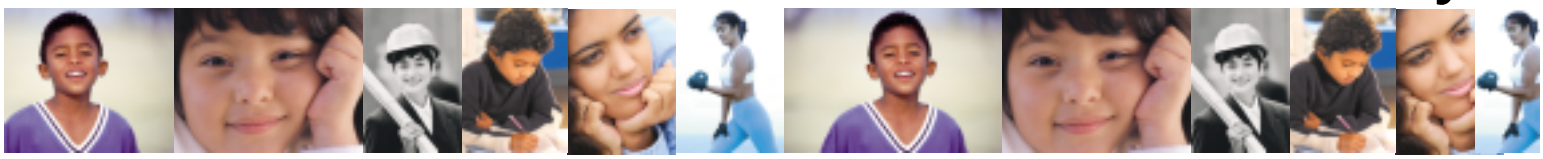
HISPANIC ADVISORY COUNCIL
2003 POLICY REPORT

Latinos and the State of New Jersey



A Promising Partnership for a Better Future

Submitted to
Governor James E. McGreevey
October 27, 2003

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October 27, 2003

Dear Governor McGreevey,

I am pleased to transmit with this letter the report of the Hispanic Advisory Council and its recommendations for the State of New Jersey's Latino community.

The Hispanic Advisory Council was created by you, through Executive Order # 17 on April 11, 2002, to have a road map that would enable you to ensure that the Hispanic/Latino community receives the benefits afforded to all New Jerseyans.

The Hispanic Advisory Council received valuable insights and assistance from the many individuals and organizations who participated in this process. Their tireless support in working towards a unified consensus, as well as their meticulous information gathering has been a significant stepping stone towards solving some of the issues facing the Hispanic Community. To accomplish this enormous task, the HAC committee then subdivided into three committees, Education, Economic Development and Health. We believe that the recommendations set forth from these individuals will begin to immediately address the most pressing concerns in these areas, as well as expand access to and improving services for the Hispanic community throughout the state.

On behalf of the Hispanic Advisory Council, I thank you, Governor James E. McGreevey, for your leadership and vision of unity among New Jerseyans. We thank you for the opportunity to involve the Hispanic community, its organizations and government representatives in seeking proactive solutions. The mission to empower the Hispanic community, through a process of inclusion in policy development, evaluation, analysis and implementation is at the forefront of your agenda.

I sincerely hope that the recommendations of the Hispanic Advisory Council will assist you as you chart the course for our great State, during these most challenging times.

Respectfully Submitted,

Ida L. Castro, Chairwoman
Hispanic Advisory Council

ABOUT THE HISPANIC ADVISORY COUNCIL

The Hispanic Advisory Council for Policy Development, referred to as the Hispanic Advisory Council, is comprised of a cadre of exceptionally talented professionals appointed by Governor James E. McGreevey, who are committed to the empowerment of New Jersey's Latino community. The role of the Hispanic Advisory Council is to advise the Governor on substantive policy matters that affect Latinos throughout New Jersey. These issues include, but are not limited to, health, education, economic development, housing and urban revitalization, and employment. In creating the 2003 Policy Report, a chief role of the Council was to "develop a working plan outlining its major concerns".

The Hispanic Advisory Council will, in its official capacity, serve as the voice of the Latino community within the Governor's administration. The Council seeks to thoroughly examine which issues are of great importance to the community, and how they can be addressed. The Council has provided the Governor with a report which offers recommendations on these issues for his consideration.

The Hispanic Advisory Council will, as is commissioned by the Governor, continuously work to address community, policy, and legislative issues that affect the Latino residents of New Jersey.

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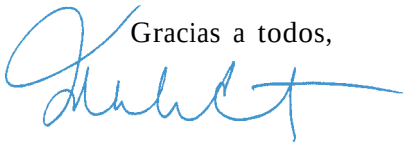
A Special Note of Appreciation from the Chairwoman

I would like to extend my gratitude and appreciation to all those who helped make this report a reality. Creating this report was a long and arduous process, but we have come a long way. The report would not have been possible without the help of Iraida Afanador, Robin Andujar, Jacqueline Camilo, Madeline Conde, Aldo Manino, Axel Miranda, Don Pappano, Sarah Wills and everyone else who lent their support. Special thanks to Mara-Cecilia Ostfeld who worked diligently to make sure this report reflected the substance of our work.

Gracias a todos,



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INTRODUCTION

Hispanics in New Jersey have arrived at a crossroads. They are now officially the fastest growing segment of the population. By 2005, the State's Hispanic population will exceed 1.5 million or 17 percent of the State's projected total population (U.S. Census Bureau). The ability to recognize and build on the cultural strengths, work ethic, and boundless social energy of Hispanics will determine whether New Jersey maintains its premier status in the coming decades.

Governor McGreevey has expressed his deep commitment to the Hispanic community by ensuring that they play a role proportional to their growing importance not only in his administration, but also in the State as a whole. The Hispanic Advisory Council was given the responsibility to advise the Governor on substantive policy matters affecting the Hispanic community. His Executive Order states that "engaging in evaluation and analysis on essential policy matters empowers the Hispanic community and its leaders to shape solutions that address the needs of Hispanics."

The explosive growth of the Latino community and its internal diversity require that the Hispanic Advisory Council review each and every aspect of our social, economic, and political lives if we are to meet Governor McGreevey's charge. Realizing the enormity of this task, the Council chose to focus on those areas of gravest concern and broadest impact to the Latino community throughout the State. This report will therefore focus on education, health, and economic development, as they present the greatest obstacles to sow opportunities for this ever growing community.

These policy matters are complex and not easily defined. Education, as always, has been traditionally perceived in the Hispanic community as the pathway to upward social mobility, and therefore remains a key concern. Currently, thirty percent of Hispanic children drop-out of school and only ten percent complete higher education. With seventy-five percent of Hispanic children attending school in Abbott districts, the success of the Abbott reforms is critical to the future of this population. Foremost among these reforms, is the placement of children in early childhood programs. After four years, the Abbott preschool program is at about fifty to sixty percent enrollment. This is particularly evident in urban districts with substantial Hispanic populations. These urban districts not only need resources, but also an expanded partnership between the Hispanic community and local schools to help change public school culture and programs. The Hispanic Advisory Council recommends specific actions ranging from preschool to higher education programs to help advance this change.

The disparity in health outcomes between Hispanics and the general population is a major obstacle in their ability to fully participate in New Jersey's promise. Nearly forty percent of Hispanics are not covered by any health insurance. This lack of coverage translates to inadequate primary health care for Hispanics as a group. The consequences include Hispanics in New Jersey having the largest undiagnosed diabetic population, three times the average hospitalization rate for asthma, and an eighty percent higher rate of death from cervical cancer. Mental health is particularly troublesome because the lack of language appropriate and culturally adept services alienates many Hispanics who need treatment. The Hispanic Advisory Council views closing this serious health gap as a priority, and recommends various steps.

Hispanics are vital to the economic development of the State. Hispanics own about half of the minority owned businesses, which generate over $7.5 billion in revenues and 128,000 jobs. However, Hispanics are now twelve percent of the current employed workforce according to the New Jersey Department of Labor. DOL figures show that Hispanics constitute five percent of professionals but eighteen percent of service occupations. About fifteen percent of construction workers are Hispanic, which is significant considering the State is embarking on massive public works projects. One also has to take into account certain particularities of Hispanics in New Jersey to understand the significance of Hispanics to the overall workforce. These official figures most likely do not include the considerable Hispanic presence in the informal sector, which would increase their presence in key sectors, such as services and construction. Many Hispanics are also working at jobs for which they are over qualified. Additionally, since they are a younger population, they constitute the fastest growing portion of the workforce. The State should make it a priority to develop the full human resource potential of Hispanics. The Hispanic Advisory Council has made several important recommendations regarding economic development.

