

Community Engaged Research

Pace University is proud to partner on community engaged research with our neighbors. Community engaged research is a powerful collaborative process that incorporates input from the people and organizations that the research outcomes will impact as equal partners in the research process. This can take many forms, including co-designing the research questions, dialoguing and deciding on the method and approach, influencing policy, and ultimately creating programs and interventions that address the issues arising from the research findings – with the community ultimately a true partner in these decisions that will affect their own lives.

Westchester County: Hispanic Community Needs Assessment

Prepared by:

Rebecca Tekula, PhD, *Interim Associate Provost*, External Engagement & Faculty Opportunity, *Executive Director*, Helene T. and Grant M. Wilson Center for Social Entrepreneurship and *Professor*, Department of Public Administration, Pace University

Gina Scutelnicu Todoran, PhD, *Chair and Professor,* Department of Public Administration, Pace University

WESTCHESTER COUNTY

PACE UNIVERSITY

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Acknowledgements

This Community Needs Assessment is the result of an 18-month community-engaged research partnership between the Westchester County Hispanic Advisory Board, Pace University's Helene T. and Grant M. Wilson Center for Social Entrepreneurship, and the Department of Public Administration at Dyson College of Arts and Sciences. We are deeply grateful to the many community leaders and residents who shared their time, experiences, and insights.

Steering Committee – Westchester County Hispanic Advisory Board

Alex Acaro
Shirley Acevedo Buontempo
Evelyn Alicea-Santiago
Maria Alonso Jusufaj
Juliana Alzate
Luis Beltran
Andres Castillo-Quintana
David Duarte
Martiza Fasack
Gabriela Gonzalez, CPA,MBA
Hector Lopez, Sgt.
Martha Lopez
Linda Machuca
Carmen L. Martínez-López, Ph.D., Chair
Denise M. Miranda, Esq.
Wilfredo Morel
Luis Armando Muniz Jr.
Theo Oshiro
Sergio Fernando Serratto
Lizette Taylor
Cesar Vida

Research Committee – Pace University

Rebecca Tekula, PhD., *Interim Associate Provost for External Engagement and Faculty Opportunity, Executive Director, Helene and Grant Wilson Center for Social Entrepreneurship and Professor, Department of Public Administration, Dyson College of Arts and Sciences*

Gina Scutelnicu Todoran, PhD., *Chair and Professor, Department of Public Administration, Dyson College of Arts and Sciences*

Adrian Rivero, *Communications and Events Manager, Helene and Grant Wilson Center for Social Entrepreneurship*

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Organizational Background

Westchester County Hispanic Advisory Board

The Westchester County Hispanic Advisory Board was established by local law in 1992 to serve as a vital link between the County Executive, Board of Legislators, and the Hispanic community. Composed of an odd number of members ranging from nine to twenty-one, all appointees must reside in Westchester County and demonstrate a clear commitment to the well-being of the Hispanic population. Board members are appointed by the County Executive to serve staggered two-year terms, and one member is designated as Chair. The board is empowered to advise on county policies and programs affecting Hispanics, promote equitable opportunities, and serve as a liaison to ensure Hispanic interests are represented across all sectors of government. It also plays an active role in reviewing legislation, supporting affirmative action efforts, and identifying qualified Hispanic candidates for public service roles.

About Pace University

Pace University has a proud history of preparing its diverse student body for a lifetime of professional success as a result of its unique program that combines rigorous academics and real-world experiences. Pace is ranked the #1 private, four-year college in the nation for upward economic mobility by Harvard University's Opportunity Insights, evidence of the transformative education the University provides. From its beginnings as an accounting school in 1906, Pace has grown to three campuses, enrolling 13,000 students in bachelor's, master's, and doctoral programs in more than 150 majors and programs, across a range of disciplines: arts, sciences, business, health care, technology, law, education, and more. The university also has one of the most competitive performing arts programs in the country. Pace has a signature, newly renovated campus in New York City, located in the heart of vibrant Lower Manhattan, next to Wall Street and City Hall, and two campuses in Westchester County, New York: a 200-acre picturesque Pleasantville Campus and the Elisabeth Haub School of Law in White Plains. For more information, please visit www.pace.edu.

Executive Summary

This study employs a community needs assessment to examine the needs of the Hispanic Population of Westchester County, New York, by using primary data collected from an original survey and individual interviews. An online community survey was conducted between April and November 2024 by a team of researchers at Pace University. The survey yielded 1,758 valid responses. Finally, the community needs assessment captured the perceptions of eleven Hispanic-serving community leaders through in-depth semi-structured interviews that were conducted in Spring 2025.

Overall, survey participants ranked the five categories of community services from the highest to the lowest priority, as follows: Families, Children and Seniors ranked the highest (33%), followed by services in the Mental and Physical Health category (27%) and Basic Human Needs (26%). The lowest prioiritypriority categories were Community Resources (8%) and Crisis and Disaster Services (4%). Within the Families, Children and Seniors category *safety at school*, *school counseling services* and *college prep* were perceived as service priorities. Findings indicate that the largest service gaps in this category include *parent training, special needs services for adults* and *elder care options*.

In terms of Mental and Physical Health, this report identifies *emergency medical services*, *medical care*, and *adult and youth suicide counseling and intervention* to be priority service areas. The top unmet needs in this category all have a very high service gap and include: *youth and adult suicide counseling and intervention, emotional/behavioral/mental health care, youth and adult prevention and treatment of substance abuse, healthcare for uninsured or under-insured people,* and *counseling services*.

In Basic Human Needs, results indicate three high service priorities; quality housing, affordable housing, and quality grocery stores. Within this category, the largest gaps reflected these highest priorities: affordable housing, quality housing, and housing assistance. Preventing bias, discrimination and racism also showed a significant unmet need, and this is reflected with more than half of respondents reporting experiences of bias.

Overall, survey results show that while Children, Families and Seniors are the overall priority category for respondents, the largest gaps in meeting needs also include services from the Basic Human Needs and Mental and Physical Health categories. The biggest service gaps overall were in the following areas:

- Affordable/Quality Housing
- Housing Assistance
- Employment Opportunities
- Youth and Adult Suicide Counseling and Intervention
- Preventing Bias, Discrimination and Racism
- Emotional/Behavioral/Mental Health Care
- Job Placement Services
- Parent Training
- Youth and Adult Prevention and Treatment of Substance Use
- Healthcare for uninsured or under-insured people

Findings emerging from the interviews confirm survey results related to affordable housing and mental health services, and community leaders spoke with urgency about rising fear among immigrants, increasing reluctance to seek services, and deepening concerns related to housing, mental health, and civic engagement through the first half of 2025[4]. Taken together, the survey and interview findings provide essential insight into the dynamic nature of community needs and reinforce the importance of sustained, adaptive support systems and policies.

The Hispanic Advisory Board intends to use the findings of this study to develop the understanding of needs and barriers affecting access to essential services and opportunities. Key findings will be the focus of subcommittees as they create strategic goals related to closing high priority gap areas by informing county planning, policy and investment in the Hispanic Community wellbeing.

Introduction

This report presents the findings of a comprehensive Hispanic Community Needs Assessment conducted in Westchester County, New York. The study aimed to identify gaps in services, priorities for future investment, and strengths within the community. Methods included a multilingual, mixed-mode survey and semi-structured interviews with key community stakeholders.

Following a series of planning discussions through the winter and spring of 2024, our team embarked on a year-long research project lead by Pace University faculty in collaboration with students and staff, with the partnership and guidance of the Hispanic Advisory Board to the Westchester County Executive. Looking ahead to the second half of 2025, Pace researchers will work with the Advisory Board and County Executive to disseminate the report and partake in community conversations on how the county and community can leverage these findings to prioritize policy, programs and resources, and to develop impactful initiatives and partnerships to better serve their community.

This Community Needs Assessment includes information from two main sources: 1) a multilingual survey, and 2) semi-structured interviews with key community stakeholders.

Survey of Community Members: A key component of this Community Needs Assessment is a community survey consisting of a self-administered online survey. The survey was developed in dialogue with local leaders and community members, and resulted in 1,758 valid responses representing a wide variety of demographics. The majority of the survey consisted of structured questions in order to provide quantifiable data, and other questions allowed for qualitative open-ended responses.

Interviews with Key Community Stakeholders: Using a purposive sampling strategy for the identification and selection of information-rich cases related to Hispanic community needs in the county, the research team undertook a series of semi-structured interviews designed to allow for a depth of participant response in their area of knowledge and expertise, while allowing for adherence to the core elements of the Community Needs Assessment. These interviews elicited a qualitative overview of the various perspectives and challenges in the Hispanic community of Westchester County.

Project Timelines & Phases

Following a series of planning discussions beginning in winter 2024, the research team embarked on a 18-month community -engaged research plan led by Pace University faculty in collaboration with student researchers, staff and Westchester County's Hispanic Advisory Board and stakeholders.

Phase 1 – Planning
(Feb 2024 - Apr 2024)
Meetings with Hispanic Advisory Board, review of prior studies, research design.

Phase 2 – Data Collection
(Apr 2024 - Feb 2025)
Survey design, distribution and preliminary analysis.

Phase 3 – Final Analysis
(Mar 2025 - Jul 2025)
Interviews with key leaders, final analysis, presentation of findings, and public release.

Community Demographic Profile & Survey Respondents

According to the July 2024 census, Westchester County is home to a population of 1,006,447 people, with 27.5%, or 276,773 identifying as Hispanic or Latino (U.S. Census Bureau, 2024).[1] Survey and interview data were drawn from a diverse pool of residents, with 62% completing the survey in Spanish and over 64% reporting Spanish as their primary household language. Respondents were largely women (78%), with 34% aged 35–44 and 28% aged 45–54. Nearly half reported household incomes under $50,000, and more than half were renters. Most had lived in the U.S. over 10 years, with high Catholic affiliation (72%). Forty-eight percent (48%) of respondents reported a college degree or higher, with 17% reporting less than a high school level education. Approximately 71% of respondents identified primarily as Hispanic, 22% identified as Latino/Latina, 3% as Other, 2% as White and 1% as Mixed Race.

The top two countries of birth of survey respondents were Mexico (26.7%) and United States (26.5%). Thirty-nine percent (39%) of respondents indicated they have lived for 21-40 years in the community, 26% indicated 11-20 years in the community and 11% indicated each 1-5 years and 6-10 years. Overall, 75% of respondents have been living in their communities for at least 11 years. In a separate question, 62% of the survey respondents indicated they have been in the U.S for at least 21 years, and 81% for at least 11 years. Thirty-one percent (31%) of respondents indicated a household size of 5 or more, with the remaining 69% living in households of 4 or fewer. Nearly half reported household incomes under $50,000, 16% indicated they were not employed, and more than half (55%) were renters. Most had lived in the U.S. over 10 years, with high Catholic affiliation (72%).

The largest number of responses by municipality were from: the City of New Rochelle (49.3%), the City of Yonkers (9%), the Town of Mount Kisco (6.4%) and the City of White Plains (6.2%).

Survey Methodology

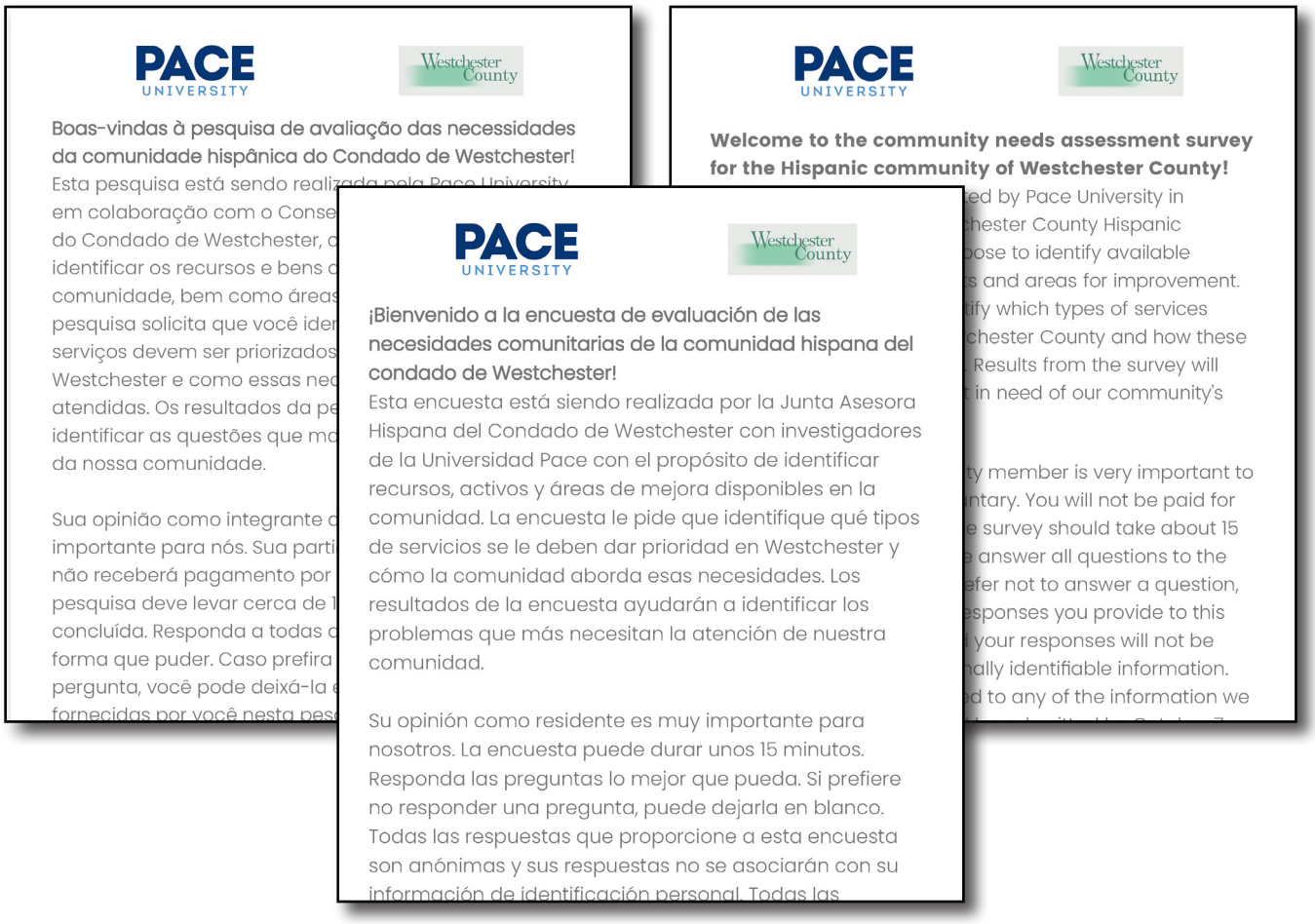
The Hispanic Advisory Board (HAB) community needs survey consisted of 62 questions and was designed primarily by using closed-ended questions, in order to provide quantifiable data – that is, data that can be counted (for example, the number of residents who feel safe in the community). However, the survey included open-ended questions that allow for qualitative data – that is, more in-depth, responses.

