AGING IN PATERSON, NEW JERSEY



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OVERVIEW

IMAGE: OLDER ADULTS AT NEW DESTINY LEARN HOW TO USE THEIR MOBILE DEVICES.

This report presents findings from a community-engaged study of aging in Paterson, New Jersey, conducted between June 2025 and June 2026 with support from The Henry and Marilyn Taub Foundation. The study draws on 12 in-depth interviews with older residents ages 66 to 82, most of whom are Spanish-speaking immigrants; 10 formal interviews with stakeholders in health, housing, social services, and immigrant-serving organizations; and more than 20 hours of shadowing and community observation conducted by principal investigator Dr. Melanie Z. Plasencia with undergraduate research assistant Dayannara Vilchez. The report also incorporates administrative data from CUMAC, a Paterson-based food pantry and anti-hunger organization.

Together, these sources illuminate five interlocking challenges identified by participants:

1) access to affordable, decent housing;
2) economic insecurity, compounded by the administrative burden of accessing public benefits;
3) food access and nutrition;
4) safety and the condition of the public environment; and
5) language barriers, digital exclusion, and social isolation.

The report also highlights the community's assets, including trusted community health workers, faith communities, resident-led mutual aid efforts, and a dense nonprofit ecosystem. It concludes with three sets of lessons for future work: considerations for community-centered collaborative action research; a map of key individuals and organizations to support cross-sector coordination; and guidance on language and framing for future projects focused on aging in Paterson.

BACKGROUND

Aging in place refers to growing older safely, comfortably, and with dignity in one's own home and community. Much of the aging-services field approaches this goal by considering if a locality is an "age-friendly community" that offers its older residents much-needed resources to live out their lives independently and surrounded by community. This study began without presupposing which age-friendly features Paterson, New Jersey, possesses. As the findings show, however, most older Paterson residents believe their city can do more to be "age-friendly."

PATERSON'S PAST & PRESENT

In 1791, Alexander Hamilton helped charter the Society for Establishing Useful Manufactures, and in 1792, the Society founded Paterson at the 77-foot Great Falls of the Passaic River as the nation's first planned industrial city. Over the next century and a half, the "Silk City" became a powerhouse of American manufacturing and also a magnet for successive waves of immigrant labor.[1] The city's industrial economy then collapsed in the mid-twentieth century; by 1983, Paterson was the fifth-poorest city in the United States.[2] The residents interviewed for this study lived that transition personally: nearly all arrived between the late 1960s and the early 1980s to work in factories, construction, and domestic and care work, and they have aged in place as those industries, and the wages, pensions, and neighborhood institutions attached to them, have disappeared around them.

Today, Paterson remains New Jersey's third-most-populous municipality and the county seat of Passaic County, with 159,732 residents at the 2020 Census.[3] It is one of the most heavily immigrant cities in the country: depending on the estimate, between 45 and 52 percent of residents are foreign-born, more than double the national rate, and a majority of residents are Hispanic or Latino.[4] Median household income (about $56,000) is roughly half the New Jersey median, and about one in five residents lives below the poverty line.[4] Roughly 19,000 residents are 65 or older,[5] and an estimated 26 percent of Paterson's seniors live in poverty.[6] Because only about 27 percent of the city's households own their homes,[4] most older Patersonians are renters, directly exposed to a rising rental market. Moreover, according to Elder Index figures compiled by the Health Coalition of Passaic County, a single older renter in the county has an average per-capita income of $20,202 against roughly $37,284 in basic annual expenses, which is an annual shortfall of about $17,000.[6]

THE HENRY & MARILYN TAUB FOUNDATION

The Henry and Marilyn Taub Foundation was created in 1967 by Henry Taub, who was a Paterson native and the founder of Automatic Payrolls (now ADP), and his wife, Marilyn, as a means of giving back to their community. The Foundation makes grants in early childhood, aging in place, and medical research, with a continuing focus on Bergen and Passaic counties, including Henry's hometown of Paterson.[7] The Foundation began grantmaking on aging in place in 2012, commissioned a key-informant study of aging in place in Bergen County in 2014–2015, and has since helped seed New Jersey's age-friendly communities movement.[8] The present study extends that line of inquiry to Paterson. It was led by Dr. Melanie Z. Plasencia, a sociologist at Rutgers University–Newark, with particular attention to the city's older immigrant and Latino communities, whose experiences of aging remain largely undocumented.

STUDY DESIGN

Findings are based on multiple sources of qualitative and administrative data collected between June 2025 and June 2026, following Institutional Review Board approval from Rutgers University in June 2025. The study included: (a) twelve in-depth interviews with older Paterson residents (thirteen individuals, including one married couple); (b) ten formal interviews with key stakeholders, plus preliminary meetings with five additional stakeholders; (c) more than twenty hours of shadowing and community observation while accompanying community health workers on home visits, attending referral-and-aid sessions and benefits-enrollment events in senior buildings, sitting in on a Spanish-language computer class, and observing community life at events such as the Peruvian Day Parade and neighborhood coat drives; (d) attendance at six or more community and stakeholder meetings, including the Paterson Senior Task Force, the Health Coalition of Passaic County's convenings and Community Action Board, and a Taub-funded regional convening on supportive housing; and (e) administrative data provided by CUMAC, together with program documents from community partners.

Resident interviews were semi-structured, typically 45 to 90 minutes, and conducted primarily in Spanish, while stakeholder interviews were conducted in English. All interviews were audio-recorded (on two devices), professionally transcribed, and, where applicable, translated. Participants received $25–$40 gift cards in appreciation of their time. Recruitment worked through trusted intermediaries, including The New Destiny Mobile Senior Success Center, HCPC community health workers, senior-building leaders, and community events.