There are some overarching considerations that are recommended by the Hispanic Advisory Council. An effective strategy for the delivery of services to Hispanics requires a multi-lingual, culturally competent approach that leaves no one behind. Information and referral programs such as the Multi-Service Programs provided through Hispanic social service agencies are a vital component of the State's safety net. Whether the objective is educating a child, stimulating parental involvement, finding affordable housing, or helping immigrants access healthcare, the common tool is effective communication. The State should dedicate more resources to these programs and be a committed partner with Hispanic organizations to make sure its social service net has no holes. All state social initiatives should incorporate targeted outreach to Hispanics. Sixty-five percent of immigrants in New Jersey speak Spanish as their first language. Language must not become a barrier to accessing vital social services, and ultimately, social advancement.

The biggest challenge is the immediate need to address Hispanic representation in the political, judiciary, legal, and state administration spheres in order to make progress on all these issues. It is essential to the well-being and progress of the Hispanic community that they have sufficient representation in all of the various elected bodies. With only seven of the 120 state legislators being Hispanic, and none in the State Senate, there are clearly some changes that must be made. Some progress has been made in electing Hispanic mayors, but only a handful of Hispanics hold municipal posts, even in towns where Hispanics constitute the majority. Of key importance, is the need for political parties to be more open to inviting in, at all levels, representatives of the newest and fastest growing voting block.

Hispanic appointments to policy-making boards and positions within State government are a precursor to inclusion and effective programs to foster education, health, and economic development. There are three steps that need to be taken as soon as possible. The first is to continue increasing recruitment of Hispanics in the overall State workforce so that it reflects their numbers in the state population. Second, establish a cadre of qualified bilingual staff in State and local agencies to effectively communicate with Spanish-speaking residents of New Jersey. Third, continue appointing Hispanics to policy and decision making positions in each State agency, most urgently in Education, Human Services, Health and Senior Services, Community Affairs and Corrections.

Representation in the justice system is the third piece that is necessary to give Hispanics the platform they need to succeed. There is a disproportionately low percentage of Hispanic judges at all levels; there have never been any in the State Supreme Court; there are no Hispanic prosecutors on the county level; and, there is an insufficient number in the State police, local law enforcement, and the corrections prison system. The only way to reverse this status quo and assure that discrimination is rooted out, is to increase the number of qualified Hispanics in law enforcement, the court system, and the corrections system.

In all of these cases, representation means attracting persons who have relevant experience and wisdom combined with the power to make changes. The Hispanic Advisory Council knows that the talent exists to meet this challenge, but it is also necessary that targeted training is provided in all of these areas.

It is with concern and privilege that the Hispanic Advisory Council makes these deliberations and recommendations. Significant patterns and trends are identified. However, it is clear that the issues facing New Jersey's Latinos are complex and that a single study done by a relatively small group of people can only begin to identify all of the critical issues. These findings represent a starting point to improve the state of Latinos in New Jersey. We believe that implementation of the Council's recommendations will bring the positive change that our communities need.

DEMOGRAPHICS OF HISPANICS IN NEW JERSEY

Hispanics accounted for more than one half of the state's population growth in the past decade, according to the data in the 2000 United States Census. Persons of Hispanic origin, or Latinos, increased by 377,330 in New Jersey (from 739,861 to 1,117,191), accounting for approximately 55% of the state's population growth from 1999-2000. This fifty-one percent (51%) growth rate far outpaced their non-Latino population counterparts' rate of 4.4 percent. Moreover, Latinos represent 13.3 percent of the state's total population in 2000, up from 9.6 percent in 1990. The July 2002 Census figures report that the number of Latinos in the nation has grown to 38.8 million, making them the largest minority group in the United States.

Latinos in the State of New Jersey were younger than the total population as a whole in the year 2000. Approximately 71 percent of the state's Latino population was younger than 40 years of age, while the less-than-forty age group accounted for 55.5 percent of the State's total population.

Despite their relatively moderate growth (+14.6% from 320,133 to 366,788) in New Jersey during the past decade, Puerto Ricans remain the largest Hispanic group in the state and accounted for 32.8 percent of the state's total population by the year 2000. Substantial growth of Puerto Ricans was observed in Middlesex, Camden, Bergen and Union counties. These four counties accounted for 46.1 percent of the state's total increase of 46,655 Puerto Rican residents from 1990 to 2000. Hudson, Essex, Passaic, Middlesex and Camden counties had the majority (65.4%) of the state's Puerto Rican population in 1990. They still had 60.3 percent of the state's Puerto Ricans as of 2000.

Mexican residents, however, were the fastest growing group among the State's Hispanic population. The State's Hispanic population growth was led by a hefty 258 percent increase of Mexicans from a small base of 28,759 in 1990 to 102,929 in the year 2000. The number of Mexicans in New Jersey more than quadrupled in Cumberland (+560%), Ocean (+474), Atlantic (+401%), Monmouth (+363%) and Middlesex (+335%) counties. The largest numerical increases of Mexicans occurred in Passaic (+14,669), Middlesex (+10,980) and Hudson (+7,912) counties. These three counties accounted for 45.2 percent of the state's total increase of Mexicans between 1990 and 2000.

The number of Cubans in New Jersey declined by 8,041 between 1990 and 2000. The most substantial decline of the Cuban population occurred in Hudson (-10,214) Union (-2,253) and Essex (-1,002) counties. However, Bergen County had seen an increase of 2,397 Cubans in 1990. More than three of every four of (76.5%) New Jersey's Cuban residents resided in these four counties.

The majority of Hispanics used languages other than English at home. According to the 2000 census, 879,852 or 86.3% of the State's 1,019,444 Hispanic persons age five years and older used languages other than English at home. Of those who used a language other than English at home, 459,136 or 52.2% do not speak English "very well."

Latinos have lower levels of educational attainment. Statewide, 18.8 percent of persons 25 years old and over had bachelors degrees, with 11.0 percent holding postgraduate degrees as of 2000. However, among the Latino population only 8.0 percent hold bachelors degrees and 4.5 percent hold postgraduate degrees.

Latinos have relatively lower incomes and earnings in New Jersey. According to Census 2000, the median household income for Hispanics increased 31.1% from its 1989 level, median family income increased by almost 30%, and per capita income increased by 37.6%. However, income levels for households with heads of Hispanic or Latino origin remain significantly lower than income levels for all persons. In 1999, the median household income for Hispanics was 28% lower than the level for all households, while the totals for median family income and per capita income were 38.6% and 45.2% lower, respectively.

Latino homeowner's median housing value ($150,800) was 12 percent lower than the state median of $170,800. The median rent paid by Latino renters in New Jersey ($718) was also lower than the state's median rent of $751. However, the median gross rent accounted for a larger proportion of Hispanic (26.9%) household's income than that of all renters (25.5%). While Latino homeowners had lower monthly owner costs, these costs accounted for 25.2 percent of their total family income, as opposed to the non-Latino households, which represents 21.8 percent of the total family income.

In conclusion, the Latino population in the State of New Jersey faces a myriad of socio-economic obstacles that bar them from accessing all of the services that the state provides. With the commitment of the Governor's Hispanic Advisory Council, the Latino community will have a strong, viable entity whereby disparity issues can be addressed with strong policies and legislative implementation.

LATINOS: TOOLS FOR SUCCESS

From Pre-school to Graduate School

Governor McGreevey has demonstrated a commitment to the education of New Jersey's children by improving schools, focusing on early childhood education, and preparing students for college and the workplace. The Supreme Court of New Jersey affirmed the importance of early childhood education in its 1998 Abbott v. Burke decision which mandated the State to provide adequate preschool services in districts designated as Abbott Districts. In recent months, the Governor has supported the construction of Early Childhood facilities, and truly embraced Abbott principles by stepping up efforts to ensure that the Court's mandate is effective. However, significant barriers continue to exist, limiting the access many Latino children have to adequate preschool facilities.

The Hispanic Advisory Council also recognizes Governor McGreevey's commitment to diversity. Although the Governor has shown that he understands the importance of diversity in higher education faculty, it is essential that additional steps are taken to increase the startlingly low numbers of Hispanics in institutions of higher education. The Council's recommendations address the need for safe and viable after-school activities, and for linguistically and culturally competent education. By recommending that the following measures be taken, the Hispanic Advisory Council seeks to build upon the Governor's vision of a quality education for all of New Jersey's youth.

