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Equity for Women in New Jersey: Identifying Needs and Priorities

CENTER FOR WOMEN AND WORK



In collaboration with:

NJ Department of Children and Families - Division on Women

New Jersey Advisory Commission on the Status of Women

New Jersey State Employment and Training Commission - Council
on Gender Parity in Labor and Education



State of New Jersey

PHILIP MURPHY
Governor

NEW JERSEY ADVISORY COMMISSION ON
THE STATUS OF WOMEN

TAHESHA L. WAY, ESQ.
Lt. Governor

ANA DUARTE MCCARTHY
Chair

March 8, 2024

Dear Reader,

Ruth Bader Ginsberg famously said, “Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

It’s in that spirit that we present the attached report, *Equity for Women in New Jersey: Identifying Needs and Priorities*. This report is an opportunity to share the insights and ideas, hopes and challenges of some of New Jersey’s roughly 4.5 million residents that identify as female. Our hope is that this report can be a guide for policymakers, community leaders, and more, to take action on the issues that women identified as their top priorities.

The report was two years in the making, and incorporates feedback learned through broadly distributed surveys, as well as eleven in-person and three virtual community conversations. We worked with advocates and community partners to mobilize women in all corners of New Jersey to accurately and adequately reflect their feedback.

Many individuals contributed to the success of this information gathering campaign. I would especially like to thank our partners in the Division on Women within the Department of Children and Families, the Council on Gender Parity in Labor and Education through the State Employment and Training Commission, and Rutgers School of Management and Labor Relations, Center for Women and Work, for their commitment and countless hours on this endeavor.

Thank you for your interest and advocacy for women in New Jersey.

Sincerely,

A handwritten signature in black ink that reads "Ana Duarte McCarthy".

Ana Duarte McCarthy
Chair, NJ Advisory Commission on the
Status of Women

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1. Introduction:

New Jersey is often identified as leader in passing public and social policies that hold promise to support working families and advance gender equity in the workplace, in our economy and in our communities. In recent years, New Jersey has expanded paid family leave; increased the minimum wage; and, passed earned sick leave legislation. While these policies offer pathways toward progress, deep structural and cultural challenges and biases persist. This report examines some of these critical issues impacting New Jersey's women, as conveyed by diverse stakeholders throughout the state.

A [2022 report](#) authored by the Rutgers Center for Women and Work (CWW) examines a range of current economic issues within New Jersey, including women's unemployment and labor force participation, [demographics of frontline workers](#), and gender wage gaps. It also examines women's experiences with [healthcare](#), childcare disruptions and stalled educational pursuits during the pandemic. We know that women's work lives have been disrupted in profound ways as essential workers confronting COVID-19. This includes their roles as caregivers taking on even more unpaid work at home (due to childcare and K-12 disruptions and the [state's slow recovery within the childcare industry](#)); and as unemployed workers in sectors hit hardest by business closures during the pandemic. Since then, many women and their households continue to experience economic hardship, and face challenges that may have been exacerbated by the pandemic but were present long before the first case of COVID-19 emerged.

2. Methodology:

This report originated from the survey released by the New Jersey Advisory Commission on the Status of Women (NJACSW) in 2022. The purpose of this survey was to identify the top three most pressing challenges New Jersey's women are facing; and to advocate, promote and support equality for women.

As part of NJACSW's planning process, the group sought to gather additional data to inform their work along with the work of the Council on Gender Parity in Labor and Education (GPC). These two entities with intersecting missions, including advancing gender equality, contracted The Center for Women and Work as the research partner for this project given its role as a leader in promoting social and economic equity for women workers, their families, and communities. Various partners throughout the state supported the distribution of the survey, and the New Jersey Department of Children and Families' Division on Women (DCF-DOW) received over 3,000 responses. The priorities identified in the survey align with 5 key issues often identified as barriers to achieving gender equity. These include career development & opportunities, gender parity and equal pay, access to and cost of child care, access to and cost of healthcare, and gender-based violence (domestic and sexual).

From January through July of 2023, DCF-DOW, GPC, and CWW worked together to:

- Develop a protocol for listening sessions – during this first step, we identified approximately 20 questions, spread across the 5 topic areas outlined above, that would help us gather pertinent information from those participating in each of the community conversations. A complete list of final questions can be found in Appendix A.
- Identify host agencies – this process involved reaching out to various community partners in the state who were willing to serve as the “key host” for each listening session – also referred to as community conversations. Key host responsibilities included:
 - a. Working with DCF-DOW (or CWW) to establish a date and time for the session(s).
 - b. Providing or identifying a location for an in-person community conversation (we requested locations that could accommodate up to 25 people comfortably, as each session was expected to range in size from 8 to 25 participants).
 - c. Assisting with recruitment of participant organizations –Targeted participants included service providers who work directly with women in their communities and was representative of multiple industries including, but not limited to, social services, education, healthcare, insurance, and government agencies.
 - d. Identifying a staff member to serve as the primary point of contact with CWW, GPC, etc.
- Recruit participants throughout the state – although host agencies were responsible for taking on the lead role in recruiting participants from their respective regions, DCF-DOW, CWW, and GPC also assisted in recruitment by sending emails to partners, posting on social media, etc.
- Facilitate listening sessions across New Jersey – during this last phase of the project, staff from the Center for Women and Work conducted a total of 14 community conversations, each one lasting approximately 2 hours. Eleven of these were in person, and three were virtual sessions.

The primary goals of the community conversations were:

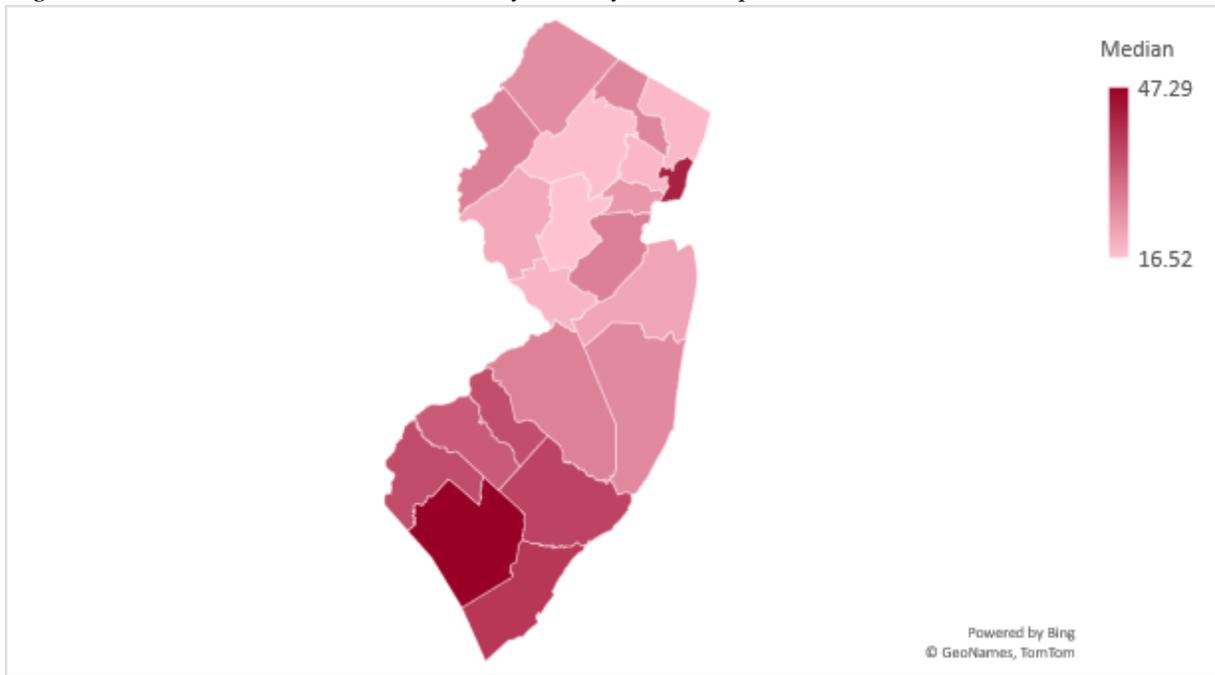
- 1) To develop a deeper understanding of how communities across New Jersey are experiencing the five key issues and challenges identified above.
- 2) To get community level feedback on potential strategies and solutions to address these challenges.
- 3) To identify additional issues the survey did not capture.

The sessions were carried out in the following five regions: *Northeast* (Passaic, Bergen, Essex, and Hudson counties); *Northwest* (Sussex, Warren, and Morris counties); *Central* (Hunterdon, Somerset, Union, Middlesex, and Mercer counties); *South* (Burlington, Camden, Gloucester, Salem, and Cumberland counties); and the *Jersey Shore* (Monmouth, Ocean, Atlantic, and Cape May counties).

Given the great disparities that exist between the eastern and western counties of the state, this breakdown captured a clearer picture of each distinct area and the nuances that exist amongst them all. Though we sought out participation from every county, there was a specific focus on recruiting host agencies and community members from New Jersey’s top 20 most distressed

cities, according to the state’s Municipal Revitalization Index (MRI). The NJ Department of Community Affairs states that the MRI “serves as the State’s official measure and ranking of municipal distress. The MRI ranks New Jersey’s municipalities according to eight separate indicators that measure diverse aspects of social, economic, physical, and fiscal conditions in each locality. The MRI is used by NJ state agencies as a factor in distributing certain “need based” funds.”

Figure 1: Median MRI Distress Score by County – 100 represents most distressed¹



Below is a listing of each region, indicating the sessions held there, and the name(s) and location(s) of the host agencies:

<i>REGION</i>	<i>HOST AGENCIES</i>	<i>COUNTY</i>	<i>CITY</i>
<i>Northwest</i>	Morris County Office of Hispanic Affairs (MCOHA)	Morris	Dover
	Project Self-Sufficiency	Sussex	Newton
<i>Northeast</i>	CUMAC	Passaic	Paterson
	La Casa de Don Pedro	Essex	Newark
<i>Central</i>	Division on Women	Mercer/Middlesex	New Brunswick

¹ Authors’ calculations based on 2020 MRI Scores from <https://www.nj.gov/dca/home/MuniRevitIndex.html>

<i>South</i>	Southern Jersey Chamber of Commerce	Burlington	Westhampton
	Gateway	Cumberland	Bridgeton
	Puerto Rican Action Committee (PRAC)	Cumberland	Vineland
	Hispanic Family Center	Camden	Camden
<i>Jersey Shore</i>	Community Affairs and Resource Center (CARC)	Ocean	Asbury Park
	Cape Assist	Cape May	Cape May
<i>Virtual Sessions (3 total)</i>	Division on Women – NJACSW members, leading women’s groups, and community leaders	Mixed	Mixed

As previously mentioned, there was a diverse array of partners and voices represented at each of the sessions. Here is a complete list of participating organizations, herein referred to as “participants”:

- Acelero Learning
- ADP HR, Payroll and Tax Services
- Alice Paul Institute
- American Association of University Women
- American Heart Association
- Atlantic Cape Community College
- Atlantic County Hispanic Women Resource Center
- Attorney at law
- Award-winning journalist
- Axia Women’s Health
- Berkeley College
- Board of Education
- Boys & Girls Club of Cumberland County
- Bridgeton City Council
- Cape Assist Leadership and Staff
- Cape May County Chamber
- Cape May County Child Advocacy Center
- Cape May County Department of Health
- Cape May County Prosecutors
- Catholic Family and Community Services

- Center for Family Services
- Chamber of Commerce of Southern NJ
- Child Care Resources
- City of Bridgeton Police Department
- City of Newark-Department of Administration
- Coalition Against Rape and Abuse, Inc.
- Community Affairs and Resource Center
- Complete Care Health Network
- Connecting NJ
- CUMAC Leadership and Staff
- Cumberland County Hispanic Women Resource Center
- Department of Child Protection and Permanency-Institute Abuse Investigation Unit
- Diversity & Equal Opportunity Network
- Dover Public Schools
- Dr. William Mennies Elementary School
- Early Childhood Education
- Elected Official(s)
- Family Success Center
- Food Bank Volunteer
- Former Hopatcong Mayor
- Former Sussex County Commissioner
- Fulfill NJ
- Gateway Community Action Partnership
- Gateway Leadership and Staff
- Gateway Wellness Center
- Gender Parity Council
- Gill Memorial Library
- Girls Inc.
- Gloucester County Commission for Women
- Golden Gate Inc.
- Greater Somerset County YMCA
- Headstart
- Health Coalition of Passaic County
- Hispanic Family Center Leadership and Staff
- Hope House
- Immigration Attorney
- Inspira Health Care
- Inter Faith Neighbors
- Jefferson Surgery Center
- JL Wiener & Associates LLC/Women, Words, and Wisdom
- JW Professional Writing Services