Once the survey questionnaire was designed, it was pilot tested by the Westchester County's Hispanic Advisory board members and partners. Prior to the start of data collection, the Pace University Institutional Review Board issued approval to conduct the research study. The community needs survey was then distributed to the residents in the Westchester County communities using both internet and in-person modes (combined, this is known as a mixed-mode survey).

Both survey modes in this survey use self-administered questionnaires, which residents fill out on their own without the assis-tance of an interviewer. Using both internet and in-person modes also helps with better participant representation by including the voices of those who don't have access to an electronic device.

It was distributed in English, Spanish, and Portuguese. Outreach included listservs, local media, PTAs, libraries, medical centers, and direct community partner engagement.

The survey was administered between July 24th and October 7th 2024.

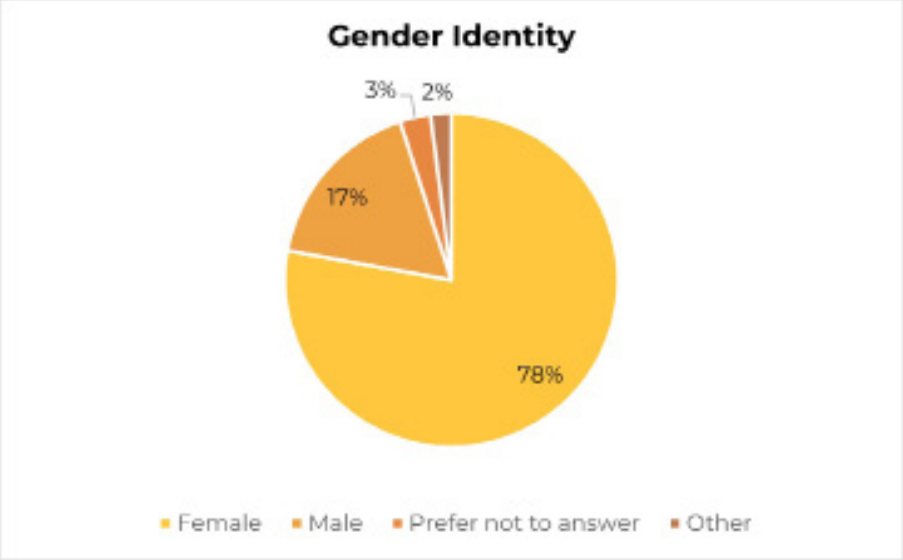


Survey Respondent Profile

The survey received 1,483 valid responses from residents of Hispanic origin in Westchester County. Participants completed the survey in Spanish (62%), English (37.6%) and Portuguese (0.4%). The survey reflects a wide variety of demographics. We briefly explain various demographics in this section. For each aspect, we include the number of total responses that chose to answer each question.

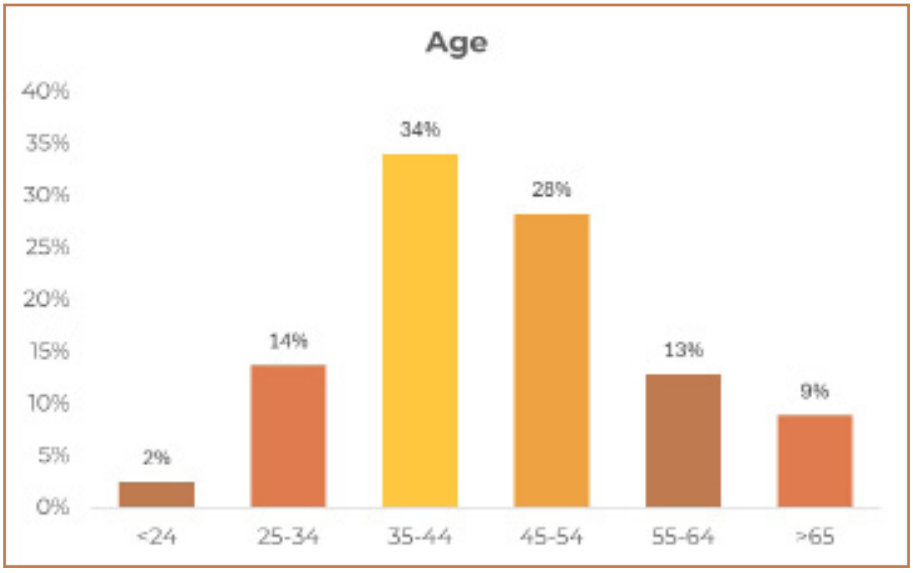
Gender of Survey Responses: Approximately 78% of respondents in the survey who provided responses to our gender question identified as females, 17% as males, 3% preferred not to disclose their gender identity, and 2% identified as other. It should be noted that 523 participants shared their gender identity.

Figure 1: Gender of Survey Participants



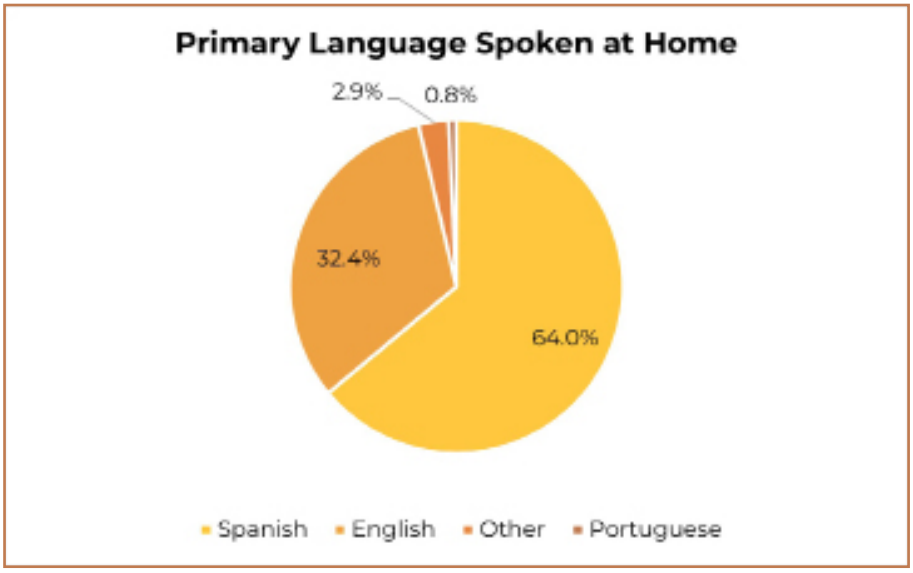
Age of Survey Responses: Of all the survey participants, 453 respondents indicated their age. 34% were between ages 35-44, 28% indicated they were between 45-54, 14% were between 25-34, 13% were between ages 55-64 with only 2% of respondents aged 24 or younger and 9% of respondents were seniors, age 65 and older.

Figure 2: Age of Survey Participants



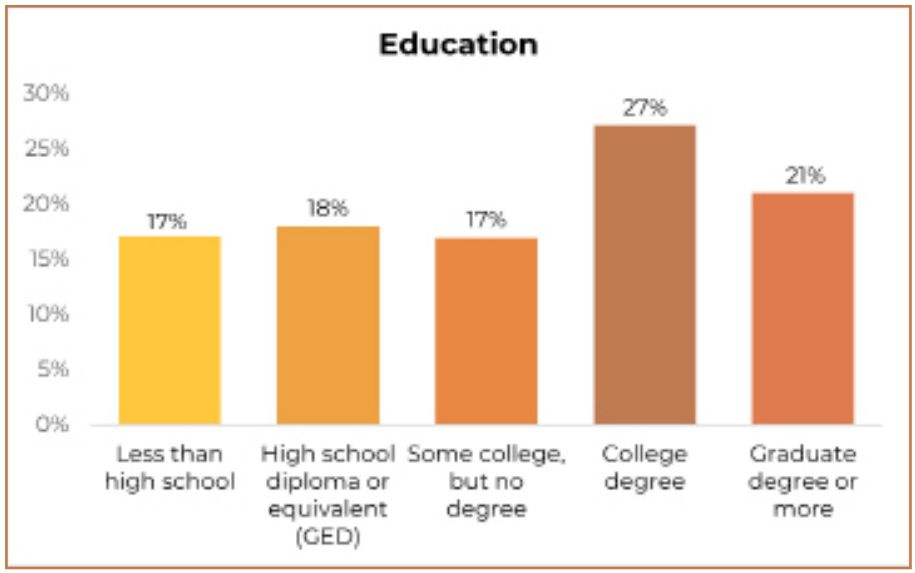
Primary Language Spoken at Home: 64% of respondents indicated they primarily speak Spanish at home while 32.4% indicated they primarily spoke English at home. Only 0.8% of respondents spoke Portuguese while 2.9 % said they spoke another language at home. 519 respondents indicated the primary language spoken at home.

Figure 3: Primary Language Spoken at Home



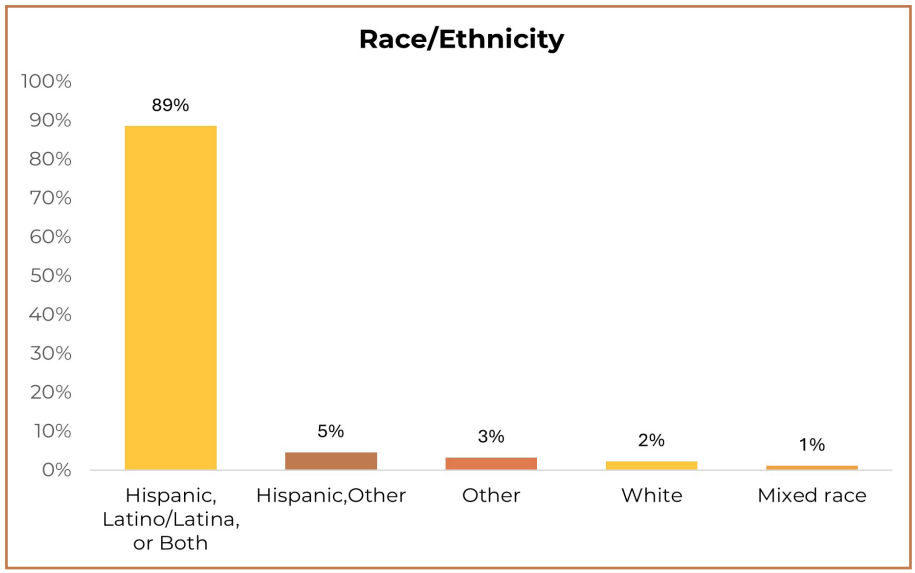
Education of Survey Respondents: We also asked respondents to indicate their highest level of education completed. 17% of respondents reported they received less than a High School education, while 18% obtained their High School diploma or equivalent (GED), 17% had some college but no degree, 27% had obtained a college degree and 21% had a graduate degree or more. 520 respondents indicated their highest level of education.

Figure 4: Education of Survey Participants



Race/Ethnicity of Survey Respondents: Of those who chose to disclose their race/ethnicity approximately 89% of survey respondents identified as either Hispanic, Latino/Latino, or both. 5% identified as Hispanic, Other. 3% of respondents identified as Other, 2% as White and 1% as Mixed Race. In total 516 responses were recorded.