I. INCREASE ACCESS TO QUALITY PRESCHOOL PROGRAMS

Children who receive a preschool education are more likely to experience success in their academic studies, graduate high school, have higher earnings, and become home owners. Preschool is particularly important to Latinos since they comprise the fastest growing segment of the U.S. population and are among the most educationally disadvantaged. Nationally, only 15 percent of Latinos participate in preschool programs which prepare children for school, a level well below that of white and African-American families. Recent research attributes students' success in school largely to the knowledge, learning skills, and capacity for learning that are shaped by the experiences they have in their first years of life. In addition, full day, year round child care serves as a means of helping all families to maintain self-sufficiency.

A. Complete facility needs assessments of all districts, community providers, and Head Start agencies that currently provide Abbott preschool classrooms

Although 70 percent of children in the Abbott Districts currently receive services from community provider programs, only two districts have included these providers as partners in the Long Range Facilities Plans (LRFP). Such exclusions provide an inadequate and incomplete picture of the needs of local early education facilities. The Abbott decision [Abbott ex rel. Abbott v. Burke, 153 NJ. 480(1998)] states that, "after consideration of the parties" arguments, we issued our decision in Abbott V, in which we ordered that plans and enrollment projections (for facilities in the Abbott districts)…be completed by January 1999, and architectural blueprints…be completed by the fall of that year."

The Hispanic Advisory Council recommends that the Department of Education, through the school districts and in consultation with community based organizations, complete a facility needs assessment of all districts, community providers, and Head Start agencies that currently provide Abbott preschool programs. In doing so, Abbott community providers and Head Start facilities that are not found to meet the new standards for early childhood facilities should be streamlined into their LRFP's for renovation or new construction.

B. Authorize community based organizations (CBOs) to access EDA funds, and encourage local school boards in Abbott districts to contract with experienced CBOs when constructing facilities

Currently, the facility shortage is making preschool education inaccessible to many children, especially Latino children. The 2002 enrollment figures show that Asbury Park, Harrison, Irvington, Union City and New Brunswick have close to 90 percent of eligible children enrolled in early education programs. However, in many other districts with high Latino populations (e.g. Elizabeth, Jersey City, Passaic, Paterson, Perth Amboy, Camden) the enrollment levels are very low. This can be largely attributed to the lack of available early childhood facilities and programs in these communities. This means that an estimated twenty-five thousand eligible children a year will never enroll in early care and education programs.

Many community provider and Head Start programs that have the capacity to undertake facilities projects are not able to do so without EDA funding. While an estimated 40% of community providers currently lease their facilities, the Education Facilities Construction and Financing Act excludes providers that lease buildings from receiving EDA funds for the renovation of existing sites and/or the construction of new early childhood facilities. Furthermore, banks will not lend money to providers without a monetary commitment from the State or an amendment of the Long Range Facilities Plan from school boards. This creates immense barriers for these facilities in accessing funds. While the Court required that the State provide the full costs of school construction and renovation in Abbott districts, the existing funding mechanism makes the State's funds inaccessible to the majority of facilities housing Abbott preschool children. In addition to breaking down financial barriers, the school district should also provide training and technical support to the CBO's school staff.

> "Local service providers, who serve over 70% of the preschool population, are being excluded from accessing construction monies."

C. Publicize standards and regulations pertaining to early childhood education facilities

To ensure that new facilities are properly constructed and meet community requirements, it is important that the standards and regulations incorporate the specific needs of the community, and that relevant people, boards, and organizations are aware of them. Standards and regulations pertaining to the selection criteria for community provider facilities projects must be established. All providers need to be included in the various districts' Long Range Facilities Plans. Attention should also be paid to liability and responsibilities of preschool providers and school districts in relationship to provider capital projects. Standards and regulations should address the pre-development, management, and construction of provider facilities projects. Most importantly, preschool facilities need to be situated in locations that are easily accessible to families living in Hispanic communities.

The standards and regulations must specifically address the following:

- The inclusion of providers in districts' Long Range Facilities Plans;
- The pre-development, management, and construction of provider facilities projects; and
- The (relationship of) liability and responsibilities of preschool providers and school districts to provider capital projects.

II. IMPROVE BILINGUAL/BICULTURAL EDUCATION

In the State of New Jersey, there is currently a great disparity between the increasing number of Hispanic children, and the early childhood educators that are predominantly non-Hispanic Whites, especially in the Abbott districts. A culturally and linguistically responsive approach to meeting the education needs of Hispanic students will help improve their education outcomes.

A. Support the recruitment and professional development of Hispanic/Bilingual staff in school districts, especially Abbott districts, which have large Latino populations

One of the unintentional results of the Abbott court mandate is that many of the Hispanic lead, or head, teachers were unable to continue their roles due to the requirements that they attain a college degree with a P-3 certification. In areas where Latinos constitute a significant portion of the population, these teachers are of particular importance. Early childhood educators must be prepared to meet the diverse developmental and linguistic needs of young learners, and structure learning experiences that are meaningful to each individual child within the context of his/her culture, home language, and family. New Jersey's system of recruitment, retention, certification and mentoring of new P-3 teachers should be revamped to be inclusive of Latinos and to provide needed supports to ensure participants' success.

The Council recommends that the following measures be taken to enhance recruitment of Hispanic/ bilingual staff:

- Provide written documents in Spanish reviewing P-3 requirements and the CE application process, and ensure that a Spanish-speaking person is readily available in the Department of Education to provide telephone support and documentation on the P-3 certification process.
- Recruit providers from parent/ teacher organizations, parent/ community liaisons, teachers aides, and other paraprofessionals who already know the school system and its functions/curriculum
- Institute programs like the Humanities Scholars Road to College Program, where high school seniors in Honors English, Level 4 English, and Level 4 Spanish as a Native Language are recruited to read at pre-school sites
- Work with institutes of higher education to secure funding for Spanish-speaking paraprofessionals to obtain baccalaureate degrees and teacher credentials.
- The licensing office in the Department of Education should assign dedicated staff to process only the applications for P-3 Certificates of Eligibility.

B. Ensure that strong bilingual education programs are available in all schools

During the 1960's, the Bilingual Education Act was implemented requiring many school districts to make provisions to meet the needs of Latino students. Because this population was predominately regionalized in urban areas, most suburban school systems did not develop bilingual curricula. Now, with more and more Hispanic families moving to suburban areas, all communities must be prepared to implement strong bilingual educational programs in line with the Bilingual Education Act.

Although knowledge of two languages is a skill that many students struggle to achieve, it has been used to stigmatize many Latino students. As a result, they are often seen as "hard to reach" students, contributing to low expectations from their teachers. Moreover, because of language barriers, these students are often placed in "Special Ed" or Learning Disability (LD) classes, instead of bilingual classes, further contributing to the idea that they are academically inferior. It is necessary that bilingualism is recognized as a valuable skill, as opposed to an excuse for failure. School districts should have certified staff with ESL and Bilingual credentials in numbers proportional to that of the Spanish-speaking students enrolled in the district. Additionally, it is important to encourage the development of empirically supported bilingual and multicultural approaches to curricula appropriate for all grade levels, preschool through high school.

III. CREATE ACADEMIC SUPPORT PROGRAMS

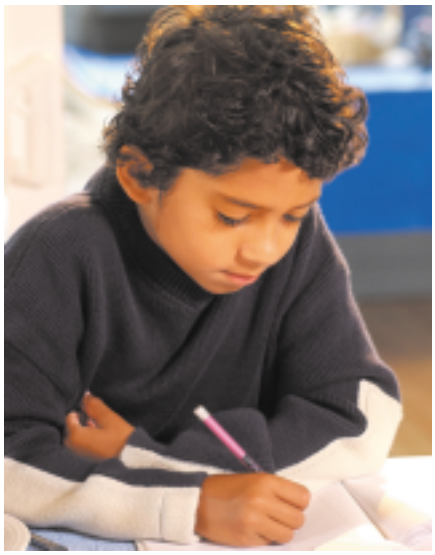
Children in Abbott schools lack access to quality after-school programs and adequate support systems. Families and communities in Abbott districts are largely characterized by poverty and high dropout rates. Many of the parents in these districts are forced to work long hours, and lack sufficient funds and resources to provide consistent after-school supervision or activities. Due to the economic and linguistic barriers many of these children are faced with, they are in great need of social services, and academic support systems. As research has demonstrated that educational achievement is closely tied to both strong, secure families, and community wide involvement in the educational process, it is important that programs are formed to foster this necessary support and involvement.