Formal interviews were generally preceded by informal conversations that established rapport and fit. Because the researcher asked somewhat different questions across interviews, this report does not attempt a precise count of every idea; rather, it identifies and synthesizes the most significant themes that emerged, following the approach by the Foundation's 2015 Bergen County study.[9] Quotations from Spanish have been translated by the research team and lightly edited for readability. Residents are not named; stakeholders are identified by role, and organizations are named only in describing the community's service ecosystem.

Table 1. Characteristics of Older Resident Participants	
Interviews (participants)	12 interviews; 13 individuals, including one married couple
Age range	66 to 82 years
Gender	9 women; 4 men
Countries of origin	Peru, the Dominican Republic, and Puerto Rico
Arrival in the mainland U.S.	1968 to 2011; most arrived in the 1970s–1980s through family ties
Primary interview language	Spanish (large majority); some bilingual
Housing	Majority in public or subsidized senior buildings; several market-rate renters; one homeowner
Living arrangement	Majority live alone or with a spouse only
Work histories	Factories, construction, domestic and home-care work, landscaping, food service, retail

Table 2. Stakeholder Sectors Represented in Interviews and Meetings	
Sector	**Examples**
Community health and care navigation	HCPC "Pathways for Seniors" community health workers; chronic-disease (diabetes) program staff
Housing-based senior services	Mobile Seniors Success Center, New Destiny Family Success Center
Immigrant-serving organizations	IACO (Immigration and American Citizenship Organization) / Asistencia Para Seniors
Nonprofit coordination	Paterson Alliance
Prevention and wellness education	The Center for Alcohol and Drug Resources (Children's Aid and Family Services)
Faith-based social services	Catholic Charities, Diocese of Paterson
Food security and urban agriculture	CUMAC; City Green
Health systems and coalitions	Health Coalition of Passaic County; hospital and coalition partners
Housing development and policy	Paterson Housing Authority; regional supportive-housing convening participants

A DATA SNAPSHOT

To ground the interview findings in service data, CUMAC, a Paterson-based food pantry and anti-hunger organization that many participants mentioned by name, shared three administrative reports with the research team.[10] Together, they offer the clearest available picture of food hardship among the city's older adults.

Between November 1, 2024, and November 1, 2025, CUMAC served 7,698 households, of which 1,405 (18.3 percent) were headed by someone 66 or older. Over the same period, 1,571 households included at least one member who was a senior or living with a disability, accounting for 1,737 individuals. The composition of these households is striking: 77.6 percent contained no able-bodied adults or children, and 71 percent consisted of a single senior or disabled person living alone. Fewer than one in ten (9.3 percent) included children. In other words, the older and disabled adults relying on the pantry are overwhelmingly navigating food insecurity by themselves, which is the same profile of solitary aging that dominated the resident interviews shared in this report.

At CUMAC, demand is also rising. From January through November 2025, 273 older adults visited CUMAC for the first time, up 26 percent from 217 during the same months of 2024; first-time visitors of all ages rose 16 percent (3,000 versus 2,589). As Figure 1 on the following page shows, first-time senior visitors have nearly tripled since 2021, a period that spans the end of pandemic-era supports, sharp food price inflation, and interruptions to SNAP payments that several residents described experiencing in late 2025.

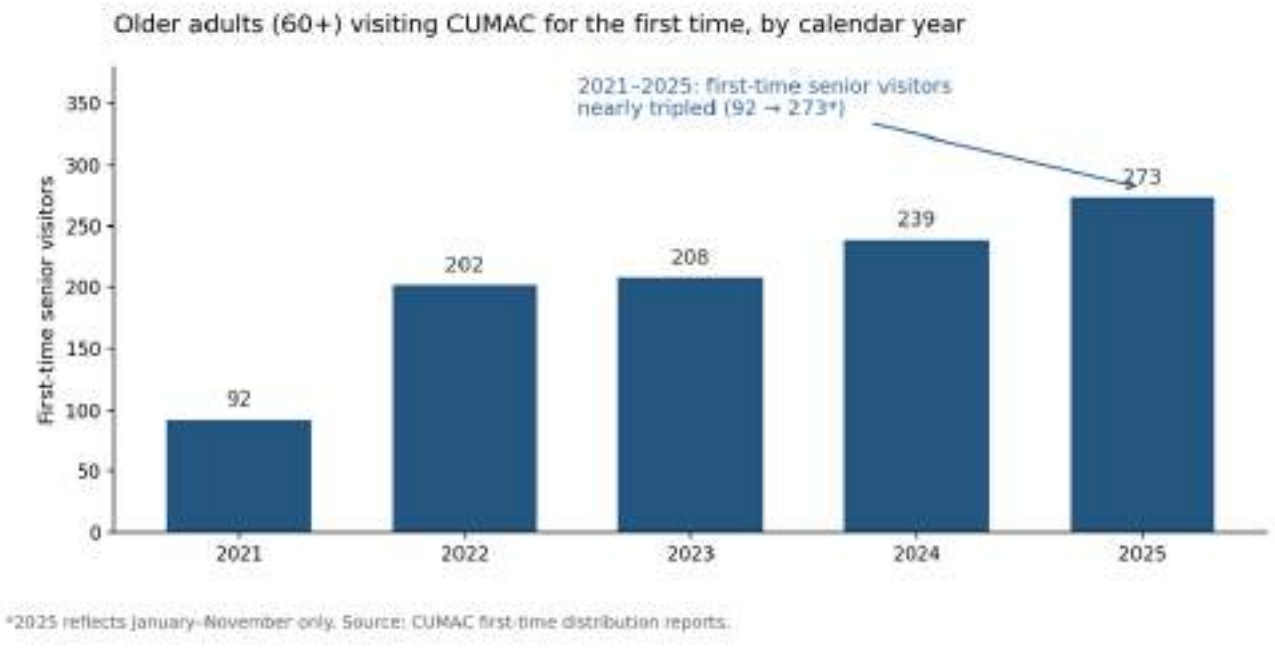


Figure 1. Older adults making their first visit to CUMAC, by calendar year, 2021–2025. Data for 2025 covers January through November only. Source: CUMAC first-time distribution reports.

