



The President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders

Commission Subcommittee Summaries

December 2022



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Introduction

On May 28, 2021, President Biden signed Executive Order (EO) 14031 establishing the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders (the Commission) within the U.S. Department of Health and Human Services (HHS). The 25-member Commission, co-chaired by HHS Secretary Xavier Becerra and U.S. Trade Representative Ambassador Katherine Tai, advises the President on ways the public, private, and non-profit sectors can work together to advance equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities in the United States.

At its inaugural meeting on February 3-4, 2022, the Commissioners formed six subcommittees to advance equity, justice, and opportunity for AA and NHPI communities in accordance with EO 14031:

1. Belonging, Inclusion, Anti-Asian Hate, Anti-Discrimination Subcommittee
2. Health Equity Subcommittee
3. Immigration and Citizenship Status Subcommittee
4. Language Access Subcommittee
5. Data Disaggregation Subcommittee
6. Economic Equity Subcommittee

Between February 2022 and December 2022, the six subcommittees met regularly to gather information and develop recommendations for presentation to the full Commission. The Commission's recommendations are grounded in community and stakeholder feedback and are being submitted to the President on a rolling basis. At its May 12, 2022, in-person meeting, the Commission voted unanimously to move forward 14 recommendations, which were transmitted to President Biden in August 2022. At its September 28, 2022, in-person meeting, the Commission voted unanimously to move forward an additional nine recommendations.

The Commission held its fourth public meeting on December 5-6, 2022, where 13 additional recommendations were considered and discussed. This document includes meeting summaries and final recommendations that were approved by the full Commission at the December two-day meeting.



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

Subcommittee Membership:

- **Co-Chairs:** Luisa Blue and Dr. Kamal Kalsi
- **Members:** Emily Chen, Grace Huang, Daniel Dae Kim, Naheed Qureshi, and Smita Shah
- **Designated Federal Officer:** Zeyen Wu

Summary of Meetings and Presentations:

The Belonging, Inclusion, Anti-Asian Hate, Anti-Discrimination Subcommittee meets bi-weekly. Following the Commission's third meeting on September 28, 2022, the subcommittee met on October 4, October 18, November 1, November 15, and November 29, 2022. The subcommittee received presentations from the following subject matter experts who helped to inform their recommendations:

- **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 the 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 AA
and NHPI community.

Summary of Recommendations:

The Belonging, Inclusion, Anti-Asian Hate, Anti-Discrimination Subcommittee approved the following two draft recommendations to present at the December 5 and December 6, 2022, full Commission meeting:

- **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, to review and make recommendations regarding equity issues as they relate to AA and NHPI communities, particularly regarding the recognition of ethnic, national, religious holidays, and cultural heritage months as well as eliminating bias and bigotry within government-wide law enforcement and military trainers, training materials, and terminology.
- **Recommendation:** The Commission recommends that the White House convene a summit on addressing and preventing gun violence targeting AA and NHPI communities.



Recommendation: Federal Holiday Recognition and Training Regarding AA and NHPI Communities

Problem Statement:

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:

- 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.

Background and Rationale:

On January 20, 2021, the President signed Executive Order (EO) 13985 On Advancing Racial Equity and Support for Underserved Communities through the Federal Government.¹

The intention of the policy is to ensure that “the Federal Government should pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.”²



EO 13985 defines equity as “the consistent and systemic fair, just, and impartial treatment of all individuals” and specifically named Asian American communities among those who had been denied such treatment in the past. The White House tasked the Domestic Policy Council to coordinate and execute on the EO directives.³ In order to ensure AA and NHPI communities have confidence in government, these communities must feel the government treats them with both fairness and respect. A review of government training materials undertaken during the Obama administration revealed troubling use of bias and stereotypes by the federal government in law enforcement trainings.⁴ This review was limited and, unfortunately, was never completed. President Biden has a unique opportunity under EO 13985 to eradicate bias towards AA and NHPI and other communities of color in the federal government’s materials.

In addition, maintaining consistency in the recognition and acknowledgement of ethnic, national, and religious holidays that represent the rich diversity of communities in America will demonstrate the seriousness of the government’s commitment to relationship building.



Recommendation: White House Hosted Gun Violence Summit

Problem Statement:

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 shall 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.