A. Develop after school programs in partnership with Latino community-based organizations (CBOs) and faith-based organizations (FBO's)

Abbott school districts where Latinos comprise the majority of the student body would greatly benefit from after school programs implemented by local community-based and faith-based organizations. These programs can be developed following the Beacon Model, which is a national initiative grounded on the principles of youth development, leadership, commitment to safety, interactive engagement, and the empowerment of participants. By definition, the Beacon After School Program is highly complementary to Abbott schools. Generally, Beacon programs maintain school buildings open until 10:00 pm Monday through Friday, and part-time during the weekends.

The Hispanic Advisory Council recommends the establishment of a Beacon Implementation Office whose main role would be to promote, establish, and sustain viable school-community partnerships, particularly in communities with limited organizational capacity. The Beacon Implementation Office should be staffed to perform planning, technical assistance, and evaluation. The office should also collaborate with local school districts to provide planning grants to community based organizations and/or consortia in Abbott schools/communities in order to enhance community readiness for viable partnering.

37% of students enrolled in Abbott districts are Latino.
10% are limited English proficient students.
85% of students in Abbott districts are ethnic minorities.
ONLY 15% of teachers in these districts are ethnic minorities.
(A Study of Supplemental Programs and Recommendations for the Abbott districts, NJDOE)



B. Build partnerships between schools and Hispanic community-based organizations

Drop out rates among Latinos have been shown to be significantly higher than those of other racial and ethnic groups. In 2000, there were over twice as many Latinos between 16 and 24 years old who dropped out as Blacks, and nearly four times as many as Whites. Furthermore, Latino college attendance rates have repeatedly been shown to be disproportionately low.

Creating a partnership between schools and Hispanic community-based organizations to create internships, work-study programs, and mentoring programs would invest more community members into the academic success of local Latino youth, and create a stronger support network. Such programs would help bring attention to appealing job and career possibilities that require an education. They would also create real life, accessible mentors who can provide direction to young people who tend to look to the media for role models. These partnerships would bring more attention to education in these communities and encourage local youth to seek academic achievement, as opposed to participate in more harmful activities for which they often receive attention.

Dropout and completion measures	Total [1]	White, non Hispanic	Black, non Hispanic	Hispanic	Asian/ Pacific Islander
Percentage of 15- through 24-year-olds who dropped out of grades 10-12, October 1999 to October 2000	4.8	4.1	6.1	7.4	3.5
Percentage of 16- through 24-year-olds who were dropouts in 2000	10.9	6.9	13.1	27.8	3.8
Percentage of 18- through 24-year-olds who were high school completers in 2000[2]	86.5	91.8	83.7	64.1	94.6

1. Due to relatively small sample sizes, American Indians/Alaskan Natives are included in the total but are not shown separately.
2. Excludes those still enrolled in high school.
SOURCE: U.S. Department of Commerce, Bureau of the Census, Current Population Survey, October 2000

IV. LACK OF HISPANIC REPRESENTATION IN HIGHER EDUCATION

High drop out rates, and low numbers of eligible Latinos pursuing college degrees have generated a great need for stronger academic support and retention programs among Latino youth. Census data for 1997-2000 indicates that while Latinos enroll in great numbers in postsecondary schools, many of them enroll in community colleges, attend school part-time and generally prolong their college education well into their mid-20's and beyond. As a result, Latinos are less likely than other groups to attain bachelors' degrees. It is important that these youth are being driven from a young age to actively pursue an education, and are constantly being shown the importance and benefits of a strong academic background.

A. Establish 'College Teams' of parents, teachers, and college officials that will work with Latino youth, from kindergarten through the 12th grade, to prepare them for college

Creating a linkage between parents, teachers and college officials would help to strengthen the positive impact of the community in the development of local youth. This grouping of educators and families would work to educate not just Latino youth about college, but also the families of local youth. The College Teams would work to demystify ideas about college and the application process such as the misconceptions that it is not affordable, that it breaks apart families, and that admission rates are too competitive. Information would be given out about the application process, the necessary tests to take, and deadlines. Since a problematic issue has also been that there can be discouraging immediate effects of higher education, such as less time to work and spend with families, the College Teams will speak with families and youth about both the immediate and long term benefits and implications. Additionally, significant time would be invested into teaching the community about scholarships and financial aid options. As a result, the College Teams would help build a community of individuals committed to the education of their youth, and would promote higher education as a norm for Latino families.

Percentage Distribution of College Degrees Conferred by Racial/Ethnic Group in the United States (1997-1998)

Degree Level	White	Black	Hispanic
Associate	76.7	10.0	7.7
Bachelors	79.5	8.3	5.5
Masters	82.6	7.7	4.1
Doctors	83.2	5.4	3.2

(Crisis in Education, Hispanic Council for Reform and Educational Options, 2002)

B. Appoint Hispanics to bodies that establish higher education policy, including the Board of Trustees

Latinos in the United States lag far behind every other population group in attaining college degrees. According to the September 2002 report issued by the Pew Hispanic Center (cited herewith as the PHC National Report), only 35% of Latino high school graduates, 18-to-24 years-old, were enrolled in college, compared to 46% of white students. Latinos also lag far behind in their attainment of graduate and professional degrees. Only 1.9% of Latino high school graduates, 25-to 34-year olds, were pursuing graduate studies, compared to 3.8% of whites.

At Rutgers University, the state's largest educational institution, only 1.2% of the full professors are Latino, and only 1.8% of the full-time faculty members are Latino. In addition, only 4 of 234 Latinos (1.7%) are listed as full-time, executive, administrative or managerial staff (Office of Institutional Research and Academic Planning). By incorporating a diverse faculty and staff, a broader range of ideas and perspectives is included in the curricula and decision making processes of colleges and universities. The faculty and boards should reflect the diversity of New Jersey's population, including the 13.3% who are Latino.

C. Support legislation that would ensure that all Hispanic children who reside in New Jersey have equal access to our public institutions of higher education

New Jersey law requires that undocumented children have access to public schools. While many of these children attend school in New Jersey for all of their lives, they often complete high school only to find insurmountable barriers to higher education. These barriers can be largely attributed to the high cost of paying out-of-state tuition. As undocumented immigrants, they are forced to pay out-of-state tuition even if they have resided in New Jersey for the greater part of their lives. To further complicate the issue, their undocumented status restricts them from eligibility for almost all scholarships even though their parents may have paid local taxes for many years. Assembly Bill 2633 would permit certain undocumented immigrants to qualify for in-state tuition rates at New Jersey public institutions of higher education. The bill does include strict New Jersey residency requirements of at least three years and also requires that they be pursuing legal status. The Office of Legislative Services estimated that over one thousand children would continue their higher education in New Jersey public institutions if this bill was passed. With Hispanics making up the majority of the undocumented youth population in New Jersey, it is imperative to the Council that this bill is signed into law.

HEALTH AND HISPANICS

Eliminating health disparities in New Jersey

The Hispanic Advisory Council's Health subcommittee submits the following recommendations to lay the foundation for the Governor's road map to better health care for Latinos in the State of New Jersey. As we continue to work towards the elimination of health disparities that exist for racial and ethnic minorities, it is clear to us that we must begin by making health care more available and accessible to all populations throughout the State. In addition, it is critical that we begin to obtain consistent and comparable health data so that we will have a better understanding of the areas which require additional attention, and the individuals that are not being fully served by our health care service delivery system.

By mandating cultural and linguistic competencies, we will ensure that health care providers are communicating with patients in a culturally appropriate fashion, and therefore, are better able to deliver high quality medical care. Additionally, by developing intensive, bilingual outreach and education programs about health and mental health conditions that impact Latinos, and the available services, Latinos will be more equipped to deal with health issues. Put that together with information about available funds for scholarships, fellowships and internships in healthcare, and we will have begun to eliminate health disparities in New Jersey's Latino community.