These figures have implications for both health and hunger. A recent longitudinal study of more than 30,000 U.S. adults ages 50 and older found that food insecurity was associated with significantly poorer cognitive function (equivalent to several years of cognitive aging), while SNAP participation appeared to buffer these effects.[11] In a city where older pantry users are often socially isolated and SNAP enrollment is fragile, food assistance and benefits navigation serve as anti-hunger measures but also as supports for cognitive health.



IMAGE: THE FOOD TRUCK ARRIVES TO DELIVER MEALS TO SENIORS LIVING IN PATERSON HOUSING

FINDINGS

THEME #1 AFFORDABLE, DECENT HOUSING



IMAGE: AN APARTMENT FOR RENT LISTED IN PATERSON,

THE ISSUE

Housing was the most commonly named challenge across all participant categories. One community health worker estimated that "80 percent of our cases" involve housing, and described trying to place seniors in units renting for $1,200–$1,500, a threshold that has become nearly unattainable. Even on struggling blocks, participants reported one-bedrooms at $1,500 and two-bedrooms at $1,800 or more, with new units near the hospital reaching $3,000; basement rooms, often without kitchens, rent for around $1,000. Meanwhile, Social Security checks of $850–$1,200 must cover everything.

> *"A lot of them tell me: I'm worried about my health, but on top of that I have to worry about how I'm going to pay my rent. How am I going to feel better if I'm constantly thinking about paying the rent I can barely afford?"*
>
> *— Community health worker*

Subsidized options are prized but remain scarce. Section 8 in the region has been closed for years at a stretch; when a lottery briefly opened, one worker applied on behalf of many clients and saw a single success. Another recounted a client who won a voucher in 2022, exhausted two 30-day extensions without finding a qualifying apartment, and lost the voucher entirely. Residents told matching stories from the other side: waits of a year or more for senior buildings, even when lists were open, and one building where roughly twenty apartments reportedly sat empty while the application list had been closed for about three years. During a home visit observed for this study, an older adult juggling multiple waitlists put it bluntly: "There are only two things you can depend on: getting your car towed and getting evicted." She added that she did not know how many years she had left, a stark reminder that multi-year waitlists mean something different at 75 than at 35.

Residents and field observations documented burst pipes and holes left unrepaired for years, flooding, ceiling damage, exposed wiring, stolen mail and packages, broken door-entry systems that let strangers into senior buildings, and elevator failures. For example, one resident recalled climbing six flights during a heat wave when her building's elevator broke. "Everything needs remodeling, all the units," said an 82-year-old who has lived in Paterson since 1968, even as she admired a modern new senior building a friend had shown her. For seniors with the fewest housing options, the Health Coalition of Passaic County's environmental assessments document seniors renting shared basement bedrooms, four older adults living in a single house, and residents relying on a microwave and mini-refrigerator for cooking because their incomes leave them with few alternatives.[6]

EMERGING DIRECTIONS

Participants identified several practical strategies for improving housing stability. First, enforcement of existing protections: New Jersey's rent-control limits (participants cited 6–8 percent caps) are unevenly honored, and one community health worker described photocopying and redacting a successful rent-control determination so that a second tenant facing the same illegal increase could push back. Second, bringing assistance to buildings: ANCHOR property-tax-relief and utility-assistance application events held in senior-building community rooms (such as New Destiny's mobile senior unit) drew residents who would never have navigated the paperwork on their own. Third, expanding supply with older adults in mind. At a Taub-supported regional convening on supportive housing, participants studied Barclay Place, a 56-unit, roughly $26 million development opened in 2024 a block and a half from St. Joseph's University Medical Center, financed through tax credits, bonds, and about $4.5 million plus land from the hospital, as a replicable "housing is healthcare" model.[12] Notably, only about ten older adults live there, mostly through multigenerational households rather than by design; conveners themselves flagged the limited direct inclusion of older adults despite clear need, and networking conversations surfaced a worrying trend of rising evictions among adults over 80.

THEME #2 ECONOMIC INSECURITY & THE ADMINISTRATIVE BURDEN OF BENEFITS

THE ISSUE

Almost every older resident interviewed lives close to the financial edge, such as a widow's pension that ends the month "with $3 or $1 in the account," a Social Security check reduced by the Medicare premium before it arrives, and medication regimens that would cost $1,000 a month without coverage. Several still work or want to: participants included vendors and caregivers working into their seventies, as well as others who would take part-time jobs but are constrained by earnings limits and limited English.

Residents described benefits that seem to turn on and off for procedural reasons. One older adult lost her SNAP after missing a renewal letter while abroad; months later, she was still using her cash card for food and "looking for another way" to pay the phone bill. Another lost her Medicaid card in January after a paperwork tangle and was deferring a $ 200 copay medical test until it returned: "How am I going to have $200 right now? I won't get the exam. I have to wait for my Medicaid to come back."

