



CENTER FOR HISPANIC POLICY RESEARCH & DEVELOPMENT

NEW JERSEY CENTER FOR HISPANIC POLICY, RESEARCH AND DEVELOPMENT STATEWIDE NEEDS ASSESSMENT 2020

General Report with Appendix and Infographics

March 2021



SUBMITTED TO:

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The Center for Hispanic Policy, Research and Development Facebook page
Graduation picture (2019)

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ABOUT CREEHS

Since 2011, the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University (MSU) has provided evaluation and applied research services to institutions of higher education, school districts, government agencies, community-based organizations, and foundations to assist them in meeting their accountability and program improvement needs.

The vision of CREEHS is to partner with organizations and scholars to plan, strengthen, and sustain the services they provide for the well-being of communities.

The mission of CREEHS is to partner with clients to collect and use data to strengthen their programs and services. We tailor our services to meet the unique needs of our clients and their stakeholders. We provide high quality program planning and evaluation services, applying innovative and collaborative techniques to bridge the gap between research and practice. This includes building capacity and providing hands-on training to individuals who serve the community.

CREEHS VALUES

DIVERSITY & EQUITY: We value diversity of experience, expertise, worldview, and approach in our workforce and partnerships. We recognize the power of encouraging and embracing diverse perspectives to inform the work we do on behalf of partners and communities. We strive to create an environment that is equitable for all.

COMMUNICATION: We value meaningful and open communication and acknowledge that this starts with listening. We strive to be approachable and accessible, and do our best work when we are in continuous communication with our partners.

COLLABORATION: We value partnerships grounded in respect for each other's strengths, a shared vision, and a culture of learning. We strive to practice a community-centered approach and meet partners where they are by building trusting relationships and tailoring our approach to their readiness and goals.

ADAPTABILITY: We value responsiveness to changing needs and emerging challenges. We strive to adapt and think creatively to identify solutions when contexts shift, while remaining focused on meeting project goals.

COMMITMENT: We value deep commitment to our work and the work of our partners in strengthening communities. We are passionate and thoughtful about providing high-quality service that is relevant and useful toward driving change. We strive to help our partners make a meaningful difference in the lives of the people they serve.

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NEW JERSEY CENTER FOR HISPANIC POLICY, RESEARCH AND DEVELOPMENT STATEWIDE NEEDS ASSESSMENT 2020

EXECUTIVE SUMMARY

To address the needs of NJ's growing Hispanic population (currently 21%), the NJ Department of State's Center for Hispanic Policy, Research and Development (CHPRD) was established in 1975. Currently, CHPRD provides financial support and technical assistance to Hispanic-serving community organizations across NJ, through annual grant opportunities, to support the provision of services, programs, and resources available to the Hispanic community. CHPRD also administers the Governor's Hispanic Fellows Program which seeks to support youth and leadership development for Hispanic young adults as well as works closely with NJ's legislative and executive branches to inform policy-making initiatives that may impact the Hispanic community.

In 2019, CHPRD contracted with the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University (MSU) to conduct a statewide needs assessment of NJ's Hispanic community. The assessment aimed to collect information about Hispanic-serving or culturally relevant community-based programs and services available in New Jersey, the experiences of community members navigating these programs and services, and the outstanding needs of Hispanic communities.

The needs assessment utilized mixed methods to gather information from CHPRD funded grantee organizations and their clients (i.e., those participating in services from those organizations) as well as from key stakeholders (e.g., Executive Directors, State Legislator) representing a range of services and programs throughout the state. Data collection activities included: a survey of grantees' emergency response to COVID-19, a more general grantee survey, interviews with key informants representing Hispanic-serving organizations or constituents, focus groups and interviews with program participants, as well as a review of publicly available data. It is important to note that as a result of the COVID-19 pandemic, the project timeline and data collection activities were amended to align with state and national public health guidelines (e.g., pivoting planned in-person focus groups to video or telephone interviews). Data were analyzed and synthesized to identify needs, assets, and opportunities to improve conditions for NJ Hispanics. These findings are highlighted below.

KEY FINDINGS

SERVICES, PROGRAMS, AND RESOURCES

CHPRD funded grantee organizations provide an array of services ranging from bilingual services to transportation and serve clients through the lifespan (toddlers to older adults). Grantees most frequently reported their organizations provided bilingual services, adult education, in-school or afterschool programs, mentoring, and workforce development. Some participating organizations also provide rental and housing assistance, including homeless prevention programs, first-time homebuyer workshops, and homeowner financial counseling (e.g., foreclosure prevention), along with connecting clients to food pantries, assistance with basic needs (e.g., baby items, clothing), and psychosocial assessments.

Grantee organizations' longevity and program sustainability has helped strengthened their reputation among the clients and communities they serve by providing accessible services, programs, and resources to assist in a multitude of areas. The variety of services and activities offered and a strong sense of community were cited as added benefits to program participation. Grantees spoke highly of their organizations' staff and felt staff went the extra mile to be helpful, especially during the COVID-19 pandemic when organizations struggled and saw a reduction in staff. Community member participants

reported taking part in a number of services, programs, and resources offered by grantee organizations such as youth leadership development, English language learning, and technology instruction.

STRENGTHS AND ASSETS OF THE HISPANIC COMMUNITY

Respondents were asked to identify the strengths and assets of the Hispanic communities they serve. Among grantee respondents, Hispanic serving organizations, community connectedness/social networks, educational support for youth, and family/parent programs were most frequently reported as strengths and assets of the communities their organizations serve. Cultural richness and diversity, hard work ethic and belief in the “American Dream”, close-knit family units, and religious affiliations were noted by key informants as fundamental to the Hispanic community. Many of the grantee organizations strive to educate the community and the state about the importance of diversity and creating system change to support the Hispanic population. Key informants also reported a sense of community, the ability for individuals to connect to others in the program and establishing friendships and relationships with one another, as notable strengths and assets.

BARRIERS TO SERVICES, PROGRAMS, AND RESOURCES

Both internal and external factors impact the breadth of services that organizations can provide. Adequate funding was the most frequently noted barrier by grantees. This barrier impacts organizations’ ability to recruit and retain talent as well as sustain programs. Key informants and grantee respondents noted that their organizations lost staff to more competitive pay after the organization invested in their training and experience, as well as having to redirect resources to sustain the services, programs, and resources they offer the community.

Key informants also mentioned the lack of bilingual services in the community as a common barrier. Schools, healthcare providers (e.g., mental health), and referring agencies often do not have bilingual or multilingual resources available to assist families, children, and individuals. Community organizations, like those receiving grants from CHPRD, often have to step in to assist the families, children, and individuals navigate the different systems and advocate for their needs.

In addition to the limited availability of funding resources to organizations and bilingual services in the community, the ability to provide services to undocumented individuals was reported by key informants and grantee respondents as challenging. Key informants indicated a lack of services for undocumented families as well as a level of mistrust of providers among this population. Undocumented individuals are unable to access certain resources that are much needed, such as medical insurance or employment benefits. Further, key informants indicated that this population may be hesitant to express or protest their concerns or needs.

ADDITIONAL AREAS OF NEED IN THE HISPANIC COMMUNITY

Grantee respondents were asked to consider the current educational, economic, social, and health issues and challenges in the communities that their organization serves and prioritize the top 3 challenges for each of the domains. The majority of survey respondents reported parental engagement, poverty, racial discrimination/minority stressors, and mental health as their top educational, economic, social, and health issues or challenges, respectively. Similarly, key informants and community member participants also reported on a number of concerns regarding education, economic, social, and health conditions that impact Hispanics in their communities. These included enrollment in higher education, unemployment/lack of opportunity, unsafe neighborhoods, and mental health as issues or challenges.

OPPORTUNITIES AND RECOMMENDATIONS

Key informants, grantee organizations, and community member participants were asked about additional supports or services in the community that are needed to help improve conditions for Hispanics. Recommendations intended to inform improvements and initiate discussion and future action about how best to address the findings of this assessment are provided below by identified area for improvement.

1. Education access
 - a. Establish or expand the number of mentoring and after-school programs.
 - b. Promote the importance of college education and vocational opportunities, by providing guidance on the application process, financial aid resources, and educational counseling.
 - c. Offer easily accessible information about educational opportunities like ESL classes.
2. Food access
 - a. Partner with or create coalitions in communities where supermarkets or large chain stores are scarce in order to improve the availability and access to healthy food options.
 - b. Partner with organizations that address food access via community gardens and farmers markets.
3. Transportation access
 - a. Advocate for more frequent and reliable transportation services in communities where transportation needs are high.
 - b. Assist families and individuals with transportation needs for medical and mental health appointments, job interviews, and social service appointments.
 - c. Assist older adults with locating senior transportation or senior voucher programs to access medical services more easily.
 - d. Research transportation voucher programs that facilitate mobility and provide the community with transportation alternatives.
4. Technology access
 - a. Collaborate with local internet providers to reduce the cost or provide free services to low-income families and individuals to ensure they have the technology and broadband capability to work, socially connect, and learn remotely.
 - b. Collaborate with existing resources (e.g., public libraries) to provide training on using technology to connect remotely to services and social opportunities.
 - c. Increase access to virtual platforms to reach more people in the community.
5. Affordable housing
 - a. Promote and expand home buying and financial education programs.
 - b. Collaborate with other local organizations to educate community members on federal funding programs for affordable housing.
6. Bilingual and culturally competent professionals
 - a. Contact graduate schools or professional networks or organizations to create a repository of bilingual providers and their current professions.
7. Collaboration and information sharing
 - a. Continue to foster relationships that will further expand current network of professionals, services, programs, and resources.
 - b. Create and facilitate opportunities for collaboration across agencies (CHPRD).
 - c. Mobilize subgrantees to increase resources and reduce duplication of services.
 - d. Train volunteers or junior staff to perform outreach and provide basic services and programs.

8. Funding
 - a. Create a repository of grant or other funding opportunities (CHHPRD).
 - b. Host or sponsor workshops on grant writing as part of the award stipulations (CHPRD).
 - c. Partner with other organizations to apply for grants.
 - d. Recruit volunteers who are versed in grant writing.
9. Financial assistance
 - a. Continue to advocate and assist families and individuals financially, as possible.
10. Healthcare access
 - a. Collaborate with mobile healthcare providers that may provide primary care to community members for free, sliding scale, or insurance.
11. Mental health services
 - a. Promote the importance of and minimizing the stigmas around mental health.
12. Arts programs
 - a. Engage school districts to include art programs aimed allowing students to explore their creativity as they learn about the arts and celebrate their culture.
 - b. Collaborate with local nonprofits to offer art programs for the Hispanic community.
 - c. Develop or sponsor apprenticeship opportunities for NJ Hispanic artists (CHPRD).

CONCLUSION

While COVID-19 has disproportionately impacted NJ Hispanics and has magnified the many issues and challenges Hispanic families and individuals face, many of these needs and challenges have persisted pre-COVID times such as unfair wages, ineligibility for social support services, language barriers, affordable housing, educational attainment, health care, and mental health.

Organizations are working with the resources at hand to provide essential support, guidance, and services to address the many needs of NJ Hispanics. Organizations' staff members' caring, responsive, and attentive nature is seen as the greatest asset by service recipients. However, factors such as funding availability and staff retention are barriers that impacts organizations' capacity to provide services, programs, and resources and offer better paying salaries to potential talent.

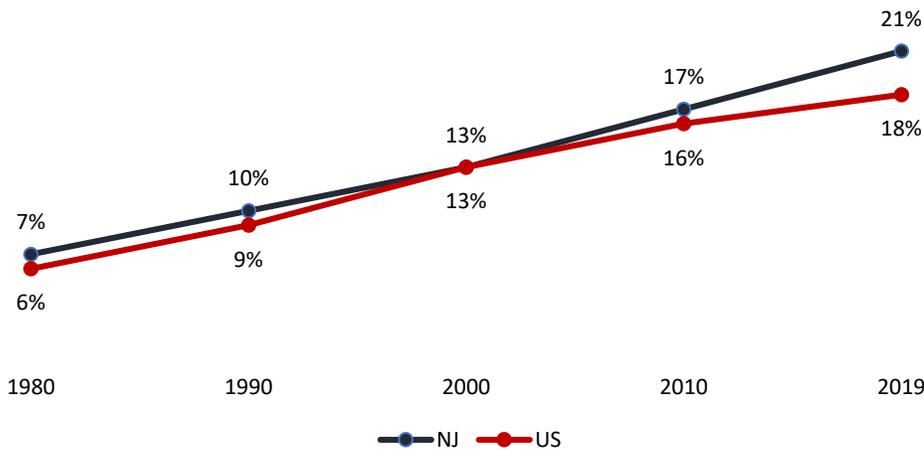
There are many opportunities to further improve the existing portfolio of services, programs, and resources available to the Hispanic community. CHPRD and the Hispanic serving organizations should continue to reevaluate and assess their efforts individually and collectively to strengthen and increase statewide capacity to serve their communities.

NEW JERSEY CENTER FOR HISPANIC POLICY, RESEARCH AND DEVELOPMENT STATEWIDE NEEDS ASSESSMENT 2020

INTRODUCTION

New Jersey's Hispanic population has steadily increased over the last four decades, from 491,883 (7%) in 1980 to 1.8 million (21%) in 2019, Figure 1. The trend is similar to the nation's Hispanic population growth, 14.6 million (6%) in 1980 to 58.5 million (18%) in 2019. Today, 1 in 5 New Jersey (NJ) residents identify as Hispanic.^{1,2,3}

Figure 1. Hispanic Population (1980-2019)



To address the needs of NJ's growing Hispanic population, the NJ Department of State's Center for Hispanic Policy, Research and Development (CHPRD) was established in 1975. Currently, CHPRD provides financial support and technical assistance to Hispanic-serving community organizations across NJ, through annual grant opportunities, to support the provision of services, programs, and resources available to the Hispanic community. CHPRD also administers the Governor's Hispanic Fellows Program which seeks to support youth and leadership development for Hispanic young adults as well as works closely with NJ's legislative and executive branches to inform policy-making initiatives that may impact the Hispanic community.

In 2019, CHPRD contracted with the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University (MSU) to conduct a statewide needs assessment of NJ's Hispanic community. The assessment aimed to collect information about Hispanic-serving or culturally relevant community-based programs and services available in NJ, the experiences of community members navigating these programs and services, and the outstanding needs of Hispanic communities.

This report presents the findings that emerged from needs assessment data collection activities conducted between November 2019 and February 2021 including recommendations regarding potential strategies for future grant planning, program improvement, and advocacy to best meet the needs of New Jersey's Hispanic residents.

METHODOLOGY

The needs assessment utilized mixed methods to gather information from CHPRD funded grantee organizations and their clients (i.e., those participating in services from those organizations) as well as from key stakeholders (e.g., Executive Directors, State Legislator) representing a range of services and programs throughout the state. The assessment aimed to collect data about the needs, assets, and opportunities in NJ's Hispanic communities. It is important to note that as a result of the COVID-19 pandemic, the project timeline and data collection activities were amended to align with state and national public health guidelines (e.g., pivoting planned in-person focus groups to video or telephone interviews).

DATA COLLECTION AND ANALYSIS

To gain a better understanding of the services, programs, and resources available to Hispanic communities in NJ as well as unmet needs and opportunities, CREEHS collected a variety of quantitative and qualitative primary data via surveys, interviews, and focus groups with grantee organizations, their clients, and other stakeholders (i.e., key informants), as well as review of a range of available secondary data. Instrument development was informed by conversations with CHPRD, compiled secondary data, existing instruments, and best practices. CREEHS worked collaboratively with CHPRD to identify key informants and CHPRD-funded grantee organizations to assist with the coordination of data collection.

- **GRANTEE EMERGENCY RESPONSE SURVEY**

In April 2020, current grant-funded organizations were invited to participate in a voluntary and anonymous survey to learn about their responses to community needs during the COVID-19 public health emergency and future emergencies (e.g., preparedness, response, mitigation, and recovery). The 20-minute online survey was administered, and monitored by CREEHS via Qualtrics between April 27 and May 15, 2020. In total, 34 respondents representing CHPRD funded grantee organizations completed the survey.

- **GRANTEE SURVEY**

Similar to the grantee emergency response survey, current grant-funded organizations were invited to participate in a voluntary and anonymous survey to collect information about services, programs, and resources they provide to the Hispanic communities in NJ as well as the needs, assets, and areas for improvement of these services, programs, and resources in addressing the needs of the community. The 30-minute online survey was administered, and monitored by CREEHS via Qualtrics between June 24 and July 14, 2020. In total, 25 CHPRD funded grantee organizations completed the survey.

- **INTERVIEWS WITH KEY INFORMANTS**

In November and December 2020, CREEHS invited key informants, identified in collaboration with CHPRD, to participate in one 60-minute interview, scheduled at a convenient time for the participant. In total, 13 interviews were conducted with key informants representing Hispanic-serving organizations or constituents across NJ, including agency leads, program managers, and state legislators via telephone or video call (e.g., Zoom). All interviews were audio recorded with key informants' consent.

- **FOCUS GROUPS AND INTERVIEWS WITH PROGRAM PARTICIPANTS**

In January and February 2021, CREEHS conducted 5 virtual focus groups with a total of 16 participants receiving services through CHPRD funded grantee organizations. Two focus groups were conducted in Spanish, and the remaining 3 were in English. Focus group partner organizations were identified collaboratively between CREEHS and CHPRD to provide perspectives from different program areas (e.g. arts, professional development, and family services) and a diverse range of ages. Organizations serving youth (aged 18-24), older adults (aged 55 and over), and those serving the general public (aged 25-54) were asked to recruit program participants to join one 30- to 90-minute virtual focus group (i.e., via Zoom).

To accommodate the needs of older adults (aged 55 and over) during the COVID-19 pandemic (e.g., technological capacity), telephone or video interviews also were scheduled with the assistance of senior-focused CHPRD funded grantee organizations. CREEHS conducted 7 virtual interviews and 1 focus group with 5 participants that ranged from 30 to 60 minutes. All interviews and focus groups were recorded with participants' consent. All 28 program participants received a \$15 gift card for their participation in an interview or focus group.

- **PUBLICLY AVAILABLE DATA**

CREEHS also compiled and assessed data from a range of publicly available secondary sources to generate a data visualization consisting of information on demographics, income and poverty, employment, educational attainment, and health of NJ's Hispanic residents. These data were collected from several databases (e.g., US Census, NJ Departments of Education and Health, Advocates for Children of NJ, Hispanic Association of Colleges and Universities). All data were compiled during January and February 2020 and updated, as available, in March 2021.

DATA ANALYSIS

Data from the two surveys were analyzed using SPSS software to calculate response frequencies and compiled into data tables for further summary. Audio recordings of the 20 total interviews and 6 total focus groups were transcribed and content analyzed for salient themes. CREEHS staff worked collaboratively to analyze these data across participant groups using a descriptive coding approach in which each code summarizes the topic of a passage of text using a word or short phrase. These codes were categorized into a structure that allowed the examination of community strengths, assets, needs, barriers, services, and resources.

STRENGTHS AND LIMITATIONS

The primary strength of the needs assessment study methodology was the ability to collect primary data from a diverse range of respondents, representing an array of service areas, countries of origin, ages, and geographic locations within NJ, as well as conduct interviews and focus groups in Spanish. This enabled relevant themes to be examined from various perspectives and voices, each with a unique view of their communities' strengths and needs.

Although the representation of organizations and services were diverse, a limitation of this needs assessment was the relatively low participation rate from community members receiving services from CHPRD funded grantee organizations. Across the different methods used (i.e., key informant interviews,

senior interviews, and participant focus groups), 28 service recipients and 13 organization or legislative representatives participated in the data collection activities. This represents a small proportion of Hispanics across the state and so it is possible that the perspectives of certain groups within the Hispanic community were not fully included. Low participation rates are likely related to the complications and stressors of the COVID-19. It is important to note that, as the pandemic progressed, data collection protocols and activities were adapted to better capture the current and arising needs of grantees, key informants, and community members. All data collection activities were conducted online (i.e., Qualtrics), virtually (i.e. Zoom), and by telephone between April 2020 and February 2021, as opposed to the originally planned in-person data collection, to accommodate the changing landscape of the COVID-19 pandemic.

KEY FINDINGS

Findings from the Center for Hispanic Policy, Research and Development Statewide Needs Assessment 2020 denote the collective responses from responding CHPRD funded grantee organizations, key informants, and community members around the needs, assets, and opportunities to improve conditions for NJ Hispanics. The following sections highlights these findings.

ABOUT THE RESPONDENTS

Grantee organization, key informants, and community member participants represented organizations (i.e., community-based, county-based, and statewide) and individuals throughout the state. Grantee organization survey respondents mostly identified as executive directors, program staff, and program directors, Figure 2. Similarly, key informants identified as executive directors, program staff as well as advisory board member and state legislator. Community member participants were characterized as Hispanic youth (aged 18-24), adults (aged 25-55), and older adults (age 55 and older) residing in NJ.

Figure 2. Roles of Survey Respondents Within Grantee Organization



Some community member focus group participants identified themselves as first-generation American or Puerto Rican while others reported migrating from Mexico, Ecuador, Colombia, Honduras, Guatemala, and Costa Rica as recently as 2 years ago, Figure 3. Grantee survey respondents reported that their client base most frequently identified their race/ethnicity as:

- Hispanic/Latino (100%)
- African American (100%)
- White (79%)
- Asian (46%)
- American Indian/Alaskan Native (4%)
- Native Hawaiian or Other Pacific Islander (4%)
- Other (17%)

Figure 3. Places of Origin



SERVICES, PROGRAMS, AND RESOURCES

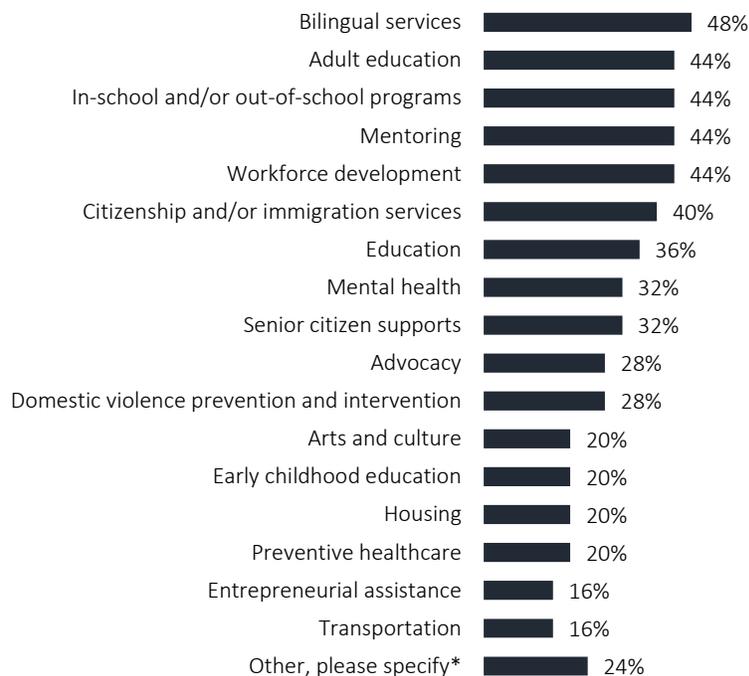
CHPRD funded grantee organizations provide an array of services ranging from bilingual services to transportation and serve clients through the lifespan (toddlers to older adults), Figure 4. Grantees reported that their organizations' ability to provide services, programs, and resources results from their internal supports, partnerships, sense of an inclusive community, cultural competence, a safe and trusted space, understanding of the community's needs, and educating the community.

Figure 4. Age Groups Served by CHPRD Funded Grantee Organizations



Grantees most frequently reported their organizations provided bilingual services (48%), adult education (44%), in-school or after-school programs (44%), mentoring (44%), and workforce development (44%), Figure 5. Some participating organizations also provide rental and housing assistance, including homeless prevention programs, first-time homebuyer workshops, and homeowner financial counseling (e.g., foreclosure prevention), along with connecting clients to food pantries, assistance with basic needs (e.g., baby items, clothing), and psychosocial assessments.

Figure 5. Services and Programs Provided by CHPRD Funded Grantee Organizations



*Other, please specify: housing development, home improvement, housing counseling, lead remediation & abatement, energy assistance, emergency assistance, infant & toddler care, pre-natal, community planning.