Figure 5: Race/Ethnicity of Survey Respondents



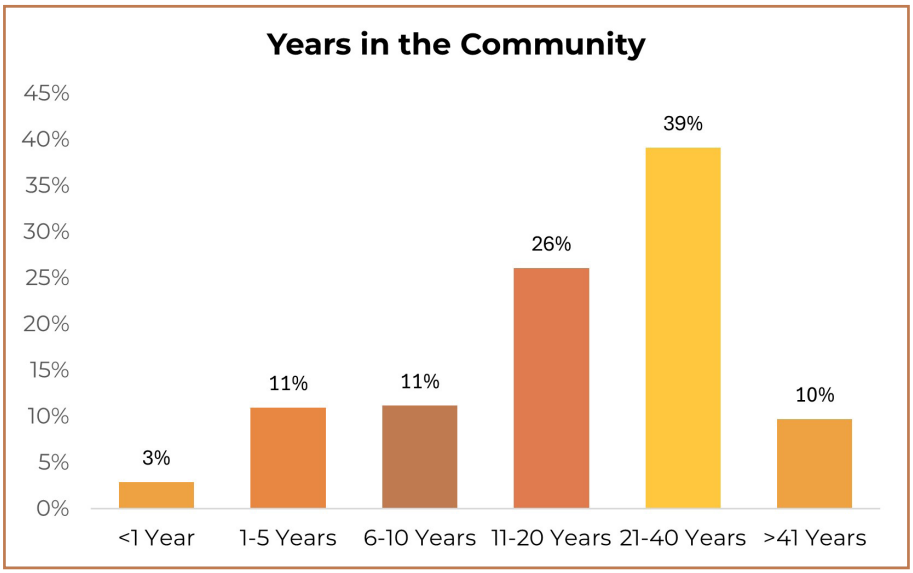
Country of Birth of Survey Respondents: The top two countries with the highest representation among survey participants were Mexico and the U.S. More than a quarter of respondents (26.7%) reported Mexico as their country of birth, and a similar percentage (26.5%) of respondents reported USA as their country of birth. Respondents born in Colombia and Peru were each represented at 7.7% each, followed by those born in Dominican Republic (5.5%), Guatemala (5.1%), Ecuador (5%), Puerto Rico (4.2%), El Salvador (3%), Venezuela (1.6%), and Honduras (1.4%). Respondents born in the other countries shown in table 1 represent 1% or less each.

Table 1: Country of Birth

Country of Birth	Total	Percentage
Mexico	135	26.7%
United States	134	26.5%
Colombia	39	7.7%
Peru	39	7.7%
Dominican Republic	28	5.5%
Guatemala	26	5.1%
Ecuador	25	5.0%
Puerto Rico	21	4.2%
El Salvador	15	3.0%
Venezuela	8	1.6%
Honduras	7	1.4%
Uruguay	5	1.0%
Brazil	4	0.8%
Other	3	0.6%
Argentina	3	0.6%
Chile	3	0.6%
Paraguay	3	0.6%
Bolivia	2	0.4%
Cuba	2	0.4%
Spain	**2**	**0.4%**
Belize	**1**	**0.2%**
Total	**505**	**100%**

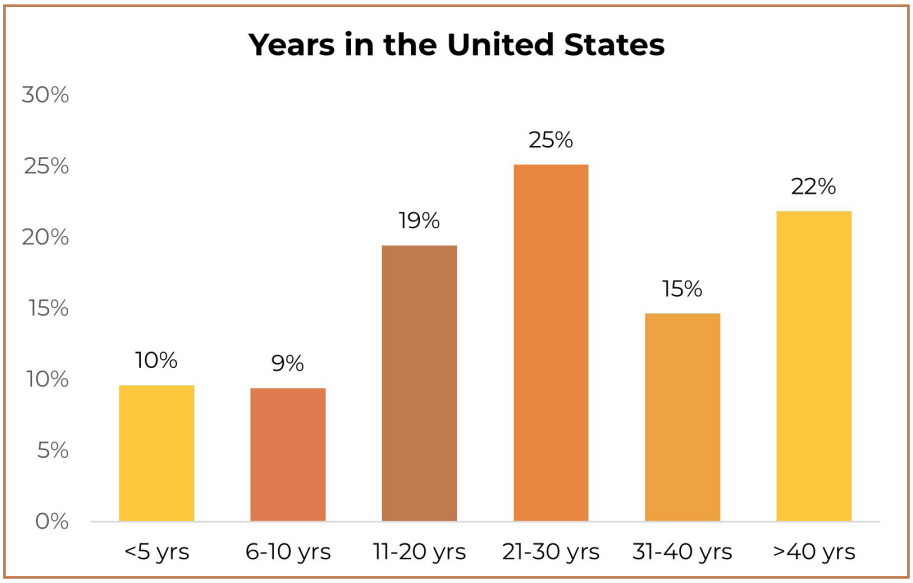
Years Living in the Community: 483 of the survey respondents answered this question. 39% indicated 21-40 years in the community and 26% indicated 11-20 years in the community. 11% of respondents indicated 1-5 years, with another 11% indicating 6-10 years. 10% of respondents indicated more than 41 years in the community, and only 3% were there less than a year. These statistics show that 75% of respondents have been living in their communities for at least 11 years.

Figure 6: Years Living in the Community



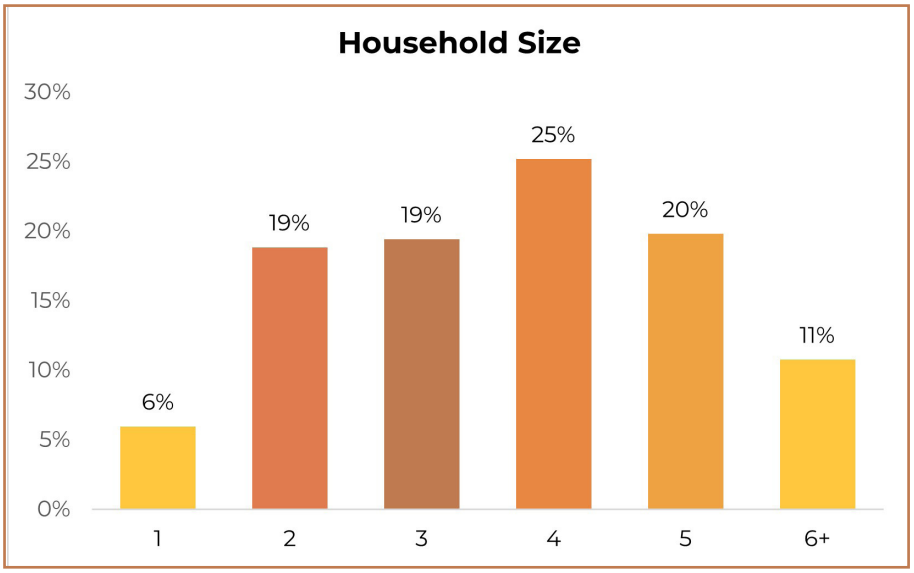
Years Living in the United States: 458 respondents answered this question, 25% indicated they have been in the U.S. 21-30 years while 22% indicated more than 40 years and 19% indicated 11-20 years. 15% of respondents indi-cated 31-40 years in the U.S., 10 % have lived here for less than 5 years and 9% indicated living in the U.S. for 6-10 years. These statistics show that 62% of the survey respondents have been in the U.S. for at least 21 years and 81% for at least 11 years.

Figure 7: Years Living in the United States



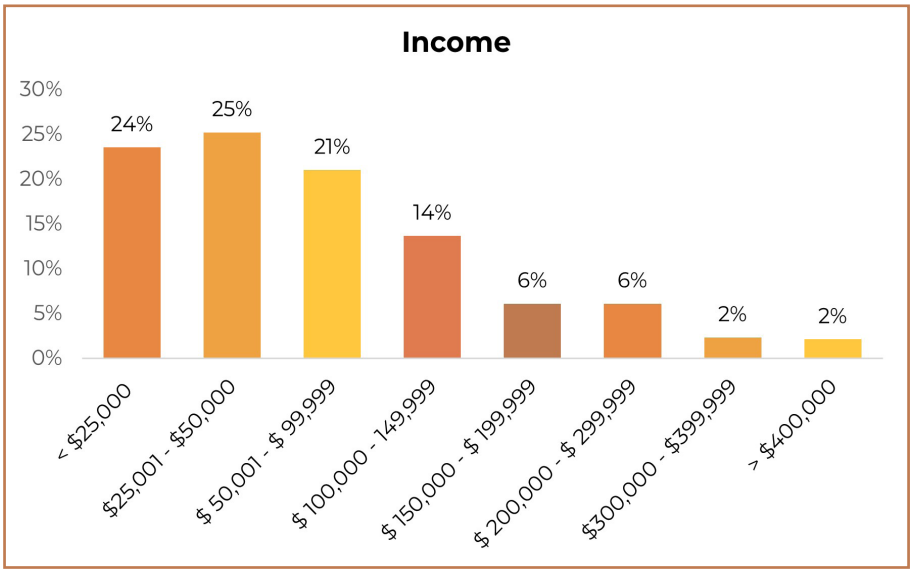
Household Size: 25% of the survey respondents indicated a household of 4 people, 20% indicated a household of 5 people, while 19% indicated a household of 2 or 3 people. 11% indicated a household size of 6 or more and 6% indicated a household of one. 520 respondents answered this question.

Figure 8: Household Size



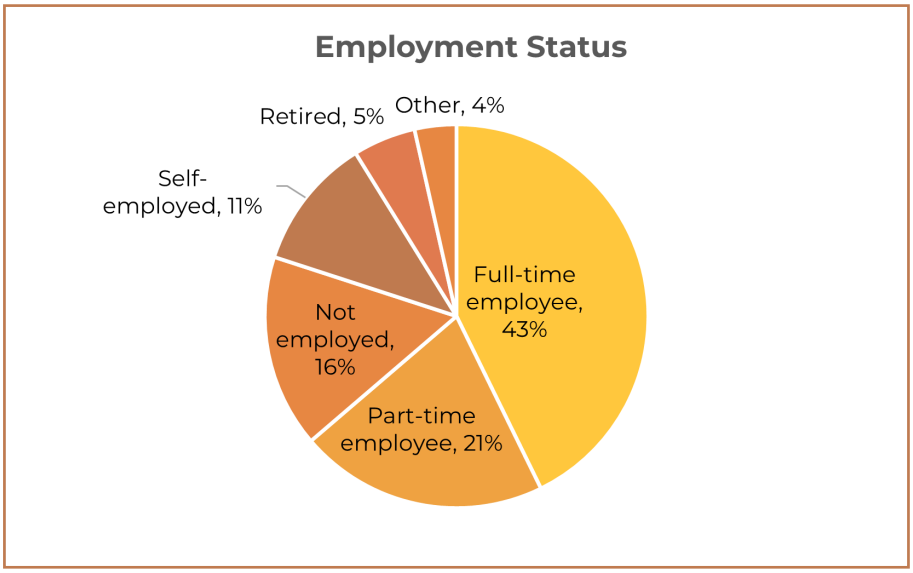
Household Income: 476 respondents indicated their household income. 25% reported $25-50K, 24% reported a household income of less than $25K. 21% had a household income between $50K-100K with 14% reporting $100K-150K. 6% had a household income between $150K-200K or $200K-300K and 2% indicated a household income of $300K-400K or over $400K.

Figure 9: Household Income of Survey Respondents



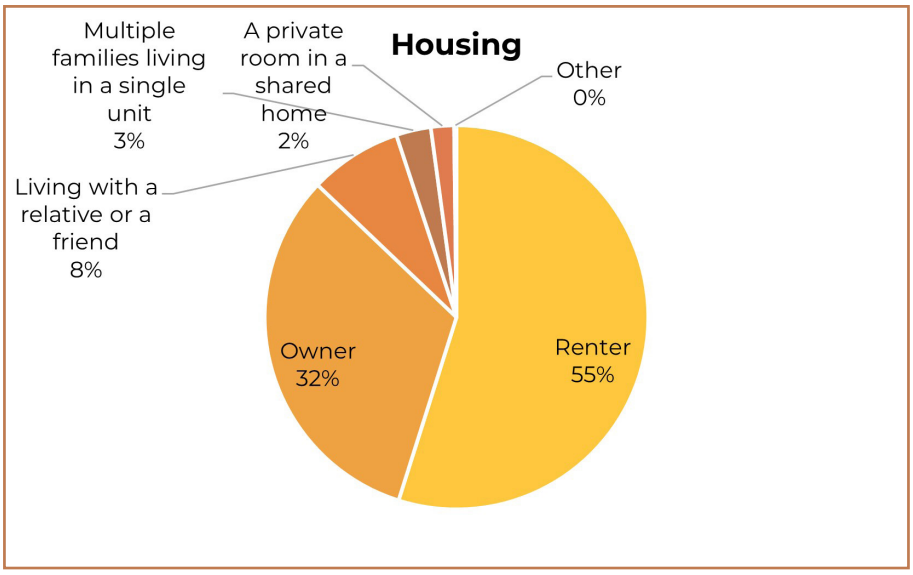
Employment Status: 510 respondents reported on their employment status. 43% worked full- time jobs, 21% worked part-time, 16% indicated they were not employed, 11% indicated they were self- employed, 5% were retired and 4% indicated Other.