A third, asked about food stamps in late 2025, said simply: “They’re not paying, it was my turn, and now I’m not on it.” Community health workers confirmed the pattern from the inside: clients bounced off SNAP and Medicaid by automated eligibility systems (“the computer doesn’t read all the facts… the person has to go back and reapply, and they get approved, and then it goes again”), separate renewal cycles for programs housed in the same building, and repeated demands that retirees re-verify fixed incomes that cannot change.

“A lot of the problem is they’re transferring everything from paper to the internet. If you don’t have a computer, you don’t always know how to do it through your phone. And if you’re 80, are you really going to submit anything through your phone? If you’ve worked in a factory all your life, you haven’t kept up with technology, you used the machine in front of you, not a computer.”

— Community health worker

Digital-only renewals were a repeated challenge. One 80-year-old homeowner, who was denied an energy-assistance renewal, was handed “a paper this big” and told she would “have to apply again online”: “I can’t do that, I don’t have a computer, ” she shared with us. Participants also mapped structural gaps that no amount of paperwork can fix. Older adults with Medicare but not Medicaid fall into a middle zone with no covered home care or companionship (“I don’t know why the state made this rule…Medicare people cannot receive the companionship; they have to pay from their pocket”). Moreover, undocumented elders are categorically excluded from most help. As shared by a community health worker, “When they ask for rental help, I don’t have any resources… I can only give them food.” They rely on hospital charity care that varies dramatically by institution and still leaves gaps as basic as a glucometer copay. Late-arriving immigrants who never accumulated U.S. work credits cannot draw retirement benefits at all, so many keep working in factories, daycares, and cleaning, well past 65.[13]

EMERGING DIRECTIONS

Community health workers at HCPC are cultural and administrative brokers, obtaining physicians’ letters documenting chronic conditions so that agencies stop demanding quarterly income re-verification; learning which hospital’s charity care covers clinic prescriptions in full; generating rent receipts for cash-paying tenants so they can prove residency; and placing clients on every plausible waitlist at once. Their most concrete policy proposal was to streamline: align SNAP and Medicaid renewals for seniors into a Single annual process (as is already done for new mothers) so that there is one caseworker, one packet, and one interview to cover both. Others proposed local income floors (“even $200 a month, not dependent on the federal government, would help a lot of people eat and pay rent”) and pointed to benefit-screening campaigns that could serve as models worth localizing to Paterson’s senior buildings.



IMAGE: MEMBERS OF HCPC AND NEW DESTINY , THE RESEARCHER, RESEARCH ASSISTANT, AND A PARTICIPANT POSE AT AN EVENT IN PATERSON HOUSING.

THEME #3 FOOD ACCESS & NUTRITION



IMAGE: FOOD BOXES ARRIVE FOR PATERSON SENIORS

THE ISSUE

The CUMAC data quantifies what interviews showed: older Patersonians assemble food security from fragments of support, including but not limited to SNAP, monthly food boxes delivered to senior buildings, church pantries, and family and neighbor exchanges. When any fragment slips (e.g., a missed renewal, a suspended benefit, or a lost ride), older adults may quickly find themselves cutting back on meals or going without food. One community health worker described a client who was eating one meal a day and had become anemic; she had no transportation to reach CUMAC and no senior-building delivery because she rented a room in a private house. The local food environment creates additional constraints. Paterson has eight or nine supermarkets but no major full-service chains, leaving residents without cars reliant on buses and neighborhood stores. And for those living in rooms without kitchens, access to food does not necessarily mean having the means to prepare it.

> "I haven't gone [to a pantry] because they give you old things; things past their date. Why would I pick up things that are expired, just to throw them away?"
> — 82-year-old resident

Quality and fit, not just quantity, shaped how residents talked about food. Several noted that pantry offerings lean heavily on canned goods and baked items and are short on milk, eggs, and meat, which are typically the protein sources that help sustain a diabetic or anemic elder's health. But stakeholders are beginning to respond. The HCPC diabetes program writes referrals so that partner pantries, such as the Father English food pantry, assemble low-sodium bags for its clients; CUMAC staff told the researcher they are working toward diabetic-friendly labeling of shelves. City Green, the region's urban-agriculture nonprofit (founded in Paterson in 2004), grows and distributes culturally resonant produce, such as collard greens and okra for Southern-rooted Black elders and familiar staples for Mexican newcomers. They also operate Dig In gardens at senior housing sites, a Veggie Mobile, senior buses to farmers' markets, Good Food Bucks that double SNAP purchases, Senior Farmers' Market Nutrition Program coupons, and a weekly therapeutic-horticulture program at older-adult sites, with raised beds and stabilized pathways built for accessibility.[14]

EMERGING DIRECTIONS

Some of the most effective supports already run through buildings and trusted workers: the New Destiny Mobile Senior Success Center delivers monthly food boxes across six Paterson Housing Authority sites.

HCPC community health workers pick up and deliver emergency groceries and, when needed, refrigerators and microwaves, using small patient-supported funds. The City of Paterson's Division of Senior Services distributes Farmers' Market Nutrition Program vouchers to a thousand seniors each year and makes weekly food deliveries to seventeen private senior buildings.[15] Future efforts should connect these areas more deliberately by pairing pantry access with support for maintaining SNAP benefits, expanding delivery options for older adults who do not live in senior buildings, and making culturally appropriate, medically tailored food a more routine part of food assistance.