"We do work throughout the city, we have programs in every ward of the city. We have programs that serve the entire county and we have programs that go beyond that. There are different degrees of involvement, people come to us on a one shot- taking advantage of one encounter there. There are people that have multiple daily regular contact, we have children who will be there 180 days throughout the school year. We have adults that come to classes like that on a regular basis. So overall, various levels of interaction. We serve about 50,000 people where we are... we proudly serve everybody and with some of our energy programs which are broad, we serve probably about 18-20,000 families. Many of them are often Afro American...With everything from social services, community development. We do everything from prenatal to providing a family with affordable homes."
 – Key Informant

"We help the community in general and part of the services we provide is rental assistance, a lead poisoning prevention program, we have a very good family violence prevention program where we work with a lot of domestic violence cases. We have seniors programs, an empowerment center program where we help people to find a job, become sustainable, or get a career."
 – Key Informant

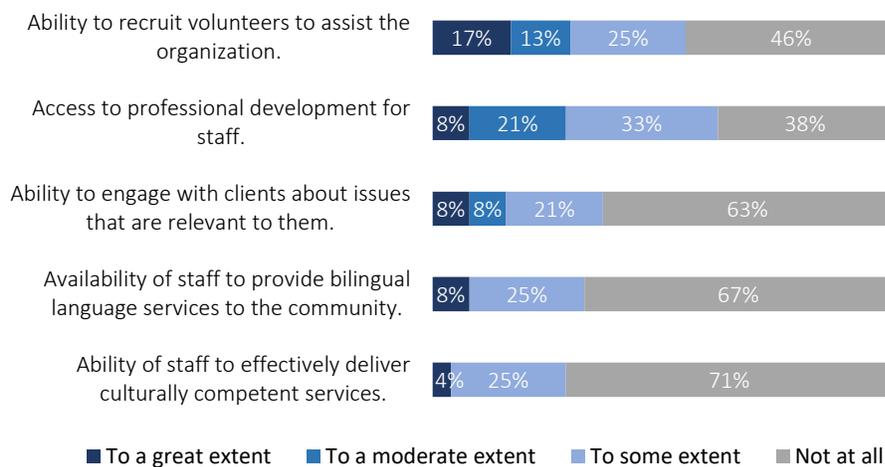
The variety of services and activities offered and strong sense of community were cited as added benefits to program participation. Community members spoke highly of the organizations' staff and felt staff went the extra mile to be helpful, especially during the COVID-19 pandemic when organizations struggled and saw a reduction in staff. The youth felt leadership fostered their generation of ideas for classes or activities and encouraged them to facilitate or teach these activities if the opportunity arose. Furthermore, they stated that organizational leadership were accommodating and good role models for the young people they serve. Community member participants reported taking part in a number of services, programs, and resources offered by grantee organizations, including:

- Youth leadership development (Youth ages 18 -24)
- Arts and culture (Youth ages 18 -24)
- English language learning (Adults ages 25 - 54)
- Health (i.e., flu vaccinations) (Adults ages 25 - 54)
- Service navigation (Older adults ages 55 and older)
- Technology instruction (Older adults ages 55 and older)

BARRIERS TO SERVICES, PROGRAMS, AND RESOURCES

Both internal and external factors impact the breadth of services that organizations can provide. To determine the extent to which organizations experienced staffing issues or challenges, grantee respondents were asked to rate (on a scale of “not of all”, “to some extent”, “to a moderate extent”, or “a great extent”) their availability of staff to provide bilingual services to the community, ability of staff to effectively deliver culturally competent services, ability to engage with clients about issues that are relevant to them, ability to recruit volunteers to assist the organization, and access to professional development for staff. Almost one-third of grantee respondents indicated they experienced staffing issues or challenges “to a great extent” or “to a moderate extent” in their ability to recruit volunteers to assist the organization (30%) and access to professional development for staff (29%), Figure 6.

Figure 6. Staffing Challenges at CHPRD Funded Grantee Organizations



“We have a teen girls program and a teen boys program and it's a safe place for them to come every day after school and that's really what draws them here, to have some time to spend together. They go on field trips occasionally and they have a component called “college knowledge” which helps them with high school choice when they're in eighth grade because in our city you have to choose almost a career path in eighth grade and you get put in an academy. And then it helps them. We provide SAT tutoring, we do college visits, trade school visits, bring in professionals to talk about different professions, preferably people from this community who followed that path and have come back and talk about, not just their career, but their journey of how they got there. And then we have with FAFSA, the full application process to colleges and help facilitate financial aid and have some in house scholarships as well. But it's also just a place where the girls can come and paint each other's nails and we'll bring in an artist to do a little paint and sip kind of program with no wine. Anything that we can bring in, including some of our nonprofit partners who come in and do some work with them as well. But it gives them a sense of community during the after-school hours and it kind of keeps those kids on track...”
 – Key Informant

Grantee respondents were also asked to rate the extent to which their organization had access to resources such as time and funding. More than two-thirds of respondents (71%) reported having limited access (i.e., “to some extent” or “not at all”) to financial resources to support administrative organizational needs (e.g., marketing, printing, equipment, facilities and technology), half of survey respondents (50%) reported having limited access (i.e., “to some extent” or “not at all”) to financial resources to support direct services to community, and one-quarter of survey respondents (25%) indicated they did not have any access (i.e., “not at all”) to the knowledge of community needs, expertise to meet community needs, and language/translation services, Figure 7.

Figure 7. Access to Resources at CHPRD Funded Grantee Organizations



Adequate funding was the most frequently noted barrier by grantees. This barrier impacts organizations’ ability to recruit and retain talent as well as sustain programs. Key informants and grantee respondents noted that their organizations lost staff to more competitive pay after the organization invested in their training and experience. Further, some organizations had to redirect resources to sustain the services, programs, and resources they offer the community.

Key informants also mentioned the lack of bilingual services in the community as a common barrier. Schools, healthcare providers (e.g., mental health), and referring agencies often do not have bilingual or multilingual resources available to assist families, children, and individuals. Community organizations, like those receiving grants from CHPRD, often have to step in to assist the families, children, and individuals navigate the different systems and advocate for their needs.

“[Staff] retention is a persistent problem. We are often the initial employer of fresh out of school [HS & College], provided training and experience and lose them to others organizations for higher pay.”
 – Grantee Respondent

“Keeping staff because of the funding levels that are fairly flat and meager. We’re able to hire out of school professionals, social workers, family workers, basic entry level. But once they learn the skill sets and they have two or three years with us, many move on to county governments or other government levels and can make more money and we can’t keep pace with what they pay.”
 – Key Informant

“Much of our funding is silo oriented so as prevent or hinder coordination or integration of services or staff. In addition, given multiple program requirements and reporting, as well as the absence of funding, we are not able to integrate data or monitor participation or impact in the most meaningful and efficient manner. The government use of “performance base contracting” for public service work or for task that require the actions of others is unfair and often caused concerns as well as may ignore the underlining issue that might be more productive than a simple numerical measurement.”
 – Grantee Respondent

In addition to the limited availability of funding resources to organizations and bilingual services in the community, the ability to provide services to undocumented individuals was reported by key informants and grantee respondents as challenging. Key informants indicated a lack of services for undocumented families as well as a level of mistrust of providers among this population. Undocumented individuals are unable to access certain resources that are much needed, such as medical insurance or employment benefits. Further, key informants indicated that this population may be hesitant to express or protest their concerns or needs.

Other barriers, challenges, and issues mentioned by respondents included lack of technology and limited community outreach. The lack of technology became evident when the COVID-19 pandemic emerged and community members struggled to access technology and internet connectivity while staying at home. As a result, organizations were unable to reach their clients and provide necessary assistance remotely. Key informants expressed concern about their ability to effectively achieve community outreach. While community members often learn about resources by word of mouth, the inability to reach participants for their programs can reflect negatively on perceptions of the organization's performance.

Unlike the key informants and grantee respondents, community member participants did not report any significant challenges, barriers, or issues in accessing services from the organizations. Some community member participants reported that their internships or in-person services were impacted by the COVID-19 pandemic, resulting in more interaction via Zoom and group chat. Undocumented community member participants reiterated they do not qualify for many of the services or resources that they especially needed during the pandemic.

STRENGTHS AND ASSETS OF THE HISPANIC COMMUNITY

CHPRD funded grantee organizations' longevity and program sustainability has helped strengthened their reputation among the clients and communities they serve by providing accessible services, programs, and resources to assist in a multitude of areas. Respondents were asked to identify the strengths and assets of the Hispanic communities they serve. Among grantee respondents, Hispanic serving organizations (82%), community connectedness/social networks (59%), educational support for youth (50%), and family/parent programs (50%) were most frequently reported as strengths and assets of the community their organizations serve, Figure 8.

"I would say that the double-edged sword of that is our perceived legitimacy, I think often there is bias, implicit bias, and we may not be seen as legitimate in terms of our organization and our work as other organizations.

Historically Latino nonprofits don't get funded at the same rate that other organizations do and we're not really sure why that is. It's not so much about segregating our services, but really recognizing that we have a voice in terms of having a path forward and being able to provide services ourselves and sometimes that gets undermined."

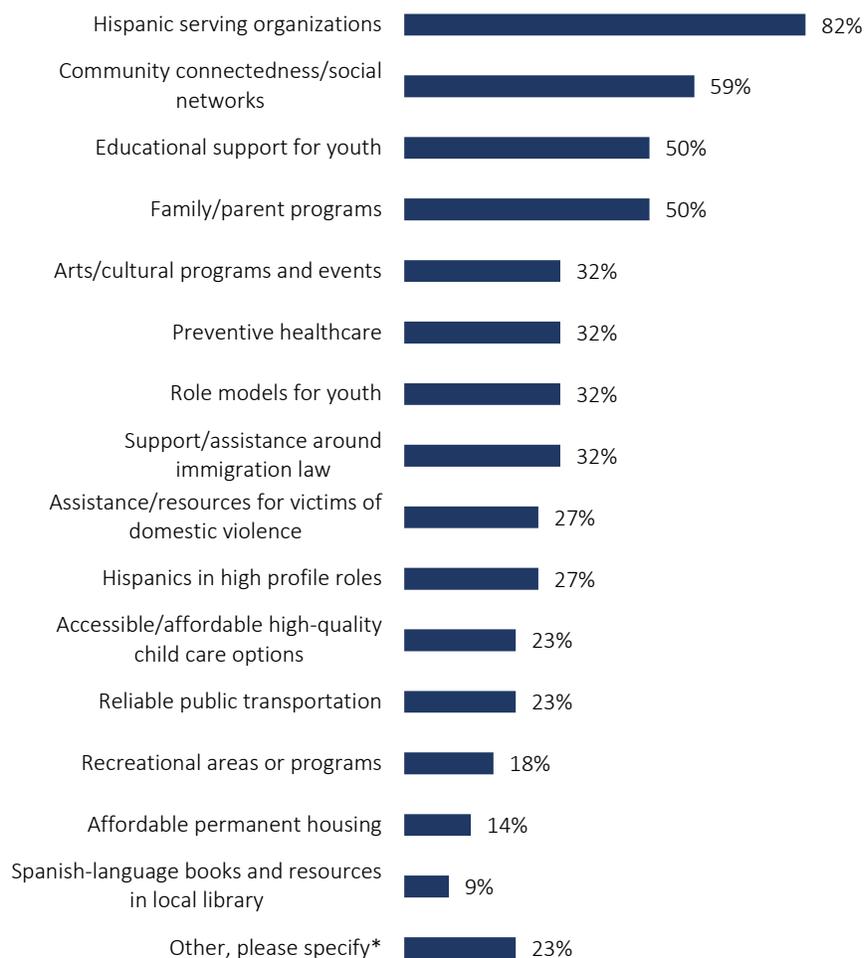
– Key Informant

"One of the big issues or challenges is misinformation in our communities. You see it like now in the pandemic...

Culturally in the Latino community, there's a lot of baggage that comes with immigrants, and depending on what country they come from- a mistrust of government from those who come from communist countries or socialist countries where there's oppression by the government in terms of being able to speak out. Countries that have failing economic and financial systems don't trust banks because banks have failed in their country."

– Key Informant

Figure 8. Strengths and Assets of the Community as Perceived by Grantees



*Other, please specify: homeless prevention program; school administrators' commitment to Latino families; strong sense of community, being close knit; workforce development.

Cultural richness and diversity, hard work ethic and belief in the “American Dream”, close-knit family units, and religious affiliations were noted by key informants as fundamental to the Hispanic community. Hispanic communities have made strides in obtaining leadership roles and representation in their areas. For example, some grantee respondents reported that having the ability to hire staff from within the community who are knowledgeable about the services, programs, and resources as well as understand and respect clients’ culture and communicate in their native language is an asset. Other key informants reported on the number of advocates providing leadership in their communities. Many of the grantee organizations strive to educate the community and the state about the importance of diversity and creating system change to support the Hispanic population. Key informants also reported a sense of community, the ability for individuals to connect to others in the program and establishing friendships and relationships with one another, as notable strengths and assets.

“I think it's community. They built a community on their own. I can say that when our dining room was open for breakfast, the women would come in and actually sit together and have breakfast and it was like if they were home or having like their moment like girls night out. And if someone came in by themselves and really didn't have a community they became part of somebody. [I]it's being welcomed. You know, to each other, they've established friendships, healthy relationships, healthy friendships... empowering the other person to ask for help if needed.”
 – Key Informant

“I think actually we do have a lot of leadership in New Jersey in terms of the Latino community, that's a huge strength and asset. We rally, I think very well, I think we've made really amazing strides in terms of representation. And that's all through community organizing, something like the driver's license legislation that was just passed for undocumented that was 18 years of advocacy. So, I think we have strength in really recognizing justice and doing something about it, not just sitting at the sideline. So, whether or not you're a citizen, that we all participate in government. And I think that's a strength also in the Latino community in New Jersey.”
 – Key Informant

Adult and older adult community member participants appeared to be more aware of the strengths and assets of the local Hispanic community than their younger adult counterparts. For example, some adult and older adult participants noted resilience as a necessary strength in order to thrive in an area that is not connected with their culture. Other adult and older adult participants reported an awareness and celebration of Hispanic heritage (e.g., parades, museum exhibits, sports), strong sense of community, and local institutions (e.g., churches and schools) as assets and strengths in unifying the Hispanic community. Although a couple of young adults were able to identify an increase in prominent roles among Hispanics and bilingual services in their communities, the lack of awareness from the other young adults may have to do with limited contact outside of their immediate surroundings or the organizations with which they currently participate.

ADDITIONAL AREAS OF NEED

UNDERSERVED GROUPS

Despite the availability of current services, programs, and resources reported by respondents, **undocumented individuals**, **older adults**, and **youth** were the most frequently cited groups within the Hispanic community in need of more attention or that are underserved. Identified areas include:

- Navigating services (e.g., unfair wages, healthcare) for **undocumented individuals** that are much needed during these challenging times.
- Providing more positive activities, leadership opportunities, and local hangouts, particularly on the weekends, for **youth** to safely socialize and keep out of trouble.
- Pairing mentors with **youth** to assist with the college preparation process and provide professional opportunities and exposure
- Helping **adults** (e.g., unfair wages, healthcare) access additional services, programs, and resources in their communities.
- Establishing services that focus on nutrition and social connections for **older adults**.
- Providing easier access to healthcare centers in their communities for **older adults** as well as opportunities to find employment and affordable housing.
- Offering services and resources (e.g., technology support) to assist **Spanish-speaking parents** with their English-speaking children.
- Creating venues for **artists** to showcase their work.

“They're very resilient people, they just keep working, keep doing whatever they have to do to sustain themselves and their families and I see them on a daily basis that they all want to succeed in life and for them to succeed is to have a healthy family, to be able to be sustainable. They help each other.”

– Key Informant

“I have seen that the hardest working people, the people that live paycheck to paycheck, got minimum wage, to me are the hardest working people. But once we understand that they do want to work, they do want to move forward, then we have to understand why they're not able to do it. In recent years because they don't have access to education and when I mean education, I don't mean a BA or PhD or MBA or any of that. I mean, access to simple stuff like being able to get a plumber license, an electrician license, or being able to have a proper education for them to open their business or become a nurse. And then you also have the peer pressure, the social factors when we back to the first and second and third generations. And then when you're in a family where your parents didn't have that opportunity to go to college or don't show or they already have this in their mentality that college is not for them, a college is something impossible.”

– Key Informant

SOCIAL DETERMINANTS OF HEALTH

In addition to the above-mentioned groups within the Hispanic community that need additional supports, education, economic, social, and health challenges continue to persist in the Hispanic community. Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.⁴ Understanding these conditions and how they relate to the population group's experience is essential in supporting the needs of families, children, and individuals and to creating and implementing policies that can positively impact the community.⁴ Grantees, key informants, and community member participants provided insight on these issues based on their experiences and knowledge of their communities. The current needs identified by all respondents not only influence the progress and well-being of NJ Hispanics but may have impacts at the organization and community level.

Grantee respondents were asked to consider the current educational, economic, social, and health issues and challenges in the communities that their organization serves and prioritize the top 3 issues and challenges for each of the domains, Table 1. The majority of grantee respondents (87%) reported parental engagement as the top **educational** issue or challenge. One grantee noted the many obstacles single parents have to face to provide for their children. Single parents often do not have the familial support to be providers, educators, and mentors. They often work more than one job to “keep a roof over their families” and as a result, children are often left to the “mercy of their environment to raise them”. Therefore, having the ability to provide after-school programs and mentorships is “critical in bridging the gap many single parent households face”.

Nearly all grantee respondents reported poverty (96%) as the greatest **economic** issue or challenge in their communities. One grantee expressed how their organization has had to expand their services to accommodate the growing needs of women and children. About 1,000 women and children come to their community center on a daily basis in search of antipoverty services. These services, programs, and resources include adult education and vocational training, after-school programs, and basic needs (i.e., food pantry, baby supplies, and psychosocial services).

In considering the **social and health** issues or challenges in their communities, many grantee respondents indicated racial discrimination/minority stressors (83%) and mental health (87%) as their highest social and health priorities, respectively. According to a survey respondent, fear often prevents undocumented individuals from speaking up when they are discriminated against. Employers, landlords, and others may take advantage of them, leaving them to feel as if they have no choice but to accept discriminatory practices.

Additionally, the stigma around mental health is prevalent among the Hispanic community. Grantees used phrases such as “grossly under served in our community”, “labeled as crazy”, and “frowned upon as a weakness and thus many do not seek the

“Positive role models, including Hispanic role models, exists in our community, but there is a need for expanding the capacity of evidence-based organizations to our youth with positive adult mentors. In our work we find that informal mentoring relationships are too far and in between to have any measurable impact our youth. Such relationships are as important for the resources and lessons learned as providing our youth with access to professional networks so critical to success in the college, workforce and adulthood. Research shows that formal mentoring program yield positive results in academic achievement, economic mobility, and juvenile justice prevention, among others.”
– Grantee Respondent

“Mental Health is another issue that is grossly under served in our community. The stigma behind being labeled as ‘crazy’ is one that has cause many of us to suffer through depression, anxiety and a whole host of issues untreated. That is a death sentence that needs to be addressed immediately. If left untreated, mental health issues are a gateway to a number of other behaviors such as substance abuse, domestic violence and criminal activity.”
– Grantee Respondent

proper treatment or even have these issues diagnosed” when referring to mental health. Several respondents reported this is an area that needs more focus in order to reduce the stigma associated with mental health and giving Hispanics the opportunity to obtain the necessary services that many may overlook due to shame or embarrassment surrounding mental health.

Table 1. Priority Challenges in the Hispanic Community According to Grantees

 Education	<ul style="list-style-type: none"> • Parent engagement • High school graduation • Lack of in school and or after-school programming
 Economic	<ul style="list-style-type: none"> • Poverty • Income inequality • Unemployment/lack of opportunity
 Social	<ul style="list-style-type: none"> • Racial discrimination/minority stressors • Neighborhood safety • Civic engagement
 Health	<ul style="list-style-type: none"> • Mental health • Access to mental health • High rate of uninsured residents

Key informants and community member participants also reported on a number of concerns regarding education, economic, social, and health conditions that impact Hispanics in their communities. Table 2 presents examples as reported by key informants and focus group participants.

Table 2. Priority Challenges in the Hispanic Community According to Key Informants and Community Members

 Education	<ul style="list-style-type: none"> • Parent engagement • Chronic absenteeism • Enrollment in higher education
 Economic	<ul style="list-style-type: none"> • Unemployment/lack of opportunity • Lack of transportation • Access to education
 Social	<ul style="list-style-type: none"> • Unsafe neighborhoods • Social integration • Arts and culture
 Health	<ul style="list-style-type: none"> • Access medical care • Mental health • Access to mental health services

“Self-empowerment, education about what it means to live well, what needs to be prioritized, what can we do individually and with our immediate circle of family and neighbors to improve our conditions; our health our social and economic circumstances. Tapping on our individual and community gifts, and learning how to mobilize them to create the community we want to live in. Communities have needs and resources and we need to not only see the needs but also the resources and talents already existing and mobilize them, make connections, this is what the [our] Health Coalition is doing.”

– Grantee Respondent

“More youth programs are needed to engage young people as they need more support, mentoring, and positive reinforcement.... After- school programs... Seniors are isolated and need more support... We're such a big city, there's probably 53,000 people that live here in a 4 square mile town. [T]here's a lot of overcrowding here... that's a very big issue here.... Youth development is critical. Youth programming, youth funding, after-school programs, before-school programs, mentoring.”

– Key Informant

A number of educational concerns were discussed by key informants and community member participants, including the ability for Hispanics to enroll in higher education and truancy among high schoolers. Enrollment in higher education is often a challenge for individuals who do not have the knowledge, require additional institutional resources, or guidance to navigate the system. Therefore, limiting their ability to seek educational attainment pass high school. Another educational concern highlighted by respondents is truancy which was attributed to a lack of family resources such as transportation and parent engagement. A student's inability to attend school increases their likelihood of dropping out of school, working low-wage jobs, and living in poverty.⁵

Economics deeply impact the Hispanic community. Many NJ Hispanics struggle to make a decent wage or income. In some instances, individuals need to make life altering decisions such as pursuing an education or working full time to support themselves and their families. Moreover, immigrants who are highly skilled or hold professional degrees in their native countries, are sometimes unable to find jobs with decent and fair wages in the US. More recently, this segment of the population has been impacted by the COVID-19 pandemic and, as a result has left many unemployed and, in some cases, ineligible for unemployment benefits and other social support programs (e.g., rental assistance, SNAP) due to their undocumented status.

Acculturation and assimilation to the American culture often presents as an issue among Hispanic families. For example, children are predominantly learning and speaking in English at school, therefore, limiting their use of the Spanish language in the household and resulting in language barriers between the Spanish-speaking parent and English-speaking child.

A social issue or challenge mentioned by participating key informants and community members was neighborhood safety. For many Hispanics living in disadvantaged communities, where crime and violence are widespread, maintaining a set schedule to navigate their communities during the daytime hours is crucial. Once home many reinforce safety precautions by not leaving their houses or answering the door.

Access to healthcare and mental health services is also an area of concern for the Hispanic community. Community member and key informant respondents reported low wage jobs and citizenship status as obstacles to retrieving or affording healthcare services, and in some cases the lack of Spanish-speaking mental health or medical specialists as another obstacle affecting the community in seeking much needed services.

“Issues of acculturation between parents and children, and them being able to maintain a relationship through language barriers and things like that. There's a lot of children who don't speak Spanish, and then a lot of parents who speak Spanish so that really gets in the way of a family unit and sometimes roles get switched.”
– Key Informant

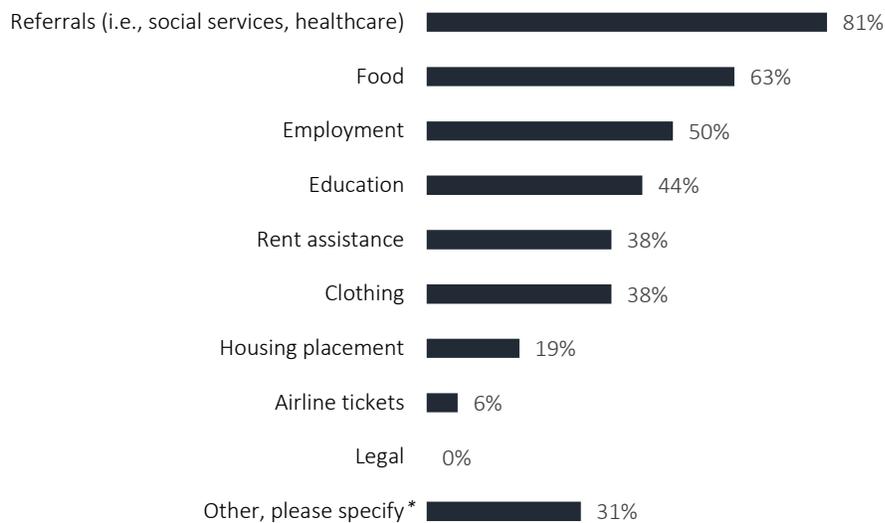
“There's a bigger need of mental health services, not just for children because we do have our programs for children, but just for the family in general there's a lack of therapists that can help when it comes to the family issues because you do have a specialized program- say when I ran the program, that was only for the [client], we couldn't deal with the family as a unit. There was a program for children that was an art therapy program, but there were no Spanish speaking counselors. [T]he parent- the moms- they were mostly moms, that did speak Spanish so they couldn't be part of that program. [T]here's a disconnect between services because you have an English-speaking family that can find different services that the whole family needs before a Spanish speaking family. You might find something for the survivor, you might find something for the children. But those two don't necessarily communicate with each other.”
– Key Informant

EMERGENCY RESPONSIVENESS

HURRICANE MARIA

In addition to the current portfolio of services, programs, and resources organizations provide to Hispanics in their community, many CHPRD funded grantee organizations provide emergency preparedness or relief services to their communities and abroad. In 2017, nearly two-thirds (63%) of CHPRD funded grantee organizations provided relief services or assistance to residents of Puerto Rico relocating to NJ in the aftermath of Hurricane Maria. The majority of the relief services or assistance provided by CHPRD funded grantee organizations focused on referrals (81%), food (63%), and employment (50%), Figure 9.

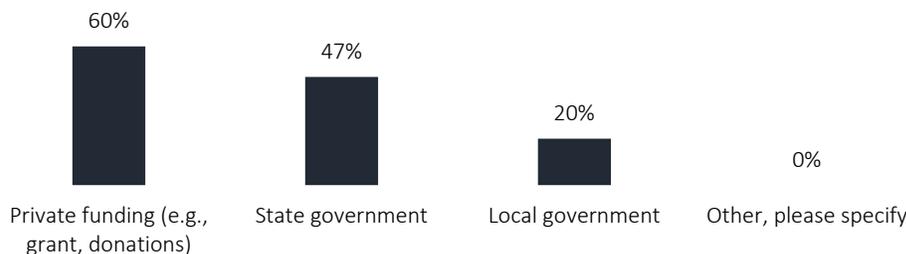
Figure 9. Services or Assistance Provided by Grantees after Hurricane Maria



*Other, please specify: advocacy, advocacy with securing welfare benefits, mental health services, relief and rebuilding efforts in Puerto Rico.

The most frequently reported funding sources obtained by CHPRD funded organizations to assist with the aftermath of Hurricane Maria were private funding (60%) and state government funding (47%), Figure 10.

Figure 10. Hurricane Maria Relief Funding Sources



“The need to close the digital divide and provide real-world solutions to education inequity is huge. Black and brown kids will need additional supports to maintain their skills. Parents with language and educational barriers are not in a position to teach current curriculum or to support their children in catching up without significant additional resources.”

– Grantee Respondent

“Hispanic students are disproportionately affected by distance learning due to many factors, including less reliable internet/computer access. We also worry that our students will face greater food insecurity, as nearly 90% of our students qualify for free/reduced-pay lunch and rely on schools to provide them at least two meals a day.”

