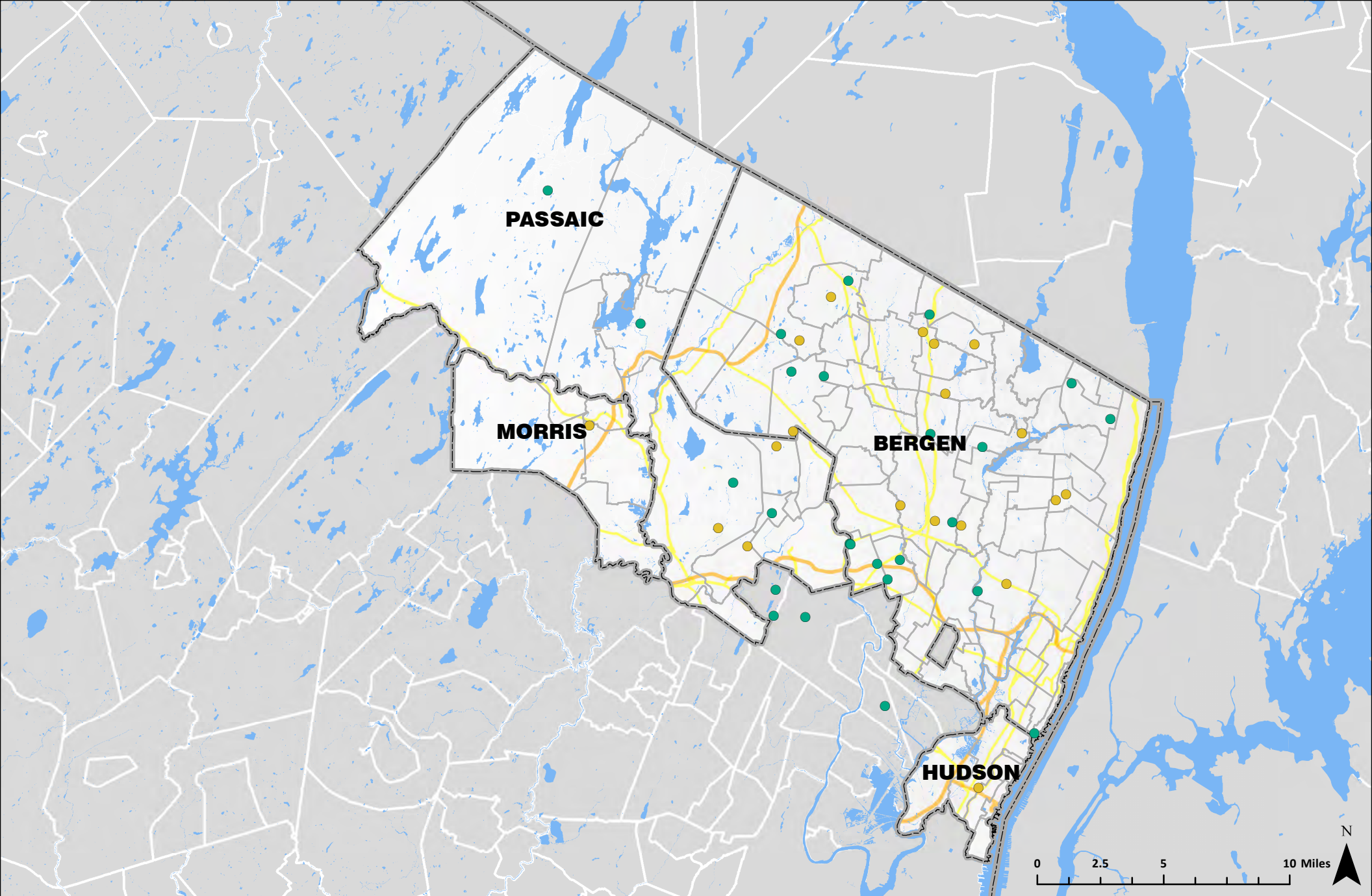
Median Monthly Gross Rent JFNNJ Catchment Area, 2008-2012

Sources: American Community Survey 2008-2012; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Estimated Median Monthly Gross Rent by Tract



*Hatched tracts
have unreliable
ACS Estimates



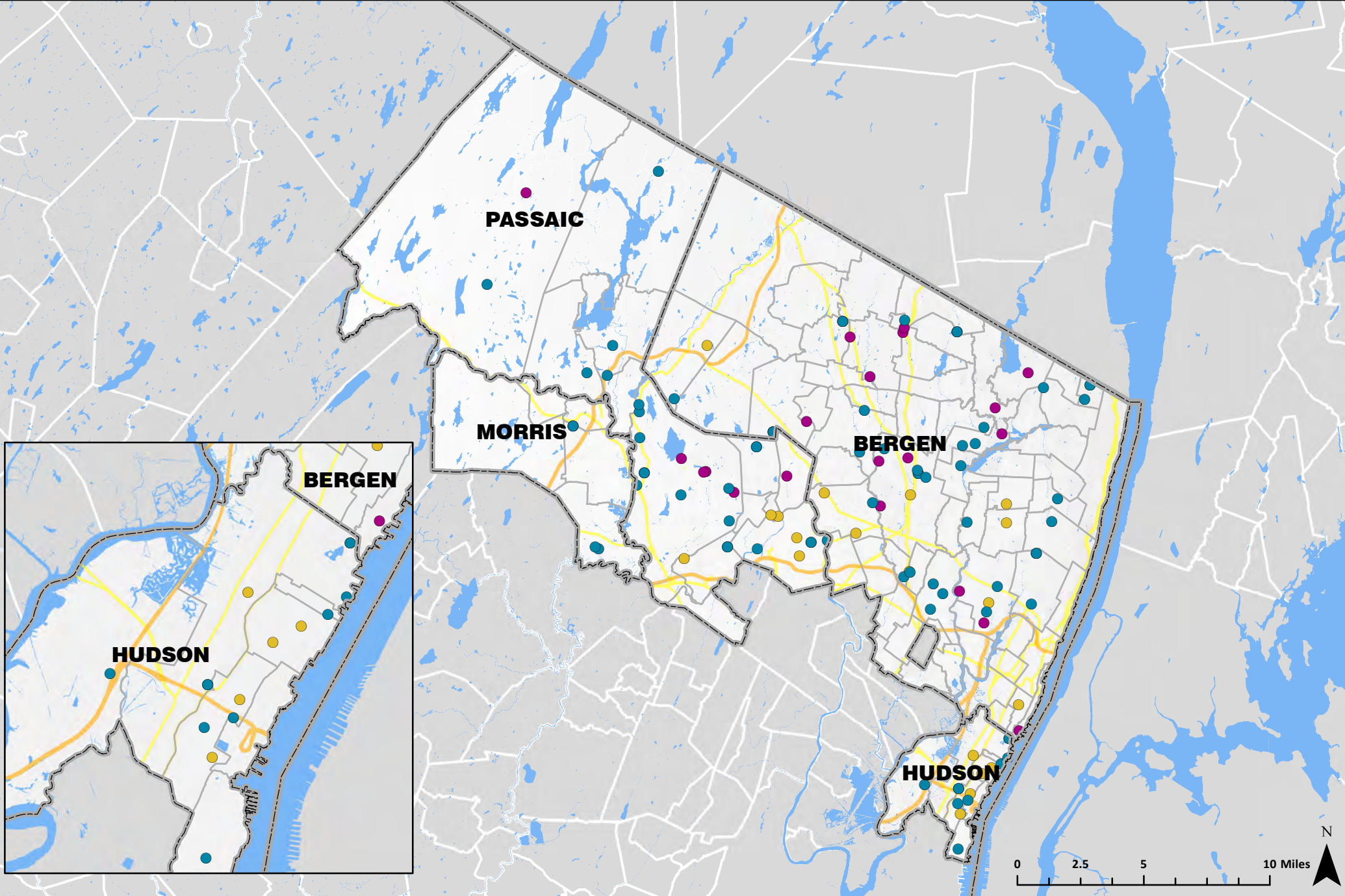
Independent Living and 55+ Communities JFNNJ Catchment Area

Sources: RWV Directory, 2014; TIGER Files, U.S. Census Bureau 2010; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Independent and Active Adult Living Communities

- 55+ Communities
- Independent Living

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Licensed Long Term Care Facilities JFNNJ Catchment Area, 2014

Sources: NJ Department of Health 2014; TIGER Files, U.S. Census Bureau 2010;
NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013;
New York GIS Clearinghouse 2013.

Long Term Care Facilities

- Day Care
- Assisted Living
- Skilled Nursing

Challenges Associated with Aging in Place

Many people age in place which means that they remain in their homes and communities as they grow older. Aging in place is increasingly common and preferred by aging adults and the people who work with them. Moving is hard on aging adults, especially those with dementia or Alzheimer's and those who lived through the Holocaust. Many see benefits to people remaining in their homes with their memories and belongings, in places they know well, and retaining social and health networks. Even those who might opt for an institutional care age in place because it is often less expensive than long-term care alternatives (Interviews, 2014).

Despite the preference for and trend towards aging in place, it is not without challenges especially for aging adults who lack nearby family and friends, live in less dense areas, and are frail. In this section, we discuss the challenges of aging in place which we grouped into four categories: 1) affordable and safe housing, 2) lack of awareness of services and bureaucratic challenges, 3) transportation, and 4) health and wellness. A recent study by the Joint Center for Housing at Harvard (2014) raised similar challenges in a discussion of these issues nationally which suggests that the challenges in northern NJ are not atypical. Given the increasing aging population and the trend towards aging in place, ensuring that these challenges are addressed is essential to people aging well for decades to come.

Affordable and Safe Housing

Many interviewees identified affordable housing as one of the foremost challenges to aging adults in the service area. As discussed in the housing section of this report, housing is expensive in northern NJ and there are few affordable rental options in many higher income communities. While there are subsidies for many other services, there is little substantial programmatic help to reduce housing costs. Safety is another housing concern for those who age in place and interviewees stressed the importance of modifying homes to improve safety which can reduce trips and falls. This includes removing rugs and other tripping hazards, installing grab bars and ramps, removing clutter, getting organized, and helping seniors learn to live on one floor. Ensuring that homes are safe as people age, become more frail or are disabled means also changing the housing stock to include "no-step entry, single-floor living, extra-wide doorways and halls, accessible electrical controls and switches, and lever-style door and faucet handles" (Joint Center for Housing Studies of Harvard University, 2014). Many organizations in Northern NJ support efforts to improve home safety. Senior centers and voluntary organizations offer courses and services. The Fair Lawn senior center, for example, offers classes on reducing clutter. Two non-profit organizations, Bonim Builders and the Volunteer Center of

Bergen County's Chore program, coordinate volunteers who help aging adults remain in their homes safely by installing grab bars, ramps, changing light bulbs and assisting with basic home repair.

Knowledge of Services and Bureaucratic Challenges

Many aging adults do not use services that would benefit them. Interviewees offered a few explanations for this. First, most aging adults, caregivers, and service providers are unaware of all the public, private and nonprofit programs that can benefit aging adults (see Table 14 for information on major state programs for aging adults in NJ with the most recent eligibility requirements). While program information is available in a variety of formats, the mix of public and private providers, program objectives, target populations, geographic focus, administrative divisions, and frequent program changes makes it difficult for anyone to keep on top of this information.¹⁰ Second, interviewees stressed that qualifying for some programs requires travel, follow-up and persistence which may be hard for older frail adults and those who lack transportation. Third, program administrative structure contributes to the challenge of using and integrating services. New Jersey's Division of Aging Services offers a variety of programs for older adults. Each county hosts an Area Agency on Aging (AAA), which is responsible for delivering services and is the Aging and Disability Resource Connection (ADRC), a first point of contact for older adults seeking assistance. While this infrastructure has centrally coordinated many programs, these agencies do not directly run housing or transportation programs, both areas that present significant challenges for adults aging at home. County agencies then may have to negotiate with each other for programmatic services. And qualifying for these programs may mean travel to different agencies adding to the concerns identified above.