THEME #4 SAFETY & THE PUBLIC ENVIRONMENT

THE ISSUE

If housing was the most common theme, safety was the most unanimous. Nearly every resident volunteered some version of the same rule, stating "I don't go out at night," and stakeholders confirmed that many older adults will not leave home after five or six in the evening. A 73-year-old put the logic plainly: "People our age shouldn't be out on the street alone after 9 or 10 p.m., not because we can't do things, but because we can't take off running." The fear is grounded in experience. One woman had a chain snatched from her neck moments after stepping off the bus; another described phone and purse theft as routine ("You can't walk with your cell phone, they take it from you while you're walking"); a third summed up the park across town: "An older person can't go into a park to walk because you're afraid of being assaulted. You call the police, and the police come when they feel like it." Inside some senior buildings, residents pointed to illegal activities at the entrances at night and to broken door-entry systems that let strangers wander in.

The condition of the public space carries significant symbolic weight in how seniors view their community. Residents cataloged trash-strewn streets, illegal dumping ("they leave broken furniture, boards, toilets"), the disappearance of street sweepers within the past year, and the scarcity of public trash cans. These conditions send a message that the city does not value the people who remain outdoors and who are disproportionately elders walking to the bus, the pharmacy, the supermarket, and church. Several were careful to note improvements: downtown "looks more picked up," new buildings are rising, and a mayoral clean-streets campaign was circulating during fieldwork. But the cumulative effect of fear and disinvestment results in spatial confinement among older Patersonians. It is a principal reason this study's planned observation of "third spaces," such as cafés, plazas, and parks where older adults might gather informally, found so few. In Paterson, opportunities to gather safely are often concentrated in indoor institutional settings, typically during the day, and for many older women, participation depends on being personally invited or connected to an existing group.

EMERGING DIRECTIONS

The workaround the community has already invented is to bring life to where older adults are. The Paterson Housing Authority, recognizing that transportation and fear suppress turnout, replaced its single annual senior barbecue with six barbecues held at its major sites, and attendance jumped. The New Destiny Mobile Senior Success Center runs “Monday Movements” chair-exercise and music sessions in the building’s community rooms; prevention educators deliver their six-week wellness curriculum wherever a host site will have them. Residents’ own adaptations, such as walking in pairs, morning-only errands, and taxis to evening mass, suggest design rules for future programming. It suggests that future programming should be scheduled during daylight, locate events/programs on bus lines or on-site, and treat safe, dignified indoor gathering spaces as aging infrastructure worth funding, including libraries, which one stakeholder called “the only places people can go without spending money.”

THEME #5 LANGUAGE, DIGITAL ACCESS, & SOCIAL CONNECTION



IMAGE: A FLYER FOR AN EVENT HELD BY NEW DESTINY FOR PATERSON SENIORS

THE ISSUE

Language brokering is the quiet but constant work of aging services in Paterson. The New Destiny Mobile Senior Success Center’s referral-and-aid sessions exist largely to translate and complete documents that arrive only in English; community health workers read clients’ mail aloud, sit on hold with agencies, and rely on telephone interpretation lines that double the length of every appointment. Language also organizes social life; inside senior spaces, Spanish- and English-speaking elders often gather “a bit separated,” as one Peruvian widow observed. The city’s linguistic map extends well beyond Spanish. For example, the Paterson Alliance produces materials in the city’s four most common languages, including English, Spanish, Bengali, and Arabic.

> “I would love it if they opened a computer class. How to use it, how to turn it on, how to look up what I want to know…my accounts, the balance of my expenses. It’s so many things. It’s very important. And the computer translates for you, too.”
>
> — 82-year-old resident, who said she would gladly pay $20–$50 for such a class

EMERGING DIRECTIONS

Digital exclusion surfaced in nearly every interview. Residents expressed a desire to learn, but many lacked access to patient, in-language instruction and reliable devices. Free government-issued tablets and phones often went unused because, as one older adult explained, “nobody teaches us how to use the phone.” These barriers have broader implications as everyday tasks, including renewing benefits, accessing patient portals, completing housing applications, and paying rent, increasingly require internet access and digital skills. However, local organizations offer examples of how these barriers can be reduced. IACO, a downtown immigrant-services organization that has operated since 1999, built a Spanish-language online directory of senior services (Asistencia Para Seniors) that screens by immigration status. But they soon discovered that the website alone was not enough and opened a computer lab with small-group digital literacy classes for members 55 and older. Moreover, they report that one grandmother who could not touch her phone now floods her grandson with messages and links.[13] In one community event at New Destiny, the researcher observed a Spanish-language computer class where the instructor taught passwords as “like your bank PIN,” which used metaphors that learners were already familiar with. It is no surprise that the Senior Task Force has chosen technology as a shared strategic focus.



IMAGE: A BBQ IS HELD FOR SENIORS OVER THE SUMMER IN WHICH COMMUNITY ORGANIZATIONS SPREAD AWARENESS ABOUT AVAILABLE HEALTH AND MEDICAL SUPPORTS



IMAGE: NEW DESTINY FACILIATES A COAT DRIVE FOR SENIORS OVER THE WINTER.

In addition to challenges in language and technology, there is also the deeper challenge of loneliness. “A lot of them just need people to speak with,” one community health worker said, describing a financially secure 83-year-old client whose real request was a weekly visit. Widowhood was near-universal among the women interviewed; several residents’ social worlds became contracted to just a hallway, a phone line, or a church pew. Yet the interviews also revealed how readily older Patersonians build and sustain social ties when spaces and routines support connection. Residents described classroom friendships so close that seating charts had to be rearranged; civics students who memorized the citizenship test long ago but continue attending because, as one explained, “on Saturday I’m going to see my friend, and then we’re going to lunch”; Wednesday-evening gatherings in senior buildings; birthday celebrations in community rooms; tenant associations with elected officers; weekly domino games; and Peruvian polladas, fundraising chicken dinners organized by word of mouth to help neighbors facing expenses such as burying a family member. Stakeholders added two cautions: older men are much harder to reach than women (they surface through couples, work networks, and game tables rather than programs), and mental-health needs hide behind generational stigma, so emotional support lands best when embedded in companionship, movement, arts, and peer activity rather than labeled as a treatment.

