



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF AGING AND COMMUNITY SERVICES

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FRED M. JACOBS, M.D., J.D.
Commissioner

Dear Colleague:

Do you know that 70% of the physical decline associated with aging is due to poor lifestyle behaviors? Less than half of the nation's communities are currently developing strategies to deal with the needs of the elderly, whose ranks will swell dramatically with the aging of the baby boomers.

Expanding disease prevention and health promotion opportunities for older adults can lessen the impact of chronic disease and other illnesses, disabling injuries, and long-term health care costs. Older adults of any age can and do learn to make healthy behaviors that can improve their quality of life.

The *Blueprint for Healthy Aging in New Jersey* is designed to help you and your community take steps to help older adults stay healthy and active by providing:

- County-level demographics on older adults and their health status;
- Information on the benefits of healthy behaviors that can improve the quality of life for seniors, public policy recommendations and strategies for containing health care costs; and
- Examples of cost-effective New Jersey-based model programs that can be implemented locally to support older adults in pursuing healthy behaviors.

You and your community can make a difference by increasing awareness of the benefits of healthy behaviors, and fostering an environment to support behaviors among older adults by:

- Supporting your county office on aging as a central point for seniors to obtain health promotion/disease prevention information.
- Providing comprehensive, coordinated services to help seniors remain independent in their own homes and communities for as long as possible.
- Utilizing low-cost programs proven to be effective in reducing the risk of disease, disability and injury among the elderly.
- Using existing resources in more cost-effective ways to improve the quality of life of seniors.

After you have reviewed the *Blueprint*, please take a few minutes to let us know how you plan to use the information on the enclosed feedback form.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred M. Jacobs" followed by a stylized flourish.

Fred M. Jacobs, M.D., J.D.
Commissioner

Blueprint for Healthy Aging in New Jersey

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Blueprint for Healthy Aging in New Jersey

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We are also grateful to the members of the New Jersey Commission on Aging Health Promotion Subcommittee for their work in the development and oversight of the Blueprint project.

And a very special thank you to all the community-based agencies who provided information about effective model programs and the seniors from every county in New Jersey who shared their personal successes in practicing healthy behaviors.

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EXECUTIVE SUMMARY

Research reveals that 70% of the physical decline associated with aging is due to poor lifestyle behaviors. The risk and burden of chronic disease in New Jersey is directly linked to poor lifestyle choices, including a lack of physical activity, poor nutrition and the failure to have recommended screenings and immunizations. The state's rapidly growing older adult population, projections of continued increases in life expectancy, and the escalating cost of care underscore the critical need to assist individuals to maintain good health as late into life as possible.

Expanding disease prevention and health promotion opportunities for older adults is one of the few avenues available to address the looming impact of chronic disease and other illnesses, disabling injuries, and long-term health care costs. People who engage in healthy behaviors by such means as being physically active, eating a healthy diet, and abstaining from alcohol and tobacco products show substantially reduced risk of chronic disease and have half the rate of disability compared with those who do not practice healthy behaviors.¹ Despite the benefits of health-promoting behaviors, New Jersey's seniors rank among the bottom third of all states in terms of utilization of key health screenings² and there is significant disparity in health status among diverse populations. Older New Jerseyans also fall short of recommended national and state guidelines for physical activity and nutrition.

This *Blueprint for Healthy Aging in New Jersey* includes data that can be used to plan, implement and evaluate health promotion initiatives. The *Blueprint* is designed to: 1) foster an environment in which public, private and community-based health and aging providers work cooperatively to support healthy behaviors among older adults; and 2) prevent or delay onset and improve management of chronic disease among New Jersey's older adult population through low-cost, effective health promotion programs.

The *Blueprint* provides New Jersey county-level data on older adult health behaviors available herein for the first time. The maps, charts and tables will help you develop policies and programs to have the greatest impact on the health of seniors in your community.

County Data Overview

When reviewing county data, we encourage you to look broadly at each health area, such as physical activity and good nutrition (obesity and fruit/vegetable intake), health screenings (blood pressure, cholesterol, prostate and mammography) and immunizations (influenza and pneumococcal), and mental health and substance abuse (smoking and binge drinking). Rather than focusing on just one table or chart, using the data in each of these broad health areas will allow you to identify behavior trends, potential access issues, or gaps in service.

Behavioral Risk Factor Surveillance System (BRFSS) survey responses from 2003-2005 for New Jersey adults aged 60 years and older were utilized to obtain county-level prevalence data for health and mental health status; physical activity and good nutrition; health screenings

and immunizations; and substance abuse. The BRFSS has been broadly validated at the national level. At the county level, the data is somewhat less reliable since the number of people responding is much smaller. This is especially true for more rural counties and for indicators that are gender-specific.

Population Projected Increase and Disability Status.

- The population aged 60 years and over represented 17.2% of the New Jersey population in the year 2000. It is projected to increase 58% from 2000 to 2025 and grow to be 23.2% of the population by 2025. The counties that show the greatest projected increase include Hunterdon (140%), Sussex (121%), Somerset (95%), Morris (95%), and Gloucester (88%).
- Approximately 36% of the statewide non-institutionalized population aged 60 years and over claimed a disability in 2000. Four counties had more than 40% of the population aged 60+ years claiming a disability (Cumberland, Hudson, Salem, and Essex).

Health and Mental Health Status.

- An overall indicator of seniors' health is self-reported health status. An estimated 26% of older New Jerseyans reported their general health as fair or poor, and 20% reported poor mental health in the past 30 days. Hudson County had the largest proportion of seniors reporting fair or poor health (40%), followed by Union, Essex, and Passaic Counties. More than 25% of seniors in four counties (Warren, Salem, Middlesex and Essex) reported having poor mental health in the past 30 days.

Physical Activity and Good Nutrition.

- In New Jersey, an estimated 33% of seniors reported engaging in no leisure-time physical activity. Hudson County had the largest proportion of seniors with no leisure-time physical activity (45%), followed by Cumberland, Gloucester, Passaic, and Warren Counties, all at 40%.
- An estimated 63% of people aged 60 years and older in New Jersey were considered either overweight or obese. The prevalence of overweight and obesity was highest in Warren (72%) and Cumberland Counties (70%), followed by Ocean, Gloucester, and Atlantic Counties.
- The consumption of five fruits and vegetables a day is a proxy measure for good nutrition. Approximately 69% of New Jersey seniors reported eating less than five fruits and vegetables per day. Hudson, Gloucester, Camden, and Cumberland Counties had more than 70% of older people consuming less than five fruits and vegetables daily.

Health Screenings and Immunizations. This *Blueprint* includes estimates for people aged 60 and older, however, it is important to note that in New Jersey, 17% of individuals in the 60-64 age range are uninsured, so they do not have the same access to health screenings as seniors aged 65 and older who have Medicare coverage.³

- Overall, approximately 8% of seniors had not had their blood cholesterol checked in the past five years. It was estimated that the number of seniors not having their blood cholesterol checked exceeded 10% in four counties (Hudson, Cumberland, Union, and Essex).
- About 52% of older New Jerseyans reported they have high blood pressure. The prevalence of high blood pressure was highest in Ocean, Sussex, Essex County, Atlantic, and Warren Counties.
- Nearly 46% of New Jersey seniors aged 60 and older reported receiving no pneumonia vaccination. Hudson and Salem Counties had more than 51% of older adults not receiving a pneumonia shot. **Note:** Adults aged 60-64 are not in the “high risk” category for immunization against pneumococcal pneumonia unless they happen to be diabetic, asthmatic or have certain other chronic conditions.
- An estimated 42% of seniors in New Jersey did not receive a flu shot in the past year. Nearly half the seniors in Hudson, Essex, Union, and Salem Counties did not receive a flu shot.
- About 34% of women did not have a clinical breast exam and mammogram in the past two years. In Warren, Cape May, Sussex and Camden Counties, around 40% of women did not receive a clinical breast exam and mammogram in the past two years.
- Approximately 24% of older men in New Jersey did not have a prostate cancer screening in the past two years. Hudson County showed the highest estimated percentage (37%) of older men who did not have this screening test among all counties.

Substance Abuse – Smoking and Binge Drinking.

- An estimated 11% of New Jersey seniors reported that they smoke. Smoking prevalence was highest (15%) in Cumberland and Salem Counties.
- About 4% of older adults in New Jersey reported binge drinking in the past month.

Section I

The Benefits of Healthy Behaviors For New Jersey Seniors

THE CASE FOR PROMOTING HEALTHY BEHAVIORS

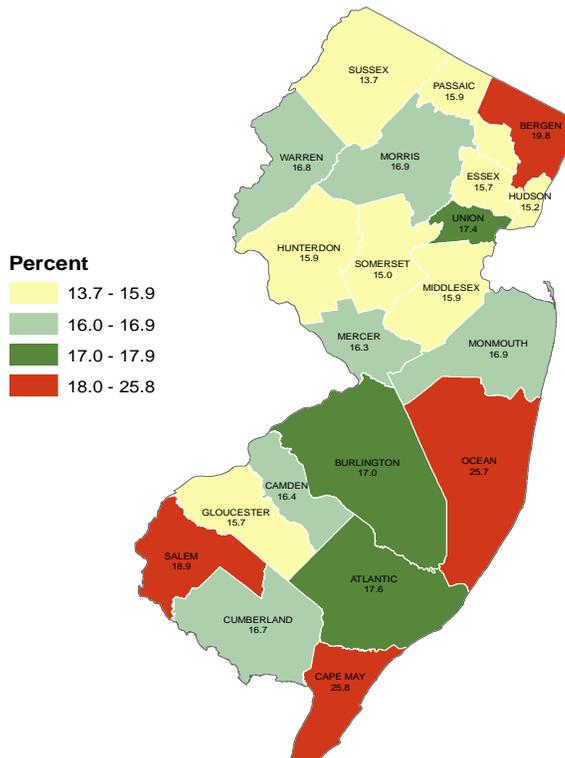
“Every year for the next 20 years, 50,000 people in New Jersey will turn 60.”⁴
Dr. Fred Jacobs, Commissioner, New Jersey Department of Health and Senior Services

New Jersey senior citizens are living longer and are more diverse today than ever before. Our challenge, both as community leaders and as aging individuals ourselves, is to actively help seniors practice healthy behaviors.

New Jersey ranks 9th in the nation in the number of seniors aged 65 or older. It is the nation’s most densely populated state (at 1,134 persons per square mile) and is also one of the three most ethnically diverse states in the nation, with more than one in four persons speaking a language other than English at home. Today, nearly one in five older New Jerseyans is either African-American, Latino or Asian. Disparity in health status is evidenced by the 16-year difference in healthy life expectancy at birth between white females (69.6 years) and African-American males (53.9 years).⁵

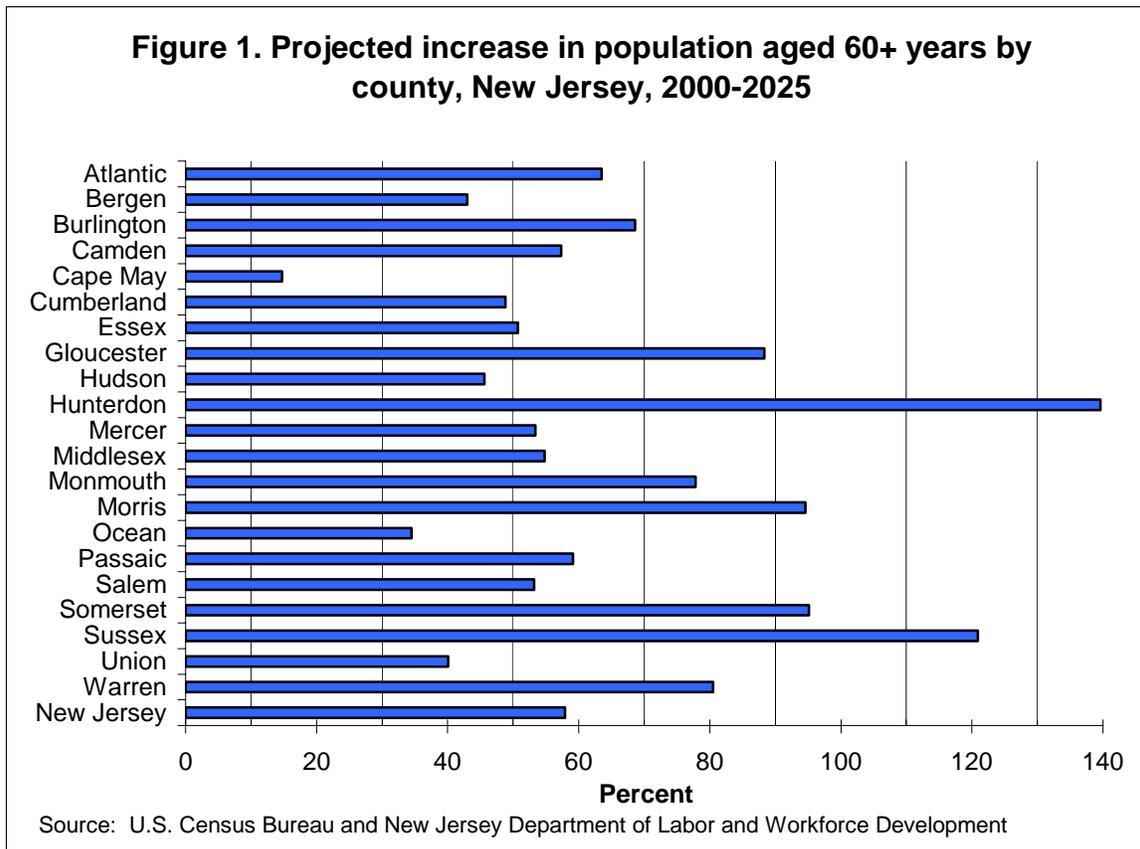
NJ OLDER ADULT POPULATION

Map 1. Proportion of county population aged 60 years and over in New Jersey, 2003



Source: National Center for Health Statistics and U.S. Census Bureau

In 2000, 17.2% of New Jersey’s population was over age 60. Seniors are expected to make up 25.7% of our state’s population by the year 2030.³



Health care spending, currently estimated at \$735 billion a year in the United States, is expected to increase by 25% by 2030, due in large part to the anticipated care needs of senior citizens.⁷ The U.S. spends more on health care than any other country in the world,⁶ and 95% of health care spending for older adults is attributed to chronic conditions.⁸ The cost of providing care to seniors is three to five times greater than the cost of providing care to younger people, and the cost for seniors from racial and ethnic minority populations is even higher due to disparities in both health care and health status.