I. INCREASE ACCESS TO HEALTH CARE

Incidence rates of various chronic diseases are significantly higher among Latinos when compared to non-Hispanic Whites. Without health coverage, health disparities will continue to negatively impact the Latino community. Nationally, in 1998:

- Among Latinas, incidence rates of cervical cancer were 86% higher than non-Latina White women.[1]
- Latinos made up 11% of the general population, but 20% of the reported AIDS cases.[1]
- Of approximately 30 million Latinos in the nation, 1.2 million were diagnosed with diabetes; 675,000 were diabetic, but undiagnosed.[1]

[1] Source: Office of Minority and Multicultural Health NJ Department of Human Services

A. Increase support to primary care providers that have demonstrated aggressive outreach efforts to the Latino community

While high uninsured rates greatly impede access to health care, health clinics and outreach programs do help ensure that these families have some access to some source of care. Yet many of these clinics and programs do not have the necessary resources to meet the needs of their client population. Qualified physicians, staff, equipment, and facilities are often severely limited and tend to be inadequate to serve all of the clients. It is essential that quality, affordable health care is available. Increased funding to primary care providers that have demonstrated aggressive efforts to provide health services to Latinos would help provide this much needed health care

Percent Who Have Not Met Minimumm Standards* For Physician Visits
1995-1996

	Latinos	White
Ages 0-5	8%	5%
Unisured	16%	12%
Medicaid	6%	4%
Job-based/Private	6%	4%
Ages 6-17	16%	7%
Unisured	29%	17%
Medicaid	9%	6%
Job-based/Private	12%	6%

	Latinos	White
Women (Ages 18-64) in Fair/Poor Health	13%	6%
Unisured	24%	13%
Medicaid	7%	3%
Job-based/Private	8%	5%
(Ages 18-64) in Fair/Poor Health	25%	14%
Uninsured	40%	29%
Medicaid	**	**
Job-based/Private	19%	12%

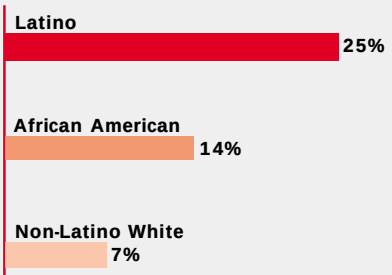
*At least one physician visit Year for children ages 0-5 and in past two years for children ages 6-17 (modified AAP standards), and past year for adults in fair to poor health and past two years for adults in good to excellent health.
**Sample size too small for reliable estimate.

Source: Brown, et. al., 2000 based on analysis of NHIS 1995-1996.

B. Support universal health insurance for low-income working families

Although the large majority (87%) of Latinos comes from working families, very few have health care. This can be largely attributed to the high number of Latinos working in low-wage jobs. Low wage workers are less likely to be offered heath benefits, or to be able to afford the employees share of premiums when offered coverage. Nearly one third of all Latinos work for employers that do not offer health benefits, compared to 13% of whites (Kaiser Commission). To make matters more difficult, despite high levels of employment, nearly 60% of Latinos live in families with incomes below 200% of the poverty line compared to 23% of whites (Kaiser Commission). The Commission recommends that the Governor support a universal health insurance plan for the working poor.

Percentage of uninsured children under age 18 by race and ethnicity, 2000



Source: US Census Bureau, 2001. Mills, Robert. Heatlh Insurance Coverage: 2000. Consumer Income P60-215.

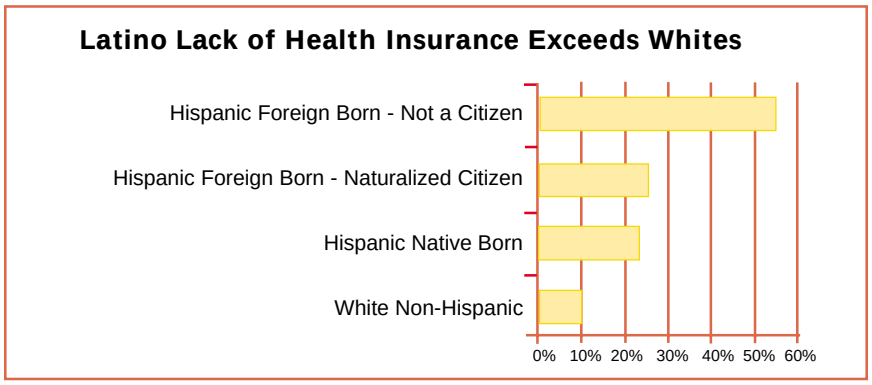
C. Address factors which limit accessibility to health service providers

In many cases, health care is available, but not easily accessible. Health clinics and welfare agencies are often located in areas that are not easily reachable, if at all, by public transportation. Many lower income people work extensive hours to make ends meet, but health clinic and welfare agency hours of operation are frequently limited to standard work hours. This requires low-income families to choose between fundamental needs by requiring them to take off of work and sacrifice part of their vital income, so that they can reach the service provider during their hours of operation. Furthermore, clinics and agencies tend to be understaffed and have excessive waiting periods that require clients to return two and three times.

Agencies and clinics designed to serve low-income populations should be sensitive to their needs and schedules. For example, staying open at least one late night per week and Saturdays would allow clients a more practical set of times that they could utilize the services. Ensuring that public transportation runs to the place of service from the areas where local client populations tend to live would create a viable transportation option. Adequate staff, that are proficient in Spanish, that work at all times of operation, and who are subject to a client review process are needed. These recommendations will help ensure that places working to bring health care to Latinos are more efficient and accessible.

D. Support special initiatives to provide basic health care services for undocumented immigrants

In 2001, 49% of non-citizen children did not have health insurance compared to 19% of citizen children. In addition, 31% of immigrant children under the age of 18 had not visited a doctor for the entire year (Health Care Access for Immigrants and Refugees, Access Project, 2001). Federally Qualified Health Centers should develop a safety net of services for the undocumented. Charity Care and the Medicaid Emergency Payment Program should cover the undocumented, who are currently only entitled to emergency services under federally funded programs, and the NJ Supplemental Prenatal Care Program administered by the Division of Medical Assistance and Health Services.



(Hispanic Health: Divergent and Changing, Pew Hispanic Center, 2002)

II. IMPROVE MENTAL HEALTH SERVICES FOR LATINOS

Numerous professional studies have indicated a great disparity between the number of Hispanics and non-Hispanic whites using mental health services. The stigma associated with both persons having a mental illness and those utilizing mental health services has served as a major barrier to Hispanics seeking these crucial services. A lack of knowledge about both available services and those offered by culturally competent and sensitive providers can be linked to Hispanics' low utilization rates. Cultural influences are of great significance in such matters, and are heavily correlated with variations in the way consumers communicate their symptoms, which symptoms they report, whether or not they seek treatment, what type of help they may seek, and what types of social support and coping styles are available to them. It is critical that people acknowledge that disparities do exist in access, utilization, and quality of mental health and substance abuse services for racial and ethnic minorities, and that they begin taking action to eliminate this inequity.

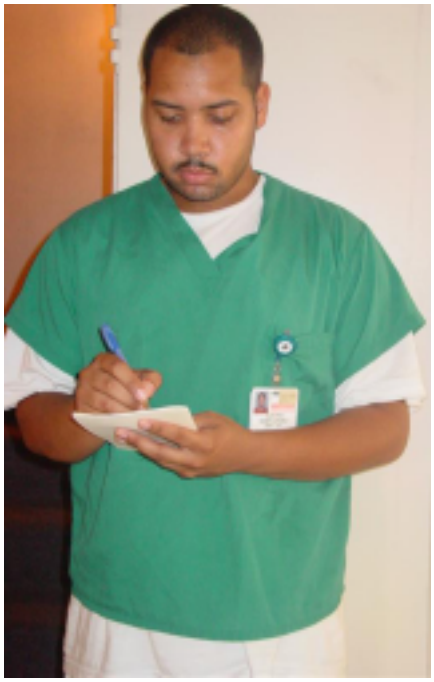
A. Increase number of bilingual and bicultural clinicians in New Jersey mental health centers with large Latino populations

Having a sufficient number of bilingual and bicultural clinicians who can provide mental health services in Spanish is imperative to the Latino community. To address this issue, programs should be implemented to attract Spanish-speaking clinicians to mental health centers. A recruitment campaign, for example, should be developed and implemented to attract qualified individuals to licensed community mental health centers in areas heavily populated with Latinos. An incentive program similar to that which was used to attract qualified Latino teachers to Abbott school districts should also be implemented to further attract qualified clinicians.