COMMUNITY ASSETS & STRENGTHS



IMAGE: PATERSON SENIORS FROM THE PATERSON ADULT DAY CENTER AND CATHOLIC CHARITIES, LEARN HOW TO DO MANDALA DOT PAINTING, WHICH WAS SPONSORED BY THE HAMILTON PARTNERSHIP FOR PATERSON.

For all the strain documented above, participants were emphatic that Paterson's aging landscape is rich in assets that future projects should build on rather than duplicate.

THERE ARE...

- **Willing, responsive elders**. "They'll sign on the spot, let's do it, let's work together," one community health worker said of seniors offered concrete help; roughly 70 percent of those approached enrolled in programs for additional support. Moreover, trust, once earned, is expressed with great warmth by seniors in the community. One senior even said that God sent them support through a community worker at New Destiny during a research visit to a Paterson housing unit.
- **Trusted brokers embedded in daily life.** Bilingual community health workers, the New Destiny Mobile Senior Success Center coordinator (whom residents greet by first name), building presidents, and parish leaders already carry the community's information economy, which runs mostly by word of mouth.
- **Faith networks that feed and hold people**. "You know how many people would go hungry if churches didn't cover those gaps?" one stakeholder asked, and it is not only churches: mosques and temples run soup kitchens and warming spaces across the city.
- **A dense, interconnected nonprofit web**. The Paterson Alliance links more than 100 member organizations; the HCPC Senior Task Force meets monthly, and its Community Action Board meets quarterly; the Unite Us platform provides partners with a shared, closed-loop referral directory. Nearly every organization interviewed knew about one another.
- **Cultural wealth and mutual aid.** Latin American consulates sit downtown, steps from immigrant-serving nonprofits; the Peruvian Day Parade fills the streets; adult day centers host cross-cultural exchange (one participant trades Dominican cooking for her Chinese tablemates' mooncakes); polladas and building collections show a functioning tradition of neighbor-to-neighbor support.
- **Deep place attachment.** Even residents with the harshest assessments of the city intend to stay for family, church, familiarity, and memory. One woman explained she would never return to Peru because her mother is buried here: "I don't want to leave my mother alone, even though she has passed." Aging in place in Paterson is often constrained, but there is also a genuine sense of belonging.

LEARNING FOR FUTURE COLLABORATION

This study was designed not only to document conditions but also to lay the groundwork for future collaborative action research and grantmaking on aging in Paterson. The findings point to three practical lessons that align with the project's intended outcomes: how to design community-centered research in Paterson, which partners to engage, and how to communicate the work.

A. COMMUNITY-CENTERED DESIGN CONSIDERATIONS FOR FUTURE ACTION RESEARCH

1. **Enter through trusted intermediaries.** Recruitment succeeded when it flowed through people that residents already trusted, such as community health workers, the New Destiny Mobile Seniors Success Center, and building leaders. Field notes from a referral-and-aid session observed that residents "are very comfortable and express their concerns freely" in that setting, underscoring the trust that can develop through familiar, relationship-based spaces in ways that cold outreach often does not.
2. **Engage nonprofits/community organizations that support older adults, even without dedicated senior programming.** In Paterson, this could include Oasis (A Haven for Women and Children) and other organizations whose services help meet the everyday needs of older residents.
3. **Go to people; do not ask them to come**. Interviews took place in community rooms, program sites, and residents' homes. The Housing Authority's decision to hold barbecues at six sites suggests a broader lesson: bringing activities directly to where residents already live and gather can substantially increase participation.
4. **Make Spanish the working language, and budget for it**. Bilingual interviewers, Spanish consent materials, and professional bilingual transcription were essential and non-trivial line items. Interpretation can roughly double the duration of any encounter, and future budgets and timelines should account for it.
5. **Hold an informal conversation before the formal interview**. Pre-screening meetings established fit and rapport, conserved limited honoraria, and made the recorded session warmer and richer.
6. **Compensate respectfully and practically.** $25–$40 honoraria communicated respect. Physical gift cards mattered because digital cards exclude exactly the participants this work centers. The research assistant, Dayannara, developed a bilingual activation pamphlet, which provided Spanish-speaking seniors with step-by-step instructions to use their gift cards. Lastly, patience with university procurement timelines proved necessary.
7. **Design for the gender skew rather than being surprised by it**. Women outnumber men in later life and in programs; men were reached through couples interviews and male-anchored settings (such as certain host sites and outdoor activities). Future studies should plan those channels deliberately.
8. **Schedule around safety**. Daytime sessions, on-site or bus-line locations, and awareness that evening programming excludes many elders, especially women, are design requirements, and not preferences.
9. **Move at the speed of relationships**. Mid-study, the funder advised slowing data collection in favor of community engagement; the project is stronger for it. Building in a community feedback loop, sharing the draft report with participants, and presenting findings to organized groups of older adults before wide release honors the 'action' in action research.

9. **Hire locally**. The undergraduate research assistant, Dayannara, who previously lived in Paterson, helped bridge language, geography, and trust. One interviewee visibly relaxed upon learning that Dayannara was "from here." Recruiting and training local research assistants can build on this familiarity while also creating opportunities for Paterson residents to develop research skills and participate in future community-based work.
10. **Expect few third spaces**; recruit through institutions. Because safe informal gathering places are scarce, older Paterson can actually be found in buildings, churches, classes, and programs (not parks or plazas).
11. **Ask partners for data early**. CUMAC readily shared simple administrative extracts that materially strengthened this report. Future projects should identify one or two data partners at the design stage. The Paterson Housing Authority's senior waitlist (length and wait duration) is the most obvious next candidate, an idea that stakeholders themselves suggested.

