



Meeting of the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders

Monday, December 5, 2022 — Subcommittee Recommendations



Belonging, Inclusion, Anti-Asian Hate, Anti-Discrimination

Co-Chairs: Luisa Blue, Dr. Kamal Kalsi

Members: Emily Chen, Grace Huang, Daniel Dae Kim, Naheed Qureshi,
Smita Shah

DFO: Zeyen Wu

Presenters

- **Julia Liou, Chief Executive Officer, Asian Health Services; Paul Luu, Chief Executive Officer, Chinese American Service League (CASL):** Presented on what their respective organizations were doing to prevent and address anti-Asian hate in local communities as Asian American Pacific Islander (AAPI) Action Centers in Oakland, California and Chicago, Illinois.
- **Yvonne Hsu, Chief Policy and Government Affairs Officer, National Asian Pacific American Women's Forum (NAPAWF):** Presented on NAPAWF's work to protect AAPI women against anti-Asian hate.
- **Anisha Singh, Executive Director, Sikh Coalition:** Presented on what the Sikh Coalition is doing to prevent and address anti-Asian hate in local communities as an AAPI Action Center in New York, New York.
- **Gloria Pan, Senior Vice President, MomsRising.org; Donna Norton, Executive VP and Chief Advancement & Strategy Officer, MomsRising.org:** Presented on gun violence prevention efforts and the Asian American, Native Hawaiian, and Pacific Islander community.



Priority Issue Areas

- Prevention of anti-Asian hate
- Education about Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities
- Increasing resources for victims
- Standardizing hate crimes and hate incident definitions
- Preventing gun violence targeting AA and NHPI communities
- Alternative means of reporting hate crimes or hate incidents
- Increasing federal transparency on data regarding domestic terrorism and white supremacist organizations
- Improving federal data collection of hate crimes and hate incidents



Problem Statements:

- ❖ **Problem Statement #1:** The federal government has not ensured that guidance and training materials issued by law enforcement and military agencies regarding AA and NHPI communities are factual and free of bias and stereotypes. In addition, AA and NHPI religious, cultural, and ethnic celebrations have not been recognized and celebrated in ways that are consistent with the celebrations for other communities.
- ❖ **Problem Statement #2:** The AA and NHPI communities have been impacted by racially motivated mass shootings for decades. Since the start of the pandemic, the AA and NHPI community continues to endure another wave of anti-Asian sentiment and violence.



Problem Statement #1: The federal government has not ensured that guidance and training materials issued by law enforcement and military agencies regarding AA and NHPI communities are factual and free of bias and stereotypes. In addition, AA and NHPI religious, cultural, and ethnic celebrations have not been recognized and celebrated in ways that are consistent with the celebrations for other communities.

❖ **Recommendation:** The Commission recommends that the President direct the Domestic Policy Council, which is charged with implementing Executive Order 13985 On Advancing Racial Equity and Support for Underserved Communities through the Federal Government, to review and make recommendations regarding equity issues as they relate to AA and NHPI communities. The review and recommendations should include the following:



❖ **Recommendation (cont.):**

- ❖ Conduct a government-wide review of law enforcement and military trainers, training materials, and terminology regarding AA and NHPI histories, cultures, and religions in order to eliminate bias and bigotry.
- ❖ Review White House and federal agencies' recognition of AA and NHPI ethnic, national, and religious holidays and cultural heritage months in order to assess the equity of current federal government practices. The interagency group should further make recommendations to ensure the treatment of all communities are both consistent and equitable. Examples include, but are not limited to, Asian American, Native Hawaiian, and Pacific Islander Heritage Month (May), Vaisakhi, Lunar New Year, Eid, and Diwali.





Discussion

Problem Statement #2: The AA and NHPI communities have been impacted by racially motivated mass shootings for decades. Since the start of the pandemic, the AA and NHPI community continues to endure another wave of anti-Asian sentiment and violence.

❖ **Recommendation:** The Commission recommends that the White House convene an intersectional summit focusing on the impact and prevention of gun violence in the AA and NHPI and other marginalized communities within the next two years.