Finally, interviewees are concerned about healthcare reform and changes in the way health insurance is provided to seniors. Understanding these changes is challenging and requires diligence from older adults and their caregivers. All Medicare recipients are supposed to receive a letter in the mail that describes these changes, which insurance plan they have been enrolled in with the option to remain enrolled in that plan or switch to another one. However, many aging adults also received letters from private insurance companies to switch plans or get additional options (Hudson County Area Plan Annual Public Hearing, 2014). This creates confusion for people who are still trying to make sense of how new changes affect their coverage. Many service providers are still trying to understand the new healthcare changes too and can only provide limited information to aging adults and caregivers. The biggest concern for all is untangling the web of information and ensuring that health care needs are met (Interviews, 2014).

¹⁰ The NJ 2011 guide to programs for aging adults is accessible here: http://www.state.nj.us/humanservices/doas/documents/statewide_benefit_2011.pdf Each county produces a guide to programs for aging adults.

Table 14: State Programs for Aging Adults

STATE PROGRAMS FOR AGING ADULTS			
Program	Description	Eligibility Requirements	For information/to apply
Aging & Disability Resource Connection (ADRC)	Helps senior adults and caregivers identify options for assistance and provides them with useful resources	60 years of age or older	Visit the AAA office, call their toll free number 1-877-222-3737 or visit their website at http://www.adrcnj.org/site/1/home.aspx
NJ Ease	Provides information to senior adults and caregivers on different topics such as healthcare and transportation	60 years of age or older	Call toll-free number 1-877-222-3737
Jersey Assistance for Community Caregiving (JACC)	Helps senior adults age in their homes by offering various services at home	US citizen or qualified alien residing in New Jersey; 60 years or older living alone or with unlicensed friend or family member; has no way to receive necessary services; determined by the state to be clinically eligible for nursing care; ineligible for Medicaid or Medicaid waiver services; income no more than 365% of Federal Poverty Level (\$3,495 for an individual or \$4,717 for a couple in 2013)	Visit county AAA/ADRC site or call their toll-free number at 1-877-222-373. ADRC workers will assist callers and refer individuals to the proper application point
Senior Gold	Senior Gold co-pay for covered drugs is \$15 and 50% of the remaining actual cost of the drug	NJ residents age 65 or over; income between \$26,130 and \$36,130 if single, between \$32,037 and \$42,037 if married (2014); medicare-eligible beneficiaries must enroll in a Medicare Part D Prescription Drug Plan of their choice and pay monthly premiums through that plan	Call toll-free number 1-800-792-9745 or visit their website at http://www.state.nj.us/humanservices/doas/home/seniorgolddetail.html ; there is a universal application for those interested in applying for Senior Gold, PAAD and other special benefits
Pharmaceutical Assistance to the Aged and Disabled (PAAD)	PAAD co-pay is \$5 for covered generic drugs and \$7 for covered brand name drugs	NJ residents 65 years of age or older; annual income under \$26,130 if single, \$32,037 if married in 2014; Medicare-eligible beneficiaries must enroll in a Medicare Part D Prescription Drug Plan of their choice	Call toll-free number 1-800-792-9745 or visit their website at http://www.state.nj.us/humanservices/doas/home/seniorgolddetail.html ; there is a universal application for those interested in applying for Senior Gold, PAAD and other special benefits
Alzheimer's Adult Day Services Program	The program is responsible for partially subsidizing adult day-care services for persons suffering from Alzheimer's disease or similar dementia	NJ residents diagnosed with Alzheimer's disease or a related dementia by a licensed physician and with documentation; must be routinely supervised by an informal caregiver	Contact the New Jersey Department of Human Services Division of Aging Services at 609-943-4985 or visit the local county AAA office.
Adult Protective Services (APS)	Provides protection services to adults subject to abuse, neglect and/or exploitation including thorough investigation and private meetings with a social worker	18 years of age or older	Visit or contact the local county APS office or the local county AAA office

Transportation

Interviewees identified transportation as one of the most difficult challenges facing adults who are aging in place. For aging adults who do not drive, access to transportation is vital. Few places in the service area are easily traversed without a car which means that trips to the doctor, pharmacy, food store, to visit a friend, eat a congregate meal, attend a religious service or cultural celebration, or many other activities require accessing a public or private transit system or asking a friend or family member for a ride. Even those with access to well-developed public systems find their options limited for shopping, seeing friends, and getting out to social and religious events. These activities are important to overall health as they reduce social isolation. Those in more rural areas or who are less ambulatory face the greatest transportation challenges. Many interviewees suggested that more transportation programs, even those that enable older adults to attend events, socialize and go grocery shopping, reduce social isolation (Interviews, 2014).

Public and private transit networks cover much of the service area and synagogues and voluntary organizations offer volunteer transport services. Below we discuss the transportation infrastructure and the challenges of using it (See Figure 1).

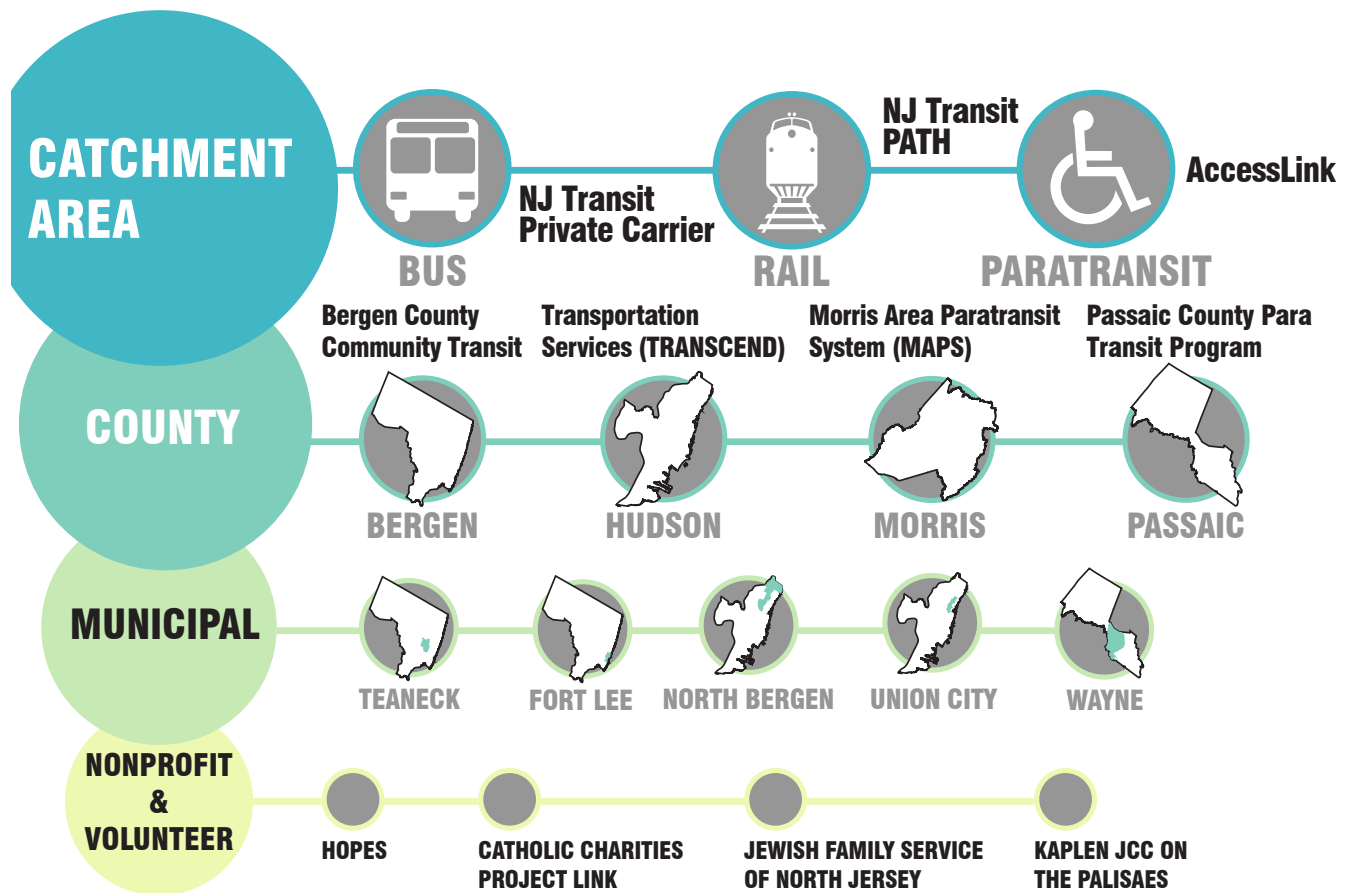
Knowing About a Hard-to-know Transportation System

Using transportation services in northern NJ means knowing about a hard-to-know transportation system. Because there is no one transit system that meets all needs, governmental, non-governmental and volunteer systems provide transportation services to meet the needs of aging adults. This means that there are many transportation options and each has different coverage, rules about who can use it, how much it costs, and where it goes. While some systems like NJ Transit and Access Link are relatively easy-to-understand, knowing about county, municipal, non-profit and volunteer services is more complicated. For some users, the system works wonderfully but for others, depending where they live, whether they are ambulatory, and where and when they need services, it may not work well or at all. To our knowledge, there is no one coordinated source that adequately explains all of the transit options for aging adults. Below we discuss the multilayered system and some of the biggest challenges that aging adults face when using it.

While bus and rail service is available in more densely populated areas, transit service is sparse in the more rural north and west. Public transit in the densest portions of the service area is well suited to accommodate local travel and offer a wider array of options such as bus, light rail and PATH service. Outside of the urban core, public transit services are designed to accommodate commuters headed into and out of the urban core, and thus options are limited, less flexible, and may not meet the needs of older adults who rely on transit to access local services and engage in day-to-day activities. NJ Transit Access Link provides additional services for people who are certified as having disabilities which

includes many aging adults. Access Link provides transportation in areas designated as urban core service areas or within $\frac{3}{4}$ of a mile of existing NJ Transit bus routes. While much of the central and southern parts of the service area is classified as urban core, Access Link is not available in the less dense northern and northwestern areas (See Map 19).

Figure 1. Formal and Informal Transportation System



Each county operates curb-to-curb bus service for people 60+. These services are more flexible than the systems described above but they all have limits. Each county system runs slightly differently. The county bus systems offer some of the most comprehensive services but are not useful for aging adults who are too frail to get to the bus or lack an aide who can help them.

County Bus Systems

- **Bergen County Community Transportation** offers bus service for medical appointments and to senior centers Monday to Friday from 10:30 am to 2:30 pm. To schedule a trip, riders make an appointment 7-10 business days prior and pay a \$1 suggested donation per round trip.
- **Hudson County's TRANSCEND program** provides free transport within the County and beyond to hospitals and the VA on set days. TRANSCEND operates with 10-14 days notice. Drivers are certified in first aid, but they are not licensed for medical transport and cannot enter clients homes or assist people in boarding the vehicle. Reservations are accepted Monday to Friday from 8:00 am to 4:00 pm; trips cannot be scheduled earlier than 10:00 am unless the transportation is to work, or for dialysis, chemotherapy, or radiation.
- **Morris County provides paratransit services** for older adults through the Morris Area Paratransit System (MAPS). The service is primarily for medical appointments and there is a \$1 suggested donation per round trip. The service runs Monday to Friday, from 10:00 am to 3:30 pm and trips need to be scheduled a week prior.
- **Passaic County's paratransit program** offers appointment-based paratransit service to nutrition programs, medical appointments, shopping and for recreational trips. This service is supported through donations and county funding and there is a suggested minimum donation of \$4 per round trip. The service is on a first come first served basis and runs Monday-Friday from 8:00 am to 2:00 pm.

