



The Low-Income Uninsured in New Jersey: Chartbook 2

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**State of New Jersey
Department of Human Services**

***In Collaboration with*
Rutgers Center for State Health Policy**

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In Collaboration with

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The Low-Income Uninsured in New Jersey: Chartbook 2

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Executive Summary

It is estimated that there are over one million people in New Jersey without health insurance coverage. In 2001, in an effort to learn more about this population and gather precise population-based estimates of health care coverage, access, and other health-related measures, Rutgers Center for State Health Policy (CSHP) conducted the New Jersey Family Health Survey (NJFHS). Data from the NJFHS were collected from July-December 2001, with a total of 2,256 families, including 6,466 individuals, interviewed in this survey. The analysis provided in this chartbook is restricted to individuals less than 65 years of age. Separate analyses are presented for children ages 18 and under and adults ages 19 to 64.

In a chartbook published in August 2004, the CSHP used the NJFHS to describe the characteristics of all medically uninsured children and non-elderly adults in New Jersey. This publication focuses on two segments of the population who are especially likely to have difficulty obtaining coverage – specifically, low-income children and non-elderly adults. These groups include children from families with income below 350% of the Federal Poverty Level (FPL) and non-elderly adults with income below 200% of the FPL.

The uninsured rate for children with income below 100% of the FPL is 15% compared to 16% for children with income between 100% and 200% of the FPL and 10% for children with income between 200% and 350% of the FPL. Low-income children are significantly more likely to be uninsured when neither parent works full time, the child is Hispanic, or the child and/or parents are born outside of the U.S. The number of parents living in the child's household and the number of siblings are not associated with the likelihood of lacking coverage. Also, among all low-income children, non-Hispanic blacks have approximately the same uninsured rate as non-Hispanic whites.

The uninsured rate for adults with income below 100% of the FPL is 40%. The uninsured rate for adults with income between 100% and 200% of the FPL is 28%. Low-income adults are significantly more likely to be uninsured when there is at least one full-time worker in the family, the adult has no children, the adult is Hispanic, or the adult is not a U.S. citizen. Among all low-income adults, non-Hispanic blacks have approximately the same uninsured rate as non-Hispanic whites.

Background

The aim of this chartbook is to describe the characteristics of New Jersey residents who are uninsured and live in families with limited income. Specifically, the analysis below focuses on children (ages 18 and under) with family income up to 350% of the Federal Poverty Level (FPL) and non-elderly adults (ages 19-64) with family income up to 200% of the FPL. Individuals in these categories often do not have access to affordable private insurance coverage either through an employer or in non-employer based insurance markets. Children and adults with low family income are potentially eligible for existing public programs that offer health insurance coverage. Nevertheless, they may remain uninsured for several reasons. First, eligibility for public programs is based on factors other than income such as age and family relationships. Second, recently arriving immigrants to the United States are often not eligible for public coverage. Finally, some individuals may be eligible for public coverage but are not enrolled. This may occur because individuals are not aware that coverage is available to them or they do not wish to enroll in a public program.

As described later in this chartbook, the data for this analysis come from the New Jersey Family Health Survey (NJFHS), which was conducted in 2001. Although more recent information about the uninsured is available from the federal Current Population Survey (CPS), that survey does not allow for detailed analysis of low-income populations or estimates of uninsured rates by region of New Jersey.

Clearly, the current number of uninsured individuals is different from the number in 2001. However, the relationships between uninsured rates and socioeconomic characteristics such as citizenship and employment are likely to be similar to those measured in 2001. Moreover, the current number of low-income uninsured individuals across all socioeconomic groups is likely to be higher than the numbers measured in 2001. According to CPS data, the total number of uninsured children in NJ rose slightly from 226,990 in 2001 (11.5% of all children) to 264,129 in 2004 (11.5% of all children). For non-elderly adults, the uninsured numbers rose more substantially from 824,440 in 2001 (16.5% of all non-elderly adults) to 927,308 in 2003 (17.8% of all non-elderly adults).

About the Chartbook

Information about New Jersey's low-income uninsured population is derived from the New Jersey Family Health Survey, which is the data source used in a previously released chartbook that describes insurance coverage for all non-elderly residents of NJ (*The Medically Uninsured in New Jersey: A Chartbook*. Rutgers Center for State Health Policy, August 2004, available at www.cshp.rutgers.edu).

Eligibility for public insurance coverage depends heavily on the financial resources available within families. Given the potential need for public insurance among low-income residents, individuals in this analysis are grouped into families based on the rules used by the Medicaid and NJ FamilyCare program to determine eligibility. This definition of family differs from the one used in the 2004 Chartbook on the Medically Uninsured in New Jersey. For example, some households contain parents, children, and an adult sibling of one of the parents. In the analysis below, the adult sibling would be counted in a separate family. In some cases, children live in a household where neither parent is present. In these cases, the family unit would include the children and the legal guardian or guardians in the household. Because the family units in this analysis differ from those used in the 2004 Chartbook on the Medically Uninsured in New Jersey, the findings in this chartbook may differ from previously reported results. This will occur most frequently in analyses that depend heavily on the definition of family, such as the tabulation of uninsured rates by family income.

About the New Jersey Family Health Survey

The New Jersey Family Health Survey (NJFHS) was designed to provide precise population-based estimates of healthcare coverage, access, and other health-related measures. The survey was developed in consultation with an advisory committee consisting of state officials and other healthcare stakeholders in New Jersey.

Data were collected by telephone interviews from July to December 2001. A total of 2,265 families including 6,466 individuals were interviewed. The survey response rate was 59.3%. The NJFHS uses scientific sampling techniques to assure that the numbers presented in this chartbook fully represent the non-institutionalized population of New Jersey.

To assure that the persons from particularly vulnerable populations are represented in the survey in adequate numbers for analysis, some groups (i.e., persons below 200% of the Federal Poverty Level) were purposely over-represented in the sample. However, to adjust for this “over-sampling,” all estimates presented are weighted to accurately reflect the New Jersey household population. The survey weights also adjust for under-coverage of households without telephones.

Because they are based on a sample of the population of New Jersey, the results obtained from all surveys, including the NJFHS, are subject to sampling variability. This means that it is possible that differences in uninsured rates across subsets of the population may reflect sampling error instead of true differences in the population. Formal statistical tests show that all of the differences in uninsured rates shown across population subgroups in this chartbook *are* statistically significant, except the difference between boys and girls under age 19.