– Grantee Respondent

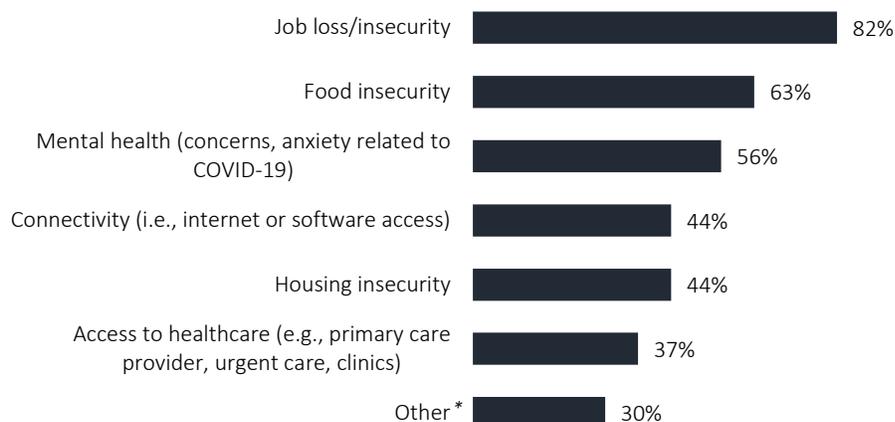
COVID-19 PANDEMIC

More recently, in March 2020, the COVID-19 pandemic emerged, impacting grantee organizations in a number of ways. Many organizations were not prepared to meet the internal and external demands that COVID-19 inflicted on the organizations and the communities they serve. Several CHPRD funded grantee organizations (41%) were considered an “essential business” as defined by Governor Murphy’s Executive Order, remaining operational during the strictest shutdown period.^{6,7} These organizations provided a number of emergency services such as crisis and mental health counseling, hunger relief/food service (i.e., soup kitchens and food distribution), and home-delivered meal services to older adults.

As a result of the COVID-19 pandemic, 40% of CHPRD funded organizations had to lay off or furlough staff. To meet the demands and needs of the community during the early stages of the crisis, the majority of respondents restructured their organizations (e.g., social distancing, virtual platforms, hours of operations). Nearly all of the grantee respondents (93%) reported their organization’s staff was able to work remotely “to a great extent” or “to some extent”. Organizations experienced an increase in payroll, one organization by 32%, to meet the needs of the community. Others had to invest in technology services, equipment, and infrastructure updates to accommodate remote working.

While most organizations were able to adapt to the emerging crisis, there were areas of concerns. Grantee respondents reported the inability to provide virtual services, equipment and supplies for all staff to work remotely, and meet the disproportionate needs of the undocumented community. Survey respondents further described the community’s needs that emerged as a result of COVID-19. The needs most frequently reported were job loss/insecurity (82%), food insecurity (63%), and mental health (e.g., concerns, anxiety related to the virus), Figure 11.

Figure 11. Emerging Needs of the Community Resulting from COVID-19 Pandemic



*Other, please specify: business disruption - access to government programs for capital, immigration status, domestic violence, fear of being undocumented with no financial benefits from the government, addiction issues, lack of educational supports for children, lack of special needs supports for children, lack of childcare for essential workers, social isolation and need for social connection via organized agency virtual events.

“This Crisis was never anticipated and it has been an on the job learning process. We have learned to make whatever adjustment is necessary to provide services to our community. It has been a fine tuning process that we anticipate will continue to evolve to make it better. It is also a process which the community we service is still learning to embrace. It is a great change from physical contact to solely conducting business electronically.”
– Grantee Respondent

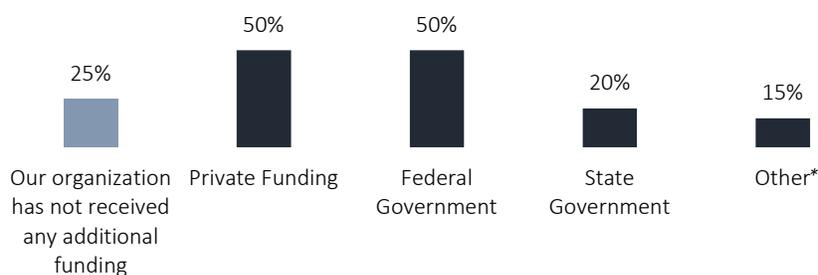
“Strong and compassionate leadership and a mission-driven staff were critical to our ability to quickly adapt and continue operating with no interruption in service. We did so in spite of being located at the epicenter of the pandemic. This included but is not limited to an existing Contingency Operating Plan and our use of a web-based information data management system. While we have historically collected documents in hardcopy, our team had begun to shift to digital file storage. Additionally, our agency has always been data-driven and goal-oriented. When we moved to remote operations, our leadership quickly put into place metrics to keep our program staff and administrative team accountable for delivering our mission.”
– Grantee Respondent

During the early stages of the pandemic, more than two-thirds of responding grantee organizations (69%) conducted outreach to assess the needs of the community. The types of outreach performed by the organizations included:

- Phone and email check-ins, referrals
- Surveys and interviews (e.g., students, senior citizens, service recipients)
- Reaching out to partners to assess program implementation/improvement
- Social media

Similar to the funding needs of Hurricane Maria, more than three-quarters of organizations (78%) sought additional funding to deal with the emergent needs of their communities during the initial months of the COVID-19 pandemic. Survey respondents most frequently solicited funds from private funding (75%), federal government (65%), and state government (60%). Of those who solicited funding, 50% received funding from private funding and federal government, Figure 12.

Figure 12. Funding Sources Received in Response to COVID-19 Pandemic



*Other, please specify: SBA PPP loan, federal funding from NEA pending, currently looking for food donation.

To continue to meet and address the growing needs of the community, CHPRD funded organizations collaborated with other local organizations. For many, the collaborations were able to extend much needed referral services to other organizations, creating new formal partnerships or affiliation agreements as well as enabling organizations to offer virtual services and assisting food banks with staff, space, and distribution. Nonetheless, communication was reported as the greatest challenge by grantee respondents in collaborating with local organizations. Respondents indicated difficulties getting a hold of, resolving technical difficulties, and having too many collaborators as inefficient and difficult when trying to communicate. Furthermore, insufficient funding, reduced staff, and lack of Spanish translators were noted as challenges. For example, organizations who remained fully staffed encountered issues with organizations working at a limited capacity. Grantee respondents anticipate additional COVID-19 related needs in their communities. These include assistance with loss of income or employment instability, food insecurity, rent/utilities, as well as support for Hispanic students and parents struggling with remote learning, technology, and monitoring children’s progress.

“We have witnessed a substantial increment in need of services and support of our constituency. Since the end of February, we have felt the impact of the COVID-19 Pandemic effect in our community. Due to this situation, our current and new request for service support has had a significant impact on our payroll and other areas of our organization. We have had to ramp up staff availability (working hours) to support and provide the tools our community needs to survive this pandemic. Our payroll has increased by 32%. This has also necessitated the need to redistribute some tasks to be able to take on this new level of support. For our staff to sustain the level of service our members require, we have also invested in additional IT services, technology, and equipment. This investment is directed to provide our community with Town Hall Meetings, virtual networking/updates and work from home availability.”
 – Grantee Respondent

“Some of the challenges we see are that many of the partners we have traditionally relied on are finding it difficult to adapt their business models to this new normal. Some are more responsive and flexible than others in reimagining their programming and operations.”
 – Grantee Respondent

OPPORTUNITIES AND RECOMMENDATIONS

Key informants, grantee organizations, and community member participants were asked about additional supports or services in the community that are needed to help improve conditions for Hispanics. It is important to note that it may be possible that CHPRD and grantee organizations are already addressing these opportunities to improve conditions or provide better opportunities. The following recommendations, which emerged from the primary and secondary data collected, are presented to inform the improvement of current services, programs, and resources and is intended to initiate discussion and future action about how best to address the findings of this needs assessment.

ACCESS TO COLLEGE EDUCATION, JOB TRAINING AND ESL CLASSES

Education is often linked to improved social mobility and health outcomes. Investing in or providing better educational opportunities and job training to NJ Hispanics can enhance their overall quality of life and well-being. The 2019 American Community Survey (ACS) reports that 1 in 5 (21%) NJ Hispanic adults obtained a bachelor's degree or higher.⁸ Although the 4-year high school graduation rate among NJ Hispanic students is 85%, nearly one of 10 (8%) Hispanic high schoolers dropped out.^{9, 10}

Recommendations

1. Organizations could consider establishing or expanding the number of mentoring and after-school programs. These are essential in supporting students' academic needs as well as offering positive activities to occupy their time and role models.
2. Organizations should continue to educate the Hispanic community on the importance of a college education and vocational opportunities. This may be done by providing guidance around the application process, allocating financial aid resources, or expanding educational counseling services.
3. Organizations could consider offering youth and adults more easily accessible information to learn about educational opportunities such as ESL classes. This may help community members gain the language skills necessary to pursue better jobs or further education as well as provide opportunities about apprenticeship, training for skilled jobs, or supporting their children's learning.

ACCESS TO FOOD

Approximately 15% of NJ Hispanic households rely on SNAP benefits (i.e., food stamps). Food insecurity affects low-income Hispanics of all age groups, including working individuals and families and those with fixed incomes such as older adults. However, a number of urban and rural communities throughout NJ are considered food deserts. Food deserts are geographic areas where access to affordable, healthy foods is limited or nonexistent.¹¹ This issue is further enhanced by a lack of transportation or unreliable modes of transportation (e.g., bus schedules). Lack of transportation in some areas makes supermarkets inaccessible to many residents

"I have seen that the hardest working people, the people that live paycheck to paycheck, got minimum wage, to me are the hardest working people. But once we understand that they do want to work, they do want to move forward, then we have to understand why they're not able to do it. In recent years because they don't have access to education and when I mean education, I don't mean a BA or PhD or MBA or any of that. I mean, access to simple stuff like being able to get a plumber license, an electrician license, or being able to have a proper education for them to open their business or become a nurse. And then you also have the peer pressure, the social factors when we back to the first and second and third generations. And then when you're in a family where your parents didn't have that opportunity to go to college or don't show or they already have this in their mentality that college is not for them, a college is something impossible."
– Key Informant

who could benefit from more affordable, healthier food options instead of shopping at their local grocery stores/corner stores to meet their nutritional needs.

Recommendations:

1. Organizations could consider partnering with or creating coalitions in communities where supermarkets or large chain stores are scarce in order to improve the availability and access to healthy food options.
2. Organizations could advocate for more frequent and reliable transportation services in communities where transportation needs are high.
3. Organizations could partner with local organizations that address food access via community gardens and local farmers markets.

ACCESS TO TRANSPORTATION

Many Hispanic NJ residents do not own a car and rely on public transportation. More than one-third (37%) of NJ Hispanics carpooled, took public transportation, walked, or use other modes of transportation.⁸ Although public transportation is available, there may not be enough accessibility to surrounding towns where people may have to go for services. If there is access, it may be more expensive.

Recommendations:

1. Organizations could consider designating a portion of agency funds or providing referrals to assist families and individuals with transportation needs. This may be providing transportation funds for medical and mental health appointments, job interviews, and social service appointments.
2. Organizations could research transportation voucher programs that can facilitate mobility and provide their community with transportation alternatives.

ACCESS TO TECHNOLOGY

While COVID-19 has drawn attention to the digital divide that has impacted many Hispanic communities, 87% of NJ Hispanic households have a broadband internet subscription.⁸ However, as organizations and schools continue to operate remotely, access to technology and internet connection is a necessity to provide services and reduce educational barriers.

Recommendations:

1. Organizations could work or collaborate with local internet providers to reduce the cost or provide free services to low-income families and individuals (e.g., older adults) to ensure they have the technology and broadband capability to work, socially connect, and learn remotely.
2. Organizations could provide or collaborate with existing resources (e.g., public libraries) to provide technology training for older adults to develop skills to use technology to connect remotely to services and social opportunities.

“We have large food deserts, we have independent supermarkets yes, we have a Whole Foods now but it's downtown, we have one Stop and Shop in the city, but most people in our part of town are limited to small, independent grocery stores and as a consequence, if you don't stop by the corner grocery store...if you wanted to buy shoes you'd have to go to one of the malls [out of the way/transportation] to buy a pair of shoes or a dress or a suit. [the city] still lacks some of the basic necessities that people want or need to have.”
– Key Informant

“Many in the population we serve lack of access to technology and digital know how.”
– Grantee Respondent

“With an economy that leans towards technology, the digital divide our community faced in the 90's and 2000's has cost us in competing for opportunities that have moved towards a technological environment.”
– Grantee Respondent

3. Organizations could increase their access to virtual platforms in order to reach more people in their communities. For example, having individual premium accounts (e.g., Zoom, GoToMeeting) for all employees, rather than one for the entire organization, would allow organizations to provide services to a number of clients at the same time.

AFFORDABLE HOUSING AND HOUSING ASSISTANCE

Home ownership in NJ is quite expensive which hinders the ability of working families to own property. Almost two-thirds (61%) of NJ Hispanics are renters. In some Hispanic communities, housing overcrowding is an issue that impacts the health and safety of residents, especially during the COVID-19 pandemic.⁸ Despite the existence of rental assistance programs, affordable quality housing is a need among Hispanics including older adults.

Recommendations:

1. Organizations could continue to promote and expand home buying and financial educations programs by providing housing counseling for homeowners and renters as well as assistance around home energy and weatherization.
2. Organizations could work or collaborate with other local organizations to educate community members on federal funding programs for affordable housing. These may include voucher programs, local renting resources, first time homeowner options.

BILINGUAL AND CULTURALLY COMPETENT PROFESSIONALS

There is a great need for bilingual or multilingual professionals who are culturally competent in local government, legal, and medical and mental health resources.

Recommendation:

3. Organizations could consider contacting graduate schools (e.g., counseling, law, humanities, human services) or professional networks or organizations to create a repository of bilingual providers and their current professions. This may assist organizations with having a network of professionals to refer clients for additional or specialty services.

COLLABORATION AND INFORMATION SHARING ACROSS AGENCIES

Communication and collaboration between agencies are crucial for referring clients to necessary services and to collectively identify additional needs. This has been especially vital during the COVID-19 pandemic. Collaboration also helps service providers to advocate for the needs of the Hispanic community as well as expand their reach.

Recommendations:

1. CHPRD could consider creating and facilitating collaboration across agencies. This could expand the reach of the programs and possibly reduce the duplication of services.

“There is a great need for affordable housing. People living in crowded environments and poor-quality housing. Perhaps a voucher program for affordable housing.”
 – Key Informant

“We are the only agency right now that is a cultural, this is a Latino agency that is a multicultural agency and even though those certain organization- there are many organizations that are helping to have bilingual individuals, it becomes a revolving door in many cases that we’ve been working with. I think we’re improving, we see certain things now translated, there are certain websites and certain things we are improving, but still I think that we still have a little way to go. -multilingual professionals.”
 – Key Informant

“And healthcare. It has not been the same for the ones who do not have insurance, or who do not know the language. We have terrible, horrific stories with our Hispanics not being treated well in a hospital because they don’t know the language or because they don’t have health insurance and we have lost a few of our clients. And we have been trying to advocate for them, calling the hospitals and saying, H[e]y, get an interpreter, do something about it because he’s still a person, he deserves to have good healthcare.”
 – Key Informant.

2. Organizations should continue to foster relationships that will further expand their current network of professionals, services, programs, and resources.
3. Organizations could consider mobilizing subgrantees and other service providers to increase resources and reduce duplication of services.

EQUITABLE DISTRIBUTION OF FUNDS

Although there is a myriad of funding sources available, some organizations perceive that funding is not equitably distributed. There are some concerns about large grants (e.g., \$1 million or more) being awarded to organizations that do not appear to serve the community's needs in an effective and direct manner. Stakeholders advocate that funding should be more heavily awarded to organizations that provide necessary direct services to improve the overall quality of their community, services, programs, and resources.

1. CHPRD could consider hosting or sponsoring technical assistance workshops on grant writing as part of the grantees' award stipulations. This may help organizations prepare a stronger application to leverage other possibly funding opportunities.
2. CHPRD in collaboration with organizations could consider creating a repository of grant opportunities. This may be a task a student intern or assistant can research and create for the state as well as organizations.
3. Organizations could partner with other organizations using a collaborative approach to apply for grants. This may strengthen the organizations' chances of much needed funding.
4. Organizations could recruit volunteers who are versed in grant writing. This can be through established networks, graduate programs, non-profit foundation directories (e.g., taproot, Candid).

FINANCIAL ASSISTANCE FOR INDIVIDUALS AND FAMILIES

There is great economic need among working Hispanics earning low wages that do not qualify for government assistance. More than half of NJ Hispanic households (53%) live below the ALICE threshold (i.e., asset limited, income constrained, employed), compared to 37% of NJ families overall.¹² Community organizations try to fill the many basic needs of these individuals but there are not enough resources. Additional funding is needed to expand community outreach, provide new and improved services, and hire staff.

Recommendation:

1. Organizations should continue to advocate and assist families and individuals to the best of their ability. This may include referring them for services that can address their specific needs (e.g., food pantries, baby items, job training).
2. Organizations could consider training volunteers or junior staff to perform outreach and provide basic services, programs and services.

“Convening subgrantees and other service providers to coordinate and collaborate to maximize resources and reduce duplication of services.”

– Grantee Respondent

“All organizations in our space are overworked and underfunded. Corporations and private foundations give less philanthropic funding when their investments take a hit in the market.”

–Grantee Respondent

“Even grants have governments and the way that the things operate. I think that it might be helpful to have access to some of these other funding sources. Sometimes the way that they are designed, or the way that it is created makes it very hard to compete. You have agencies, many other minority agencies do not have a grant department writer, do not have the marketing coordinator, they don't have all this to go ahead and compete with those other organizations that have the most potential, they have a large capacity, they have a bigger budget, and bigger things to pull those things that you're not able to compete and that's sometimes a challenge because there are services that are needed for your community.”

– Key Informant

HEALTHCARE

Nearly 1 in 5 (19%) of NJ Hispanics are uninsured.⁸ Access to free or affordable healthcare is needed for NJ’s undocumented low wage earners and their children. Older adults also need access to more convenient primary care locations in their communities.

Recommendations:

1. Organizations could collaborate with mobile healthcare providers that may provide primary care to community members for free, sliding scale, or insurance.
2. Organizations could assist older adults with locating senior transportation or senior voucher programs to access medical services more easily.

MENTAL HEALTH SERVICES

NJ Hispanics face a number of adversities, some that have been heightened by the political climate and the COVID-19 pandemic, as well as other stressors. Approximately 11% of NJ Hispanic adults have been diagnosed with depression; and, 13% of Hispanic adolescents have reported experiencing a major depressive episode.¹³ There is an increasing need for more accessible mental health services within the communities specifically culturally competent family-focused services such as substance abuse and family counseling services.

Recommendation:

1. Organizations should continue to gain the trust of the community they serve by educating them on the importance of and minimizing the stigmas around mental health. This could be done by hosting virtual workshops with mental health professionals and providing resources in their native language.

SUPPORT FOR THE ARTS AND ART PROGRAMS

Funding for the arts and art programs in its various forms is needed to sustain Hispanic local artists. Opportunities are needed for artists to showcase their work and for the community to enjoy and learn about art. Apprenticeship programs for different art forms can also provide artists with opportunities for growth. Art programs are needed in the schools and the community to serve as an outlet for youth to develop their creativity and appreciation for the arts.

Recommendations:

1. CHPRD, in collaboration with organizations, could consider developing or sponsoring apprenticeship opportunities for NJ Hispanic artists.
2. Organizations could consider engaging school districts to include art programs in their curriculum aimed at offering opportunities for students to explore their creativity as they learn about the arts and celebrate their culture.
3. Organizations could consider collaborations with local nonprofits to create and offer art programs for the Hispanic community.

“And I think- and I know this is across the board, but financial assistance for the families. Which I know it's across the board, but like I said documented and the citizens, you know, they have access to social services and other resources that the undocumented population doesn't. They have to rely on just any community services available to them.”

– Key Informant

“More support is needed for people with drugs issues and family issues. There should be a place where people can go to learn more, be better and stay away from drugs and alcohol.”

– Community Member

“A lot of people in our community who do that work, who do that cultural work or performances, are really almost doing it for free. There's almost no support for Latino artists in the arts.

Most of the art funding that comes out from the state doesn't come or isn't accessible to our community and I would say that that's a huge detriment, because I think that would be a great service to the community. I think kids would benefit from it as a whole just like as a health model.”

– Key Informant

CONCLUSION

The information provided in this needs assessment report highlights and summarizes the data collected from CHPRD funded organizations respondents, key informants, and community member participants via surveys, interviews, focus groups, and publicly available data. The recommendations for opportunities to improve conditions for NJ Hispanics are composed from the data collected and are intended to inform future discussions on how to better serve this population.

While COVID-19 has disproportionately impacted NJ Hispanics and has magnified the many issues and challenges Hispanic families and individuals face, many of these needs and challenges have persisted pre-COVID times such as unfair wages, ineligibility for social support services, language barriers, affordable housing, educational attainment, health care, and mental health.

Organizations are working with the resources at hand to provide essential support, guidance, and services to address the many needs of NJ Hispanics. Organizations' staff members' caring, responsive, and attentive nature is seen as the greatest asset by service recipients. However, factors such as funding availability and staff retention are barriers that impacts organizations' capacity to provide services, programs, and resources and offer better paying salaries to potential talent.

There are many opportunities to further improve the portfolio of services, programs, and resources available to the Hispanic community. CHPRD and Hispanic serving organizations across NJ should continue to reevaluate and assess their efforts individually and collectively to strengthen and increase statewide capacity to continue to serve NJ's Hispanic communities.

In closing, as the Hispanic population continues to grow, CHPRD has the opportunity to continue to advocate for, provide financial support and technical assistance to as well as create additional opportunities for the state's Hispanic-serving community-based organizations to support and assist with the expansion of services, programs, and resources available to NJ's Hispanic residents.

"CHPRD has been a wonderful resource with respect to delivering help to the underserved, even before this pandemic hit, but even more so now. Access has been vital via phone and email. Nice to know we are not alone in the community without backup."

- Grantee Respondent

"Hispanics face such a wide range of issues that often go overlooked because it is easy to compartmentalize the issues and divide our community depending on the particular need. For example, Hispanics who face immigration issues are looked at differently than those who do not. Unfortunately, we have not done the best job of unifying to address these policies that affect our brothers and sisters who are impacted by them."

- Grantee Respondent

"There's always a way to help and support each other if needs arise and just the acknowledgement and assurance that you (CHPRD) are there and will help us to achieve goals and objectives is a big help already. Thank you."

- Grantee Respondent

REFERENCES

1. U.S. Census Bureau (2019). Demographic and Housing Estimates, 2019: ACS 1-year Estimates Data Profile (TableID: DP05). Accessed on March 2, 2021.
2. U.S. Census Bureau (2005). Historical Census Statistics on Population Totals by Race (1790 to 1990) and by Hispanic origin (1970 to 1990) for Large Cities and Urban Places (Working Paper No. 56). Retrieved from <https://www.census.gov/content/dam/Census/library/working-papers/2005/demo/POP-twps0076.pdf> on February 23, 2020.
3. Pew Research Center (2014). The US Hispanic population has increased sixfold since 1970. Retrieved from <https://www.pewresearch.org/fact-tank/2014/02/26/the-u-s-hispanic-population-has-increased-sixfold-since-1970/> on February 23, 2020.
4. Healthy People 2020 (2020). Social Determinants of Health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> on March 15, 2021.
5. National Center for Education Statistics. Trends in High School Dropout and Completion Rates in the United States. Retrieved from <https://nces.ed.gov/programs/dropout/intro.asp> on March 15, 2021.
6. NJ Executive Order 103
7. NJ Executive Order 107
8. U.S. Census Bureau (2019). Selected Population Profile in the United States, 2019: ACS 1-year Estimates Selected Population Profiles (Table S0201). Accessed on March 2, 2021.
9. New Jersey Department of Education (2019). School Performance. Cohort 2019 4-Year Adjusted Cohort Graduation Rates by Student Group. Retrieved from <https://www.nj.gov/education/schoolperformance/grad/ACGR.shtml> on January 26, 2021.
10. National Center for Education Statistics (2019). Trends in High School Dropout and Completion Rates in the United States: 2019. Retrieved from <https://nces.ed.gov/pubs2020/2020117.pdf> on March 30, 2021.
11. Economic Research Service, United States Department of Agriculture (2010). Access to Affordable, Nutritious Food is Limited in “Food Deserts”. Retrieved from <https://www.ers.usda.gov/amber-waves/2010/march/access-to-affordable-nutritious-food-is-limited-in-food-deserts/> on March 25, 2021.
12. The United Way (2018). ALICE: A study of financial hardship in New Jersey, 2018 Report. Retrieved from <https://www.unitedforalice.org/new-jersey>.
13. U.S. Department of Health and Human Services (2020). Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/data-search/Search-the-Data#topic-area=3490;topic-area=3501;topic-area=3491;topic-area=3498;topic-area=3504;topic-area=3503;sld=34> on March 2, 2021.