Discussion



Language Access

Co-Chairs: Dr. Amy Agbayani, Victoria Huynh, Dr. Kimberly Chang

Members: Kerry Doi, Grace Huang, Ajay Bhutoria, Simon Pang

Non-Commission Member: Deeana Jang

Ex-Officio Member: Lauren Laglagaron

DFO: Maysee Jacobs

Presenters

- **Joann Lee, Special Counsel, Legal Aid Foundation of Los Angeles (LAFLA):** Provided an overview of language access in the judicial process, including access to counsel, translation services, and working with AA and NHPI communities.
- **Ana Paula Noguez Mercado, Language Access Coordinator, Office for Access to Justice, U.S. Department of Justice (DOJ); Emy López, Language Access & Stakeholder Engagement, Office for Access to Justice, DOJ:** Provided an overview of the Department of Justice's Office for Access to Justice (ATJ) and their activities, including collaboration with federal agencies to ensure limited English proficient persons have meaningful language access to programs.



Priority Issue Areas

- Improving language access in the justice system
- Increasing public outreach (distributing language access information)
- Improving language access funding for health care (centers) to serve limited English proficient (LEP) families
- Prioritizing and expanding federal funding for AA and NHPI language access
- Building a pipeline of language translators and interpreters
- Translating federal agency communications into multiple languages



Problem Statements:

- ❖ **Problem Statement #1:** Limited English-speaking communities, including AA and NHPs, routinely face challenges accessing timely and accurate information from federal agencies. There is a dearth of information available on federal agency websites in AA and NHP languages and what does exist is difficult for AA and NHPs who are LEP to find and sometimes the information is inaccurate. Federal agency helplines are difficult for AA and NHPs with limited English proficiency to navigate.
- ❖ **Problem Statement #2:** The speeches made by the President of the United States and the Vice President of the United States are only available in English and thus inaccessible to the over 25.1 million limited English proficient population unless they are translated in their languages.



Problem Statement #1: Limited English-speaking communities, including AA and NHPIs, routinely face challenges accessing timely and accurate information from federal agencies. There is a dearth of information available on federal agency websites in AA and NHPI languages and what does exist is difficult for AA and NHPIs who are LEP to find and sometimes the information is inaccurate. Federal agency helplines are difficult for AA and NHPIs with limited English proficiency to navigate.



❖ **Recommendation:** The Commission recommends that the federal government, starting with the U.S. Department of Health and Human Services (HHS), should establish an Office of Language Services by October 1, 2023, to facilitate the provision of high quality, culturally responsive, timely, and cost-effective language services, including centralized contracts with translation and language line services, development of agency-wide guidelines for website translation, translation of public facing information and accessibility of help lines, testing of language proficiency for multilingual agency staff, and coordination of agency resources for language access, including glossaries and directory of community-based organizations serving AA and NHPI LEP communities that can serve as reviewers and distributors of materials. The Office should be funded from the HHS Service and Supply Fund, which is a revolving fund authorized under 42 U.S.C. Section 231, and should be housed within the Assistant Secretary for Public Affairs.





Discussion

Problem Statement #2: The speeches made by the President of the United States and the Vice President of the United States are only available in English and thus inaccessible to the over 25.1 million LEP population unless they are translated in their languages.

❖ **Recommendation:** The Commission recommends that within three months of this recommendation, transcripts of key important speeches of the President and Vice President of the United States should be translated into multiple AA and NHPI languages and made available on the White House website as soon as possible, and at the latest within a week, and be shared with media and community outreach through the White House Office of Public Engagement.





Discussion

Problem Statement #3: One of the largest government supported and most cited sources of evidence used to determine priorities and funding to community-based organizations addressing IPV is the CDC's NISVS. This random-digit dial telephone survey is ONLY conducted in English and Spanish, leaving out AA and NHPI communities from funding opportunities, services, and resources because LEP AA and NHPIs are missing from this critical national oral survey.



❖ **Recommendation:** The CDC should immediately take steps to conduct the NISVS survey in AA and NHPI languages. In addition, the CDC should immediately invest in culturally and linguistically accessible research and data collection about the prevalence of domestic violence, sexual assault, and stalking related victimization and injury across AA and NHPI communities with disaggregated data collected, among AA and NHPI subgroups, disaggregated by a minimum of the top 10 Asian American ethnicities by population, as well as a specific survey among Native Hawaiians and Pacific Islanders, and that account for a wide range of sociodemographic markers, such as gender and gender-identity, marital status, age, migration history, language(s) spoken, education, and income.