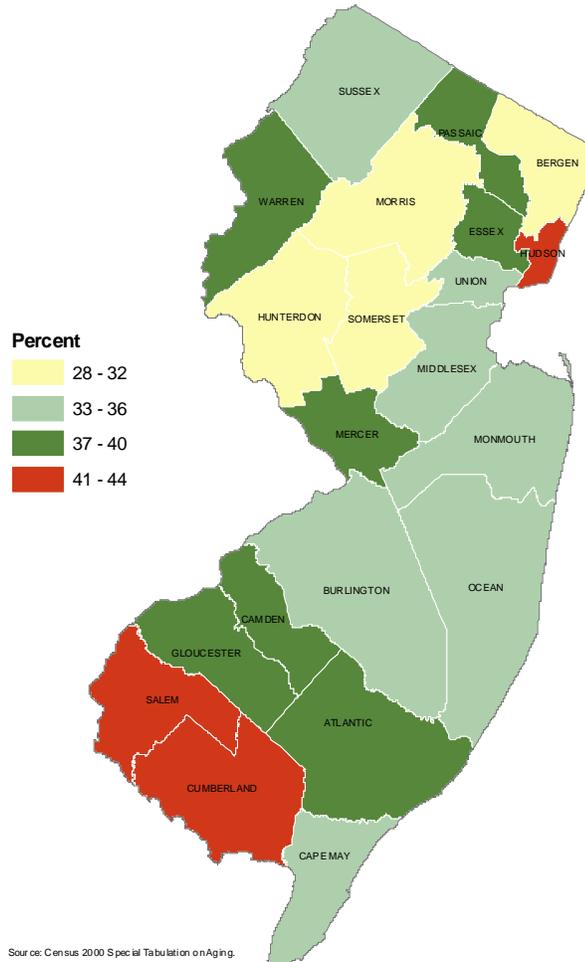
In New Jersey, the average per capita personal health care expenditures (\$4,418) are significantly higher than the U.S. average (\$4,026).² The leading causes of death in New Jersey, as in the U.S., are heart disease, cancer and stroke. For older New Jerseyans, the next leading causes of death are diabetes, influenza, pneumonia and unintentional injuries.⁹

With older age, people are increasingly likely to have more than one type of disability; physical disability is more widespread than other types of disabilities. Approximately 36% of older New Jerseyans age 60 and over claim a disability. The prevalence of disability increases substantially with age reaching nearly 68% for seniors age 85 and older.³ New Jersey seniors

diagnosed with chronic illness experience up to two times as many disability days as those who do not report chronic conditions.¹⁰

DISABILITY

Percentage of civilian non-institutionalized population aged 60+ years with any disability, New Jersey, 2000



Most chronic conditions are not a natural part of the aging process; these conditions are preventable, treatable or manageable through healthy behaviors. Research has shown that information on healthy practices leading to chronic disease self management has powerful effects on health and quality of life.

While many seniors are aware of and intend to practice healthy behaviors, more than half say they are not always able to practice healthy behaviors, citing lack of motivation, money, time or access as major barriers.¹¹

Older adults need help in getting started, as well as in maintaining healthy lifestyle choices. Increasing individuals' knowledge about healthy choices, providing social support and policies that foster healthy habits, creating incentives to motivate older adults, and expanding access to effective programs are all strategies that can improve older adult quality of life.

Research shows that people who make healthy lifestyle choices can reap benefits throughout their lifetime, even into advanced old age.

Chronic diseases such as arthritis, heart disease, some cancers, stroke and diabetes can be prevented, delayed or managed by making healthier choices.¹² People who are physically active, eat a healthy diet, do not use tobacco, and follow recommended screening guidelines reduce their risk for chronic disease. They also have half the rate of disability of those who do not practice healthy behaviors.



“At age 95, I still play both tennis and golf. I believe keeping active is one of the most important keys to continued good health,”
Myra, age 95, Bedford.
(Burlington County)



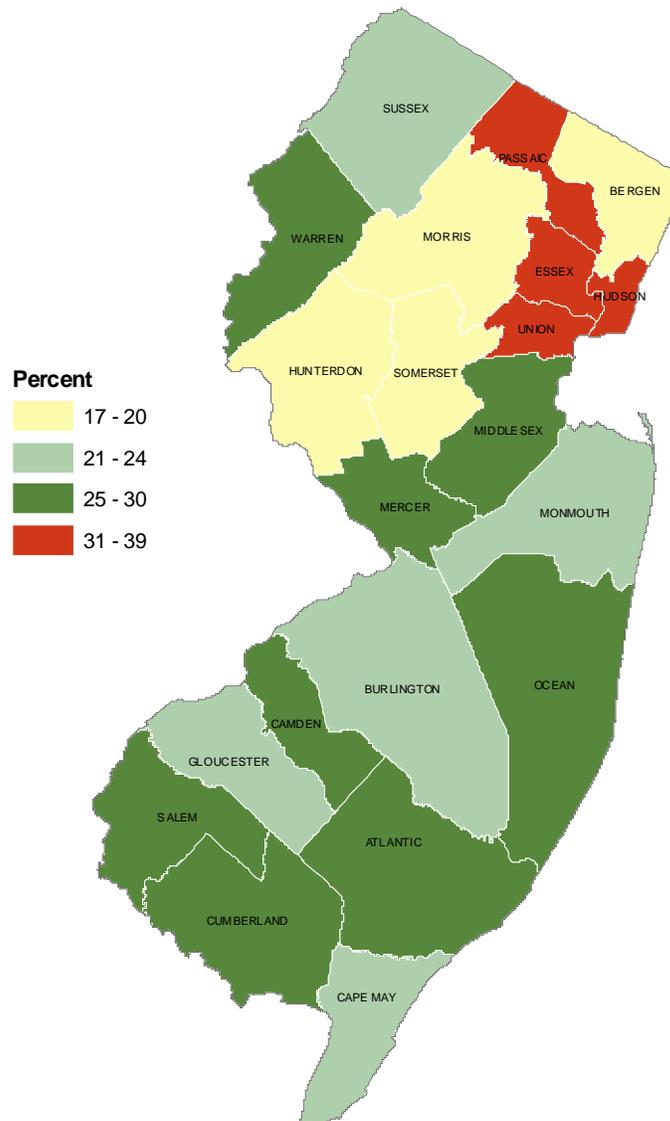
“I enjoy assisting seniors like myself in learning how to enhance our daily lives,”
Carolyn, age 58, peer leader for the Chronic Disease Self-Management Program, trained by the New Jersey Institute for Successful Aging.
(Camden County)

In New Jersey, several factors affect older adults' report of health status, including their income level, educational attainment, their race or ethnicity, and their physical and mental health.

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Reduce the percentage of persons age 65+ reporting fair or poor health status to 19.4%.¹³

POOR HEALTH STATUS

Percentage of persons aged 60+ years reporting fair or poor health status,
New Jersey BRFSS weighted data, 2003-2005



Relatively small investments in programs that support senior citizens in making healthier choices can yield powerful benefits for our nation's seniors and for society as a whole.

There is a significant and growing body of scientific evidence documenting the benefits of healthy behaviors. This research has validated the effectiveness of community-based model programs, including those highlighted in this Blueprint, that are available for local replication.

Many model programs include comprehensive toolkits that include step-by-step instructions for setting up and running the program, program materials, an explanation of the evidence that supports the program's effectiveness, guidelines on preparing an organization to implement the program, and methods for developing effective partnerships to sustain program efforts.¹⁴ These programs are frequently delivered by trained peer leaders and are very inexpensive to replicate.

Robert, a retired teacher, had a heart attack at age 48. His doctor told him he should not exercise or participate in vigorous activities. So, Robert did just that: "I stopped coaching youth soccer and stopped exercising. I'm recovering from recent open-heart surgery and I believe years of inactivity contributed to my poor health. Now I'm walking everyday and feeling better than I have in years." Robert, age 79, Hamburg. (Sussex County)

"I don't use medications, I walk every morning, I dance, I write a column for our local newspaper and I feel great!" says June, a volunteer leader for physical activity programs. She also conducts the Bayonne Senior Orchestra. June, age 70+, Bayonne. (Hudson County)

“Physical activity, a healthy diet and not smoking can reduce the risk for chronic disease and delay the onset of disability by 7-10 years.”²

TIPS FOR IMPLEMENTING SUCCESSFUL SENIOR PROGRAMS¹⁵

- Seniors want to maintain their independence and need the opportunity and encouragement to practice healthy behaviors.
- Seniors need help in getting started and in maintaining their physical activities and healthy eating practices.
- Reminders and peer support are effective in encouraging older adults to maintain healthy behaviors.
- Senior-friendly programs and facilities make older adults feel welcome and valued.
- Seniors want options and a say in how, when, and where they receive services.

The Council of State Governments identifies six specific actions senior citizens can take to promote wellness and prevent chronic disease:¹⁶

1. Avoid tobacco use and secondhand smoke
2. Eat healthy foods
3. Stay physically active
4. Control blood pressure and cholesterol
5. Get appropriate health screenings
6. Avoid risky behaviors

PHYSICAL ACTIVITY

“Physical activity is the closest thing we have to a magic bullet. Everything that gets worse as we get older gets better with exercise.”

Dr. I-Min Lee, Harvard Medical School¹⁷

There is no single drug that can match the overall health benefit of physical activity.¹⁷ Regular physical activity lowers the risk of premature death, high blood pressure, diabetes, some types of cancer and the risk of falls and fractures. People who are physically active have less depression, are better able to control their weight and report higher levels of well-being. Regular physical activity is also the strongest predictor for how fast someone will recover from an injury.¹⁸

Even in advanced old age, people who have never exercised can become physically fit, have better function, and live longer. Although incidence of chronic illness and disability increases as we age, regular physical activity can help seniors live actively and independently and reduce disability. Exercising just once or twice a week can extend longevity. Even occasional exercise has been found to reduce the risk of death by as much as 28%.¹⁹

The Cost Benefit of Physical Activity

Regular physical activity significantly improves overall health outcomes in the Medicare population. Physically active people have lower health care costs than people who do not exercise. If all older adults were to engage in even moderate physical activity, medical costs in the United States could be reduced by as much as \$76.6 billion per year.²⁰

In New Jersey, despite efforts at the local, state and federal levels to encourage exercise, nearly 32% of older adults report participating in no physical activity.²¹



“Not only does exercise help your body, but the social interaction helps your brain and mental outlook. I take Healthy Bones and deep water exercises twice a week for my arthritis, osteopenia and heart problems.”

Arlene, age 67, Warren.