2001 Federal Poverty Level (FPL)

| Family Size | 100% | 200% | 350% |
|-------------|----------|----------|----------|
| 1 | \$8,590 | \$17,180 | \$30,065 |
| 2 | \$11,610 | \$23,220 | \$40,635 |
| 3 | \$14,630 | \$29,260 | \$51,205 |
| 4 | \$17,650 | \$35,300 | \$61,775 |

Estimates of the Uninsured Population: The NJFHS Compared to Other Surveys

For a variety of reasons, estimates of the uninsured from the New Jersey Family Health Survey (NJFHS) can differ from estimates obtained by other surveys. The source and magnitude of these differences vary with the particular survey that is compared to the NJFHS.

The NJFHS asks about coverage status at the time of the interview and, therefore, produces “point-in-time” estimates of the uninsured. Other surveys, such as the federal government’s Current Population Survey (CPS), ask questions to determine whether individuals had been uninsured for all of the previous calendar year. Many analysts believe that a significant number of respondents to the CPS do not understand the question, and report their coverage status at the time of the interview. Therefore, the results from the CPS are often interpreted as a mixture of “point-in-time” and “full year” estimates of the uninsured.

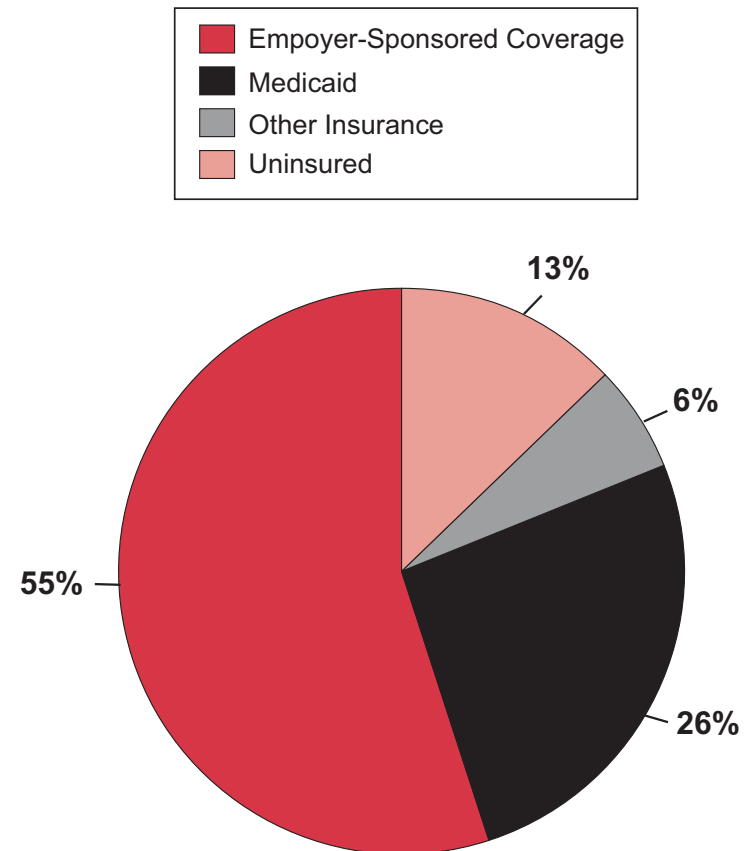
Section 1: Sources of Insurance Coverage

Sources of Insurance Coverage

Figures 1.1 - 1.2

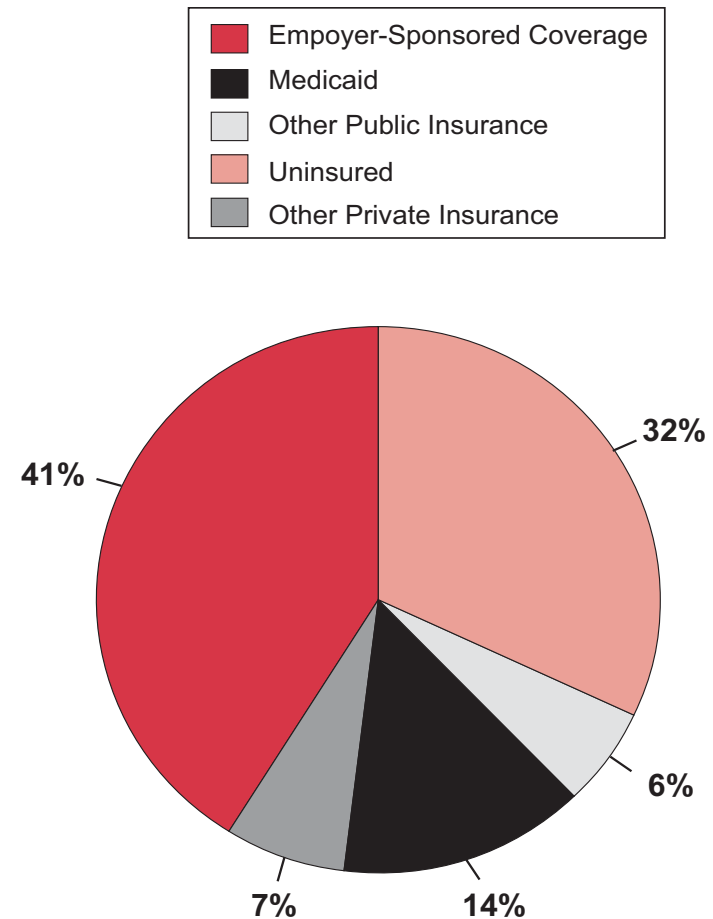
- Slightly more than half of all low-income children in NJ have employer-sponsored coverage, while approximately one-fourth are covered through Medicaid or FamilyCare.
- 13% of low-income children in NJ were uninsured in 2001.
- Most (64%) low-income uninsured children at the time of the survey had been uninsured for at least one year.
- Only 15% of low-income uninsured children had been without coverage for less than six months.
- Time without coverage for low-income uninsured children is similar to time without coverage for all uninsured children regardless of income.

Figure 1.1: Sources of Coverage for Children (Age 18 and Under) with Income Below 350% FPL



- Less than half of all low-income adults in NJ have employer-sponsored coverage.
- Almost one-third of low-income adults in NJ are uninsured. This percentage is much higher than the one obtained for children, since the tabulations for children are based on a higher income threshold.
- Most (76%) low-income uninsured adults at the time of the survey had been uninsured for at least one year. This percentage is higher than the corresponding percentage for low-income uninsured children.
- Only 8% of low-income uninsured adults had been without coverage for less than six months. This percentage is lower than the corresponding percentage for low-income uninsured children.
- Time without coverage for low-income uninsured adults is similar to time without coverage for all uninsured adults regardless of income.