B. Support efforts to recruit and retain bilingual and bicultural clinicians in community mental health service provider agencies

In many community mental health agencies throughout the State, it was reported that a major barrier to attracting and retaining bilingual and bicultural clinicians is that they cannot afford to provide the same range of benefits as other providers requiring social workers. A review of a sample of New Jersey providers, as well as a report done by the National Association of Social Workers, shows that master's level licensed social workers working in outpatient mental health programs received the lowest compensation for their services in comparison to all other work area disciplines.

To support efforts to recruit and retain bilingual and bicultural mental health professionals in communities with large Spanish speaking populations, community mental health centers in areas heavily populated by Latinos should receive a higher reimbursement rate for psychotherapy in order to address the pay and benefit differential. This is likely to help community mental health service providers to attract qualified bilingual and bicultural clinicians back to the front lines of the mental health field. If a higher reimbursement rate can not be provided, licensed community mental health centers should be awarded an annual service bonus per agency. This service bonus could be used by the service providers to address the pay and benefit disparity. A system should also be implemented to assess and report information about the available bilingual and bicultural psychiatrists in New Jersey who provide services to Medicaid recipients.



C. Increase accessibility and capacity of community-based bilingual, culturally competent mental health and substance abuse services

Many mental health and substance abuse service providers that serve a high percentage of Hispanic clients report long waiting lists. Administrators at these organizations report that they are restricted by contract mandates that they serve everyone regardless of their ability to pay. At the same time, they face the financial constraints of a high consumer demand, and a lack of consumer insurance. The availability of alternative funding sources is very limited, time consuming to apply for, and highly competitive.

To address this matter, the Division of Mental Health Services which falls within the Department of Human Services should change its priority categories for service provision to include all non-English speaking individuals who have an array of other negative factors impacting their life, such as low socio-economic status, no insurance, or a lack of adequate insurance coverage, as Priority 1 consumers.

This will allow community service providers to offer assistance to this population and receive reimbursement for all services rendered.

- **In 2000, Hispanic females aged 12 to 17 were at higher risk for suicide than other youths**
- **Hispanic female youths born in the United States were at higher risk than Hispanic female youths born outside the United States**
- **Hispanic female youths in small metropolitan areas were more likely to be at risk than their counterparts in large metropolitan or non–metropolitan areas**

Source: Substance Abuse and Mental Health Services Administration. *The National Household Survey on Drug Abuse*, April 25, 2003.

III. ESTABLISH MORE OUTREACH PROGRAMS

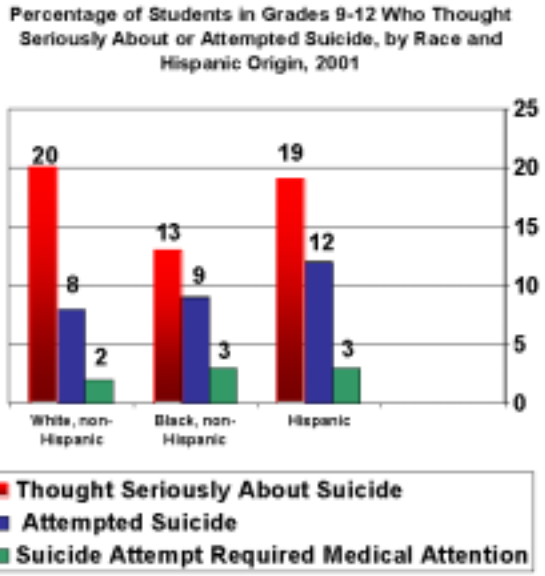
Numerous professional studies have shown that Hispanics are less likely to utilize the health care system than any other population. Frequently this population does not seek attention before the onset of illness, which results in more critical health problems and, often, require more costly treatment. Latinos are also significantly underrepresented in the health care professions, further contributing to the lack of necessary, accessible health care for this community. Outreach programs are necessary to educate Latinos about health issues, as well as to increase their numbers in related careers.

People of lower socio-economic, educational, and occupational levels are 2 to 3 times more likely to have a mental disorder than the highest strata, and often lack health insurance (Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General).

A. Conduct outreach efforts to increase awareness among Latinos about mental health and chronic disease prevention

Correlations between high rates of poverty and poor mental and physical health place Latinos at a particular risk for chronic disease and mental illness. In 1999, the overall rate of poverty in the U.S. was 12 percent, but the rates were significantly higher among Latinos (23%) (New Jersey Mental Health Institute, 2002). Multiple barriers have been shown to limit the access Latinos have to health care services. These barriers have been shown to include lack of health insurance, language barriers, discrimination from the system, lack of information about the services (especially in Spanish), stigma of mental illness, lack of recognition of health and mental health problems, and a self-reliant attitude.

An aggressive bi-lingual outreach campaign is needed to educate the Latino community on mental and physical health issues, including the importance of timely immunizations, HIV prevention, diabetes, asthma, cardiovascular disease, cancer, and infant mortality. This campaign should place a special emphasis on educating families about children's health needs. Developing public awareness campaigns targeted at Latinos will bring to light the different health care and mental health programs available in the State, and will increase the likelihood that the Latino community will access these programs. Existing federal and state grants should also be analyzed to make certain that the distribution of outreach funding to Latino community based organizations is both equitable and sufficient.



Source: Centers for Disease Control and Prevention, *Surveillance Summaries*, June 28, 2002. MMWR 2002; 51(No. SS-4): Table 12

B. Partner with charitable organizations and corporations to develop scholarship programs

The lack of qualified bilingual and bicultural clinicians has served as an enormous barrier for Latinos in accessing health services. Increasing scholarship opportunities for bilingual/bicultural Hispanics interested in pursuing health care careers will not only help to provide culturally competent health services to Hispanic clients, but will also increase the number of Hispanics earning advanced degrees. The Latino community is in particular need of clinicians who can provide services in Spanish in many of the mental health, social service and substance abuse arenas (e.g. outpatient counseling, crisis services, domestic violence programs, inpatient units, child welfare agencies, etc.). Such support is critical as language barriers have been found to be one of the top impediments to Hispanics seeking and remaining in mental health services.

The Department of Health and Senior Services' Office of Multicultural Health should approach charitable organizations and corporations to encourage the establishment of scholarship programs for Latinos pursuing careers in health care. A task force should also be created to further investigate the proposed scholarship programs (e.g. criteria, department-held responsibilities, etc), estimated cost, number of Latinos who could benefit from an advanced education in the health field, and the number of Hispanics who would benefit from an increased pool of qualified bilingual and bicultural health professionals.

IV. INCREASE CULTURAL AND LINGUISTIC COMPETENCY

The lack of cultural competency, especially in the provision of healthcare services to people with limited English proficiency (LEP) is a major contributing factor to health disparities. Numerous studies show that language barriers can negatively affect the access to, and quality of, healthcare and may lead to serious health consequences. Culturally competent health care is necessary for the provision of safe and consistent services, patient understanding, and cost efficiency.

A. Implement cultural and linguistic competency standards in health care organizations and policy making boards

The Commissioner of Health and Senior Services and the Commissioner of Human Services should adopt and implement cultural and linguistic competency standards and regulations that are aligned with the Federal Culturally and Linguistically Appropriate Services (CLAS) standards released by the United States Department of Health and Human Services, Office of Minority Health. Although the standards set forth in the CLAS are primarily directed at health care organizations, they are also intended for use by policymakers, "to draft consistent and comprehensive laws, regulations and contract language." This audience would include federal, state and local legislators, administrative and oversight staff, and program managers. Cultural competency allows physicians to obtain more accurate and complete information, to make more appropriate diagnoses, and to develop treatment plans that are followed by patients and supported by families. Thus, culturally competent healthcare promotes improved health outcomes, increased patient satisfaction, and greater cost-efficiency.