- La Casa de Don Pedro Leadership and Staff
- La Oficina LLC
- Latina Action Network Foundation
- Latina Civic Political Action Committee
- Love Through Laces
- McGroarty & Co Consulting
- Mercy Center
- Mindset Strategies
- Monarch Family Success Center
- Monmouth Family Health Center
- Morris County Organization for Hispanic Affairs Leadership and Staff
- National Academy Foundation
- NJ Advisory Commission on the Status of Women Members
- NJ Coalition Against Sexual Assault
- NJ Department of Civil Rights
- NJ Early Care and Education Alliance
- NJ Historical Commission
- NJ Judiciary Representatives
- NJ Supreme Court Judge
- Osborn Family Health Center
- Pakistan American Center
- Parents Invincible
- Paulie's Safe House
- Primepoint HR & Payroll
- Project H.O.P.E. Inc.
- Project Self-Sufficiency Leadership and Staff
- Public Health Nurse
- Puerto Rican Action Committee Leadership and Staff
- Robert Wood Johnson Behavioral Health
- Rowan University
- Saint Joseph Carpenter Society
- Salem County Inter-Agency Council
- Salem County Probation
- Salvation and Social Justice
- Selective Insurance
- Shani Baraka Center
- Sister Will You Help Me-Cooper University Healthcare
- Social Security Administration
- Statewide County Commission Members
- Sussex County Chamber of Commerce
- Sussex County Community College

- Sussex County Department of Health and Human Services
- Sussex County Superintendent of Schools
- Taylor Care Adult Behavioral Care
- The Women’s Center at County College of Morris
- The WOW Center
- THIS IS IT NETWORK
- Town of Dover Health Department
- Trenton Area Soup Kitchen
- United Healthcare
- Upper Township Municipality
- Visiting Nurse Association of NJ-Community Healthcare Center
- Volunteers in Medicine of South NJ
- WellCare of NJ
 - Zufall Health Center

3. Themes identified in the NJACSW Survey:

- a. Employment and Career Advancement
- b. Equal pay and gender parity
- c. Access to and cost of childcare
- d. Access to and cost of healthcare
- e. Gender-based violence

A. Employment/Career Advancement

To better understand where women in each of the regions were working, we opened each session with a discussion about general employment information. This included questions regarding the types of jobs the women in their communities are working, how they are finding work, what their average educational levels are, and what is the overall quality of those jobs, including whether there are opportunities for career advancement.

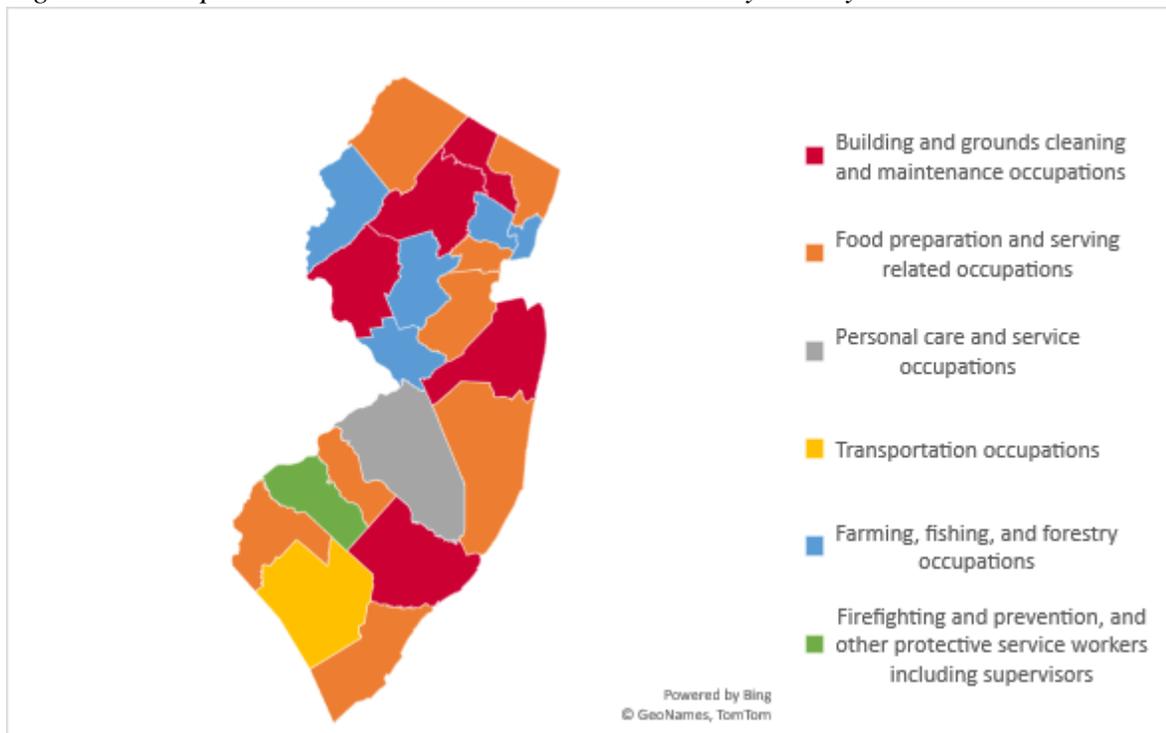
Participants in almost every region stated that their constituents (the women whom they were serving via their organization’s services) were mostly engaged in low-wage work. The trends that were fairly consistent across all regions include the following:

- Administrative workers (such as receptionists, administrative assistants, etc.)
- Childcare workers
- Hospitality/restaurant workers
- Retail workers
- Factory workers
- Educators
- Healthcare workers
- Social workers
- Gig workers
- Transit workers

- Cleaning/custodial workers
- Warehouse workers
- Various entrepreneurial ventures out of their respective homes such as selling food, party crafts and planning services, cosmetology, and multi-level marketing products, etc.

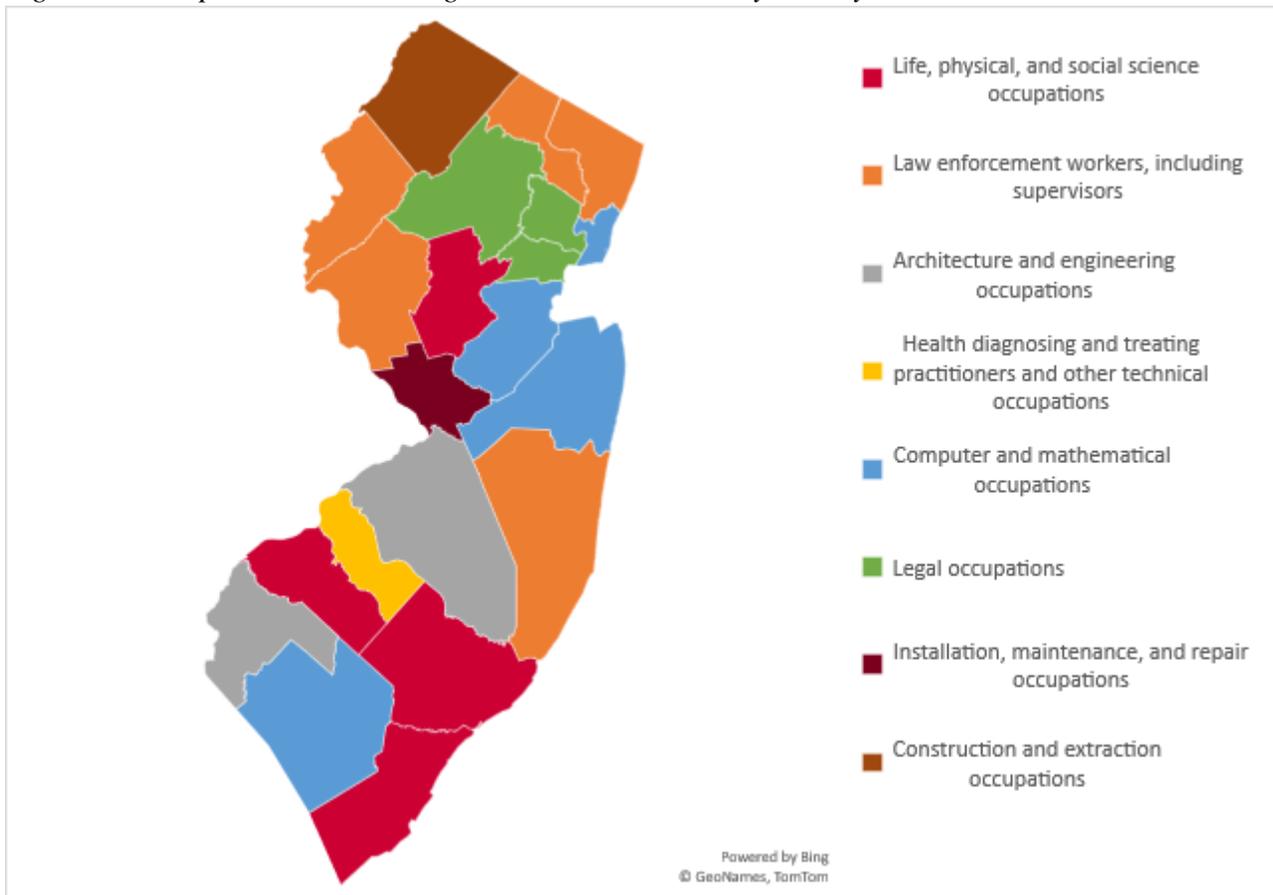
Some regions noted additional industries that are specific to their respective areas such as casinos and law enforcement in the Jersey Shore region, produce and farming in the South, and airlines in the Northeast and the South, given their proximity to major international airports. Participants in the Northeast and Central regions also talked about an increase in women doing nontraditional work in the trades such as landscaping, painting, roofing, etc. Only two regions noted that they had constituents in corporate industry jobs, and those were in the Central and Southern regions, specifically Mercer, Middlesex, and Burlington counties.

Figure 2: Occupations with the Lowest Median Incomes by County - Women²



² Authors' calculations of American Community Survey 5-year estimates 2021 – Table B24012

Figure 3: Occupations with the Highest Median Incomes by County – Women³

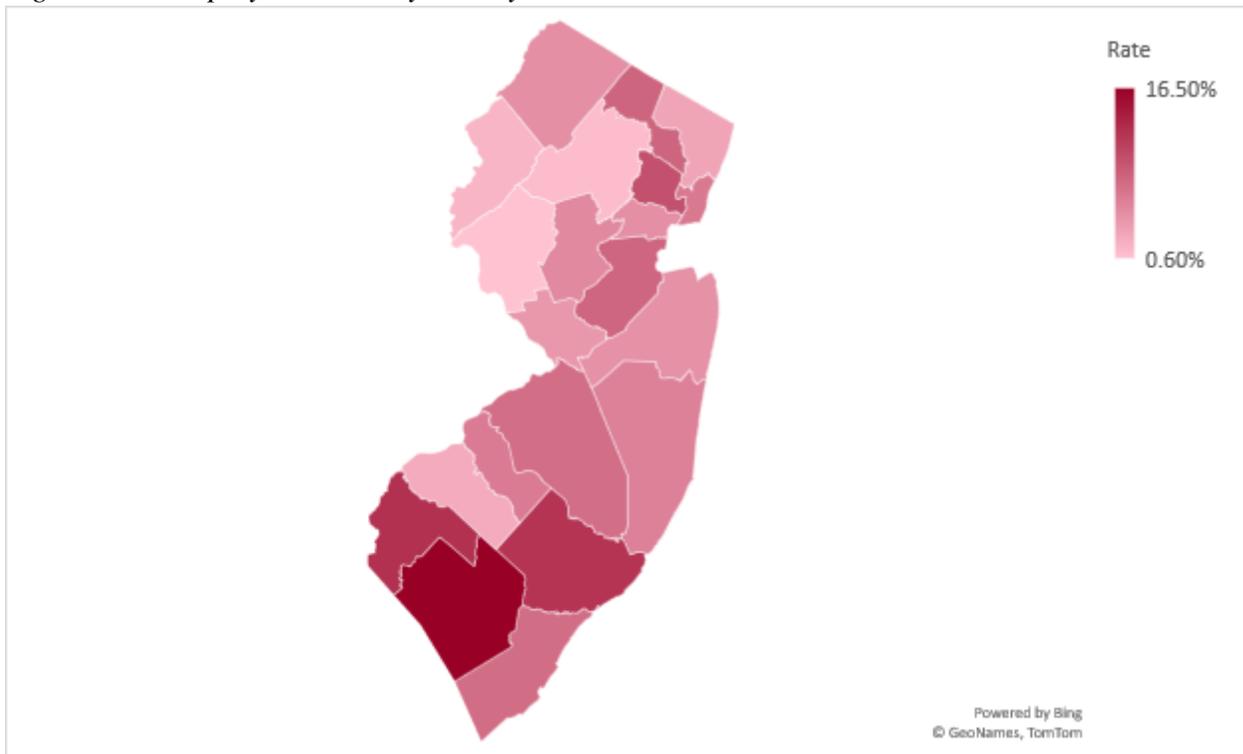


Unemployment Rate

We found that while the overall unemployment rate for NJ is relatively low (less than 5%), every region we spoke to reported much higher rates. Responses varied greatly by region, and in some cases, by counties and/or specific organizations represented at the sessions. For example, in the Northeast region, staff members from Essex County’s La Casa de Don Pedro reported a 5-10% unemployment rate amongst their clients, while those in Passaic County said they saw a rate between 70-75%. Participants in the Southern region noted extremely high rates that fluctuated anywhere from 30% (in the Bridgeton area), to 70% (across Vineland and Camden). In the Jersey Shore region, the seasonal nature of many jobs means that unemployment is higher in the winter, lingering at about the 20-25% mark, and the Northwest participants reported similar rates, though theirs appears to be year-round. There are a great number of variables that play into these wide-ranging numbers, including immigration patterns, educational attainment levels, and urban vs. rural settings, to name a few.