Discussion



Health Equity

Co-Chairs: Teresita Batayola, Kerry Doi, Mia Ives-Ruble

Members: Victoria Huynh, Dr. Kimberly Chang, Michelle Ka'uhane,
Dr. Kamal Kalsi

Non-Commission Member: Dr. Quyen Ngo-Metzger

DFO: Caroline Goon

Presenters

- **Katherine Chon, Director, Office on Trafficking in Persons (OTIP), Administration for Children and Families, Senior Advisor on Human Trafficking, U.S. Department of Health and Human Services (HHS):** Provided an overview of OTIP's mission, program services, funding opportunities for AA and NHPI organizations.
- **Dr. Ashish Jha, White House COVID-19 Response Coordinator:** Provided an overview of the current COVID-19 status and the White House's plan for the upcoming fall and winter season for the AA and NHPI communities to get boosters. Discussed misinformation about the COVID vaccine, especially on culturally specific social media platforms, and ways to fight the misinformation with accurate information.
- **Julie Wong, Secretary's Advisory Committee on Apprenticeship, Staff Lead for Diversity, Equity, Inclusion, and Accessibility (DEIA) Subcommittee, U.S. Department of Labor (DOL), Employment and Training Administration (ETA); Lauren Smith, Region 6 State Director, Healthcare Industry Liaison, DOL, ETA; Bernie Treml, Regional Director of Healthcare Industry Liaison, DOL, ETA; Corinna Pereira, Region 6 Multi-State Navigator, DOL, ETA:** Provided an overview of DOL funding resources and determinations for the Apprenticeship Program and possible collaborations with the HHS Bureau of Health Workforce on strengthening resources for healthcare workers in the AA and NHPI communities.
- **David Dyjack, Executive Director, National Environmental Health Association (NEHA):** Provided an overview of NEHA's mission, services, and insights on impacts of environmental health on AA and NHPI communities.



Priority Issue Areas

- Combating domestic, intimate, physical, and/or sexual violence
- Increasing resources to address mental health
- Human trafficking
- COVID-19 and equitable response
- Environmental justice
- Challenges in accessing healthcare
- Healthcare workforce



Problem Statements:

- ❖ **Problem Statement #1:** Lung cancer is the leading cause of cancer deaths for AA and NHPI communities. One of the largest and most modifiable risk for lung cancer is tobacco use. Tobacco use is an important cause of cancer death among AA and NHPI communities.
- ❖ **Problem Statement #2:** IPV is common (~50% of women and more than 40% of men reported experiencing contact sexual violence, physical violence, and/or stalking victimization, and almost 1 in 2 women and men reported experiencing psychological aggression, by an intimate partner in their lifetime); and 16-55% of AA and NHPI women in the U.S. experience IPV and/or sexual violence during their lifetime. There is robust evidence showing that universal education and screening for IPV in health care settings can improve health outcomes, and federal policy levers can help increase uptake of these interventions to decrease IPV in AA and NHPI communities.



Problem Statement #1: Lung cancer is the leading cause of cancer deaths for AA and NHPI communities. One of the largest and most modifiable risk for lung cancer is tobacco use. Tobacco use is an important cause of cancer death among AA and NHPI communities.



- ❖ **Recommendation:** The Commission recommends that HHS takes a number of steps to address the high lung cancer rates in AA and NHPIs due to tobacco use and ensure that more funding and resources go towards lung cancer screening, disaggregated data collection and research, as well as efforts towards the prevention and cessation of e-cigarettes and other tobacco use. HHS to begin implementation by October 1, 2023:
 - ❖ HHS agencies should provide more resources and support for AA and NHPI community-based organizations to increase efforts towards lung cancer screening and tobacco control among AA and NHPI communities.



❖ Recommendation (cont.):

- ❖ Screening for lung cancer using low-dose CT scans can detect cancer at an earlier stage and decrease lung cancer death rates by 20%. The Centers for Medicare & Medicaid Services (CMS) should require that all institutions receiving federal funding, including Medicare and Medicaid funds, report quality measures on the rates of lung cancer screening among eligible AA and NHPI communities.



❖ Recommendation (cont.):

- ❖ The Health Resources and Services Administration (HRSA) should require all grantees of the Bureau of Primary Health Care to report lung cancer screening quality measures (percent eligible who received screening) as part of the Uniform Data System.
- ❖ The National Institutes of Health (NIH) should fund more research studies to better understand the etiology and risk factors for the increased incidence and mortality of lung cancer among smoking and non-smoking AA and NHPI individuals.



❖ Recommendation (cont.):

- ❖ The Surveillance, Epidemiology, and End Results (SEER) Program should provide disaggregated health data for AA and NHPI communities in order to better understand the trend of lung cancer incidence and survival rates between different AA and NHPI groups.
- ❖ The Office of Minority Health (OMH) should provide funding for outreach programs to educate AA and NHPI communities about lung cancer prevention and screening, and support efforts to promote smoking cessation and early detection of lung cancer.