Figure 1.2: Sources of Coverage for Non-elderly Adults (Ages 19-64) with Income Less than 200% FPL



Section 2: Uninsured Rates among Low-Income Children

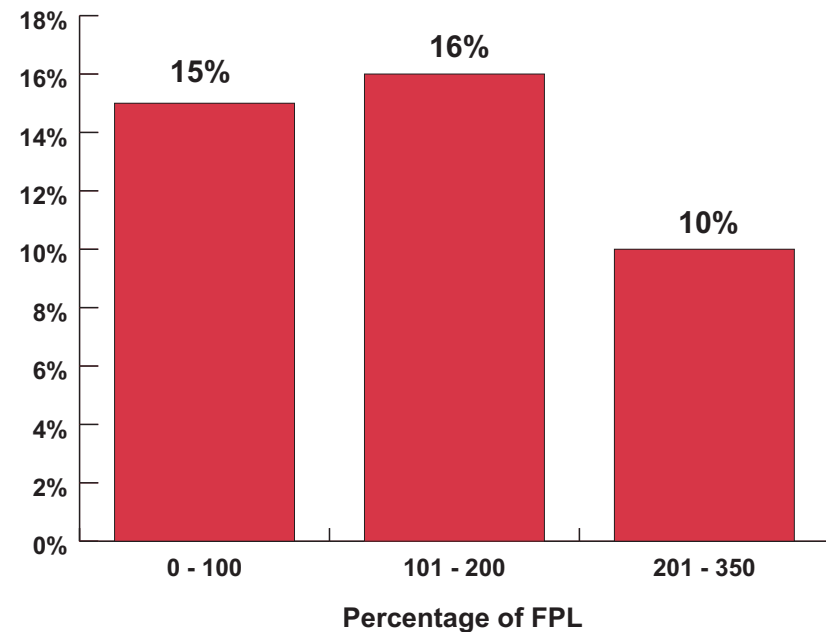
Uninsured Rates Among Low-Income Children: Figures 2.1 - 2.8

- Among all low-income children, those with family income between 200% and 350% of the Federal Poverty Level (FPL) are the least likely to lack coverage.
- Nevertheless, the total number of uninsured children with income between 200% and 350% of the FPL (611,321) is larger than the total number of uninsured children with lower levels of income – i.e., 486,003 uninsured children have family income between 101% and 200% of FPL and 362,641 uninsured children have family income below the FPL.

Figure 2.2 A & B:

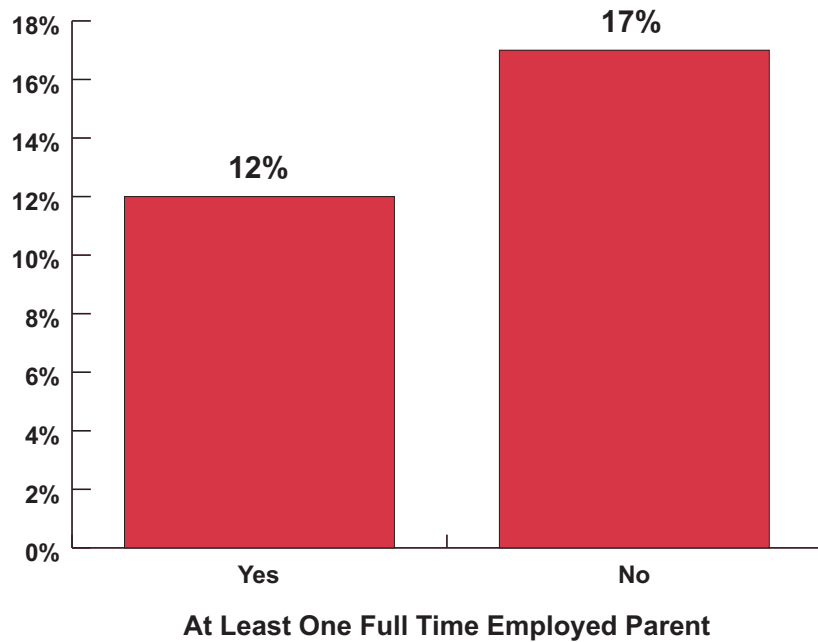
- Children with at least one parent working full time face less risk of being uninsured.
- Among all low-income uninsured children, those with at least one parent working full time are more prevalent than those with no full time working parent (119,136 versus 73,696).
- Low-income children from one and two parent families are equally likely to be uninsured.
- Low-income uninsured children come mostly from two-parent families (114,139 versus 78,696).

Figure 2.1: Uninsured Rates Among Low-Income Children by Income

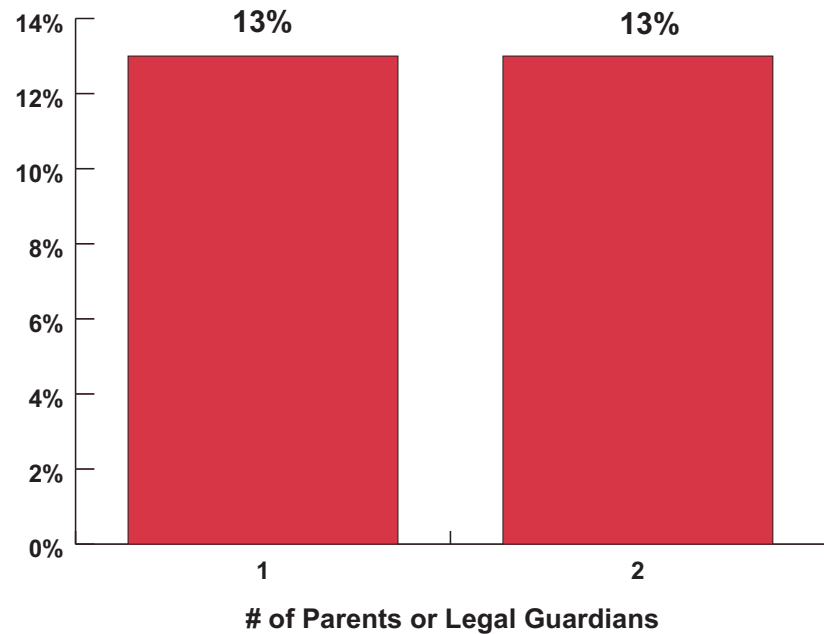


Figures 2.2 A & B

A: Uninsured Rates Among Low-Income Children with at Least One Full Time Employed Parent