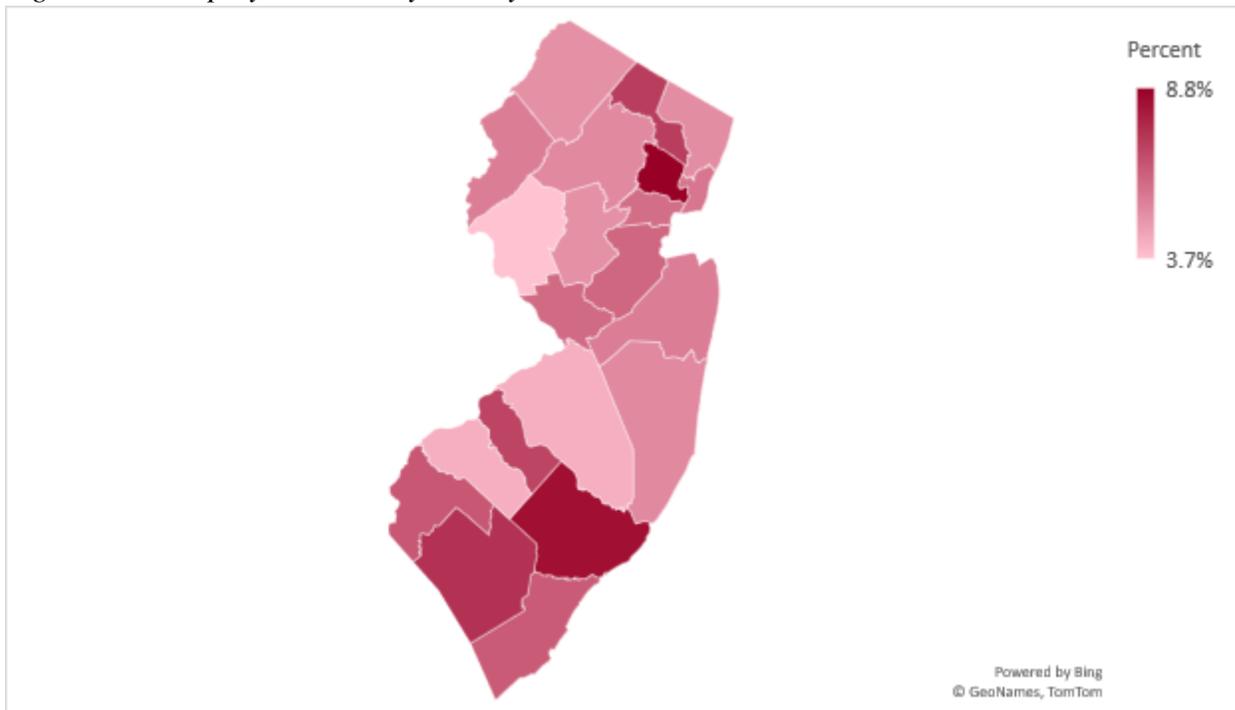
³ Authors’ calculations of American Community Survey 5-year estimates 2021 – Table B24012

Figure 4: Unemployment rate by County – Women with Children under 6⁴



⁴ American Community Survey 5-year estimates 2021 – Table S2301

Figure 5: Unemployment rate by County – All Women⁵



Finding Employment

When asked how the women in their communities were finding employment, an overwhelming majority stated that word of mouth or personal referrals were the most popular method for finding employment, followed by community organizations and one-stop centers, Indeed.com and other internet job boards, social media sites, staffing agencies, and lastly, local job fairs. Given that so many of the organizations present at these sessions work with large swaths of undocumented immigrants, it is understandable that many of them would lean more heavily on informal methods to secure employment. The need to find a job that pays under the table, and/or that does not require a social security number, work permit, etc. lends itself to these conditions. Every region had community leaders from at least one county in their catchment area that talked about the challenges of serving their local immigrant communities. Aside from the difficulties of finding work, the fear of being “found out” by law enforcement impeded other service delivery areas such as seeking out domestic violence services, food assistance, healthcare services, and housing.

Where are most women finding employment?

- word of mouth or personal referrals
- community organizations and one-stop centers
- Indeed.com and other internet job boards
- social media sites
- staffing agencies
- local job fairs

⁵ American Community Survey 5-year estimates 2021 – Table S2301

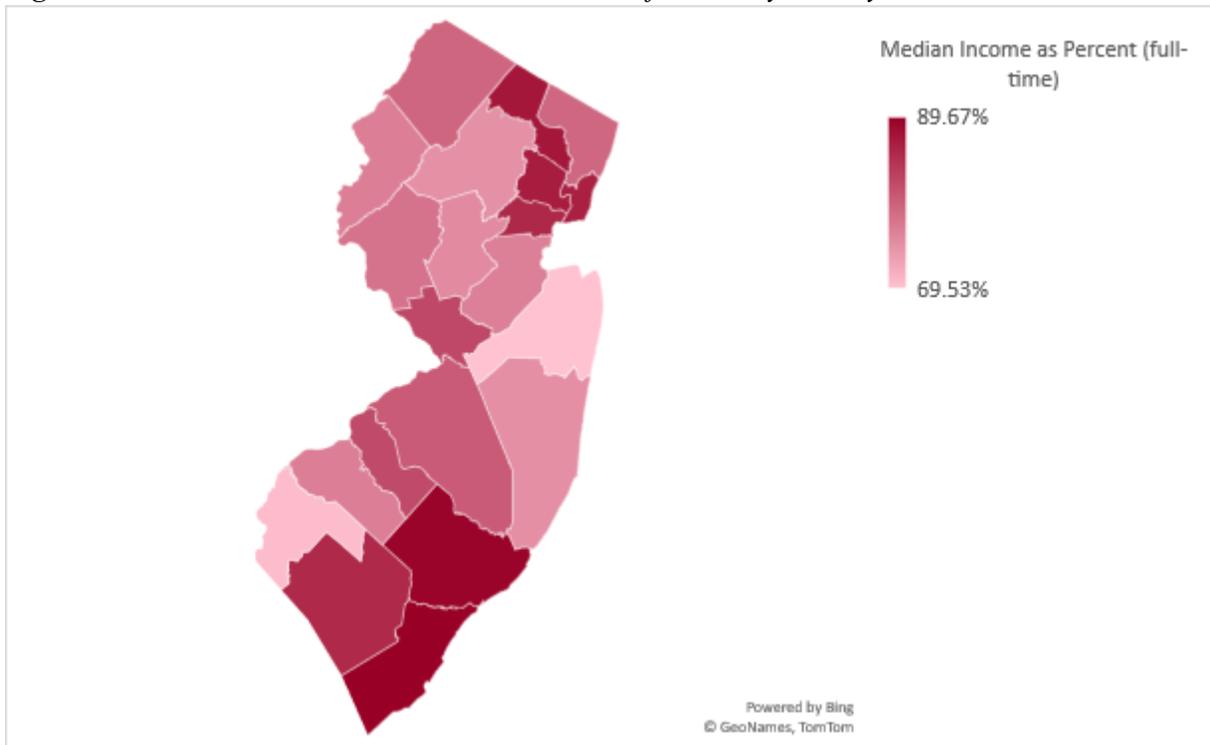
Job Quality/Career Advancement

Unsurprisingly, except for some roles in education and healthcare, many of these jobs involve shift work or unpredictable schedules, and do not offer significant career advancement opportunities. Most of them are low-wage jobs that lack access to benefits such as paid time off, health insurance, and childcare. The quality of jobs for many of these women is directly related to their education level. Though some counties such as Sussex, Morris, Mercer and Middlesex mentioned a range of educational attainment anywhere between high school and college, most participants said that many women in their communities were at a HS/GED level or lower. Several of them also reported working with clients who were almost completely illiterate, adding additional challenges with respect to job quality and advancement opportunities.

B. Equal Pay and Gender Parity

Gender wage gaps are typically calculated using the wages of workers who were employed full time and year-round. If we include part-time and seasonal workers, which we know are over represented in the communities we spoke to, the wage gap grows even larger. In 2020, women working full-time and year-round earned 82 percent of what men in the same group earned, but those numbers vary greatly when considering race and gender. Latinas' earnings relative to white non-Hispanic men stood at 57 cents on the dollar, and for Black women it was about 60 cents (Census.gov).

Figure 7: Women's Median Income as a Percent of Men's by County⁶



⁶ Authors' calculations of American Community Survey 5-year estimates 2021 – Table B19326

Government/Public Sector Interventions

The responses from our participants are summarized into actions that should be taken by legislators or enacted via public sector policies, versus those that should be addressed by individual employers in the private sector. From a policy perspective, one of the most pressing matters for this group involves raising the minimum wage. Because so many of these women are working in the lowest paid jobs/sectors, ensuring that they have access to a livable wage would make a significant impact for them and their families. A livable wage differs from the minimum wage in that it reflects the hourly rate that individuals must earn to meet their basic needs such as food, housing, transportation, healthcare, and other essential expenses (Source: wisevoter.com). This number varies depending on how many adults are working in the household, and how many children they have. On the other hand, state and federal minimum wage requirements do not account for these factors.

Table 1: Difference in Living Wage between 1 adult and 2 adult (both working) households with 2 children⁷

	State Minimum Wage	1 Adult, 2 Children		2 Adults (both working), 2 kids	
		Living Wage	Difference	Living Wage	Difference
Atlantic County	\$14.13	\$47.99	-\$33.86	\$26.09	-\$11.96
Bergen County	\$14.13	\$56.89	-\$42.76	\$30.22	-\$16.09
Burlington County	\$14.13	\$52.63	-\$38.50	\$28.25	-\$14.12
Camden County	\$14.13	\$49.39	-\$35.26	\$26.75	-\$12.62
Cape May County	\$14.13	\$49.42	-\$35.29	\$26.76	-\$12.63
Cumberland County	\$14.13	\$46.35	-\$32.22	\$25.32	-\$11.19
Essex County	\$14.13	\$49.64	-\$35.51	\$26.87	-\$12.74
Gloucester County	\$14.13	\$50.68	-\$36.55	\$27.35	-\$13.22
Hudson County	\$14.13	\$52.38	-\$38.25	\$28.13	-\$14.00
Hunterdon County	\$14.13	\$60.24	-\$46.11	\$31.81	-\$17.68
Mercer County	\$14.13	\$57.51	-\$43.38	\$30.51	-\$16.38
Middlesex County	\$14.13	\$56.09	-\$41.96	\$29.85	-\$15.72
Monmouth County	\$14.13	\$55.78	-\$41.65	\$29.71	-\$15.58
Morris County	\$14.13	\$56.34	-\$42.21	\$29.97	-\$15.84
Ocean County	\$14.13	\$49.86	-\$35.73	\$26.97	-\$12.84
Passaic County	\$14.13	\$52.09	-\$37.96	\$28.00	-\$13.87
Salem County	\$14.13	\$46.35	-\$32.22	\$25.32	-\$11.19
Somerset County	\$14.13	\$55.27	-\$41.14	\$29.47	-\$15.34
Sussex County	\$14.13	\$50.71	-\$36.58	\$27.36	-\$13.23
Union County	\$14.13	\$51.69	-\$37.56	\$27.81	-\$13.68
Warren County	\$14.13	\$51.26	-\$37.13	\$27.62	-\$13.49

⁷ <https://livingwage.mit.edu>

Another related vital policy issue that arose is the federal poverty level, which is used to determine one’s eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and Child Health Insurance Program (CHIP) coverage. Participants noted that the federal poverty levels are excessively low, thus precluding many families from benefits and programs they might otherwise be eligible for. In addition, because this is a fixed number across the board, it does not consider the great variations in the cost of living by state. This has huge implications for families in New Jersey, which ranks as one of the most expensive states to live in (Source: <https://www.forbes.com>).