APPENDICES

1. CHPRD Grantee Emergency Response Survey Data Tables
2. Grantee Survey Data Tables
3. Key Informant Interview Protocol and Summary
4. Focus Group and Senior Interview Protocol and Summaries
5. Infographic

**CHPRD Grantee Emergency Response Survey Data Tables
(N=34)**

1. What county/counties does your organization serve? *(Select all that apply)*

N=31	n	%
Essex	10	32.3
Hudson	9	29.0
Passaic	9	29.0
Union	9	29.0
Atlantic	8	25.8
Cumberland	8	25.8
Burlington	7	22.6
Middlesex	7	22.6
Camden	6	19.4
Cape May	6	19.4
Gloucester	6	19.4
Bergen	5	16.1
Morris	5	16.1
Ocean	5	16.1
Salem	5	16.1
Monmouth	4	12.9
Hunterdon	3	9.7
Mercer	3	9.7
Sussex	3	9.7
Somerset	2	6.5
Warren	2	6.5

2. In which program areas did your organization receive funding from CHPRD? *(Select all that apply)*

N=29	n	%
Community Service-Senior Citizen	9	31.0
Community Service-Children at Risk	8	27.5
Community Service-Mental Health	8	27.5
Citizenship and Integration Program	7	24.1
Community Service-Preventive Health	5	17.2
Workforce Development Empowerment Center	5	17.2
Hispanic Entrepreneurship Assistance Program	3	10.3
Workforce Investment In-School and Out of School Youth Program	2	6.9

3. Is your organization considered an “Essential Business” as defined by Governor Murphy’s Executive Order?

N=29	n	%
Yes	12	41.3
No	11	37.9
Unsure	6	20.6

3a. If yes: what services are you currently providing the community that meets the definition of “Essential Business”? (N=10)

- Counseling, Emergency Food, unemployment claims
- Crisis and mental health counseling
- Emergency Food Pantry, Mental Health Services, Parenting Education, Unemployment Claims, assisting clients with completing forms for SNAP, NJ Shares handled by telephone and online, recertifications for SNAP and NJ Familycare health insurance
- Home-delivered meals for seniors and food pantry
- Home health care, remote teaching, food pantry, rental assistance
- Hunger relief/food service - soup kitchen and food distribution
- Information about COVID-19 prevention, offering interpretation, and scheduling appointments for testing, assisting with food, providing homeless prevention services (rent, motel hotel vouchers, case management). Educating individuals by informing them that obtaining health services will not impact their immigration status. We are also offering other multi-services not listed in this question.
- Mental Health services
- Substance abuse and co-occurring disorders
- Substance use and mental health services

4. How many full-time staff did your organization employ immediately before the COVID-19 crisis?

N=28	n	%
1-5	5	17.8
6-15	9	32.1
16-25	6	21.4
26-49	4	14.2
50 or more	4	14.2

Response to COVID-19

5. Did your organization have to lay off or furlough any employees as a result of the COVID-19 crisis?

N=30	n	%
Yes	12	40.0
No	18	60.0

- 5a. If yes, how many employees were laid off or furloughed?

N=7	n	%
4	1	14.2
6	3	42.8
10	1	14.2
18	1	14.2
20%	1	14.2

6. To what extent is your organization's staff able to work remotely (i.e., work from home)?

N=27	n	%
To a great extent – Staff can work remotely without any interruption in operations	11	40.7
To some extent	14	51.8
To a small extent	2	7.4

7. In what ways has your organization had to restructure in order to address the needs of the community during the COVID-19 crisis (e.g., hours of operation, reassignment of tasks)?

N=21
<i>We turned to remote work activities and remote learning. Required the build out of our IT capacity with the purchase of additional servers, computer, VPN hooks ups, mobile phones. Training for staff to prepare and use internet for work and teaching. At the current time, staff is able to work as best they can with no formal attendance requirements - possible because of greater flexibility by funders and obtaining PPP loan. a focus and increase in training. Prohibited staff from taking on duties that required their leaving their stay safe base, Confronted with inadequate PPE to allow contact with clients given the high risk factor.</i>
<i>Primarily working from home</i>
<i>Our agency is closed to the public. It has changed its operating hours from 9am-5pm to 10am-4pm. Our food pantry is no longer allowing clients to pick up. Instead, we are delivering groceries via our newly formed no-contact delivery system. Our preschool students are being taught remotely. We have suspended all group activities, HIV testing and vision screenings.</i>
<i>We've reassigned staff to assist in food distribution in order to keep them employed. We've altered our hours. We've suspended on site educational programs and are doing all instruction remotely.</i>
<i>We had to provide tele-medicine (Provided training to staff and some equipment) Provide PPP for staff who needed to provide direct services</i>

<i>Online and Phone Services</i>
<i>We continued all our services at the same scheduled time online with ur interruptions. We had to reassign tasks, responsibilities, and scope of work</i>
<i>We learn how to do a lot of our programs virtually And be creative in the way we can assist our community</i>
<i>We are a mental health clinic that offers individual, family, and group therapy to children and their families. We continue to restructure to serve the ever-changing needs that the COVID crisis has presented.</i>
<i>Some of the changes put in place:</i>
<i>1. Every member of the staff is working remotely. Equipment (laptops) were given to staff.</i>
<i>2. Training on telehealth mental health services was conducted to move forward with services.</i>
<i>3. All services are being provided through HIPAA compliant ZOOM accounts that took about 2 weeks to put in place.</i>
<i>4. For 2 months we couldn't provide group therapy via telehealth due to restrictions. We started providing support groups for parents, a new modality of service for our Clinic. On April 28 we started providing group therapy for kids with a focus on social connection and COVID related mental health symptoms, like increased anxiety.</i>
<i>5. There has been flexibility in terms of hours of operation. Each clinician rearranged their sessions to accommodate their client's needs and availability. The hours of operations have changed for some staff.</i>
<i>6. Cell phone for our administrative assistant to replace Clinic's phone and maintain communication with clients and referrals.</i>
<i>7. Documentation procedures for the services provided have changed.</i>
<i>We offer two main types of services: an educational component and a technical assistance component. We're able to offer the latter in expanded capacity, as we can do tech assistance over the phone or through virtual meetings. So we're able to help small businesses stay afloat and access loans, recovery assistance 6 days a week into the evening hours. But we've decided to cancel our educational classes for the semester and instead offer virtual workshops. These are occurring 4 times per week, whereas before the crisis we had 14 three-hour classes happening weekly. We are already working on developing fully online content for the Fall semester, by October 2020.</i>
<i>Hours operations for direct services (home delivered meals and food pantry changed to 2 days from 9am-12pm. The other social and educational are programs are working remotely. Responsibilities were reassigned. A webpage manager was hired.</i>
<i>We have witnessed a substantial increment in need of services and support of our constituency. Since the end of February, we have felt the impact of the COVID-19 Pandemic effect in our community.</i>
<i>Due to this situation, our current and new request for service support has had a significant impact on our payroll and other areas of our organization. We have had to ramp up staff availability (working hours) to support and provide the tools our community needs to survive this pandemic. Our payroll has increased by 32%. This has also necessitated the need to redistribute some tasks to be able to take on this new level of support.</i>
<i>For our staff to sustain the level of service our members require, we have also invested in additional IT services, technology, and equipment. This investment is directed to provide our community with Town Hall Meetings, Virtual networking/updates, and work-from-home availability.</i>
<i>Our office intake for services has increased. Our staff is currently rotating. half of the employees are coming to the office and another half are working from home (in order to keep</i>

social distancing and staff safety). Our office has been operating from 9 am- to 5 pm. We have been able to utilize technology to continue assisting our clients (phone, office text, emails, Whatup, and mail and conducting meetings via Zoom). We noticed that 85% of our calls are people asking for rent assistance, other for food. This crisis is affecting tremendously our undocumented families.

Some of the challenges of working from home are not been able to provide each staff with the equipment needed for them to do their job efficiently. This included a business laptop, a printer, and a business cell phone. Unfortunately, some of the staff are using their own personal computer (which are not very reliable) they are experiencing inconvenience by using their own personal phone, and a little be of frustration for their inability to print/scan while working from home.

We had to convert our programs over to online. Our hours of operation are the same but we have been more flexible because of the current circumstances.

Calls coming to the office are forwarded to two assigned workers who screen the calls and forward them to the designated workers assigned to the Senior Program and Civic Program. Senior services are provided through the utilization of phone and video conferencing. In regards to the Civic program, classes are conducted on a weekly basis through Zoom video conferencing. Zoom is also utilized in our other non CHPRD programs as well. Staff meetings are conducted on a weekly basis and staff are able to maintain constant contact with office supervisor, program coordinators and executive director. In regards to case management and documentation, workers are allowed to take case files and return them when work is complete.

Monthly program reports continue to be submitted by workers in a timely manner. The community continues to be inform of our agency restructuring and operation process during this COVID-19 crisis through Social Media (Facebook, and Radio Promotion in the Local Hispanic station. This information has also been shared with our collaborating agencies. Our office hours remain the same 9am to 3pm. with exception of the Civic programs in which class is held from 6pm. to 7.30 pm.

Hours of operation remain the same, however clients are given appointments to receive assistance for Food Pantry or any services previously listed. In order to comply with NJ Governors regulations and to maintain staff safety, access to services is accessible through to one designated area with two tables set up to maintain the 6 feet distance. Staff wears masks and gloves. We disinfect the area immediately after clients leaves. Clients are also required to wear a mask when receiving services.

services are either by tele health or phone.

Hours are the same for service delivery and there have been no reassignment of tasks

Residential counselors were reduced to two staff per shift. Outpatient staff continuously providing services though telecommunication. Doctor and other Contractual worker who works with clients are using precaution and maintains safe distance to continue providing services.

[The organization] organizes educational and mentorship programs for Hispanic youth. These programs have traditionally been "in person" programs. [The organization] has since pivoted to make all programs remote. Tasks and duties, while often similar, are now all realigned with this new model.

[The organization] moved our Afterschool Arts Institute online, which took a major adjustment and halted our work for more than five weeks, but our work is continuing with some expanded services to our students and their families.

We have transitioned our operations and programming to virtual platforms, including updating our policies and procedures in this new virtual space. Our intake and enrollment team are conducting interviews via video-conferencing application, such as Zoom and Facetime. Our case managers are conducting regular supervision and coaching by phone and video-conferencing. Within two weeks, we rolled out a virtual training programming and youth development activities and workshops. We are in the final stages of rolling out virtual match meetings that pair youth with a volunteer adult mentor as well as a virtual recruitment plan (i.e. Zoom Lunch and Learns).

8. Which of the following best describes your community’s needs that have emerged from the COVID-19 crisis? (Select all that apply)

N=27	n	%
Job loss/insecurity	22	81.5
Food insecurity	17	63.0
Mental health (concerns, anxiety related to COVID-19)	15	55.6
Connectivity (i.e., internet or software access)	12	44.4
Housing insecurity	12	44.4
Access to healthcare (e.g., primary care provider, urgent care, clinics)	10	37.0
Other	8	29.6
<i>Business disruption - access to government programs for capital</i>		
<i>Immigration status</i>		
<i>Domestic violence</i>		
<i>Fear of being undocumented with no financial benefits from the government</i>		
<i>Addiction issues</i>		
<i>Lack of educational supports for children, lack of special needs supports for children, lack of childcare for essential workers</i>		
<i>Social isolation and need for social connection via organized agency virtual events</i>		

9. Is your organization prepared to meet the emerging needs of your community?

N=27	n	%
Yes	19	70.4
No	1	3.7
Unsure	7	25.9

9a. If no, please explain:

No responses

10. Has your organization sought additional funding to deal with the needs emerging from the COVID-19 crisis?

N=27	n	%
Yes	21	77.8
No	6	22.2

10a. If Yes: From where have you solicited funding? (Select all that apply)

N=20	n	%
Private Funding	15	75.0
Federal Government	13	65.0
State Government	12	60.0
Other	3	15.0
<i>SBA PPP Loan</i>		
<i>Lendistry</i>		
<i>Community Members</i>		

10b. If Yes: From where have you received funding? (Select all that apply)

N=20	n	%
Our organization has not received any additional funding	5	25.0
Private Funding	10	50.0
Federal Government	10	50.0
State Government	4	20.0
Other	3	15.0
<i>SBA PPP Loan</i>		
<i>And federal funding from NEA pending</i>		
<i>Currently looking for food donation</i>		

11. During this time, is your organization conducting any outreach to assess community needs?

N=29	n	%
Yes	20	69.0
No	9	31.0

11a. If Yes: What forms of outreach has your organization conducted (or do you plan to conduct)?

N=17
<i>Staff from different programs are asked to reach out to program clients and participants. We also set up internet and phone options for folks to seeking information and assistance. Staff have been prevented to have direct face to face contact with clients.</i>
<i>We have called past and current business clients to assess their condition and needs. This as been done by e-mail and calls.</i>
<i>Our staff is in constant contact with our clients to assess the needs they may have.</i>
<i>Our social workers talk to people waiting in line to get food from our organization. Our teachers are speaking with our adult students and the parents of our children.</i>
<i>We have a network of 12 connectors or community liaisons that are calling families and checking on them helping deliver food, providing counseling, assistance with navigating school work, application for unemployment, etc.</i>
<i>Census 2020, Seniors assistance</i>
<i>By telephone and emails</i>

<i>At the beginning of the crisis, outreach was done via phone. Now we use a combination of calls and email. We are working on developing an online survey to assess changing needs.</i>
<i>We have recently received grants to conduct expanded outreach in Bergen and Essex Counties. We're also one of four organizations to have received an EDA contract to do statewide SBA loan technical assistance. Initial outreach has been conducted through social media, email blasts, and news articles; outreach in the months ahead will include working with key stakeholders to create client pipelines and wraparound services for low-income communities.</i>
<i>Assessment to the senior citizens are conducted on a weekly basis. We are in the process of developing surveys for the different services. We are planning to conduct the first survey with the students of the after-school program.</i>
<i>Weekly request for questions from the community so we can work on getting information to them and others with the same type of questions.</i>
<i>We have a survey that we distributed to families to gauge issues that have materialized during this crisis.</i>
<i>Our agency is in the process of reaching out to all our seniors by contacting them personally to inform them of available services. We will also continue to inform and reach out to other agencies in our county. Most agencies are members of the Human Service Advisory Committee which presently meets through video conferencing in which program and service information is exchanged. Presently we are the only agency providing Rental, Mortgage, Security Deposit, Utilities assistance in the county and we maintain a close relationship with the county government.</i>
<i>surveys</i>
<i>[The organization] has reached out to our partner schools to assess how our programs can be implemented/improved and have a more profound impact on your student community during this time.</i>
<i>surveys, personal interviews, social media, and to other youth serving organizations/funders</i>
<i>During our case management supervision as well as COVID-19 specific surveys. In addition, we are in the midst of a study on trauma-informed program enhancements that were planned pre-pandemic and rolling out during the pandemic.</i>

12. During the COVID-19 outbreak, how has your organization collaborated with other local organizations to meet the needs of the community? Please provide an example(s).

N=23
<i>"Yes. Weekly zoom meeting with anchoring community development corporation engaged in similar work. Also provided guidance to sister agencies in dealing with their efforts to access PPP loans.</i>
<i>We also participate with local, regional and national organization for the exchange and insight as to how agencies are responding to common concerns."</i>
<i>No not at this time.</i>
<i>No. Our agency has collaborated with the City to meet the food and housing insecurity needs of the community.</i>
<i>Yes, we are working with 5 other organizations to meet the food needs of our community, sharing resources (food, staff, volunteers, vehicles and warehouse space). We are working together to deliver food to homebound families, and coordinate food distribution.</i>
<i>South Jersey COVID response, [City] Mayor's Covid 19 response, NJ DCF efforts, [City] health Coalition</i>

<i>Yes, Information to community about programs an services</i>
<i>Yes. We are part of the literacy consortium with Union County College, Elizabeth, Linden, Jersey City, and Union City School Districts. We also work in partnership with the One-Stop Career Centers, Social Services in the three counties mentioned above. Other organizations include the International Rescue Committee, Prevention Link and other local CBO's</i>
<i>Food bank. We pick up emergency food boxes and delivered to the community</i>
<i>We have been gathering the services provided by other organizations to link our participants to those services. We are sending emails promoting the services that other community organizations are providing. Some of the families we serve have shared their specific needs and we have been able to link them with local organizations that could assist them.</i>
<i>The NJEDA and several other organizations are feeding us small businesses who need resiliency and recovery assistance. We partner with orgs in New Brunswick, Newark, Jersey City, and Union City to provide wraparound services to low-income entrepreneurs.</i>
<i>Yes, with Community FoodBank of New Jersey and United Way of Newark.</i>
<i>We have collaborated with several agencies to help clients find information about funding / loan opportunities, push information out further and in more easy to access manners.</i>
<i>"One of our grantees modifies the restriction of our grants to use for the COVID-19 as needed.</i>
<i>We are working with a private foundation trying to get donations of gift cards for the purchase of food."</i>
<i>No</i>
<i>We have informed other agencies of program services provided by our agency and have received some referrals from Salvation Army, Catholic Charities, DCP&P, Gateway, Center for Family Services</i>
<i>We have signed Affiliation agreements with various providers including the NJ Community Food Bank.</i>
<i>Referrals</i>
<i>Inquired with other Agency of where we can find additional funding/secure loan.</i>
<i>[The organization] has partnered with many large organizations to organize volunteering efforts to support Hispanic students and the Hispanic community. [The organization] has also partnered with organizations to hold fundraising events to support our and other non-profit organizations supporting the Hispanic community.</i>
<i>The Institute is partnering with the [the city] Youth Services Commission to offer our Friday Teen Arts Night programming to youth parolees and youth served through other youth development programs across the county. We are also referring our parents to many social service organizations.</i>
<i>We have partnered with other organizations to deliver virtual programming and in doing so are also helping to build the capacity of our peers in this new virtual space. One example is [an organization] which has delivered outdoor experiential education for 50 years. Its programming has traditionally been in-person and we have partnered with them to pilot a virtual recess, which they are now rolling out to area schools. Additionally, we continue to collaborate with our peers for referrals to information and resources.</i>

12a. What are some challenges your organization has encountered in collaborating with other local organizations?

N=20
<i>There is nothing new here, if anything at least for again for the anchoring organizations we have a robust exchange and collaboration of executing similar programs but within our defined service areas.</i>
<i>Face to face engagements required. Staff primarily working from home</i>
<i>not applicable</i>
<i>It has been a positive experience and has definitely benefited the community.</i>
<i>Duplication of efforts. But in general has been great</i>
<i>difficulty contacting them</i>
<i>Communication</i>
<i>I wished there was a centralized way of having all the resources available. Like a webpage that could report resources by county and type of service. Its sometimes very time consuming to figure out and access organizations to collaborate with.</i>
<i>All organizations in our space are overworked and underfunded. Corporations and private foundations give less philanthropic funding when their investments take a hit in the market.</i>
<i>Lack of time and communication. Every organization is trying to figure it out what are the next steps...Each one is developing their own strategic plan.</i>
<i>Not too many problems. Most are ready and willing to help. The most prevalent issue may be that other organizations are not working full time or at full capacity, as we are.</i>
<i>Some of the current challenges with many of the organizations with are collaborating do not have Spanish speaking staff that can assist our clients. We also noticed that many organizations are not answering phones and obtaining information can take a few days due to the limited hours.</i>
<i>Organizations have had to scale back and have scaled down their own services and capacity.</i>
<i>One of the challenges encountered is the lack of knowledge of communication technology (primarily Video conferencing) by some agencies which effects their ability to share service information through program seminars and face to face contact</i>
<i>None at the present time.</i>
<i>none</i>
<i>None so far.</i>
<i>Our primary challenge is with funding: many of our partner funding organizations would like their previously allocated funding to be used for future events. Without funding to address our immediate concerns, we may find ourselves unable to pay our staff and organize educational programs for students.</i>
<i>Communicating with youth and parents has been a challenge. That challenge is exacerbated when multiple organizations are involved.</i>
<i>Some of the challenges we see are that many of the partners we have traditionally relied on are finding it difficult to adapt their business models to this new normal. Some are more responsive and flexible than others in reimagining their programming and operations.</i>

13. What are some needs that you anticipate your community having related to the COVID-19 crisis over the next few months?

N=21
<i>Uncertainty regarding the state's ability to forecast its own financial situation. The guidance related to the extended state's fiscal year, with no guidance if funding is to be supplemented with the extension of the contract term. There is even less projection of what the next fiscal year will look like.</i>
<i>Depending on how long the stay in place and the funding stream are, we anticipate eviction, with loss of employment and limited prospects of new employment, this will be accompanied by increase food insecurity/ All of which will produce trauma.</i>
<i>Our educational programs outcomes are expected to be less effective.</i>
<i>Direction on the best practices for reopening businesses [Covid] protocols based on business type.</i>
<i>food insecurity, rental assistance, child care, mental health care</i>
<i>Food. Financial assistance and navigation. Job counseling.</i>
<i>Funding to continue paying for connectors who are reaching out to the community</i>
<i>Work, rental help and legal assistance</i>
<i>Employment readiness and jobs available, besides health insurance.</i>
<i>Rental assistance</i>
<i>Food insecurity</i>
<i>Utility assistance</i>
<i>- we are seeing an increase in mental health COVID related symptoms, not only in the children we serve but in their caregivers, therefore we foresee a need for culturally informed mental health services (Example: Spanish speaking licensed providers) - child care/summer programs for different ages and developmental diversity - parents are struggling with remote learning due to the language barrier between them and their children. Also, the level of education of many of the parents compares to their kids making them unable to assist their children with remote learning demands. - social support and connection - Internet Safety/Parental controls training or assistance = we have started to encounter that as children are being online more they are being exposed to inappropriate content for their developmental stage and most parents don't know how to adequately put parental controls in the tech devices that their kids are using. - financial assistance</i>
<i>Flexible funding: convert all grant funds to general operating funds so that organizations don't have their hands tied when making tough decisions in the year ahead.</i>
<i>The community will need banks to stop being so greedy and self-interested; the fact that big banks funneled PPP loans to their biggest clients so they could make hundreds of millions in fees is a travesty, but not shocking. Access to capital will be critical in the year ahead, and yet we know that minorities are largely shut out by big banks. Connecting small business owners with community banks, and creating strong pipelines there, would be amazing.</i>
<i>Food, housing/rent/utilities assistance, mental health services, summer program with hybrid activities</i>
<i>Funding to keep small businesses operational, cash flow to alter how they operate</i>
<i>Ways to deal with leases & contracts that cannot be supported any longer due to the situation</i>
<i>Too many to mention.</i>
<i>Employment, access to sanitary products, Education, Mental health such as depression and anxiety.</i>

<i>Some of the future needs anticipated are a need for food, Employment, Rental and Utilities assistance, Mental Health services, more parenting and child abuse prevention services.</i>
<i>Assistance with unemployment services and assistance with job search and application completion and increased requests for emergency food baskets.</i>
<i>escalation of mental health services</i>
<i>In the coming months we will need additional funding to buy instant testing paraphernalia and masks and cleaning supplies. We will also need knowledge to avoid the spread of the Corona Virus and the capacity to share this knowledge to the client's we're serving. We will also need the knowledge of how to help clients we're serving with regards of the financial crisis we are facing 6 to 8 months from now.</i>
<i>Hispanic students are disproportionately affected by distance learning due to many factors, including less reliable internet/computer access. We also worry that our students will face greater food insecurity, as nearly 90% of our students qualify for free/reduced-pay lunch and rely on schools to provide them at least two meals a day.</i>
<i>Financial needs are overwhelming in our community. The need to close the digital divide and provide real-world solutions to education inequity is huge. Black and brown kids will need additional supports to maintain their skills. Parents with language and educational barriers are not in a position to teach current curriculum or to support their children in catching up without significant additional resources.</i>
<i>Need for social connection, mental health needs, financial stress, loss of learning, increased child abuse and neglect, and increased trauma</i>

14. Please share any lessons your organization has learned regarding emergency preparedness over the last two months.

N=20
<i>Confirmed that "fee for service" and "production based contracting" used by government that were inappropriate during normal times are disastrous during a crisis. Organizational readiness was inadequate. Attention to staff morale is even more important during emergencies.</i>
<i>We have uncovered that some of our systems are not as resilient as they need to be. Primarily our main database.</i>
<i>We have learned that a coordinated effort with our community partners is most effective.</i>
<i>That people doesn't only need things, they need someone who can make a personal connection and listen deeply, people need genuine connection.</i>
<i>The need to migrate the organization to online work</i>
<i>In moving the entire organization on line we have developed new technology skill sets, including, teaching and recruiting online. We have also become a paperless organization. All our paperwork is now exclusively digital, including all our account payables and receivables done online. We have truly become a 21st-century organization, taking full advantage of the technology available now.</i>
<i>We needed to have the ability of teaching virtual</i>
<i>"- technology is key = equipment must be up to date in order to quickly put changes in place. Also, the equipment should be portable.</i>
<i>- teamwork</i>
<i>- The organization has to have the ability to think creatively and problem solve with less bureaucracy</i>

- Attention should be given to assess alternative ways of communication and support. For example, since we are not allowed to email clients we lacked that information for most of them.

- If one thing has been visible is that knowing and having a relationship with the community makes all the difference."

Lots of lessons, but a critical one is that smaller entities will need to work together to help each other. Big bank, big corporations, and the federal government seem to mainly be out for themselves.

Technologically not prepared; not emergency plan in place for disasters

- Being frugal for many years has allowed us to remain operational and support our community.

- Being prepared to work remotely, having some equipment and programs in place already due to snow days, etc has really given us a leg up to keep going without missing a beat."

We need to continue preparing on how to provide efficient services for the new normal. This includes working remotely, invest in technology that can allow you to work efficiently from any location.

our agency is currently working with a software company to transfer or client's record to a secured online system (similar to the online medical records), which it will allow us to have access to the client's file from any location.

We have learned that it is necessary to be flexible. We have also learned that distance learning and service provision remotely are going to become part of the new normal for the foreseeable future.

This Crisis was never anticipated and it has been an on the job learning process. We have learned to make whatever adjustment is necessary to provide services to our community. It has been a fine tuning process that we anticipate will continue to evolve to make it better. It is also a process which the community we service is still learning to embrace. It is a great change from physical contact to solely conducting business electronically

Maintaining a decent amount of disinfectants in stock as well as masks, gloves and hand sanitizers. Implementing safety and distance while providing services to clients and requiring ongoing training regarding safety precautions and information regarding the current pandemic.

adjustment is key.

Staff needs also have to be a concern as running sessions from home presents new challenges

So much lives were lost due to non immediate acknowledgement of the severity of the disease. Health officials should have seen it prior to the spread of the disease. Immediate acknowledgement, preparedness and calm acceptance of what's going on will give us a positive result.

We have been encouraged by our ability to adapt to rapidly-changing needs of schools and students. We are hoping that we will be able to secure unrestricted funds to keep our organization operating during this time.