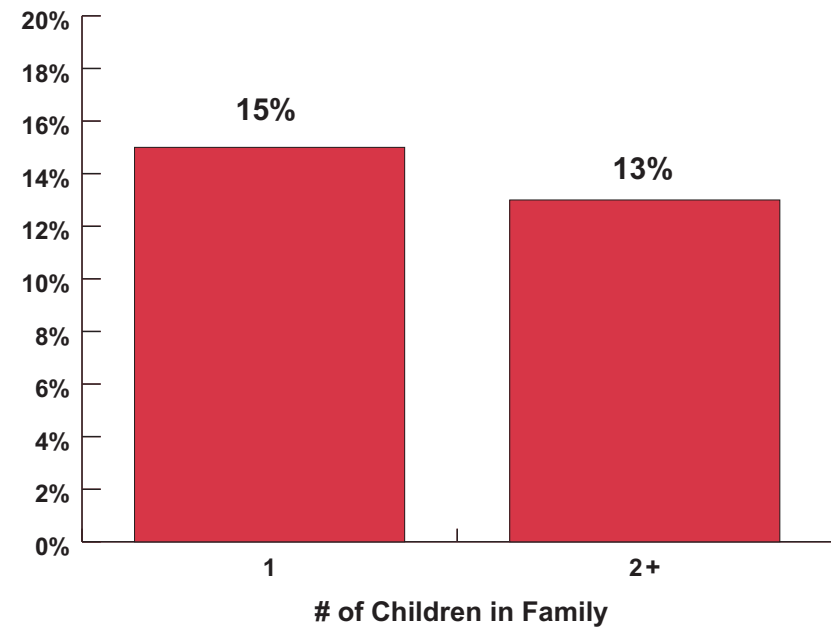


B: Uninsured Rates Among Low-Income Children by Number of Parents or Legal Guardians



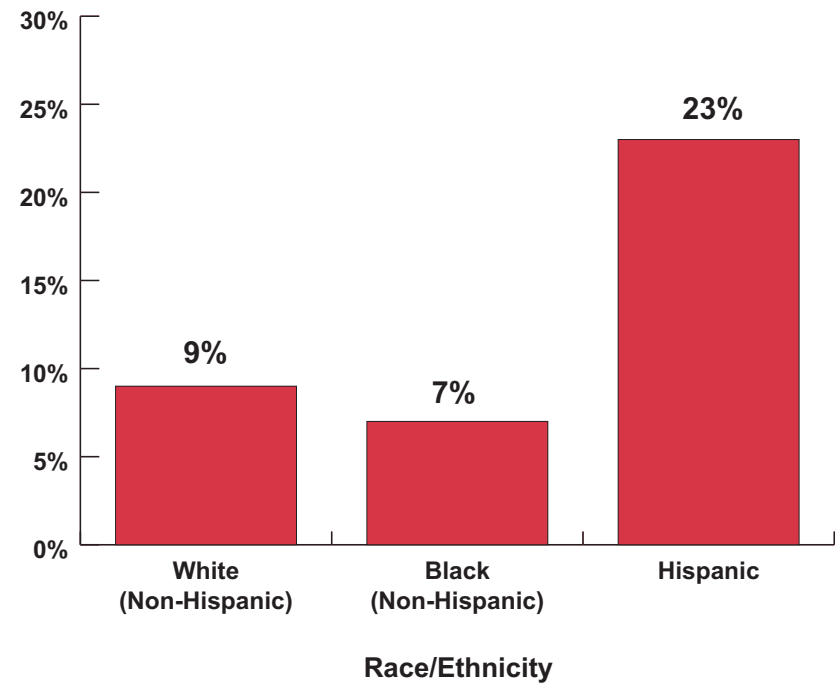
- Low-income children with siblings face a risk of being uninsured that is similar to low-income children without siblings.
- Children with siblings are more common among the low-income uninsured than children without siblings (155,156 uninsured children with siblings versus 37,676 uninsured children without siblings).

Figure 2.3: Uninsured Rates Among Low-Income Children by Number of Children in Family



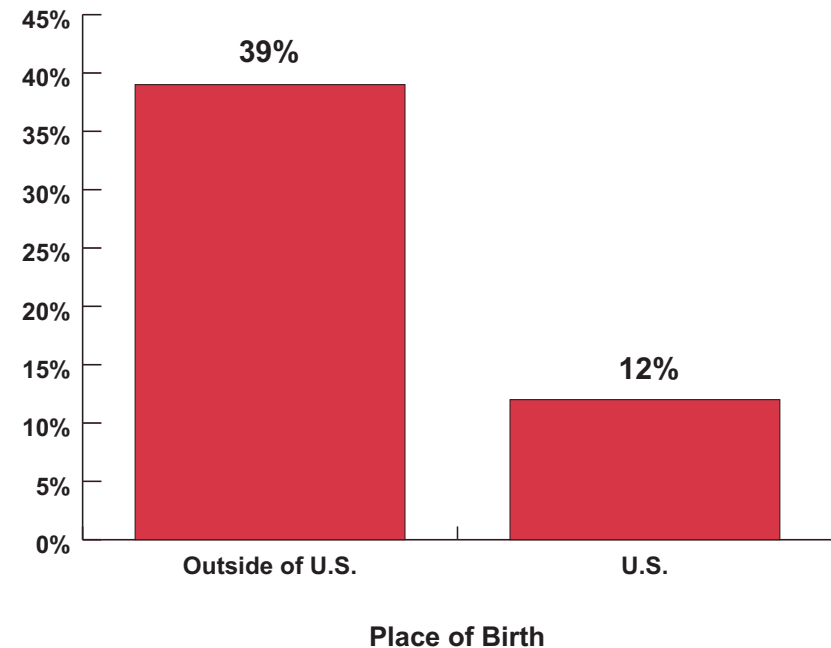
- Low-income Hispanic children are much more likely than low-income non-Hispanic black or white children to be uninsured.
- Low-income children not classified as black, white, or Hispanic also have a high uninsured rate (26%). This group includes children who are identified as American Indians, Native Americans, Aleutian/Eskimo, Asian/Pacific Islander, or other unspecified race.
- Among all low-income uninsured children, Hispanics are the most prevalent followed by non-Hispanic whites (i.e., 84,883 uninsured Hispanic children versus 66,344 uninsured non-Hispanic white children).