(Somerset County)

Falls are the leading cause of injury deaths and the most common cause of injuries among seniors. More than one third of adults age 65 years and older fall each year. Injuries received from a fall can result in disability, nursing-home admission, increased medical costs, or death. Nearly a quarter of people over age 50 who have a hip fracture die within a year of that injury.²² In 2000, osteoporosis caused 36,630 bone fractures in New Jersey residents, at a cost of \$496 million.²³

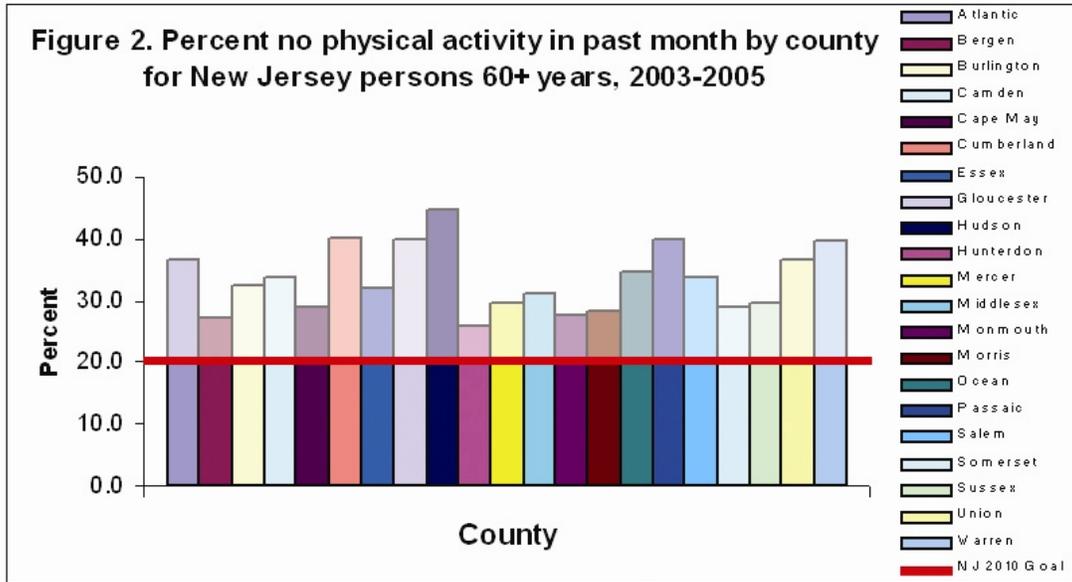
One of the most successful strategies in preventing and reducing falls is strength, balance and flexibility exercise, which can reduce fall risk.²⁴

“I experienced poor balance. I joined an exercise group and now I climb stairs rather than use the elevator. My balance is significantly improved and now I can climb a ladder to perform jobs around my home.”
Lois, age 76, Wayne. (Passaic County)

“I love going to the strength training program at Campbell Center. It makes me feel better and keeps me motivated to do the things I like to do.”
Mahala, age 87, Pilesgrove. (Salem County)

- ❖ **HEALTHY NEW JERSEY 2010 for older adults age 65 and older (Proposed):**
Reduce the percentage of persons age 65 and older who participated in no physical activity at all during the past month to 20 percent.¹³

Note: This proposed objective will match the US Healthy 2010 objective: “No more than 20% of adults aged 18 years or older will engage in no leisure-time physical activity (defined as never does light, moderate, or vigorous physical activity for at least 10 minutes) in the last month.” According to The State of Aging and Health in America, 2007, “ZERO STATES, INCLUDING NEW JERSEY, met the U.S. 2010 objective regarding no leisure time physical activity in past month.”²⁵



*“I have high blood pressure and I’m overweight. Since participating in Project Healthy Bones, I am more aware of my posture and I have more energy and flexibility than before.” Betsy, age 65, Flemington.
(Hunterdon County).*

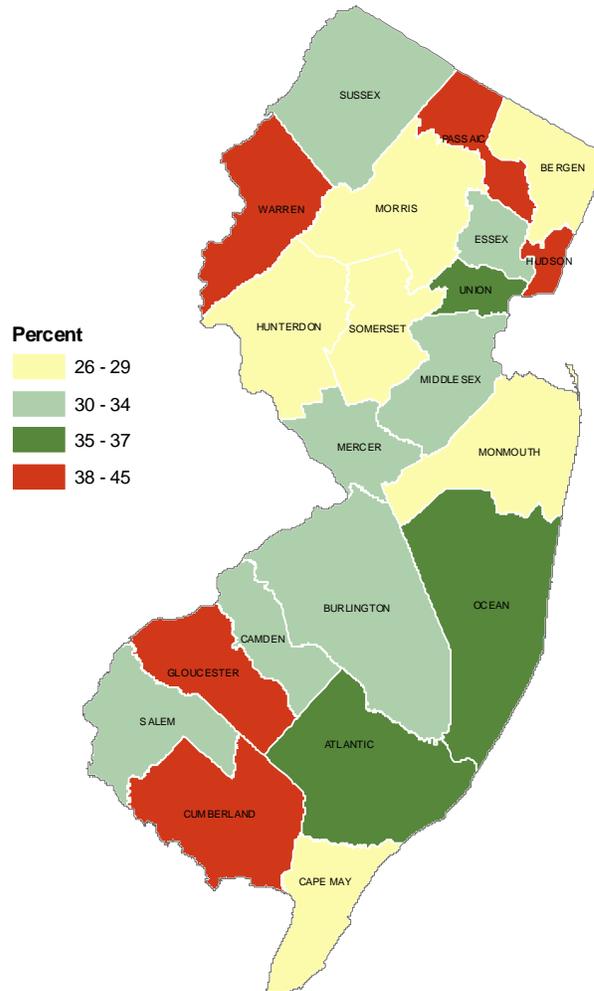
*“I am 88 years young, and I have never felt as good as I do now. The Navigating Wellness Program, has helped me get back on track with my walking program,”
Rita, age 88, Margate.
(Atlantic County)*

Call to Action

- Develop an infrastructure to support a variety of physical activity programs that allow older adults to work at their own pace; interact with role models and peer leaders; and practice new skills in a comfortable environment.
- Provide low-cost model programs in places seniors can access easily (senior centers, nutrition sites, YMCAs, faith-based organizations, senior housing, assisted living facilities).
- Provide transportation to local sites at times that are convenient for seniors.

NO LEISURE TIME PHYSICAL ACTIVITY

Percentage of persons aged 60+ years who did not participate in leisure time physical activity during the past month, New Jersey BRFSS weighted data, 2003-2005



GOOD NUTRITION

Nutrition is a key determinant of successful aging, the prevention or delay of chronic disease and disease-related disability, the treatment and management of chronic disease and overall quality of life.²⁶

Maintaining a healthy weight can be challenging for seniors. Like many other New Jersey residents, seniors may be overweight or obese. Others may be frail or have chronic conditions that can result in them being underweight.

An estimated 4 million older adults in the U.S. suffer from food insecurity, or the inability to afford, prepare or gain access to food.²⁷ Older adults need an adequate variety of nutrients to reduce the risk of heart disease, bone fractures, diabetes, and other conditions.²⁸

“Maintaining a healthy weight can lower risk of disease and disease-related disability, maximize high mental and physical function, and prolong active engagement with life.” Increased access to food and nutrition services can provide older adults with a wider variety of food and nutrition services that support health, independence and well-being.²⁹



“I have diabetes and arthritis. I enjoy the great meals at the JCC Metrowest nutrition program. I think I look younger than most people my age!” Ashley, age 85, West Orange. (Essex County)

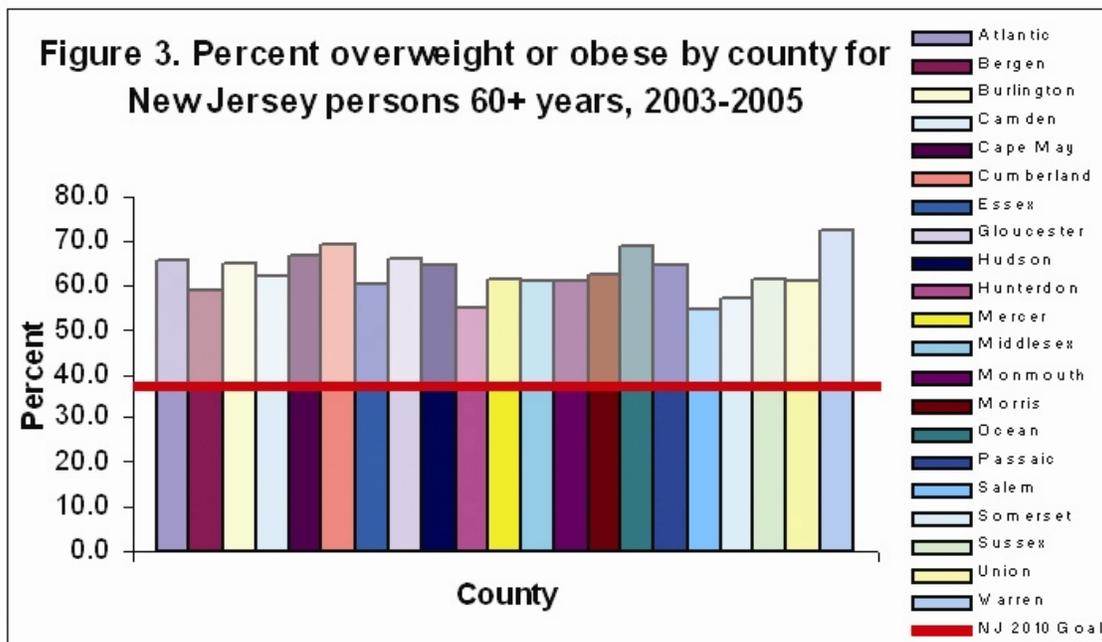
OBESITY

Obesity consistently ranks second behind smoking as the leading risk factor for premature death.³⁰ During the past 20 years there has been a dramatic increase in obesity among all age groups. The adverse effects of obesity on health are well-documented, but most efforts to reduce obesity focus on children and young adults. The effects of obesity on the health of older adults and its impact on the rates of chronic disease, including cardiovascular disease, stroke, diabetes, many cancers and Alzheimer’s disease, and the related costs of health care have received relatively little consideration.²⁹ Fruit and vegetable consumption have been shown to reduce obesity and lower cardiovascular and cancer risk.²⁵

The Cost Benefit of Good Nutrition

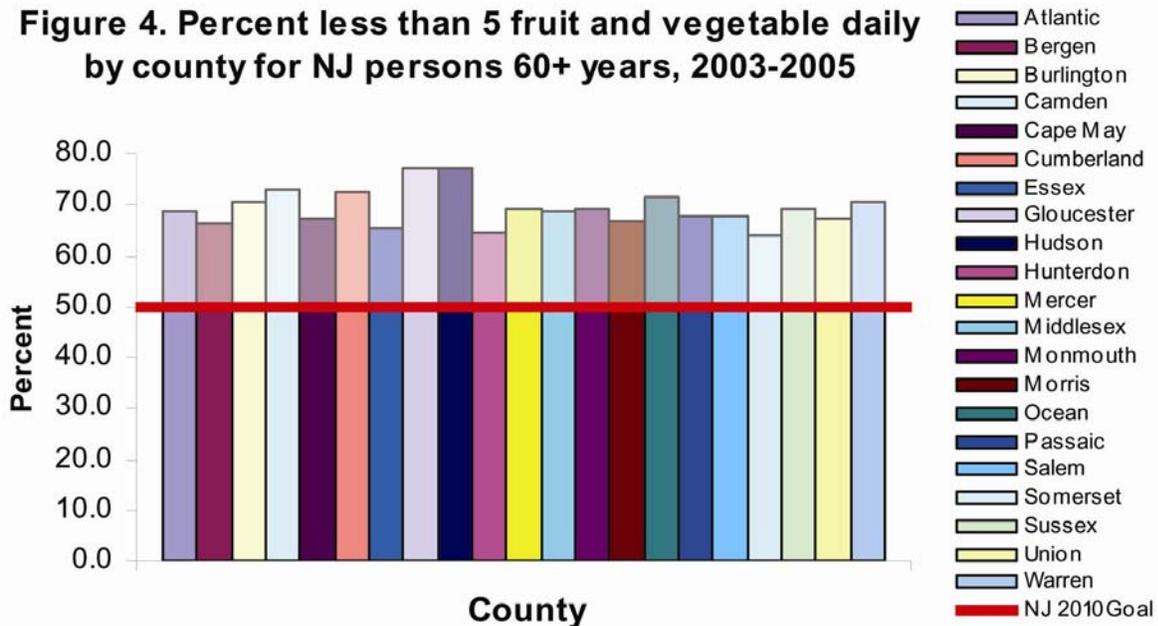
The health care expenditures associated with obesity are estimated to be between \$26-75 billion annually, with Medicaid and Medicare paying almost one half of these costs.³¹ Inpatient and outpatient expenditures for older adults who are obese are 36% higher than for older adults who are within a normal weight range.³¹ In addition, medication costs for disease management are 77% higher for older adults who are obese, compared to older adults with normal weight.³²