Municipal

Most municipalities also provide transit services that include fixed and flexible route shuttles and sedan or van service. While some towns provide a route map or explain their programs, many do not.¹¹ Municipal fixed route shuttles may stop at grocery stores, malls, senior centers, and make occasional recreational trips. For example, Fair Lawn runs a mini-bus with curb-to-curb service to supermarkets, pharmacies, the post office, mental health centers and the senior center. Riders make appointments up to two weeks in advance for trips Monday to Friday. On Saturdays, the service operates on a fixed route around town. Some towns provide on-demand busses for trips to hospitals and medical appointments. Others operate sedans by appointment for doctors and pharmacy trips. But many town vehicles only travel within municipal boundaries and many municipalities in the service area are small which makes it unlikely that all medical appointments can be reached by a strictly in-town service. The Fort Lee Parking Authority runs one of the higher-capacity transportation services. An appointment-only system provides sedan transportation to doctor appointments and area hospitals including those located outside of Fort Lee. And a town shuttle bus system operates on a continuous loop providing transportation with stops at supermarkets, the post office, senior building, and library. By appointment, riders can use this service to travel to area shopping malls on Tuesdays (Interview, 2014). Many municipalities also provide bus service to their senior centers. More than half of the 54 senior centers in

¹¹ We tried to call each municipality to learn about their transportation options for aging adults but found that despite many efforts, we were unable to systematically collect information on transportation options in every municipality. It's likely that aging adults struggle to find this information as well.

the service area have door-to-door transportation or municipal fixed-route bus services (RWV Service Directory, 2014). While most town transportation services are free, a few, like Ramsey's bus service require a fare for trips to the senior center. Other town vehicles have a suggested donation for the service.

Public-Private Partnership

Two private (with public partnership) programs also provide transportation in the service area: EZ Ride and LogistiCare. EZ Ride offers its Community Cars Program to older adults who live in Bergen, Hudson, Passaic, Essex, Union and Monmouth Counties. Participants pay a yearly registration fee of \$15 and per trip fares. The pick up fee is \$2.50, and the mileage fee is \$0.57/mile for trips within 10 miles, and \$1.14/mile for trips outside. A 50% discount is applied to shared rides, and caregivers who are picked up and dropped off at the same location ride free. Trips can be scheduled 24 to 48 hours in advance; the drivers are community volunteers (EZ Ride, 2014). LogistiCare manages medical transportation programs and coordinates access to non-emergency medical transportation for New Jersey Family Care and Medicaid clients in New Jersey. Older adults who receive Medicaid use this service free of charge (for trips covered under Medicaid). Trips are scheduled 2 business days in advance, and a doctor's office or hospital should be within a 20 mile radius of the residence (LogistiCare, 2014).

Table 15: Private transportation options

PRIVATE TRANSPORTATION OPTIONS				
SERVICE	FEE	APPT.	TIME FRAME	COVERAGE
EZ Ride / Meadowlinks	\$15 annual fee, \$2.50 pick up fee. Trips within 10 miles are \$0.57/mile and trips beyond 10 miles are \$1.14/mile.	24 hours prior	M-F 8:00-4:00 pm	Bergen, Hudson, Essex, Union, Monmouth and Passaic Counties
Logisticare* - non-medical medical transportation for Medicaid recipients	Medicaid covers fee and service is only available for trips that covered by Medicaid. They will check if the trip is covered before scheduling it.	2 business days prior, call before 12:00 pm	M-F 8:30-5:30 pm. Service can be provided at other times if needed.	In NJ, hospital or doctor's office should be within a 20 mile radius of member's home. They will be help find closest physician or specialist.
*LogistiCare offers 2 additional options: (1) gas reimbursement at .50/mile with requests from 30 days to 1 hour in advance with the completion of a number, location and the doctor's signature, and (2) single or monthly passes for mass transit for people with more than 5 appointments scheduled				
Source: EZ Ride, How it Works, 2014; Telephone interview with a LogistiCare representative; LogistiCare, Services, 2014.				

Non-profit Organizations and Volunteers

Some non-profit organizations provide transportation services to fill gaps in the public system. Non-profit organizations provide transportation so that aging adults access programs and they also provide door-to-door service for frail aging adults. For example, the JCC in Tenafly provides bus service to aging adults in much of Bergen County for a suggested \$5 round trip donation. Meanwhile HOPES, a Community Action Agency in Hoboken, runs a free Assisted Transportation Program that provides door-to-door service for Hudson County adults 60+. This service complements the public curb-to-curb programs with drivers who are qualified to assist residents in getting from their homes to the vehicle and brings them to medical appointments, food shopping, and other places. Similarly, Catholic Charities' Project Link provides door-to-door transportation services in Passaic County. Finally, JFS of North Jersey provides transportation services for Survivors to medical appointments using funds from the Claims Conference. Volunteers add flexibility and fill in the gaps of the public and private systems. Some volunteer driver programs are regular formal arrangements (like Mitzvah Corps) and others are informal relationships (family, friends, neighbors who provide a ride).

Challenges Using This System

Even when aging adults have access to robust transportation systems, there are two main challenges involved with using them: timing and the fact that aging adults are often frail. Using transportation systems means scheduling in advance, using it when it is available, and possibly waiting for pick-up. While these sound like problems that are not insurmountable, they are serious challenges for aging adults who need to get to a medical appointment without advance notice and at times outside of transportation service coverage. While some systems offer flexibility, most restrict services to certain days and times of day. For example, some visit hospitals or other institutional care facilities only on certain days of the week. And most provide services for a set time period during the middle of the day such as 10am to 2pm. It may be difficult for aging adults to schedule appointments up to two weeks in advance, in the middle of the day, and on certain days of the week.

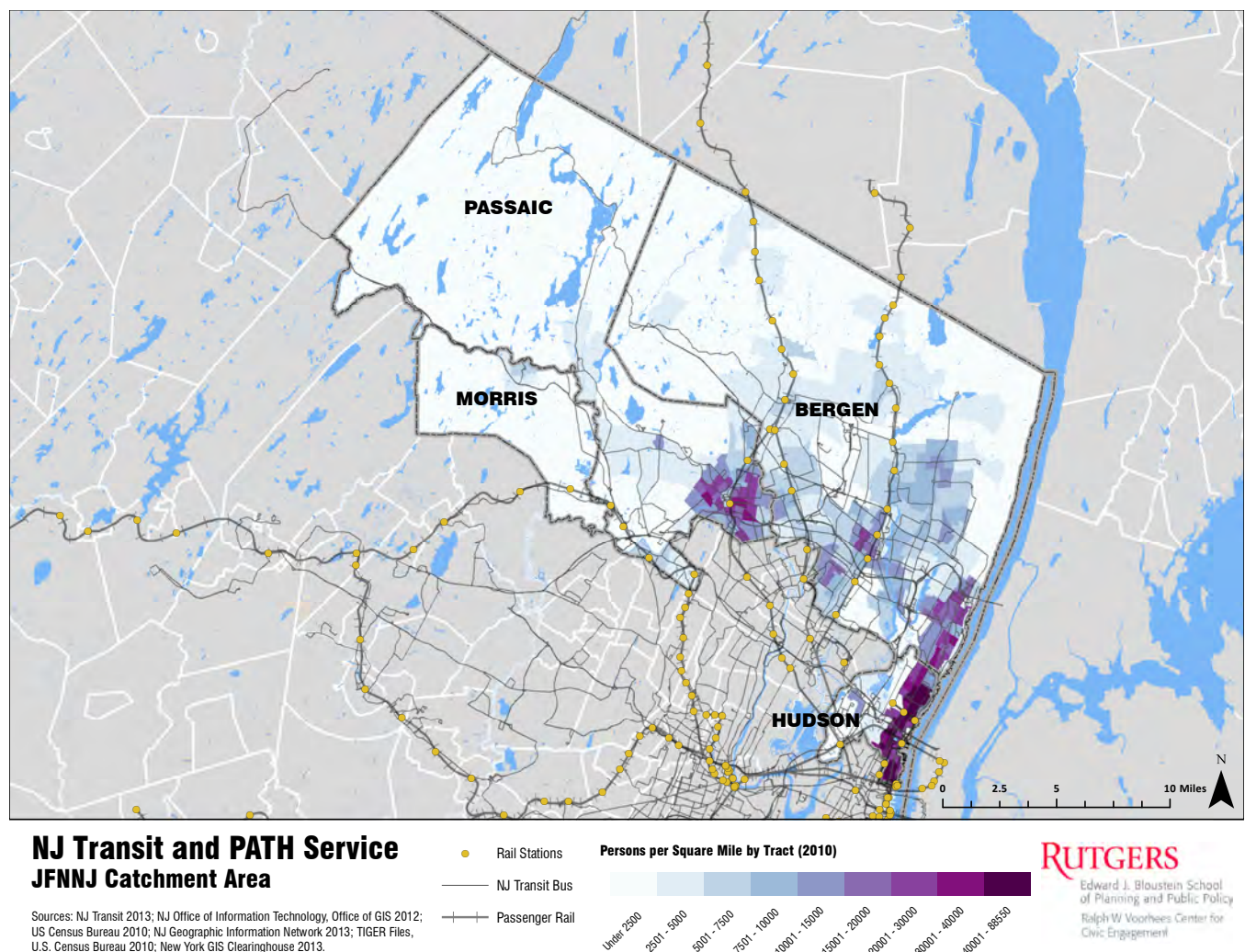
Using public transportation services can mean long and tiring days. Frail older adults, especially those who are ill, may find it difficult to sit on a bus that picks up and drops off multiple people then wait for pick-up after they receive services. Aging adults may wait at the doctor's office because drivers give an estimated time when they will be picked up, or they may ask riders to call once they are finished. In either scenario, older adults wait which adds to trip duration. An interviewee explained that it takes 3-6 hours to go to one doctor's visit by the time the older adult gets picked up, goes to the appointment, waits for the vehicle, waits for the vehicle to drop off others and then gets dropped off. While this service works, it can be exhausting for frail older adults. Interviewees mentioned that it is all that more difficult for adults with illness such as diabetes who need to drink and eat at certain times (Interview, 2014).