❖ **Recommendation (cont.):**

- ❖ The CDC should prioritize AA and NHPI communities in all tobacco control and prevention efforts, especially in its health promotion efforts on e-cigarettes use and vaping among adolescents and young adults.
- ❖ Efforts aimed at addressing tobacco use in diverse AA and NHPI communities require a comprehensive, four-pronged approach designed to: (1) increase tobacco prevention and control efforts within the AA and NHPI community, where tobacco issues have not been assigned a high priority; (2) increase efforts within tobacco control organizations, for which AA and NHPIs have not historically been a high priority; (3) increase the involvement of policymakers, among whom neither tobacco control nor the AA and NHPI community has been a high priority; and (4) increase efforts against the tobacco industry marketing among AA and NHPIs.





Discussion

Problem Statement #2: IPV is common (~50% of women and more than 40% of men reported experiencing contact sexual violence, physical violence, and/or stalking victimization, and almost 1 in 2 women and men reported experiencing psychological aggression, by an intimate partner in their lifetime); and 16-55% of Asian, Native Hawaiian, and Pacific Islander women in the U.S. experience IPV and/or sexual violence during their lifetime. There is robust evidence showing that universal education and screening for IPV in health care settings can improve health outcomes, and federal policy levers can help increase uptake of these interventions to decrease IPV in AA and NHPI communities.



❖ **Recommendation:** The Commission recommends that HHS takes a number of steps to address IPV and its health impacts on AA and NHPIs by ensuring that all HHS health care delivery programs and funding mechanisms include language accessibility for AA and NHPI communities; including universal education and screening in data collection and quality measures; issuing guidance on the inclusion of medical advocacy and trauma services coverage by Medicaid; and issuing guidance on privacy, safety, and confidentiality of medical records for IPV survivors. HHS should begin implementation by October 1, 2023:



❖ Recommendation (cont.):

- ❖ HHS agencies should provide more resources and support for AA and NHPI community-based organizations to increase efforts towards IPV universal education and screening among AA and NHPI communities.
- ❖ CMS should require that all institutions receiving federal funding, including Medicare and Medicaid funds, report quality measures on the rates of IPV universal education and screening



❖ **Recommendation (cont.):**

- ❖ CMS should issue guidance that trauma services, including prevention and universal education and medical advocacy or healthcare services provided by IPV service providers, are covered by Medicaid.
- ❖ HRSA should require all grantees of the Bureau of Primary Health Care to report two new measures to the Uniform Data System data collection metrics on IPV: number of patients receiving universal education and number of patients referred to domestic violence services/resources.



❖ **Recommendation (cont.):**

- ❖ The Title V Maternal and Child Health block grant program should make home visiting services language accessible and available to AA and NHPI pregnant people and new parents who may be at risk for gender-based violence, and children at risk for experiencing adverse childhood experiences, and should incentivize proposals that include plans for language accessibility.
- ❖ The Title V Maternal and Child Health block grant program should change the federal benchmarks for home visitation on domestic violence to include offering culturally competent universal education and trauma informed safety planning with families as described in the federal home visiting Collaborative Improvement Innovation Networks (CollNs).



❖ **Recommendation (cont.):**

- ❖ The Office of Population Affairs should incentivize Title X grantees, subrecipients, and service sites to incorporate plans for language accessibility in AA and NHPI communities.
- ❖ The Office of Population Affairs should encourage and incentivize Title X grantees, subrecipients, and service sites to implement evidence-based interventions like universal education to reduce violence and improve reproductive health outcomes.



❖ **Recommendation (cont.):**

- ❖ To ensure the safety of survivors of gender-based violence, the Office of the National Coordinator (ONC) must issue clear privacy and confidentiality guidelines that allow patients control over their data and provide specific guidance on how to keep documentation of GBV and exploitation private under the 21st Century Cures Act.
- ❖ The HIV/AIDS Bureau (HAB), which administers the Ryan White HIV/AIDS Program (RWHAP) and plays a critical role in helping diagnose, treat, prevent, and respond as part of the "Ending the HIV Epidemic: A Plan for America" initiative, should incentivize grantees to incorporate plans for language accessibility in AA and NHPI communities.



❖ Recommendation (cont.):

- ❖ HAB, which administers the RWHAP and plays a critical role in helping diagnose, treat, prevent, and respond as part of the "Ending the HIV Epidemic: A Plan for America" initiative, should incentivize grantees to implement evidence-based culturally competent universal education interventions to reduce IPV and improve health outcomes.