B. KEY INDIVIDUALS AND ORGANIZATIONS FOR CROSS-SECTORAL COORDINATION

Paterson does not lack organizations that touch older adults; it lacks an owner of the issue. With the exception of IACO's seniors program and the city's small Division of Senior Services, aging is carried as a sideline by health, housing, family-service, faith, and immigrant-serving organizations who are passionate, but also stretched. Stakeholders who work across county lines drew the comparison explicitly: in Bergen County's age-friendly network, "there's a better understanding as to who does what," while in Paterson and greater Passaic County, there is "a lot of duplication of programs" amid competition for shrinking funds. The coordination venues that exist, such as the HCPC Senior Task Force (monthly), the Community Action Board (quarterly), Paterson Alliance meetings, and the Unite Us referral platform (for which HCPC is the lead onboarding agency), are genuine assets. There remains an opportunity to make aging a standing, resourced priority within them, and to keep expanding the roster of aging-relevant organizations enrolled in Unite Us. Table 3 maps the ecosystem encountered in this study.

Table 3. Key Organizations and Venues for Cross-Sectoral Work on Aging in Paterson

Sector	Organizations and venues	Role for aging work
Coordination and convening	Health Coalition of Passaic County (Senior Task Force; Community Action Board; Unite Us directory); Paterson Alliance (100+ nonprofit members)	Convening, closed-loop referrals, capacity building, shared strategy
Community health and navigation	HCPC Pathways for Seniors community health workers (caseloads of ~30); HCPC diabetes self-management program; independent bilingual Medicare/Medicaid counselors	Trusted in-home navigation, translation, enrollment, emergency support funds

Housing	Paterson Housing Authority (six major senior sites; Dig In garden grants); New Destiny Family Success Center / Mobile Seniors Success Center; Corporation for Supportive Housing and Supportive Housing Association of NJ; Rising Dove Senior Apartments (Second Baptist Church); HS&H Outreach (Senior Homeless Intervention Program)	Units and waitlist data, on-site services and events, supportive-housing pipeline, homelessness prevention
Health systems	St. Joseph's University Medical Center; St. Mary's General Hospital; New Bridge Medical Center; Hackensack Meridian Health	Charity care, geriatrics, referrals to CHW programs, anchor-institution capital for housing
Food and nutrition	CUMAC; Father English food pantry; City Green; churches, mosques, and temples; City of Paterson Division of Senior Services	Pantries and deliveries, culturally appropriate and medically tailored food, senior gardens, farmers'-market vouchers
Immigrant-serving and cultural	IACO / Asistencia Para Seniors; Latin American consulates (Peru, Colombia, Venezuela); La Casa de Don Pedro (Newark); Hispanic Multi-Purpose Service Center	Language access, citizenship and legal services, digital literacy, culturally rooted outreach
Aging, family, and prevention services	Catholic Charities, Diocese of Paterson; The Center for Alcohol and Drug Resources (CAFS) — WISE and Get Connected; Oasis; Mae Bradley grandparents-as-parents program; Grandparent Resource Center; adult day centers (e.g., Careway; Mi Casa, Su Casa)	Senior programming, prevention education, kinship-care support, adult day services
Government, philanthropy, and research	City Division of Senior Services; Passaic County senior services and para-transit; The Henry and Marilyn Taub Foundation; Rutgers Hub for Aging Collaboration; Grotta Fund for Older Adults; Geraldine R. Dodge Foundation; LISC New Jersey	Public services and transportation, grantmaking, research partnership and evaluation; funding and implementation of One Square Mile's housing plan

Key partners include staff who lead the Senior Task Force and Pathways for Seniors community health worker team; the coordinator of New Destiny's Mobile Senior Success Center, whose regular presence across six housing sites provides a direct connection to residents; the incoming leadership of the Paterson Alliance; the resource manager for IACO's seniors program; Catholic Charities' senior-services staff; and the Taub Foundation's aging-in-place program director, whose convening role helped facilitate several connections during the study.

C. LANGUAGE AND FRAMING FOR MESSAGING/FUTURE PROJECT DESIGN

1. **Lead with a concrete offer, not with 'aging.'** People came for a citizenship class, a computer lab, ANCHOR help, fresh vegetables, or bingo, and then stayed for community. As one stakeholder observed, some older adults attend classes "not because they want to learn… but because that's their way to socialize." Design and advertise the activity, and then you can let belonging be an outcome.



IMAGE: PATERSON SENIORS FROM THE PATERSON ADULT DAY CENTER AND CATHOLIC CHARITIES, LEARN CHINESE BRUSH PAINTING.