Figure 10: Employment Status



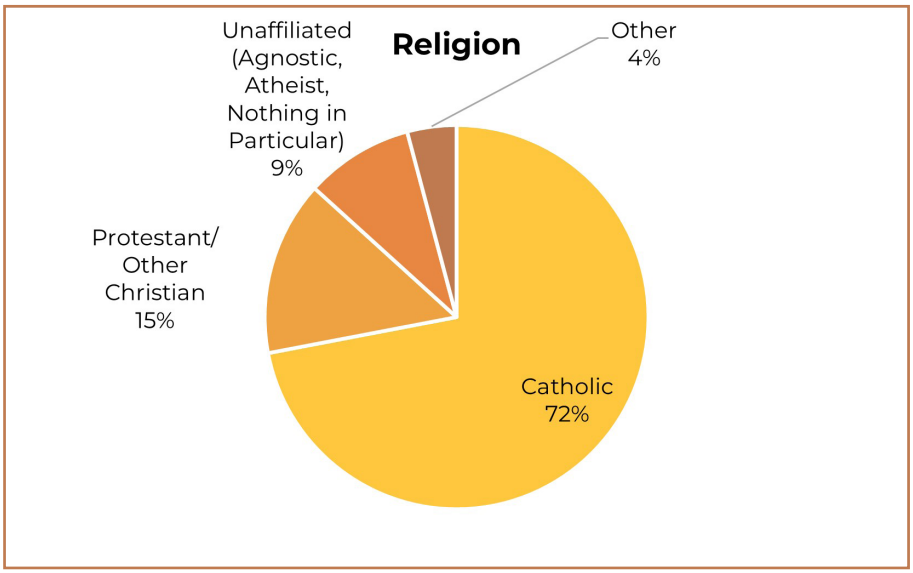
Housing Situation: 512 respondents shared their Housing Situation. 55% were renting, while 32% owned their home. 8% indicated they were living with a relative or friend, 3% indicated multiple families living in a single unit, 2% recorded they lived in a private room in a shared home.

Figure 11: Housing Situation of Survey Respondents



Religion: 482 respondents answered this question. 72% identified as Catholic, 15% as Protestant/ Other Christian while 9% identified as Unaffiliated and 4% responded as Other.

Figure 12: Religion



Municipality: Almost half of the survey respondents were from New Rochelle (49.3%)†. Residents from the following municipalities were also well represented in the surveys: Yonkers (9%), Mount Kisco (6.4%), White Plains (6.2%), Ossining (3.8%), Mamaroneck (3.5%), Port Chester (2.8%), Mount Pleasant (2.6%), Bedford (1.9%), Peekskill (1.6%), Mount Vernon (1.3%), Greenburgh (1.3%), Other/No Reponse (1.3%) and Sleepy Hollow (1.1%). Residents from the other Westchester municipalities represented less than 1% each, as described in Table 2.

Table 2: Responses by Municipality

Municipality	Total	Percentage
New Rochelle, City of	866	49.3%
Yonkers, City of	158	9.0%
Mount Kisco, Town of	113	6.4%
White Plains, City of	109	6.2%
Ossining, Town of	66	3.8%
Mamaroneck, Town of	61	3.5%
Port Chester, Village of	50	2.8%
Mount Pleasant, Town of	46	2.6%
Bedford, Town of	34	1.9%
Peekskill, City of	28	1.6%
Other/No Reponse	23	1.3%
Greenburgh, Town of	22	1.3%
Mount Vernon, City of	22	1.3%
Sleepy Hollow, Village of	19	1.1%
Cortlandt, Town of	15	0.9%
Eastchester, Town of	14	0.8%
Yorktown, Town of	13	0.7%
Elmsford, Village of	10	0.6%
Tarrytown, Village of	9	0.5%
Croton-on-Hudson, Village of	8	0.5%

Municipality	Total	Percentage
Harrison, Town of	8	0.5%
Somers, Town of	8	0.5%
Scarsdale, Town of	7	0.4%
Dobbs Ferry, Village of	5	0.3%
Lewisboro, Town of	5	0.3%
North Salem, Town of	5	0.3%
Rye Brook, Village of	5	0.3%
North Castle, Town of	4	0.2%
Pelham, Village of	4	0.2%
Rye, City of	4	0.2%
Irvington, Village of	3	0.2%
Briarcliff Manor, Village of	2	0.1%
Buchanan, Village of	2	0.1%
Hastings-on-Hudson, Village of	2	0.1%
New Castle, Town of	2	0.1%
Pelham Manor, Village of	2	0.1%
Pound Ridge, Town of	2	0.1%
Pelham, Town of	1	0.1%
Rye, Town of	1	0.1%
Total	**1758**	**100%**

† *Outreach may have resulted in a higher number of New Rochelle respondents, given the comparatively larger number of elected officials residing in New Rochelle than in Yonkers. Table 2 disaggregates responses by municipality size.*

Differences of Survey Respondents by Survey Language

Survey respondents differed in their responses based on the survey language for most of the demographic indicators.

Gender: Female respondents showed a higher preference for completing the questionnaires in both English and Spanish when compared to male respondents.

Language Spoken at Home: Those who reported speaking Spanish at home were more likely to complete the survey in Spanish.

Race/Ethnicity: Survey participants of Hispanic and Latina/Latino origin preferred to complete the questionnaire in Spanish whereas participants who were Non-Hispanic or Latina/Latino preferred filling out the questionnaire in English.

Education: Survey respondents with a high school degree and less, and those with some college education showed a preference for completing the questionnaire in Spanish. Participants who had a college degree or more and some college education preferred to complete the questionnaire in English.

Country of Origin: Those born outside the U.S. showed a preference for completing the survey in Spanish. Participants born in the U.S. preferred to complete the survey in English.

Household Size: Survey participants residing in a household of three members or fewer showed a preference for completing the questionnaire in English. Respondents who were part of a household comprised of four or more members were more likely to complete the survey in Spanish.

Employment Status: Participants who had a full-time job preferred to complete the survey in English whereas those who were self-employed or employed on a part-time basis preferred to complete the questionnaire in Spanish.

Homeownership Status: Survey participants who were renters were more likely to complete the questionnaire in Spanish. Those who were owners preferred to complete the survey in English.

Religion: Those who identified as Catholics preferred to complete the survey in Spanish.

Top Community Priorities

Survey respondents identified the following top priority domains:

FIRST
Families, Children and Seniors

SECOND
Mental and Physical Health

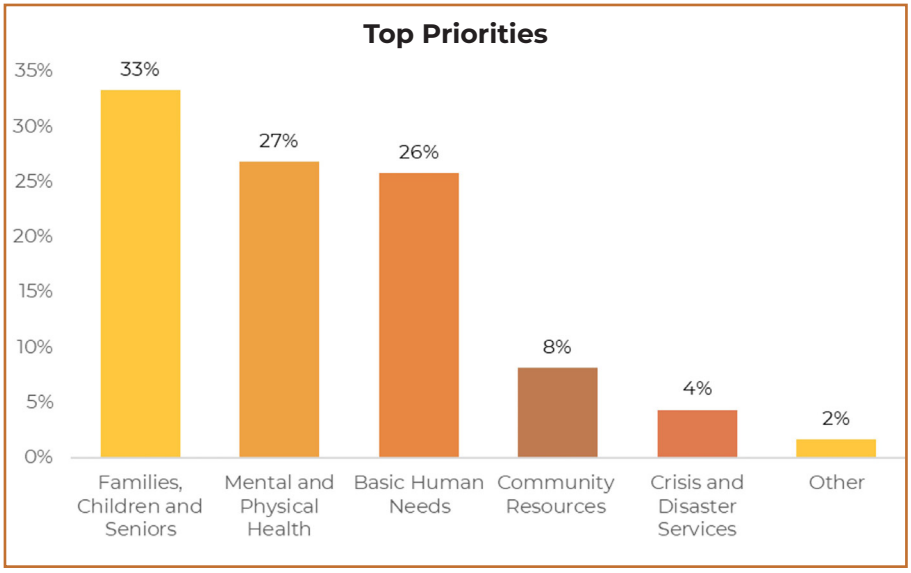
THIRD
Basic Human Needs

FOURTH
Community Resources

FIFTH
Crisis & Disaster Services

Participants ranked the five categories of community services from the highest to the lowest priority. Services included in the Families, Children and Seniors ranked the highest (33%), followed by services in those in the Mental and Physical Health category (27%), and those in the Basic Human Needs category (26%). The lowest priorities were directed to services in the Community Resources (8%), Crisis and Disaster Services (4%) and Other (2%) categories.

Figure 14: Top Priorities

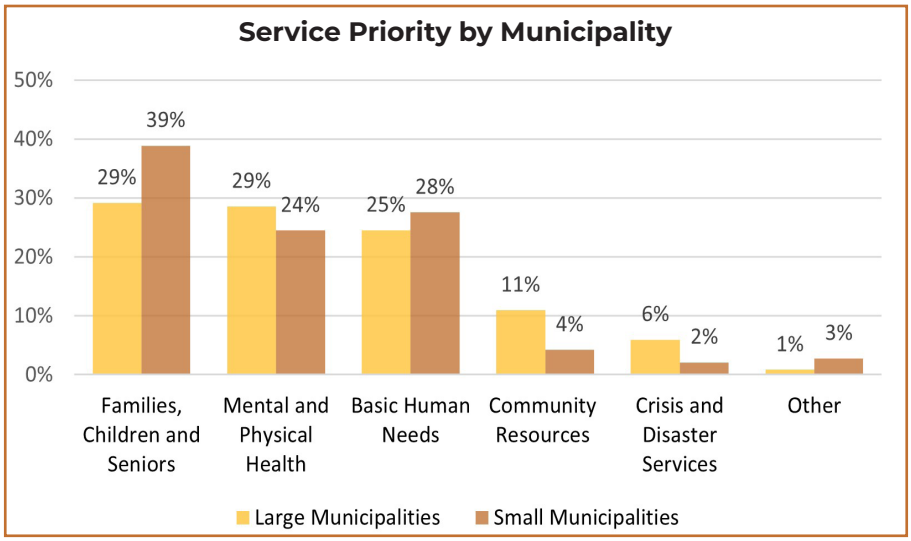


Service Priorities by Community

To assess whether municipal context influenced stated priorities, we examined large municipalities (i.e., Mount Vernon, New Rochelle, White Plains, Yonkers) versus small municipalities. The patterns are broadly consistent with countywide results, with modest shifts in emphasis.

- Residents from large municipalities placed a lower priority on Families, Children and Seniors than residents from small municipalities.
- Residents from large municipalities placed a slightly higher priority on Mental and Physical Health services than their counterparts.
- Residents from large municipalities placed a slightly lower priority on Basic Human Needs compared with residents in small municipalities.
- The same residents place a higher prioirty on services in the Community Resources and Crisis and Disaster categories.

Figure 15: Service Priority by Municipality



Gap Analysis:
Families, Children and Seniors

Participants indicated their perceived level of importance and how the need for a service was met by using a 1-5 scale with 5 being the most important and highest degree of need being met. Table 3 below shows that, overall, the Westchester County Hispanic community needs improvement in all the areas to close the service gap. All but two service areas (e.g., digital access, and free/subsidized lunch) in this category showed a service gap larger than one unit. The top unmet needs that show a very high need (where the gap between the perceived level of importance and how the need for a service was met was 1.5 units and higher) include:

- Parent training
- Special needs services for adults and children
- Elder care options

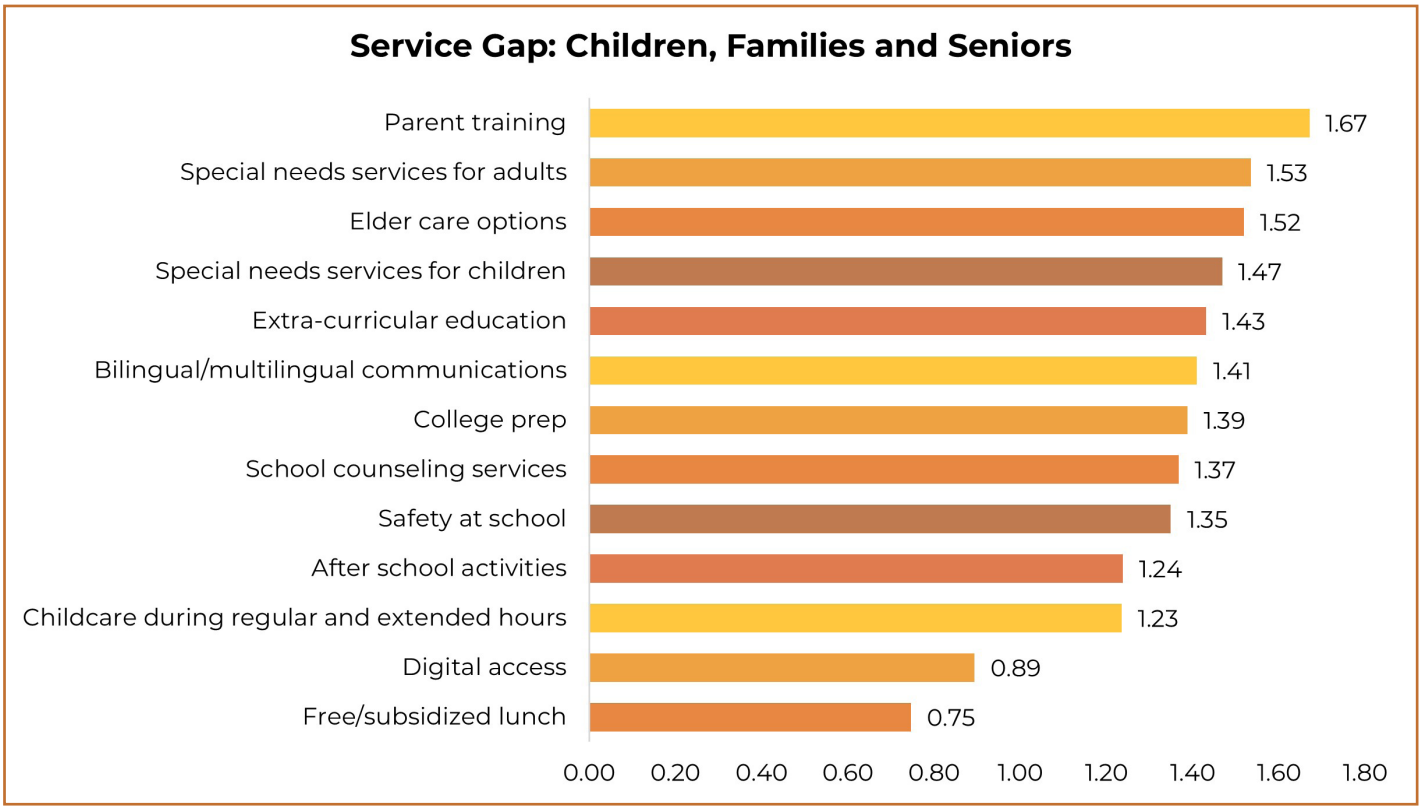
Table 3: Service Gaps - Families, Children and Seniors

Service	Importance	Needs Met	Gap
Parent Training	4.45	2.78	1.67
Special Needs Services for Adults	4.44	2.91	1.53
Elder Care Options	4.40	2.88	1.52
Special Needs Services for Children	4.53	3.06	1.47
Extra-Curricular Education	4.55	3.12	1.43
Bilingual/Multilingual Communications	4.55	3.14	1.41
College Prep	4.60	3.22	1.39
School Counseling Services	4.62	3.26	1.37
Safety at School	4.73	3.38	1.35
After School Activities	4.38	3.14	1.24
Childcare during Regular and Extended Hours	4.27	3.04	1.23
Digital Access	4.34	3.45	0.89
Free/Subsidized Lunch	4.31	3.57	0.75
N=745			
Scale of 1 to 5 where 5 indicates the highest level of perceived importance and degree to which the need is being met.			