B. Support cultural competency training for all physicians, including mental health care providers, as a condition of licensure

In New Jersey, the Unified Service Transaction Form (USTF) data obtained from the State of New Jersey Division of Mental Health Services show that in 2000, only 13% of the total mental health services offered by the State were utilized by Hispanics. In comparison, there was a 22.0% utilization rate for African Americans and a 60.8% utilization rate for Caucasian clients. Hispanics are in great need of mental health services as they are prone to suffer from the higher rates of stress and mental health problems associated with a low socioeconomic status. The lack of bilingual/bicultural health care providers and clinicians tend to exacerbate the health and mental health problems faced by certain members of our Latino community, and contributes to the low utilization rates of mental health services by Latinos. Legislation should be introduced to require cultural competency training for all physicians, nurses and mental health care providers, in the state as a condition of licensure. Licensing boards should require all physicians, mental health providers, and substance abuse service providers in New Jersey to obtain a minimum of 20% of their continuing education units in the area of cultural competence, racial relations, cultural diversity, or cultural sensitivity. This prerequisite to recertification should be evaluated every renewal period. In addition, newly certified and licensed mental health and substance abuse professionals should be required to have a minimum of three college or graduate school credits earned through coursework on cultural competence, racial relations, cultural diversity, or cultural sensitivity. The existing disparity in the utilization rates of the State's mental health services could be narrowed if all health care professionals, including mental health providers and nurses, met these cultural competency standards.

C. Provide adequate interpretation services to ensure that limited English proficient patients receive appropriate healthcare services

Over twenty-five percent of New Jersey residents speak other languages besides English, and over eleven percent of New Jersey residents speak English "less than very well" (Census 2000). Communication problems that Spanish-speaking Latinos have with health care providers have contributed to disparities in health care treatment and outcomes. Federal Guidance for Title VI of the Civil Rights Act of 1964, with respect to service for limited English proficient (LEP) individuals, stipulates that "all entities receiving Federal financial assistance, including health care organizations, must take steps to ensure that LEP persons have meaningful access to the health services that they provide." Title VI-CLAS standards mandate that all health care organizations "must assure the competence of language assistance provided to LEP patients/consumers by interpreters and bilingual staff." It also stipulates that family and friends should not be used to provide interpretation services (except by the request of the patient). Moreover, the New Jersey Bill of Patient Rights (N.J.S.A. 26.1-1 et seq.) stipulates that patients have the right, "to receive, as soon as possible, the services of a translator or interpreter to facilitate the communication between the patient and the hospital's health care personnel."

> Over 24% of New Jersey residents speak other languages besides English and over 11% residents speak English less than 'very well'."

The Department of Health and Senior Services, Division of Health Care System Analysis should work to improve compliance with federal Civil Rights statutes under Title VI and the New Jersey Bill of Patient Rights in both the physical and mental health care system. Every county psychiatric emergency screening center should be equipped and required to have a certified bilingual and bicultural mental health screener. Due to the limited number of bilingual and bicultural clinicians in New Jersey, the State should explore means of developing a daily, around-the-clock, on-call system for screening services for non-English speaking consumers. Additionally, low cost ways and best practice models for improving emergency translation services should be analyzed and reported to health care providers.

V. STANDARDIZE DATA AND RESEARCH

Accurate data is needed to monitor access to housing, education, employment opportunities, and health care for population groups that historically experienced discrimination and differential treatment because of their race or ethnicity. While recent efforts from the Department of Health and Senior Services have been directed towards improving the collection of health data on death records through the implementation of electronic death certificates, gaps remain in the data collection and reporting of both Hispanic morbidity and mortality rates.

A. Require all state departments that collect racial and ethnic information to use standardized definitions and means of data collection

The major administrative data systems, particularly hospital discharges and mortality files are known to have severe problems with under-reporting or misidentification of Hispanics. More importantly, many of the morbidity reporting systems in use by state government have definitions of race and ethnicity that differ from the standards promulgated by the Federal Office of Management and Budget, resulting in inconsistent and ill-defined data.

An accurate, consistent, and complete profile of the state's Latino population is critical to the development of effective policies and programs that will eliminate health disparities in New Jersey. Ensuring compliance with the Federal OMB Directive 15-Revised, which was developed to provide consistent and comparable data on race and ethnicity throughout the Federal Government in an array of statistical and administrative programs, would help resolve this issue.

> "An accurate, consistent, and complete profile of the state's Latino population is critical to the development of effective policies and programs that will eliminate health disparities in New Jersey."

B. Licensing boards should collect and maintain standardized race/ethnicity/spoken language data on health care professionals

As the State of New Jersey becomes more racially and ethnically diverse, there is a growing need for an accurate picture of our State's health and mental health workforce. Requiring all licensing boards that are responsible for the certification and licensure of health service providers to collect, analyze and report such data on an annual basis would assist stakeholders and policy makers with identifying potential problem areas before they become critical. This database would provide a baseline for measuring efforts to train and encourage Latinos to enter health and mental health professions in New Jersey, and to accurately track progress made in addressing Latino health professional shortages. The data should be based on Federal OMB Directive 15-Revised definitions to ensure consistent and adequate definitions.

INCREASING ECONOMIC EQUALITY AND OPPORTUNITY

Building a stronger State economy

Improving economic parity, workforce development, and increasing the number of Hispanic businesses that participate in the New Jersey School Construction Corporation are critical for fostering economic development in the Hispanic community. State legislation and mandates designed to address the economic disparity facing many Hispanics today must be consistently enforced, and followed up on to ensure that they are effectively dealing with the issues at hand. Affirmative action plans, educational programs, and financial set-asides depend upon public awareness and accountability. By mandating that previously designed mandates and regulations are enforced, coupled with educating New Jersey's Hispanic community about business requirements and opportunities, and workforce training programs, and, including Hispanic businesses in major construction projects, Latinos in New Jersey will be able to reach a greater level of economic equality.

I. DEVELOP THE HISPANIC WORKFORCE

As Latinos continue to comprise an increasing portion of the national and statewide population, it is ever more important that their workforce needs are addressed. Although nearly 90% of eligible Latinos in the Unites States were reported to be employed, barriers to job advancement restrict them from economic independence and progress.

A. Target initiatives in the One-Stop Career Center system to specifically assist Latinos

With Latinos making up a significant portion of the clientele in New Jersey's One Stop Career Center System, it is important to take measures that will assist this specific population. The Department of Labor's (DOL) business outreach staff should work in Hispanic communities to encourage Hispanic business leaders and workers to use the One-Stop Career Centers and Business Services in hiring employees. In doing so, the DOL should designate three Hispanic outreach staff members to lead this effort statewide, and two account executives to work full-time in Camden with a focus on the Camden Model Project.

Additional services must also be created by the One-Stop Career Center System to specifically address the rapidly growing Latino population in New Jersey, and their need for employment services.

B. Develop and implement plans to assist Latinos with job location and development

The Hispanic community continues to have high rates of welfare dependency and employment in low-wage jobs. Latino families have become a growing share of the total TANF caseload, increasing from 20.8% in 1995-96, to 24.5% in 1998-99 (National Council of La Raza). In addition, in 2001, only 15.8% of Latinos were working in managerial or professional positions compared to 23.3% of Blacks, and 34.5% of Whites (U.S. Bureau of Labor Statistics). Yet, Latinos were twice as likely to be found in the service industry (i.e. food and cleaning services) and as operators, fabricators, and laborers. To begin to advance Latinos in the workforce, the following steps should be taken:

- The DOL should make presentations to Hispanic business leaders on the Customized Training Program in both Spanish and English. By helping businesses to offer comprehensive workforce training, the program aims to create and retain high-skill and high-wage jobs.
- The DOL should determine the feasibility of allowing assessment tests, which are an area requirement for DOL and Department of Human Services (DHS) benefits and grants, to be conducted in Spanish.
- A qualified Hispanic business leader should be appointed to the DOL's Employer Advisory Council.
- The DOL, in collaboration with other agencies, should conduct an "Information Exchange Conference" with service industry labor unions in order to identify options for the training and upward mobility of service workers facing language barriers.

