



## State-Wide Survey of Older Adults, 2024

New Jersey Advocates for Aging Well (NJAAW) is a non-profit dedicated to helping New Jersey's older residents age with dignity and choice. We continuously tackle the issues important to older residents and share their needs with the State Assembly, agencies and departments.

Recognizing our older residents are the people who have built New Jersey and its communities, we are conducting a state-wide survey to gather personal insight and opinions on aging in the state. The US Census and other data reports can only take us so far. To move this forward we need to hear from YOU. We want to know about your challenges, plans and decisions related to aging in the Garden State. The results of this survey will be used to shape our policy priorities and identify what is most important to NJ residents aged 60 and over. We are not collecting any personal or identifying data and will only use the tallied findings to shape our priorities and advocate on behalf of New Jersey's older residents.

This survey is for people who are **age 60+, consider NJ their primary residence, and live independently in the community**, NOT in skilled nursing settings or nursing homes. If all 3 of these apply to you, we hope you will complete this survey and mail it to us by March 15, 2024 at:

NJ Advocates for Aging Well  
3705 Quakerbridge Road, Suite 102  
Hamilton, NJ 08619

Thank you!

### I. Demographics

1. Do you (or the person you are filling this out for) meet the following criteria:

- 1) I am 60 years or older
  - 2) New Jersey is my primary residence
  - 3) I live independently and not in a skilled nursing facility, nursing facility, or a memory-care unit in an assisted living facility
- Yes – please continue  
 No – you are not eligible for the survey. Please stop here.

Please tell us a little about yourself:

2. Please select your age range:

- 60-64  
 65-74  
 75-84  
 85-94  
 95+

3. Throughout this survey we will use the term "older adult". What term do you prefer to describe you and your peers?

- Senior  
 Senior Citizen  
 Older adult Elder  
 Baby Boomer  
 Other (please specify): \_\_\_\_\_

4. Please select your gender.

- Female
- Male
- Transgender
- Transgender
- Non-binary/non-conforming
- Prefer not to answer

5. What is your marital status?

- Married or domestic partnership
- Single - never married
- Widowed
- Divorced
- Separated

6. In which county do you live? \_\_\_\_\_

7. How do you identify yourself? Select all that apply.

- Asian
- Biracial/mixed race
- Black or African American
- Filipino
- Hispanic/ Latinx
- Native American
- Pacific Islander
- White
- Prefer not to say
- Other (please specify) \_\_\_\_\_

8. Which of the following ranges would you say best reflects your total annual household income?

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$250,000
- \$250,000 or more

9. What is the highest education level you completed?

- High school/GED
- Associate degree or some college
- College, bachelor's degree or equivalent
- Graduate degree or other advanced degree
- Trade school, certification or licensed program
- None of the above

10. What is your employment history/ current status? Select all that apply.

- I am currently employed for pay full-time
- I am currently employed for pay part-time
- I am retired
- I volunteer/ volunteered without pay
- I did not work previously for pay outside the home

11. Have you prepared the following documents?

	Yes	No	Not sure
Will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable power of attorney for finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable Power of Attorney for health care/Health Proxy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Is English your first language or native tongue?

- Yes
- No

13. If not, which language is?

- Arabic
- Chinese
- Creole
- Filipino/Tagalog
- Hindi
- Italian
- Korean
- Polish
- Portuguese
- Russian
- Spanish
- Other (please specify) \_\_\_\_\_

14. Please tell us about your own driving.

- I still drive
- I drive but have scaled back my driving (ex, no longer drive on highways or at night)
- I no longer drive
- I never drove

15. Do you regularly use any of the following forms of transportation? *Select all that apply.*

- NJ Transit
- County Special/Senior Transportation Services
- Local/town run transportation
- Access Link
- Uber/Lyft/EZ Ride
- None of the above
- Other (please specify) \_\_\_\_\_

## II. Housing

The following questions are about where you live, who you live with and your future plans.