Table 2: Median Family Income by Race/Ethnicity and County

County	White Alone (not Hispanic or Latino)	Black or African American Alone	American Indian/ Alaska Native Alone	Asian Alone	Some other race alone	Two or More Races Alone	Hispanic or Latino (any race)
Atlantic	\$79,790	\$40,128	\$40,929	\$73,173	\$42,367	\$40,146	\$60,721
Bergen	\$115,965	\$79,349	\$88,704	\$130,850	\$82,672	\$97,658	\$90,163
Burlington	\$100,695	\$79,797	\$116,389	\$124,122	\$72,188	\$84,807	\$102,361
Camden	\$90,435	\$52,723	\$68,173	\$94,676	\$42,987	\$68,337	\$55,406
Cape May	\$78,067	\$36,644	-	\$117,115	\$43,286	\$84,044	\$59,265
Cumberland	\$73,807	\$36,680	\$32,188	\$69,211	\$49,247	\$61,060	\$52,264
Essex	\$116,867	\$50,026	\$72,765	\$148,605	\$47,313	\$59,327	\$61,289
Gloucester	\$97,480	\$61,712	\$77,063	\$113,176	\$71,389	\$91,750	\$81,591
Hudson	\$106,578	\$56,118	\$47,321	\$128,452	\$54,538	\$64,465	\$65,236
Hunterdon	\$123,808	\$79,554	\$73,669	\$150,179	\$116,250	\$136,250	\$123,212
Mercer	\$101,168	\$51,405	-	\$165,783	\$59,985	\$78,056	\$81,037
Middlesex	\$95,162	\$82,561	\$93,204	\$139,071	\$68,598	\$86,540	\$78,051
Monmouth	\$115,486	\$62,669	\$95,083	\$158,685	\$61,940	\$114,830	\$108,084
Morris	\$129,211	\$89,021	\$84,395	\$154,113	\$80,062	\$100,050	\$97,014
Ocean	\$77,352	\$59,720	-	\$92,662	\$66,155	\$73,309	\$79,707
Passaic	\$102,078	\$52,282	\$59,375	\$100,571	\$58,156	\$53,579	\$57,243
Salem	\$80,115	\$37,171	-	\$80,787	\$33,350	\$76,000	\$66,360
Somerset	\$127,313	\$91,938	-	\$178,066	\$69,783	\$98,827	\$110,916
Sussex	\$101,321	\$123,801	-	\$116,875	\$85,476	\$105,645	\$102,418
Union	\$117,215	\$71,222	\$74,375	\$143,220	\$61,547	\$82,031	\$77,502
Warren	\$86,514	\$101,203	\$76,513	\$81,615	\$62,978	\$92,551	\$114,602

Figure 8: Percent under 100% of the Poverty Line – Women with Kids under 18, by County⁸

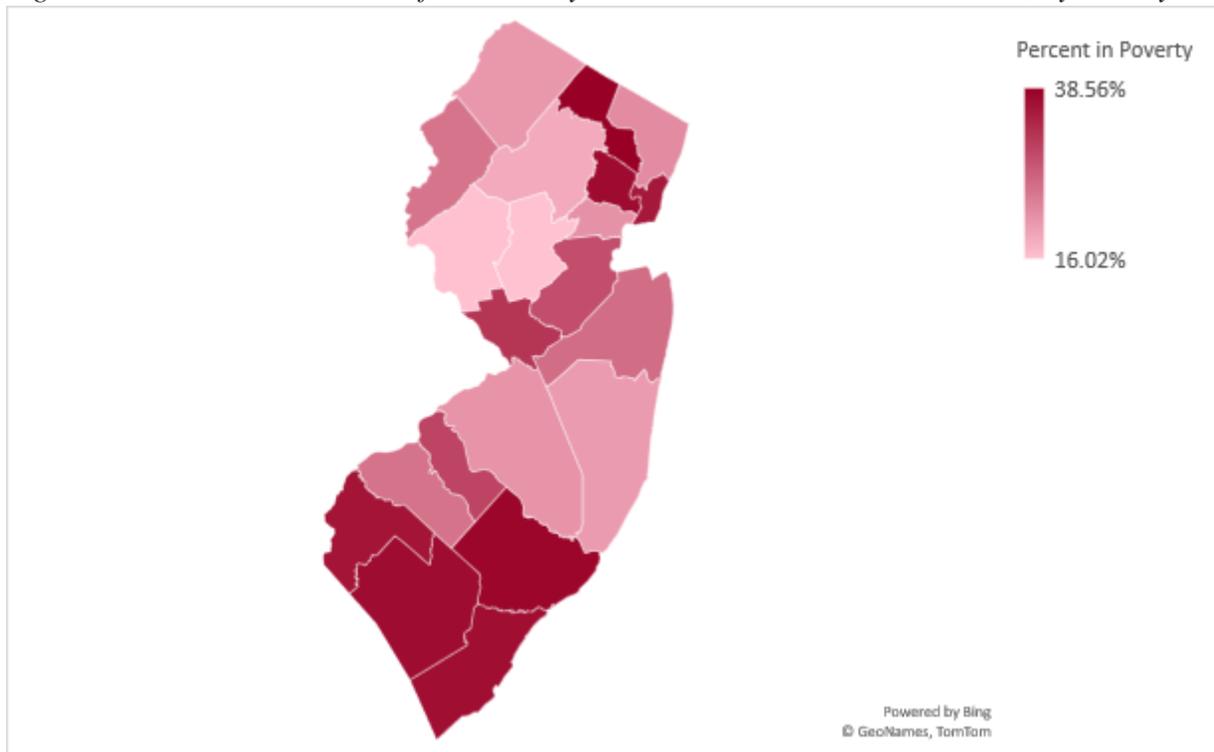


Table 3: Percent women experiencing poverty by race and by county⁹

County	White Alone (not Hispanic or Latino)	Black or African American Alone	American Indian/ Alaska Native Alone	Asian Alone	Native Hawaiian Alone	Some other race alone	Two or More Races Alone	Hispanic or Latino (any race)
Atlantic	4.30%	13.32%	23.43%	7.70%	13.53%	18.21%	14.09%	14.96%
Bergen	3.21%	5.17%	5.15%	2.84%	9.86%	8.37%	4.87%	7.05%
Burlington	3.05%	5.97%	1.03%	3.02%	10.56%	9.47%	6.07%	6.22%
Camden	3.54%	10.82%	27.84%	6.44%	16.41%	16.65%	9.62%	14.50%
Cape May	2.84%	9.32%	24.14%	2.01%	0.00%	16.93%	6.19%	10.12%
Cumberland	3.76%	16.13%	8.61%	1.98%	0.00%	19.11%	5.41%	12.79%
Essex	3.30%	11.87%	6.26%	4.16%	8.70%	12.84%	9.18%	12.00%
Gloucester	3.85%	9.39%	0.00%	2.91%	0.00%	10.50%	5.60%	7.47%
Hudson	4.92%	12.05%	14.98%	4.62%	0.00%	10.93%	7.73%	10.51%
Hunterdon	1.49%	11.45%	29.13%	2.47%	48.15%	3.49%	1.67%	3.22%
Mercer	2.75%	11.83%	9.78%	3.45%	0.00%	11.49%	8.00%	10.89%
Middlesex	2.93%	5.20%	5.59%	2.78%	11.93%	10.42%	5.67%	9.54%
Monmouth	2.50%	7.69%	4.06%	1.58%	0.00%	10.30%	5.19%	7.73%

⁸ Authors' Calculation of American Community Survey 5-year estimates 2021 – Table B17010

⁹ Authors' Calculation of American Community Survey 5-year estimates 2021 – Tables B17001A-F

Morris	1.97%	4.55%	9.44%	1.77%	17.20%	6.75%	4.56%	5.64%
Ocean	6.53%	6.13%	15.90%	5.51%	10.23%	5.07%	5.19%	5.75%
Passaic	3.02%	10.85%	12.39%	3.48%	15.82%	10.50%	13.24%	11.91%
Salem	4.72%	13.08%	12.97%	1.77%	0.00%	13.05%	8.26%	18.26%
Somerset	1.58%	3.71%	6.29%	2.56%	19.61%	8.43%	3.49%	5.49%
Sussex	3.54%	5.24%	0.00%	0.91%	0.00%	0.84%	1.85%	3.06%
Union	3.05%	6.04%	5.84%	1.91%	0.00%	8.77%	4.23%	7.14%
Warren	2.54%	4.91%	0.00%	1.98%	0.00%	5.11%	7.96%	7.10%

Other recommended or possible policy interventions include increasing funding for small businesses and women owned enterprises, imposing regulations on the private sector regarding requirements for tracking and monitoring companies on their equality metrics and addressing degree validation requirements for people who have credentials from other countries. With respect to the matter of funding, they emphasized that the focus should be on community level funding in order to “foster communities from the ground up”. In this context, working from the ground up means working directly with those who live and work in respective communities to plan, develop, and implement relevant strategies. This approach allows people to feel much more invested and bought into the process.

The last point regarding degree validation came up several times when talking to groups who were serving large populations of immigrants. We learned that there is one main agency, World Education Services, that performs this function, and it is a lengthy and sometimes expensive process. Simplifying or providing more assistance for this process could potentially address the wage gap issue in that it would help immigrant women get a head start in looking for jobs that better align with their advanced education and skills.

Some of the public sector interventions participants proposed focused on educational approaches at both the secondary and post-secondary levels. At the secondary level, they said it was important to start conversations about career possibilities with students at younger ages to change the dialogue and help dismantle commonly held gender stereotypes about jobs, majors, etc. In addition to working with schools and academic programs to do this, social media could also be used to spread knowledge and awareness about educational pathways and salaries. The post-secondary level proposal was to establish alternative educational pathways for women to explore additional areas of study, such as traditionally male-dominated trades. Some noted that while several of these programs already exist, it is likely that not many women are aware of them. One suggestion for addressing this would be to set up information hubs, led by community/grassroots organizations and placed strategically in local areas, where people could get information on these types of programs, including requirements, potential job options, salary information, scholarships, etc. Community leaders indicated that the women in their communities often need a lot of handholding, thus having someone who could help them navigate the details would be most beneficial. The “promotoras de salud” or community health worker model was identified as a good option for this type of outreach because they are so personally connected to their local neighborhoods.

The last few recommendations in this category involve educating women and girls on how to advocate for themselves via wide-reaching awareness campaigns, working on long-term strategies for getting more women into politics and leadership positions, and examining transferable skills for “white-collar” jobs. The thought process behind this last one is that many women performing low-wage work in the service industry have foundational customer service and technical skills that can be transferred into entry level administrative roles.

Employer/Private Sector Interventions

Shifting to private sector or industry level interventions, the most common theme we heard was that individual employers need to take the lead on addressing the wage gap by implementing regular equity audits, and be held accountable for outcomes, or lack thereof. Another prevalent theme was that employers should be required to be more transparent when posting job openings and every step thereafter. This includes not just salaries, but also detailed information on benefits, promotional opportunities, etc. Finally, companies should make more of an effort to help their female employees secure mentorships and build allyship with men.

C. Access to and Cost of Childcare

The above referenced survey conducted by NJACSW indicated that access to and cost of childcare was by far the greatest issue affecting working mothers in New Jersey. In general, childcare is too expensive and is not always available when people need it. Though both issues are a significant concern for all moms in the paid labor force, they are greatly exacerbated for low-wage workers, especially when the cost of childcare is sometimes higher than what they earn. The bulk of our discussion in every session centered on this topic, and though some communities may have presented a couple of unique concerns or needs, the themes shared were common across all regions and counties.