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVES:** Reduce the percentage of persons aged 18 and older who are overweight but not obese to 25%, and reduce the percentage of persons aged 18 and older who are obese to 12%.¹³

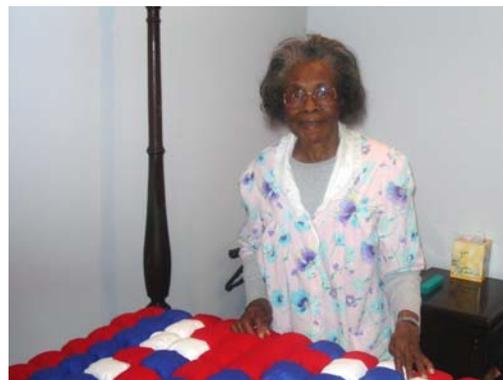


- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Increase the percentage of persons aged 18 and older eating at least five daily servings of fruits and vegetables (including legumes) to 50%.¹³

Figure 4. Percent less than 5 fruit and vegetable daily by county for NJ persons 60+ years, 2003-2005



“I enjoy quilting, sewing, knitting and fishing. Eating natural, healthy foods and exercising to improve my balance keeps me healthy and I do volunteer service in my spare time.” Thelma, age 90 Manahawkin. (Ocean County)





*“Now I’m more conscious of what I’m eating and the importance of taking care of myself.” Ann, age 77.
(Cape May County)*

*“As a breast cancer survivor with osteopenia, elevated cholesterol and arthritis, I am aware how eating habits and lifestyle can impact my long-term health,” Ann, age 64, Hope.
(Warren County)*



Nutrition programs for older adults provide an important link to other supportive in-home and community-based services. In a recent national study, 80% of communities have programs providing home-delivered meals for the elderly, but just 25% provide nutrition education.²⁷

Call to Action²⁹

- Assure adequate food and nutrition services for at risk individuals and support older adult health, independence and well-being, including:
 - Home-delivered and congregate meals;
 - Integration of nutrition education, physical activity and health screening programs; and
 - Food purchasing assistance programs.
- Support seniors in their efforts to make healthier food choices. Even a modest weight loss can make a difference in managing cardiovascular disease, arthritis, and diabetes.
- Encourage local providers to develop menus that reflect the cultural preferences of the older adults in the community.
- Expand transportation services to local nutrition sites.

HEALTH SCREENINGS AND VACCINATIONS

Early screening for and diagnosis of disease can significantly improve an individual's chances of survival, however, persons 65 years of age and older continue to have lower screening rates compared to adults of all ages.

Taking preventive health measures is the first step in maintaining and improving one's health. Yet, in the United States, only 1 in 10 older adults are up-to-date on recommended clinical preventive services such as health screening and immunization.³³

Early detection and better self management are key strategies for preventing chronic disease. Annual examinations allow doctors to diagnose potential health problems, such as high blood pressure, high cholesterol, and cancer. Health screenings help older adults learn about their risk factors and encourage them to make lifestyle changes to reduce their risk and help them stay healthy.³⁴ Without routine exams, these conditions often remain undiagnosed and untreated.

According to the U.S. Preventive Services Task Force, the most effective preventive services for older adults include smoking cessation counseling, vision impairment screening, colorectal cancer screening and flu shots for those over age 65.³⁵

Medicare-Covered Preventive Services & Screenings:

- Free, one-time "Welcome To Medicare" preventive physical exam within six months of enrolling in Medicare Part B. The exam includes a thorough review of your health, education and counseling about the preventive services you need, like certain screenings and shots, and referrals for other care.
- Cardiovascular screenings to check blood pressure, cholesterol and other blood fat (lipid) levels.
- Breast Cancer Screening (Mammograms)
- Cervical and Vaginal Cancer Screenings (Pap Test & Pelvic Exam)
- Colon Cancer Screening
- Prostate Cancer Screening (PSA)
- Diabetes Screening (Fasting Plasma Glucose Test)
- Glaucoma Vision Tests
- Bone Mass Measurements (Osteoporosis)
- Influenza Vaccination (Flu shot)
- Pneumococcal Vaccination (Pneumonia shot)
- Hepatitis B Vaccination (Hepatitis B shots)

For more information on Medicare Preventive Services, visit www.medicare.gov

Cost Benefit of Preventive Screenings and Immunizations

Preventing and controlling chronic disease and related cost depends on early screening for risk of chronic disease. An estimated one in four U.S. adults have high blood pressure, but nearly one-third of them remain unaware that they have the disease.³⁶ Routine screenings are critical in identifying high blood pressure so that individuals and their health care providers can evaluate their risk for disease and discuss strategies to address that risk.

“After a stroke three years ago, I could not fully participate in the world. Now I keep track of my blood pressure, glucose levels and weight to share with my doctor by computer,” Shirley, age 31, Spring Lake Heights. (Monmouth County)



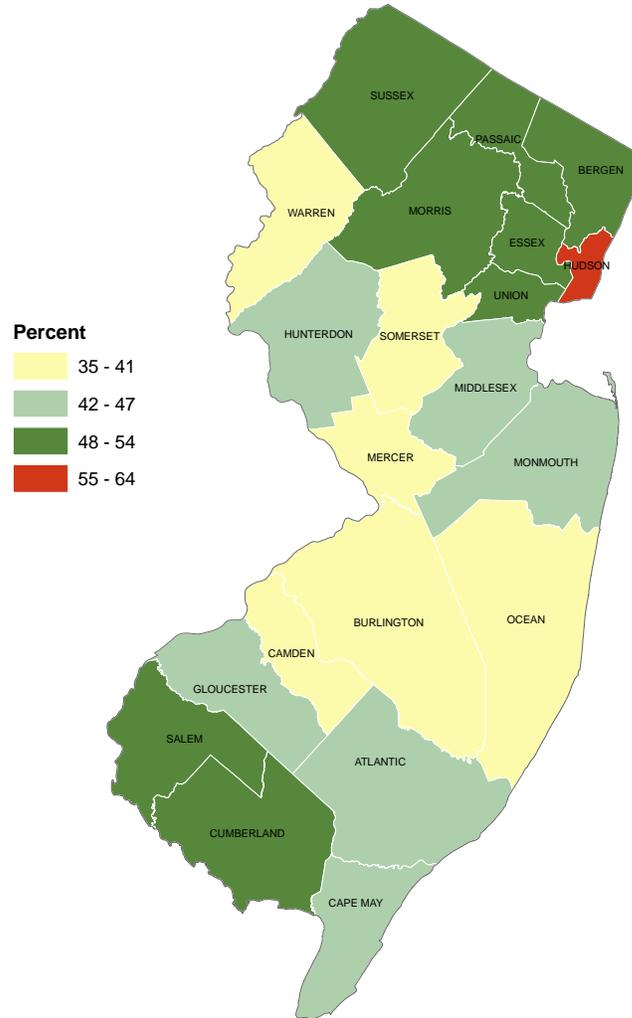
“I was glad to get my screening and test results the same day. I now know I must speak to my physician about my cholesterol levels. Having so many screenings in one place was a big help,” Joyce, age 60+, Ramsey. (Bergen County)

“Between healthy cooking classes and exercising, I was able to bring my cholesterol down from 200 to 175,” Marge, age 64, Hamilton. (Mercer County)

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Reduce the percentage of persons aged 65 and older who have never received a pneumococcal vaccine to 10%.¹³

PNEUMOCOCCAL VACCINATION

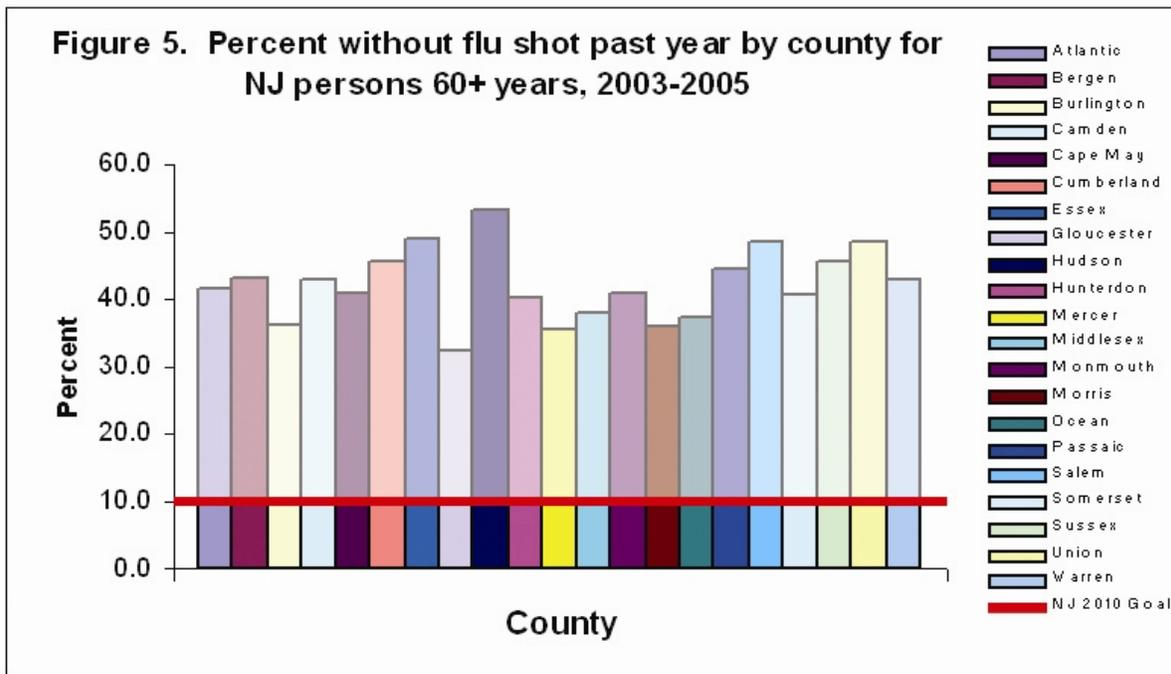
Percentage of persons aged 60+ years who did not receive pneumococcal vaccinations
New Jersey BRFSS weighted data, 2003-2005



Note: Pneumococcal vaccination is recommended for all persons age 65 and older. This vaccination is recommended for individuals under age 65 if they have a disease or condition that lowers the body's resistance to infection (Centers for Disease Control and Prevention).

Pneumococcal pneumonia and complications from influenza are the sixth leading cause of death for older adults. Nationally, over 60,000 seniors die each year from these vaccine preventable diseases. Compared to seniors nationwide, fewer New Jerseyans get vaccinated to protect themselves against flu and pneumonia. In 2005, just 63.4% of New Jersey seniors got a flu shot.³⁷

HEALTHY NEW JERSEY 2010 OBJECTIVE: Reduce the percentage of persons 65 and older who have not received influenza vaccinations in the previous 12 months to 10%.¹³

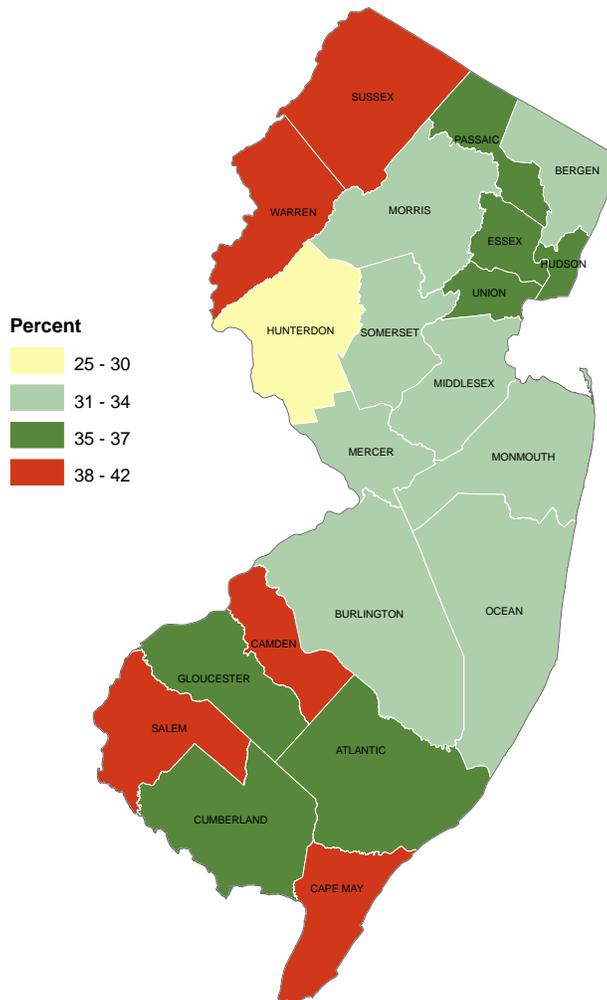


Among women, breast cancer is the most frequently diagnosed form of cancer. When detected at the localized stages, the five-year survival rate for women with breast cancer is now 97%.³⁸ New Jersey's cancer incidence rates are among the highest in the nation, but older women in the state have fewer mammograms, and both men and women have fewer colonoscopies or sigmoidoscopies to detect colorectal cancer than the national average.³⁹

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Reduce the percentage of females aged 65 and over who have not received a clinical breast examination and a mammogram within the past two years to 15%.¹³

MAMMOGRAPHY

Percentage of women aged 60+ years who did not have a mammogram within the past two years, New Jersey BRFSS weighted data, 2003-2005



Call to Action

- Partner with local providers to broaden access for seniors to Medicare-Covered Preventative Services & Screenings.
- Increase utilization of preventive screenings by educating older adults about the value of early screening to prevent, diagnose and treat chronic disease.
- Coordinate and offer an array of screening services for older adults that can be done in a single visit or location.
- Utilize health screenings as an opportunity to educate older adults about health issues.