Background and Rationale:

The AA and NHPI communities have been impacted by racially motivated mass shootings for decades. In fact, the 1994 assault weapons ban was catalyzed, in part, by a 1989 mass shooting in an elementary school in Stockton, California.⁵ All five of the children killed by the gunman that day were of Southeast Asian descent.⁶ The intense Islamophobia post 9/11 led to one of the largest mass shootings at an AA and NHPI house of worship, where a white supremacist gunman opened fire on a peaceful crowd of Sikhs praying at a Gurdwara in Oak Creek, Wisconsin.⁷ The AA and NHPI community is enduring yet another wave of anti-Asian sentiment during the COVID-19 pandemic: a white gunman murdered six Asian American women in Atlanta,⁸ and another assailant murdered several Sikh Americans while at work in Indianapolis.⁹

The Center for the Study of Hate and Extremism found that while the total number of hate crimes in 18 large cities across the United States declined by 6% from 2019 to 2020, hate crimes targeting Asians rose by 145%.¹⁰ Strikingly, an AAPI Data survey found that 16% of Asian Americans and 14% of Native Hawaiian or Pacific Islanders reported experiencing a hate crime or incident from January 2021 through March 2022.¹¹ The intersection of racism, hate, and gun violence in the U.S. is a path that is paved with the blood of minority communities. As a result, many Asian Americans are rushing to buy firearms for self-defense.¹² More research using disaggregated data techniques to find and protect communities that are at risk for gun violence and death is needed.

President Biden has made historic strides to help curb the destructive effects of gun violence. The Bipartisan Safer Communities Act is the most significant gun violence reduction legislation to pass Congress in 30 years.¹³ This administration's efforts have helped provide law enforcement with the tools and resources needed to reduce gun



violence while also funding programs that are aimed at preventing community and gun violence.

While AA and NHPI communities writ large overwhelmingly support gun safety measures and gun violence prevention, it is important to shine a spotlight on the safety concerns of Asian Americans who are vulnerable to disinformation campaigns and messaging around gun safety. A national summit convened by the White House would bring together AA and NHPI leaders, community groups, data driven organizations, healthcare providers, researchers, government agencies, and other stakeholders to create a common framework for guiding future policy recommendations to mitigate the danger posed by gun violence towards the AA and NHPI community.



Health Equity Subcommittee

Subcommittee Membership:

- **Co-Chairs:** Teresita Batayola, Kerry Doi, and Mia Ives-Ruble
- **Members:** Victoria Huynh, Dr. Kimberly Chang, Michelle Ka'uhane, and Dr. Kamal Kalsi
- **Non-Commission Member:** Dr. Quyen Ngo-Metzger
- **Designated Federal Officer:** Caroline Goon

Summary of Meetings and Presentations:

The Health Equity Subcommittee meets bi-weekly. Following the Commission's third meeting on September 28, 2022, the subcommittee met on October 6, October 20, November 3, November 17, and December 1, 2022. The subcommittee received presentations from the following subject matter experts who helped to inform their recommendations:

- **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, Employment and Training Administration (ETA), U.S. Department of Labor (DOL); Lauren Smith, Region 6 State Director, Healthcare Industry Liaison, ETA, DOL; Bernie Treml, Regional Director of Healthcare Industry Liaison, ETA, DOL; Corinna Pereira, Region 6 Multi-State Navigator, ETA, DOL:** 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.

Summary of Recommendations:

The Health Equity Subcommittee approved the following two draft recommendations for presentation at the December 5 and December 6, 2022, full Commission meeting:

- **Recommendation:** The Commission recommends that the U.S. Department of Health and Human Services take 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 should go towards lung cancer screening, disaggregated data collection and research, and efforts towards the prevention and cessation of e-cigarettes and other tobacco use.
- **Recommendation:** The Commission recommends that the U.S. Department of Health and Human Services take a number of steps to address intimate partner violence and its health impacts on AA and NHPIs by ensuring that all HHS healthcare 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 intimate partner violence survivors.



Recommendation: Target Tobacco Use Prevention and Lung Cancer Screening Efforts to AA and NHPI Communities

Problem Statement:

Lung cancer is the leading cause of cancer deaths for AA and NHPI communities.¹⁴ 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.¹⁵

Recommendations:

The Commission recommends that the U.S. Department of Health and Human Services (HHS) take 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, and prevention and cessation efforts of e-cigarettes and other tobacco use. HHS should begin implementation of the following actions 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.
- Screening for lung cancer using low-dose CT scans can detect cancer at an earlier stage and decrease lung cancer death rates by 20%.¹⁶ 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.
- 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.
- 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.
- The Centers for Disease Control and Prevention (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.¹⁷

Background and Rationale:

Studies have found increased incidence rates of lung cancer (adenocarcinoma) amongst AA and NHPI communities. A recent study showed that lung cancer rates increased particularly amongst Filipino and Korean American women.¹⁸ That same study showed a significant rise in the incidence of lung cancer in Chinese American men.¹⁹ Lung cancer death rates attributable to tobacco was 71% in Korean Americans and 69% in AA and NHPI males.²⁰ Among AA and NHPI young adults, the use of e-cigarettes has been growing. Respondents who identified as Filipino males, Vietnamese males, LGBTQIA, and vocationally trained and employed reported the highest use of e-cigarettes.²¹ To address the important problem of increased lung cancer morbidity and mortality, it is imperative that we address tobacco cessation and prevention efforts as well as increased lung cancer screening among AA and NHPI communities.



Recommendation: Increase Services for Survivors of Intimate Partner Violence

Problem Statement:

Intimate partner violence (IPV) is far too common. Overall, nearly 50% of women and more than 40% of men reported experiencing contact sexual violence, physical violence, and/or stalking victimization, and almost one in two women and men reported experiencing psychological aggression by an intimate partner in their lifetime.²² In particular, 16-55% of Asian, Native Hawaiian, and Pacific Islander women in the U.S. experience IPV and/or sexual violence during their lifetime.²³ 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.

Recommendations:

The Commission recommends that the U.S. Department of Health and Human Services (HHS) take 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 of the following actions by October 1, 2023:

- 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.
- 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.

- 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,²⁴ 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).²⁵
- 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.
- 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.
- 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 implement evidence-based culturally competent universal education interventions to reduce IPV and improve health outcomes.



Background and Rationale:

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen for IPV in women of reproductive age and provide or refer women who screen positive to ongoing support services.²⁶ Furthermore, health care methods that include education, assessment, intervention, and prevention help to empower survivors.²⁷ In an intervention to reduce unintended pregnancies in women who experience intimate partner violence, using a universal education model was associated with a 71% reduction in pregnancy pressure, and women were 60% more likely to end a relationship because it felt unsafe.²⁸ Experts in gender-based violence promote expanded health care responses to address IPV as health care providers are trusted and familiar institutions, especially in comparison to other systems.²⁹



Immigration and Citizenship Status Subcommittee

Subcommittee Membership:

- **Co-Chairs:** Grace Huang and KaYing Yang
- **Members:** Ajay Bhutoria, Simon Pang, Dr. Amy Agbayani, and Dr. Robert Underwood
- **Ex-Officio Member:** Amanda Baran, Chief, Office of Policy and Strategy, U.S. Citizenship and Immigration Services, U.S. Department of Homeland Security
- **Designated Federal Officer:** Sarah Edwards

Summary of Meetings and Presentations:

The Immigration and Citizenship Status Subcommittee meets bi-weekly. Following the Commission’s second meeting on September 28, 2022, the subcommittee met on October 5, October 19, November 2, November 16, and November 30, 2022. The subcommittee received presentations from the following subject matter experts who helped to inform their recommendations:

- **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.



Summary of Recommendations:

The Immigration and Citizenship Status Subcommittee approved the following three draft recommendations for presentation at the December 5 and December 6, 2022, full Commission meeting:

- **Recommendation:** The Commission recommends that the U.S. government take a series of actions to clarify the status and eligibility of Compact of Free Association (COFA) migrants for services in the U.S. and the territories.
- **Recommendation:** The Commission recommends that the U.S. Citizenship and Immigration Services take a number of 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.
- **Recommendation:** The Commission recommends that the U.S. Department of State take steps to reduce the growing delay in visa appointment times in U.S. embassies globally, especially in India, Pakistan, Nepal, Bangladesh, and other countries.



Recommendation: Improve the Status of Compact of Free Association Migrants

Problem Statement:

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.

Recommendation:

The Commission recommends that 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 U.S. Department of Homeland Security, U.S. Department of Health and Human Services, and the U.S. 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.
- 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.