Additionally, the county and most town transportation services provide curb-to-curb service which means that the vehicle stops at the curb and drivers cannot help people out of their homes or

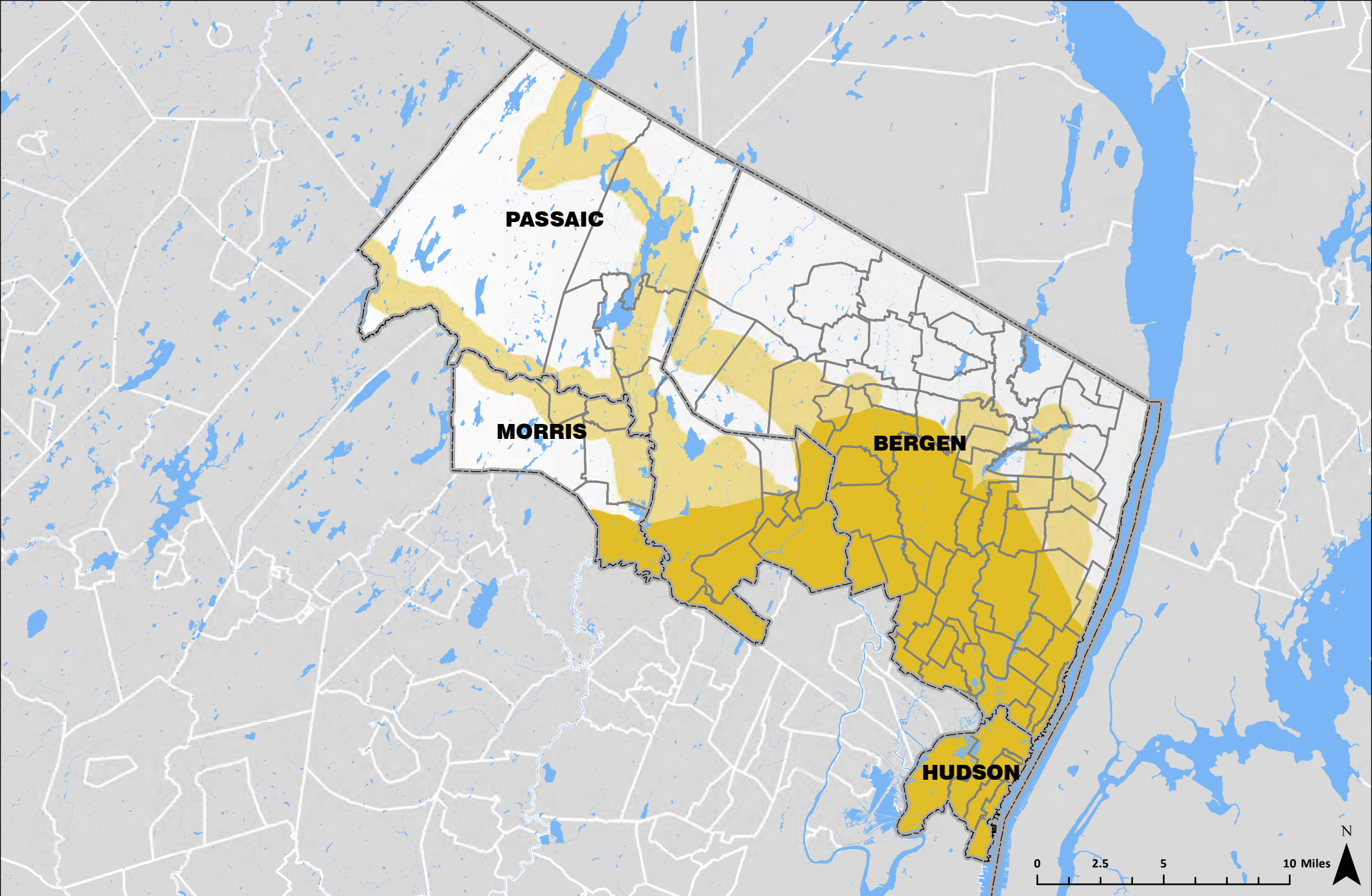
provide assistance as adults board vehicles. Walking to the curb is a challenge for older adults with disabilities, for many older adults during the winter or on hot summer days, and for most people who are carrying groceries. Most of the town vehicles accommodate one or two wheelchairs and transport aides, which makes it possible for frail seniors to travel, but not all frail adults have aides.

Interviewees identified transportation as one of the most significant challenges adults face as they age at home. Many communities support robust transportation systems but providing transportation is especially difficult for people who are frail or sick, need to go somewhere with little notice, or live in less dense areas. Where public transportation is not available, organizations that provide transportation and volunteers get aging adults to their programs.

Map 18: NJ Transit and PATH Service, JFNNJ Catchment Area



Map 19: AccessLink Coverage, JFNNJ Catchment Area, 2013



AccessLink Coverage JFNNJ Catchment Area, 2013

Sources: Voorhees Transportation Center 2013; NJ Transit, 2013; NJ Office of Information Technology, Office of GIS 2012; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

State Paratransit Service

- Urban Core Areas
- Shadow Paratransit Service

Health and Wellness

Interviewees identified a variety of health and wellness challenges adults face as they age at home. These include: social isolation, food, case management, in-home care, respite care, caregiver training, and adult day care. Each is discussed below.

Social Isolation

Social isolation, which affects physical and mental health, is one of the top challenges interviewees say face adults who are aging in place. Isolation is especially difficult for those who lack transportation, are separated from family through distance or estrangement, or are frail. A survey of adults aging in place found greater depression in adults who lack services (Choi and McDougall, 2009). And interviewees expressed their concern that physical decline follows emotional decline. While many aging adults leave their homes to participate in programs when they are younger and more able, this becomes more difficult as they become older and more frail (Interview, 2014). In northern NJ, a variety of public and private efforts reduce isolation by bringing aging adults out of their homes with assistance, bringing volunteers and service providers to aging adult homes, and connecting aging adults to the outside world through technology. Below we discuss the programs that address isolation in northern NJ. These include: volunteer visitors; weekly phone calls or Internet communication; transportation, social, recreation, and intellectual programs; respite care, and caregiver training. We discuss each below.

Arts, social, recreation, and intellectual programming

Aging adults who are mobile and interested can address isolation by accessing arts, social, recreational, and intellectual programming at municipal senior centers and private agencies like the JCCs and Ys. Because most centers serve a broad range of seniors, they offer programming to meet different needs. While younger aging adults may drop in for a fitness class in the midst of a busy day, older aging adults may use transportation services, spend the day, and have lunch at a congregate meal program. The centers are important information access points; flyers, bulletin boards, referrals, and presentations inform aging adults about programs and services. Hospitals and public health departments may provide testing, flu shots, referrals and talks about programs and services. And some senior centers ask organizations like Chore, a voluntary organization that helps aging adults with light home repairs, to explain their programs.

The 54 seniors centers in the service area vary in size, programming capacity, and clientele, who vary in age, ability, and income (See Map 20). Within centers, some programs are means tested; county congregate meals, for example, are provided for those 60+ and transportation services are generally available to people 65+ and those with disabilities. While municipal centers are open to everyone, they may attract some people and not others depending on the services offered, languages spoken, and the type of food served. Senior centers admit adults starting between age 50 and 62 and may extend

through 100. Interviewees discussed the challenges of engaging people in their 50s and 60s through their 90s given different interests and needs. While some centers provide programs across the entire age spectrum, some target older adults in their 80s and 90s with light exercise, meals, games, speakers and events; younger aging adults may volunteer. Transportation services are essential to centers that serve older aging adults. Other centers serve younger, more active adults and offer fitness classes, intellectual programs and outings. To provide a better sense of the variations, below are descriptions of some public and private programs.

Public Senior Centers

The Teaneck Senior Center, administratively located within the town's recreation department, serves 500-700 adults 55+ daily. It serves mostly ambulatory adults but a few people with aides go for light exercise, lunch or bridge. Programming includes 30 fitness classes a week, language instruction, arts and crafts, a library exchange, health fairs, flu shots, and a nurse who checks blood pressure and provides health consultations. People with more serious concerns are referred to the Teaneck town social worker. Most people drive to the center as it is structured as a wellness facility for active adults but Bergen County provides transportation for approximately 15 people a day and there is additional unmet demand (Interview, 2014).

The Fair Lawn Senior Center provides free recreation services for people 60+; they "card" due to the center's popularity. Programs include Zumba, kickboxing, aerobics, senior circuit, pilates, yoga, stretching, line dancing, tai chi and a group of volunteers teach canasta, Wii, and improv. While some programs have remained the same over the years, others emerged as participants shared their interests. The center provides referrals and resources to aging adults and their family members and offers talks on surrogates, health care proxies, wills, and federal and state programs. Many adults drive there; some stay as long as 4pm and they may reconvene elsewhere. A county bus provides transportation for those who do not drive; it takes people home at 1pm unless there is a special event that ends later. On Thursdays, the bus stops for food shopping before dropping people at home. While some older adults stay at the center for the majority of the day, younger adults may drop in for a class in-between caring for their own parents or grandchildren. Most programs are free; periodically the center charges for luncheon shows and trips (Interview, 2014).

Fort Lee's Senior Center serves adults on the older end of the spectrum and offers recreation, music, art, dance, and exercise programs. They cook fresh meals in-house five days a week and feed 100 adults a day. They have a waiting list of approximately 80 people because they are constrained by the size of their lunchroom which seats 100 people. The center provides referral services and a State Health Insurance Assistance Program (SHIP) counselor provides information (Interview, 2014).

Private Centers

Private non-profit organizations also provide programs for aging adults. The YJCC in Washington, a membership organization (senior memberships range from \$33 to \$58 dollars a month),

provides social, activity, and cultural programs. Their subsidized congregate Kosher meal program on Tuesdays and Thursdays is open to anyone with a donation of \$4. One of the Y's objectives, and one of the reasons people participate in Y programming, is to overcome isolation. In addition to its other programming, the YJCC celebrates the Sabbath on Fridays during the day to engage people who do not drive in the evening and those who are unaffiliated with a synagogue. The Y lacks its own transportation and there are no public transit options around this facility. The Y estimates that it would serve many more people if transit was available (Interview, 2014).

The JCC on the Palisades in Tenafly offers comprehensive intergenerational programming. For older adults, it offers a senior activity center and Kosher congregate meal program (\$4 donation) that serves about 40-45 older adults, a Friday lunch program that serves 60-80 people and their other retiree groups that serve about 40 (Interview, 2014). The JCC makes the most of its intergenerational campus. The senior patio overlooks the playground and the JCC pairs aging adults with preschool classrooms in which adults read, play games, and do activities with the children; this programming enables adults and children to create meaningful relationships with each other. For aging adults, participating in classroom activities presents an opportunity to make a contribution (instead of only receiving services) which helps them feel valued. The JCC provides bus transportation but this is constrained by bus capacity and because seniors cannot be on a bus longer than an hour. Fair Lawn and Hackensack are both too far away. Participants pay \$5 for roundtrip transportation.

