

# New Jersey State Rank: 30\*

In New Jersey, 58,000 parentally bereaved and orphaned children account for 3 percent of the total child population in the state.

## NATIONAL CONTEXT

More than 2.2 million US children (under age eighteen) have experienced the death of a parent or caregiver. These children are at higher risk of academic failure, substance misuse, suicide attempts, suicide, and premature death from any cause than their nonbereaved peers.

In the United States in 2021, the rate at which children are being parentally bereaved is higher now than it has been at any time in the last twenty years, in every state in the nation and in every racial and ethnic category. The time to act is now.

## STATE CONTEXT

Of the 58,000 parentally bereaved children in New Jersey, 1000 have had a parent die from COVID-19. This means that as of 2020 in New Jersey, 57,000 parentally bereaved children, or *approximately 98 percent of parentally bereaved children in all racial and ethnic groups*, will be left behind if the federal government pursues a COVID-only national response.

**NUMBER OF PARENTALLY BEREAVED CHILDREN  
UNDER AGE EIGHTEEN IN NEW JERSEY BY CAUSE AND RACE, 2020\*\***

	Black	Indigenous	Asian	Hispanic	White	Total
<b>Total number of children</b>	279,610	2,576	177,249	538,499	934,747	1,932,681
<b>Number of children who have been parentally bereaved in their lifetimes</b>	11,093	98	2,633	10,573	33,997	58,394
<b>Percentage of child population that is parentally bereaved</b>	4.0%	3.8%	1.5%	2.0%	3.6%	3.0%
<b>Number of children parentally bereaved in the previous year by causes other than COVID-19</b>	2,269	0	429	2,070	4,914	9,682
<b>Number of children parentally bereaved in the previous year by COVID-19</b>	247	0	62	647	309	1,266
<b>Percentage of bereaved children excluded in a COVID-only national strategy</b>	97.8%	100.0%	97.6%	93.9%	99.1%	97.8%

**SOURCE:** Estimates produced using modeling and data from Steven Ruggles, Sarah Flood, Ronald Goeken, Megan Schouweiler, and Matthew Sobek. IPUMS USA: Version 12.0 [American Community Survey (ACS) 2000–2019]. Minneapolis, MN: IPUMS, 2022. <https://doi.org/10.18128/D010.V12.0>; Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999–2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999–2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on July 1, 2022, 4:46:34 p.m.

\* State rank is based on per capita rates of children who have been bereaved during their lifetimes (1 = highest rate per capita of bereaved children; 51 = lowest rate per capita of bereaved children).

\*\* Because of modeling differences between analyses and the fact that underlying data from CDC WONDER are based on provisional versus final numbers, Evermore caps COVID-specific estimates at previous-year estimates when there are differences in race-specific estimates between the two rows.

# ROAD MAP TO A HEALTHY AND PROSPEROUS FUTURE FOR ALL CHILDREN

Evermore's policy recommendations fall into four broad categories.

## PROVIDE ECONOMIC SECURITY FOR FAMILIES

1. The Social Security Administration should ensure that all bereaved children receive the Social Security benefits to which they are entitled yet often do not access.
2. Congress should reinstate and expand the Social Security student benefit program to provide postsecondary education benefits for all bereaved and orphaned children.
3. The Federal Trade Commission should regulate pricing practices among funeral providers and pass protections that require price transparency for consumers.
4. Congress should amend the Family and Medical Leave Act to include bereavement as an eligible event for job protection and study the feasibility of offering financial incentives to employers that provide five days of paid bereavement leave to their employees.
5. Congress should give states an incentive to ease enrollment in and increase service coordination among existing federal economic, social, and health programs that buffer vulnerable children from the shock of bereavement.

## PROVIDE ACCESS TO HEALTH CARE

1. As it does for children in the foster care system, the Centers for Medicare and Medicaid Services should extend automatic Medicaid eligibility to all bereaved and orphaned children below the age of eighteen and offer means testing and other eligibility pathways to individuals up to the age of twenty-six..
2. The Center for Medicare and Medicaid Innovation should develop reimbursement payment structures that support and promote qualified bereavement care and bereavement care systems outside the medical-industrial complex.
3. Congress should adopt the Senate appropriations language for fiscal year 2023, encouraging the Agency for Healthcare Research and Quality to develop evidence-based credentialing standards for therapeutic providers who serve as frontline bereavement responders.
4. The Health Resources and Services Administration and the Community Oriented Policing Services should institute training and support programs to prevent burnout among health-care workers, first responders, law enforcement personnel, and others who are routinely exposed to intense death events and grief in their occupations.
5. The Health Resources and Services Administration should expand the Title V Maternal and Child Health Block Grant program to include bereavement services for families in addition to child death reviews.

## DEVELOP SUPPORTIVE COMMUNITY-BASED PROGRAMS

1. The Agency for Healthcare Research and Quality should partner with the Department of Education to optimize telehealth availability for grieving children within school settings, which are increasingly important centers of care for school-age children.
2. The Department of Education should work with states and school districts to develop bereavement policies that support students who are grieving and mourning their losses.
3. The Department of Health and Human Services and the Department of Justice should commit resources to highly affected jurisdictions, ensuring that bereavement care for at-risk youth is a tenet of community-based programs aimed at reducing gang affiliation, criminal activities, and imprisonment.
4. The Department of Health and the Department of Justice should pilot new and evidence-based programs that nurture bereaved children and families.

## INVEST IN DATA COLLECTION AND RESEARCH

1. The Centers for Disease Control and Prevention and the Social Security Administration should partner with state associations to collect bereavement data for children and families.
2. Congress should direct the National Institutes of Health to establish a National Center of Excellence in Bereavement Care.
3. The Centers for Disease Control and Prevention should expand the definitions of adverse childhood experiences (ACEs) and social determinants of health (SDOH) to include bereavement.
4. Congress should adopt the Senate appropriations language for fiscal year 2023, encouraging the Office of the Assistant Secretary for Planning and Evaluation, in collaboration with key divisions of the Department of Health and Human Services, to study the scope of need and best practices for high-quality evidence-based bereavement and grief services for youths and adults.