Background and Rationale:

Citizens of the Republic of the Marshall Islands, Republic of Palau, and the Federated States of Micronesia are entitled to live, study, and work in the United States and its territories without visas as “nonimmigrants.” These citizens, commonly referred to as



“COFA migrants,” are allowed to migrate and reside legally in the United States and territories under the Compacts of Free Association treaties signed by these countries and the United States.³⁰

COFA migrant communities continue to grow throughout the United States and are currently approaching nearly 100,000 people.³¹ A 2020 U.S. Government Accountability Office (GAO) report identified 94,399 COFA citizens in the United States and territories, with 49% living in Hawai'i (26%), Guam (20%), and Commonwealth of the Northern Mariana Islands (3%), and 50% residing in the following 11 states: Washington, Arkansas, Oregon, California, Texas, Oklahoma, Arizona Missouri, Georgia, Colorado, and Iowa.³²

There is widespread misunderstanding about the status of COFA migrants as residents in the United States. They are not U.S. citizens; they are lawful residents and are ineligible to become permanent residents through their COFA non-immigrant status. They are explicitly eligible for certain programs as determined by Congress, such as Pell Grants³³ and Medicaid,³⁴ and ineligible for others, such as the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families.³⁵ COFA migrants are frequently denied access to programs for which they are eligible and are treated as undocumented.³⁶ COFA migrants are excluded from accessing many government programs, which contributes to significant disparities in health, education, and employment.



Recommendation: Address Children Aging Out of Legal Status

Problem Statement:

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 legal status.

Recommendation:

The Commission recommends that the 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.
- USCIS should amend its regulations covering dependents of primary visa holders who have aged out of their parents' applications to access an 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.

Background and Rationale:

According to the American Immigration Council, over 200,000 "Documented Dreamers," many of whom are from India and China, currently reside in the United States.³⁷ Documented Dreamers are dependents who migrated legally under their parents' work visas but risk losing their legal residency under their parents' visas when



they turn 21. These children have lived with and depended on their parents in the United States, maintained lawful immigration status, and attended school or college in the United States, but are ineligible to be included in their parents' green card application when they turn 21.³⁸ If the parents of such children apply for adjustment of status based on an approved I-140 employment-based visa petition after their children have turned 21, their children still cannot be included in the application. Children who are 21 years old or older are not considered dependents under U.S. immigration laws and cannot continue to be included in their parents' green card application.

Once Documented Dreamers age out, unless they can obtain a different permanent or temporary status themselves, such as student status, they face a difficult decision: voluntarily leaving the United States or potential deportation. Challenges still remain for those who manage to obtain temporary status; they could still find themselves without any path to permanent status unless they can graduate college or qualify for temporary employment. Because they maintain lawful status until they turn 21, Documented Dreamers are ineligible for the temporary deportation protections and work authorization provided under the DACA program, which requires a recipient to have "no lawful status on June 15, 2012."³⁹

Because of national origin limitations on green card quotas, many children who have been waiting to immigrate with their parents and are residing in the U.S. legally are at risk of losing their ability to access a green card or even their place in line in the queue. As a result, these children are forced to leave the country or pursue very difficult alternative paths to remain. These children have lived in the U.S. for most of their lives, finished their K-12 or college education, and make meaningful contributions to their communities.⁴⁰



Recommendation: Reduce Visa Appointment Wait Times in Certain Asian Countries

Problem Statement:

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, Nepal, Philippines, and Samoa and other countries, have extraordinarily long backlogs, with wait times for some cases ranging 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.
- 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.

Background and Rationale:

Recently, average wait times for visas in places such as India, Pakistan, Bangladesh, Nepal, Philippines, and Samoa have been very lengthy.⁴¹ In India, for example, the



average wait times for a visitor visa appointment is over 914 days, the average wait times for a student visa appointment is over 318 days, and the average wait times for all non-immigrant visas is 390 days, according to the State Department.⁴² A similar pattern has been occurring at many U.S. embassies around the world.⁴³

These delays are causing problems for students and universities. Major universities such as Yale, Harvard, MIT, Princeton, and Georgetown have raised concerns with Congress and federal agencies, voicing that these delays will have a negative impact on America's talent pool in the long term.⁴⁴

In addition, visitors seeking to come to the United States cannot get an appointment until May 2024 and, as a result, cannot travel. Bloomberg Law estimates that the United States is losing \$11.6 billion in tourism revenue as a result of visa delays and cites India as one of the largest markets impacted.⁴⁵ Further, parents and relatives of U.S. citizens and U.S. residents who face significant delays in obtaining a visitor visa cannot visit their families, which separates families and causes hardship.⁴⁶ Family members cannot care for sick relatives, and may miss births, graduation ceremonies, funerals, marriages, and other major life events.