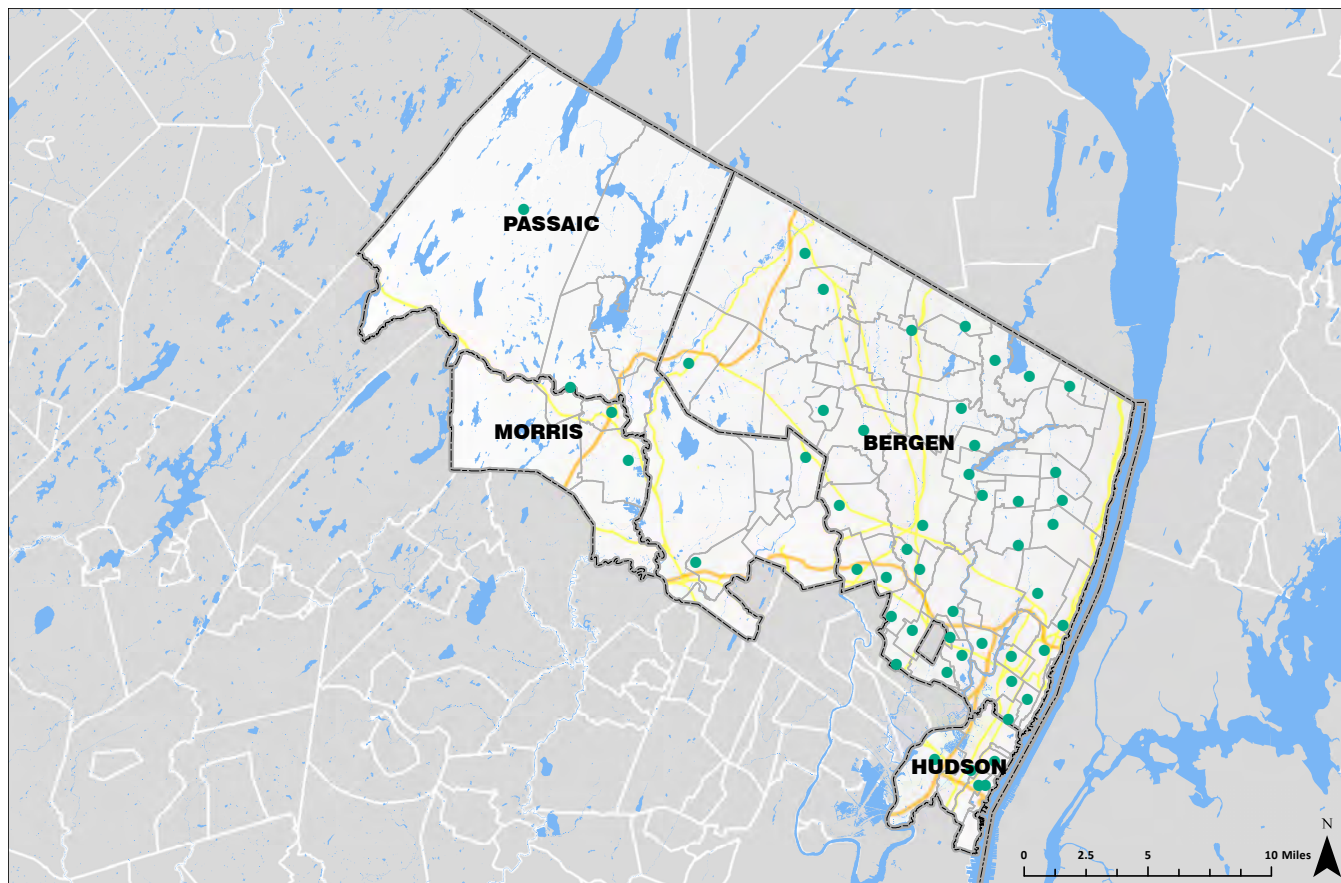
JFS of North Jersey hosts Cafe Europa, a monthly gathering of 70-80 Survivors. With resources from the Claims Conference and elsewhere, they provide lunch and a structured program such as a lecture, film, or music; volunteers transport people who cannot drive. Many interviewees discussed the success of this program and identified the need to replicate this program, including the transportation component, to serve a broader population.

Volunteer programs to address social isolation

Volunteer visitors, phone calls, Internet programs, and the structure of the Meals on Wheels program is designed to reduce isolation. While some of these efforts incorporate paid staff, many are volunteer-driven. The Jewish-affiliated service agencies integrate volunteers within their programs to increase human contact. Through JFS of Bergen County's Adopt-a-Bubbe program, teen volunteers make weekly telephone calls to aging adults. JFS of Bergen County also runs an innovative program that equips older adults with technology to access resources and decrease isolation. Teens set up Internet systems that enable aging adults to Skype with family, friends, and JFS social workers which helps to reduce isolation and increases contact with caregivers. Connecting aging adults to the Internet also makes it possible for them to access other things such as groceries and books (Interview, 2014). JFS of Bergen and North Hudson also organizes friendly visitor programs and volunteers deliver meals through JFS of Bergen and North Jersey's Kosher Meals on Wheels program. The volunteers are essential as drivers keep the same routes and get to know aging adults which positions them to seek help from JFS when homes need repair and if an aging adult's condition changes. Even though

volunteer drivers cannot spend a long time at each stop, they build connections with people over time. While a variety of social service and religious organizations organize volunteers to engage with aging adults, interviewees identified a need for more volunteers who can spend more time talking with aging adults. They noted that aging adults feel particularly isolated after the death of a spouse (Interviews, 2014).

Map 20: Senior Center Locations, JFNNJ Catchment Area



Senior Center Locations JFNNJ Catchment Area

Sources: RWV Services Directory 2014; TIGER Files, U.S. Census Bureau 2010;
NJ Department of Environmental Protection 2002; NJ Geographic Information Network
2013; New York GIS Clearinghouse 2013.

Local Senior Center Locations

● Senior Centers

RUTGERS
Edward J. Bloustein School
of Planning and Public Policy
Ralph W. Voorhees Center for
Civic Engagement

Food Access

While some aging adults shop and cook for themselves or with the help of an aide, others receive food through congregate meal programs or Meals on Wheels. Most of the food programs address social isolation and counter depression by pairing food with regular human contact (Interviews, 2014).¹² Both JFS organizations operate Kosher Meals on Wheels programs. JFS of North Jersey provides hot meals 5 days a week to residents of Wayne, Fair Lawn, and Elmwood Park and requests a donation of \$5.75 per meal. They have built strong, well-trained volunteer networks to deliver meals. Volunteers cannot offer prolonged contact because they have a large number of meals to deliver within a set window of time. However, they can alert JFS if an aging adult does not answer the door or needs additional services. The JFS of Bergen County provides one week's supply of frozen meals that are delivered once a week, with a suggested donation of \$4.00 per meal. This approach limits the contact to one day per week instead of five. Other Meals on Wheels programs serve Bergen County, but they do not provide Kosher meals (Bergen County Home Delivered Meal Programs, 2014).¹³ Alternatively, adults 60+ can attend county-funded congregate meals which provide food in a community setting; in the service area, counties fund all but three congregate meal sites. Most meal sites are accessible via public transportation. Interviewees suspect that some aging adults who participate in congregate meal programs go hungry over weekends.

Below is an overview of the congregate meal sites in each county and whether transportation services are available.

Congregate Meal Locations

- **Bergen County** - There are 19 congregate meal sites in 18 municipalities. Municipalities provide transportation to meal sites in 8; 8 are accessible via county or private transportation.
- **Hudson County** - There are 12 congregate meal sites and at least one congregate meal site is in each of the 6 municipalities. Eight of the 12 sites are served by municipal transportation, some meal sites are located in subsidized housing buildings (Hudson County ADRC, 7/23/14), and the Union City and Guttenberg locations lack transportation.
- **Morris County** - There is only one congregate meal site in the JFNNJ service area and the county senior transportation system provides access to it.
- **Passaic County** - There are 4 congregate meals sites in Bloomingdale, Hawthorne, Totowa and West Milford. The county senior transportation system provides access for 3 of the 4 locations.

¹² The Area Agencies on Aging receive federal funding to "provide at least one hot meal per day to older persons (age 60 or older) who are homebound due to illness, incapacitating disability or isolation" (Statewide Benefits, 2011). They provide hot fresh or frozen meals to aging adults. While the providers may ask for donations, they cannot require them. (Bergen County Home Delivered Meal Programs, 2014).

¹³ Bergen County lists Meals on Wheels providers and meal plans in a brochure on the County's website. We were unable to locate similar brochures for the other counties.

Table 16: Congregate Meal Programs, 2014

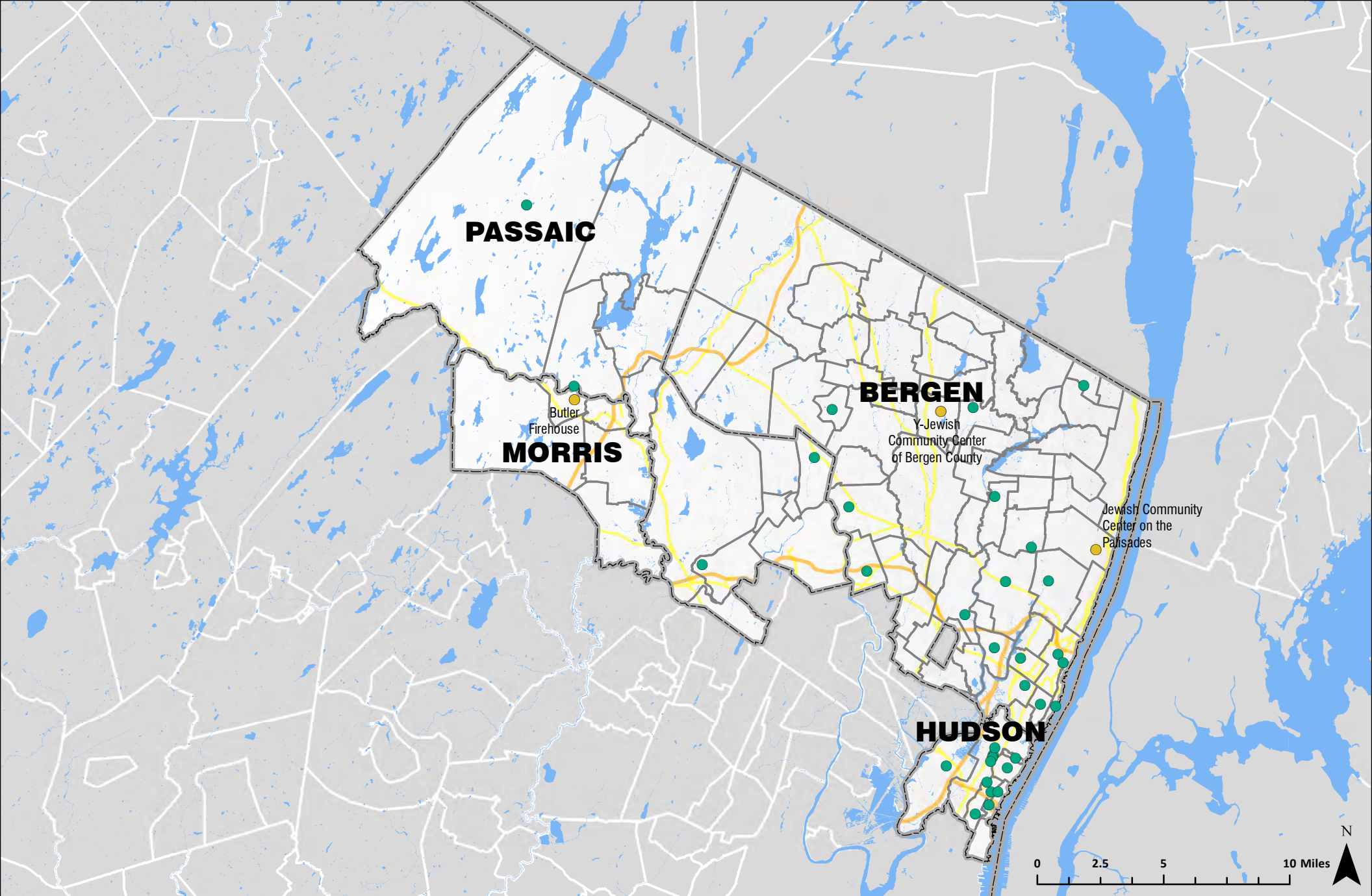
CONGREGATE MEAL PROGRAMS, 2014				
MUNICIPALITY	COUNTY	LOCATION	KOSHER	TRANSPORTATION SERVICE
Bergenfield	Bergen	Bergenfield Senior Activity Center	No	Yes
Cliffside Park	Bergen	Cliffside Park Housing Authority Senior Activity Center	No	Yes
Elmwood Park	Bergen	Elmwood Park Senior Center	No	Yes
Engelwood	Bergen	Bergen Family Adult Day Care	No	Yes
Fair Lawn	Bergen	Fair Lawn Senior Center	No	Yes
Fairview	Bergen	Fairview Senior Center	No	Yes
Fort Lee	Bergen	Richard A. Nest Senior Center	No	Yes
Fort Lee	Bergen	Good Shepherd Community Services Inc.	No	No
Hackensack	Bergen	United Senior Activity Center	No	Yes
Midland Park	Bergen	Northwest Bergen Regional Senior Center	No	Yes
New Milford	Bergen	New Milford Senior Activities Center	No	Yes
Northvale	Bergen	James F. McGuire Center	No	Yes
Palisades Park	Bergen	Palisades Park Senior Citizen Center	No	No
Ridgefield	Bergen	Ridgefield Civic Center	No	No
Ridgefield Park	Bergen	Ridgefield Park Senior Center	No	Yes
Teaneck	Bergen	Richard Rodda Community Center	No	Yes
Tenafly	Bergen	Jewish Community Center on the Palisades	Yes	Yes
Washington	Bergen	Y-Jewish Community Center of Bergen County	Yes	Yes
Westwood	Bergen	T.J. Riley Senior Center	No	Yes
Guttenberg	Hudson	Centennial Towers	No	No
North Bergen	Hudson	North Bergen Senior Nutrition	No	Yes
North Bergen	Hudson	P. Cullen Apartments	No	Yes
North Bergen	Hudson	Lawler Towers	No	Yes
North Bergen	Hudson	Terrace Apartments	No	Yes
North Bergen	Hudson	Meadowview Village	No	Yes
Secaucus	Hudson	Secaucus Senior Center	No	Yes
Union City	Hudson	Union City Senior Center	No	No
Union City	Hudson	Union City Public Library	No	No
Weehawken	Hudson	Weehawken Senior Citizens/Nutrition Center	No	Yes
Weehawken	Hudson	Gregory Arms	No	Yes
West New York	Hudson	West New York Senior Center	No	Yes
Butler	Morris	Butler Firehouse	Yes	Yes
Bloomingtondale	Passaic	Bloomingtondale Senior Center	No	Yes
Hawthorne	Passaic	Hawthorne Senior Center	No	Yes
Totowa	Passaic	Totowa Senior Center	No	Yes
West Milford	Passaic	Hillcrest Community Center	No	Yes