Figure 2.4: Uninsured Rates Among Low-Income Children by Race and Ethnicity



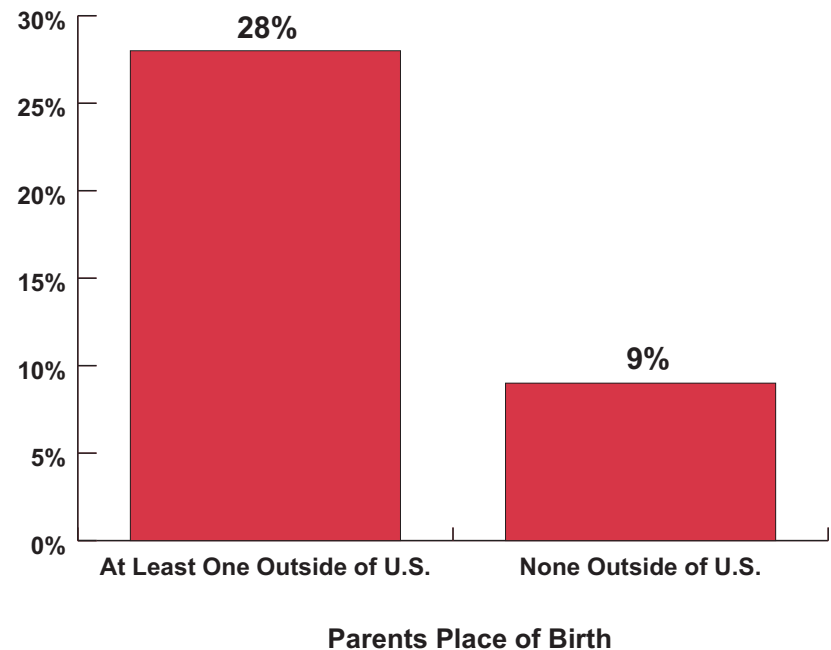
- Low-income children born outside of the United States are more than three times as likely to be uninsured compared to American-born low-income children.
- Foreign birth and Hispanic ethnicity are closely related. Specifically, 85% of low-income foreign born children living in NJ are Hispanic. (Sample sizes in the NJFHS are not sufficient to compare uninsured rates for foreign born children who are Hispanic with those who are not Hispanic.).
- Since foreign born children represent a small share of all children in NJ, they account for a fairly small portion of the total number of low-income uninsured children (i.e., 30,843 uninsured children born outside of the U.S. versus 161,989 uninsured children born in the U.S.).

Figure 2.5: Uninsured Rates Among Low-Income Children by Place of Birth



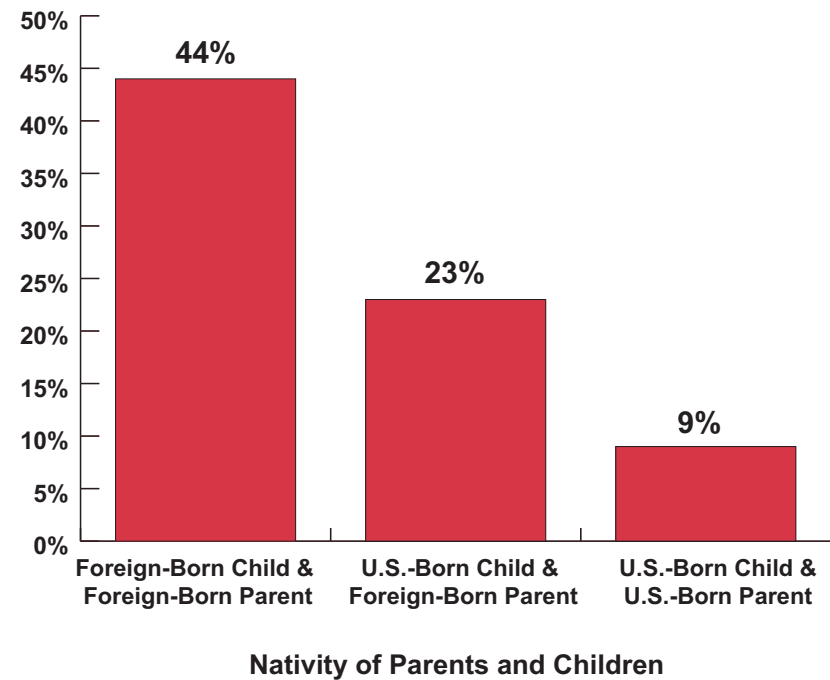
- Low-income children with at least one foreign-born parent are three times as likely to be uninsured compared to low-income children with no foreign-born parents.
- Although children with no foreign-born parents represent a larger number (106,620) of low-income uninsured children, those with at least one foreign-born parent represent a significant number (86,212) as well.

Figure 2.6: Uninsured Rates Among Low-Income Children by Parents' Place of Birth



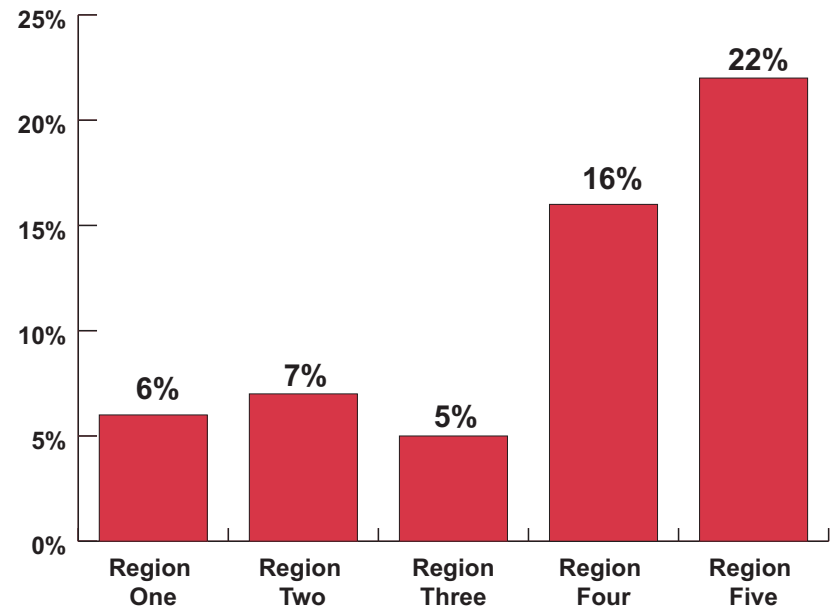
- More than 4 in 10 low-income children who are foreign-born and have at least one foreign-born parent are uninsured.
- Almost 1 in 4 low-income children who are born in the U.S. but have at least one foreign-born parent are uninsured.
- Less than 1 in 10 low-income children who are American-born with American-born parents are uninsured.
- Nevertheless, the greatest number of low-income uninsured children (106,620) are U.S. born with a U.S. born parent (versus 55,369 who are U.S. born with a foreign born parent and 30,843 who are foreign born with a foreign born parent).

Figure 2.7: Uninsured Rates Among Low-Income Children by Nativity of Parents and Children



- The percentage of low-income children lacking coverage is highest in the region containing Passaic, Bergen, Union, Essex, and Hudson Counties, which is the most urban part of the state.
- Although uninsured rates for low-income children are higher compared to all children, the difference is largest in the region containing Mercer, Somerset, Morris, Hunterdon, Warren, and Sussex Counties (10% for all children versus 16% for low-income children).