Services that show a high need that varies between one and 1.5 points include services related to education and childcare, as follows:

- Extra-curricular education
- Bilingual/multilingual communications
- College prep
- School counseling services
- Safety at school
- After school activities
- Childcare during regular and extended hours

Figure 16: Service Gap - Families, Children and Seniors



Gap Analysis:
Mental and Physical Health

Mental and Physical Health was the second largest ranked service category by the Westchester Hispanic community, with 27% of participants indicating support for it. It's important to note that all services in this category contain a need gap that is above one point, as described in Table 4. The top unmet needs with a very high service gap (exceeding one and a half points) include:

- Youth and adult suicide counseling and intervention
- Emotional/Behavioral/Mental health care
- Youth and adult prevention and treatment of substance use
- Healthcare for uninsured or under-insured people
- Counseling services
- Rehabilitation services

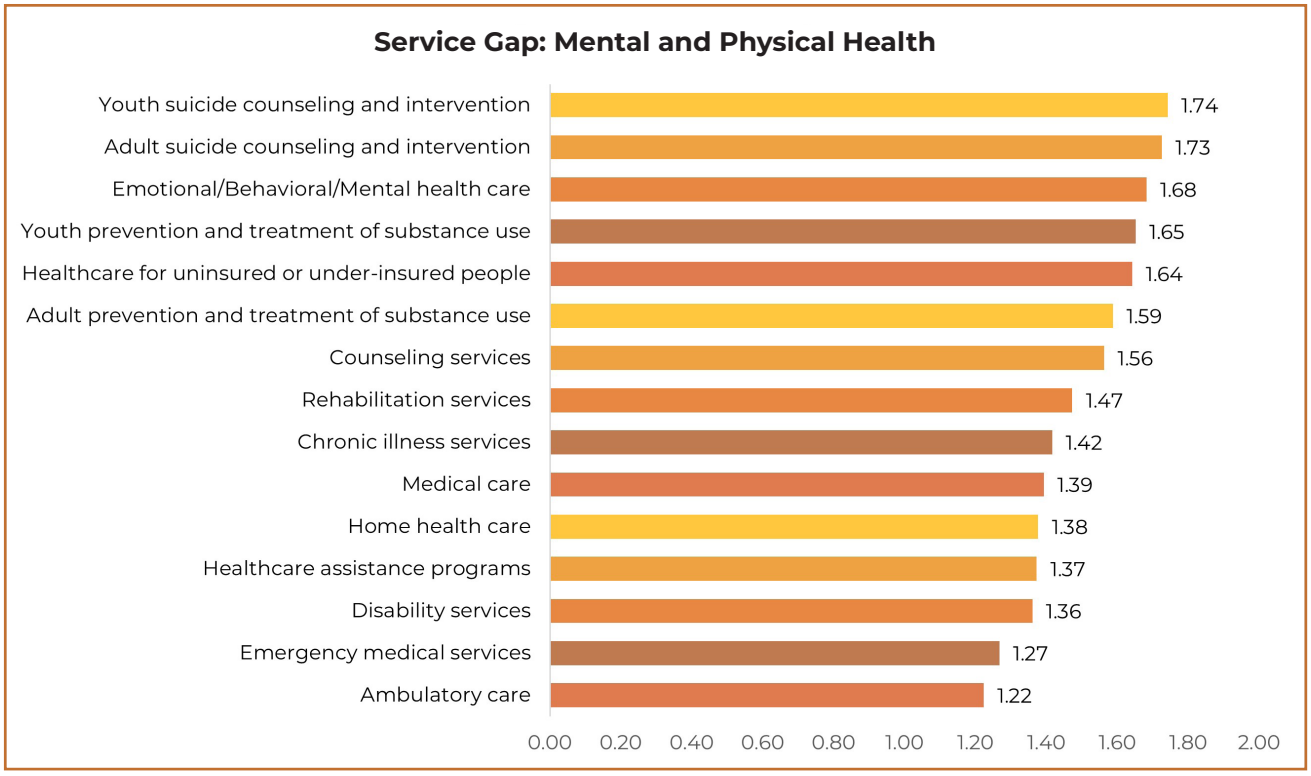
Table 4: Service Gap - Mental and Physical Health

Service	Importance	Needs Met	Gap
Youth suicide counseling and intervention	4.51	2.77	1.74
Adult suicide counseling and intervention	4.47	2.74	1.73
Emotional/Behavioral/Mental health care	4.49	2.80	1.68
Youth prevention and treatment of substance use	4.45	2.80	1.65
Healthcare for uninsured or under-insured people	4.47	2.83	1.64
Adult prevention and treatment of substance use	4.33	2.75	1.59
Counseling services	4.38	2.81	1.56
Rehabilitation services	4.34	2.87	1.47
Chronic illness services	4.48	3.06	1.42
Medical care	4.57	3.18	1.39
Home health care	4.35	2.97	1.38
Healthcare assistance programs	4.34	2.97	1.37
Disability services	4.38	3.02	1.36
Emergency medical services	4.64	3.37	1.27
Ambulatory care	4.48	3.25	1.22
N=957			
Scale of 1 to 5 where 5 indicates the highest level of perceived importance and degree to which the need is being met.			

The remaining Mental and Physical Health services show a high need that varies between 1 and 1.5 points and include the following:

- Chronic illness services
- Medical care
- Home healthcare
- Healthcare assistance programs
- Disability services
- Emergency medical services
- Ambulatory care

Figure 17: Service Gap - Mental and Physical Health



Gap Analysis:
Basic Human Needs

The third highest ranked service category was Basic Human Needs with 26% of the survey participants indicating support for it. Results presented in Table 5 show that all the service needs identified by the Westchester County Hispanic residents show a needs gap larger than one point. The services that show the highest need (1.5 points and higher) in this category are:

- Affordable and quality housing
- Housing assistance
- Preventing bias, discrimination and racism
- Literacy training
- Immigration assistance
- English as a second language
- Shelter services

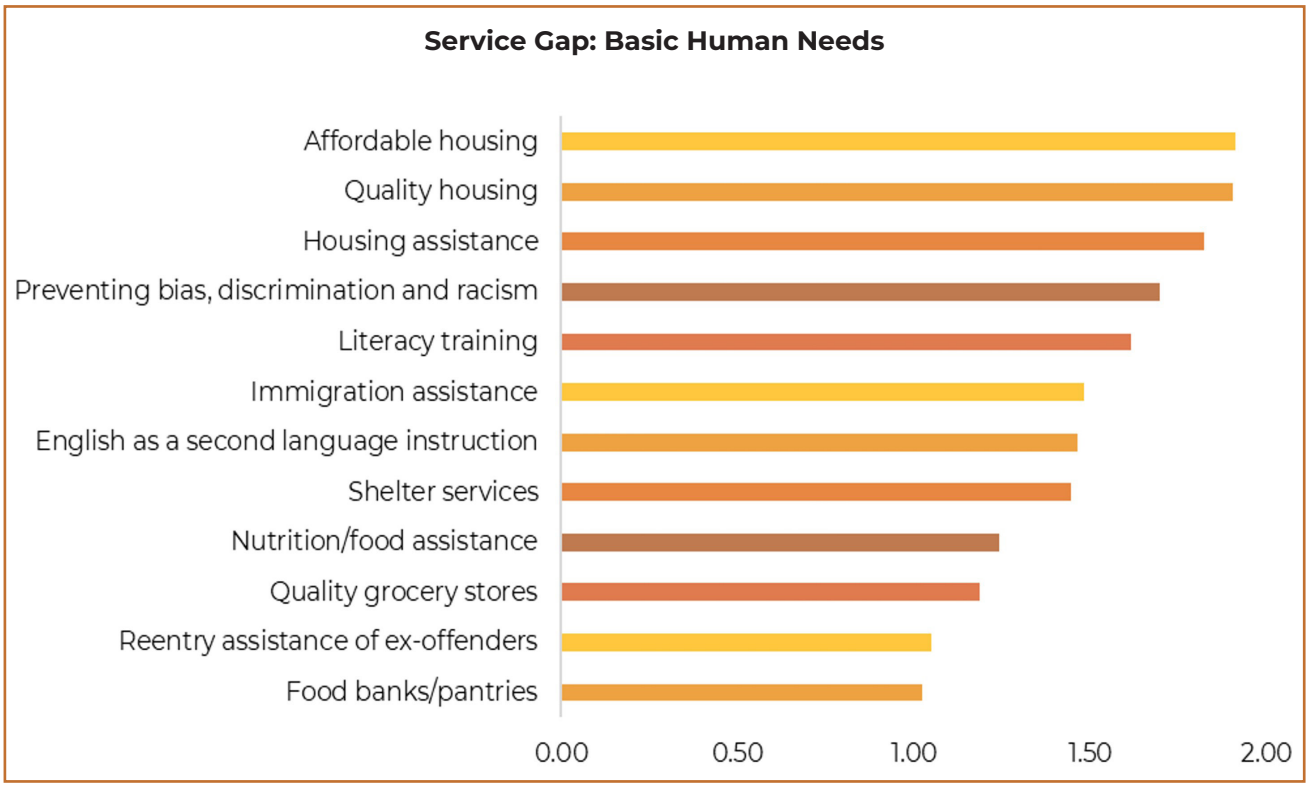
Table 5: Service Gaps - Basic Human Needs

Service	Importance	Needs Met	Gap
Affordable Housing	4.56	2.65	1.91
Quality Housing	4.63	2.72	1.91
Housing Assistance	4.40	2.58	1.82
Preventing Bias, Discrimination and Racism	4.44	2.74	1.70
Literacy Training	4.38	2.76	1.62
Immigration Assistance	4.20	2.72	1.48
English as a Second Language Instruction	4.40	2.93	1.46
Shelter Services	4.11	2.66	1.45
Nutrition/Food Assistance	4.42	3.18	1.24
Quality Grocery Stories	4.53	3.34	1.19
Reentry Assistance for Ex-offenders	3.69	2.64	1.05
Food banks/Pantries	4.28	3.26	1.03
N=606			
Scale of 1 to 5 where 5 indicates the highest level of perceived importance and degree to which the need is being met.			