Source: RWV Service Directory, 2014

Kosher Meals

JFS gets requests to deliver food to long-term care facilities as the food at some homes is not Kosher, or where it is some people want food prepared at higher levels of Kashrut. The majority of congregate meal sites do not offer kosher options. In Bergen County, 2 congregate meal sites out of 19 offer a kosher meal option. The JCC on the Palisades provides one, and in the Township of Washington, the Jewish-Y Community Center of Bergen County provides the other. The first location provides a congregate meal Monday-Thursday and the latter location provides a congregate meal twice-weekly. All Morris County congregate meal sites offer a frozen kosher meal option; however, only one of these congregate meal sites (Butler) is in JFNNJ's service area (Interviews, 2014).

Map 21: Congregate Meal Programs, JFNNJ Catchment Area, 2014



Congregate Meal Programs JFNNJ Catchment Area, 2014

Sources: RWV Services Directory 2014; TIGER Files, U.S. Census Bureau 2013; NJ Department of Environmental Protection 2002; NJ Geographic Information Network 2013; New York GIS Clearinghouse 2013.

Congregate Meal Services

- Non-Kosher Meals
- Kosher Meals

Care Management

An older adult's care can be managed by a family member, friend, or care management agency. Care management is the integration of health care services to ensure that adults aging at home have coordinated comprehensive care. Care management is ongoing as care needs change as people age. Many organizations provide care management services and there is government assistance but many people lack care management services or some element of what is suggested within a care management plan. Because of the federal health care changes, there is some concern about who will provide care management services and how that care will be provided in the future (Interviews, 2014). JFS provides care management services. They assess needs and provide referrals to services. They have relationships with geriatricians, assisted living facilities, and a nurse from a nursing home provides care. Interviewees stressed that there is unmet need for care management services and they expect demand will grow as the population ages (Interviews, 2014).

In-Home Care

In-home care is a broad category that includes helping people get dressed and cleaned, cooking, case management, and providing behavioral and physical health care. In-home care could be provided short term, for those recently released from the hospital or rehabilitation facility, or long term. When provided short-term, it helps people return to independence. When provided long-term, it makes it possible for many people to remain in their homes instead of moving to long-term care facilities. Interviewees identified some concerns about in-home care. First, travel time in the rural parts of the service area reduce the number of people who can be helped and make providing care more expensive as workers are paid to travel from home to home and provide services. Second, the multicultural character of the service area's population means there are learning curves for in-home care providers. Third, interviewees observe a growing demand for in-home services as more people age at home but they also observe a disparity between people's ability to pay and their need for services (Interviews, 2014). Federal, state, and local programs offer in-home care service options for older adults. Medicare covers in-home care for recipients who meet certain conditions including being homebound, certified by the doctor as needing intermittent skilled nursing care and /or some form of physical, occupational or speech therapy. The home health care agency must be Medicare-certified (Medicare.gov, 2014). The Medicare recipient may have to pay some costs since not all home health services are covered by Medicare and coverage depends on the services needed and the type of Medicare plan. The Jersey Assistance for Community Caregiving (JACC) is NJ's state funded in-home care program but an interviewee explained that there is a JACC waiting list for services. Interviewees are also concerned about the federal health care changes which are difficult to navigate and understand and they are unsure whether older adults will get needed support (Interviews, 2014).

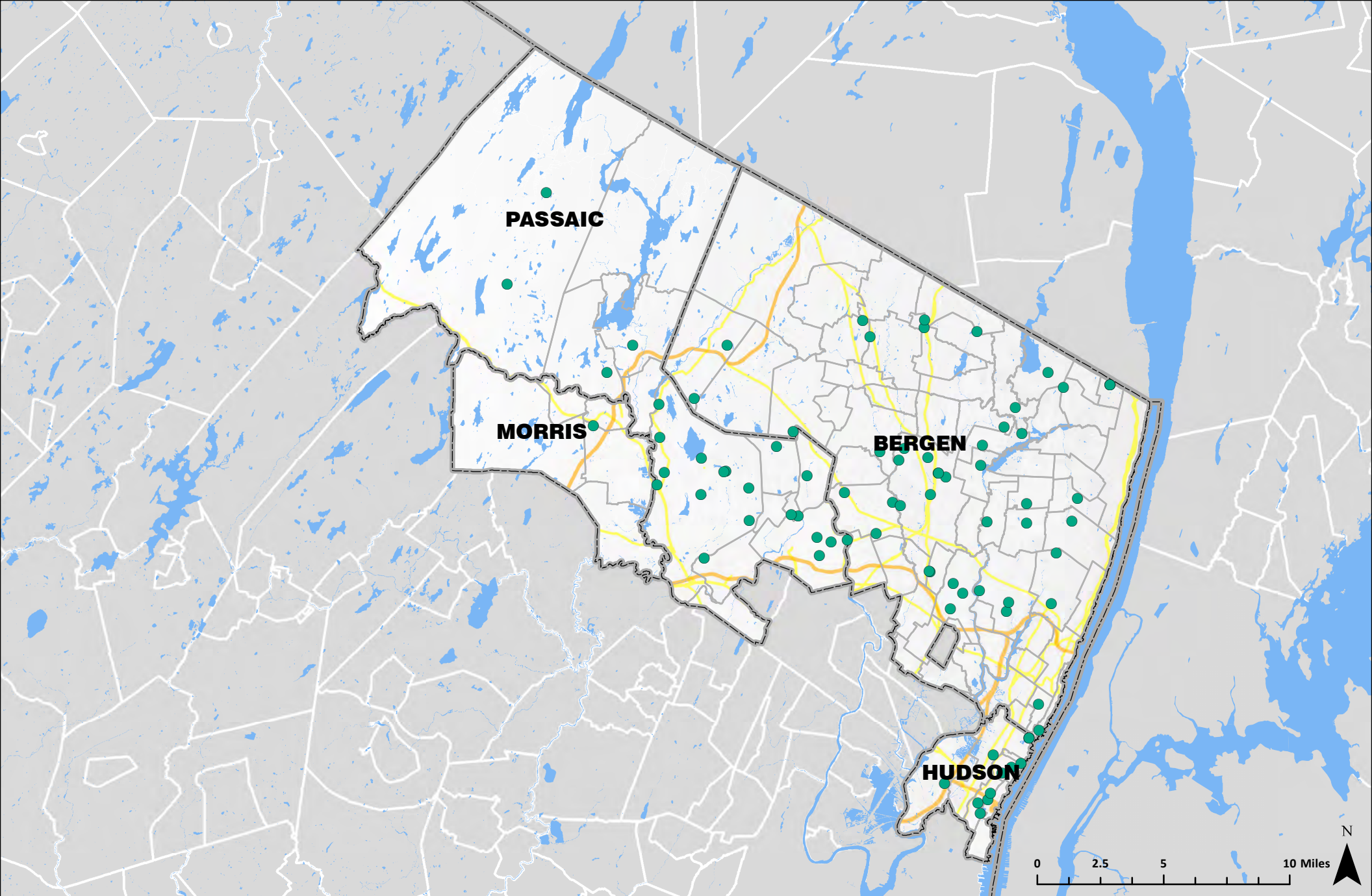
Respite Care and Caregiver Training

Caregivers include spouses, adult children and other family members as well as paid caregivers who need a break from caregiving. Because of the cost of paying for care and/or their commitment to their families, many people provide care themselves, but family members often lack training, are unaware of resources that could help them, and cannot afford, or choose not to, take a break which makes it hard to get training, support or rest. The result can be caregivers who are “up at night, exhausted, and frustrated” (Interview, 2014). Adult children need respite care during work hours, while they care for their own families and for vacations. Spouses are often similarly-aged and caring for a spouse through their 80s and 90s is draining. Caregiving is a more than full-time job for those caring for people with dementia or Alzheimer’s.

Interviewees identified a need for additional respite care which comes in many forms such as adult day care, short-term stays in skilled nursing facilities, and a few hours of in-home care. They also called for increased caregiver training services, especially for those who care for people with dementia or Alzheimer’s. But spouses may have no one to take their place or no way to get to a meeting or training while adult children may be consumed with work and caring for their own families. Because many caregivers find it difficult to get away from caregiving to take advantage of training or support networks, flexible options for caregiver training, even using technology, and respite care are crucial (Interviews, 2014).

Public and private organizations provide respite care and training. The JCC on the Palisades specializes in caregiver support and training. They developed a four-part training series based on their experiences working with dementia support groups that provides basic information about dementia including legal issues, home safety and places to access resources such as the Alzheimer’s Association which provides training and \$1,000 grants for respite care (Interview, 2014). JFS of North Jersey operates a caregiver center for family members who provide care for a family member with Alzheimer’s or dementia.

Map 22: Respite Care Locations (Including Day Care), JFNNJ Catchment Area, 2014



Respite Care Locations (including Day Care) JFNNJ Catchment Area, 2014

Long-Term Care Facilities with Respite Programs

● Respite Care Locations

Adult Day Care

There are 25 Adult Day Care centers in the service area (See Map 23). Adult day care programs, which the state of New Jersey licenses, offer daytime respite care and for some are an alternative to long-term institutional care. They are medical day care programs that provide ambulatory care under medical supervision for aging adults who require daytime health services. They include midday meals, social activities and transportation to and from the center at a daily cost of \$60 to 100 per day (NJ Department of Health and Senior Services, 2014).