Home-Based Childcare

One of the points that came up consistently during our groups was that many women preferred to place their younger children (0-3) in family or home-based provider settings because they are more affordable and offer greater flexibility for parents working nonstandard hours. This is also a more accessible option for undocumented parents who fear the risk of having to provide records of any kind to register their children. Lastly, home-based care is more likely to be culturally appropriate, which is especially important for BIPOC families. In many instances, families were already relying heavily on family, friends, and/or neighbors to care for their children, so the general consensus was that the state should offer more technical assistance on formal licensing for these individuals. It was noted that the current credentialing process presents a great administrative burden, thus creating more barriers to access.

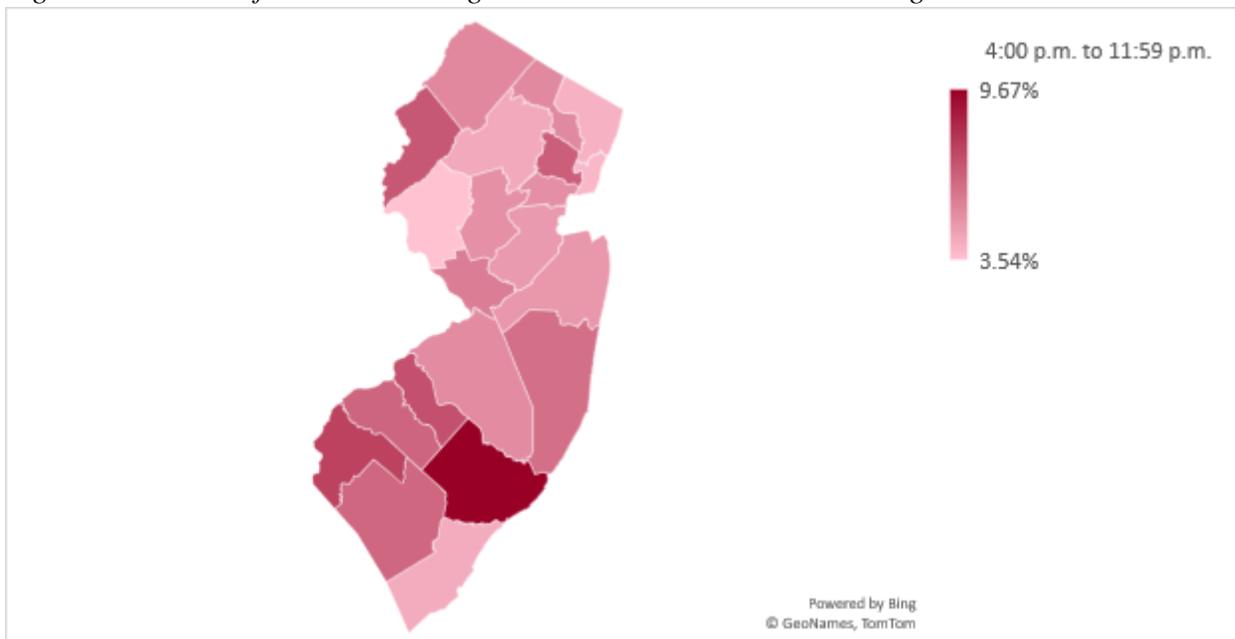
However, several drawbacks or concerns arose when discussing the potential expansion of this model as well. One significant dilemma presented was the issue of abuse and neglect, and the fact that family members are sometimes the first offenders because of their relation to the child(ren). In some cases that means they have adopted the mentality that it is ok to hit or punish

the kids in their care because they are their grandchildren, nieces/nephews, cousins, etc. One way to address this would be to implement or expand training and monitoring for providers on a consistent basis.

Center-Based Childcare

From our discussions, we learned that as children grow into the toddler stage, many women would prefer to have the option of placing them in a center-based childcare setting, where learning opportunities are more structured and consistent. However, for many women in low-wage occupations, this is not a realistic option for multiple reasons. First and foremost, in many communities there is a shortage of available centers and openings. Then there is the excessive cost, which as mentioned previously, is sometimes more than people’s take-home pay. Lastly, the hours of operation are limited. There was an overwhelming call to have childcare centers that remain open during nonstandard hours because so many women in the communities represented at these sessions work unpredictable hours. When you have parents that work in second or third shift jobs, they are restricted from utilizing the standard hours of 7am – 6pm that currently exist at most centers.

Figure 9: Percent of Women who begin work between 4 PM and Midnight¹⁰

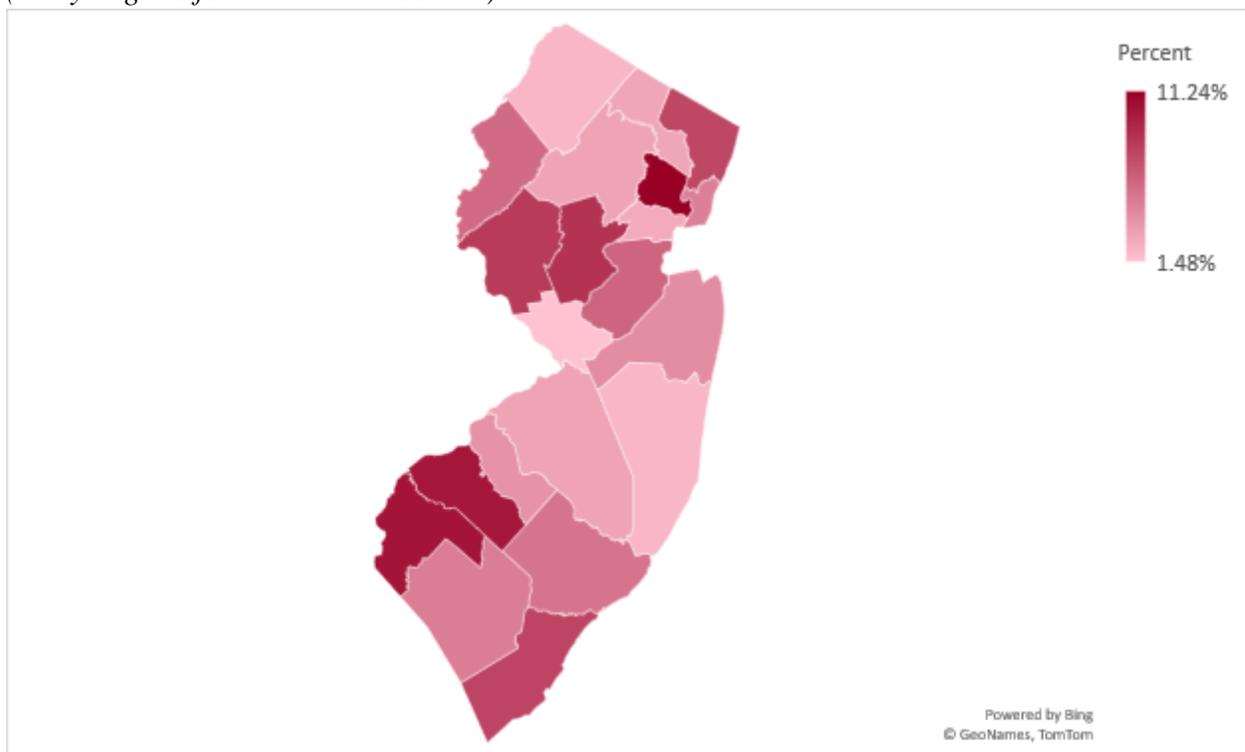


To address the cost issue, many responded that the government should expand childcare tax credits, provide more subsidies, and explore a potential voucher program. There was substantive discussion on the problems with existing subsidy programs, such as maximum income requirements that are too low, and the absence of subsidies available to children without a social security number. As a result, many families end up getting edged out of the eligibility criteria.

¹⁰ Authors’ calculation of American Community Survey 5-year estimates 2021 – Table B08011 (calculated from sample of workers ages 16 and over who do not work from home)

These requirements need to be re-evaluated, and the overall process should be simplified and examined for inherent biases that create further barriers for clients, especially for those whose first language is not English, and/or have lower levels of educational attainment. Some of these barriers include excessive paperwork, using technical jargon that is difficult for clients to understand, and not accounting for varying levels of digital literacy. Moreover, aside from subsidies and tax credits, one proposed recommendation involves including childcare as an added benefit under employees' insurance plans.

Figure 10: Percent of Female-Headed Households making below 185% of the Poverty Line (likely eligible for childcare subsidies)¹¹



Considerations for Improving Quality of Care

Although the cost of childcare is high everywhere, there is a disconnect between what families pay, versus what workers earn. For example, childcare workers in NJ average about \$34,280/year, or \$16/hour, which puts them below the state's livable wage (Source: <https://www.eriei.com/salary/job/child-care-worker/united-states/new-jersey>). This in turn affects the quality of care that children receive because lower paid workers are often less qualified and have higher turnover rates. To address this issue, participants suggested providing government incentives for providers and enhancing the training/education requirements so that they could increase workers' base pay and hire more qualified workers.

Increasing Access to Information and Supplemental Services

¹¹ Authors' calculations of American Community Survey 1-year 2021 – Table C17022

Something we heard often in these sessions, not just regarding childcare but also across all themes, was that there are a myriad of programs and resources that are underutilized by community members because they lack the information and/or resources to access existing services. Much like the suggestion stated in the equal pay section, a potential solution recommended was to create a one-stop portal to access childcare resources that would include information about subsidies, local childcare centers, and other pertinent information. However, the question remains about who bears the responsibility for promoting such portals or information hubs. For example, Grow NJ Kids was noted as a good model for improving quality standards for early care that is supposed to serve as a resource for both providers and families, but our group participants were unclear of how many people are truly familiar with it.

In addition to the general lack of information, several supplemental services would greatly assist families in need of childcare. One very pressing need is transportation assistance. Even in areas where public transportation is widely available, low wage workers, especially single mothers, struggle a great deal with this. When a family has children in different age brackets, this adds another level of complexity to the childcare situation because they have multiple drop-offs/pick-ups to accommodate. The logistical and financial burden this creates means that in some cases they are better off not working at all because they end up losing money. A potential resolution for this is to have childcare centers with multiple age ranges available to make it more convenient for these parents.

Some other ways to address this matter include the following: opening childcare centers on-site at employer locations and at high schools for students who have children; offering free or low-cost summer and before/after-care programs at schools that the children already attend; and expanding free full day pre-K/early Head Start options so that all parents have access to them. Lastly, there was also a suggestion to pair unemployment services with childcare assistance, whereas those seeking employment could also ensure that their childcare needs are met when they find a job. These services must go hand in hand since many parents cannot have one without the other.

D. Access to and Cost of Healthcare

Health Insurance

The community partners we spoke to indicated that very few of the women they work with have health insurance. Though a small number have coverage via the Marketplace or individual employers, most of them are accessing healthcare services via Medicaid, Children's Health Insurance Plans, charity care, or going to Federally Qualified Healthcare Centers (FQHCs). The FQHCs appeared to be the top choice for non-emergency care; however, they are sometimes inundated and not able to accommodate all the local community's needs. When residents cannot be seen at these centers, they usually end up in the ER and must apply for charity care.

Charity care and Medicaid were declared the most problematic options, so much so that an overwhelming number of people would rather go without health insurance than to seek out Medicaid services. A direct quote from one participant was that "state services are violent and

abusive”. As for charity care, one major issue is that many clients end up in collections due to unpaid bills. Some leaders proposed that government regulations on this would help alleviate this problem.

One of the biggest complaints we heard in our sessions was about how difficult it is to navigate the whole system. They suggested it would be helpful to implement a healthcare navigator program to help explain things in detail and offer guidance on application processes. This could help combat a lot of confusion and increase access to information/resources in their communities. The Center for Family Success in Camden was mentioned as a good model for this type of program. An additional recommendation included hosting monthly virtual meetings to share information and assistance options with clients, and state funding to assist in the development of local partnerships to improve services for residents in targeted areas.

Healthcare Providers

Although NJ has FQHCs in all 21 counties, as stated above, the demand far outweighs the available sites and services. Participants had several recommendations to address the shortage, specifically for well visits and routine care. Some of these include hiring more nurses and/or counselors to help triage patients until professional services are available, creating “wellness hubs” in local communities, and utilizing mobile van services that are especially helpful for conducting screenings for children ages 5 and under. Another suggestion was to attach clinics/urgent care centers to hospitals. The thought behind this is that if someone goes to the emergency room with a matter that is not an actual emergency, they could then be diverted to that urgent care facility without facing any additional barriers. Something that would be helpful in this process is creating a rubric to help people determine which health concerns are considered emergencies and which ones are not. Requiring pediatricians to stay open later hours, as well as putting more nurses, and even physicians, in schools were two additional ideas that surfaced from our discussions.