16. Please describe your housing:

- House
- Apartment/ townhouse
- 55+ or older adult community
- Continuous Care Retirement Community (CCRC)
- Other (please specify) \_\_\_\_\_

17. Do you own or rent your home?

- I own
- I rent

18. Do you receive subsidies to pay for your housing, or live in Affordable Housing/Section 8 or HUD housing?

- Yes
- No

19. Who do you live with? *Select all that apply.*

- I live alone
- Spouse/ significant other/ domestic partner
- A caregiver
- Your children age 21 +
- Your children under age 21
- Grandchildren
- Other relatives
- Friend(s)/ Roommate who is not related to me
- Other \_\_\_\_\_

20. How many years have you lived in New Jersey?

- Less than 10 years
- 11-20 years
- More than 20 years

21. Do you feel your current home is suited for you to age in place?

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

22. Rate this statement "I will stay in NJ"

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely

23. Do you plan to make changes in where you live in the next 10 years? If yes, select all that apply:

- I do not plan on making changes in where I live I plan to "downsize"
- I have already moved/downsized
- I am considering moving to 55+, older adult community or Continuous Care Retirement Community (CCRC)
- I am considering moving within my town or community
- I am considering moving somewhere else in New Jersey I am considering moving out of state
- Not sure
- Other (please specify) \_\_\_\_\_

24. If you were to move out of state, what would be your reasons? *Select all that apply.*

- I don't want to move out of state
- Better housing options
- Cost of living
- Cost of property taxes
- Medical care
- Retirement community that meets my needs
- To be near family/friends
- Warmer climate
- None of these are a reason I would move
- Other (please specify): \_\_\_\_\_

25. Are there enough housing options within your community if you want to move?

- Yes
- No

26. How much have you been impacted by increases in property taxes?

- None at all
- A little
- A moderate amount
- A lot
- A great deal

27. New Jersey has several property tax rebate programs for seniors. Please check which of them, if any, you receive or have applied for.

	Yes	No	I applied but did not qualify	I did not know about
Senior Freeze/PTR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANCHOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The former Homestead Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran's property tax rebates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### III. Cost of Living in New Jersey

We know that the cost of living in New Jersey is a factor for many people as they age. In this section, we are asking questions to understand how the cost of living in New Jersey affects older adults' choices and ability to stay in their homes and in the state. NO PERSONAL INFORMATION WILL BE COLLECTED OR SHARED. None of the answers are traceable to the respondent and no identifying information is asked.

28. What are your sources of income? Select all that apply.

- Social Security
- Salary - I am currently working
- Pension
- IRA/401K/annuity
- Supplemental Security Income Benefits (SSI)
- Personal savings/investments
- Family contributions
- Disability or other benefits
- State subsidies
- Other (please specify): \_\_\_\_\_

29. Do you feel you were able to save enough for retirement to live the way you want?

- Yes
- No
- Not sure

30. At what age did you stop working?

- I am still working
- 55 years old or under
- 56-64 years old
- 65 -70 years old
- After age 70

31. If you were to need long-term care services (LTC), do you have a plan for how you would pay for them?

Select all that apply.

- I have a LTC insurance policy
- I have enough savings to cover LTC
- I sold or plan to sell my home to cover LTC
- I plan on Medicaid covering my LTC needs
- I plan to have my children/ relatives pay for covering LTC costs
- I do not have plans for covering LTC costs
- Other (please specify) \_\_\_\_\_

32. Do you ever have trouble paying for the following? Select all that apply

	Often	Sometimes	Never
Home care or help around the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical bills, including doctor's prescriptions and other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rent/mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation/gas for car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upkeep of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities and other household bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### IV. Social Connections

COVID-19 proved the importance of social connection and the impact they can have on overall well-being. In this section, we would like to ask about your social connections and support systems.