Coordinated Screening event, Hackensack. (Bergen County)

MENTAL HEALTH/SOCIALIZATION

“Major depression is second only to ...heart disease in magnitude of disease burden.”⁴⁰

Mental Health: A Report of the U.S. Surgeon General

Depression is not a normal part of aging. Loneliness, isolation, limited resources and physical disabilities do, however, increase the risk of depression in older adults.⁴¹

Depression is under-recognized and under-treated. The symptoms of depression are often masked or hidden by the presence of other chronic diseases. Because many seniors face multiple chronic diseases, as well as various social and economic difficulties, health care professionals may not recognize depression or may mistakenly conclude that “feeling sad” is a normal consequence of these problems.

- One in four seniors has a significant mental disorder. Among the most common mental health problems are depression, anxiety disorders and dementia.
- Older adults often have untreated or inadequately treated mental conditions that could benefit from diagnosis and treatment. Current prevention services for older adults are extremely limited both from a substance abuse and a mental health perspective.
- Older adults with depression can be helped through counseling and medication, and they have the same rate of recovery as younger people.⁴¹

There is a strong connection between healthy behaviors and good mental health. People who participate regularly in physical activity and who maintain ongoing social activities are more likely to experience improved health and fewer symptoms of depression.⁴¹ Mind and body wellness courses also reduce depression and anxiety by providing individuals with strategies for relaxation, problem solving, and the opportunity to talk with someone about problems.⁴⁸

“Keeping our minds, bodies and spirits in good operating condition is important. You’re never too old to take the right steps for good health and having fun.” Leslie, age 60, Happy Tappers, Flemington. (Hunterdon County)

“One has to develop a positive disposition, optimistic attitude and manner of life and the rest just follows naturally. Suddenly, I discovered that I had an ability to write and that revelation enriched my life!” Phyllis, age 102-1/2, South Orange. (Essex County)

The Cost Benefit of Preventing Mental Illness

Mental health and substance abuse problems among the elderly are associated with increased health care utilization and significant health care expenditures. New Jersey spends more than 46 other states for in-patient mental health services, spending nearly \$1,100 per day.⁷

Seniors who live with mental illness are more likely than other seniors to have physical problems and stay sick longer. People with depression, for example, are more likely to have strokes, heart problems and need early nursing care. Untreated depression can delay recovery from, or worsen the outcome of other illnesses.⁴² Effective mental health services that address issues such as loneliness, isolation, health-related limitations in function and limited resources can offset these costs.⁴³

The rate of suicide in New Jersey rises significantly after age 65, with older adults accounting for 17% of all suicide deaths. Risk factors for suicide among the elderly include a higher prevalence of depression, greater social isolation, and the presence of illness or physical impairment.⁴⁴ An indicator of social isolation is living arrangements, and in New Jersey, 31% of women and 15% of men over age 60 live alone.³ In addition, 41% of women and 13% of men age 60 or older are widowed.³

In January 2006, Governor Corzine established the New Jersey Elderly Person Suicide Prevention Advisory Council. The purpose of the Council is to examine the need for services for elderly persons at risk of suicide and make recommendations to the Department of Health and Senior Services to help reduce the incidence of suicide among the elderly.

The impact of poor mental health is greatest in the elderly, especially those with chronic diseases and those living in poverty.¹⁰ Anxiety, depression and physical illness in older adults often co-exist resulting in poorer mental health status.⁴²

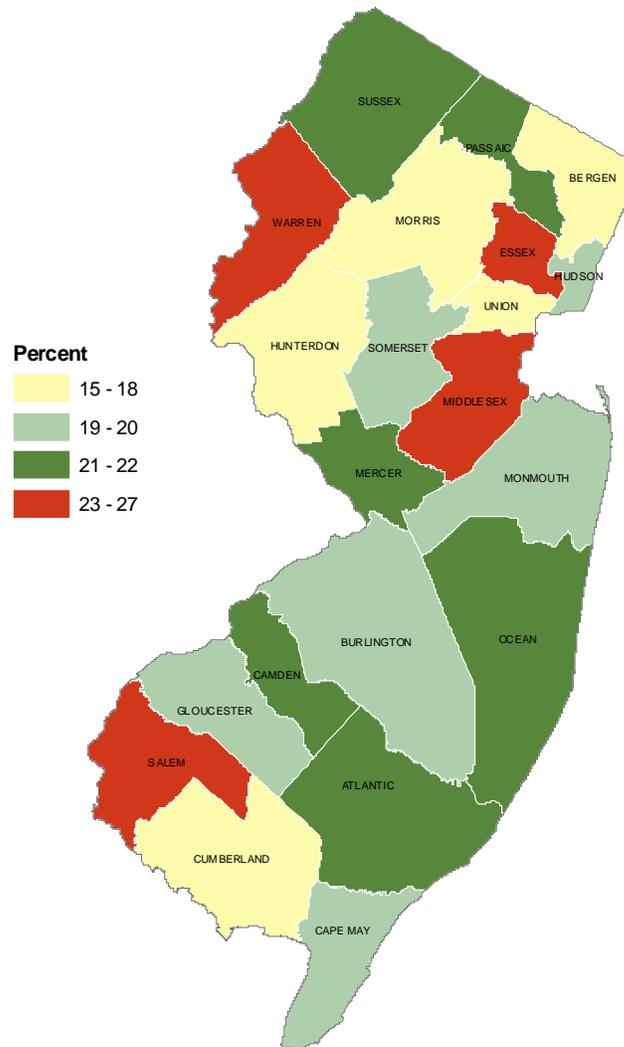


“I live alone and have no family left. I recently had surgery and chemo and stayed in my home where I felt secure. A neighbor recommended that I join a senior center. I had so much fun that now I go 4 days a week. I never realized how isolated I was,” Agnes, age 61, Bridgewater. (Somerset County)

- ❖ **HEALTHY NEW JERSEY 2010 OBJECT:** Reduce the average number of days during the past thirty days when mental health was reported to be poor to 1.5 for adults age 65 and older.¹³

POOR MENTAL HEALTH

Percentage of persons aged 60+ years reporting poor mental health during the past month, New Jersey BRFSS weighted data, 2003-2005



Call to Action⁴³

- Partner with providers of health and aging services to provide depression screening services for older adults in your community.
- Partner with local chambers of commerce and other organizations to provide pre-retirement counseling that includes information about older adult services, volunteer opportunities, and how to cope with depression, loneliness, and loss.
- Identify opportunities to reduce the stigma of mental illness that keeps many seniors from seeking treatment for mental illnesses.
- Educate practitioners, providers of health and aging services, and seniors about depression and substance abuse and misuse, and how these are risk factors for falls and injury, chronic disease and suicide.
- Ensure access to a support and referral system that recognizes the unique needs of older adults.
- Provide mental health programs, self-help and peer-led support groups specifically for seniors to foster a sense of belonging and promote socialization.
- Expand volunteer opportunities for seniors and help them engage in meaningful activities.

SUBSTANCE ABUSE

“Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest growing health problems facing the country.”⁴²

An estimated one in five older Americans (19%) may be affected by combined alcohol and medication misuse.”⁴⁵

Older adults consume between two to six prescription medications and between one and three over-the-counter medications every day. The volume and complexities of this use can lead to negative drug interactions and to drug misuse and abuse. Older adults often feel shame about use and misuse of alcohol and tobacco. They are often reluctant to seek professional help for what they see as a private matter. In addition, health care providers frequently overlook or fail to identify substance abuse and misuse among older patients. In addition, seniors (and their families) are more likely to hide their substance abuse and less likely to seek help than younger adults.⁴¹

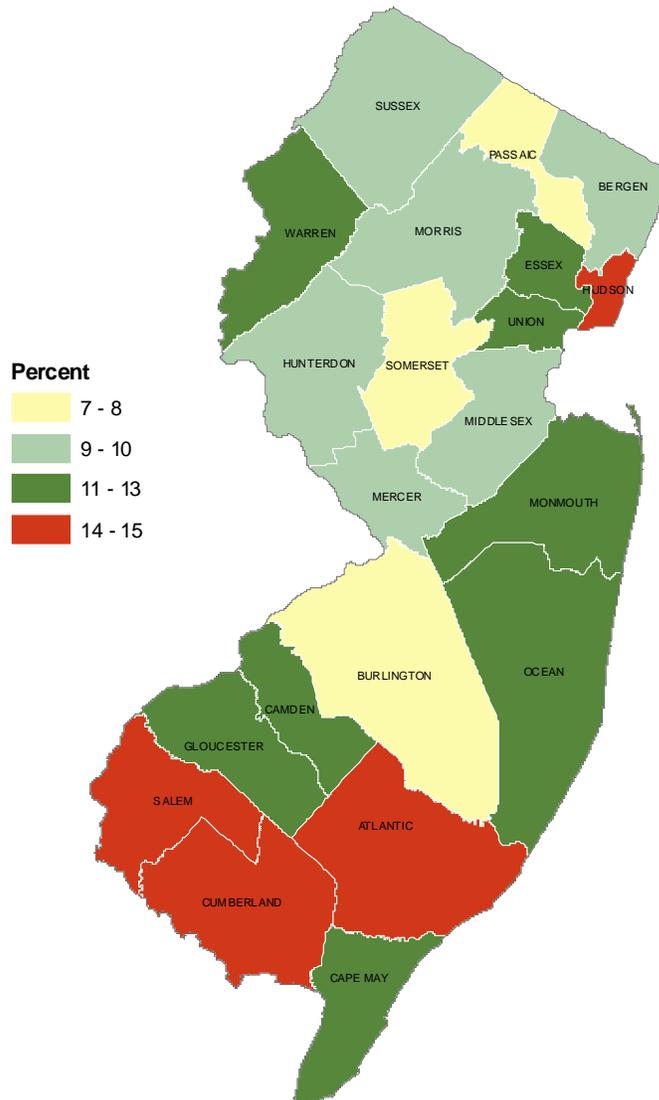
The Cost Benefit of Reducing Substance Abuse

Tobacco is the leading preventable cause of death and disease in the United States. One in five deaths can be linked to smoking. Smoking significantly increases the risk of cancer, heart disease and osteoporosis. Smoking causes about 90% of lung cancer deaths in men and almost 80% in women.⁴⁶ Compared to nonsmokers, male smokers are about 23 times and female smokers about 13 times more likely to develop lung cancer. From 1997 to 2001, cigarette smoking among all ages was estimated to be responsible for \$167 billion in annual health-related economic losses in the United States (\$75 billion in direct medical costs, and \$92 billion in lost productivity).⁴⁷

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Reduce the prevalence of cigarette smoking to 8% for adults over age 65.¹³

CIGARETTE SMOKING

Percentage of persons aged 60+ years who currently smoke,
New Jersey BRFSS weighted data, 2003-2005



Individuals with alcohol disorders are among the highest users of medical care in the United States. Untreated alcohol or drug-dependent older adults use health care services and incur costs double that of persons their age and gender who do not use alcohol or drugs.⁴¹ Between 1995 and 2002, the number of substance abuse treatment admissions among people age 55 and older increased by 32%, from 50,200 to 66,500 admissions. This increase outpaced the total treatment population increase of 12% during the same period.⁴⁸ The total cost of alcohol abuse and dependence for all ages is estimated at over \$100 billion per year. There is a high rate of co-occurring mental health and substance abuse found among older adults. About one fifth of older adults receiving psychiatric outpatient services were found to have a substance abuse problem.⁴¹

According to the New Jersey Substance Abuse Monitoring System, older adults in the state are under-represented in the treatment system. Of those individuals age 60 or older who receive treatment, 80% are treated for alcohol abuse and 20% are treated for drug abuse. Nationally, about 45% of older adults reported drinking alcohol in the past month; 12.2% reported binge drinking and 3.2% reported heavy alcohol use (6 or more drinks per day).³⁸

Diagnosis may be difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among this population, such as diabetes, dementia, and depression.