We can benefit from working with thought leaders in our fields and subject matter experts, but the time that it takes to organize new systems and structures takes a significant investment. Also, much time was wasted following dead leads in sifting through an overwhelming amount of information about funding and other resources - resources all organizations are seeking at once. It makes sense to take the time to structure programs appropriately so that critical staffing and time aren't wasted on duplicated or misaligned efforts.

Finally, by following the highest level government sources (esp Governor Murphy and his office) we can on a daily basis, we are equipped with realtime information we need to make

informed decisions.

Finally, formalized work-from-home and facilities closing processes and when to deploy them, will be useful in navigating future emergency situations.

Strong and compassionate leadership and a mission-driven staff were critical to our ability to quickly adapt and continue operating with no interruption in service. We did so inspite of being located at the epicenter of the pandemic. This included but is not limited to an existing Contingency Operating Plan and our use of a web-based information data management system. While we have historically collected documents in hardcopy, our team had begun to shift to digital file storage. Additionally, our agency has always been data-driven and goal-oriented. When we moved to remote operations, our leadership team quickly put into place metrics to keep our program staff and administrative team accountable for delivering on our mission.

CHPRD Grant

The remaining questions are about the effect of the COVID-19 crisis on your organization's ability to carry out activities funded by CHPRD.

- 15. Given the current circumstances, describe any challenges or issues that you foresee in achieving the goals and objectives that you proposed on your grant application.**

N=21

The CHPRD funding are for program activities that are relevant during normal as well as this emergency period. What will be missed is the person to person relationship that truly cements the relationship for new clients. Overcoming this obstacle will be critical to understanding any underlying issues and challenges the client may be encountering.

We have effectively moved all our services to a virtual posture and project to meet the service levels proposed in our grant application and contract.

If the stay at home order continues and social distancing is required, it will be difficult for our agency to meet its target numbers for clients served.

Meeting the high demand for childcare and not knowing how many children we can have in one space or how many students we will be able to have in one classroom is an unknown. In the meantime, our teachers continue to teach remotely, and we will continue to adapt to this changing world.

None, the grant has actually allowed us to provide the support that is needed, we may ran out of money before, because we are using the funding to pay for the needed support for the community

financial support and adaptation to new technologies, both from the organization and from members of the community

the challenges we faced are already resolved and we do not foresee any additional challenges now or in the future, except our commitment to continuous improvement of our processes, skills and service delivery.

I believe we will be able to do the work with some modifications

Mainly the recruitment for the specific program that we described in the grant. Because of policy restrictions, we were not able until very recent to provide group therapy via telehealth or accept new clients/participants. Most of the prospective participants prefer the spring/summer months to participate in these groups. Also, treating COVID related mental health symptoms have an immediate priority for our children and families. The Center

approved a budget revision that will allow us to adapt our services by adapting the services offered and purchasing material and equipment needed that we didn't budget for. I don't foresee that we will achieve exactly the goals and objectives described but we have been able to use the funding to provide service continuity on a broader scale.

It's hard to have in-person classes when you can't have in-person classes.

There is no challenge for us in achieving the goals and objectives of our proposed CHPRD grant application. Transition to home-bound services were easier because we have the experience.

None - we are already 100% transitioned to virtual classes & services. We did need to adjust the budget to compensate but not by much.

At the present time, I don't see any issues with us carrying our services. (possibly modification on the grant to address emerging new issues). We are more concerned with the challenges of our community and the lack of funding resources to address the new barriers caused by this pandemic.

Our main challenge at this point is participation of the youth and access to the necessary technology. In dealing with a high risk population that under normal circumstances are not motivated in their own education it becomes more difficult yet even more necessary to engage them.

As previously stated in the first question of this survey, CHPRD program services are being conducted through phone contact and Video conferencing. Case management and program reports are maintained by CHPRD designated workers and supervised by the agency supervisor. Staff meetings to measure program progress and problematic issues are conducted on a weekly basis through Zoom Video conferencing. The primary challenge has been some reduction in the number of consumers in the programs that may affect program goals and objectives. However we continue to strive to achieve program goals and objectives anticipating that we will fulfill them as stipulated in the CHPRD grants.

None at this time.

A greater need to assist existing clients with session 2 and 3 times weekly. New clients asking for help in person which cant be delivered now.

Need additional funding and knowledge to continue working on the goal and objectives.

Due to COVID-19, schools have closed and we are no longer able to execute in-class [organization's] Role Model Program presentations. [The organization] has adapted by creating a virtual format in which the volunteer [organization's] Role Models have been recruited and trained to record their [program] presentation remotely. [The organization] is working closely with our partner schools in [the city] to deliver the remainder of program to its completion.

We modified some of our activities so that we are able to meet all of the objectives in our application.

We do not foresee any difficulties achieving the deliverables for our current contract or our proposed in our application. As with many organizations, our current concern is funding and cash flow to deliver our mission and our promise to maintain 100% staffing at full employment and with full benefits.

16. Have you submitted a contingency plan to CHPRD?

N=27	n	%
Yes	18	66.7
No	9	33.3

16a. If no, why not?

N=7
<i>We believe the renewal and continuation of the current program meets the needs of our constituents prior to and in the current environment as well as into the post Covid period.</i>
<i>We have not been asked to submit, and we don't know if it will be necessary.</i>
<i>I wasn't aware I needed to</i>
<i>they have not requested it</i>
<i>We submitted a budget revision explaining our current needs and the changes that we have put in place in order to continue to provide services. I am not aware of how the Center is managing contingency plans.</i>
<i>We're pivoting. Not sure a contingency plan was requested, either.</i>
<i>If we will be given enough time.</i>

17. Will you be able to maintain your level of service as specified in your grant documents?

N=25	n	%
Yes	22	88.0
No	3	12.0
Not sure	0	0.0

18. Will you be able to spend down your CHPRD grant funds by the July 1st deadline?

N=25	n	%
Yes	21	84.0
No	4	16.0

18a. If no, what specifically is keeping your organization from spending down its grant funds?

- No responses

19. How can CHPRD help support your organization in meeting these needs when they arise?

N=19
<i>I think the CHPRD has be responsive to the changed environment and provided sufficient flexibility to manage to move our agenda forward.</i>
<i>Access to experts in various disciplines.</i>
<i>CHPRD can assist our organization by exercising flexibility with grant units of service. Additionally, CHPRD can assist our agency by donating food, toiletries and paper goods that can be distributed to the community.</i>
<i>We have felt very supported and I would say being flexible moving forward will be important.</i>
<i>Share information with other organizations about the services we are providing</i>
<i>That the Advance of the payments is greater, because the expenses begin months before the first payment and take long after the reports</i>
<i>We know we can reach out to them and receive all the support we may need, including budget adjustments, etc.</i>

I submitted a budget revision and it was approved but needs are evolving making it stressful to think of not complying with grant specifications and that it could also impact future grant funding. Communication during the budget revision request was smooth and I feel the Center is available to support our needs. I think that maintaining communication is key.

Convert all funding to general operating support.

With additional funding for emergency assistance for seniors, families and individuals.

Probably sending a survey to get feedback from all grantees. Conducting a mandatory Zoom meeting to get an update from each agency.

CHPRD is very good with sharing information and resources. Simply continue to do that.

The sharing of Information to address additional resources to improve overall program implementation, and communication technology.

Continue to provide any information to the agency regarding any changes or laws.

constant communication between both our staffs

There's always a way to help and support each other if needs will arise and just the acknowledgement and assurance that you are there and will help us to achieve goals and objective.is a big help already. Thank you.

CHPRD supports our organization by working with [the organization] and continuing to support us as we adapt our program to a virtual model.

Help to identify additional funding streams, provide supplemental funding (if possible) to extend our current grant into the July - September period, approach corporate funders to build relief fund for Hispanic-serving organizations facing special challenges due to COVID. Much of the small business funding (from Verizon/LISC and CDBG) excluded nonprofits from applying.

Disbursing funds for the current contract and moving forward on a quarterly or even monthly basis would greatly help with cashflow.

Any assistance to access other funding and resources.

Convening subgrantees and other service providers to coordinate and collaborate to maximize resources and reduce duplication of services.

Maintain, and increase wherever possible, funding levels to continue the great work so many of us are doing.

20. Please add any other comments here.

N=11

Thank you for your support

It would be important for CHPRD to increase its funding capacity, considering that the Hispanic community represents 22% of the population in NJ

Adapting to this new normal has been a challenge full of growing pains. However, at this point we do not foresee any disruption of services. We are now prioritizing our service quality improvements by providing support and professional development opportunities to all our team members, particularly our trainers in using technology in this virtual environment.

Please verify the email contact list. I am not receiving all the emails that the Center sends.

As a response to the COVID-19 outbreak, [the organization] is prioritizing those with the most critical needs, particularly those that come from communities most disproportionately impacted by the COVID-19 outbreak [in the city] by providing front line direct services to the most vulnerable population, our elderly. [The organization] expanded its [seniors program] by delivering meals five days a week to 232 seniors throughout [the city]. In addition, more food bags for families are distributed on Wednesdays. [The organization] has been forced to utilize

its line of credit to meet payroll, purchase additional food/cleaning/sanitizing supplies for home-delivered meals, contracting a cleaning company.

Thank you Montclair University for helping CHPRD and our community with your survey's capability.

Than[k] you for allowing me to participate in this survey

CHPRD has been a wonderful resource with respect to delivering help to the underserved, even before this pandemic hit, but even more so now. Access, has been vital, via phone, and email. Nice to know we are not alone in the community without backup.

Pandemic of this magnitude is hard to understand. We need to be ready and be strong for the community we served.

Thank you, CHPRD, for your continued support to [our organization] and New Jersey's Hispanic population.

Our agency initially anticipated a 13% loss of income and this is projected to increase in the coming weeks and months.

CHPRD Grantee Survey
(N= 25)

Do you agree to participate in this survey?

(N= 25)	n	%
Yes, I agree to participate	25	100.0%
No, I decline	0	0.0%

1. Which of the following best describes your role in your organization?

(N= 25)	n	%
Executive Director (e.g., community-based organization, faith-based organization)	15	60.0%
Other staff member (e.g., community-based organization, faith-based organization)	7	28.0%
Program Director/Coordinator (e.g., community-based organization, faith-based organization)	2	8.0%
Healthcare Professional (e.g., doctor, nurse, physician assistant, nutritionist)	1	4.0%
Educator (e.g., superintendent, principal, teacher)	0	0.0%
Community activist	0	0.0%
Other, please specify:	0	0.0%

2. What services or programs does your organization provide? Check all that apply.

(N= 25)	n	%
Bilingual services	12	48.0%
Adult education	11	44.0%
In-school and/or out-of-school (e.g., afterschool) programs	11	44.0%
Mentoring	11	44.0%
Workforce development	11	44.0%
Citizenship and/or immigration services	10	40.0%
Education	9	36.0%
Mental health	8	32.0%
Senior citizen supports	8	32.0%
Advocacy	7	28.0%
Domestic violence prevention and intervention	7	28.0%
Arts and culture	5	20.0%
Early childhood education	5	20.0%
Housing	5	20.0%
Preventive healthcare	5	20.0%
Entrepreneurial assistance	4	16.0%
Transportation	4	16.0%
Other, please specify:	6	24.0%
<i>Case management and juvenile justice prevention</i>		

<i>Emergency Food Pantry</i>
<i>Housing development, community planning, building, and development, home improvement, housing counseling, emergency assistance, infant & toddler care, pre-natal, lead remediation & abatement, energy assistance</i>
<i>Human Services</i>
<i>Juvenile Justice, Boxing, Media Arts, College assistance</i>
<i>Multi Services</i>

3. In what county (or counties) does your organization provide services to Hispanics? Check all that apply.

(N= 25)	n	%
Atlantic	5	20.0%
Bergen	3	12.0%
Burlington	4	16.0%
Camden	5	20.0%
Cape May	5	20.0%
Cumberland	6	24.0%
Essex	11	44.0%
Gloucester	5	20.0%
Hudson	8	32.0%
Hunterdon	1	4.0%
Mercer	4	16.0%
Middlesex	5	20.0%
Monmouth	2	8.0%
Morris	3	12.0%
Ocean	4	16.0%
Passaic	8	32.0%
Salem	4	16.0%
Somerset	1	4.0%
Sussex	1	4.0%
Union	8	32.0%
Warren	1	4.0%

4. Please tell us which age group(s) your organization serves. Check all that apply.

(N= 25)	n	%
Infants and toddlers (ages 0-2)	8	32.0%
Preschool-age children (ages 3-5)	11	44.0%
School-age children (ages 6-11)	13	52.0%
Adolescents/teens (ages 12-17)	15	60.0%
Young adults (ages 18-25)	23	92.0%
Adults (ages 26-64)	22	88.0%
Seniors (age 65+)	20	80.0%

5. Please tell us which race/ethnicity group(s) your clients identify. Check all that apply.

(N= 24)	n	%
Hispanic/Latino	24	100.0%
Black/African American	24	100.0%
White	19	79.2%
Asian	11	45.8%
American Indian/Alaska Native	1	4.2%
Native Hawaiian or Other Pacific Islander	1	4.2%
Other, please specify:	4	16.7%
<i>African</i>		
<i>Haitian</i>		
<i>Middle Eastern</i>		
<i>Multi-racial</i>		

6. To what extent has your organization experienced any of the following staffing issues or challenges in the past year?

	Total N	Not at all		To some extent		To a moderate extent		To a great extent		I don't know	
		n	%	n	%	n	%	n	%	n	%
Availability of staff to provide bilingual language services to the community.	24	16	66.7%	6	25.0%	0	0%	2	8.3%	0	0%
Ability of staff to effectively deliver culturally competent services.	24	17	70.8%	6	25.0%	0	0%	1	4.2%	0	0%
Ability to engage with clients about issues that are relevant to them.	24	15	62.5%	5	20.8%	2	8.3%	2	8.3%	0	0%
Ability to recruit volunteers to assist the organization.	24	11	45.8%	6	25.0%	3	12.5%	4	16.7%	0	0%
Access to professional development for staff.	24	9	37.5%	8	33.3%	5	20.8%	2	8.3%	0	0%

6a. What other staffing issues or challenges, not mentioned above, has your organization experienced in the past year?

(N= 12)
<i>Being able to pay a competitive salary to teachers - this affects both recruitment and retention</i>
<i>COVID-19 financial unknowns have impacted full roll-out of our 2020 professional development plan. The financial unknowns are also challenging our ability to maintain our full staffing of professionally, qualified, culturally competent employees. Our team has done an extraordinary job of keeping pace with our goals and performance management metrics but we recognize that they are also challenged with balancing home, care of children (their own and relatives) and the elders, and home-schooling responsibilities, and work responsibilities. A majority of our staff are mothers and are the primary caretakers of their children. We have accommodated flexibility in fulfilling their 8-hour work day to manage around such responsibilities. The current state of race relations are also having a direct impact on the mental health and overall well-being of our staff who are majority people of color. We continue</i>

<i>to provide open forums of discussion for healing, understanding and learning along with our continued professional development and training in the areas of cultural competency, diversity, equity and inclusion.</i>
<i>COVID-19 related issues have resulted in decreases in the size of our FT staff, from about 30 to 24 full-time employees.</i>
<i>Finding Licensed Bilingual Clinicians: LCSW, LPC, LMFT, LCDC</i>
<i>Having to work remotely as a result of covid-19</i>
<i>Lack of funding for adequate staffing</i>
<i>Lack of General Operating funds to offer more competitive salaries.</i>
<i>Many in the population we serve lack of access to technology and digital know how.</i>
<i>Never enough staff to handle the demand for help</i>
<i>Proper funding levels to secure an adequate level of staffing</i>
<i>Retention is a persistent problem. We are often the initial employer of fresh out of school [HS & College], provided training and experience and lose them to others organizations for higher pay.</i>
<i>Two of my program staff resigned to better paying job</i>

7. To what extent does your organization have access to the following resources to adequately serve Hispanics in your community?

	Total N	Not at all		To some extent		To a moderate extent		To a great extent		I don't know	
		n	%	n	%	n	%	n	%	n	%
Time (e.g., your time, staff time, volunteer time)	24	2	8.3%	5	20.8%	4	16.7%	13	54.2%	0	0%
Financial resources (funding or in-kind) to support direct services to community	24	1	4.2%	11	45.8%	8	33.3%	4	16.7%	0	0%
Financial resources (funding or in-kind) to support administrative organizational needs (e.g., marketing, printing, equipment, facilities and technology)	24	1	4.2%	16	67%	4	16.7%	3	12.5%	0	0%
Knowledge of community needs	24	6	25.0%	3	13%	1	4.2%	14	58.3%	0	0%
Expertise to meet community needs	24	6	25.0%	2	8.3%	3	12.5%	13	54.2%	0	0%
Language/translation services	24	6	25.0%	3	12.5%	2	8.3%	13	54.2%	0	0%
Accommodations for special populations (e.g., individuals with disabilities)	24	3	12.5%	4	16.7%	8	33.3%	9	37.5%	0	0%

7a. What other resources, not mentioned above, are important to your organization in working with the Hispanic population?

(N= 13)
<i>Access to technology/digital inclusion</i>
<i>Connections with funding organizations and government, so they will consider us</i>
<i>Facilitate networking with other organizations and more involvement from the state departments.</i>
<i>Funding and Staffing</i>
<i>Information, brochures and websites translated in Spanish</i>
<i>Knowledge of other programs and resources that can be used by our clients; this can also help us leverage resources across organizations.</i>
<i>Media</i>
<i>Much of our funding is silo oriented so as prevent or hinder coordination or integration of services or staff. In addition, given multiple program requirements and reporting, as well as the absence of funding, we are not able to integrate data or monitor participation or impact in the most meaningful and efficient manner. The government use of "performance base contracting" for public service work or for task that require the actions of others is unfair and often caused concerns as well as may ignore the underlining issue that might be more productive than a simple numerical measurement.</i>
<i>networking with bilingual community resources</i>
<i>Ongoing advocacy around issues impacting the Hispanic community. Ongoing cultural relevancy, diversity, equity and inclusion training and coaching for non-Hispanic volunteers, staff and partners working with Hispanic youth and families.</i>
<i>Our presence, reputation, sensitivity are key. Also we hire from within the community.</i>
<i>Over forty years providing services for the Hispanic population, the agency is well known.</i>
<i>Provide access to computers at home.</i>

8. Did your organization provide relief services or assistance to residents of Puerto Rico relocating to New Jersey in the aftermath of Hurricane Maria in 2017?

(N= 24)	n	%
Yes	15	62.5%
No	9	37.5%

9. What type of services or assistance did your organization provide in the aftermath of Hurricane Maria? Check all that apply.

(N= 16)	N	%
Referrals (i.e., social services, healthcare)	13	81.3%
Food	10	62.5%
Employment	8	50.0%
Education	7	43.8%
Rent assistance	6	37.5%
Clothing	6	37.5%
Housing placement	3	18.8%
Airline tickets	1	6.3%
Legal	0	0.0%
Other, please specify:	5	31.3%
<i>Advocacy</i>		
<i>Advocacy and translations</i>		
<i>Assistance with securing Welfare Benefits</i>		

Mental Health Services

We also provided relief and conducted rebuilding efforts in Puerto Rico

10. How were these services funded in the aftermath of Hurricane Maria? Check all that apply.

(N= 15)	N	%
Private funding (e.g., grant, donations)	9	60.0%
State government	7	46.7%
Local government	3	20.0%
Other, please specify:	0	0.0%

11. Which of the following do you consider to be strengths or assets of the community your organization serves? Check all that apply.

(N= 22)	N	%
Hispanic serving organizations	18	81.8%
Community connectedness/social networks	13	59.1%
Educational support for youth	11	50.0%
Family/parent programs	11	50.0%
Arts/cultural programs and events	7	31.8%
Preventive healthcare	7	31.8%
Role models for youth	7	31.8%
Support/assistance around immigration law	7	31.8%
Assistance/resources for victims of domestic violence	6	27.3%
Hispanics in high profile roles	6	27.3%
Accessible/affordable high-quality child care options	5	22.7%
Reliable public transportation	5	22.7%
Recreational areas or programs	4	18.2%
Affordable permanent housing	3	13.6%
Spanish-language books and resources in local library	2	9.1%
Other, please specify:	5	22.7%
<i>All of the listed are very limited in the areas I serve</i>		
<i>HOMELESS PREVENTION PROGRAM</i>		
<i>School administrators commitment to the Latino families</i>		
<i>Strong sense of community. Being close knit.</i>		
<i>Workforce development</i>		

12. What has been working well for your organization in serving Hispanics?

(N= 22)
<ul style="list-style-type: none"> - Identify the individuals and families in need - Assess for specific needs. - Identify existing resources - Develop plan of action - Follow ups
<i>A well established reputation for over forty years in serving the Hispanic population and meeting a variety needs. Excellent and compassionate interaction with all consumers in the provision of services.</i>

<i>Adult Education Parent-child activities, Seniors, After-school</i>
<i>Building strong relationships with school districts, school administrators and teachers.</i>
<i>Having Bilingual Staff and learning about their needs.</i>
<i>having more than a dozen Spanish speaking staff, which helps spread the word about our services</i>
<i>Having staff who can communicate with clients in their dominant language/ providing all written communication in both English and Spanish Having a strong community network of bilingual service providers to whom we can refer clients Having staff who understand, respect, and uphold the culture and language of our clients Being able to help parents navigate American institutions, especially the school system Building a high quality preschool program which prepares all children, regardless of culture or language background, to be successful in the mainstream school system</i>
<i>Hiring staff from the community who are knowledgeable about available resources in general and specifically those serving the Hispanic community. We also hire bi-lingual and Hispanic staff from the community who are credible voices and validators of our agency's work. We also forge partners with credible leaders and institutions (educational, corporate, nonprofit and government) serving the Hispanic community well. Furthermore, we highlight powerful asset-based stories of our agency's impact serving the Hispanic community - Hispanic volunteers, Hispanic-serving partners, and Hispanic families.</i>
<i>Historical tradition of serving the Hispanic communities. The provision of comprehensive relevant quality programs. Cultural competent content and staff.</i>
<i>Language and culture. We understand fully well culture and language. We have Hispanic staff who will truly understand clients.</i>
<i>[Organization] has been providing integrated, holistic services to all clients. We are serving the population of [Passaic] county by reaching out to the broader community--specifically, communities that we haven't served before that are predominant Hispanic. We are providing them adult education that includes GED, ESL, citizenship and cultural integration, and vocational programs.</i>
<i>Our Spanish-language training and culturally competent business counselling staff.</i>
<i>Staff that are well trained and knowledgeable of the resources county wide. Staff that is committed in carrying out the Mission and Vision of the organization. Excellent track record and those we have served in the past believe in the organization and refer clients to us.</i>
<i>The involvement in providing direct services to gain the trust of the community and to give the people we serve a sense of involvement. The funds we receive from the state, although limited, help us maintain the continuity of the programs. The donations we receive from the community also allow us to expand the programs. The constant training we provide to our staff allow us to keep on top of the changes in laws and procedures and provide excellent services.</i>
<i>The opportunity to provide individualized support, and to provide culturally relevant art forms and role models who share the same backgrounds as our students in the staff, youth leaders and teaching artists that are part of our community.</i>
<i>These are the following programs that have been working well: -Immigration program- due to the fact that our agency is accredited to offer these services. -Health prevention services- because our staff has been trained in chronic disease conditions CDSMP (Stanford University certification). -Victim of crimes program- all staff is required to get trained for this. Additionally, our homeless prevention and ESL/ Citizenship programs are effective in serving our client population.</i>
<i>To build collaborations with other organizations so together we can increase our capacity.</i>
<i>Treating clients as both individuals who have unique needs and as part of a class, or cohort, means they get individualized attention from our staff as well as feel part of a strong community that can help support them through tough times.</i>

We are the go-to institution in our community and county for Hispanics. Other individuals and institutions refer Hispanics to our organization and we represent Hispanic interests through our participation in community boards, networks, and groups. We have many Spanish speaking staff who are able to communicate with and relate to the Hispanic community. We also communicate in English and Spanish to increase our connections to Hispanics.

We have been able to engage Latinos in a successful career pathway so they become self-sufficient

We have been serving the Hispanic community in our areas for over twenty years, so we are well established and known. We have been providing ESL, citizenship assistance, early childhood education (Head Start program), high school equivalency, low-income home energy assistance, housing assistance, and financial education. We have a very good working relationship with local agencies like Board of Social Services, Welfare offices, boards of education, Northeast New Jersey Legal Services, etc. and the referral process to and from these agencies have been working well. our location for each program is very accessible and our staff represents our clients.

We take a supportive approach in dealing with our clients. We don't condescend and we remove the stigma for those afraid of being deported. We serve as a liaison and safe haven for families to feel comfortable to use the resources we connect them to. We have earned the trust of our community so many times we are the first place they turn to in order to find where they can get the assistance they need from people they trust.

13. How has the community benefitted from the services your organization has been able to provide?

(N= 21)

We were able to educate client and their family the importance of a drug/alcohol free living. One of [our organization's] mission is to help reduce the stigma associated with mental health and substance use disorder.

Academic and behavior improvement of children; Adults students enrolled in post-secondary education; Reduced the isolation of older adults; Families improved their ability to provide for their children accessible mental health services to all generations of the family

As a community action agency we serve low-income individuals and families, so our clients benefit from our provision of services as well as information and referrals and advocacy.

As [our organization] has broadened the services we have provided, more and more women and children are coming to us--either for our adult education and vocational training, after-school programs, and basic needs (soup kitchen, food pantry, clothing, baby supplies, and psychosocial services). Some 1,000 women and children come to our community center every day in search of antipoverty services.

By providing clients with the tools they need to start and run their own business, we help individuals transform their lives and communities from within. After two years, our entrepreneurs experience an average 84% increase in business revenue and a 64% increase in household revenue. For every dollar invested in our programs, RTC generates \$3.80 in economic impact.

By thousands of individuals, 65% women, becoming self-sufficient and having new on-demand occupational skills, they have enhanced our local workforce, less dependent on public assistance, more involved in the education of their children and less crime, among other benefits.