Figure 2.8: Uninsured Rates Among Low-Income Children by Region of New Jersey



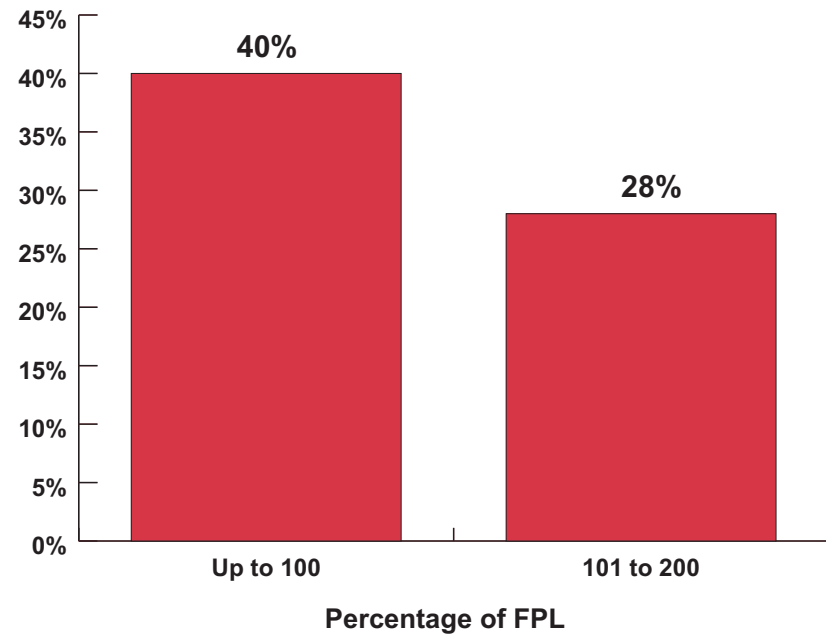
Note: One = Cape May, Cumberland, Salem, Atlantic
 Two = Gloucester, Camden, Burlington
 Three = Ocean, Monmouth, Middlesex
 Four = Mercer, Somerset, Morris, Hunterdon, Warren, Sussex
 Five = Passaic, Bergen, Union, Essex, Hudson

Section 3: Uninsured Rates Among Low-Income Adults

Uninsured Rates Among Low-Income Adults: Figures 3.1 - 3.6

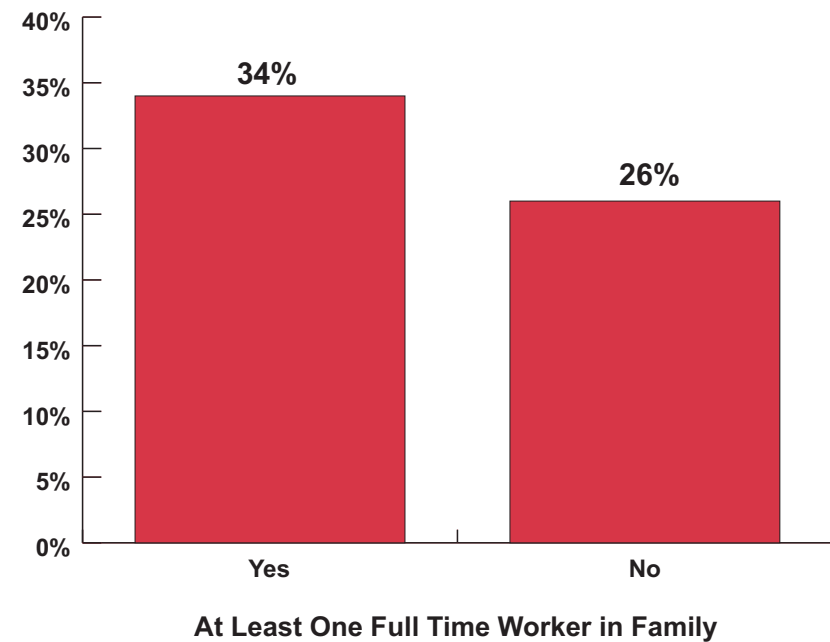
- Adults with income below the FPL face a very high risk (40%) of being uninsured.
- Adults with income between 100 and 200% of the FPL face a much smaller, though still significant, risk of being uninsured.
- Although they have a lower risk of being uninsured, those with income between 100 and 200% of the FPL represent a larger number (210,668) of low-income uninsured adults compared to uninsured adults with income below poverty (159,670).

**Figure 3.1: Uninsured Rates Among Low-Income Adults
by Income**



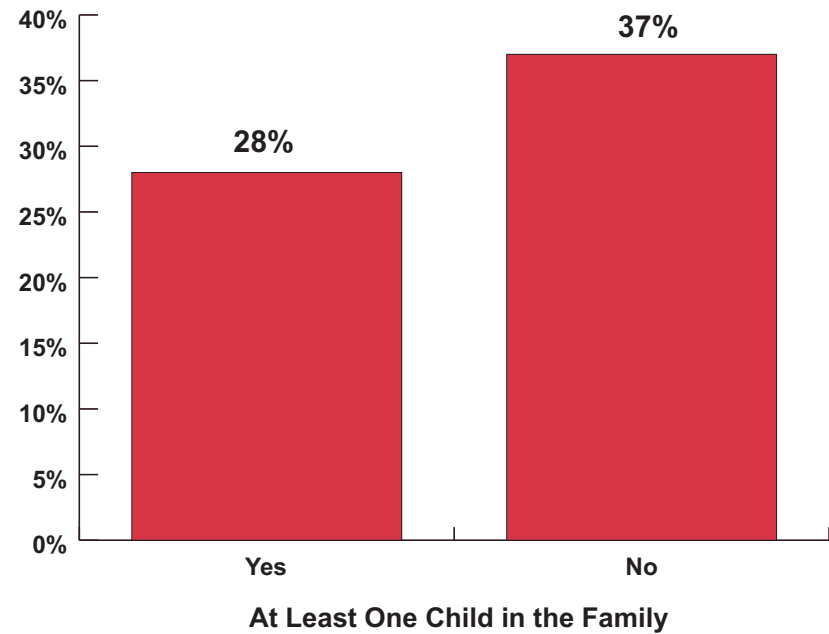
- Low-income adults with at least one full-time worker in the family are almost one-third more likely to be uninsured than those with no full-time workers.
- Among all low-income uninsured adults, those with at least one worker in the family are much more heavily represented (273,918 compared to 96,419 with no full time worker in the family).