The themes listed above appeared to be common across all regions. However, one topic that was unique to two counties, Sussex and Cape May, was the lack of labor and delivery services in those areas. Because there are no longer any hospitals with maternity wards in those counties, pregnant women must deliver in adjacent counties. For Sussex County residents, the closest delivery hospital is in Morris County and for Cape May, it is Atlantic County, which is at least 40 minutes away. There are serious implications for this, especially with the increasing rates of C-section deliveries and post-partum depression.

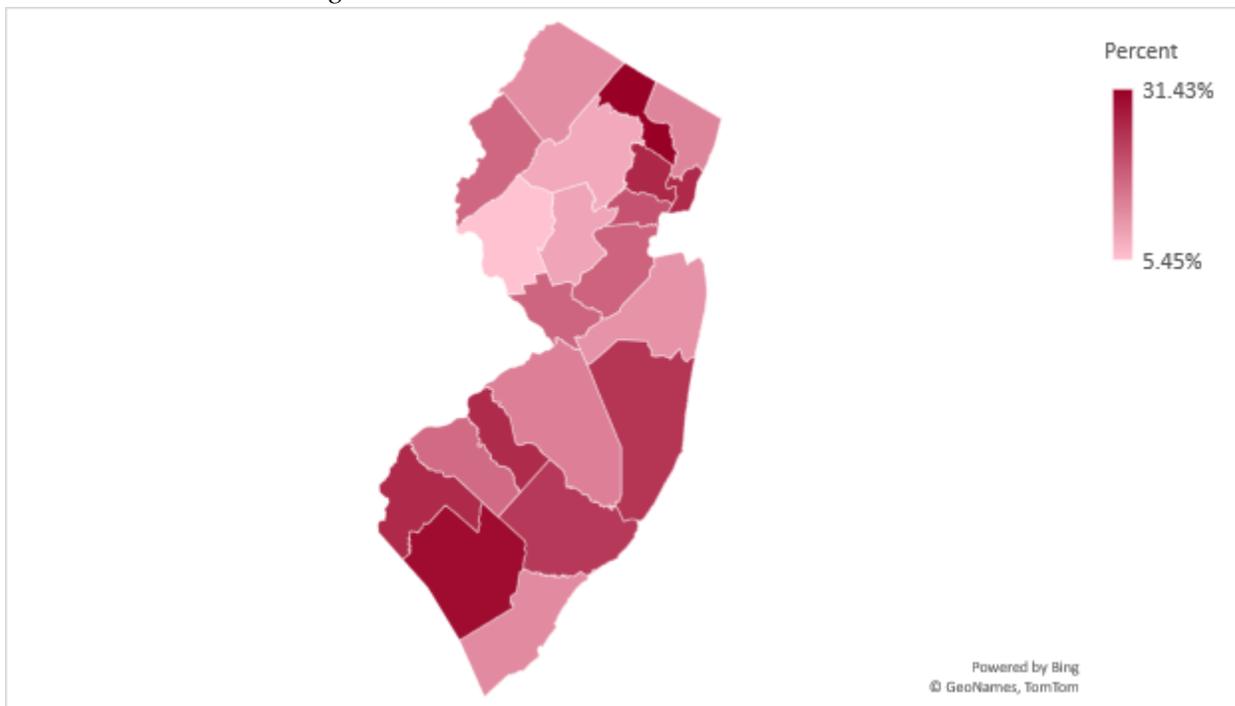
The situation is even more critical for Cape May, because their geographic positioning as a peninsula further isolates them from existing resources in neighboring counties. This, along with their status as a “shore town”/vacation area, impairs their ability to attract physicians. Community leaders stated that pregnant women in the area cannot be treated for any non-pregnancy related medical conditions because providers don’t have the staff to monitor their care in case complications arise that could impact the baby. This affects low wage women the most because they lack access to transportation. Leaders stated that one solution could be employing

shuttle services or arranging other transportation arrangements for marginalized groups. Though some of the hospitals currently partner with companies like Uber and Lyft, the mileage caps on those services limit their efficacy. Leaders have attempted to address the maternal care issue in part by enlisting more doulas, but have encountered obstacles in getting them authorized/paid through Medicaid, which covers many of the women who would benefit from this service.

Healthy Food Options

In general, participants said there are not enough healthy and affordable options available in their communities. Many of the areas represented in our sessions are food deserts, and food insecurity for their residents is at an all-time high due to skyrocketing inflation and reduced SNAP benefits after COVID. Although most people feel that local food banks and pantries in many counties are doing a good job with outreach and distribution, they need to address several concerns in order to maximize the benefits for recipients. Some of these include better education on healthy eating, providing more culturally appropriate options and expanding service hours so that more people can access them.

Figure 11: Percent of Women by County who have Medicaid or other Means-Tested Public Health Insurance Coverage¹²



E. Gender-based violence

When discussing the matter of gender-based violence, we tried get participants to think beyond just instances of domestic violence and consider sexual violence in all forms, including sexual harassment, stalking, intimate partner violence, etc. Though we received a couple of replies

¹² Authors' calculations of American Community Survey 1-year estimates 2021 – Table B27007

regarding other types, anecdotes centering on domestic violence were most prevalent, and the majority of the discussion focused on interventions for survivors versus prevention strategies.

Prevention Opportunities

Many felt that the best way to prevent gender-based violence is to start educating young men and women at earlier ages, in some cases even in elementary school, about the spectrum of abuse and how to recognize the early signs of an abusive relationship. The push for this stems from the fact that some survivors don't recognize that they are in an abusive relationship until it's gone too far. Participants in Essex county indicated that they have come across many cases of intimate partner violence amongst young people as early as 12-15 years of age. Being exposed at such a young age, whether it involves them personally or they are seeing it at home with their parents, increases the risk of suicidal ideation and other forms of self-harm.

One approach to raising awareness and knowledge on this issue is to implement more prevention programs in schools, detention centers, community agencies, etc. For female identifying individuals these should focus on helping them advocate for themselves and building their self-efficacy and self-sufficiency, while male identifying individuals would focus on mentoring and restorative justice practices.

Interventions for Survivors

The primary interventions recommended for survivors include many of the obvious strategies such as increasing access to mental health and legal services, expanding support groups/victim services, and educating them on existing resources and reporting processes. Many survivors don't understand their rights and/or know what resources are available to them and are often scared to seek these out on their own. This is particularly essential for undocumented women because they fear being deported, but don't understand that reporting the abuse could offer a pathway for helping them establish residency (Source: Violence Against Women Act).

Other problems include the need for more trauma-informed care, expanded capacity to check in on people at their homes, and more shelters with well-trained staff, because not all communities have easy access to them. In some cases when shelters are full, the women get pushed into other communities. And then there's the need for more affordable housing units, which cannot be stressed enough. One innovative approach offered by a participant in Cumberland county to address his issue was to use tiny houses for domestic violence survivors until more permanent housing becomes available. And for those who need to escape a dangerous situation, there should be money/cards available to them for Uber rides when they need imminent help.

Finally, there was also some discussion about how law enforcement responds to domestic violence situations. Several people felt that there should be required training to help police officers understand how to address these situations with more care and compassion.

Same-Sex Couples

When we asked if participants were seeing any patterns regarding folks who identify as LGBTQ+, some of them told us that most of the gender-based violence they have seen in their communities is within heterosexual couples, and not so much in homosexual couples. However, when the abuse does involve same sex couples, it appears to be more female on female than male on male interactions. It was also observed that cultural issues may contribute to same sex partner violence because some cultures/communities are more restrictive and not as open minded about the evolving dynamics around gender roles and identity, etc.

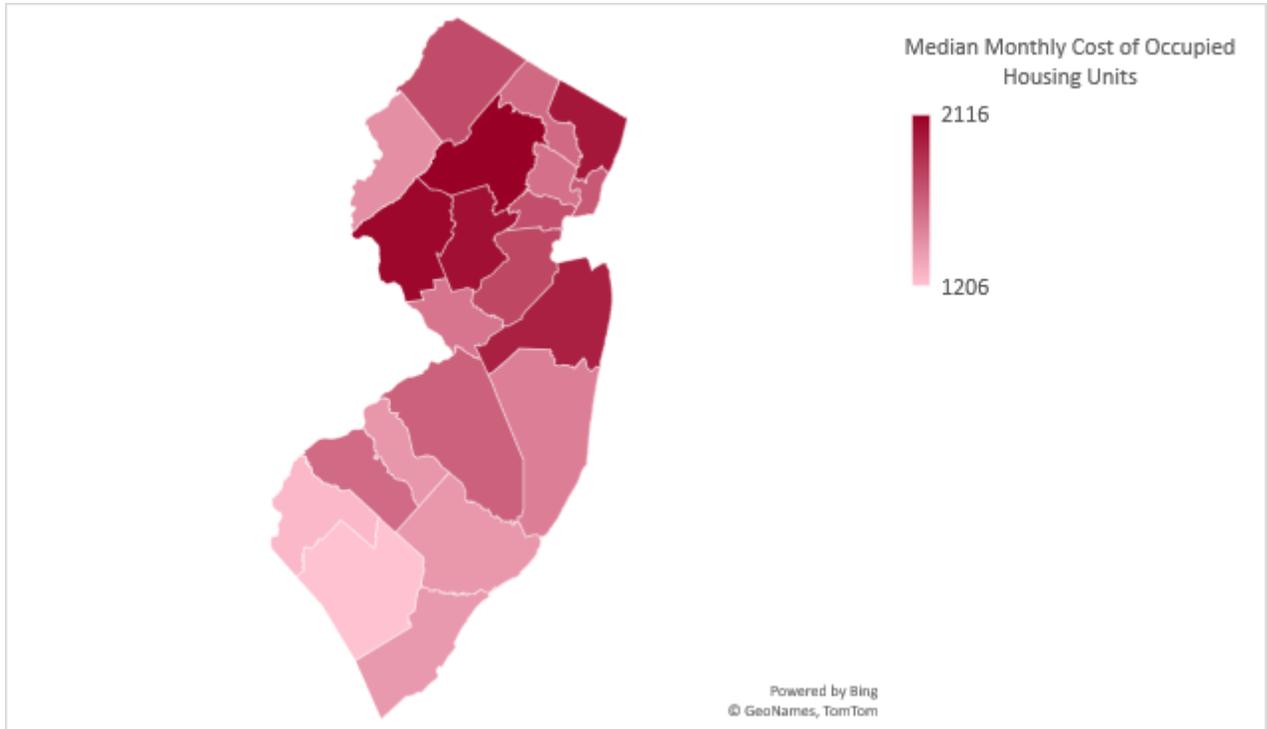
4. Additional themes/challenges that arose (not included in survey):

Throughout our community conversations, there were numerous additional concerns that arose multiple times. Though some of these may have been reflected in NJACSW's original survey, they did not rank amongst the top five. However, their prevalence in our sessions denotes that perhaps they should be considered in further plans/discussions moving forward. These are outlined in the list below:

- a. Housing – The cost of housing is exorbitant everywhere, even in rural communities where folks think it is “cheaper” to live. Waitlists for affordable housing are extremely long, and there are many barriers such as lengthy application processes and unreasonable income limits.
- b. Transportation – The cost of owning/leasing a car is out of reach for many low-wage workers, leaving them to rely on public transportation. However, in rural communities public transportation is almost nonexistent. This greatly impacts their quality of life because the lack of transportation restricts all their options, from employment to child care to healthcare and beyond.
- c. Immigration issues – Undocumented workers experience all of the challenges outlined in this report at an exponential rate. Language barriers, legal status, and education levels greatly impede their ability to find gainful employment and they may be fearful of seeking help and accessing existing resources.
- d. Inflation – Low-wage workers bear the biggest brunt of wages not keeping up with the rate of inflation. They are barely able to make ends meet, yet also face a vicious cycle if/when they earn just enough money to put them over the eligibility requirements for government benefits.
- e. Eldercare – With a growing aging population in this country, many families find themselves having to address not only child care, but also elder care for their senior parents and/or family members. This creates a host of issues because there is very little, if any, assistance for families in this predicament. It is especially problematic for single heads of household who have even more financial and scheduling limitations than many dual-income families.
- f. Maternal health – Though we previously noted specific concerns regarding maternal health in Sussex and Cape May counties, this topic came up in other regions as well. There are stark disparities in maternal and infant mortality rates for Latinas and Black women when compared to non-Hispanic white women that must be addressed.