Family stability, continued their education and earned college degrees, empowering the community to advocate for themselves, become active in the local political; system, obtain better employment, detection of early medical issues ie. diabetes, hypertension free vision screening how to document and understand their intake of medication and signs of possible side effects Local access to internet so that they can complete employment applications, file for unemployment, resumes, etc.

Hispanics have accessed and used community resources, including many seniors. Pre-schoolers are attending our early childhood centers, as well as before and after school programs. Children and adolescents are involved in after-school programs. They are active in family development programs. They are receiving housing counseling and information for renters and homeowners. They are receiving home energy assistance and weatherization assistance. They are receiving immigration education and counseling assistance, including civic education and ESL classes.

In the personal level, we have helped thousand of clients to adjust their status in the United States, thereby maintaining the families united and preventing deportation proceedings. In addition through our programs we promote the integration of immigrants into the American society.

Our comprehensive array of programs allows us to touch individuals and household in multiple ways that provided opportunities to address their needs, concerns and interest. The historical ties to the community and positive interaction from generation to generation has establish confidence and trust that make the agency a constant source of support and opportunities.

Our organization has been dedicated to helping parents and children take "the first step" in the educational process for 50 years. We are now seeing second and third generations of families returning and sharing the positive impact that our program has had. Many alumni are now accomplished professionals and some have chosen to use their skills to return and help the community.

The agency is a non-profit that delivers services to any and all that walk thru the doors. This flexibility has allowed for this organization to assist those that would otherwise be referred elsewhere. Services range from housing securing affordable housing to making copies of documents, despite the type of document and what for. Typically it serves as a "one stop shop", therefore, it keeps the individual or family from agency to agency.

The community has benefited from our organizations' services through: increased investment in prevention services, improved academic achievement, connection to resources for families, increased high school graduation rates and college enrollment rates, increased resources to make the American Dream of higher education possible, increased work experience opportunities for youth directly through our agency and through corporate partners, increased volunteer/civic engagement, and breaking down walls and misconceptions of the "other".

The community has received access to information, educational supports and mentor services they would not otherwise have access to in pursuit of starting or expanding a business.

The Institute provides a family-oriented and child-centered environment where our students become confident, self-sufficient and engaged. Our program model is built on our HARMONY Rubric which Helps Achieve Responsibly, Motivated, Optimistic Neighborhood Youth. Our outcomes demonstrate that our children's ability to communicate, model social norms and engage with community increases in only five weeks at the Institute.

The provision of the social services offered by our agency has benefited and impacted the lives of many in our community with the sole purpose of empowering, families and individuals in achieving the major objective of self-sufficiency.

We are proud to say that our agency has created programs and activities that have given us national and state recognition, such as the first Hispanic Health Event, the first county Latino Festival held during Hispanic Heritage Month in September, bringing approximately 2,000 individuals in attendance, and the formation of the Coalition of Latinos Leaders. We are happy to say that our staff is caring and compassionate about serving our community. The majority of our clients have a sense that we truly care about their well-being as well as their families. Most of our referrals come from clients that have been satisfied with the services that have been provided.

We have assisted thousands of youth attend college, many of whom are the first in their families to do so! We have broken the cycle of poverty for many families through education and advocacy for our

youth! We have also assisted many families with other services such as employment assistance and emergency services. Many of those we helped get through college have returned to serve the community in which they grew up! Some have even become elected officials, doctors, lawyers and educators who have collaborated with us to give back to the community!

We have been able to connect them with services, training, employment and opening business. With the senior community is teaching them of all the services that they can qualify and to interact with other seniors.

We have more members of the community utilizing their talents, networks, knowledge, experience to serve other Hispanics, we are mobilizing our own resources rather than waiting to get resources from others.

14. Which of the following do you consider to be current educational issues or challenges in the community your organization serves? Check all that apply.

(N= 23)	n	%
Parental engagement	20	86.9%
Lack of in school and/or after school programming	16	69.6%
Enrollment in higher education	15	65.2%
Youth engagement	14	60.8%
High school graduation	13	56.5%
Lack of creative opportunities	10	43.5%
Bullying	9	39.1%
Chronic absenteeism	7	30.4%
Other, please specify:	6	26.1%
<i>Access to affordable housing, meaningful wages, governmental income eligibility in high cost living areas deny assistance to working families with real needs- or “working poor”!</i>		
<i>Discrimination in the schools</i>		
<i>Funding for Higher Education</i>		
<i>Lack of information about educational opportunities</i>		
<i>Peer pressure</i>		
<i>Youth employment. Many young people work to help their families make ends meet. This is one of the leading reasons why they discontinue their education.</i>		

14a. Of the issues you identified, please rank your TOP THREE with #1 being the highest priority.

(N= 19)		n
First Choice	Parental engagement	4
	High school graduation	4
	Enrollment in higher education	3
	Other	3
	Chronic absenteeism	2
	Lack of in school and/or after school programming	1
	Bullying	1
	Youth engagement	1
Second Choice	Parental engagement	5
	Lack of in school and/or after school programming	4
	Enrollment in higher education	3

	High school graduation	3
	Bullying	2
	Youth engagement	1
	Other	1
Third Choice	Lack of in school and/or after school programming	3
	Lack of creative opportunities	3
	Parental engagement	2
	High school graduation	2
	Other	2
	Enrollment in higher education	1
	Chronic absenteeism	1
	Bullying	1
	Youth engagement	1

15. Which of the following do you consider to be current economic issues or challenges in the community your organization serves? Check all that apply.

(N= 23)	n	%
Poverty	22	95.7%
Income inequality	21	91.3%
Unemployment/lack of opportunity	17	73.9%
Homelessness/housing insecurity	14	60.9%
Food insecurity	14	60.9%
Access to education	10	43.5%
Lack of reliable transportation	10	43.5%
Other, please specify:	3	13.0%
<i>Access to health care, insecurity due to legal status of residents</i>		
<i>Job training</i>		
<i>Lack of information about opportunities</i>		

15a. Of the issues you identified, please rank your TOP THREE with #1 being the highest priority.

(N= 20)	n	
First Choice	Poverty	9
	Income inequality	7
	Lack of reliable transportation	1
	Unemployment/lack of opportunity	1
	Homelessness/housing insecurity	1
	Other	1
Second Choice	Homelessness/housing insecurity	6
	Income inequality	5
	Unemployment/lack of opportunity	4
	Poverty	2
	Access to education	2
	Food insecurity	1
Third Choice	Poverty	5
	Unemployment/lack of opportunity	5

	Lack of reliable transportation	3
	Food insecurity	3
	Access to education	2
	Income inequality	1
	Homelessness/housing insecurity	1

16. Which of the following do you consider to be current social issues or challenges in the community your organization serves? Check all that apply.

(N= 23)	n	%
Racial discrimination/minority stressors	19	82.6%
Civic engagement	15	65.2%
Support/assistance with immigration law	15	65.2%
Crime/violence	11	47.8%
Neighborhood safety	11	47.8%
Social integration	11	47.8%
Employment/workplace conditions	11	47.8%
Residential segregation	10	43.5%
Other, please specify:	3	13.0%
<i>Education Assistance and afterschool programs</i>		
<i>Lack of access to employment opportunities that could provide higher income and career pathways because of their lack of skills</i>		
<i>Social determinants of health</i>		

16a. Of the issues you identified, please rank your TOP THREE with #1 being the highest priority.

(N= 20)	n	
First Choice	Employment/workplace conditions	4
	Racial discrimination/minority stressors	3
	Neighborhood safety	3
	Crime/violence	3
	Support/assistance with immigration law	2
	Other	2
	Civic engagement	1
	Social integration	1
	Residential segregation	1
Second Choice	Racial discrimination/minority stressors	9
	Support/assistance with immigration law	4
	Neighborhood safety	2
	Civic engagement	2
	Employment/workplace conditions	1
	Residential segregation	1
	Other	1
Third Choice	Racial discrimination/minority stressors	5
	Crime/violence	3
	Neighborhood safety	3
	Civic engagement	3

	Social integration	2
	Employment/workplace conditions	1
	Support/assistance with immigration law	1

17. Which of the following do you consider to be current health issues or challenges in the community your organization serves? Check all that apply.

(N= 23)	n	%
Mental health	20	86.9%
Access to mental health services	20	86.9%
High rate of uninsured residents	18	78.3%
Diabetes	16	59.6%
Preventive healthcare	15	65.2%
Access to primary healthcare	15	65.2%
Substance abuse	14	60.9%
Obesity	14	60.9%
Hypertension	14	60.9%
Health literacy	13	56.5%
Lack of recreational opportunities	11	47.8%
Access to oral healthcare (i.e., dental care)	8	34.8%
Smoking	5	21.7%
Other, please specify:	0	0.0%

17a. Of the issues you identified, please rank your TOP THREE with #1 being the highest priority.

(N= 21)	n	
First Choice	Mental health	7
	High rate of uninsured residents	4
	Preventive healthcare	3
	Health literacy	2
	Diabetes	2
	Access to mental health services	2
	Access to primary healthcare	1
Second Choice	Access to primary healthcare	4
	High rate of uninsured residents	3
	Preventive healthcare	2
	Diabetes	2
	Mental health	2
	Substance abuse	2
	Obesity	2
	Access to mental health services	2
	Hypertension	1
Third Choice	Access to mental health services	5
	Diabetes	3
	Lack of recreational opportunities	2
	Obesity	2
	Health literacy	2

	Access to primary healthcare	2
	Substance abuse	1
	Preventive healthcare	1
	Hypertension	1
	High rate of uninsured residents	1

18. Of the following needs, please rank these topics in order of importance for your community. Click and drag the item in order to change its ranking.

(N= 22)		n
First Choice	Economic	12
	Education	9
	Social	1
	Health	0
Second Choice	Health	6
	Economic	8
	Education	6
	Social	2
Third Choice	Health	12
	Social	5
	Education	4
	Economic	1
Fourth Choice	Social	14
	Health	4
	Education	3
	Economic	1

19. What other barriers or challenges have you observed or are aware of in working with Hispanics in your community?

(N= 19)
- Lack of information impacts students' educational aspirations for their future, and impacts parents' attitude towards higher education. - Lack of diversity and cultural competence within the schools' administrators impact the students as New Jersey student's demographics continue to change. - Many English learners in our schools, more resources and urgency is required to support these students. - Lack of educational support services/expertise to assist students' with learning differences and giftedness.
Access to capital, due to poor credit, lack of credit history, racism, etc., continues to be a challenge for our clients.
Family Acceptance and cooperation.
Illegal immigrants are in constant fear of being deported.
immigration issues, access to affordable housing - lack of safe, sound & affordable housing, in-eligibility to governmental assistance due to income requirements that fail to recognize the higher costs of living in the NY/NJ Metro market.
Lack of civic responsibilities
Lack of funding for minority-led organizations makes it difficult to build infrastructure and meet the long-term needs of our program and community.

Lack of time for the members of the families that have to maintain two jobs or long hours of work to be able to sustain the family. Lack of proficiency in the English language. Lack of information in general and knowledge of the laws and regulations of the United States.
Language
Language and lack of on-demand occupational skills and lack of career pathways
Language barriers and the lack of educational opportunities to address this concern
Learning English can be a major obstacle for many. Even when programs are available, some cannot take advantage of them because they are so busy just meeting the basic needs of their families. Living in a community where almost everyone speaks Spanish is actually a disadvantage as opportunities to practice English are limited, delaying the acquisition of the second language. For those who are undocumented, fear often prevents them from speaking up when they are discriminated against. Employers, landlords, and others frequently take advantage of them and they feel that they have no recourse.
low wages, lack of employment, language barrier, a lack of involvement of behalf of parents concerning their children's education
Mostly, access to available resources, and medical insurance.
Positive role models, including Hispanic role models, exists in our community, but there is a need for expanding the capacity of evidence-based organizations to our youth with positive adult mentors. In our work we find that informal mentoring relationships are too far and in between to have any measurable impact our youth. Such relationships are as important for the resources and lessons learned as providing our youth with access to professional networks so critical to success in the college, workforce and adulthood. Research shows that formal mentoring program yield positive results in academic achievement, economic mobility, and juvenile justice prevention, among others.
Self -empowerment, education about what it means to live well, what needs to be prioritized, what can we do individually and with our immediate circle of family and neighbors to improve our conditions; our health our social and economic circumstances. Tapping on our individual and community gifts, and learning how to mobilize them to create the community we want to live in. Communities have needs and resources and we need to not only see the needs but also the resources and talents already existing and mobilize them, make connections, this is what the [our] Health Coalition is doing.
The language barrier is one that creates an insecurity among our youth and causes them to feel inadequate. Mental Health is one that our culture frowns upon as a weakness and thus many do not seek the proper treatment or even have these issues diagnosed. Many times this leads to substance abuse as a coping mechanism. Income is a consistent challenge in our community because many families have a hard time making ends meet. With an economy that leans towards technology, the digital divide our community faced in the 90's and 2000's has cost us in competing for opportunities that have moved towards a technological environment.
The lists above were exhaustive. Additional barriers or challenges include intra-Hispanic rivalries, documentation status, high rents, university town
What of the main issue while servicing the Hispanic families is the lack of Bilingual medical staff in clinics and hospitals, court facilities personnel, and in our local government.

20. What additional supports or services that have not been addressed in this survey do you believe are needed in your community to improve conditions for the Hispanic population? Please specify for whom these supports or services are needed.

(N= 13)

Inability to help clients get the document they need to apply for Insurance/Medicaid or other financial assistance. Inability to help them find affordable housing. Most halfway houses were not admitting new clients. Trouble getting psych--tropic medication without the financial support of their loved ones.
Career Training Opportunities to meaningful and well paying jobs. Mentorships opportunities. Greater supportive counseling in middle and high schools to channel students to higher, meaningful and brighter futures opportunities.
Evidence-based formal mentoring programs that include case management and wraparound services as noted above.
Free legal assistance for undocumented individuals.
Funding that helps empower and mobilize our community
I truly believe that the funding support from the state to Hispanic programs has not been proportionally adequate to the growth of the population.
Increase funding for ESL programs
More access and specific supports for undocumented residents
Programs to achieve the integration and involvement of the immigrant community to the American society.
Single parents are a segment of our population that really has a hard time overcoming many obstacles because they don't have that familial support to be providers, educators and mentors while struggling to keep a roof over their families. Many are forced to work more than one job which keeps them away from their children leaving them to the mercy of their environment to raise them. This is why community organizations that provide afterschool programming and mentorship are critical in bridging the gap many single parent households face.
State reprioritization of its budget priorities to invest in vulnerable communities especially capacity-building funds.
This community has developed a wide array of services which do address the needs of our population. However, some of the problems are not ones which are easily solved. Changes need to take place at the federal level to provide greater security and opportunity particularly for those who are undocumented. Congress must address the intractable issues of immigration reform and all of its attendant problems (DACA, employer abuses, and discrimination).
We need to have more health and mental health education. Opportunities to start their own business and some free immigration consultation.

21. Please share any other thoughts or experiences not otherwise addressed in this survey that you think may be helpful in addressing the needs of Hispanics in your community or statewide.

(N= 11)
Access to care is the key - health, mental health and legal
Dissemination of information that gets to the community on a timely fashion, that is reliable, free of charge and easy to be accessed. More involvement on the part of the local and state authorities to address the necessities of the immigrant population which represents more than 22% of the overall population in New Jersey.
Education... Education.... Training... Career pathway opportunities... higher-paying jobs.
Help in assuring clients of what/when are we going back to the normalcy of life because there's no answer to this. Life changed so much that we don't know what will tomorrow brings.
Hispanics face such a wide range of issues that often go overlooked because it is easy to compartmentalize the issues and divide our community depending on the particular need. For example, Hispanics who face immigration issues are looked at differently than those who do not.

Unfortunately, we have not done the best job of unifying to address these policies that affect our brothers and sisters who are impacted by them. Mental Health is another issue that is grossly under served in our community. The stigma behind being labeled as 'crazy' is one that has cause many of us to suffer through depression, anxiety and a whole host of issues untreated. That is a death sentence that needs to be addressed immediately. If left untreated, mental health issues are a gateway to a number of other behaviors such as substance abuse, domestic violence and criminal activity.

I just would like all Latino agencies to continue our funding advocacy for the CHPRD Center and I want everyone to be aware of the following facts. The funding appropriation to CHPRD has always been modest in relation to the Hispanic population in New Jersey. At a certain point, the growing population was taken into consideration, and funding to the CHPRD was growing proportionately. For example, in 1990, \$1.250 M was appropriated. In 2000, \$1.625M. In 2010, \$3.690M. After 2010, and during the past three state administrations, the funding has been drastically cut, and has gone backward, and has not grown with the proportion of the population. Since this drastic cut, until this current fiscal year (2018-2019), the center is receiving \$1.075M, a similar level of funding as in the year 2000 (almost two decades ago) on a population that has almost doubled since the drastic cuts. In 2020 after some of the advocacy from some agencies we finally got one additional million, however, I still believed we should continue our advocacy until we get to the 2010 funding level which was \$3.690 million.

Increased civic engagement (get-out-the-vote, census responses, awareness of rights and services, how to navigate government bureaucracies, how to safely and legally advocate for one's self) will go a long way toward improving the power and quality of life of Hispanics in NJ.

It is important for Hispanics to become knowledgeable of and integrated into the overall community. This will increase community supports for them, and increase access to resources they otherwise would not be able to access and use.

More bilingual mental health resources should be available for monolingual individuals.

We need resources to empower people, to help people learn to organize and create the opportunities they need.

We worry that without intentional financial investment in direct services and advocacy through CHPRD the successes and progress of the past 50+ years will regress. In the current racial climate and with communities of color disproportionately impacted by the pandemic, the CHPRD continued work is needed now more than ever. If anything, increased investment is needed.

**Key Informant Interview Protocol and Summary
(N=13)**

**CHPRD Needs Assessment
Informed Consent and Key Informant Interview Protocol**

Date: _____ Time: _____ Interviewer Initials: _____

Site: _____ KI Initials: _____

Read the following introduction:

Thank you for agreeing to speak with me today.

My name is _____. I am from the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University. We are conducting a needs assessment for the Center for Hispanic Policy, Research, and Development (CHPRD). As part of this statewide assessment, we are talking to various stakeholders to gather information about programs, services, and resources available to Hispanics in New Jersey as well as learn your thoughts and perceptions about their needs and challenges.

Before we get started, I am going to read to you some important information about this activity. This interview should take 30 to 60 minutes. If it's OK with you, I would like to audio record the session because I don't want to miss any of your comments. All responses will be kept confidential. The report will not identify any individual respondent. Your name or the name of your organization will not appear in the report. We will use the recording to summarize the common themes that come across from all interviews and other data sources. No one outside of CREEHS or the transcribing team will have access to the audio recordings.

Remember that you are a volunteer. I hope you will choose to participate in the interview because your responses may better inform the work of CHPRD in the future. You do not have to answer any questions that you don't want to answer. You may also stop at any time and not be in this interview.

Are there any questions about what I have just explained?

Are you still willing to participate in this interview?

Are you still willing to be recorded?

To start off, I'd like to ask you some general questions about your organization and the work that you do.

1. Please tell me about your current position/primary role. What are some of your day-to-day responsibilities?
2. What services does your organization offer to the Hispanic community? *(Probe for type, content area, target population/age group, how program is being marketed/promoted/how people learn about it, etc.)*
3. What has been working well for your organization in servicing Hispanics?
4. What barriers has your organization encountered in providing services to Hispanics? *(Probe for staffing issues, space, funding, participant recruitment, etc.)*

Next, we would like to learn your thoughts and perceptions related to the existing needs and assets of the Hispanic population in your area.

5. What other services, programs, and resources currently exist in the community to serve Hispanics? *(Probe for type, content area, target population/age group, etc.)*
6. What do you believe are the strengths and assets of the Hispanic community in your area? *(Probe for community connectedness/social networks, self-reliance, bilingual services, role models for youth, Hispanics in high profile roles, arts/cultural programs, etc.)*
7. To your knowledge, what groups within the Hispanic community need more attention or are underserved? *(Probe for specific neighborhood/location, school-age children, seniors, parents, etc.)*
 - a. What concerns or challenges does this group or groups experience? *(Probe for challenges related to education, health, economic, arts & culture, nutrition, social connections, crime/violence, transportation, etc.)*
8. What opportunities do you believe exist in the community related to expanding services or improving conditions for Hispanics in your area? *(Probe for specific content areas, location, sub-groups, collaborations, etc.)*
 - a. What additional supports or services do you believe are needed in your community that would help improve conditions for the Hispanic population?
9. Is there anything else that you would like to share with us that was not already mentioned but could be useful to better serve the Hispanic?

Key Informant Interview Summary (N=13)

1. Current position/primary role

- 9 respondents were administrators at the executive or program levels
- 4 respondents: licensed psychotherapist, CHPRD board member; university professor specializing in bilingualism; state legislator

2. What services does your organization offer to the Hispanic Community?

- **Mental health services**
- **Food access/basic needs:** Some respondents reported helping their communities by providing access to food and other basic necessities. Food pantries were a commonality and other basic needs were offered such as baby items, clothing, and energy assistance.
- **Rental/housing assistance:** Five different KII's reported that their organization offers some form of rental/housing assistance. Various assistance is available such as rental assistance, homeless prevention programs, and help with locating and obtaining affordable housing. First-time homebuyer workshops and help with financial literacy were also mentioned. One organization offered multiple types of homeowner counseling such as financial coaching, foreclosure counseling and prevention, and rental counseling. Many of the organizations address rental assistance and affordable housing.
- **Education/afterschool programs assistance:** One example of the education assistance offered was after-school enrichment programs. An organization also mentioned that they have a program to help children plan for high school and college in advance and how to plan for their future.
- **Career assistance:** Multiple respondents reported that their organization aids Hispanics in finding employment and careers. Two organizations have this assistance specifically for women. Interview skills are also something that is offered.
- **Service navigation: translation, referrals:** Many organizations help with translation services whether it is filling out paperwork or reading/translating letters. Organizations mention having bilingual or multilingual staff who can provide direct telephone or in-person translation services to clients.
- **Advocacy:** One organization reported partaking in community advocacy directly with the schools in the area. Another organization educates Spanish speaking parents on the changes needed in the school system to meet the needs of Hispanic and Black students.
- **Arts & culture:** One organization mentioned providing the community with the opportunity to engage in and learn about the Hispanic culture through a variety of modalities. Services include integrating Folklife, dance, and music into youth education through contacting local public school arts departments.
- **Immigration services:** Many organizations provide the Hispanic community with the opportunity to learn English. English as a Second Language (ESL) classes are offered at a number of organizations and many are currently held virtually. Some organizations also mentioned providing a variety of citizenship and immigration related programs.
- **Health programs:** Health programs and diabetes prevention were discussed by respondents. Help understanding medical needs and medical bills was also mentioned. One respondent also said their organization has a lead prevention program.

- **Senior programs:** Some organizations have senior centers or programs for seniors which is to help Hispanic seniors remain social and avoid isolation.
- **Domestic violence survivor support:** A number of organizations mentioned providing counseling and other resources to help women, and sometimes children, who have survived domestic violence.

3. What has been working well for your organization in servicing Hispanics?

- **Internal Support:** Some respondents reported having support internally from their agencies and their founder which helps with the implementation and upkeep of various programs.
- **Connection to/Partnering with other agencies:** Most of the respondents reported that they connect with other agencies in order to offer more support and connect Hispanics with the proper resource that they need. Many organizations noted that they share resources with one another and can refer clients to the proper organization to meet their needs.
- **Open for the entire community (not just Hispanics):** Some organizations don't only service Hispanics but the community overall. They are open to assist anyone with their services offered.
- **Culturally Competent/Bi or Multilingual Staff:** Many organizations reported having both culturally competent and bilingual staff, multilingual in some instances. They seem to be representative of the community within the organizations, or have lived within the community themselves. Some explained that this helps conquer other barriers as well.
- **Providing a safe and trusted environment for clients:** The attempt to make clients feel safe and that they are in a trusted space when visiting the agencies was mentioned by respondents. Building trust and maintaining confidentiality was included.
- **Direct Research on Community Needs:** One organization mentioned that researching various facets of the Hispanic and Latino community helps the organization see what areas of the community are in need of services.
- **Educating Community Members:** A number of organizations reported informing Hispanics on how the American system works in order for them to be successful. These locations educate Hispanic and Latino clients on the differing cultural norms, expectations, and laws.
- **Supporting/promoting individual Hispanic identities in the arts:** Community arts agencies report that allowing people to use their creative outlet and being able to express themselves helps cultivate their individual Hispanic/Latin identity.

4. What barriers has your organization encountered in providing services to Hispanics?

- **Lack of funding: for staff, programs:** Needing more funding was frequently mentioned by many of the respondents. Some stated it is a challenge to get funding and express the need for more than what comes in for them. One organization also said they need to spend the funding in other ways to support the resources they offer to the community. This was the most frequently mentioned barrier across respondents.
- **Clients' lack of transportation:** Organizations mention that it may be hard for individuals to get to some of the agencies, especially due to the pandemic. The pandemic has made transportation even more difficult to obtain considering reduced or eliminated public transportation services.
- **Clients' lack of technology:** As the pandemic hit, many organizations realized that their clients struggle with inaccessible technology and internet connectivity. With this barrier, many organizations have difficulty reaching their clients remotely to provide necessary assistance.
- **Restrictions for serving undocumented:** There is a lack of services for undocumented families. There is also a lot of pressure surrounding this issue. Medical benefits were also mentioned to be a restriction and barrier for undocumented parents and children. People may also be hesitant to

protest and speak up on this issue on the risk of mistrust and not knowing if they will be penalized for it.