Figure 3.2: Uninsured Rates Among Low-Income Adults with at Least 1 Full Time Worker in Family



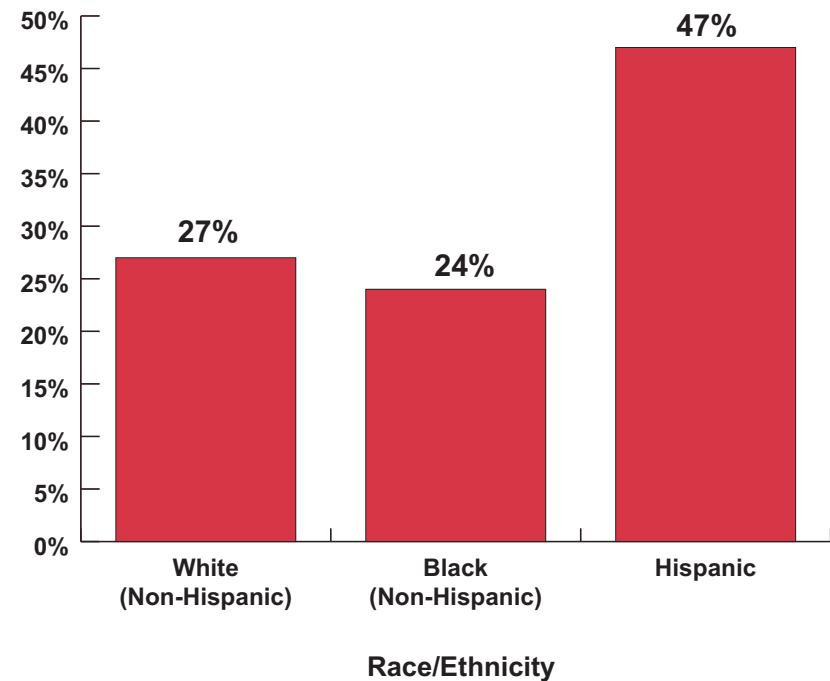
- Low-income adults without children are 33% more likely to be uninsured than their counterparts who do have children.
- Among all low-income uninsured adults, those without children are slightly more numerous than those without (196,958 versus 173,379).

Figure 3.3: Uninsured Rates Among Low-Income Adults for Adults with and without Children



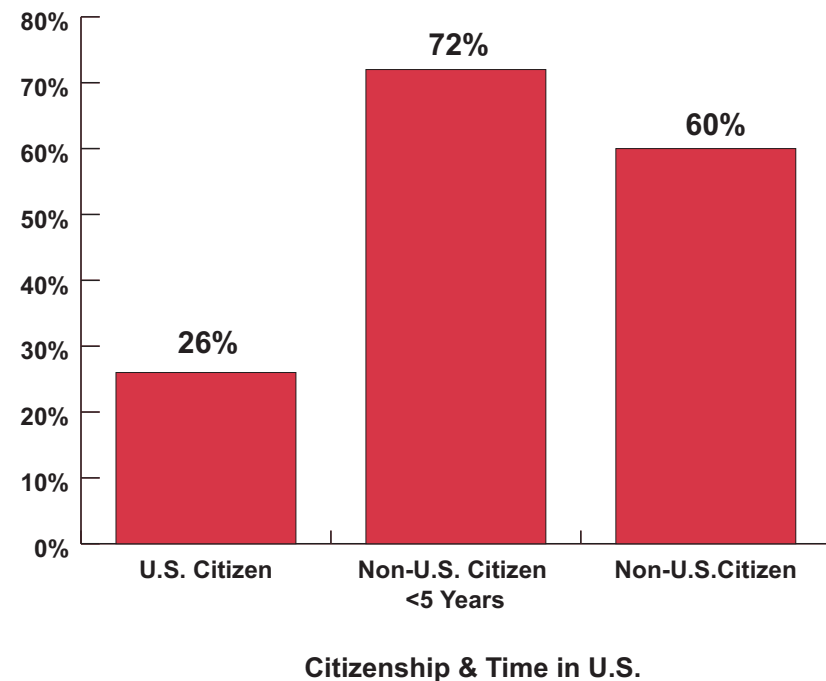
- Nearly one-half of all low-income Hispanic adults are uninsured.
- Approximately one-quarter of all low-income non-Hispanic whites and non-Hispanic blacks are uninsured.
- Low-income adults not classified as black, white, or Hispanic have a relatively lower uninsured rate (15%). This group includes individuals who are identified as American Indians, Native Americans, Aleutian/Eskimo, Asian/Pacific Islander, or other unspecified race.
- Hispanics make up the largest number (162,875) of low-income uninsured adults followed by non-Hispanic whites (145,652).

Figure 3.4: Uninsured Rates Among Low-Income Adults by Race and Ethnicity



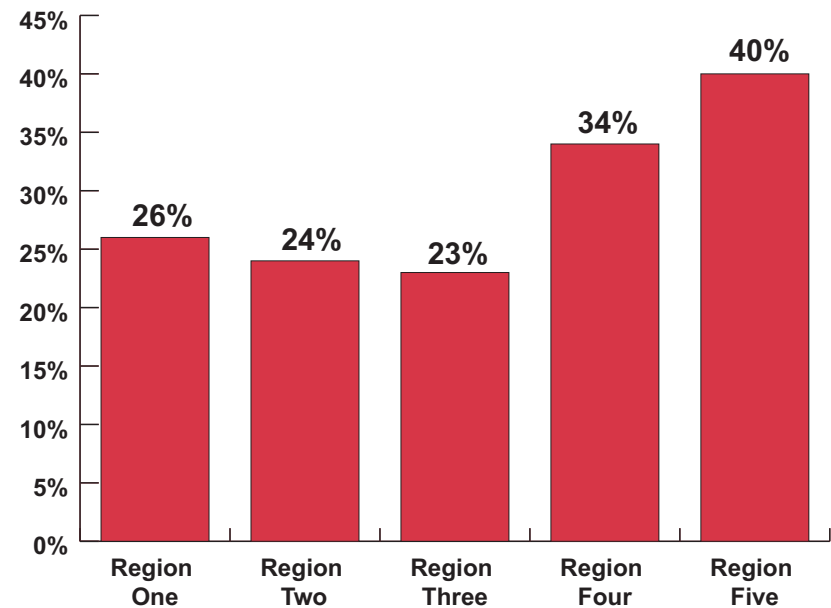
- The uninsured rate for low-income adults who are not citizens is well above 50%.
- Nearly three-quarters of recent (entering the U.S. within five years) low-income immigrant adults are uninsured.
- However, U.S. citizens still make up the largest number (262,163) of total uninsured low-income adults (compared to 46,526 who are non-citizens in the U.S. for less than five years and 60,616 who are non-citizens in the U.S. for five or more years).
- Similar to the case for children, foreign birth and Hispanic ethnicity are closely related. Specifically, 68% of low-income foreign born adults living in the U.S. for less than five years are Hispanic, and 89% of low-income foreign born adults living in the U.S. for five or more years are Hispanic. (Sample sizes in the NJFHS are not sufficient to compare uninsured rates for foreign born adults who are Hispanic with those who are not Hispanic.)

Figure 3.5: Uninsured Rates Among Low-Income Adults by Citizenship and Length of Time in U.S.