Discussion



Meeting of the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders

Tuesday, December 6, 2022 — Subcommittee Recommendations



Immigration and Citizenship Status

Co-Chairs: Grace Huang, KaYing Yang

Members: Dr. Amy Agbayani, Ajay Bhutoria, Simon Pang, Dr. Robert Underwood

Ex-Officio Member: Amanda Baran

DFO: Sarah Edwards

Presenters

- **Sharvari Dalal-Dheini, Director of Government Relations, American Immigration Lawyers Association (AILA):** Presented on AILA’s work regarding administrative solutions that could help remediate the issue of children aging out of immigration benefit applications.
- **Jocelyn Howard, Chief Executive Officer, We Are Oceania:** Presented on Compact of Free Association (COFA) migrants and access to “mainstream benefits.”
- **Joanne Lin, former Director of Advocacy and Government Affairs, Amnesty International USA; Eleanor Acer, Director, Refugee Protection, Human Rights First:** Presented on barriers to Asian and Pacific Islander asylum seekers within the U.S. immigration system.
- **Ben D’Avanzo, Senior Health Policy Analyst, National Immigration Law Center (NILC):** Presented on barriers to COFA migrants in accessing healthcare and other benefits, particularly at the federal level.



Priority Issue Areas

- Strengthening asylum processes
- Improving language access in immigration court proceedings
- Universal legal representation for individuals facing removal
- Protection for undocumented individuals
- Reducing the immigration court backlog
- Community-based alternatives to immigration detention
- Visiting impact of CARRP (Controlled Application Review and Resolution Program) on immigration status



Problem Statements:

- ❖ **Problem Statement #1:** State, territorial, and local governments do not fully understand the unique immigration status of Compact of Free Association (COFA) migrants. Consequently, they are denied benefits that they are legally entitled to. Furthermore, COFA migrants are excluded from accessing many government programs which contribute to significant disparities in health, education, and employment. COFA migrants are not eligible for most federal programs that are available to other legal noncitizens. These communities were significantly affected by the pandemic and were ineligible for many government assistance programs.



❖ **Problem Statement #2:** Children of green card applicants who are aging out as dependents on their parents' applications cannot easily access other forms of legal immigration status to stay in the United States. These young people risk losing their legal status and are currently ineligible for other forms of relief, putting them at risk of deportation. They have no immediate path to a green card or citizenship and could lose their work authorization.



❖ **Problem Statement #3:** Nonimmigrant visa, visitor visa (B1/B2), student visa (F1/F2), and temporary worker visa (H, L, O, P, Q) appointments with embassies in specific Asian countries and Pacific Islands, including India, Pakistan, Bangladesh, and Nepal, have extraordinarily long backlogs, with wait times for some cases between 300-913 days, causing hardship to Asian American and Pacific Islander families inside the U.S. and abroad, as well as major disruptions for students, businesses, and visitors.



Problem Statement #1: State, territorial, and local governments do not fully understand the unique immigration status of COFA migrants. Consequently, they are denied benefits that they are legally entitled to. Furthermore, COFA migrants are excluded from accessing many government programs which contribute to significant disparities in health, education, and employment. COFA migrants are not eligible for most federal programs that are available to other legal noncitizens. These communities were significantly affected by the pandemic and were ineligible for many government assistance programs.



❖ **Recommendation:** The Commission recommends the federal government take the following actions to clarify the status and eligibility of COFA migrants for services in the United States and the territories:

❖ The President should direct the Department of Homeland Security, HHS, and Department of the Interior to issue a legal advisory and do outreach and training to benefits-granting agencies that clarifies the immigration status of COFA migrants. The President should direct federal agencies which provide health, social, housing, and educational services to clarify the eligibility of COFA migrants for programs under their management and to ensure that states and territories which jointly manage federal programs provide maximum assistance to COFA migrants in a way that does not discriminate against them.



❖ **Recommendation (cont.):**

- ❖ States and territories need federal resources to cover the additional cost of providing services to COFA migrants through Compact Impact Aid.
- ❖ COFA migrants should be eligible for federal programs available to other legal residents who are not U.S. citizens.





Discussion

Problem Statement #2: Children of green card applicants who are aging out as dependents on their parents' applications cannot easily access other forms of legal immigration status to stay in the United States. These young people risk losing their legal status and are currently ineligible for other forms of relief putting them at risk of deportation. They have no immediate path to a green card or citizenship and could lose their work authorization.