C. Add language skills as a factor for compensation consideration

The State of New Jersey serves a population of diverse individuals whose English language skills vary. Many of those with limited English proficiency need the assistance of bilingual state agency staff in order to access services and benefits. To serve the residents of New Jersey in a fair and effective manner, the Hay System should be adapted to compensate employees for skills, particularly language skills, that are important to the State's diverse population.

Under Commissioner Castro's leadership, the New Jersey State Department of Personnel (DOP) has committed to include all citizens when information and services are disseminated. DOP has drafted a bilingual plan, which requires each state agency to evaluate and assess their staffing plans and establish which positions should have a language variant added.

II. IMPLEMENT TRAINING AND EDUCATION PROJECTS

While the resources to help advance Hispanic business enterprises are often available, they often do not know that they are offered or how to go about using them. It is necessary that measures be taken to assist Latinos in taking advantage of existing resources. Furthermore, those providing these services and resources should be sure that their requirements and language are user-friendly and clear to all of those who are eligible to use them.

A. Assist Hispanic-owned businesses in obtaining bonding and working capital

Many contract opportunities are lost to Hispanic businesses because of their inability to post bonds or lack of sufficient working capital. A program should be implemented that targets these needs and provides workable solutions to Hispanic-owned business.

B. Establish a training program to educate Latino contractors on how to better do business with State departments and agencies

The implementation of training programs throughout the State, such as those offered in the school construction program, will enable Hispanic businesses to better understand the bonding and application procedure, as well as enable them to actively participate in the contracts which are given out.

III. ENFORCE ECONOMIC PARITY

A. Group minority business enterprises by specific racial or ethnic category

In order to effectively address the economic disparity facing Hispanic businesses, data must be organized by specific ethnic categories as opposed to current methods, which do not distinguish between minority business enterprises. The current designation of MBE includes multiple ethnicities and does not provide information on how the funds are divided among particular ethnic groups, or how they specifically affect Hispanic-owned businesses. The Governor should support this effort.

B. Advance Hispanic-owned businesses as prime consultants and prime contractors

With Hispanic-owned businesses receiving only a fraction of the limited funds and support designated for Minority Business Enterprises, additional measures need to be taken to bring economic parity to Hispanic-owned businesses. Specifically, prime contracts must be more accessible to Hispanic businesses. Presently, there are few, if any, Hispanic prime contractors under the EDA, NJDOT, and NJ Transit. A 'bridge program' should be established as a part of the EDA's regulations to expand the State's use of Hispanic-owned businesses and give them the ability to competitively bid and pre-qualify for contract bids as prime contractors and consultants. In creating this program, the following steps should be taken:

- The Commerce Commission should create a centralized bidding information vehicle to ensure that contract information is being made more available to Hispanic businesses.
- The Council should be notified of all bids for goods, services and construction issued by state agencies and authorities that are in excess of $200,000.
- State agencies and authorities should provide the Council with information on the awards given to Hispanic-owned businesses, as well as publish this information on their individual websites at the time the awards are issued.
- A creation of an 'unbundling team' within the Department of Treasury to provide technical assistance and expertise to all state agencies for all large contracts, goods, services and construction.

C. Monitor sub-consultants in school programs and enforce the State's Prompt Payment program

The Department of Treasury's OFCC should actively monitor the prompt payment program while the contract is in place, rather than after the contract has been executed, so that the Department may address any pending violations.

IV. INCORPORATE HISPANIC-OWNED BUSINESSES IN SCHOOL CONSTRUCTION PLAN

The New Jersey Educational Facilities Construction and Financing Act was an $8.6 billion plan signed into law to invest state funding into the renovation and construction of 30 special needs school districts, known as the Abbott school districts. With many of the schools to be re-constructed in this plan being in communities with significant Latino populations, Hispanic business enterprises should make up a substantial fraction of the contractors employed in the process. Hispanic businesses so far make up a minimal portion of those service providers in the plan.

A. Streamline the certification process to increase the number of Hispanic owned businesses able to obtain prime contracts in the State's school construction program

Associates from the Department of Treasury, Department of Commerce, and Department of State should be selected to form working groups that will collectively work to certify as many Hispanic-owned businesses as quickly as possible so that they may more easily obtain school construction prime contracts. To further ensure that WBE, MBE and SBE have sufficient time to obtain their certification and rating, they should be permitted a 60-day extension.

In addition, firms with less than one year experience seeking classification with principals having three years of experience in their trade should receive an aggregate grading equal to the amount of the largest contract performed or supervised by said principal, or by its bonding limit.

B. The New Jersey School Construction Corporation (NJSCC) should permit MBE, SBE, and WBE to form joint ventures

To avoid further reduction of minorities as prime contractors in the New Jersey School Construction Program, MBE and WBE should be authorized to form joint ventures regardless of the trade category. These firms should submit a joint venture form and an aggregate should be given based on the two firms experience and passed performance, or alternatively, by its bonding limit.

C. Modify trade classification and rating systems.

Trade classification should be altered so that MBE and WBE need to have successfully completed only one project in the specified trade.
Aggregate rating should be altered so that in determining MBE and WBE aggregate rating, the 80 percent requirement should be modified to a 60 percent requirement.

State of New Jersey Executive Order # 17

Governor James E. McGreevey

WHEREAS, *the State of New Jersey is richly abundant with cultural and ethnic diversity and the Hispanic community has played a very vital role in enhancing and contributing to that diversity and;*

WHEREAS, *by 2015, the State's Hispanic Population is projected to exceed 1.5 million or 17% of the State projected total population, and will thus become the largest minority group in the State;*

WHEREAS, *New Jersey is committed to addressing the community, economic, social, health and educational needs that are particular to the Hispanic community and;*

WHEREAS, *engaging in evaluation and analysis on these essential policy matters empower the Hispanic community and its leaders to shape solutions that address the needs of the Hispanics in New Jersey;*

NOW, THEREFORE, I, JAMES E. MCGREEVEY, *Governor of the State of New Jersey, by virtue of the authority vested in me by the Constitution and by the Statutes of this State, do hereby ORDER and DIRECT:*

1. *There is hereby created a Governor's Hispanic Advisory Council for Policy Development hereafter referred to as the Hispanic Advisory Council.*

2. *The Hispanic Advisory Council shall be comprised of no greater than 20 members to be appointed by the Governor who will serve at the pleasure of the Governor. These members shall represent the Latino members of his Cabinet and sub-Cabinet, and/or their designees, including the following; the Commissioner of Personnel, the Commissioner of Community Affairs, the Commissioner of Human Services, the Commissioner of Education, the Commissioner of Labor, the Commissioner of Health and Senior Services, the Commissioner of Corrections, the Director of the Division of State Police, and the Secretary of State. Additionally, the Governor shall appoint no fewer than seven public members from Hispanic organizations whose memberships represent the community Statewide.*

3. *The Chairperson of the Hispanic Advisory Council shall be selected by the Governor from among the membership of the Council. The Governor may also appoint an honorary chairperson.*

4. *The role of the Hispanic Advisory Council shall be to advise the Governor on substantive policy matters affecting the Hispanic community including, but not limited to, health, education, economic development, housing and urban revitalization, employment, and other public policy issues affecting Hispanics statewide.*

5. *The Hispanic Advisory Council shall develop a working plan outlining its major policy concerns for action within 90 days of its first meeting. Beyond the first 90 days, the Hispanic Advisory Council shall meet periodically, but not less than quarterly, and report to the Governor no less than 45 days after each meeting on the status of the Hispanic Advisory Council's progress. The Hispanic Advisory Council shall additionally provide the Governor with information, analysis and recommendations for his consideration.*

This Order shall take effect immediately.

GIVEN, under my hand and seal, this11th day of April in the Year of Our Lord, Two Thousand Two, and of the Independence of the United States, the Two Hundred and twenty-six.

James E. McGreevey

Governor