- Low-income adults living in the northern regions of NJ (i.e., Regions Four and Five) are much more likely to be uninsured than those living in the central and southern regions.
- In all regions, the uninsured rate among low-income adults is significantly higher (often double) the rate among all adults.

Figure 3.6: Uninsured Rates Among Low-Income Adults by Region of New Jersey



Note: One = Cape May, Cumberland, Salem, Atlantic
 Two = Gloucester, Camden, Burlington
 Three = Ocean, Monmouth, Middlesex
 Four = Mercer, Somerset, Morris, Hunterdon, Warren, Sussex
 Five = Passaic, Bergen, Union, Essex, Hudson

Table 1 : Percentage of Non-Elderly, Low-Income Population without Coverage, 2001

| | Children (0-18) (350% FPL and Less) | Adults (19-64) (200% FPL and Less) | Children and Adults Under 65 |
|--------------------------------------|--|---------------------------------------|---------------------------------|
| Sample Size | 1,338 | 866 | 2,204 |
| Population Size | 1,459,965 | 1,162,115 | 2,622,080 |
| Family Income (% of FPL) | | | |
| 100% or less | 15 | 40 | 28 |
| 101-200% | 16 | 28 | 23 |
| 201-350% (Children Only) | 9 | N/A | N/A |
| Age | | | |
| 0-12 | 12 | | N/A |
| 13-18 | 16 | | N/A |
| 19-25 | | 35 | N/A |
| 26-45 | | 34 | N/A |
| 46-64 | | 26 | N/A |
| Gender | | | |
| Male | 13 | 39 | 23 |
| Female | 13 | 27 | 20 |
| Race/Ethnicity | | | |
| Non-Hispanic White | 9 | 27 | 17 |
| Non-Hispanic African-American | 7 | 24 | 14 |
| Hispanic | 23 | 47 | 35 |
| All Other | 26 | 15 | 22 |
| Immigration Status | | | |
| Born in U.S | N/A | 24 | 16 |
| Born outside U.S | | | |
| Citizen | N/A | 41 | 37 |
| Non-Citizen, U.S. Resident < 5 Years | N/A | 72 | 70 |
| Non-Citizen, U.S. Resident 5+ Years | N/A | 60 | 53 |
| Immigration Status | | | |
| Born in U.S | 12 | N/A | N/A |
| Born outside U.S - Citizen | 9 | N/A | N/A |
| Born outside U.S - Not Citizen | 48 | N/A | N/A |

Continued on next page

Table 1 : Percentage of Non-Elderly, Low-Income Population without Coverage, 2001 *Continued*

| | Children (0-18) (350% FPL and Less) | Adults (19-64) (200% FPL and Less) | Children and Adults Under 65 |
|---|--|---------------------------------------|---------------------------------|
| General Health | | | |
| Excellent/Very Good | 10 | 28 | 16 |
| Good | 17 | 39 | 28 |
| Fair/poor | 35 | 31 | 32 |
| Dental Health | | | |
| Excellent/Very Good | 9 | 24 | 13 |
| Good | 16 | 31 | 23 |
| Fair/poor | 31 | 39 | 37 |
| Region of State* | | | |
| One | 6 | 26 | 14 |
| Two | 8 | 24 | 14 |
| Three | 5 | 23 | 12 |
| Four | 16 | 34 | 25 |
| Five | 22 | 40 | 30 |
| Employment Status | | | |
| Working Full Time | N/A | 36 | N/A |
| Working Part Time | N/A | 33 | N/A |
| Unemployed | N/A | 51 | N/A |
| Not in Labor Force | N/A | 17 | N/A |
| Education (for Children, Education of the Most Highly Educated Parent) | | | |
| Less than High School | 19 | 42 | N/A |
| High School/GED | 13 | 30 | N/A |
| More than High School | 13 | 29 | N/A |
| Four-year College Degree | 11 | 27 | N/A |
| Urban Residence** | | | |
| No | 11 | 28 | 18 |
| Yes | 18 | 38 | 28 |

* Counties in each Region:

One: Cape May, Cumberland, Salem, Atlantic
 Two: Gloucester, Camden, Burlington
 Three: Ocean, Monmouth, Middlesex
 Four: Mercer, Somerset, Morris, Hunterdon, Warren, Sussex
 Five: Passaic, Bergen, Union, Essex, Hudson

**Urban is defined as areas with populations of at least 25,000 and population density of at least 9,000 people per square mile.

Resource Guide to Learn More about Coverage in New Jersey

Publications:

- Gaboda D, Chase S, Williams S, and Schneider C. *NJ FamilyCare Express Enrollment: Report on the Pilot Program*. New Brunswick, NJ: Center for State Health Policy, Rutgers University, 2005.
- Monheit AC, Cantor JC, and Banerjee P. *Assessing Policy Options for the Non-Group Health Insurance Market Simulation of the Impact of Modified Community Rating in the New Jersey Individual Health Coverage Program*. New Brunswick, NJ: Center for State Health Policy, Rutgers University, 2005.
- Koller M and Tiedemann A. *A Decade After Regulatory Reform: A Case Study of New Jersey's Individual Health Coverage Program*. New Brunswick, NJ: Center for State Health Policy, Rutgers University, In Press.
- DeLia D, Koller M, and Schneider C. *The Medically Uninsured in New Jersey: A Chartbook*. New Brunswick, NJ: Center for State Health Policy, Rutgers University, 2004.
- Silow-Carroll S, Waldman E, Meyer J, Williams C, Fox K and Cantor JC. *Assessing State Strategies for Health Coverage Expansion: Case Studies of Oregon, Rhode Island, New Jersey, and Georgia*. New York, NY: The Commonwealth Fund, 2002.
- Fox K, Gaboda D, Koller M, and Cantor JC. *Health Insurance Coverage in New Jersey: Report Trends and Policy Challenges*. Issue Brief for the NJ Office of Legislative Services. New Brunswick, NJ: Center for State Health Policy, Rutgers University, 2002.
- Cantor JC, Hamborg P, Brownlee S and Harvey C. *Willingness to Purchase Health Insurance Among The Uninsured in New Jersey: Results From a Survey of Uninsured Adults in Three Counties*. New Brunswick, NJ: Center for State Health Policy, Rutgers University, 2001.

All reports listed above can be found at www.cshp.rutgers.edu

For additional information on programs or topics presented in this chartbook, please visit the following web sites:

- See <http://www.njfamilycare.org/> for more information about NJ FamilyCare
- See <http://www.state.nj.us/dobi/ihcmsa.htm> for more information about the NJ Individual Health Coverage Program



**State of New Jersey
Department of Human Services**

***In Collaboration with*
Rutgers Center for State Health Policy**

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