The JCC on the Palisades runs a five-day a week adult day care program with meals and transportation for about 16-18 older adults, some of whom bring aides. The JCC offers a broad array of programs and services which includes exercise, swimming, congregate meals and other programming. The JCC integrated its adult day care program into its community programmatically and physically. They designed their adult day care patio to overlook the playground. A staff member explained: “It makes them happier to see the children” (Interview, 2014). And they do intergenerational programming through their GranFriend program which matches adult day program community members with early childhood school classes. We match our seniors with a classroom, do a story, play a game, or an activity of some sort.” “Of all of the things they do, this brings them the most happiness.” They feel needed and important because they are contributing rather than only receiving services. After caring for people their whole lives, this provides an opportunity to be valued. “The program gives them a purpose and the relationships have become so wonderful that walking in the hall, I hear the children yell the names of the senior adults and I see tears in their eyes” (Interview, 2014).

The Jewish Home operates the Gallen Adult Day Health Care Center which provides care for people who would qualify for nursing home level care (Interview, 2014). The Day Center provides a variety of programming and support services for participants and their caregivers and enables them to take advantage of many of the services offered within the larger Jewish Home at the Rockleigh facility. This program provides nurses on the busses that transport adults to and from the building which makes it possible for them to serve even very frail adults (Interview, 2014).

Map 23: Adult Day Care Centers, JFNNJ Catchment Area, 2014

Conclusion

The trends in JFNNJ's service area are similar to those around the country. The number of people aged 65+ is rising as a share of the population and it is likely that this is not only a result of aging baby boomers but a result of increased life expectancy and lower birth rates (Evidence Matters, 2013). Diversity has significant implications for addressing the issues facing aging adults. Race and ethnicity, religious background, where people live, who they live with, the condition of their health, and their financial status are all factors that may require different approaches to assisting aging adults. This is true in the service area and nationally (Hayutin et al., 2010). People want and often need to remain in their homes and communities as they age but there is wide variation in their ability to do so (Evidence Matters, 2013; Keenan, 2010). While there has been fairly wide recognition of some of the challenges of aging in place, efforts to address them are fragmented and often do not meet the needs of many aging adults, their families, and their caregivers (Joint Center for Housing Studies of Harvard University, 2014). The county ADRC systems bring social service programs together but those programmatic efforts do not include comprehensive housing, transportation, financial education, or healthcare services which are some of the things people need most.

People want to age in place and doing so tends to improve the quality of life for aging adults. There are municipalities and communities in northern New Jersey that are more conducive to this than others but making such a determination is often challenging because of the many variables that need to be considered. In addition, there may be a tension between the benefits that accrue to aging in place and the level of support and service that particular municipalities provide. Even if people are living in communities that are well-suited to aging in place, personal circumstances may necessitate that they move. As aging adults move, considering the presence of a robust infrastructure is important but there is no easy way to compare locations based on their ease of access to services that would improve aging adult quality of life. And their choice of municipality may depend primarily on housing cost and availability. Planning for an aging population extends beyond the individual and the family: government and private entities are essential to this process. Providing information to aging adults and their families can assist them in making decisions about the future but simply having information cannot address all of the problems facing aging adults.

In terms of the future, the top issues interviewees raised: housing affordability, transportation, social isolation, and access to in-home care are tremendously difficult to address. Taking these issues head on is daunting because of the size of the problems and the existing fragmented efforts to address them (policies and programs). But organizations do address these challenges using two types of simultaneous efforts. One, they address the broad policy issues by developing creative policy responses. Two, they develop local programmatic responses. These challenges are joined by no less complex concerns about providing adequate care to aging adults in a variety of settings, each with its own challenges. The volume of aging adults in urban and some suburban communities suggests a high volume demand for services. Aging adults especially those who live in more rural settings present a

different problem in the amount of time it takes to get from one home to another. Public systems exist but do not meet the needs of many people who need these services the most. In addition, debt is a growing issue. But few people discuss it and there are not many efforts to educate younger aging adults now about the implications of debt for their future. Increasing debt means that many aging adults in the future may have fewer resources.

More attention is being paid to the issues that an aging population will present for individuals and their families, as well as the nation, states, and local governments. With a growing aging population and more research on the topic each year, opportunities to discuss the problems and possible solutions are omnipresent. The challenges facing aging adults and communities in northern New Jersey and beyond are becoming more apparent as are examples of possible solutions. Some municipalities and organizations in northern NJ have taken steps to improve the quality of life for those aging in the area but there is more to be done.

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Appendix A. Long-Term Care Facilities

(Attached)

Appendix B. Transportation Programs

(Attached)

Appendix C. Congregate Meals Programs

(Attached)

Appendix D. Methods

Demographic Trends

The research team gathered and mapped demographic data from the 2010 Decennial Census and the 2008-2012 American Community Survey. The team assessed the reliability of five-year estimates from the 2008-2012 American Community Survey (ACS) based on the coefficient of variation (CV) for each estimate for the geography, typically at the census tract or municipal level. The CV measures the relative error of each estimate as a ratio of the standard error to the estimate. The threshold the team used to test the reliability of all ACS estimates was 35%, beneath the 40% threshold Esri uses to flag data with low reliability. Due to small sample size and a limited number of respondents who fit into different demographic categories, municipalities with relatively small populations like Rockleigh and Alpine tended to have estimates flagged as unreliable.

Housing

To estimate the number of housing units, tenure, and different types of units, the research team gathered data from the Decennial Census, American Community Survey (ACS), United States Department of Housing and Urban Development, New Jersey Department of Human Services, New Jersey Department of Health, county and municipal agencies, and searched the Internet. The team tested five-year ACS estimates of housing and household characteristics using the same controls described above for demographic trends.

Affordable Housing

To estimate the number and type of affordable housing, the team gathered data from the New Jersey Department of Community Affairs, "Guide to Affordable Housing", U.S. Department of Housing and Urban Development databases: LIHTC Database, Multifamily Housing Section 8

Contracts Database, Public Housing Physical Inspection Scores 2011 and the Multifamily Physical Inspection Scores 2011, Municipal and County Housing Authorities and other local public agencies, and county senior service (ADRC) guides. These datasets include information about publicly owned and subsidized housing including Project Based Section 8, Council on Affordable Housing (COAH)/ Mount Laurel units, and other housing units recognized by federal, state or municipal agencies as being affordable according to legally established guidelines. We gathered the name and location of affordable housing units; number of affordable units; type of housing (senior, non-senior); property tenure; HUD program information; HUD Section 8 contract expiration date (when applicable/ available), and physical inspection score (PIS) (when applicable/ available). We excluded privately owned housing units (by a foundation, housing association, non-profit organization or other private entity) and rent-controlled apartments.

Independent Living and Age-restricted Communities

Locating independent living and age-restricted communities was challenging because these developments are not licensed. Some newer projects are heavily marketed making them easy to locate, but smaller and older projects are harder to find. We used the NJ Dept. of Health long-term care facilities list as a starting point, and searched the Internet for independent living facilities that were also part of assisted-living and/or skilled-nursing facilities and for age-restricted communities. The Federation provided a list of facilities for Bergen and Passaic Counties, which we verified. Once we found an independent living or age-restricted community we attempted to cross reference it with the development's website (if available), or with realty websites including Zillow and Trulia. We only included developments that we verified through at least two sources; we never encountered a development that we could not verify, but on occasion we found a listing in one place that indicated it was age-restricted only to learn after further research that it was most likely not. Because of the difficulty locating the developments, we are not certain that we found all of them.

Long-Term Care Facilities

To identify long-term care facilities, the team began with a list of licensed facilities available at the NJ Department of Health: <http://web.doh.state.nj.us/apps2/healthfacilities/fsSearch.aspx>. We sorted long-term licensed facilities by the type of care available and some have multiple licenses for various forms of care. We excluded pediatric care facilities and those outside the service area before geocoding facility locations. Using the cleaned list of facilities, we searched each facility on the Internet to determine the continuum of care they provide and whether they offer respite and alzheimer's and dementia care. For adult day health service centers, we compared a list of Alzheimer's adult day services from the New Jersey Department of Human Services with all participating centers statewide.

RWV Service Directory

The RWV Service Directory is a central repository for the information we gathered. The directory includes independent living and age-restricted housing, transportation, congregate meal locations, and senior centers. We provide more detailed accounts of these methods in their respective sections below.

Congregate Meals

The team developed a list of congregate meal providers and compared this list with Bergen and Hudson County ADRC guides and the Morris County ADRC “Morris County Senior Citizen Nutrition Program” (2010) directory. Because Passaic County does not publish an ADRC directory, we reviewed their website and phoned the Passaic County ADRC office (7/18/14) for a list of congregate meal locations. We contacted each public congregate meal site when data was incomplete (i.e. transportation options for seniors, kosher meal options, etc.). A follow-up round of phone-calls to several ADRC offices verified if senior citizens residing in a municipality lacking a congregate meal location could access a congregate meal in another municipality, because there was confusion about this at the municipal level.

Senior Centers

The team gathered senior center locations from county ADRC guides and searched the Internet for centers in municipalities without ADRC listings. The team phoned each municipality (often, speaking with the municipal clerk, recreation center or front desk). Where there were senior centers, we asked for basic information that included questions about socialization, wellness and health programming, senior transportation options and starting ages. Once we verified the existence of the senior centers, we geocoded the addresses. Although 32 municipalities do not have senior centers, every municipality has a club for senior citizens. Many hold bi-weekly meetings with games and food and they organize outings to places like Atlantic City. Some municipalities without a center use neighboring senior centers (sometimes for a small fee). This access does not guarantee transportation.

Social Services Offered by Synagogues

The team reviewed each synagogue’s website and built a dataset that shows which ones provide services and what type they provide. The team identified these services: wellness programs, housing services, socialization programs, legal services, adult protective services, financial services, transportation services, facility-based long-term care, home-based / community long-term care, food programs, and mental health services.

Transportation

Developing a comprehensive overview of transportation programs was one of the most difficult tasks because the system is fragmented and decentralized. While NJ Transit provides updated complete information on transit and paratransit, gathering details about county, municipal, non-profit, and volunteer programs required Internet searching and interviews. To better understand where

AccessLink provides services, the team created a ¼ mile GIS buffer around all NJ Transit bus lines and it obtained an urban core areas digital boundary from the Rutgers Voorhees Transportation Center. To find information on private (with public partnership) transportation programs such as EZ Ride and LogistiCare, the team searched the Internet and spoke with representatives. The team created a dataset of transportation services by searching each county and municipality website for aging adult transportation services. Bergen County has a brochure that lists municipal vehicle programs but it is unclear if it is updated. As many had little or no information, the team called each town clerk's office, senior center, or other department listed on the website and gathered time of service, route and town coverage, capacity, wheelchair accessibility, and fee or donation requirements. Despite multiple efforts, we could not reach some municipalities.

Appendix E. Data Dictionary

Population

Age by Sex. As reported by US Census Bureau, 2010 Decennial Census, Summary File 1, DP01: Profile of General Population and Housing Characteristics, US Census Bureau, 2010 Decennial Census, Summary File 1, DP01: Profile of General Population and Housing Characteristics, and US Census Bureau, 1990 Decennial Census, Census of Population. CP-1: General Population Characteristics.

Foreign Born. As reported by US Census Bureau, 2008-2012 American Community Survey, table DP02.

Household Characteristics. As reported by US Census Bureau, 2010 Decennial Census, Summary File 1, DP1: Profile of General Population and Housing Characteristics.

Household Size by Age of Householder. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B25116. Estimates were aggregated across housing tenure and age brackets to yield new estimates and margins of error for all householders age 65+ and 75+. Individuals in group quarters, including skilled nursing facilities, were not included in the count of householders, but seniors in independent or assisted living facilities were.

Jewish Adherents, 2010. As reported by the Religious Congregations and Membership Study 2010 from the Association of Statisticians of American Religious Bodies. Adherents include all those with an affiliation to a congregation (full members, their children and regular attendees). Estimates from the membership report are available at the County level from the Association of Religion Data Archives at <http://www.thearda.com/RCMS2010/>.