“I see seniors who don’t take their medications properly, or they may misuse alcohol. They become confused and don’t eat properly and providers don’t recognize that many of their problems are related to addiction,”
Joyce, age 61, Newark.
(Essex County)

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Decrease the percentage of persons aged 65 and over who consumed five or more alcoholic drinks per occasion (binge drinking), one or more times during the past month to 7%.¹³

BRFSS 2003-2005 data indicates about 4% of older adults in New Jersey reported binge drinking.

SIGNS AND SYMPTOMS OF ALCOHOL PROBLEMS IN OLDER ADULTS⁴²

Physical Signs	Expressive Signs	Social Signs
Blackouts, dizziness	Anxiety	Family problems
Seizures	Depression	Financial problems
Falls, bruises, burns	Disorientation	Legal difficulties
Unusual response to medications	Mood swings	Social isolation
Increased tolerance to alcohol	Problems in decision-making	Poor hygiene
Headaches	Sleep problems	
Incontinence	Memory loss	

Call to Action

- Support community programs that promote early identification of people at risk for substance abuse or mental health needs.
- Offer age-appropriate programs on medication misuse, drug interaction, alcohol abuse, and safe driving strategies for older adults.
- Identify opportunities to reduce the stigma of alcohol abuse or medication misuse that keeps many seniors from seeking treatment.
- Partner with the county-based Prevention Network and Municipal Alliance programs to ensure access for older adults to alcohol interventions. (For more information contact the New Jersey Prevention Network at 732-367-0611, or visit <http://www.njpn.org>).
- Link at risk older adults with medical services, services for the aging, and referral for alcohol and drug-related treatment and/or case management.

Section II

Model Health Promotion Programs For New Jersey Seniors

MODEL PROGRAMS

Today in the United States, only one in three communities offers a range of health promotion programs for seniors. This is changing, however, as the private and public sectors are beginning to respond to the science documenting the benefits of healthy behaviors for older adults, as well as the demand from consumers for community-based health promotion programs.

In considering which health promotion programs to implement, both community leaders and potential participants are interested in results. Replicating established programs that have proven to be effective elsewhere allows communities to get programs up and running quickly and with less investment of resources. Participants in these programs can expect to have the same positive outcomes that were documented in other sites.

The model programs featured in this section have demonstrated positive outcomes and are based on current science. Several of the model programs designated by this logo



are further defined as “Evidence-Based Disease Prevention Programs,” meaning they are recognized by the National Council on Aging as effective programs that were translated directly from a clinical research study. Nearly all of the programs described in this section include a comprehensive program manual that shows ‘what works’ and ‘how to do it’. Each program listed includes local contact information for you to learn more about implementation and replication.

Additional Ways to Access Information on Local Health Promotion Programs

- ❖ New Jersey’s network of county offices on aging provide information and assistance for older adults and people with disabilities. They also work with their local aging networks, including senior centers and nutrition sites, to provide a range of programs to promote healthy aging. Call NJEASE toll-free at 1-877-222-3737 or visit <http://www.state.nj.us/health/senior/> to contact your local county office on aging.
- ❖ Local health departments also provide health promotions services such as health screenings, flu immunization, health education and physical activity programs. Find your local health department at <http://www.state.nj.us/health/lh/directory/lhdselectcounty.htm>
- ❖ Web-based resources on New Jersey programs include:
 - Many state and national evidence-based programs can be found in the HealthEASE Resource Directory at <http://www.state.nj.us/health/senior/stayinghealthy.shtml#Promotion>.
 - For information on how to implement healthy aging programs for older adults see the HealthEASE Program Guide at <http://www.state.nj.us/health/health/senior/stayinghealthy.shtml>.

- The Mayors Wellness Campaign is an initiative of the New Jersey Health Care Institute and the New Jersey State League of Municipalities. The public-private partnership of civic, academic and health policy advocates fosters active living and healthy lifestyles by providing communities the structure and resources to implement healthy community initiatives. The campaign, in which 196 municipalities are currently participating, focuses on four strategic areas: youth, community, employers and seniors. A campaign toolkit, titled *Seniors in Motion* is available at <http://www.mayorswellnesscampaign.org/>. It includes senior physical activity and walking programs. (For more information, contact Judith Doyle, New Jersey Health Care Institute at 609-393-4931, Doylejn@aol.com).

Call to Action¹⁶

- Encourage local businesses and public agencies to promote wellness.
- Be a champion for wellness; encourage the use of proven health promotion and disease prevention programs and policies.
- Work with colleagues from other communities to share ideas on successes, challenges and lessons learned.
- Propose legislation and resources that support seniors in their healthy behavior choices.

PHYSICAL ACTIVITY

PROJECT HEALTHY BONES (STATEWIDE). This exercise and education program for people with, or at risk of osteoporosis, includes exercises that target the body's larger muscle groups to improve strength, balance and flexibility. The 24-week curriculum includes sessions on the importance of exercise, nutrition, safety, drug therapy and lifestyle factors. The program is peer led. Lead Coordinators from local health departments, county offices on aging, Retired and Senior Volunteer Programs (RSVPs) and other community-based organizations coordinate the program at the local level and oversee program delivery and training for peer leaders.

Project Healthy Bones began in 1997 and today reaches over 2,000 older adults statewide. The program is based on research that links strength training exercises to improved bone density in older adults. Hospital-based regional program trainers provide technical assistance and train Lead Coordinators. (For more information, contact the Office of Community Education and Wellness, NJ Department of Health and Senior Services, 609-292-9152, susan.lachenmayr@doh.state.nj.us).



“The best indicator of success is that the students continue to take classes -- some for years! Each time we start a new class, it is immediately filled to capacity,” Nancy Hess, Project Healthy Bones Lead Coordinator - NORWESCAP. (Morris, Sussex and Warren Counties)

“I frequently go to New York via the subway. To get up to the street, I used to have to hang onto the handrails for the last flight of stairs. Now, I can go up three flights of stairs much more easily,” Virginia, age 81, Florham Park. (Morris County)



Project Healthy Bones received the 2006 Society for Public Health Education National Program Excellence Award.



Project Healthy Bones was featured as a model program in the 2004 U.S. Surgeon General's Report on Bone Health and Osteoporosis.

HealthEASE is a coordinated health promotion and disease prevention program, developed and evaluated by the NJ DHSS through a Robert Wood Johnson Foundation NJ Health Initiatives grant. HealthEASE establishes a local centralized health information source for seniors and their caregivers to provide awareness about health promotion activities across all ranges of health status. Components include physical activity, education and coordinated screening programs designed specifically for persons over age sixty.

HealthEASE *Move Today* (STATEWIDE). *Move Today* is a 30-45 minute non-aerobic exercise class designed to improve flexibility, balance and stamina. Trained peer leaders run the classes that meet once or twice a week for a total of twelve sessions. Participants assess their health, physical well-being and intent to make behavior changes before and upon completion of the program. The exercises and guidelines are based on current nationally recognized standards and science. Participants who complete the program report improved mobility, reach, and balance. (For more information, contact the Office of Community Education and Wellness, NJ Department of Health and Senior Services, 609-292-9152, susan.lachenmayr@doh.state.nj.us).



When Anna told her doctor she was going to teach an exercise class, he saw an out-of-shape, overweight senior who was a self-proclaimed couch potato. Today, two years later, she continues to lead the exercises. "I've lost 12 pounds and lowered my blood glucose levels. I used to fall frequently, but in the 2 years I've been leading the exercise class, I haven't fallen." Anna, age 69, Beachwood. (Ocean County)

"With arthritis in my knees and shoulders, I could hardly walk. I joined the Move Today program to make me strong and able to walk without pain. Exercise and socialization with the other seniors are good for the health of the mind and body." Mrs. V, age 80+, New Milford. (Bergen County)

Strong For Life (MIDDLESEX COUNTY). The program, which focuses on upper and lower body strength, was created by Boston University through a national pilot program. The Interfaith Network of Care, Inc. provides the program in local community sites. Seniors and people with disabilities participate in weekly group exercises led by a Master Trainer. Then, twice a week in the comfort of their own homes, they do the exercises while watching an instructional video. The exercises focus on movements that are used in everyday tasks. The group setting encourages social engagement and accountability. Participants receive hands-on assistance each week. (For more information, contact Sue Dowling, Interfaith Network of Care, Inc., 732-247-1655, sdowling@interfaithnetworkofcare.org).



“Before this group, I had zero exercise in my life. The class is helping me with my stiffness. I like the group atmosphere.”
D. E., age 77, East Brunswick.
(Middlesex County)

“One of our tenants has been able to stop using her cane. The tenants feel the program provides them with an opportunity to be together and learn how to exercise in a way that is safe and life enriching.” Joseph,
Manager, Senior Citizen Housing, Spotswood.
(Middlesex County)

Arthritis Foundation Exercise Program (STATEWIDE). This community-based recreational exercise program, developed by the National Arthritis Foundation, is recognized by the Centers for Disease Control and Prevention as an effective evidence-based program for people with mild to moderate arthritis and related conditions. Low impact exercises help maintain muscle strength, increase joint flexibility and range of motion while improving overall stamina. Relaxation techniques and health education topics are also included. Certified instructors guide participants to perform the gentle exercises and activities that move every joint in the body. Classes meet two times a week for eight weeks. Participants in the program report decreased arthritis pain and disability. For information on New Jersey programs, contact: 1-888-467-3112 or e-mail PLotkowi@arthritis.org. For **BERGEN, ESSEX, HUDSON, PASSAIC, SUSSEX AND UNION COUNTIES**, contact: 1/877/973-6500 or e-mail Kathleen.Hodapp@ahsys.org.; For **BURLINGTON, CAMDEN AND GLOUCESTER**, contact 856/325-3800 or e-mail pmgordy@virtua.org.



“Everyone thinks the program is very beneficial. Not only do participants feel better after each class, they also have fun with the exercise routines and movement activities,” Gail DeKovessey, certified instructor. (Bergen County)

“I have arthritis in my hips and hands. It was so severe that I couldn’t bend my fingers and could hardly close my hands. I took arthritis classes and learned exercises to relieve the pain,” June, age 75, Stockholm. (Sussex County)

WALKING

Live Long Live Well Walking Program – NJ DHSS (STATEWIDE). This program encourages New Jersey residents age 50 and older to walk at least 30 minutes most days of the week for a period of twelve weeks. It also provides resource materials to communities and organizations to encourage the development of walking clubs. Participants receive a walking log to track their progress and receive a certificate of achievement for submitting completed logs. As of September 2006, 1,484 NJ older adults logged in 332,898 miles in 19 counties. The average walker walked 234 miles.

A community walking kit is available online at <http://www.state.nj.us/health/senior/walking>. Downloadable materials include: walking tips, benefits of physical activity, existing walking clubs (34 are currently listed), publicity poster/flyers, a mileage tally sheet, and participant logbooks. These materials can be reproduced by local agencies for distribution. (For more information, contact the Office of Community Education and Wellness, NJ Department of Health and Senior Services, 1-800-792-8820, dacs@doh.state.nj.us).



Palisade Park Senior Community Walk (Bergen County)

“I joined the Cumberland County Adopt-a-Road Program and walk to pick up trash. It keeps me active and I’m doing something for the environment,” John, age 91, Millville. (Cumberland County)

The Gloucester County’s “Step by Step” walking program helps seniors find new ways to make walking a part of their lifestyle. Participants set personal goals and receive pedometers and a logbook. Blood pressure checks and individual counseling are available. (Gloucester County)



Live Long, Live Well received the 2005 national award for the most innovative physical activity program from the International Council on Active Aging.

GOOD NUTRITION

Intercultural Nutrition Program (SOMERSET COUNTY). To encourage friendship and understanding among seniors from different cultures, senior centers encourage participants to share information about their culture, way of life and food. The Somerset County Office on Aging established guidelines for centers to implement multicultural programs at least four times per year. The Office on Aging assists the centers in planning special cultural observances. Center activities have included discussions on the history of Kwanzaa, famous or little known black inventors, Martin Luther King's life and mission; Chinese New Year celebrations and flute recitals; Japanese tea ceremonies; and Asian Indian celebrations such as Spring Festival (Happy Holi), Divali Celebration (Festival of Lights), and Raksha Bandan. (For more information, contact Angela Dubivsky, Dubivsky@co.somerset.nj.us)



“The friends I have met at the Center offer humor, sensitivity and emotional support. Many are older than me and I am able to learn (even at this age) through their life experience,”
Asha, age 64, Bridgewater.
(Somerset County)

“The senior center manager created interest and incentives for Asian Indians to participate by encouraging displays of Indian culture and Indian food,”
Barum, age 75, Warrenbrook. (Somerset County)

Focus/Suburban Essex Nutrition Program *Health and Fitness Café* (ESSEX COUNTY).