- ❖ **Recommendation:** The Commission recommends that U.S. Citizenship and Immigration Services (USCIS) take the following steps to address children aging out of their eligibility to be included in their parent's green card application and losing their legal status at the age of 21:
 - ❖ USCIS should expand the Deferred Action for Childhood Arrivals (DACA) program to include these lawfully admitted dependents who have aged out on their parents' green card application.
 - ❖ USCIS should create a program allowing young people who are aging out to move automatically to another nonimmigrant visa status, which allows them to live and work in the United States and file for green card applications.



❖ Recommendation (cont.):

- ❖ USCIS should amend its regulations covering dependents of primary visa holders who have aged out of their parents' applications access to Employment Authorization Document (EAD), allowing them to work in the United States.
- ❖ USCIS should allow aged out children to retain their parents' green card application priority date and permit aged out children to file for their green card application using the priority date of the visa petition filed by their parents' employers. USCIS should amend its policy manual to calculate the Child Status Protection Act (CSPA) application date of dependents based on the filing date of the underlying visa application.





Discussion

Problem Statement #3: Nonimmigrant visa, visitor visa (B1/B2), student visa (F1/F2), and temporary worker visa (H, L, O, P, Q) appointments with embassies in specific Asian countries and Pacific Islands, including India, Pakistan, Bangladesh, and Nepal, and other countries, have extraordinarily long backlogs, with wait times for some cases between 300-913 days, causing hardship to Asian American and Pacific Islander families inside the U.S. and abroad, as well as major disruptions for students, businesses, and visitors.



- ❖ **Recommendation:** The Commission recommends the following actions to reduce the growing delay in visa appointment times in U.S. embassies globally especially in India, Pakistan, Nepal, Bangladesh, Philippines, Samoa, and other countries with excessive wait times:
 - ❖ President Biden should consider issuing a memo to the State Department to reduce the visa appointment wait times to 2-4 weeks maximum for countries with significant backlogs, including India, Pakistan, Nepal, Bangladesh, Philippines, Samoa, and other countries with excessive wait times.
 - ❖ The State Department should take all necessary steps in order to speed up the visa processing in embassies abroad and reduce the visa appointment wait times from 844+ days to 2-4 weeks maximum for India and other impacted embassies.



❖ Recommendation (cont.):

- ❖ The State Department should allow for virtual interviews where applicable and allow staff from embassies around the world and U.S. consular staff to help conduct virtual interviews to reduce high backlogs.
- ❖ The State Department should hire new full-time officers, temporary staff, contractors, or bring back retired consular officers to clear the backlog at relevant embassies in Asia which have wait times of over a month, prioritizing those with 300+ day wait times, and reduce the wait time to 2-4 weeks by clearing the visa appointment backlog.





Discussion



Data Disaggregation

Co-Chairs: Sarah Min, Dr. Raynald Samoa, Dr. Robert Underwood

Members: Emily Chen, KaYing Yang

Non-Commission Members: Dr. Ninez Ponce, Dr. Joseph Keawe Kaholokula

DFO: Sarah Edwards

Presenters

- **Margo Schwab, Co-chair of the Equitable Data Working Group, Branch Chief for the Statistical and Science Policy, Office of Management and Budget (OMB), and Senior Science Policy Analyst, Office of Information and Regulatory Affairs (OIRA):** Provided information on language data collection in federal government surveys and an update on the Equitable Data Working Group as well as anticipated next steps. Shared about OMB public listening sessions and encouraged more AA and NHPI groups to schedule with OMB.
- **Susan Jenkins, Evaluation Officer, Director of the Division of Evidence, Evaluation and Data Policy, Office of Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services (HHS):** Provided an overview on HHS Data Council's mission and how it coordinates different parts of HHS to implement data policies across program areas, especially the current strategy for collecting data regarding languages spoken (language proficiency and/or preferred).
- **David Raglin, Assistant Division Chief for Operational and Program Analytics, American Community Survey Office, U.S. Census Bureau; Michael Martin, Chief, Education and Social Stratification Branch, Social, Economic, and Housing Statistics Division, U.S. Census Bureau; Nicole Scanniello, Assistant Division Chief for Communications, American Community Survey Office, U.S. Census Bureau; John Baker II, Assistant Division Chief for Surveys, Field Division, U.S. Census Bureau:** Provided information on the American Community Survey's design and methodology for collecting language data.