Place of Birth for Foreign-Born Population. As reported by US Census Bureau, 2008-2012 American Community Survey, table B05006. [[rawdata](#)]

Population 65+. As reported by US Census Bureau, 2010 Decennial Census, Summary File 1, DP01: Profile of General Population and Housing Characteristics.

Population 85+. As reported by US Census Bureau, 2010 Decennial Census, Summary File 1, DP01: Profile of General Population and Housing Characteristics.

Russian Speaking Residents. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B16001. Estimates reflect population 5 years and over.

Income

Age by Ratio of Income to Poverty Level in the Past 12 Months. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B17024. Poverty thresholds differ by household size and age of householder, with lower thresholds for householders age 65+.

Median Income in the Past 12 Months (in 2012 Inflation-Adjusted Dollars). As reported by the US Census Bureau, 2008-2012 American Community Survey, table S1903.

Poverty. As available through the American Community Survey, estimates are based on annual responses, using thresholds from each year from 2008-2012. For an estimate of poverty thresholds for the entire 5-year survey, we used the 2010 threshold because it falls in the middle of the sampling period. The poverty threshold varies by the number of people in that household, whether the householder is older or younger than 65, and the number of related children. In 2010 this annual income threshold was \$10,458 for people age 65+ living alone, or \$14,676 for two person households with a householder age 65+ and no children.

Poverty Status in the Past 12 Months by Sex by Age. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B17001. Poverty thresholds as defined by the census bureau differ depend on household size and age of householder, with lower thresholds for householders age 65+.

Retirement Income in the Past 12 Months for Households. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B19059.

Seniors Living Alone. As reported by the US Census Bureau, 2008-2012 American Community Survey. Estimates of householders 65+ living in one-person households by census tract were unreliable for much of Hudson and southern Bergen Counties, but were reliable at the municipal level, with the exception of a few sparsely populated municipalities. Estimates from table B25116 were aggregated across housing tenure to yield new estimates and margins of error for all householders 75+ and between age brackets for estimates of householders age 65+.

Social Security Income in the Past 12 Months for Households. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B19055.

Housing

Age of Householder by Owner Costs as a Percentage of Household Income in the Past 12 Months.

As Reported by the US Census Bureau, 2008-2012 American Community Survey, table B25093.

Effective Property Tax Rates, 2013. As reported by the New Jersey Department of the Treasury, Division of Taxation, General Tax Rates by County and Municipality <http://www.state.nj.us/treasury/taxation/lpt/taxrate.shtml>. Effective tax rates account for differences between the real market value and the assessed value of properties in each municipality so that tax rates reflect the levy as a share of real market values.

Gross Rent as a Percentage of Household Income in the Past 12 Months. As Reported by the US Census Bureau, 2008-2012 American Community Survey, table B25070. Estimates based on renter-occupied units alone.

Homes in Negative Equity. As reported by Zillow in the 2014 first quarter negative equity report, <http://www.zillow.com/research/data/>. Homes where the tax assessment bill is sent to a different address or to which a tax assessment bill for another home is sent and those with more than four mortgage trade lines are excluded. Data for some zip codes in downtown Paterson, Alpine, and Teterboro and portions of Moonachie have no negative equity data. Other zip codes

cross the service area boundaries in West Milford where zip boundaries extend into Sussex County and in one part of South Hackensack which is in the Garfield zip code.

Housing Units and Tenure. As reported by US Census Bureau, 2010 Decennial Census, Summary File 1, DP1: Profile of General Population and Housing Characteristics.

HUD Multifamily Assisted and Section 8 Units. As reported by the US Department of Housing and Urban Development, Multifamily Assistance and Section 8 Contracts Database, 2014.

Median Gross Rent (Dollars). As reported by the US Census Bureau, 2008-2012 American Community Survey, table B25064. Estimates include contract rent and estimated monthly cost of utilities if paid by the renter.

Median Selected Monthly Owner Costs (Dollars) by Mortgage Status. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B25088. Estimates include mortgage payments, real estate taxes, condominium fees, insurance, utilities, fuels and mobile home costs for all owner-occupied housing units.

Median Monthly Housing Costs (Dollars). As reported by US Census Bureau, 2008-2012 American Community Survey, table B25105. Estimates derived from samples of occupied housing units.

Mortgage Status by Selected Owner Costs as a Percentage of Household Income in the Past 12 Months. As Reported by the US Census Bureau, 2008-2012 American Community Survey, table B25091. Estimates are based on owner-occupied units alone.

Tenure by Age of Householder. As reported by US Census Bureau, 2008-2012 American Community Survey, table B25015. Estimates derived from samples of occupied housing units.

Units per Structure. As Reported by the US Census Bureau, 2008-2012 American Community Survey, table DP04.

Health

Disabled Seniors. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B18135. Estimates of disabled persons are drawn exclusively from civilian non-institutionalized population.

Difficulty Living Independently. As reported by the US Census Bureau, 2008-2012 American Community Survey, table B18107. Estimates of persons with independent living difficulty are drawn from civilian non-institutionalized population. Independent living difficulty, a difficulty doing errands alone, is one of six categories of disabilities in ACS questionnaire as of 2008.

Long Term Care Facilities, 2014. As reported by the New Jersey Department of Health, Division of Health Facilities Evaluation and Licensing, <http://web.doh.state.nj.us/apps2/healthfacilities/fsSearch.aspx>.

Type of Health Insurance Coverage by Age. As reported by the US Census Bureau, 2008-2012 American Community Survey, table C27010. Estimates of disabled persons are drawn from civilian non-institutionalized population.

Appendix F. List of Service Directories

US Directories

HUD Emergency Housing Search. http://portal.hud.gov/hudportal/HUD?src=/states/new_jersey/homeless. County search tool for emergency housing and services including food assistance

HUD Affordable Housing Search. <http://www.hud.gov/apps/section8/step2.cfm?state=NJ%2CNew+Jersey>. Tool for searching affordable housing by state, county, municipality

MFH Inventory Survey of Units for the Elderly and Disabled. http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_13022.pdf Useful supplementary instrument to the HUD Affordable Housing Search

United States Government Accountability Office: Report to Congressional Requesters. "Elderly Housing: Federal Housing Programs that Offer Assistance for the Elderly". <http://www.gao.gov/new.items/d05174.pdf> Detailed housing resource for federal housing programs; however, the majority of the programs are for rural senior citizens and/or developments/contractors rather than individuals

New Jersey State Social Service Directories

New Jersey Board of Public Utilities Assistance Directory. <http://www.state.nj.us/bpu/assistance/programs/#nbr3>. New Jersey utilities assistance programs and contact information.

New Jersey Aging and Disability Resource Connection (ADRC). <http://www.adrcnj.org/>. Seniors/caregivers can search for senior services in New Jersey by location

"A Guide to Community-Based Long Term Care in New Jersey: Promoting Independence, Dignity & Choice." *New Jersey Department of Health and Senior Services*. http://www.nj.gov/njhealthlink/ltc_guide.pdf. Guide for seniors in New Jersey

New Jersey Anti-Hunger Coalition. <http://www.njahc.org/index.php/help-fight-hunger/nj/>. Directory of food providers/assistance in New Jersey by county

New Jersey Department of Health Facility Search. <http://web.doh.state.nj.us/apps2/healthfacilities/fsSetSearch.aspx?by=county>. Search tool for senior housing and related services

New Jersey Department of Human Services Division of Disability Services. <http://www.nj.gov/humanservices/dds/documents/RD13webqxd.pdf> New Jersey directory for disability services

Bergen County Social Service Directories

County of Bergen, “Bergen County Home Delivered Meal Programs” <http://www.co.bergen.nj.us/DocumentCenter/View/257>. Brochure of Bergen County Meals on Wheels programs at the municipal level

Bergen County Board of Social Services, Adult Services: <http://www.bcbss.com/adult%20services.htm>

Bergen County ADRC Key Services Guide for Older Adults and Caregivers. *Bergen County Department of Human Services: Division of Senior Services*. <http://www.co.bergen.nj.us/DocumentCenter/View/1323> Comprehensive list of Bergen County senior social services

Hudson County Service Directories

Hudson County Department of Health and Human Services: “The Connector” Hudson County ADRC. <http://www.hudsoncountynj.org/wp-content/uploads/2013/06/2013Connector.pdf> Hudson County ADRC guide.

Hudson County: “Links for Seniors” <http://www.hudsoncountynj.org/useful-links-for-seniors/>

Hudson County Office of Disability Services “County of Hudson Office of Disability Services: 2013 Directory of Services for Adults with Disabilities” <http://www.hudsoncountynj.org/wp-content/uploads/2013/06/Hudson-County-Disability-Services-Directory-2013.pdf> Guide for disability services in Hudson County and NJ

Morris County Service Directories

Morris County Senior Citizen Nutrition Program. “Nutrition Project Brochure.” <http://www.scribd.com/doc/33361898/Nutrition-Project-Brochure>. Lists programs

Morris County Transportation Guide. <http://www.scribd.com/doc/37116123/Morris-County-Transportation-Guide>. Senior transit guide for Morris County

Morris County Services and Programs for Aging, Disabilities & Veterans. <http://www.scribd.com/doc/19039764/Programs-Services-for-Seniors-Disabled-Veterans-in-Morris-County-NJ> A directory of basic social services.

Morris County Department of Human Services <http://www.morrishumanservices.org/>. Resource for senior services and related programs. Clearinghouse for Morris County sub-directories

Passaic County Service Directories

Passaic County Department of Senior Services, Disability & Veterans Affairs <http://www.passaiccountynj.org/index.aspx?nid=497> Resource for Passaic County services

Town Webpages

Bergen County

Demarest: basic senior info <http://www.demarestnj.net/seniors.php>

Emerson: updated senior events page http://www.emersonnj.org/index.asp?Type=B_BASIC&SEC={0491B948-5DFF-4835-8846-83883C4C893A}&DE={71753BB7-C3FE-43C5-9839-30D536C88E70}

Fair Lawn: interactive senior social services <http://www.fairlawn.org/content/207/default.aspx>

Fort Lee: Fort Lee social services: <http://www.fortleenj.org/index.php/departments-offices/fort-lee-senior-citizen-services.html>

Harbrouck Heights: Updated calendar of activities: <http://www.hasbrouck-heights.nj.us/general/senior.html>

Haworth: Updated senior page with information about their senior club and senior bus http://www.haworthnj.org/index.asp?Type=B_BASIC&SEC={6E9865BB-E893-4C98-9F2E-AA50225923FC}

Hillsdale: Updated senior page of events http://www.hillsdalenj.org/index.asp?SEC=8BF43FCB-D1E0-4E59-894E-339B4BEDA154&Type=B_EV

New Milford: Borough senior services http://www.newmilfordboro.com/site/cpage.asp?cpage_id=180058041&sec_id=180013952

Norwood: List of Norwood and County Services <http://www.norwoodboro.org/seniors.html>

Oradell: basic list of senior services http://www.oradell.org/index.asp?Type=B_BASIC&SEC={6E0B5038-3676-4B54-931F-7FC456B137A6}

Township of Washington: Useful website for senior center and related services <http://www.twp.washington.nj.us/content/73/116/default.aspx>

Hudson County

Weehawken: Basic webpage for senior events and services http://www.weehawken-nj.us/seniors_nutrition.html

Morris County

Kinnelon: Senior service page <http://www.kinnelonboro.org/Cit-e-Access/webpage.cfm?TID=88&TPID=8911>

Passaic County

Hawthorne: Excellent senior citizen service page <http://www.hawthornenj.org/seniorcitizen.cfm>