The remaining Basic Needs Services show a high need that varies between 1 and 1.5 points and include the following:

- Nutrition/food assistance
- Quality grocery stores
- Reentry assistance of ex-offenders
- Food banks/ pantries

Figure 18: Service Gap - Basic Human Needs



Gap Analysis: Community Resources

Community Resources is the fourth largest ranked service category by the Westchester County Hispanic community, with 8% of participants indicating support for it. The gap analysis for the services in the Community Resources category is presented in Table 6. Overall, the services that were perceived to have the highest need (more than 1.5-point gap) in this category are:

- Employment opportunities
- Job placement services
- Street parking
- Opportunities to contribute to community decisions

Table 6: Service Gap - Community Resources

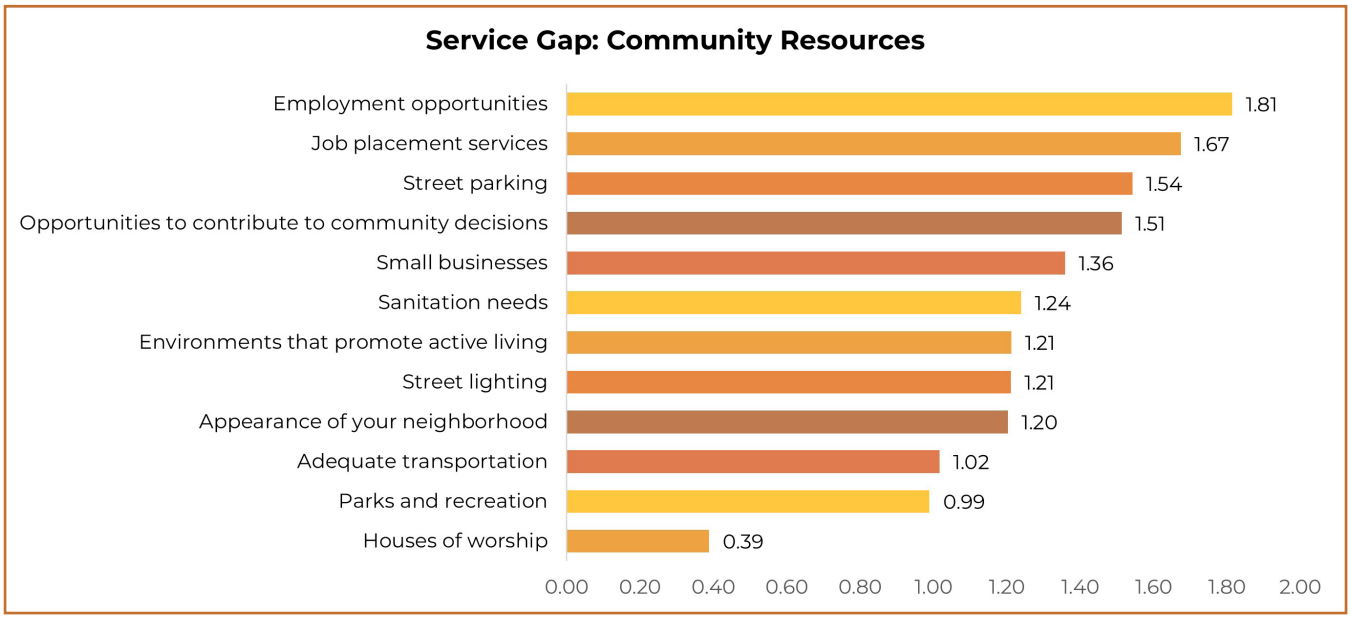
Service	Importance	Needs Met	Gap
Employment Opportunities	4.57	2.76	1.81
Job Placement Services	4.35	2.68	1.67
Street Parking	4.27	2.73	1.54
Opportunities to Contribute to Community Decisions	4.31	2.80	1.51
Small Businesses	4.32	2.97	1.36
Sanitation Needs	4.59	3.35	1.24
Environments that Promote Active Living	4.27	3.06	1.21
Street Lighting	4.50	3.29	1.21
Appearance of your neighborhood	4.32	3.12	1.20
Adequate Transportation	4.33	3.32	1.02
Parks and Recreation	4.44	3.45	0.99
Houses of Worship	3.70	3.32	0.39
N=1068			
Scale of 1 to 5 where 5 indicates the highest level of perceived importance and degree to which the need is being met.			

Services that show a high need that varies between one and 1.5 points include the following:

- Small businesses
- Sanitation needs
- Environments that promote active living
- Street lighting
- Adequate transportation
- Parks and recreation

One service, houses of worship, was perceived as a low priority by the survey participants.

Figure 19: Service Gap - Community Resources



Gap Analysis:
Crisis and Disaster Services

Crisis and Disaster Services is the lowest ranked service category by the Westchester County Hispanic community, with 4% of participants indicating support for it. The gap analysis for the services in the Community Resources category is presented in Table 7. Overall, the services that were perceived to have the highest need (exceeding 1.5 points) in this category are:

- Crime prevention
- Disaster assistance
- Victim assistance
- Emergency recovery

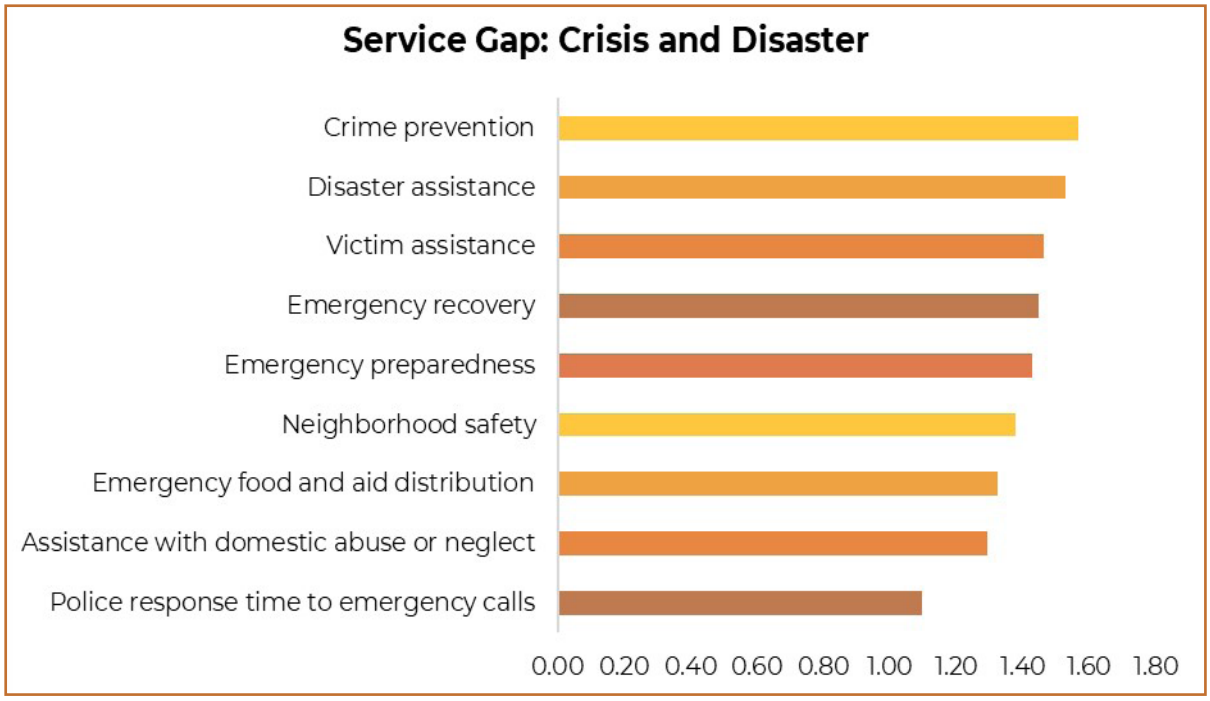
Table 7: Service Gap - Crisis and Disaster Services

Service	Importance	Needs Met	Gap
Crime Prevention	4.69	3.13	1.57
Disaster Assistance	4.66	3.13	1.53
Victim Assistance	4.65	3.19	1.46
Emergency Recovery	4.60	3.15	1.45
Emergency Preparedness	4.66	3.23	1.43
Neighborhood Safety	4.65	3.27	1.38
Emergency Food and Aid Distribution	4.59	3.26	1.32
Assistance with Domestic Abuse or Neglect	4.57	3.28	1.29
Police Response Time to Emergency Calls	4.65	3.55	1.10
N=525			
Scale of 1 to 5 where 5 indicates the highest level of perceived importance and degree to which the need is being met.			

The remaining Crisis and Disaster Services show a high need that varies between 1 and 1.5 points and include the following:

- Emergency preparedness
- Neighborhood safety
- Emergency food and aid distribution
- Assistance with domestic abuse or neglect
- Police response time to emergency calls

Figure 20: Service Gap - Crisis and Disaster Services



Overall Largest Gaps

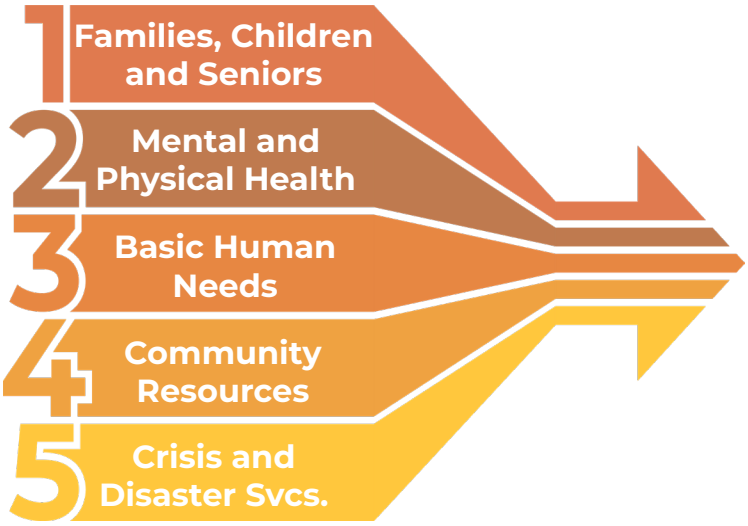
The top ten services that emerged as overall need priorities in the Westchester County Hispanic community fall in three broad categories of the community needs assessment, as follows: Basic Human Needs, Mental and Physical Health and Children, Families and Seniors.

As depicted in Table 8 and Figure 21, the following top unmet service needs identified by the survey respondents are part of the Basic Human Needs category, as follows:

- Affordable/quality housing
- Housing assistance
- Employment opportunities
- Preventing bias, discrimination and racism
- Job placement services

Table 8: Overall Largest Gaps in Meeting Needs

Service	Importance	Needs Met	Gap
Affordable/Quality Housing	4.56	2.65	1.91
Housing Assistance	4.40	2.58	1.82
Employment Opportunities	4.57	2.76	1.81
Youth Suicide Counseling and Intervention	4.51	2.77	1.74
Adult Suicide Counseling and Intervention	4.47	2.74	1.73
Preventing Bias, Discrimination and Racism	4.44	2.74	1.70
Emotional/Behavioral/Mental Health Care	4.49	2.80	1.68
Job Placement Services	4.35	2.68	1.67
Parent Training	4.45	2.78	1.67
Youth Prevention and Treatment of Substance Use	4.45	2.80	1.65
Scale of 1 to 5 where 5 indicates the highest level of perceived importance and degree to which the need is being met.			



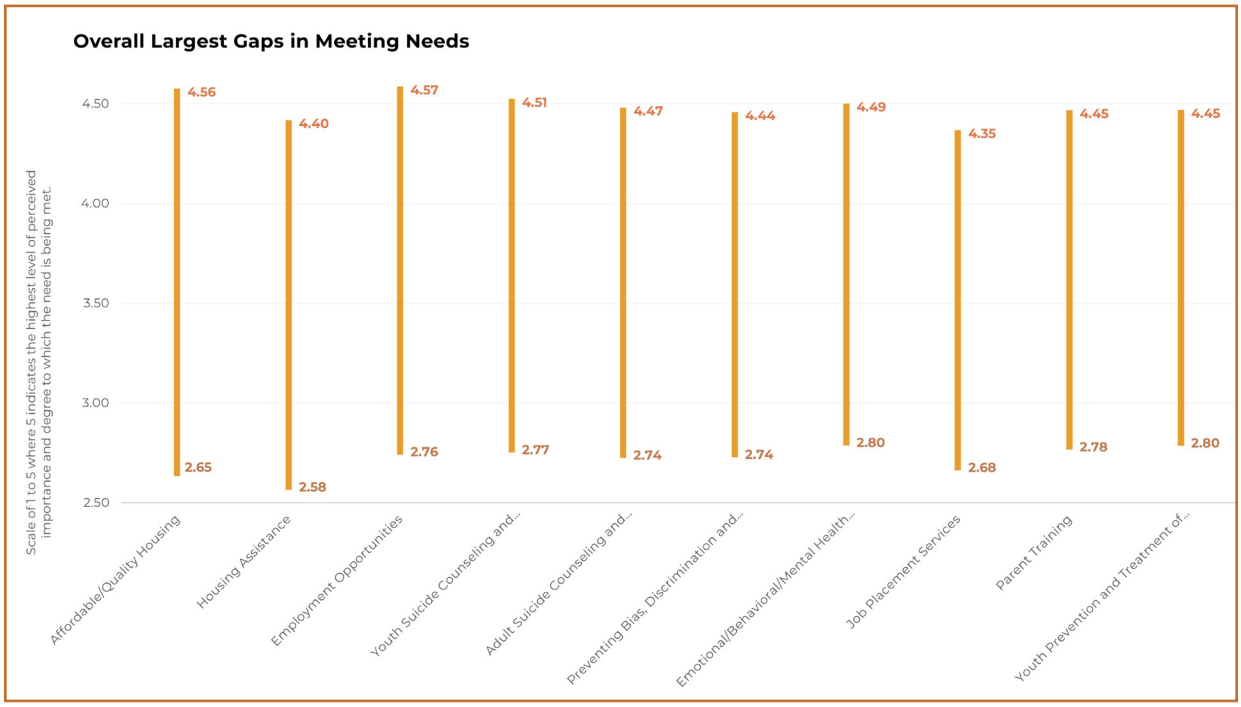
Affordable/Quality Housing
Parent Training
Suicide Counseling & Intervention (Youth & Adult)
Emotional/Behavioral/Mental Health Services
Youth Prevention & Treatment of Substance Use
Preventing Bias, Discrimination and Racism
Housing Assistance
Employment Opportunities
Job Placement Services
Special Needs Services for Adults

Four services in the Health Services category made the top ten list of priorities for the Hispanic residents in Westchester County. These are:

- Youth suicide counseling and intervention
- Adult suicide counseling and intervention
- Emotional/behavioral/mental health care
- Youth prevention and treatment of substance use

Only one service in the top ten priorities of the survey respondents – parent training - comes from the Children, Families and Seniors category.