33. Do you feel valued/respected as a member of your community?

- Not at all
- A little
- A moderate amount
- A lot
- A great deal

34. Are you a member of a faith-based community?

- Yes
- No

35. In the last 10 years, how many of your family, friends and neighbors have voluntarily left the area/ state?

- Not many - most of my family and friends are still here
- A good amount - enough to impact my social network
- A lot - most of my family, friends and people I used to socialize with have moved

36. How does your level of social interaction now compare to 10 years ago?

- Much less
- Less
- About the same
- More
- Much more

37. Does your community have:

	Yes and I participate	Yes but I don't participate	No	I don't know
A Senior Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An Older Adults/Senior Advisory Council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Senior Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An Age-Friendly initiative, office or staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation programs for older adults (art, exercise, sports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Do you feel your community is “age-friendly”?

- Not at all
- A little
- A moderate amount
- A lot
- A great deal
- Please provide comments:

## V. Caregiving

Caregivers play an important role in helping people age in the place they choose. Many people who regularly help others would not consider themselves caregivers. Caregivers can help in a wide variety of ways and with different amounts of time. In this section, we would like to learn about your role as a caregiver, or if you have a caregiver to help you.

39. Are you a caregiver for someone else? Select all that apply.

- No
- I was a caregiver
- Spouse/ significant other/ domestic partner
- Grandchildren
- Other (please specify) \_\_\_\_\_
- Your own child with a disability or health issue
- A friend or neighbor
- Other family members

40. What types of support do you have in being a caregiver? Select all that apply.

- Not applicable - I am not a caregiver
- Other family members who help
- Paid help
- Friends, neighbors or members of my congregation
- Respite care
- The person I care for attends an adult day center
- None
- Other (please specify) \_\_\_\_\_

41. What are some burdens you experience as a caregiver?

42. What types of services would help you care for others or take better care of yourself?

43. Are you part of any caregiver support groups? Select all that apply.

- Yes - online
- Yes - in person
- No - don't feel I need it
- No - can't find one or hadn't thought about it
- No - but I would like to be a part of such a group

44. Do you feel you have enough help to meet the needs of your loved one and also take care of yourself?

- Yes
- No
- Not sure

45. Do you yourself have a caregiver? If yes, who is it?

- I do not have a caregiver
- My spouse
- My adult children or other family members
- Friends, neighbors or members of my congregation
- I have a paid caregiver - please answer below:

46. How do you pay for them? Check all that apply

- I pay them myself/ out of pocket Medicaid
- Medicare
- Other insurance/Medicare advantage plan
- Other (please specify) \_\_\_\_\_

## VI. State and local services for older adults

New Jersey offers many services for older adults, based on income and other factors. We would like to learn more about people's awareness of these programs, and the application process. New Jersey has 21 county-based Area Agencies on Aging (AAA), also known as the County Offices on Aging or Office of Senior Services. AAAs serve as the primary point of services for older adults. At the State level, the Division of Aging Services (DoAS) within the Department of Human Services administers a number of state and federally funded programs that make it easier for older adults to live in the community as long as possible with independence, dignity and choice. In addition, many municipalities and non-profits provide services at the local level.

47. How would you rate your knowledge regarding the services and resources that exist for seniors in New Jersey?

- Not at all familiar
- Not so familiar
- Somewhat familiar
- Very familiar
- Extremely familiar

48. Have you ever contacted your Area Office on Aging/Office of Senior Services/ Aging and Disability Resource Connection?