This nutrition program has been serving nutritious meals to seniors since the early 1970s. Health and fitness initiatives began in 2001 with a walking program. Most participants are in their mid-eighties. The program helps seniors learn healthy behaviors and new skills and promotes well-being through several weekly activities, including: healthy breakfasts (eggbeaters and soy-based sausage); trail walking in a local mall where participants use pedometers to track their progress; T'ai chi exercises; blood pressure, pulse and weight checks; and participation in the NJ Senior Olympics. The program also offers indoor golf lessons from a retired professional, and golfing at a local course using equipment donated by businesses in the community. (For more information, contact Jackie Jones, Program Coordinator, Essex County, 973-624-2528 ext. 141, jjjones@focus411.org).



“I believe seniors appreciate the opportunity to learn, experience new adventures, and develop new skills, and when they participate, they have a new zest for life. Many seniors say they have always wanted to do these activities, but most did not have the money or time to pursue them,” Jackie Jones, Program Coordinator. (Essex County)

CHRONIC DISEASE MANAGEMENT PROGRAMS



Chronic Disease Self-Management Program (ATLANTIC, CAMDEN, CAPE MAY, SOMERSET AND WARREN COUNTIES). The Chronic Disease Self-Management (CDSM) Program assists people who have different chronic health conditions learn skills to manage disease and maintain and/or increase life's activities. Trained peer leaders facilitate the sessions. Local groups meet for 2-1/2 hours weekly for six weeks. The program enhances regular treatment and disease-specific education and is appropriate for people with one or multiple chronic conditions. Classes are very interactive and build participant confidence to manage their health and maintain active fulfilling lives. (For more information, contact the Office of Community Education and Wellness, NJ Department of Health and Senior Services, 609-943-3563, dorothy.mcknight@doh.state.nj.us; for Camden, contact NJ Institute for Successful Aging, 856-566-7083, divitocl@umdnj.edu).

"I'm very good at controlling my diabetes because my husband also had it, but this class taught me how to distract myself to get over the pain,"
Saroja, age 88, Willingboro.
(Burlington County)



"For me, it's a way to conquer the depression and pain I feel from my illness by getting actively involved with other people who have similar problems," Glossi, Camden peer leader.
(Camden County).

"This program taught me how to focus on ways I could relieve stress and help myself feel better,"
Fay, age 90, Princeton Junction.
(Mercer County)



Lasting Lifestyles (MONMOUTH COUNTY). Seniors and caregivers utilize a web-based program to help them self-manage their chronic diseases and remain independent. Individuals can access information in three primary areas: wellness, caregiving, and lifestyle. The program extends in-home, ambulatory and/or outpatient services through client tracking of key health indicators, e-mail, chat, video conferencing, discussion forums, ask an expert, risk screening tools, and on-line Q&A. Wellness tools include: nutrition information (food and fitness diaries and healthy recipes); medications inventory and reminders, medications look-up; video on demand library; disease resource centers (diabetes, congestive heart failure, and Alzheimer's); self-monitoring of vital signs; smart living information (finance, legal, on-line shopping); and spiritual information (access to local places of worship, daily readings, pastoral care professionals, and parish nursing programs). The national web service is designed for local sponsorships and community support. For more information, contact Janet Corbally, VieBridge Connections, 732-761-3597, jcorbally@viebridgeconnections.net).



“My friends tell me they haven’t seen me like this in years. Lasting Lifestyles has taught me there is so much more to live for. It brought me back to life!” Stephen, age 75 of Freehold, has congestive heart failure, diabetes, arthritis, hypertension, and is a disabled veteran. His web-based Lasting Lifestyles VieBridge Connections plan includes monitoring of vital signs and activities. (Monmouth County)

“This program stops me from sitting and staring at the walls. I can go anywhere in the world with a computer. No matter how old you are, you can still learn.” Robert, age 67, Lincroft. (Monmouth County)

COORDINATED SCREENINGS

HealthEASE Coordinated Screenings (BERGEN AND OCEAN COUNTIES). Local health and aging service provider agencies partner to provide a wide range of community-based screenings, including vision, hearing, blood pressure, cholesterol, body mass index, bone density, cancer, and diabetes. By bringing resources together in one place, such as senior or community centers, seniors receive information about their health status and risk for chronic disease, along with information about healthy aging strategies, including nutrition, exercise, home safety, and falls prevention. Partnering agencies establish protocols for referral if individuals have abnormal screening results. (For more information, contact the NJ DHSS Office of Community Education and Wellness, NJ Department of Health and Senior Services, 609-943-3573, dorothy.mcknight@doh.state.nj.us).



“A dentist at the screening diagnosed me with severe periodontal disease. It was very costly, but the dentist helped me apply for a dental service program. Now I have a brand new smile! I advise anyone to take advantage of these events. You never know what can happen,” Kathleen, age 60, Hackensack. (Bergen County)

Senior Health and Awareness Program (HUNTERDON COUNTY). The program started in 1976 and is now in multiple locations, with over 30 agencies and more than 10 doctors and several nurses volunteering their time and expertise. Forty-four different tests and consults, along with educational displays, are offered. Benefits include: educating seniors on risk factors of chronic diseases, screening tests to detect early onset, empowering seniors to recognize the early warning signs of disease, educating seniors on health issues and preventative measures, and encouraging seniors to take charge of their health in a positive way. (For more information, contact Eleanor Vesey, Hunterdon County Division of Senior Services, 908-728-7224, evesey@co.hunterdon.nj.us).

*“In two cases, colon cancer was detected in very early stages. Peripheral artery disease and high blood pressure was found in persons who had no idea they had the condition.”
Eleanor Vesey, Program Director. (Hunterdon County)*

HEALTH EDUCATION

HealthEASE Health Education (AVAILABLE STATEWIDE). Curriculum includes six one-hour sessions on health promotion and disease prevention/management, designed by topic experts from the New Jersey Institute for Successful Aging. The modules can be delivered by health professionals at local community sites and used as stand-alone sessions or as a series. The health education sessions cover health promotion issues that are critical to help individuals age 50 or older maintain good health. Older adults are encouraged to improve their health by pledging to make at least one healthy behavior change. Topics for the six programs include: *Move Today*: Exercise and Getting Fit; Serving Up Good Nutrition; Bone Up On Your Health (falls prevention); Be Wise About Your Medications; Keeping Up The Beat (self management techniques for cardiovascular disease); and Maximizing Memory (maintaining memory and cognitive skills). A half-day training prepares health or aging professionals to facilitate this turn-key program and includes all materials needed to conduct educational sessions. (For more information, contact the Office of Community Education and Wellness, NJ Department of Health and Senior Services, 609-943-3573, dorothy.mcknight@doh.state.nj.us).



“Thanks to the program, I am now walking more, I’m careful about reading food labels and I have information on how to take better care of myself,” Rosa, age 70, Lakewood, who has high blood pressure and participated in a health education program for Latinas. (Ocean County)

After a ‘Keeping Your Mind Sharp’ session, Mrs. M shared, “The class led me to recognize that my husband’s memory issues were more than the normal aging process. As a result of the class, I was able to get additional medical attention for my husband.” (Ocean County)

“We attended an education program at our AARP club on memory and medication misuse. It was the best presentation because we played memory games and learned practical tips on how to improve memory,” Bob and Adele. (Bergen County)

“Hearing this feedback on ‘Keeping Your Mind Sharp’ was wonderful, we couldn’t have been more pleased!” Joan Campanelli, (Bergen County Division of Senior Services).

RWJ-Hamilton Community Education Senior Program (MERCER COUNTY). This comprehensive program addresses the physical, mental, and social aspects of aging. Seniors use a state-of-the-art fitness center and have access to screenings and education, healthy cooking, medication management, support groups and computer classes. The program's walking group logs approximately 800 miles per month. Measures of the program's success include reduced cholesterol counts and lowered blood pressure readings among its members. The program provides referrals to primary care and specialists for health problems detected during screenings. (For more information, contact Shirley Roberts, 609-584-5900, sroberts@rwjuh.edu).



*“I’ve learned so much about nutrition and had fun doing it. It’s really helped me control my diabetes,” Rose, age 73, Hamilton.
(Mercer County)*

*“Learning how to eat healthy has helped me approach life in a whole new way,” Emily, age 71, Hamilton.
(Mercer County)*

MENTAL HEALTH AND SOCIALIZATION



Healthy IDEAS - Identifying Depression, Empowering Activities for Seniors (Parts of ESSEX AND UNION COUNTIES). Healthy IDEAS is an evidence-based program for the identification and management of depression symptoms in older adults receiving community-based case management. At risk individuals, identified through a depression screening questionnaire, are encouraged to participate in behavioral activation therapy (a depression self-management intervention), and/or are referred to appropriate professional health or mental health care for additional services. (For more information, contact the Office of Community Education and Wellness, NJ Department of Health and Senior Services 609-633-8746, maryann.marian@doh.state.nj.us).

*“I’m doing well now, but it is always good to learn about depression since you never know when things might change,” said Ms. N, age 74, Irvington, who has several chronic conditions but has no depressive symptoms.
(Essex County)*

*“The staff at JFS tries very hard but I’m a rough customer. It helps to know that people care. Without people, you ain’t got nothing.” SY, an 87-year old man from Roselle, who participates in several programs through Jewish Family Services of Central New Jersey, including: Kosher meals, Creative Arts Therapy, Case Management and Bereavement Counseling.
(Union County)*

SUBSTANCE ABUSE

New Jersey Quitline and QuitNet. (AVAILABLE STATEWIDE). Quitting smoking at any age can provide important benefits. New Jersey Quitline, which is operated by the Mayo Foundation, is a toll-free service that provides free access to trained counselors in 26 languages. Counselors assess the caller's tobacco use history and define an appropriate quitting strategy. New Jersey QuitNet provides free online counseling, expert quitting advice, and information on medications. It also offers interactive forums that are available 24 hours a day to help smokers overcome quitting challenges and celebrate smoke-free milestones with fellow quitters. Quitnet services are available in English and Spanish.

For more information about how to quit smoking call New Jersey Quitline toll-free at 1-866-NJ Stops, or visit Quitnet online at www.quitnet.com.

*“I have angina. I quit smoking and started walking on a regular basis to keep my cholesterol under control and my weight from ballooning.” Jean, age 78, Allentown.
(Mercer County)*

WISE - Wellness Initiative for Senior Education Program: A Prevention Program for Older Adults (AVAILABLE STATEWIDE). This substance abuse prevention program, developed by the New Jersey Prevention Network (NJPN), promotes health through education concerning high-risk behaviors in older adults. Six two-hour sessions, facilitated by prevention specialists, address nutrition and exercise, medication use and misuse, stress management, depression and substance abuse.

Participants gain a better understanding of the biological changes associated with aging, a heightened awareness of the risk of depression among seniors, increased awareness of the prevalence of medication use and misuse, increased understanding of addiction as a disease and the ability to identify signs of substance abuse among seniors. (For more information, contact Diane Liga, New Jersey Prevention Network, 732-367-0611, diane@njpn.org).

“I liked the topics about alcohol, drugs and depression. I learned about how to build a relationship with my pharmacist to discuss my medications,” Maureen, Hoboken. (Hudson County)

*“I enjoyed the program very much because I learned important information about aging well,” Eufemia, Hoboken.
(Hudson County)*

Keeping Your Memory Healthy –New Vitality (PASSAIC COUNTY). This interactive program focuses on how seniors can lead a healthy lifestyle and remain independent. A facilitator discusses alcohol use and misuse of medications and how these practices may diminish cognitive performance. The program encourages older adults to make informed judgments. Participants receive a special form to list their medication, emergency contact information, insurance, and allergies. Other handouts include: Questions to Ask a Doctor or Pharmacist; Safe Use of Alcohol and Medications: Tips for Older Adults; and Prevention and Treatment of Mental Health Problems Among Older Adults. Additional referral and on-site consulting are included. (For more information contact Joan Beloff, Chilton Memorial Hospital 973-831-5167, joan_beloff@chiltonmemorial.org).