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- **Lack of bilingual services:** Language was a common barrier stated by respondents. Some respondents mentioned that schools do not properly work with bilingual students and parents. In addition, many times organizations cannot provide direct services themselves and must refer their clients, however there is a lack of bilingual or multilingual professionals available that can provide these necessary mental or physical health supports to the Hispanic and Latin community.
- **Spread of misinformation/mistrust of government:** Mistrust of the government was mentioned by a few respondents considering many clients come to America from other countries and are hesitant due to the governing back in those countries. Documentation status also creates hesitancy considering the political and societal climate and laws pertaining to undocumented immigrants.
- **Limited community outreach or marketing of their program:** Getting the word out about the programs and making themselves visible are barriers for many organizations. While many members of the community learn about resources through word of mouth, organizations have a difficult time reaching out to the community to advertise the services they provide. This affects the number of participants they are able to reach with their programs, which can reflect negatively on the organization's performance.

5. What services, programs, and resources currently exist in the community to serve Hispanics?

- **ESL support:** Majority of respondents mentioned that ESL classes and many bilingual programs exist within the community.
- **Culturally sensitive family support:** Respondents mentioned that there are programs geared toward Hispanic families, a lot of health care providers that are Spanish speaking, and community initiatives addressing social determinants of health culturally reflective of the Hispanic and Latin community.
- **Family services:** Support and education for new mothers and parenting was reported by a respondent. New mothers may get assistance with parenting education through the Visiting Nurse Association (VNA) and financial assistance such as WIC. Other respondents also mentioned a resource center specifically for women. Creating parenting boards for Spanish speaking parents was mentioned by one respondent. Access to child daycare
- **HIV/AIDS prevention education:** Three organizations reported addressing HIV/AIDS prevention and education within their communities.
- **DV survivor support:** Many organizations report that there are a number of resources for women with or without children who have survived domestic violence. Most DV support programs contain someone who is Spanish speaking.
- **Arts & Culture programs:** It was mentioned that the Hispanic and Latin community has access to opportunities to learn about their culture as well as various others that are widely present within their communities.
- **Immigration services:** Some counties have a low-cost fee for immigration representation. These organizations may help in processing applications and with the citizenship process. The organizations are open to undocumented individuals as well.
- **Youth services (activities/after school care):** Many good college programs, increasing access to early childhood education were mentioned. After-school programs were also mentioned along with a summer camp.

- **Senior services:** Senior programs (including wellness programs) and empowerment centers are available for seniors in the community. Additionally, adult daycare services and in-home support are available to older adults and seniors.
- **Service navigation support:** Respondents mentioned that there are opportunities for clients to receive help taking phone calls, completing paperwork, and accessing translation services. Helping Hispanics navigate through systems was also mentioned.
- **Housing assistance:** Rental assistance seems to be the most common form of housing assistance that is available to the community.
- **Food access:** Food pantries including churches were commonly mentioned throughout. There is also a government food program that was discussed by one respondent.
- **Transportation:** One organization stated their county receives funding for a shuttle which helps largely with transportation to and from programs.
- **Mental health/Substance Abuse services:** Drug counseling and mental health services were mentioned by a few respondents. These services provide a safe space for people with mental health or substance abuse disorders to receive treatment.

6. What do you believe are the strengths and assets of the Hispanic community in your area?

- **Sense of community:** A lot of connection and word of mouth about the programs. The individuals in the program together have established friendships and relationships with one another.
- **Close-knit families:** Family connections and desire to maintain a family unit. Close-knit families are seen as a strength and asset in the Hispanic community.
- **Hardworking/belief in the “American Dream”:** Latinos desire to have the “American Dream”. They work extremely hard and are very resilient and just want the best for their family. They display hard work and tenacity.
- **Diverse:** One respondent mentioned that their county is very diverse.
- **Culturally rich:** The Latino culture is a strength while being open to American values as well. Three respondents reported that the Hispanic community in their area is culturally rich.
- **Leadership and representation:** Two respondents mentioned that they have very good Hispanic leadership and representation in their area. They have made strides in regards to this and have many Hispanic workers that work within their communities.
- **Church/ties to religion:** People gathering around some of the churches for support and guidance.
- **Employment of Hispanics within the community:** Some organizations mentioned directly employing Hispanics from within the community.
- **Sustainable programs:** Many organizations have proved to their clients and communities that they provide accessible services to assist with a multitude of facets. Many of these programs have existed for quite some time and have developed a positive reputation within their community. Through their work, they have been able to sustain their initiatives and extend the support they provide.
- **Existing advocates and leaders:** Respondents mention that there are a number of advocates that provide leadership to the Hispanic community. It was mentioned that many organizations, nonprofits specifically, strive to educate the community and the entire state of New Jersey about the importance of diversity and creating systemic change to support the Hispanic population.

7. What groups within the Hispanic community need more attention or are underserved?

- **Undocumented:** The undocumented need more attention and are underserved in the fact that they cannot receive the same services as everyone else most of the time.
- **Seniors:** Specifically, Hispanic Seniors were mentioned.

- **Youth and first-generation college students:** A rec center would be good for the youth along with a place for them to hang out on the weekends to keep out of trouble. Mentors are needed to walk them through the college preparation process.
- **Spanish-Speaking Parents:** Spanish speaking parents that have English speaking children need more attention, along with more bilingual providers in some areas.
- **Artists:** Artists need venues to get their art into the community more.

a. **What concerns or challenges does this group or groups experience?**

- **Unemployment ineligible/unfair wages:** Many Hispanic and Latin residents of New Jersey struggle making ends meet and must often decide between pursuing an education or obtaining a full-time job to support themselves and their families. It may be difficult for many individuals, especially those who are undocumented to receive decent and fair wages at their current place of employment. In addition, many individuals who have become unemployed due to the pandemic have been unable to apply for various social services.
- **Living in unsafe neighborhoods:** There are a number of disadvantaged communities that do not have the resources to support the needs of the community. Many residents believe that they are living in unsafe neighborhoods surrounded by violence and maintain a strict schedule to navigate through the community during the daytime. Upon coming home, many residents do not leave their houses after, and many reinforce safety precautions by locking and not answering their front doors and avoiding eye contact with others in their neighborhood until they feel they are in a safe public setting.
- **Legal restrictions on receiving services (rental assistance/food stamps/unemployment):** Many undocumented immigrants do not have the ability to apply for unemployment or to receive a number of federally and statewide resources typically available to the public. It has been mentioned that while many immigrants may hold professional degrees in their native country, they are unable to obtain these professions upon arriving in the United States and must work in the service industry.
- **Fear (deportation/government involvement):** Members of the community, especially those who are undocumented, are often fearful of any government involvement when it comes to their way of life. Many residents face the difficulty of accessing quality resources due to the potential legal implications such as arrest or deportation due to their citizenship status.
- **Lack of knowledge of/access to resources:** It has been reported that many Hispanic and Latin individuals do not have the capacity to obtain the resources necessary to a stable life in the United States. Many do not know how to advocate for themselves and need extensive assistance in navigating available resources. Other residents may also be completely unaware of the resources that are available to them and their families.
- **Lack of quality education/access to education:** Access to education has been mentioned as a large barrier to many Hispanic and Latin communities. Many individuals do not know how to access a college education, and institutions do not provide enough resources to reach these communities. In addition, older adults are typically overseen in the college recruitment planning. Low income families have a difficult time obtaining financial aid. Many Hispanic youth do not have mentors to guide them through the system to plan for college and for their educational future. It was reported that there are high levels of truancy in local

high schools which directly correlates to lack of family resources (i.e., language barriers* and transportation*)

- **Language barriers:** One of the largest obstacles the Hispanic community faces is the English language barrier. While there is a plethora of resources available to the public, many organizations do not have Spanish speaking staff to work with clients and do not provide the necessary interpretation and translation resources. It can be difficult for many to receive medical care due to a lack of Spanish speaking professionals. Acculturation and assimilation issues often present Hispanic families with language barriers internally. Many times, parents only speak Spanish while their children predominantly learn and speak English due to the education system. There is often a disconnect between the parents and children because of this.
- **Lack of transportation:** It can be very difficult for residents to travel to work, to purchase food, go to school, or navigate throughout their community. It has been reported that many community members do not have cars and, in some cases, there is only one vehicle available to an entire family with different responsibilities. Community members are often left with the only option to take public transportation via taxis or buses, which can often be unreliable, time consuming, and expensive.
- **Lack of opportunities for artists:** It was reported that local independent Hispanic and Latin artists do not have the opportunity to make a living for themselves. There is limited space and resources available to allow artists to showcase or sell their work. Additionally, the lack of opportunity for artists to connect with one another and share their missions makes it difficult to broadly expand their work. Artists are unable to advertise themselves, receive funding, and often struggle with making money.
- **Inaccessible medical care and mental health services:** Respondents mentioned that access to healthcare services and mental health services is scarce among the Latin and Hispanic communities. Many undocumented residents do not have medical benefits for their children as well.

8. What opportunities do you believe exist in the community related to expanding services or improving conditions for Hispanics in your area?

- **Expanding mental health services**
- **Improving access to education**
- **Providing services in different languages**
- **Need for family-focused services**
- **Community Needs Assessments:** Respondents believe that opportunities exist for organizations to help identify community-wide services and resources, as well as existing needs.
- **Collaboration across agencies:** The collaboration of service providers helps to advocate for the needs of the Hispanic community. Many of these organizations understand the barriers these communities face, therefore communication between agencies is crucial for referring clients to the necessary services, and to collectively identify additional needs.
- **Equitable Allocation of Funds:** A few respondents mentioned that there are a wide variety of funding sources available, however the money does not seem to be properly allocated. It was reported that there are a number of organizations that receive multimillion-dollar awards, yet that money does not seem to make its way into the community in an effective manner. Respondents implied that funding should be awarded to organizations that provide necessary direct services to the community to improve the quality of their resources.

- **Addressing Social Determinants of Health for individual/community success**
- **Sustainable programs:** Many organizations have proved to their clients and communities that they provide accessible services to assist with a multitude of facets. Many of these programs have existed for quite some time and have developed a positive reputation within their community. Through their work, they have been able to sustain their initiatives and extend the support they provide.
- **Existing advocates and leaders:** Respondents mention that there are a number of advocates that provide leadership to the Hispanic community. It was mentioned that many organizations, nonprofits specifically, strive to educate the community and the entire state of New Jersey about the importance of diversity and creating systemic change to support the Hispanic population.
 - a. **What additional supports or services do you believe are needed in your community that would help improve conditions for the Hispanic population?**
 - **Financial assistance:** The most prominent need reported by the organizations was the need for more financial assistance within the community. There is a need for unemployment benefits and other financial help, especially for those who are undocumented. Many individuals do not receive a fair or livable wage, thus struggling with basic needs. Financial assistance is also needed for the organizations themselves to provide the necessary services to the community. Additional funding would allow these locations to expand their community outreach, provide new and improved services, and to expand their staffing.
 - **English classes:** Although ESL classes are widely available, it was reported that there is still a need for more opportunities for residents to learn English.
 - **Bilingual professionals:** As mentioned, there is a large need for bilingual or multilingual professionals throughout the community. Despite a number of available resources and the cultural identity of these communities, there are not enough Spanish speaking professionals throughout.
 - **Mental health services:** Due to the political climate, the COVID-19 pandemic, and other challenges faced by the Hispanic and Latin community, there is a steadily increasing need for more accessible mental health services within the communities. There is also a need for culturally competent family-focused services within the community. There is a need for family counseling services regarding living with someone or having children with a disability, families that have experienced domestic violence, and families that are newly immigrants in navigating the system.
 - **Improved housing assistance:** While rental assistance programs are available, many only provide this service if the individual is employed. Unemployed individuals unfortunately cannot receive some services while undocumented individuals are restricted to limited community resources.
 - **Youth programs:** There is no central location or services offered to youth to safely gather together and hang out. There does not seem to be any free public recreational opportunities for youth to engage in activities such as dance, art, and karate classes. There is also a need for quality afterschool programs, particularly for the students who typically return home from school to an empty house.
 - **Cultural Competency:** Respondents mention a great need for Hispanic and Latin cultural representation. There is a call for equal representation across school boards, in politics, and generally throughout the community. Along with the financial and social needs of artists, there is a need to increase the community's exposure to cultural representation, history, and general knowledge. It would also be beneficial to

directly target different cultural groups within the Hispanic community and target specific services towards those areas. Overall, there is a demand for all organizations, federal and statewide, to be sensitive to cultural diversity and the differing needs of these communities.

- **Access to college education/job training:** As previously mentioned, there is a large need for starting the conversation within Hispanic communities regarding college education. Many are unaware of the college application process and available financial aid to allow them to pursue higher education. It has been recommended that college institutions target Hispanic and Latin adults and youth in the recruitment process and that they provide accurate, necessary, and easily accessible opportunities and resources for this population. Job training is also needed among this population, specifically targeting various trades, career paths, and skill sets.
- **Increased food access/other necessities:** Food insecurity and food deserts largely affect the Hispanic community. Large supermarkets such as Whole Foods or Stop and Shop are predominantly located in larger cities and are inaccessible to many residents. Residents often opt to visit smaller, local independent grocery stores for food, however for clothing (especially for school children and professional workers), they must travel further to access local malls.
- **Accessible transportation:** Considering many residents do not own a car, or are limited to one vehicle for the household, public transportation is often the only option for many. Although public transportation is available, it was reported that there may not be enough accessibility to surrounding towns, and if there is, it may be expensive.
- **Access to technology:** The COVID-19 pandemic has caused the majority of services to switch to remote work. As organizations and schools continue to operate, clients must have access to technology and internet connection which has shown to be a problem for many individuals and families. For organizations, having increased access to virtual platforms may help them reach their communities. For example, it was mentioned that having individual premium Zoom accounts for all employees, rather than one for the entire organization, would help with providing services to a number of clients at the same time.
- **Administration accountability and action:** One of the largest needs mentioned is having individuals or groups in a position of power to be held accountable to provide necessary programs or services to the community. There does not seem to be one lead agency, or even facets of the government, that comprehensively addresses the needs of Hispanic communities. While discussing the needs of the community is important, it is crucial that actual implementation takes pace. Many institutions talk about how they can or want to help the community, however there is a lack of accountability to put these initiatives into practice. Overall, Hispanics need the opportunity to overcome barriers that are presented to them, and the lack of structure and assistance from the government makes it difficult.

9. Is there anything else that you would like to share with us that was not already mentioned but could be useful to better serve the Hispanic population in NJ?

- **Disability help:** One respondent mentioned that Hispanic parents of children with disabilities do not have access to valuable resources to assist with daily living and care. Many do not have knowledge regarding existing opportunities for care, how to cope, and general support. It was also noted that parents of children with Autism specifically do not have the necessary information.
- **Education:** There is a great need for expanding/granting the opportunity for higher education such as college or vocational training. It was noted that there is a specific importance in getting young adults into college as they often financially contribute to their families and assist their parents that may be low-income.
- **Better diversity/cultural competence:** Racism largely affects the Hispanic and Latin community, therefore creating diverse cultural environments is crucial. Respondents insist that diversity and inclusivity can be more intentional. Some responses also indicate the great need for cultural sensitivity when working with this population. The best way to understand the needs of the community and to effectively assist them is to get educated on the culture and related cultural differences.
- **Financial advice:** Respondents mentioned that within the Hispanic community, money is rarely discussed among family members or peers. This lack of discussion serves as a barrier for many regarding becoming financially stable or to increase their economic status. There is a need for individuals to have the opportunity to learn about investing, home buying, and other financial opportunities.
- **Community focused:** To better serve the Hispanic population, there is a need to focus on the needs specific to each individual community. The needs among Hispanics varies throughout the state, therefore community-based work may be necessary to implement effective and sustainable change.
- **Proper funding:** A large number of respondents believe that nonprofit organizations are not properly funded to provide their services. The Hispanic population in New Jersey is steadily increasing, therefore funds should be redistributed to agencies providing direct services to the community.
- **Language:** Many respondents stress the importance of providing translation services or Spanish-speaking services to the community. While these professionals may be scarce, there is a call for more professionals doing this work in Hispanic communities to learn Spanish themselves.
- **Arts and culture:** Providing opportunities for arts and cultural exposure is often overlooked when considering the needs of the Hispanic population. These programs assist with developing one's identity and there are not enough resources available to the community.

Focus Group and Senior Interview Protocol and Summaries

CHPRD Needs Assessment Focus Group Protocol (N=28)

Hello. My name is _____ and this is, _____ and we are from Montclair State University's Center for Research and Evaluation on Education and Human Services, also known as CREEHS. We are conducting a needs assessment for the Center for Hispanic Policy, Research, and Development (CHPRD). As part of this statewide assessment, we are talking to various groups to gather information related to the programs, services, and resources available to Hispanics in New Jersey as well as learn about their needs and challenges. This information may help to better inform the work of CHPRD.

The focus group will be a conversation among all of us. We will ask a set of questions and leave time for you to talk about your thoughts and opinions with each other after each question. There are no right or wrong answers. Please feel free to share your opinions even if it's different from others. To be respectful of those in the group, please do not interrupt each other and keep your cell phones on vibrate.

The focus group should take about 60 minutes. If it's okay with you we'd like to audio record the session because we do not want to miss any of your comments. Although we may take some notes during the session, we can't possibly write fast enough to get it all down and we don't want to miss anything. All responses will be kept confidential by the CREEHS research team. We will make sure that any information we include in our report(s) does not identify anyone individually as the respondent. We will be using the recording to summarize the common themes that come across from all focus groups we're conducting across the state and other data sources. The recordings will not be shared with anyone outside the CREEHS research team.

Even though we will not share your answers with anyone else, we cannot control what other participants in the focus group might share after the group ends. You should not share any information that you don't want other participants to hear. If you wish to share any response privately, you can speak or share handwritten notes with us after the focus group is over.

We hope you will choose to participate in the focus group because your responses may help inform the work at CHPRD. Remember that you are a volunteer in this focus group. If there are any questions you do not wish to answer, it is okay to skip it. You can also stop at any time and not be in the focus group. Choosing to participate or not in this focus group will not impact your standing or participation with any programs at this location or state programs.

Do you still want to participate? *(If no, stop and thank them for their time.)*

Is it still ok to audiotape our conversation? *(If yes, please sign the consent form.)*

Icebreaker

To start, we'd like to learn a bit more about you.

1. What is your country of origin?
2. How long have you been a New Jersey resident?
3. How long have you been living in your community?

About the services, programs, and resources

1. How long have you been receiving services from this organization?
2. What services, programs, and resources do you currently receive through this organization? What made you seek services from this organization?
3. What are the strengths and assets of the services, programs, and resources you receive through this organization/agency? - Or - What do these service providers or programs do particularly well? What do you like best?
4. What barriers have you encountered in receiving services/resources from this organization?
 - a. How can those barriers be addressed? -Or- What can help address some of those barriers?

About the Hispanic community

In addition to the services, programs, and resources you are currently receiving at the organization we'd like to learn more about what other resources exist in the community to support the needs of Hispanics.

5. What other services, programs, and resources currently exist in the community to serve the Hispanic population? (Probe for type, content area, target population/age group, etc.)
6. What do you believe are the strengths and assets of the Hispanic community in your area? (*Probe for community connectedness/social networks, self-reliance, bilingual services, role models for youth, Hispanics in high profile roles, arts/cultural programs, etc.*)
7. To your knowledge, what groups within the Hispanic community are in need of more attention or are underserved? (*Probe for specific neighborhood/location, school-age children, seniors, parents, etc.*)
 - a. What concerns or challenges does this group or groups experience? (*Probe for challenges related to education, health, economic, arts & culture, nutrition, social connections, crime/violence, transportation, etc.*)
8. What additional support or services do you believe are needed in your community that would help improve conditions for Hispanics?
9. Is there anything else that you would like to share with us that was not already mentioned but could be useful to better serve Hispanics in New Jersey?

Young Adults – Key Findings (N=6)

Respondents were young adults ages 18 to 24 from northern New Jersey who identified as Colombian, Ecuadorian, Guatemalan/Mexican, Honduran, and Puerto Rican.

1. Length of time receiving services from local organization

Respondents have been involved with their respective organizations for an average of 5.9 years, with some having been with the organization since middle school. Years of involvement ranged from 1 to 10 years.

2. Services, programs, and resources received

The majority of respondents participated in after school and summer programs on youth leadership and in the arts, while some mentioned participating in workshops on various topics.

Youth leadership development: Participation in youth leadership programming helped respondents develop confidence while developing leadership, personal, and social skills. Some volunteered to work with younger kids, gained office skills, attended public speaking classes, and worked with people of various age groups.

Arts and Culture: Participation in local arts organizations exposed young adults to a wide range of cultures and empowered them to embrace their own roots. These organizations also increased participants' confidence and provided them with professional skills.

Workshops: Some respondents reported having participated in workshops that addressed topics such as integrity, confidence, public speaking, and pride in Hispanic heritage.

3. Strengths/assets of services, programs, and resources received

The most common strengths/assets cited by respondents centered around staff/leadership, diversity and inclusiveness, variety of classes/activities, role models, and organizations' efforts to maintain a tight-knit community.

Staff: Respondents perceived the staff and organizational leadership as very accommodating and as good role models for the young people they serve. Leadership encourages youth to generate ideas for classes or activities and if there is interest, would find someone to teach the class or facilitate activity. Respondents also felt that the staff genuinely cared about them and liked that they spoke both English and Spanish.

Diversity and inclusiveness: Organizations are very open to serve everyone, offering activities for adults and children, and fostering a strong sense of community. Respondents see the organizations as adaptable and credit them with embracing different cultures and races, making information available in various languages, and helping foster pride in their heritage/race. Respondents appreciated the diversity among staff, teachers and students.

Variety of classes/activities: The classes, such as Taiko Japanese drumming, Brazilian Jiu Jitsu, Capoeira, and African Style drumming among others, reflect the community's various interests and

heritages. One respondent commented that this is a way of building on the strengths of the community and providing something for everyone.

Role models: Respondents commented on how empowering it has been to see people of color, women in particular, in leadership roles. Some respondents were pleased that as youth leaders they were able to serve as role for younger kids.

Strong sense of community: Organizations contribute to respondents feeling a strong sense of community. Respondents commented on how comfortable and closed they felt with their peers and staff; how united they felt and how supportive they were of each other.

4. Barriers to accessing services from their local organizations

Most respondents did not report any barriers in accessing services from the organizations. Some, however, reported that their internships were affected because of the Covid-19 pandemic. They miss the in-person experience, and although communication can be more difficult, they have been able to stay connected via Zoom and group chats.

5. Other services, programs, and resources that exist in the community

Respondents were under the impression that there were not many Hispanic-serving programs in their community. The services, programs, and resources mentioned do cater to Spanish speakers.

- Clubs in high school and college
- Cultural and heritage events such as parades and celebrations of various countries traditions
- Tax preparation in Spanish
- Assistance on how to obtain US passport
- Bilingual assistance in many areas
- Food assistance provided by some schools and church (especially after the Covid-19 pandemic)

6. Strengths/assets of the Hispanic Community

Respondents cited several strengths/assets they believe exist in their community, among them a strong sense of community as well as pride on Hispanic heritage, bilingualism, and school and church as support for parents and families.

Strong sense of community: People are willing to help and support each other out. Some respondents also commented that being with people like themselves makes it easier to connect and form bonds.

“When people make it, they give back by offering jobs and assistance, people working together to get to ‘the American Dream’. Everyone has each other’s backs, feel comfortable and proud.”

“If someone is starting a business, selling things, people go to them, hire them. Donate to people and organizations in their own community.”

Awareness and celebration of Hispanic heritage: Events celebrating residents’ countries of origin take place in the community that includes parades, sports, and country-specific celebrations. The international soccer season brings people together at the local restaurants to watch their countries’ teams on TV. One community offers an art show that highlights various racial/ethnic groups, lots of ethnic restaurants and music.

Local institutions: For Hispanic families, schools and churches play an important role in developing community and bringing people together. Respondents cited the schools as being a center of community for parents to meet and form bonds with other families. Church also plays an important role in bringing people together. Both institutions also support families when needed such as providing food assistance during the Covid-19 pandemic.

Bilingualism: An asset mentioned by respondents that has been helpful in their community is the ability of people to communicate with non-English speakers in Spanish. Respondents appreciated that service providers were able to speak to their parents in Spanish and that local businesses would post information in Spanish.

7. Groups within the Hispanic community in need of more attention or that are underserved

Respondents identified the following groups as needing more attention or as underserved.

Women: Respondents noted gender gaps when it comes to representation in power roles in the community. Some commented that there are more men than women in positions of authority and they would like to see more women represented.

Youth: Young people need more role models and leadership development programs. Respondents would also like mentorship opportunities and be able meet Hispanic professionals or leaders from different industries (e.g., medical doctors). One respondent commented on the pressure that exists to repay parents for their sacrifices.

8. Additional support or services needed in the community to help improve conditions for Hispanics

- **Food access/assistance:** More food distribution centers are needed outside the downtown areas and people should be made aware of them.
- **List of available community resources:** Many respondents are unaware of community resources they could use or recommend to others.
- **Information/resources to navigate US citizenship application:** There are no places in the community to access information or resources on how to apply for citizenship.
- **Emotional support:** Both children and adults need emotional support during these trying times where many people are experiencing hardships such as unemployment, anxiety, and isolation. Parents need support in understanding children's issues. Young people need places where they can talk and have their voices be heard.
- **Transportation:** Some residents do not have easy access to transportation which prevents them from obtaining services or resources they need.
- **Educational/technology support for parents:** Parents need to improve English language skills so they can support their children's educational development and learn some technology to be able to support on-line learning.

9. Additional comments

- The organization is working on developing a larger space for rehearsals and performances as it expands student reach to other counties.
- Resources need to be more accessible and need to increase awareness.
- Respondents would like students to stay in contact and form lasting connections/networks beyond their program experience.

Adults/General Population - Key Findings (N=10)

Respondents were adults from northern and central New Jersey who identified as Ecuadorian, Mexican, Guatemalan, Puerto Rican, and Honduran. While some participants were born in the United States, others reported having been in the United States for anywhere from 2 to 17 years.

1. Length of time receiving services from local organizations

Respondents reported receiving services from their organizations for periods of time ranging from 6 months to 20 years.

2. Services, programs, and resources utilized

Respondents reported receiving a wide variety of service, programs, and resources from their organizations.

Classes and presentations: These included classes and presentations on topics such as domestic violence, healthy eating, dangers of lead poisoning, and English language learning.