2. **Say "60 and older," and choose Spanish terms with care.** Local programs set eligibility at 60+, and the phrase includes the young-old without stigma. In Spanish outreach, "personas mayores" or "adultos mayores" conveys respect; "ancianos" signals distance; affectionate terms like "los viejitos" belong to the community's own voice, not to institutions.
3. **Spanish first, and not Spanish only**. Produce materials in Spanish and English by default, adding Bengali and Arabic where reach matters, and invest in culturally appropriate translation (which was essentially the standard local partners named explicitly).
4. **Treat word of mouth as the primary channel**. Information travels through building presidents, community health workers, instructors, and church leaders, as well as through recognizable faces ("oh, that's Mr…"). Equip these community messengers with simple talking points and testimonials, and let flyers serve as reinforcement, but not strategy (e.g., at one observed event, residents never saw the posted announcement!).
5. **Frame for trust in a fearful moment**. Amid heightened immigration enforcement, uncertainty is widespread. Grassroots and nonprofit spaces feel safer than government offices; one interviewee visibly shifted when the researcher clarified that the study was "for a community report, not for the government." Say plainly who is asking, who will see the information, and that no documentation is required to participate.
6. **Use strengths-based framing**. Residents often resist being framed as passive recipients of support. Programs should build on the strengths already present in families, faith communities, and neighborhood networks; the pollada, for example, offers a clear model of mutual aid. Framing new initiatives as partnerships rather than charity can better reflect these existing forms of care and reciprocity.
7. **Approach mental health sideways**. Generational norms around strength and self-reliance can make formal mental health support feel stigmatizing. Companionship visits, peer groups, arts, movement, and gardening can offer emotional support in more acceptable forms and should be framed that way in outreach.
8. **Put access details in every announcement**. Outreach materials should clearly state the language offered, whether the program is free, the daytime hours, exact location and bus access, and whether help with forms is available. These details can determine whether an older Paterson resident can participate.

CONCLUSION

* **The challenges to aging well in Paterson are serious and persistent. Older residents face housing that is often unaffordable or inadequate, a safety net that is difficult to navigate, food security pieced together from multiple sources, limited opportunities to gather safely in public spaces, and language and digital barriers that make everyday tasks harder to manage independently.**

Yet the same interviews reveal a city unusually rich in solutions. There are elders eager to engage, trusted workers already inside people's homes and buildings, faith communities feeding neighbors, organizations that know each other and meet monthly, and a funder with decades of commitment to this specific place.

What is missing is not local capacity, but stronger coordination and sustained attention. Paterson needs clearer leadership on aging and resources that reflect the trust frontline workers have already built. Programs should also be designed around how older residents actually live: close to home, during the day, and through trusted networks in their languages. The information in this report is offered to The Henry and Marilyn Taub Foundation, its grantees, city and county partners, and the residents themselves as a foundation for that next phase of collaborative work, so that the people who built Silk City's last industrial generation can grow old in it with the security and dignity they have long since earned.

Summary of Key Findings

Theme	What participants told us
Housing	Rents have outrun fixed incomes; subsidized units are scarce, older adults are waitlisted for years, apartments/housing are often in disrepair; evictions among the very old are rising.
Economic security and benefits	Benefits churn (there are missed letters, digital-only renewals, and automated errors that destabilize seniors); Medicare-only and undocumented elders fall through categorical gaps.
Food and nutrition	Older pantry users are rising and overwhelmingly alone; quality of the foods, cultural fit, and kitchens matter as much as quantity.
Safety and public space	"I don't go out at night" is near-universal; fear plus a neglected public realm confines elders and erases third spaces.
Language, digital access, and connection	Translation and patient technology instruction are needed for older adults; loneliness is widespread and best answered through activity-based community.

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REFERENCES

1. National Park Service. Paterson Great Falls National Historical Park — The Birthplace of the American Industrial Revolution. https://www.nps.gov/pagr. See also Hamilton Partnership for Paterson, https://hamiltonpartnership.org.
2. New Jersey Historical Commission. “Alexander Hamilton’s Dreams of Industry.” https://nj.gov/state/historical/assets/pdf/it-happened-here/ihhnj-er-hamilton.pdf.
3. U.S. Census Bureau. (2021). 2020 Decennial Census, Paterson city, New Jersey (population 159,732).
4. U.S. Census Bureau, American Community Survey five-year estimates for Paterson city, NJ, via Census Reporter (censusreporter.org/profiles/16000US3457000-paterson-nj) and Data USA (datausa.io/profile/geo/paterson-nj): foreign-born share, median household income, poverty rate, homeownership rate.
5. World Population Review. (2026). Paterson, New Jersey Population (approximately 19,300 residents ages 65 and older). https://worldpopulationreview.com/us-cities/new-jersey/paterson.
6. Health Coalition of Passaic County. HCPC Pathways to Success: Seniors Program booklet (senior poverty rate, program impact data, environmental assessments, and NJ Elder Index–based senior budget figures).
7. The Henry and Marilyn Taub Foundation. “Healthy Aging: Our Vision.” https://taubfoundation.org/programs/aging-in-place/.
8. National Council on Aging and The Henry and Marilyn Taub Foundation. (2021, April 12).
9. Greenfield, E. A. (2015). Aging in Place in Bergen County: Challenges and Opportunities According to Key Informant Interviews. Rutgers School of Social Work, prepared for The Henry and Marilyn Taub Foundation.
10. CUMAC. Administrative reports provided to the research team, December 2025: age demographics report (11/1/2024–11/1/2025); seniors-or-disabled household report (11/1/2024–11/1/2025); first-time distribution monthly report, 2014–2025.
11. Luo, Y., Li, M., & Zhang, Z. (2026). Food insecurity, Supplemental Nutrition Assistance Program participation and cognitive function among middle-aged and older adults: Longitudinal evidence from the Health and Retirement Study. Nutrients, 18(3), 363.
12. Corporation for Supportive Housing. “Road Map to Financing Supportive Housing in New Jersey.” https://www.csh.org/resource/road-map-to-financing-supportive-housing-in-new-jersey/; and field notes from “Building Partnerships for Supportive Housing Expansion in Bergen and Passaic Counties” convening, April 21, 2026.
13. IACO — Immigration and American Citizenship Organization. https://iacoimmigration.org and https://asistenciaparaseniors.org.
14. City Green. Program notes shared with the research team, February 2026.
15. City of Paterson, Division of Senior Services. https://www.patersonnj.gov.