- g. Paid family leave – One of our questions centered on whether most folks were familiar with NJ’s paid leave policies, and if so, were they utilizing the time off. The responses varied, and even in the cases where community members did know about these laws, it was unclear how many are using the time they have earned. One thing they agreed upon was that undocumented workers were likely not taking any time for fear of retaliation or backlash.

Figure 12: Median Monthly Housing Cost, by County¹³



¹³ American Community Survey 5-year Estimates – Table B25105

Figure 13: Percent of Women who take Public Transportation to Work, by County¹⁴

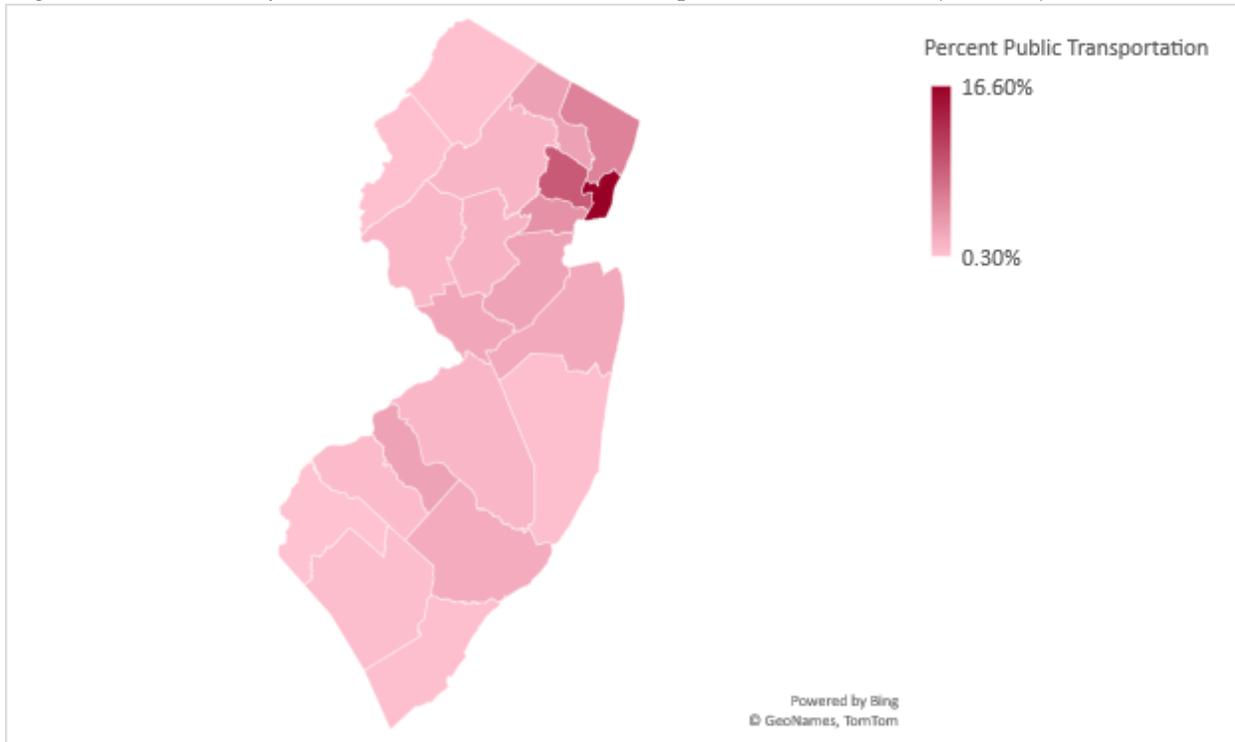
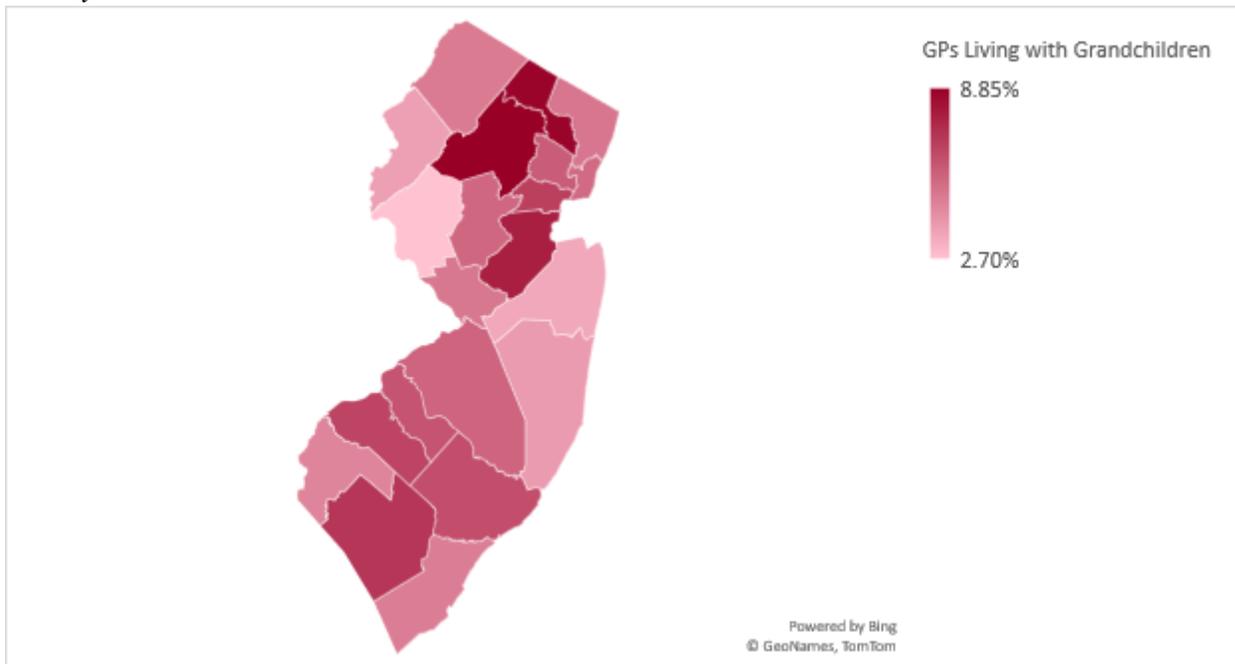


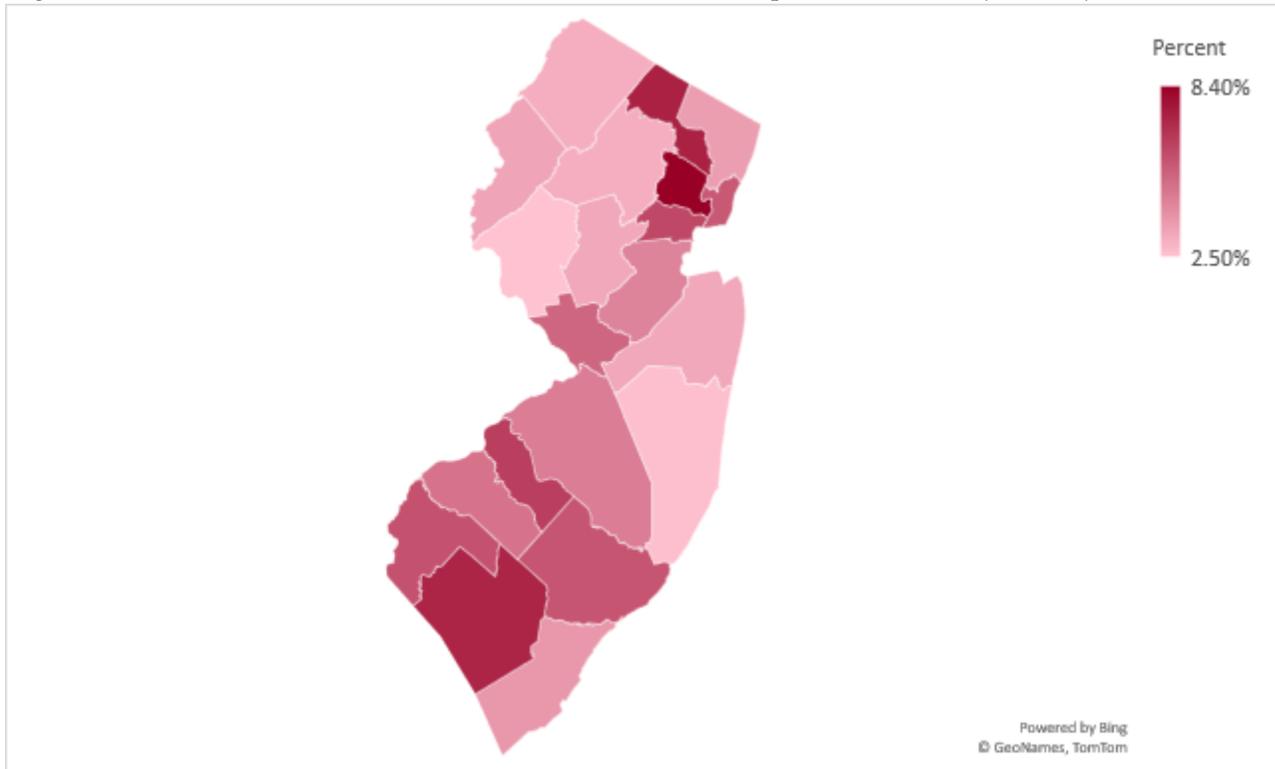
Figure 14: Multi-generational Households – Grandparents living with Grandchildren, by County¹⁵



¹⁴ American Community Survey 5-year Estimates 2021 – Table B08006

¹⁵ Authors' calculations of American Community Survey 5-year Estimates – Table DP02

Figure 15: Female-Headed Households with Children, No Spouse Present, by County¹⁶



5. Conclusion:

In closing, a few overarching themes surfaced across multiple topics that should be considered when constructing a strategic plan framework. First off is that a targeted community level approach is key. Repeatedly participants told us that meeting people where they are is a fundamental component to ensuring that resources, programs and initiatives are being properly utilized and that they are adequately meeting the needs of the intended audience. The best way for policy makers and government agencies to achieve this is to collaborate with local level service providers who have built trust and established relationships with the area’s residents.

The second is that access to information must be accounted for when implementing new programs and initiatives. We frequently heard that services go underutilized because people simply do not know that they exist. Thus, there were multiple recommendations to develop “information hubs”, online portals, or dedicated spaces to educate the public on existing resources and assistance available to them. Hand in hand with this is also the matter of simplifying systems and processes. A huge barrier for the women in these communities, many of whom have lower educational attainment, is that application processes are lengthy and difficult to navigate. As explained to us, there is a lot of “hand holding” and follow up required to help them get through it all.

¹⁶ American Community Survey 5-year Estimates 2021 – Table DP02

Finally, despite this state’s small size, there are large differences within regions and even within counties that are sometimes overlooked. There can be greater disparities between neighboring towns in Morris or Middlesex counties than there are in counties like Sussex and Cape May, who are on opposite ends of the state. This must be considered in all planning processes so that communities in a particular catchment area are not treated as a monolith.

6. Appendices:

APPENDIX A

Listening Session Protocol Questions

General Employment Information

1. In your opinion, how would you describe the unemployment rate of your clients/constituents currently? What would you say are the type of jobs/industries that are most common among your clients/constituents?
2. What is the average educational level of your clients/constituents (HS, college, post-grad, etc.)?
3. How are your clients/constituents finding employment (referrals, agencies, social media, etc.)?

Career Development/Opportunities

4. Regarding the quality of jobs available to your clients/community members, do they generally offer healthcare, fixed or predictable schedules, and a living wage?
5. Where do you see advancement opportunities for them, if any? Do they have opportunities in their current roles, or will they have to leave those jobs to “move up the ladder”?
6. What are some employment models that you think would work best for your community? (for example, CUMAC hires a lot of staff from Paterson, do you think that is a good model? Why or why not?)

Equal Pay and Gender Parity

Gender wage gaps are typically calculated using the wages of workers who were employed full time and year-round. If we include part time workers and seasonable workers, the wage gap grows even larger with the more inclusive we are. In 2020, women working full-time and year round earned 82 percent of what men in the same group earned. Gender wage gaps vary when considering race and gender. For example, Latinas’ earnings relative to white non-Hispanic men stood at 57 cents on the dollar. And for Black women, it is about 60 cents on the dollar (check figure).

7. Where can the state intervene to address the gender wage gap? Are there other strategies you can think of that might help close the gender wage gap?
8. When someone understands that their labor rights have been violated, where/who do they go to for help or guidance?