Physical and mental health: Organizations provided support for respondents' health, including flu vaccinations, psychological services, and assistance accessing services for children with disabilities.

General assistance: Respondents also received assistance with many of their needs such as access to fresh fruits and vegetables, supermarket gift cards, rent assistance, help dealing with landlords and housing issues, document translation, and help with job applications. Some respondents also stated that their children are enrolled in child care programs provided by their organizations. A number of respondents mentioned the general moral support they received from their organizations and other participants during the COVID-19 crisis and other times of need.

3. Strengths/assets of services, programs, and resources

Respondents named a number of strengths of their organizations that mainly revolved around staff and services offered.

Staff: Staff were often named as an asset to their organizations. Respondents stated that staff was caring, responsive, and attentive.

Services: Respondents felt their organizations served as great resources for their community by providing a wide range of services to anyone in need.

4. Barriers to accessing services from local organizations

The main barriers reported by respondents were those imposed by the COVID-19 pandemic. For instance, some services that were usually in-person are no longer possible or available. However, staff remain available by phone. In addition, undocumented individuals do not qualify for many services they currently need. Organizations do their best to help in any way possible.

5. Other services, programs, and resources that exist in the community

Respondents identified other organizations in their communities that offer programs and services to the Hispanic community. Organizations offer WIC services in Spanish, provide English classes and senior activities. Respondents also named organizations that distribute food, clothing, toys, and small tablets and Wi-Fi access for low income individuals.

6. Strengths/assets of the local Hispanic Community

Participants stated that the Hispanic population in their areas were small, and as a result, resilience was important to thrive in an area where many don't share their culture. They understand that there are Hispanics in prominent positions in politics and within their cities, but they are generally unfamiliar with their work. Some respondents did mention that their communities have cultural celebrations such as museum exhibits during Hispanic heritage month, and an annual Puerto Rican parade.

7. Groups within the Hispanic Community in need of more attention or that are underserved

Participants identified certain groups in their communities in need of more support:

Older adults: It was noted that older adults living alone need more services around nutrition and establishing social connections. The senior population is also in need of healthcare centers in their communities that they can more easily access.

Youth: Children and young adults were mentioned as groups in need of more support. Respondents stated that children need more positive activities to keep them occupied. Communities lack places for children and young adults to safely socialize. In addition, a number of day care programs were shut down, leaving some low-income families without places to take their young children. Some centers require proof of employment, or have long wait lists, creating more barriers for families.

Undocumented individuals: Respondents stated that the undocumented population needs support, especially during the pandemic. Many of them are eager to work and earn a living, but are unable to access many of the programs or services they need. It is also difficult for these individuals to obtain health services.

8. Additional support or services needed in the community to help improve conditions for Hispanics

- Community members could use additional training or courses that would allow them to learn a trade or skill and in turn generate income. Respondents also stated that more job opportunities in general are needed as well as support in job applications, resume writing, and interviewing skills.
- *"It would be good to have an employment center in the community where people can drop by and get help with resumes, job applications, and interviewing skills."*
- Health services available to community members without such strict requirements for qualification.
- More after school resources and programs for children, especially those with impairments such as autism.
- Places for seniors to go and socialize with people who share their background, language, and culture.

9. Additional comments N/A

Seniors - Key Findings (N=12)

Respondents represented four NJ organizations that provide services to local seniors in the northern, central and southern regions of the state. The majority of the respondents spoke Spanish and had come to the US from Colombia, Costa Rica, Ecuador, Honduras, Mexico, and Puerto Rico.

1. Length of time receiving services from local organization

Respondents have been receiving services from their local organization an average of 7 years and 6 months. The number of years reported ranged from 1 to 22.

2. Services, programs, resources received

Respondents reported receiving services, participating in senior programs, and having access to various resources through their local community organizations. The most commonly mentioned were assistance with service navigation, socialization, food access, and transportation. Other services and resources mentioned once each were financial guidance and work skills opportunities.

Service navigation: Many respondents received assistance to access or apply for needed services from government agencies or other organizations. The types of assistance included explaining and translating verbal and written information from English into Spanish, help completing applications, assistance accessing services.

Center-based activities and programs: Prior to the Covid-19 pandemic, all respondents participated regularly in senior programs and activities in their local community. Respondents reported that the senior centers provided them with opportunities for socialization and emotional support while they engaged in activities such as games, arts and crafts, exercise classes, group outings, and workshops on health and wellbeing. They also ate lunch and snacks at the center. Some reported having participated in English classes and others reported having received technology instruction on how to operate smart phones and use apps.

Respondents miss the in-person interactions with their peers and staff that are not possible now due to the pandemic. Currently, staff check on them by phone and offer whatever support they can under the circumstances. An example of how technology has been useful was provided by some respondents who have been meeting online through Google Duo for exercise classes twice a week- all arranged through their local senior center. Some centers have delivered lunch to the respondents' home on a daily basis throughout the pandemic.

Food access: Many respondents have received access to food through their local organization. This may vary in form but the recipients have been pleased with the staff efforts to provide food assistance. Some respondents commented on receiving food vouchers for local produce markets and food bags on a regular basis before and after the pandemic.

Transportation: During normal operations, some organizations have provided much needed transportation to seniors. Some respondents reported being transported to and from the senior center on a regular basis, while some had the organization provide transportation to government offices such as the Social Security Administration.

Financial guidance: One respondent reported having sought and received financial guidance on how to obtain credit and later received assistance on understanding how to apply for retirement.

Work skills: Some organizations have been able to provide volunteering and work opportunities for seniors. One respondent reported having benefited from such an opportunity and considered it a big plus for those who, like her, want to continue to be engaged with others outside the home in a productive way.

3. Strengths/assets of services, programs, and resources received

The most common strengths and assets cited by respondents centered around staff, array/range of services, and center-based activities.

Staff: Most respondents perceive their local organization's staff as one major asset/strength. Many spoke of the great services they have received from the staff, who go above and beyond to be helpful, sometimes delivering food or just simply treating everyone well. Even as organizations struggle during the pandemic with reductions in staff, respondents perceived the staff as being very helpful.

"Whenever help is needed Maria will help in any way she can. There are very nice people working there."

"The agency is always willing to help me in any way possible and has been a great help to me and my family."

"The staff and services have been the main strengths/assets, although nowadays they are understaffed and don't offer services as before."

Range/variety of services: Respondents perceived as a strength/asset the range or variety of needed services their local organizations provided. From recreational activities, classes, food, service navigation, as well as referrals for other services as appropriate, the respondents felt that their local organizations do their best to service their needs.

"The array of services the agency provides such as computer classes, English and sewing classes, psychosocial services, and senior group events..."

"There is a monthly calendar of activities people rely on."

Center-based activities: For most respondents, having an organization provide a safe place for seniors to gather, socialize with peers, and learn together is a major strength/asset. They enjoy the social aspect of being with others their age and that speak their language, and the emotional support they share.

"Just having a center, a place to go to every day is the best thing that has happened to me. I need that, otherwise I would not see anyone or go out and I like being with people. I like the daily activities the center plans, the trips and just spending time with others. I feel safe there and everyone is very warm and supports each other."

4. Barriers to accessing services from their local organizations and ways to address barriers

Respondents did not report any barriers to accessing services, other than the barriers the Covid-19 pandemic has represented for in-person services. Because organizations are mandated to follow state guidelines for social distancing, it may not be possible to fully address the perceived barrier in the immediate future. However, one organization is providing group exercise classes online twice a week and participants are able to see their peers and chat before and after class.

5. Other services, programs, and resources that exist in the community

The majority of the respondents were not aware of existing services, programs, and resources in their community, other than what they know exist at the organization they receive services from. One respondent commented that “there are other programs for seniors offered by the municipality but it is mostly for English speakers” which limits participation of Spanish-speakers. Another respondent offered that *Meals on Wheels* provide meals to seniors in the community.

6. Strengths/assets of the Hispanic Community

Most respondents could not determine their community assets/strengths, perhaps because they were not aware of the available services, programs, and resources. Respondents seemed to have very limited contact outside of their immediate surroundings or the organization they currently receive services from. Only two respondents were able to identify their communities’ assets:

“There are excellent bilingual services in the community and that the community has improved a lot over time.”

“The Hispanic population is 80% and there are Hispanics in prominent roles such as city major and many employed in the police force”.

7. Groups within the Hispanic community in need of more attention or that are underserved

Most respondents felt that seniors who participate in the local Hispanic-serving senior centers/organizations are doing okay. However, they felt that seniors could use more in-person services and the social connections which have not been possible due to the Covid-19 pandemic. Senior housing is needed as well as employment for older adults that want to or need to work to support themselves.

Other concerns and challenges respondents mentioned:

Economic

- Employment opportunities very limited for low skilled individuals due to the Covid-19 pandemic with many Hispanics being left out of the local employment market
- Individuals with limited English language skills are also limited financially and educationally
- Affordable housing needed for low-income individuals: *“More places where people can afford to live. They are building very expensive buildings for rich people to live but not for lower-income people.”*

Social connections

- Developmentally impaired young adults in need of social connectedness
- Very few programs for seniors to socialize

Arts and culture

- Latinos not represented in the arts and culture, nowhere to show grandkids their culture and how things were in the past
- More art and cultural programs needed

Concerns/challenges

- Education
- Health
- Economic
- Arts & culture
- Nutrition
- Social connections
- Crime/violence
- Transportation
- Other

8. Additional support or services needed in the community to help improve conditions for Hispanics

- **Food access:** Many people are going through hard times and need access to food.
- **Transportation:** Seniors and disabled individuals need transportation to medical appointments and it is hard to schedule and some seniors would like organized trips to grocery stores
- **Social connections:** Seniors need to keep busy, would like activities to showcase their talents and feel useful; more support and activities for young people
- **Affordable housing:** "More places where people can afford to live. They are building very expensive buildings for rich people to live but not for lower-income people."
- **Education:** Classes to learn English and technology are needed for people to move up the economic ladder
- **Nutrition:** Education on how to prepare and eat healthy foods
- **Health & wellbeing:** Activities to teach coping skills, particularly during this time (pandemic); support for individuals with substance abuse issues
- **Green areas for walking and recreation**
- **Office for senior affairs that can address their concerns/needs**
- **Arts and cultural programs as well as classes inclusive of Hispanics**
- **Access to technology and computers so they could learn about services and happenings in their community**
- **Sense of community and community engagement to create programs for kids and seniors**

"More support is needed for people with drugs issues and family issues. There should be a place where people can go to learn more, be better and stay away from drugs and alcohol."

9. Additional comments

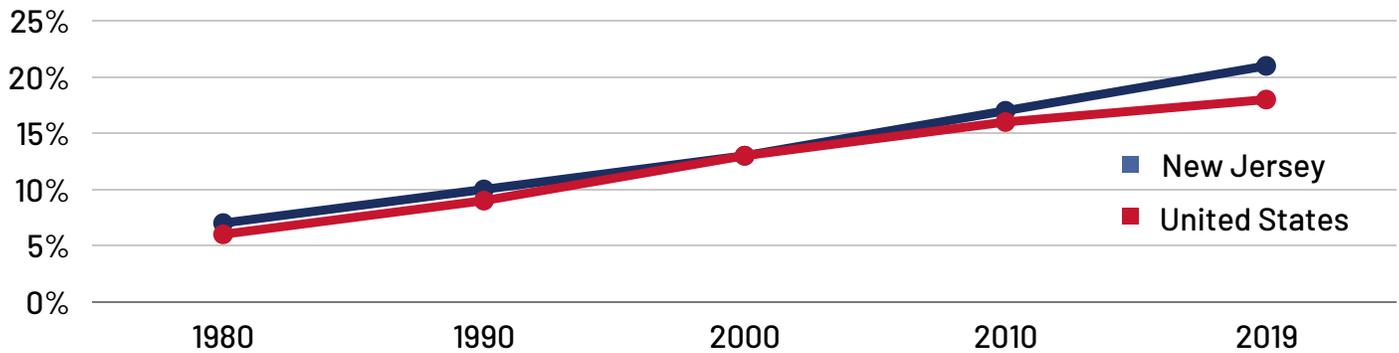
"The offices to serve Hispanics are minimal and PRUD is good but now doesn't have enough staff and not much is happening. They are basically referring out because they now don't offer as many services as before and have limited personnel to deal with the public."

New Jersey Center for Hispanic Policy, Research and Development

State Needs Assessment 2020

Over the span of almost four decades, the Hispanic population in the United States has grown from 14.6 million (6%) in 1980 to 58.5 million (18%) in 2019. Similar to the national trend, New Jersey's (NJ) Hispanic population has increased from 491,883 (7%) in 1980 to 1.8 million (21%) in 2019. Today, 1 in 5 NJ residents identify as Hispanic.^{1,2,3}

Hispanic Population (1980 - 2019)



To address the needs of this growing and historically underserved population, the NJ Department of State's Center for Hispanic Policy, Research and Development (CHPRD) was established in 1975. Through annual grant opportunities, CHPRD provides financial support and technical assistance to Hispanic-serving community organizations to support and grow programs, resources, and services to NJ's Hispanic residents. The Center also administers the Governor's Hispanic Fellows Program which seeks to support the development of high-performing Hispanic college students as successful professionals. In addition, CHPRD works closely with NJ's legislative and executive branches to inform policy-making initiatives that may impact the Hispanic community.

In 2019, CHPRD contracted with the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University to conduct a statewide needs assessment of NJ's Hispanic residents. As part of this assessment, CREEHS collected data from a wealth of publicly available sources to provide a snapshot of Hispanics in NJ. These data are displayed below.

Demographics

The diversity of NJ is seen not only through its landscape (e.g., Jersey Shore, urban and suburban sprawl, Pine Barrens) but through the many residents who call NJ home. Demographic data, including race, ethnicity, gender, age, and ancestry, help to describe a population. The following is a snapshot of demographic characteristics of NJ's Hispanic residents.



The overall median age in NJ is 39 years for males and 42 years for females. NJ Hispanics are younger with a median age of 32 for males and 33 for females. ⁴



The ratio of male and female Hispanic residents in NJ is approximately 1:1. ⁴



An estimated 49% of foreign-born Hispanics in NJ reported they entered the United States after 2000. ⁴



Nearly one-third of NJ residents (32%) speak a language other than English at home. Of these, more than half (17% of NJ residents) speak Spanish. ⁵

Hispanic Origin

NJ Hispanics represent a number of countries throughout Latin America and the Caribbean. The places of origin most commonly identified by NJ Hispanics are Puerto Rico (27%), Dominican Republic (16%), Mexico (13%), Ecuador (7%), and Colombia (7%). ⁶



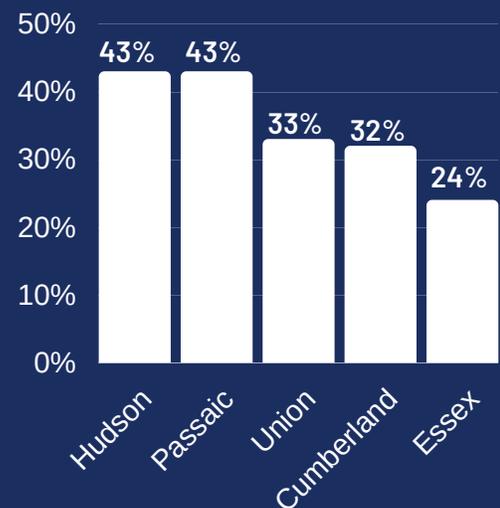
Did you know?

58%

of NJ's Hispanic residents were born in the United States. ⁴

NJ Counties with the Most Hispanics Residents

According to recent data, 43% of Hudson County and Passaic County residents identify as Hispanic. The county with the least concentration of Hispanic residents is Gloucester County (6%). ⁴



Income & Poverty

Income indicators are often used to determine the well-being of a population.



The median household income for NJ Hispanics is \$61,624 compared to that of Blacks (\$56,301) and Whites (\$91,764).⁴



Nearly 1 in 5 (18%) of NJ Hispanic families with children under 18 years live below the federal poverty level compared to Blacks (17%) and Whites (7%).⁴



Approximately 1 in 5 (22%) of NJ Hispanics age 65 and over live in poverty compared to 17% of Blacks and 7% of Whites of the same age.⁴



Almost two-thirds (61%) of NJ Hispanic residents live in renter-occupied housing units compared to 62% of Blacks and 30% of Whites.⁴



Approximately 19% of NJ Hispanics are uninsured compared to 9% of Blacks and 6% of Whites.⁴

Women and Children



More than one-third (37%) of Hispanic single female householders with children under 18 years live in poverty compared to 29% of Blacks and 25% for Whites.⁴



Almost a quarter of Hispanic children (20%) live in poverty compared to 21% of Black and 9% of White children.⁴



Did you know?

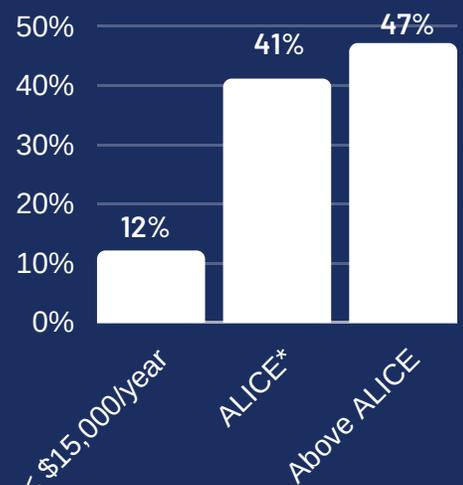
15%

of NJ Hispanic households rely on Food Stamps/SNAP benefits.⁴

Asset Limited, Income Constrained, Employed (ALICE)

The term ALICE brings awareness to families and individuals who work but whose salaries do not provide sufficient income to meet basic needs.⁶

More than half of NJ's Hispanic households (53%) live below the ALICE threshold, compared to 37% of NJ families overall.⁷



*ALICE= Above Federal Poverty Level (FLP) but below basic cost of living for county of residence

Employment

Employment data provide an overview of the workforce.



The unemployment rate for NJ Hispanics is 5% compared to Blacks (7%) and Whites (4%). ⁴



Of NJ employer businesses (at least 1 paid employee), 5% are Hispanic-owned; 14% of NJ non-employer businesses (no paid employees) are Hispanic-owned. ⁸



Nearly one-quarter (24%) of NJ Hispanics are employed in management, business, science, and arts occupations compared to Blacks (34%) and Whites (47%). ⁴



Approximately 7% of NJ Hispanic teens age 16 to 19 are not in school and working compared to Blacks (11%) and Whites (4%). ⁹

Educational Attainment

Educational attainment refers to the highest level of education an individual has completed and is often used as an indicator for social mobility and health outcomes.



The 4-year high school graduation rate for NJ's Hispanic students was 85% compared to Black (83%) and White (95%) students. ¹¹



In NJ, (8%) of Hispanic high school students dropped-out compared to Blacks (5%) and Whites (2%). ¹²



More than two-thirds of Hispanic students pursuing a Bachelor's degree at The College of New Jersey (79%), Rutgers University-New Brunswick (79%), Stockton University (72%), and Montclair State University (65%), graduate within 6 years of starting. ¹³



More than 1 in 5 (21%) of NJ Hispanic adults have obtained a bachelor's degree or higher compared to Black (25%) and White (42%) residents. ⁴



Did you know?

NJ's Hispanic owned employer businesses (business with at least 1 paid employee) are more concentrated in the northern region of the state. Of these, 17% are concentrated in Hudson County, 9% in Passaic County, and 7% each in Essex and Union Counties. The counties with the least concentration of Hispanic owned employer business, at 1% each, are Cape May, Salem, and Hunterdon. ⁸



Did you know?

19

NJ colleges and universities are designated as Hispanic-Serving Institutions (HSI) including 7 county community colleges, 7 private 4-year institutions, and 5 public 4-year universities. ¹⁰

Health

Data on health and mental health tell us about the well-being of the community.



The average life expectancy of NJ Hispanics is 86 years compared to Blacks (77 years) and Whites (80 years).¹⁴



Nearly one-third (30%) of NJ Hispanics rate their general health as *fair* or *poor* compared to Blacks (21%) and Whites (16%).¹⁴



Overall, 9% of NJ Hispanics have a disability; one-third (34%) of NJ Hispanics over age 65 have a disability.⁴



Approximately 11% of NJ Hispanic adults have been diagnosed with depression; and, 13% of Hispanic adolescents reported experiencing a major depressive episode.^{15,16}



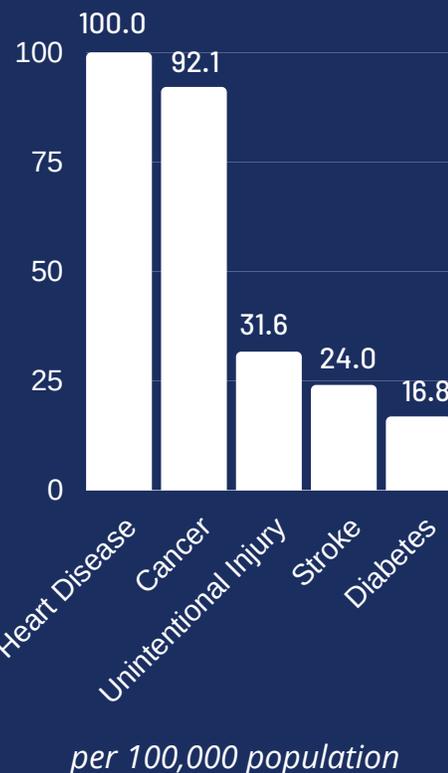
Approximately 15% of Hispanic high school students in NJ are obese, compared to 10% of Whites and 20% of Blacks of the same age.¹⁴



The most recent rate of autism spectrum disorder (ASD) in NJ is 1 in 46 for Hispanic children born in 2010 compared to 1 in 59 for Black children and 1 in 63 for White children of the same age.¹⁷

Leading Causes of Death among NJ Hispanics¹⁴

1. Heart Disease
2. Cancer
3. Unintentional Injury
4. Stroke
5. Diabetes



The data collected and summarized here highlight areas of strength and need among New Jersey's Hispanic population. Though there is variation in population and need by county, the overall pattern reveals opportunities to create more equitable communities, particularly for New Jersey's Hispanic residents, an increasingly growing population in the state.

Data Sources

1. U.S. Census Bureau (2019). Demographic and Housing Estimates, 2019: ACS 1-year Estimates Data Profile (TableID: DP05). Accessed on March 2, 2021.
2. U.S. Census Bureau (2005). Historical Census Statistics on Population Totals by Race (1790 to 1990) and by Hispanic origin (1970 to 1990) for Large Cities and Urban Places (Working Paper No. 56). Retrieved from <https://www.census.gov/content/dam/Census/library/working-papers/2005/demo/POP-twps0076.pdf> on February 23, 2020.
3. Pew Research Center (2014). The US Hispanic population has increased six fold since 1970. Retrieved from <https://www.pewresearch.org/fact-tank/2014/02/26/the-u-s-hispanic-population-has-increased-sixfold-since-1970/> on February 23, 2020.
4. U.S. Census Bureau (2019). Selected Population Profile in the United States, 2019: ACS 1-year Estimates Selected Population Profiles (Table S0201). Accessed on March 2, 2021.
5. U.S. Census Bureau (2019). Language Spoken at Home, 2019: ACS 1-year Estimates Subject Tables (Table S1601). Accessed on March 2, 2021.
6. U.S. Census Bureau (2019). Hispanic or Latino Origin by Specific Origin (Table B03001), 2019: ACS 1-year Estimates Detailed Tables. Accessed on March 2, 2021.
7. The United Way (2018). ALICE: A study of financial hardship in New Jersey, 2018 Report. Retrieved from <https://www.unitedforalice.org/new-jersey>. Accessed on March 2, 2021.
8. U.S. Census Bureau. Census Business Builder. Retrieved from https://cbb.census.gov/rae/#view=regionreport&industry0=00&dynHeader=My+region&reportType=detailed&dynGeo_state=34 on December 17, 2019.
9. Advocates for Children of New Jersey. Teens ages 16 to 19 not in school and not working by race in New Jersey, 2019. <https://datacenter.kidscount.org/data/tables/7803-teens-ages-16-to-19-not-in-school-and-not-working-by-race>
[loc=1&loct=2#detailed/2/32/true/37,871,870,573,869,36,868,867,133,38/9,12,1/15063,15064](https://datacenter.kidscount.org/data/tables/7803-teens-ages-16-to-19-not-in-school-and-not-working-by-race). Retrieved March 10, 2021.
10. Hispanic Association of Colleges and Universities (2020). HACU List of Hispanic-Serving Institutions (HSIs) and Emerging HSIs. <https://www.hacu.net/hacu/HSIs.asp> on January 26, 2021.
11. New Jersey Department of Education (2019). School Performance. Cohort 2019 4-Year Adjusted Cohort Graduation Rates by Student Group. Retrieved from <https://www.nj.gov/education/schoolperformance/grad/ACGR.shtml> on March 2, 2021.
12. National Center for Education Statistics (2019). Trends in High School Dropout and Completion Rates in the United States: 2019. Retrieved from <https://nces.ed.gov/pubs2020/2020117.pdf> on March 30, 2021.

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Data Sources

13. National Center for Education Statistics. College Navigator, 6-year Graduate Rate by Race/Ethnicity for Students Pursuing Bachelor's Degrees. Retrieved from <https://nces.ed.gov/collegenavigator/> on March 2, 2021.
14. New Jersey Department of Health. New Jersey State Health Assessment Data. Retrieved from <https://www-doh.state.nj.us/doh-shad/> on January 26, 2021.
15. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Mar 31, 2022]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>.
16. U.S. Department of Health and Human Services (2020). Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/data-search/Search-the-Data#topic-area=3490;topic-area=3501;topic-area=3491;topic-area=3498;topic-area=3504;topic-area=3503;sld=34> on March 2, 2020.
17. New Jersey Department of Health. New Jersey Autism Registry Shows Increasing Prevalence Among Hispanic Children. Retrieved from <https://nj.gov/health/fhs/autism/documents/NJ%20Hispanic%20Prevalence%20Final%20Paper%20For%20Publication.pdf> on February 26, 2020.

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