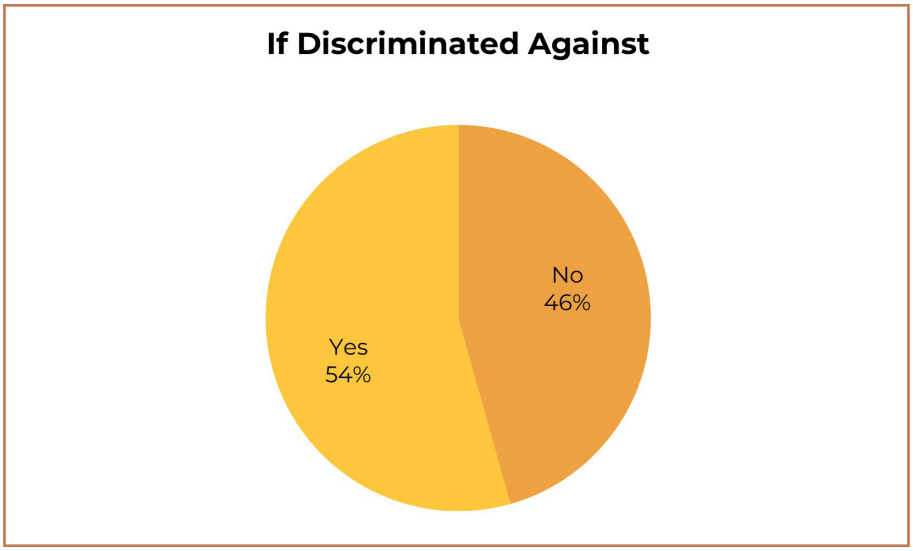
Figure 21: Overall Largest Gaps in Meeting Needs



Discrimination and Bias

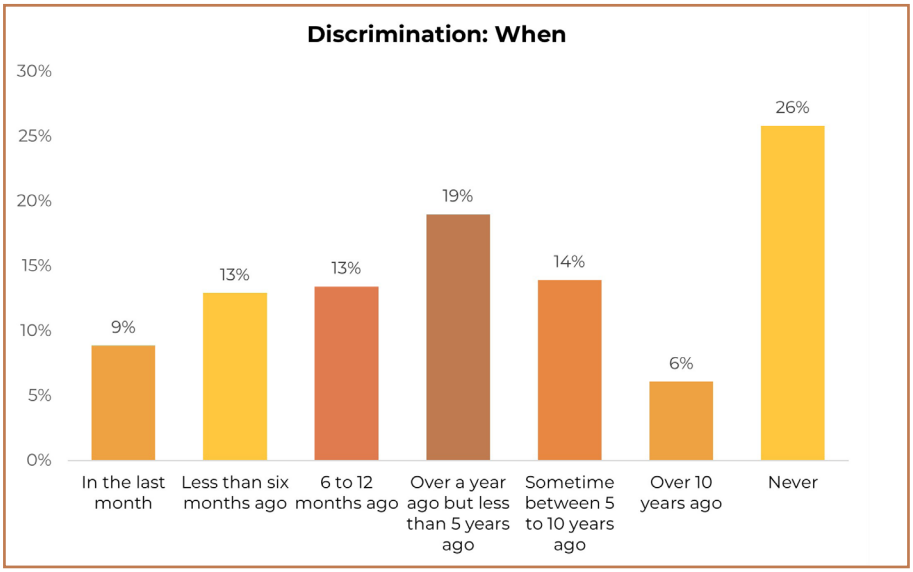
Survey participants were also asked to share if and when they experienced discrimination, and to identify the environments they were prone to discrimination. Among the 528 survey participants who responded to this question, 54% reported feeling discriminated against. Of those, 26% said this occurred within the past year. Respondents cited racism, immigration status, language barriers, and housing discrimination as common causes.

Figure 22: If Discriminated Against



As shown in Figure 23, 26% of the 395 respondents said they never felt discriminated against, while 19% indicated this happened over a year ago but within the last 5 years; 14% said they were discriminated sometime between 5-10 years ago, 13% answered they were discriminated less than 6 months ago, another 13% between 6 to 12 months ago, 9% in the last month and 6% more than 10 years ago.

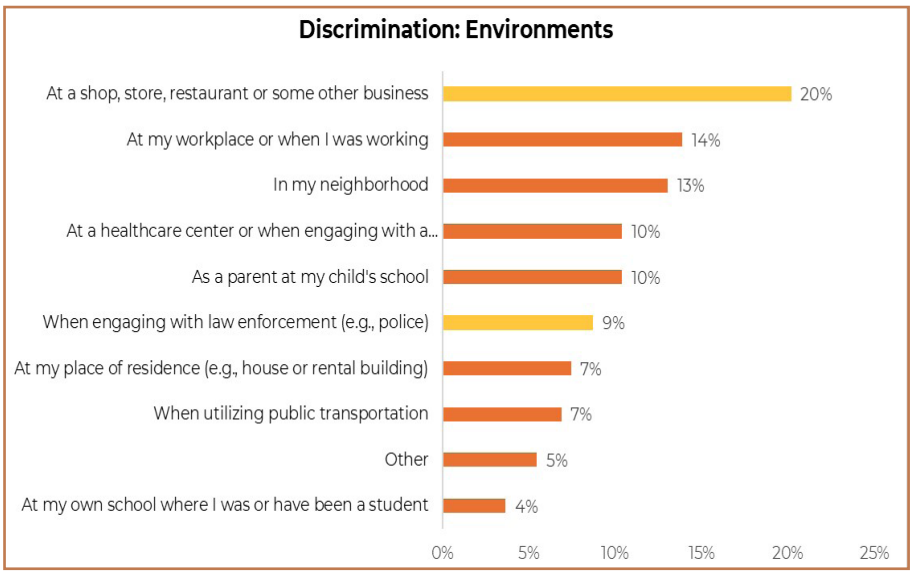
Figure 23: Discrimination - When



The statistics of Figure 23 show that more than a third of the survey respondents (35%) or 1 in 3 respondents indicated they were discriminated against in the last year, followed by 1 in 5 participants who indicated they were discriminated against sometime between a year and five years ago, and another 1 in 5 participants who indicated they were discriminated against sometime between 5 and over 10 years ago.

Figure 24 describes the discrimination environments that were identified by survey participants. It should be noted that respondents could have selected several different environments, and this figure shows the overall magnitude of rather than single preferences for environments in which respondents indicated they were discriminated in. Survey participants indicated that 20% of the discrimination environments were represented by shops, stores, restaurants or some other business, followed by 14% representing their workplaces, 13% representing their neighborhood, 10% representing healthcare centers, another 10% representing the school of their children, 9% representing interactions with police or law enforcement, their place of residence (7%), public transit (7%), other environment (5%), and at their own school (4%).

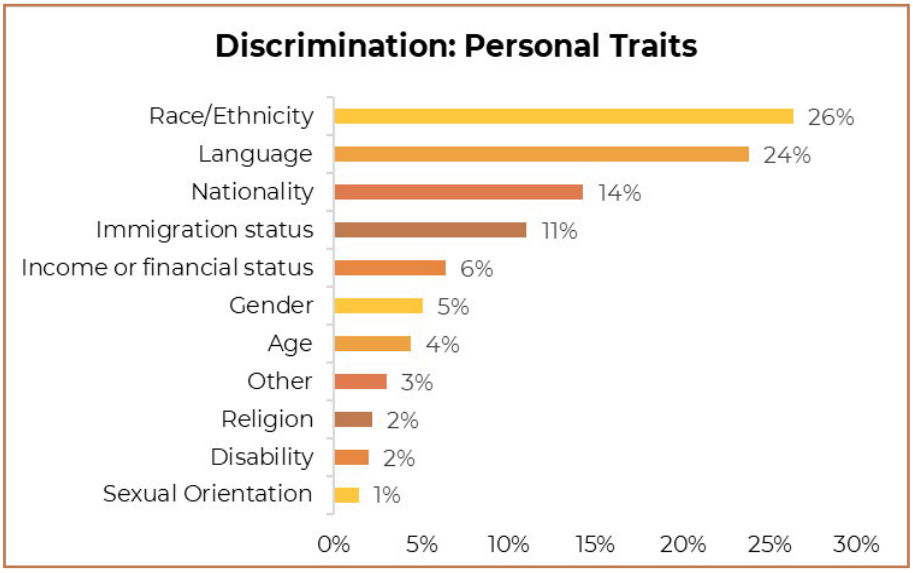
Figure 24: Discrimination: Environments



These statistics suggest that almost half (47%) of instances of discrimination happened when shopping or dining, in the workplaces and community neighborhoods. Another 30% of discrimination instances occurred at healthcare centers, childrenschildren's school, and in interactions with law enforcement.

The survey also asked participants to indicate the personal traits they were discriminated against. Similar to the previous figure, Figure 25 describes the perception of all the personal traits that respondents perceived to be the basis of their discrimination. Survey participants indicated race/ethnicity (26%) and language (24%) to be the most used personal traits to discriminate against them. Nationality and immigration status came in third and fourth places with 14% and 11%, followed by income or financial status (6%), gender (5%), age (4%), other traits (3%), religion (2%), disability (2%), and sexual orientation (1%).

Figure 25: Discrimination - Personal Traits



These statistics show that half of the survey respondents indicated they were discriminated against based on their race/ethnicity and their language, and another quarter of participants reported they were discriminated based on their nationality and immigration status.

Lastly, survey participants were asked to indicate the challenges they faced as immigrants and those they witnessed about at least one immigrant family member. Table 9 describes participant responses to both questions. The top two challenges faced as immigrants that were identified by respondents were reaching a pathway to citizenship (65%) and accessing legal services (64%), followed by securing work, and accessing transportation (60% each). The next challenges faced immigrants that were identified by respondents referred to affordable housing (59%), raising children and helping them succeed in school (59%), accessing healthcare (57%), learning and speaking English, and accessing educational resources (56% each).

Table 9: Challenges Faced as an Immigrant

Challenges	As an Immigrant	With Regard to at Least One Immigrant Family Member	Total
Reaching a Pathway to Citizenship	65%	35%	223
Accessing Legal Services	64%	36%	241
Securing Work	60%	40%	251
Access Transportation	60%	40%	209
Afforable Housing	59%	41%	283
Raising Children and Helping them Succeed in School	59%	41%	246
Accessing Healthcare	57%	43%	252
Learning and Speaking English	56%	44%	326
Accessing Education Resources	56%	44%	216

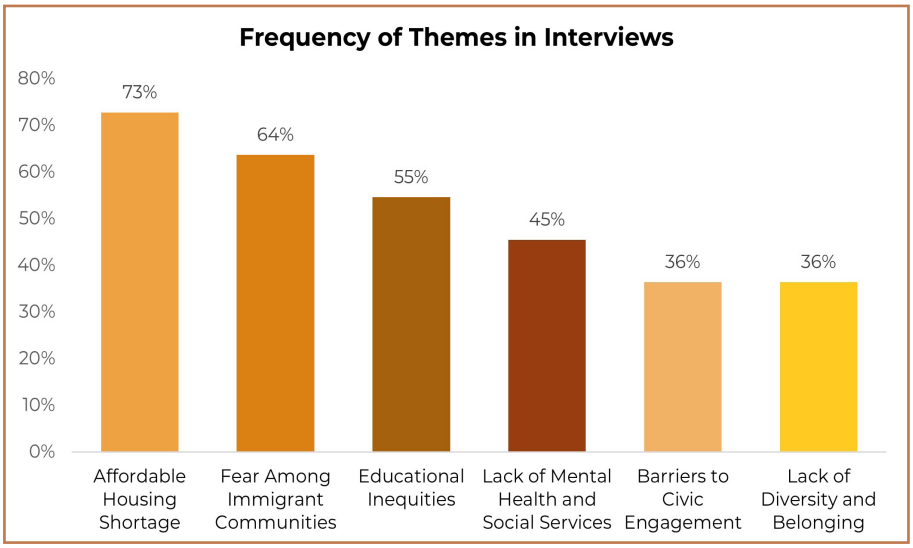
The challenges identified by respondents about at least one immigrant family member had opposite priorities than the ones for immigrants, with challenges related to speaking and learning English, and accessing educational resources being identified as top challenges (44% each). The least challenges perceived by respondents about at least one immigrant family member were identified as reaching a pathway to citizenship and accessing legal services (36% each).

These statistics could be explained by the way immigrants and relatives of immigrants perceive their own/others' integration into the American society, and their immersion in the U.S. life and culture. Those born outside the U.S. seem to identify challenges related to their immigration status and process as the most important ones whereas those born in the U.S. seem to identify acculturation challenges as more important for their immigrant family members.

Interview Themes and Findings

To complement the quantitative survey, the research team conducted eleven semi-structured interviews with community leaders across education, nonprofit, social service, and municipal sectors who serve the Hispanic community in Westchester County. Interviews were conducted between April and August of 2025 and followed a standardized protocol approved by Pace University's Institutional Review Board. The purpose of the interviews was to contextual survey findings and highlight emerging issues not easily captured in surveys.