Priority Issue Areas

- Facilitating improved access for community advocates to use federal agency data to more effectively inform policy changes
- Fostering impactful three-way dialogue between communities, academic researchers, and federal agencies for more consistent reporting
- Highlighting best practices from priority federal agencies for data disaggregation
- Pursuing joint recommendations with other subcommittees including Health Equity, Language Access, and Belonging, Inclusion, Anti-Asian Hate and Anti-Discrimination
- Calling for the investigation of more accurate methods and strategies to capture ethno-cultural, language, and multi-racial identity characteristics for AA and NHPI





Economic Equity

Co-Chairs: Ajay Bhutoria, Simon Pang, Smita Shah

Members: Luisa Blue, Dr. Kimberly Chang, Kerry Doi, Michelle Ka'uhane,
Kevin Kim, Ai-jen Poo

DFO: Maysee Jacobs

Presenters

- **Aditi Dussault, Senior Advisor, U.S. Small Business Administration (SBA); Shalei Holway, Senior Advisor, Office of Investment and Innovation, SBA; Daniel Upham, Senior Loan Specialist, Office of Capital Access, SBA:** Provided an overview and data on the SBA Microloans and Small Business Investment Company (SBIC) Programs.
- **Seema Agnani, Executive Director, National Coalition for Asian Pacific American Community Development (National CAPACD); Anju Chopra, Director of Policy, National CAPACD; Neel Saxena, Director of Development, National CAPACD:** Provided an overview of National CAPACD and the available resources and programs for AA and NHPI communities to address job training, housing, financial services, and economic development.
- **Joshua Johnson, Director, National Innovation Hub for Diversity, Equity, Innovation & Accessibility in Registered Apprenticeship; Deborah Kobes, Interim Vice President, Jobs for the Future's Center for Apprenticeship & Work-Based Learning:** Provided an overview of Jobs for the Future (JFF) and the Innovation Hub, specific to apprenticeship programs including supporting data.
- **Wendy Chun-Hoon, Director, Women's Bureau, U.S. Department of Labor (DOL); Katherine Swain-Smith, Advisor, Office of the Secretary, DOL; Manny Lamarre, Senior Advisor, Employment and Training Administration, DOL:** Provided an overview about apprenticeship programs, grants/loans for career development, and access to childcare and paid leave.



Priority Issue Areas

Opportunities for Small Businesses

- Increasing opportunities for small business, including exports
- Opportunities for small and community banks to participate in federal programs

Access to Job Training and Workforce Development

- Worker access to childcare, paid leave, and long-term care across all industries
- Living wages, access to benefits, and training opportunities
- Jobs of the future and workforce development

Opportunities for AA and NHPI Workers

- Addressing income inequality and wage gap for AA and NHPI women
- Access and awareness around grants, contracts, and loans

Compliance & Regulations

- Ensuring regulations for AA and NHPI investments into crypto markets
- Reviewing compliance and regulations related to workforce development and apprenticeship programs
- Regulations regarding small businesses, job opportunities, and workforce development should be inclusive of AA and NHPI issues.



Problem Statements:

- ❖ **Problem Statement #1:** AA and NHPI communities contribute immense value to the nation's economy. However, within the federal marketplace, the number of new minority-owned AA and NHPI small business entrants is in decline. The current decline in the number of small business suppliers needs to be addressed so that AA and NHPI businesses can access resources, find opportunities, and enter the federal marketplace.



❖ **Problem Statement #2:** There is a low rate of participation from AA and NHPI communities in national apprenticeship programs. Based on available data regarding participants in national apprenticeship programs between 2010 and 2019, the percentage of AA and NHPIs is low (2.1% and 1.6%, respectively) compared to the participation rate of other racial and ethnic groups, including white participants and Black or African American participants.



❖ **Problem Statement #3:** The COVID-19 health crisis, economic hardship, and increased racism from anti-Asian hate rhetoric has decimated AA and NHPI-owned small businesses without any recovery in sight. With xenophobia and anti-Asian sentiment spreading over the country at an alarming rate, the pandemic-induced economic crisis forced a 50-80% decrease in revenue for many Asian neighborhood businesses and an estimated 233,000 businesses closed from February to April 2020. Yet funding for AA and NHPI communities is minimal- as of the end of 2021, only 11.8% of Minority Deposit Institutions' funds were allocated to AA and NHPI small businesses while AA and NHPIs make up 30% of minority owned small businesses nationally.



Problem Statement #1: AA and NHPI communities contribute immense value to the nation's economy. However, within the federal marketplace, the number of new minority-owned AA and NHPI small business entrants is in decline. The current decline in the number of small business suppliers needs to be addressed so that AA and NHPI businesses can access resources, find opportunities, and enter the federal marketplace.