*“I am a senior who is independent and I plan to keep my independence by being active. I attend several programs that help me physically and mentally,” Fay, age 78, Wayne.
(Passaic County)*

Section III

County-Level Tables - Older Adult Demographics and Health Status

DATA AND METHODOLOGY

The major dataset used for this report is the New Jersey Behavioral Risk Factor Survey. Partially funded by the Centers for Disease Control and Prevention (CDC), the New Jersey Behavioral Risk Factor Survey is a component of the national Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an ongoing, state based, random-digit-dialed telephone survey that collects self-reported health information from a representative sample of the civilian, noninstitutionalized U.S. population aged 18 and over. This report displays county-level weighted estimates for New Jersey people aged 60 years and older. Because estimates based on small sample sizes tend to have larger standard errors and be unreliable, in order to minimize the impact of small sample sizes on the quality of the estimates, New Jersey BRFSS surveys 2003-2005 were combined to yield county-specific prevalence data on a series of health risk factors. County-level estimates that were obtained from samples with less than 100 observations were marked with asterisks, implying relatively large standard errors.

Physical Activity, Nutrition/Obesity

Table 1. Health behaviors/Risk factors of persons age 60 years and older, percentages from the New Jersey BRFSS weighted data, 2003-2005

Geographic name	Overweight or obese		No leisure time physical activity in last 30 days		Consuming less than 5 servings of fruits and vegetable daily ^a	
	Sample size	Percent	Sample size	Percent	Sample size	Percent
New Jersey	11,048	62.8	11,536	32.8	7,686	69.2
Atlantic	423	65.9	437	36.6	315	68.6
Bergen	1,076	58.7	1,124	27.2	704	66.6
Burlington	573	65.2	605	32.4	377	70.6
Camden	588	62.0	611	33.6	375	73.0
Cape May	417	66.7	431	29.0	320	67.2
Cumberland	247	69.6	254	40.1	184	72.3
Essex	710	60.3	732	32.2	483	65.4
Gloucester	423	66.4	441	40.0	313	77.0
Hudson	463	64.5	483	44.7	335	77.4
Hunterdon	249	55.2	265	25.9	206	64.5
Mercer	466	61.3	488	29.5	316	69.0
Middlesex	758	60.8	793	31.3	505	68.6
Monmouth	712	60.9	744	27.4	468	69.4
Morris	657	62.8	693	28.1	461	66.6
Ocean	1,116	69.1	1,171	34.8	707	71.5
Passaic	523	64.5	548	39.8	383	67.9
Salem	145	54.8	152	33.8	114	67.6
Somerset	407	57.4	425	28.8	302	63.8
Sussex	318	61.3	330	29.5	258	69.0
Union	495	60.8	515	36.7	323	67.3
Warren	282	72.4	294	39.6	237	70.5

^a This question was asked in 2003 and 2005 only. The estimates were derived from two-year data.

Health Status

Table 2. Percentage of persons age 60 years and older reporting poor health status, New Jersey BRFSS weighted data, 2003-2005

Geographic name	Fair or poor general health		Poor mental health in the past 30 days	
	Sample size	Percent	Sample size	Percent
New Jersey	11,462	26.4	11,923	20
Atlantic	436	27.3	449	21.4
Bergen	1,115	19.6	1,167	17.5
Burlington	605	21.3	616	18.4
Camden	608	29.1	623	20.9
Cape May	427	21.5	445	19.5
Cumberland	252	30.0	252	16.0
Essex	724	32.0	762	24.5
Gloucester	438	24.1	442	18.5
Hudson	478	40.4	501	19.3
Hunterdon	264	18.5	278	17.9
Mercer	486	28.2	510	21.5
Middlesex	787	28.3	839	25.3
Monmouth	741	22.5	775	18.2
Morris	686	17.4	724	17.2
Ocean	1,165	28.2	1,184	21.0
Passaic	545	32.0	566	20.6
Salem	150	28.1	151	25.6
Somerset	422	20.9	455	18.8
Sussex	329	24.3	336	19.8
Union	513	32.7	544	15.0
Warren	291	28.3	304	27.1

Preventive Screenings

Table 3. Preventive screening tests of persons age 60 years and older, percentages from the New Jersey BRFSS weighted data, 2003-2005

Geographic name	No clinical breast examination and mammogram within the past 2 years		No PSA test for screening prostate cancer within the past 2 years	
	Sample size	Percent	Sample size	Percent
New Jersey	6,738	34.3	3,716	23.5
Atlantic	245	34.8	151	24.7
Bergen	657	33.8	386	20.6
Burlington	346	30.6	207	18.5
Camden	389	39.0	169	26.4
Cape May	250	40.5	123	15.6
Cumberland	141	36.4	86	34.6*
Essex	430	34.5	228	27.6
Gloucester	242	36.5	141	32.3
Hudson	279	36.7	151	37.1
Hunterdon	161	24.5	78	16.0*
Mercer	294	33.7	145	20.3
Middlesex	486	31.7	253	26.1
Monmouth	419	33.3	252	18.5
Morris	404	31.4	245	16.6
Ocean	693	33.0	390	22.8
Passaic	322	35.9	176	23.9
Salem	79	39.3*	53	26.9*
Somerset	251	31.3	132	19.0
Sussex	186	39.2	101	25.9
Union	290	36.5	169	26.8
Warren	174	41.8	80	26.3*

- Relatively large standard error (sample size < 100)

Cholesterol and Blood Pressure Screenings

Table 4. Cholesterol and blood pressure checks for persons age 60 years and older, percentages from the New Jersey BRFSS weighted data, 2003-2005

Geographic name	No Cholesterol checked by a health professional within the past 5 years		Have high blood pressure	
	Sample size	Percent	Sample size	Percent
New Jersey	9,373	7.7	10,088	52.4
Atlantic	374	7.8	393	56.3
Bergen	894	7.0	962	48.6
Burlington	491	7.1	519	48.9
Camden	493	8.6	516	53.7
Cape May	366	5.3	385	52.7
Cumberland	209	11.3	225	52.4
Essex	597	10.6	650	56.5
Gloucester	363	6.7	381	52.0
Hudson	396	14.4	432	54.9
Hunterdon	231	6.4	257	44.8
Mercer	399	5.5	433	53.6
Middlesex	626	6.7	691	50.7
Monmouth	581	7.9	630	51.5
Morris	558	5.0	599	48.2
Ocean	900	5.7	960	56.6
Passaic	452	8.4	493	53.2
Salem	131	5.8	139	49.4
Somerset	356	6.5	391	49.7
Sussex	292	4.4	308	56.6
Union	404	10.9	447	52.6
Warren	260	6.2	277	56.0

Pneumonia and Influenza Vaccination

Table 5. Percentage of persons age 60 years and older who did not receive pneumococcal vaccinations and influenza vaccinations, New Jersey BRFSS weighted data, 2003-2005

Geographic name	Never had a pneumonia shot		No flu shot in the last 12 months	
	Sample size	Percent	Sample size	Percent
New Jersey	11,182	46.0	12,143	41.7
Atlantic	426	43.3	457	41.6
Bergen	1,081	50.4	1,188	43.4
Burlington	589	35.1	624	36.5
Camden	598	37.7	634	43.0
Cape May	415	44.1	447	41.0
Cumberland	248	51.5	260	45.5
Essex	706	54.0	782	48.9
Gloucester	425	41.2	454	32.2
Hudson	460	63.9	510	53.3
Hunterdon	260	41.3	284	40.3
Mercer	470	39.6	516	35.5
Middlesex	771	44.3	860	37.9
Monmouth	717	46.9	786	41.1
Morris	668	50.4	735	36.0
Ocean	1,150	38.9	1,208	37.5
Passaic	529	51.0	577	44.6
Salem	148	50.9	157	48.8
Somerset	416	40.6	461	40.8
Sussex	323	51.3	343	45.6
Union	492	51.3	553	48.7
Warren	290	38.7	307	43.0

Tobacco and Alcohol Use

Table 6. Percentage of persons age 60 years and older who consume tobacco and alcohol, New Jersey BRFSS weighted data, 2003-2005

Geographic name	Current smoker		Binge drinking in the past 30 days	
	Sample size	Percent	Sample size	Percent
New Jersey	12,124	10.7	12,043	4.3
Atlantic	453	13.4	449	4.7
Bergen	1,189	9.8	1,181	4.5
Burlington	626	8.0	621	4.9
Camden	630	12.5	631	3.0
Cape May	447	11.7	445	5.4
Cumberland	260	15.0	259	2.0
Essex	782	12.2	775	4.3
Gloucester	450	13.0	447	4.3
Hudson	510	13.5	505	4.3
Hunterdon	285	8.7	283	3.2
Mercer	513	10.1	511	3.5
Middlesex	860	8.9	853	4.3
Monmouth	786	11.8	783	5.0
Morris	734	8.5	724	4.4
Ocean	1,204	11.7	1,194	3.8
Passaic	579	7.4	574	5.3
Salem	156	15.0	154	4.2
Somerset	459	7.1	456	3.6
Sussex	342	9.6	338	3.1
Union	554	10.9	553	5.5
Warren	305	12.2	307	5.8

Disability Status

Table 7. Type of disability for the noninstitutionalized population aged 60+ years by county, New Jersey, 2000

Geographic name	Disability Status		Type of Disability				
	No disability	With any disability	With sensory disability	With physical disability	With mental disability	With self-care disability	With go-outside-home disability
New Jersey	893,895	498,380	141,265	317,130	111,730	105,040	244,895
Atlantic	26,375	16,790	4,910	11,410	3,985	3,825	7,830
Bergen	115,000	52,805	14,895	32,040	11,835	11,615	26,820
Burlington	44,880	22,245	6,480	14,470	4,555	4,015	9,825
Camden	50,035	30,110	8,425	19,880	6,995	5,820	14,635
Cape May	16,590	8,850	2,495	5,925	1,655	1,495	3,820
Cumberland	12,945	10,290	3,075	6,970	2,760	2,395	4,970
Essex	72,115	47,875	11,990	29,920	11,530	10,715	24,685
Gloucester	23,860	14,465	4,080	9,610	3,055	3,005	6,850
Hudson	51,250	39,315	10,360	24,525	9,460	8,730	21,460
Hunterdon	11,560	4,585	1,600	2,800	1,070	1,055	2,195
Mercer	34,605	19,940	5,420	12,760	4,275	4,430	9,560
Middlesex	75,640	40,665	11,925	25,575	9,165	8,515	20,740
Monmouth	65,320	31,850	9,380	20,750	6,610	6,870	15,080
Morris	50,170	21,105	5,985	12,950	4,440	4,225	9,770
Ocean	83,820	47,210	14,570	30,735	9,170	9,160	21,215
Passaic	45,440	29,330	7,980	18,230	7,310	6,370	15,460
Salem	6,720	4,690	1,410	3,035	1,075	905	2,140
Somerset	29,020	12,465	3,795	7,670	2,650	2,485	5,975
Sussex	11,375	5,985	1,990	4,000	1,405	1,380	2,715
Union	57,120	31,655	8,695	19,655	7,345	6,805	16,125
Warren	10,045	6,160	1,795	4,220	1,410	1,230	3,000

Note: Sensory disability refers to blindness, deafness, or a severe vision or hearing impairment; physical disability refers to a long-lasting condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying; mental disability refers to a condition lasting 6 months or more that made it difficult to learn, remember, or concentrate; self-care disability refers to a condition lasting 6 months or more that made it difficult to perform activities such as dressing, bathing, or getting around inside the home; going outside the home disability refers to a condition lasting 6 months or more that made it difficult to go outside the home alone to shop or visit a doctor’s office.

Universe: Civilian noninstitutionalized population 60 years and over

Source: Census 2000 Special Tabulation on Aging

Projected 60+ Population Increase

Table 8. Projected increase in population aged 60+ years by county, New Jersey, 2000-2025

Geographic name	Population in 2000	Projected population in 2025	Projected increase in percent
New Jersey	1,443,782	2,279,700	57.9
Atlantic	44,781	73,200	63.5
Bergen	173,897	248,700	43.0
Burlington	70,008	118,000	68.6
Camden	82,197	129,300	57.3
Cape May	26,234	30,100	14.7
Cumberland	24,726	36,800	48.8
Essex	125,044	188,400	50.7
Gloucester	38,931	73,300	88.3
Hudson	92,226	134,300	45.6
Hunterdon	16,780	40,200	139.6
Mercer	57,089	87,600	53.4
Middlesex	119,933	185,600	54.8
Monmouth	100,503	178,700	77.8
Morris	73,933	143,900	94.6
Ocean	136,367	183,400	34.5
Passaic	77,267	122,900	59.1
Salem	12,013	18,400	53.2
Somerset	44,289	86,400	95.1
Sussex	18,247	40,300	120.9
Union	92,422	129,500	40.1
Warren	16,895	30,500	80.5

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