Figure 26: Interview Themes



Interviews were recorded, transcribed and coded thematically to identify recurring challenges and needs facing the Westchester County Hispanic community. Thematic analysis revealed five major cross-cutting issues, as depicted in Figure 26: affordable housing shortage, fear among immigrant communities, educational inequities, lack of mental health and social services, and barriers to civic engagement.

These interviews followed significant national developments in early 2025 related to immigration enforcement and administrative policy shifts that had noticeable impact on many Hispanic community members in Westchester County.

While the survey responses reflected the pre-election environment, the interviews offered a critical post-election snapshot highlighting how needs, service gaps, and emotional landscapes had evolved in just a few months. Community leaders spoke with urgency about rising fear among immigrants, increasing reluctance to seek services, and deepening concerns related to housing, mental health, and civic engagement. These narratives provide essential insight into the dynamic nature of community needs and reinforce the importance of sustained, adaptive support systems and policies.

Table 10: Interview Themes and Representative Quotes

Theme	Number Interviews of 11	Representative Quotes
Affordable Housing Shortage	8 of 11	"There is no affordable housing for minorities at all or for the elderly there too." *Interview 8*, "Housing: the newer generation may not have the same possibilities as before." *Interview 1*, "Housing is a huge, huge concern for our community." *Interview 9*, "Section 8: the waiting list was 15 years." *Interview 8*, "I do feel like for the generation from about 27 to my age struggles a little more." *Interview 1*, "It's really hard, unless you're making a certain salary." *Interview 8*, "Building luxury apartments pushes out families who need homes." *Interview 1*, "He pays $3,000 in rent and lives in a basement in Port Chester." *Interview 11*
Fear Among Immigrant Communities	7 of 11	"The community right now is in a state of panic and terror." *Interview 10*, "There's a general mistrust of anything having to do with even city government." *Interview 10*, "People need to feel that they have allies in the community." *Interview 10*, "There seems to be this response of cautiousness and fear." *Interview 9*, "Identity is no longer valued or appreciated." *Interview 9*, "People are keeping a low profile: just moving into the shadows." *Interview 9*, "People may be reluctant to access services because they will be afraid that they will be penalized." *Interview 11*
Educational Inequities	6 of 11	'"I wish every child could get the education that they deserve." *Interview 1*, "Educational opportunity and public school systems in Westchester County are stellar: but access varies." *Interview 9*, "Some of the schools: there's a very much of a divide." *Interview 1*, "The teachers are none of them are Latin or, uh, you know, any other nationality." *Interview 8*, "The special ed programs: they cut the funding." *Interview 8*, "If the parents would have had that 'training'... maybe things would be better." *Interview 11*
Lack of Mental Health and Social Services	5 of 11	'"There are no mental service programs: for Latinos." *Interview 8*, "The waiting list is crazy." *Interview 8*, "There is nothing in Spanish." *Interview 8*, "If they had the perfect scenario of teachers that wanted to help: it would make the person feel so much more confident." *Interview 1*, "Mental illness, depression, isolation, anxiety... is something that is very real." *Interview 11*
Barriers to Civic Engagement	4 of 11	'"Some people don't know where to go or who to speak to, to say that they need housing." *Interview 1*, "The messaging has not been clear." *Interview 10*, "We need to be loud in supporting our immigrant populations." *Interview 10*, "They may not understand that local government versus federal is very different." *Interview 11*
Lack of Diversity and Belonging	4 of 11	"Diversity in my community is very, very, very slow." *Interview 8*, "I still don't feel like I belong." *Interview 8*, "That's one way of keeping them out." *Interview 8*, "Every event that they have they ask them to dance the Mexican dance... I'm sick of that." *Interview 11*

Affordable housing was sited as the most critical structural barrier affecting Hispanic community members. Interviewees emphasized that rising rents, long waiting lists for affordable units, and discriminatory housing practices have pushed families into overcrowded or unstable living conditions. Calls for culturally competent housing navigation services and tenant protections were common.

"There is no affordable housing for minorities at all or for the elderly there too." – Interview 3

"The community right now is in a state of panic and terror." – Interview 2

Interviewees reported widespread fear among immigrant families, especially those with mixed documentation status, due to news of immigration enforcement actions, misinformation, and mistrust in public systems. This fear was cited as a deterrent to seeking help, attending public meetings, or reporting problems such as wage theft or domestic violence. Leaders urged more trauma-informed outreach and immigrant-friendly policies.

There was strong agreement that mental health services for Hispanic youth and families are critically limited. Leaders cited long waitlists, few Spanish-speaking clinicians, stigma, and lack of culturally grounded approaches.

"There are no mental service programs for Latinos." – Interview 8

"Some people don't know where to go or who to speak to, to say that they need housing." – Interview 1

Interviews also noted that mental health and substance use intersects with housing insecurity, school performance, and legal stress. Several interviewees discussed a lack of awareness and engagement in local civic processes among Hispanic residents. Challenges included confusing eligibility for programs, lack of translation at public meetings, and feelings of disconnection from decision makers. Interviewees called for more leadership pathways for Hispanic youth, better public meeting accessibility, and investment in trusted community navigators.

"People need to feel that they have allies in the community." – Interview 10

While each of these five themes were distinct, several cross-cutting themes emerged:

1. Language access is a systemic barrier in housing, health, education and civic life.
2. Cultural competence is not just about translation: it requires trust, familiarity and relevance.
3. Intergenerational concerns surfaced repeatedly, particularly around youth mental health, senior care, and family cohesion.
4. Underutilization of services was often cited as driven by fear, lack of awareness and systemic exclusion.
5. These qualitative findings both validate and deepen the quantitative survey results, offering a narrative framework for public action and policy development which is drawn upon in the recommendations section below.

Conclusion

This 18-month community-engaged research initiative has revealed both the resilience and the urgent unmet needs of Hispanic communities across Westchester County. Drawing on over 1,750 multilingual survey responses and ten in-depth interviews with leaders from nonprofit, government, and education sectors, the study surfaces actionable insights into the lived realities of a population facing compounded challenges around affordability, access, and belonging. It is important to note that for some community members, a barrier of access to technology may limit their representation in this study.

Across the County, Hispanic residents are more likely to be renters, have household incomes under $50,000, and report experiences of discrimination. Despite long-term residency, with more than two-thirds have lived in the U.S. for over a decade, many face persistent barriers to equitable access in housing, health, education, and civic engagement.

The five key priority domains identified: Families, Children, and Seniors; Mental and Physical Health; Basic Human Needs; Community Resources; and Crisis & Disaster Services, overlap significantly with the areas showing the largest service gaps. These findings suggest that Westchester's Hispanic population is not only aware of where help is most needed but is actively under-supported in precisely those areas.

Discrimination and bias emerged as a significant cross-cutting issue, with 54% of respondents reporting experiences of bias, often tied to immigration status, language use, or racial/ethnic identity. Interviews confirmed that these experiences contribute to fear and underutilization of services.

Taken together, the findings suggest that policy and funding interventions must be structured not only to expand services but to build trust and cultural responsiveness into systems of care, communication, and governance. Against the backdrop of shifting federal immigration policy, the survey findings paint a clear quantitative picture, but it is the in-depth interviews with frontline community leaders that reveal the human stakes behind these numbers. Leaders described:

Affordable Housing Shortage: Leaders described rents rising faster than wages, forcing multigenerational "double-ups: and long commutes. As one noted "families are crowded into single rooms just to stay near their jobs."

Fear Among Immigrant Communities: "Families are keeping a low profile," one noted. Raids and rumors have driven many families "into the shadows," suppressing service-seeking and civic participation.

Educational Inequities: Advocates stressed that English-language learners face understaffed programs, and undocumented students are in need of college advising. One warned "The special ed programs? They cut the funding and the bilingual kids lose first."

Lack of Mental Health and Social Services: "If someone could just speak Spanish, it would make the person feel so much more confident," one stakeholder warned, linking depression and substance use to housing and legal stressors.

Barriers to Civic Engagement: Municipal processes remain opaque to many Hispanic community members: "Our town board needs to be very loud in supporting immigrant neighbors."

Recommendations

Policy Recommendations

To address these interconnected challenges, Westchester County should adopt a unified Hispanic/Latino Policy Initiative with specific, coordinated strategies across departments.

1. For advancing services with regard to children, families, and seniors, the County should:
   - Invest in at least five pilot parenting education programs over the next two years, delivered in trusted community-based nonprofits. These initiatives should use culturally tailored curricula similar to Abriendo Puertas / Opening Doors, a nationally recognized program designed for Latino parents of children ages 0–5.
   - Expand subsidies for affordable, extended-hours childcare, particularly in low-income neighborhoods with large Hispanic/Latino populations. Current funds should also be used to increase bilingual outreach to Hispanic/Latino families regarding financial support for childcare.
   - Strengthen elder care through the creation of three bilingual elder care navigator positions within the Department of Senior Programs and Services to help seniors access benefits, transportation, and home care with culturally competent support.
   - Appeal to the NYS legislature to provide schools with dedicated funding to train counselors, special education staff, and contracted interpreters to ensure special needs programs are linguistically accessible, culturally responsive, and integrating special needs students with the broader school community.

2. To reduce health disparities and improve access to health services, the County should:
   - Expand bilingual, culturally competent behavioral health services, including community-based counseling, suicide prevention, and substance use treatment, with a strong focus on youth outreach.
   - Strengthen delivery of affordable, high-quality health services by partnering with trusted community-based organizations and safety-net providers, including federally qualified health centers, to expand care in accessible, linguistically and culturally responsive settings.
   - Invest in navigation and enrollment assistance to connect uninsured and under-insured residents to existing state and federal health coverage programs.
   - Expand low-cost, bilingual primary care services to prioritize preventive care and chronic disease management.
   - Fund long-term workforce development opportunities and hiring incentives to increase the number of bilingual, culturally competent mental health, substance use, and primary care professionals, in partnership with local colleges and training programs.

3. To address socioeconomic barriers related to housing, nutrition, discrimination, and financial needs, the County should:
    - Expand the supply and accessibility of affordable housing to support nonprofit developers; launch new housing construction and preservation projects; expand emergency rental aid, bilingual housing navigation services, and tenant legal support in municipalities with large Hispanic/Latino populations.
    - Promote accessory dwelling unit (ADU) development by supporting local zoning reforms, providing technical assistance to homeowners, and offering financial incentives for ADUs designated as affordable housing.
    - Advance food security efforts by increasing funding for local food banks and pantries, as well as partnerships with community organizations, to deliver culturally appropriate food distribution to support affordable, quality products in underserved areas.
    - Expand access to immigration legal assistance by funding confidential consultations and know-your-rights workshops in partnership with trusted nonprofits.
    - Provide grants to libraries, schools, and community centers to deliver free or low-cost ESL and literacy classes tailored to youth and adult learners.
    - Expand higher education and vocational pathways by funding bilingual career navigators to connect Hispanic/Latino youth and adults to community colleges, trade schools, and apprenticeships, while partnering with SUNY Westchester Community College, BOCES, and local unions to develop dual-language programs and tuition support for high-demand fields, such as healthcare, technology, and green energy.

4. Cross-cutting strategies must support all of these initiatives, the County should:
    - Invest in civic access and leadership pathways by launching bilingual outreach campaigns to improve awareness of government services and how to access them, while supporting Hispanic/Latino leadership development programs in local government, schools, and the nonprofit sector.
    - Formalize and fund the existing Language Access Policy, currently established through Executive Order, by adopting it as County law to ensure consistent, high-quality interpretation and translation services in all departments and programs.
    - Mandate anti-bias training for all frontline County staff in health, housing, education, and social services; develop clear confidentiality protections that limit information-sharing with immigration enforcement except when legally required; and conduct trauma-informed, culturally competent outreach through partnerships with trusted community organizations to build trust and encourage service use.

Implementation Recommendations

To implement these recommendations, the County should embed them in the upcoming budget cycle with dedicated line items and clear performance targets. The County Executive's office should establish a Hispanic/Latino Policy Implementation Team, comprised of representatives from social services; health; community mental health; senior services; the planning, housing, and human rights commissions; and the budget department. This team should develop a three-year implementation roadmap specifying pilot sites, staffing plans, funding allocations, and measurable outcomes.

The implementation team should work with municipal partners to align housing and zoning strategies, harmonize language access policies, and coordinate funding streams to avoid duplication. Partnerships should be formalized with trusted nonprofits and community-based organizations to deliver many of the direct services identified in this memo in a culturally and linguistically appropriate manner.

Accountability mechanisms should include annual or semiannual reporting to the County Executive on milestones in the implementation process as well as key metrics, such as the number of affordable housing units created or preserved, residents assisted through housing navigation or legal services, food assistance distributed, ESL and literacy program enrollment, health services utilization rates, insurance enrollment increases, workforce diversification, language access improvements, and occurrences of discrimination complaints.

In addition, the County should launch public education campaigns in English and Spanish to reduce stigma, highlight available services, and encourage residents to use County programs. Anti-bias training modules should be procured and delivered within 12 months of adoption, with mandatory participation for all County staff in public-facing roles. By investing in culturally competent, linguistically accessible, and community-anchored services, while addressing the root causes of disparities, Westchester County can significantly improve health, housing, education, and economic outcomes for its Hispanic/Latino residents.

References

[1] U.S. Census Bureau. (2024). Quick Facts Westchester County, New York. Retrieved from https://www.census.gov/quickfacts/westchestercountynewyork



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