❖ Recommendation:

- ❖ The Commission recommends that the U.S. Small Business Administration (SBA) should aim to increase the number of new AA and NHPI small business entrants to the federal marketplace, with the goal of awarding new AA and NHPI enterprises with no less than 2% of all annual contracts. This will help address the decline in the small business supplier base. SBA and Small Business Development Centers (SBDCs) should also take a series of actions to achieve this goal, including the following:
- ❖ Increase their partnerships and outreach to AA and NHPI community organizations.



❖ **Recommendation (cont.):**

- ❖ Address the challenge of the declining rate in entry of small businesses to the federal marketplace as contractors by simplifying the process and forms for small business owners to become federal contractors.
- ❖ Establish an onboarding process for new small business entrants to the federal marketplace and provide new entrants with support, publicize procurement needs, offer business development counseling, offer small business loans, and provide streamlined access to government procurement opportunities to help the new entrants become more competitive.



❖ **Recommendation (cont.):**

- ❖ Agencies should publish a report twice a year showing the total contract award and a breakdown of the awards by ethnic categories, including AA and NHPI award recipients.





Discussion

Problem Statement #2: There is a low rate of participation from AA and NHPI communities in national apprenticeship programs. Based on available data regarding participants in national apprenticeship programs between 2010 and 2019, the percentage of AA and NHPIs is low (2.1% and 1.6%, respectively) compared to the participation rate of other racial and ethnic groups, including white participants and Black or African American participants.



❖ **Recommendation:**

- ❖ The Commission recommends the U.S. Department of Labor (DOL) and all federal grantees who have an apprenticeship program increase the number of AA and NHPI apprenticeship participants with a 2025 target goal where 5% of the overall number of nationwide apprenticeship participants are AA and NHPI. This can be achieved by using the following steps to increase community outreach, simplify the application process, and remove financial barriers:



❖ Recommendation (cont.):

- ❖ Build a more diverse pipeline of applicants and candidates into the recruitment process for enrolling in apprenticeships by connecting with AA and NHPI community organizations across the country to increase recruitment of underserved AA and NHPI communities. These entities should also increase outreach into vocational, career, technical schools, trade organizations, American Job Centers, unions, pre-apprenticeship programs, and community colleges.



❖ **Recommendation (cont.):**

- ❖ Increase community outreach in multiple languages via AA and NHPI community organizations about apprenticeship programs available by reviewing and updating recruitment materials in multiple AA and NHPI languages. Available apprenticeships can be advertised via job fairs, community events, annual parades, and/or large events organized in AA and NHPI communities.
- ❖ Ensure applicants have easy access to browse all available apprenticeship vacancies and eligibility requirements, including any prerequisites, all of which should be readily available.



❖ **Recommendation (cont.):**

- ❖ Provide a support system to boost self-confidence for applicants by connecting with mentors, counselors, peers, and community organizations. Bring speakers from the community for recruitment into apprenticeship programs.
- ❖ Remove financial barriers for apprentices by providing support and funding through participating organizations and addressing barriers to success, such as unreliable transportation, unstable housing, and childcare needs.





Discussion

Problem Statement #3: The COVID-19 health crisis, economic hardship, and increased racism from anti-Asian hate rhetoric has decimated AA and NHPI-owned small businesses without any recovery in sight. With xenophobia and anti-Asian sentiment spreading over the country at an alarming rate, the pandemic-induced economic crisis forced a 50-80% decrease in revenue for many Asian American neighborhood businesses and an estimated 233,000 businesses closed from February to April 2020. Yet funding for AA and NHPI communities is minimal- as of the end of 2021, only 11.8% of Minority Deposit Institutions' funds were allocated to AA and NHPI small businesses while AA and NHPIs make up 30% of minority owned small businesses nationally.



❖ **Recommendation:** The Commission recommends that within a year, the federal government, specifically SBA (e.g. Small Business Investment Company (SBIC), Economic Injury Disaster Loan (EIDL), Paycheck Protection Program (PPP), and 7(a), 504 loans, and Microloans), U.S. Department of the Treasury (e.g. Community Development Financial Institutions (CDFI), Minority Depository Institution (MDI), and the Capital Magnet Fund), HHS (Office of Community Services, Community Economic Development), and U.S. Department of Commerce (e.g. Minority Business Development Agency (MBDA), Economic Development Agency (EDA), Revolving Loan Fund (RLF)), should create a multi-year funding commitment to enable local Community Development Corporations to build capacity, finance projects, and stabilize small businesses focused on creating jobs and improving the economy.





Discussion