- Yes
- No

49. The following is a list of services offered to NJ's older residents through the Department of Human Services, DoAS and the AAAs. Do you receive or have you applied for any of the following? Please check one box per row

	Yes	No – I did not apply	No – I applied but did not qualify	I did not know about
Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farmers Market Vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivered meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congregate meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-home supports (ex: Friendly Visiting, Telephone Reassurance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subsidized Adult Day Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing Aids (HAAAD or NJ Hearing Aid Project/NJHAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription cost coverage (Senior Gold or PAAD programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare Savings Programs (includes Qualified Medicare Beneficiary/QMB, Specified Low-Income Medicare Beneficiary/SLMB or Qualifying Individuals/QI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help paying for Utilities (Universal Service Fund/USF, Lifeline Utility and Tenant Assistance or LIHEAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money Follows the Person (aka I Choose Home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Do you participate in any of the following health promotion programs offered to NJ's older residents through the Department of Human Services, DoAs and the AAAs? Please check one box per row:

	Yes	No	Have not heard of
Stress-Busting Programs for Family Caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project Healthy Bones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GetSetUp NJ!	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A Matter of Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take Control of Your Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tai Ji Quan: Moving for Better Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move Today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health EASE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**VII. Overall sense of wellbeing**

51. Overall, how would you rate your:

	Poor	Fair	Good	Very Good	Excellent
Overall wellbeing	<input type="radio"/>				
Physical health	<input type="radio"/>				
Mobility	<input type="radio"/>				
Mental health or emotional health	<input type="radio"/>				
Spiritual health	<input type="radio"/>				
Financial Wellbeing	<input type="radio"/>				

52. Do you or have you experienced discrimination because of your age?

- None at all
- A little
- A moderate amount
- A lot
- A great deal

Please provide additional comments:

53. Do you feel you have been targeted by fraud because of your age?

- Not at all
- A little
- A moderate amount
- A lot
- A great deal

Please provide additional comments:

54. What are your top 3 concerns as you age?

- Health issues Finances
- Housing / staying where I am or moving
- Family
- Being able to participate in the activities I like
- Food/diet/nutrition
- Transportation/giving up driving
- Other (please specify)\_\_\_\_\_

55. If you have different aging concerns than those listed above, please specify below.

56. Please check any of the following that apply to you:

	Yes	No	Not sure
I live with one or more chronic condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been diagnosed with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I live with someone who has dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care or cared for with someone with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the last month my physical well- being has prevented me from participating in my usual activities at least once	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the last month my mental health has prevented me from participating in my usual activities at least once	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had an emergency room visit within the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had at least one hospital stay within the last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had a fall within the last 6 months that required medical attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the past 12 months I have struggled with balance or mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. Do you feel like you have access to all the healthcare providers and services you need?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

58. How much has the COVID-19 pandemic affected your:

	None at all	A little	A moderate amount	A lot	A great deal
Physical health	<input type="radio"/>				
Financial Security	<input type="radio"/>				

59. Are you familiar with these long-term care options? If so, how would you rate your knowledge?

	Never heard of it	I know a little	I know it well
Palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## VIII. Sources of Information

60. Where do you look for information about services and programs for adults over age 60?

*Select all that apply*

- Newspaper
- Internet/websites
- Municipal eblasts/newsletter
- Senior center
- Public library
- NJAAW's Aging Insights
- 2-1-1
- Doctors or health care providers
- Other (please specify) \_\_\_\_\_
- House of worship
- In-person/informational events
- Office on aging
- Radio
- Social media - Facebook, Instagram, Twitter
- Television
- Word of mouth, family, friends

61. Do you have regular access to a computer, tablet, smartphone and/ or internet service?

- Yes
- No

62. Does your town still have a printed newspaper?

- Yes
- No
- Not sure

63. How do you watch NJAAW's Aging Insights program?

- On the local cable channel
- On YouTube
- At a community or senior center
- Through the NJAAW.org website
- I don't watch NJAAW Aging Insights

**IX. Additional comments**

64. Please let us know any additional thoughts. Is there anything else you think is important or that we have missed? What would you most like an organization like New Jersey Advocates for Aging Well to advocate for on behalf of all New Jersey older adults?

Thank you for completing the NJAAW Survey of New Jersey Older Adults 2024. We appreciate your time and input. NJAAW will use the findings of this survey to advocate for services and policies that serve New Jersey's older residents and enable them to live in the state with choice, independence and dignity.