Access to/Cost of Child Care

9. Accessing affordable, quality childcare has been highlighted as a challenge for working parents across the state in various reports and surveys, including the one that the NJ DOW sponsored this past year. Based on your experience, can you tell us how true this is for your community/clients/constituents? How do you know this? And what are some of the barriers as you understand them?
10. What kind of childcare arrangements would your community/clients/constituents most benefit from (home based, center based, family member who is paid; affordability; hours; quality)?
11. What policies or solutions do you think NJ should be thinking about regarding child care?
12. New Jersey has a paid family policy that allows most workers in NJ to take up to 12 weeks of paid time off to bond with a new child. This policy is open to both birth parents and non-birth parents. In your experience as a community member and working within the community, do you believe people are aware of this policy? If no, What are some steps New Jersey can take to help make sure awareness and understanding of this policy reaches residents who are most likely to benefit?
13. Have you ever worked at an agency that offers childcare onsite to employees? (if yes, what was that experience like? And if not, what impact do you think it would have?)

Access to/Cost of Healthcare

14. How would you say that your clients/community are getting health insurance (through the marketplace, Medicaid, employer sponsored?) if at all.
15. How aware are your clients/community regarding free/low-cost healthcare services in your county/town/city?
16. What would help?
17. How would you describe your client's access to healthy/sufficient food options? (for example are there various super markets/farmers markets available that are accessible? Are people aware of the impact of food on their health (this question is especially important to be asked at CUMAC as our NJ food justice hub)

Gender-based Violence

18. Where do you see opportunities to prevent gender-based violence?
19. What are some strategies you can think of that your community, as a collective effort and group, can address gender-based violence to reduce it happening in the future?

APPENDIX B

<i>Industries/jobs identified by region</i>
Northeast: <ul style="list-style-type: none">• Airlines• Trades: construction, landscaping, painting, roofing• Childcare workers, babysitting• CNAs/home health aides• Retail workers• Restaurant workers/fast food• Factory work• Cleaning houses, offices, etc.
Northwest: <ul style="list-style-type: none">• Service jobs• Healthcare• Teaching• Customer service• Factories• Cleaning• Restaurants• Care work• Business owners – selling food, baking from home, etc.• Gig work – Uber, Amazon, etc.• Education• Social work• Accounting/bookkeeping
Central: <ul style="list-style-type: none">• Landscaping• Retail• Restaurants• Transit workers• Cleaning/custodial• Child care• Manufacturing (warehouses, UPS, Amazon, etc.)• Healthcare/social services• Corporate industry
South: <ul style="list-style-type: none">• Produce production, farming• Meat packing• Airlines• Business owners (leaders, executives, lifestyle influencers)• Mid-senior level (Wall Street, customer service, engineering, etc.)• Food service• Healthcare• Hospitality

<ul style="list-style-type: none"> • Education • Child care • Group homes • Retail • Factories • Warehouses (Amazon) • Social work • Cleaning
<p>Jersey Shore:</p> <ul style="list-style-type: none"> • Casinos • Law enforcement • Service and hospitality • Healthcare/dentistry • Retail • Education

APPENDIX C

<i>Government/Public Sector Intervention Recommendations</i>
<ul style="list-style-type: none"> • Raise the minimum wage
<ul style="list-style-type: none"> • Lower federal poverty levels
<ul style="list-style-type: none"> • Establish educational pathways. Do a better job of advertising existing programs, and offer more paid training opportunities, stipends, etc. Set up information hubs for this (community and grassroots agencies can lead this), go to where the people are because they need a lot of hand holding. Educate women on what jobs/industries are paying. Work collaboratively because too many are working in silos. Promotoras model is good for this.
<ul style="list-style-type: none"> • Start with youth, use social media to educate them and work with them in schools/programs. Change the conversation and dismantle stereotypes about jobs. Offer scholarship programs.
<ul style="list-style-type: none"> • Provide more programs and funding for small businesses and women-owned businesses, focus should be on community level funding, not big corporations. Foster communities from the ground up, they will be more invested, it can be more meaningful to them.
<ul style="list-style-type: none"> • Establish regulations for the private sector, track/monitor companies on equality.
<ul style="list-style-type: none"> • Address degree validation process, work on making it easier and cheaper to do it and establish reciprocity between countries (like certain states have).
<ul style="list-style-type: none"> • Work on getting more women in politics and leadership positions.
<ul style="list-style-type: none"> • Educate women how to advocate for themselves. Create education and awareness campaigns.
<ul style="list-style-type: none"> • Examine transferable skills for “white-collar” jobs.

APPENDIX D

<i>Industry/Private Sector Intervention Recommendations</i>
<ul style="list-style-type: none"> • Employers need to implement regular equity audits and be held accountable.

<ul style="list-style-type: none"> • More transparency regarding salaries, job postings, benefits, etc.
<ul style="list-style-type: none"> • Build allyship with men, mentorship opportunities, etc.

APPENDIX E

<i>Child Care Recommendations</i>
<ul style="list-style-type: none"> • There is a need for more home-based services, they are more affordable, flexible, and culturally responsive. Offer technical assistance so that more providers can get licensed, the current process is too complicated. Provide more training and monitoring to address potential issues of abuse.
<ul style="list-style-type: none"> • Child care centers should have extended hours on evenings and weekends.
<ul style="list-style-type: none"> • Expand child care tax credits and subsidies, stipends and make application/eligibility requirements more accessible, re-evaluate income requirements because they are too low and edge many people out of the necessary criteria, and not available to children without a SS#, need to address these biases in the process (paperwork, jargon, etc. and digital literacy must be taken into account). Need to consider debt to income ratio. Explore a potential voucher system, make it a tiered system.
<ul style="list-style-type: none"> • Create a one-stop portal to access child care resources – can include information about subsidies, local child care centers, and other info.
<ul style="list-style-type: none"> • Free/low-cost before and after care programs for school -aged children, and summer programs.
<ul style="list-style-type: none"> • More employer provided child care, look at state funding to make these more available
<ul style="list-style-type: none"> • Expand free pre-K and ensure that it is full day, Universal Pre-K
<ul style="list-style-type: none"> • Transportation assistance
<ul style="list-style-type: none"> • Provide more incentives for providers. Increase pay for child care workers, and have better training/education requirements because quality of care is directly tied to who they hire. Supplement salary to assist daycare owner to hire more qualified staff. (GROW NJ KIDS is a good model for better quality standards)
<ul style="list-style-type: none"> • Pair unemployment services with child care, they go hand in hand
<ul style="list-style-type: none"> • Have insurance cover child care, as an added benefit for employees.
<ul style="list-style-type: none"> • Make child care centers with multiple age ranges available for parents who have a wide range.
<ul style="list-style-type: none"> • Child care centers at high schools for students with children

APPENDIX F

<i>Healthcare Recommendations</i>
<ul style="list-style-type: none"> • Need to educate people on healthy eating
<ul style="list-style-type: none"> • Need more nurses and counselors that can help until professional services are available
<ul style="list-style-type: none"> • Need more “wellness” hubs so that people will use instead of hospital trips
<ul style="list-style-type: none"> • Lack of prenatal, labor, and delivery care in Sussex and Cape May. Credentialing doulas is an issue via Medicaid. Shuttle service could help with this.
<ul style="list-style-type: none"> • Need regulations for charity care and collection agencies
<ul style="list-style-type: none"> • Planned Parenthood is considered a healthcare provider

<ul style="list-style-type: none"> • Overwhelming number of people would rather go without health insurance than go to Medicaid services – state services are violent and abusive.
<ul style="list-style-type: none"> • Need healthcare professionals and providers to be well educated in their services
<ul style="list-style-type: none"> • Need to remove the stigma around people using government services, especially men (like paternity leave)
<ul style="list-style-type: none"> • Mobile vans are helpful for screenings, especially for ages 5 and under
<ul style="list-style-type: none"> • Otter App – helps keep track of what is shared in meetings; Connecting NJ
<ul style="list-style-type: none"> • They mostly go to local clinics, FQHCs if they can't afford insurance
<ul style="list-style-type: none"> • Local food banks are helpful
<ul style="list-style-type: none"> • Need a healthcare navigator program who can explain things to clients. Center for Family Services has this, could be a model (Camden)
<ul style="list-style-type: none"> • Host monthly virtual meetings to share resources and assistance options
<ul style="list-style-type: none"> • There should be an easy way for people to determine what is an emergency and what is not
<ul style="list-style-type: none"> • There should be clinics/urgent cares attached to hospitals
<ul style="list-style-type: none"> • There should be a physician/nurse in the school
<ul style="list-style-type: none"> • Pediatricians should stay open past work hours
<ul style="list-style-type: none"> • Need to help individuals fill out applications, Need to offer more guidance in the process
<ul style="list-style-type: none"> • Need to combat misinformation and increase access to knowledge and resources
<ul style="list-style-type: none"> • Should form more partnerships, sharing of resources, more state funding to facilitate this

APPENDIX G

<i>Gender-Based Violence Recommendations</i>
<ul style="list-style-type: none"> • Need to educate young women and girls, they don't always know that they're in an abusive situation early on. Should start early, even in elementary schools. Victim advocates who go to the schools and offer early intervention.
<ul style="list-style-type: none"> • Essex county sees a lot of intimate partner violence at young ages (12/13-year-olds dating 15-year-olds). End up being suicidal because of the exposure to violence (personal or at home with parents).
<ul style="list-style-type: none"> • Need more programs to combat GBV. Help women and girls advocate for themselves. Educate people on the spectrum of abuse. Should not just focus on girls, but boys also and increase mentors for them. Help women be more self-sufficient.
<ul style="list-style-type: none"> • Restorative justice for boys, and work with fathers more, especially young fathers.
<ul style="list-style-type: none"> • Increase access to mental health services and legal services. They don't know their rights and what resources they have available.
<ul style="list-style-type: none"> • Need to help cops understand how to address DV situations.
<ul style="list-style-type: none"> • Need proper shelters, not all communities have easy access to them. Staff should be trained, compassionate, and professional. Some shelters are full, and women get pushed into other communities.
<ul style="list-style-type: none"> • More affordable housing. Can use tiny houses for DV victims until housing becomes available.

<ul style="list-style-type: none">• More support groups/victim services. Educate them on reporting processes, especially for undocumented because they fear being deported, but don't understand it could help them establish residency.
<ul style="list-style-type: none">• Need more trauma-informed care. Check in on people at their homes.
<ul style="list-style-type: none">• Educate women on existing resources. Can use social media for this.
<ul style="list-style-type: none">• Money/cards for uber rides when women are in danger or need help.
<ul style="list-style-type: none">• Seeing this in mostly hetero couples, not so much in homosexual couples. But when it does involve same sex couples, it is more female on female.
<ul style="list-style-type: none">• Cultural issues may contribute to same sex partner violence because some cultures like Latinos are not as open minded. The younger generation is more open.

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About the Rutgers Center for Women and Work:

The Center for Women and Work (CWW) promotes economic and social equity for women workers, their families, and their communities. CWW conducts research, advances education, and engages in programming that supports women in the workplace and contributes to effective policy making. CWW's work focuses on providing training, technical assistance, and programs for students, educators, industry, and governments; analyzing and addressing issues that directly affect the living standards of working families locally and globally; and collaborating with partners to support community-level work. CWW is housed within the School of Management and Labor Relations at Rutgers, The State University of New Jersey and is a member of the Institute for Women's Leadership Consortium.

About the New Jersey Department of Children and Families – Division on Women:

The Division on Women develops, promotes, and expands women's rights in the areas of poverty and welfare, employment and wages, work and family, the economic and social aspects of healthcare, violence against women, and women's civic and political participation in their communities.

About the New Jersey Advisory Commission on the Status of Women:

The mission of the Advisory Commission on the Status of Women in New Jersey is to advise the Division on Women on the needs and concerns of all the women of New Jersey; and to advocate, promote and support equality for women.

About the New Jersey State Employment and Training Commission - Council on Gender Parity in Labor and Education:

The Council on Gender Parity in Labor and Education's mission is to recommend policies, strategies and programs that address gender-based barriers and encourage equal participation of students and workers in education, training, and employment. The Gender Parity Task Force was first established by the SETC in 1993, and the Council was permanently established through legislation in 1999. The Council is legislated to consist of 16 members: six members are appointed by the SETC and six members are appointed by the Division on Women, not more than half of these members shall be of the same political party. In addition, four members serve ex-officio and are appointed by the Commissioners of Community Affairs, Education, Human Services, and the Secretary of Higher Education.

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