Language Access Subcommittee

Subcommittee Membership:

- **Co-Chairs:** Dr. Amy Agbayani, Victoria Huynh, and Dr. Kimberly Chang
- **Members:** Kerry Doi, Grace Huang, Ajay Bhutoria, and Simon Pang
- **Non-Commission Member:** Deena Jang
- **Ex-officio Member:** Laureen Laglagaron, Attorney Advisor, Federal Coordination and Compliance Section, Civil Rights Division, U.S. Department of Justice
- **Designated Federal Officer:** Maysee Jacobs

Summary of Meetings and Presentations:

The Language Access Subcommittee meets bi-weekly. Following the Commission's third meeting on September 28, 2022, the subcommittee met on October 14, October 28, November 4, November 18, and December 2. The subcommittee received presentations from the following subject matter experts who helped to inform their recommendations:

- **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; Emy López, Language Access & Stakeholder Engagement, Office for Access to Justice, U.S. Department of Justice:** Provided an overview of the Department of Justice, Office for Access to Justice (ATJ) and the activities that are provided, including collaboration with federal agencies to ensure limited English proficient (LEP) persons have meaningful language access to programs.



Summary of Recommendations:

The Language Access Subcommittee approved the following three draft recommendations for presentation at the December 5-6, 2022, full Commission meeting:

- **Recommendation:** The Commission recommends that an Office of Language Services be established to facilitate the provision of language services to include centralized contracts, agency-wide website guidelines, coordination of agency resources for language access, and a directory of community-based organizations serving AA and NHPI LEP communities.
- **Recommendation:** The Commission recommends that transcripts of key speeches by the President and Vice President be translated into multiple AA and NHPI languages as soon as possible.
- **Recommendation:** The Commission recommends that the Centers for Disease Control and Prevention (CDC) should conduct the National Intimate Partner and Sexual Violence Survey in AA and NHPI languages, invest in culturally and linguistically accessible research, expand data collection, and develop a specific survey among NHPIs.



Recommendation: Establishment of Office of Language Services

Problem Statement:

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. What does exist is difficult for AA and NHPIs who are limited English proficient (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,⁴⁷ which is a revolving fund that provides financing for the provision of common services to customers, and should be housed within the Office of the Assistant Secretary for Public Affairs.

Background and Rationale:

After hearing from a number of federal agencies and officials, the Language Access Subcommittee learned that only a handful of federal agencies include a dedicated budget for language assistance services, such as translation of website information, public-facing materials, and access to federally-run helplines.⁴⁸ Programs conducted by federal agencies generally are determined on a case-by-case basis regarding whether, when, and how to provide access to services and activities for LEP persons.⁴⁹ Each program determines its financial and budgetary commitments and independently undergoes the government procurement process to obtain translation and interpretation services.⁵⁰ For example, the U.S. Social Security Administration's budget includes funding for a national telephone interpreter line to provide telephonic interpreter services for all its field offices.⁵¹



Because there is no uniform guidance, even when federal agencies provide translated materials, they are often hard to find for LEP persons, especially those who speak AA and NHPI languages. In addition, because each program within a federal agency is responsible for determining when they will translate information about their program, there is inconsistency with the criteria each agency should use to assess vendors who propose to provide the services.⁵² During the Obama administration, the U.S. Department of Justice launched a pilot project to assess language line vendors for quality and allow multiple components to use the selected vendor on a reimbursement basis.⁵³

A centralized Office of Language Services for each federal agency would provide cost effective, efficient, and high-quality services and facilitate the use of consistent standards and community review and engagement.



Recommendation: Translation of Presidential and Vice-Presidential Speeches

Problem Statement:

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.

Recommendation:

The Commission recommends that within three months of this recommendation, transcripts of key speeches by the President of the United States 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.

Background and Rationale:

The AA and NHPI community is the most rapidly growing ethnic group in the country and is expected to increase to over 35 million individuals by 2060.⁵⁴ AA and NHPIs have helped build a strong and vibrant America. Generations of AA and NHPI individuals, families, and communities are composed of diverse and varied ethnicities, languages, and cultures, and include residents of the U.S. Pacific Island territories and Compact of Free Association states. AA and NHPI communities also play an important economic role, having started many businesses that create jobs and contribute billions of dollars to the U.S. economy.⁵⁵

Although we celebrate the large contributions of AA and NHPI communities to our nation, we also recognize that AA and NHPI communities have language barriers and not every community member is English proficient.

The U.S. is home to immigrants from across the globe who speak a wide range of languages. In 2013, approximately 61.6 million individuals spoke a language other than English at home.⁵⁶ One in five Asian households in the United States are linguistically isolated; no one in the household can speak English “very well,” as defined by the U.S. Census Bureau.⁵⁷ In 2019, 42% of immigrants from Asia reported limited English proficiency.⁵⁸

It is important that AA and NHPI community members are able to read important presidential and vice presidential speeches in their own languages and understand the message and content of those speeches.



Recommendation: Translate National Intimate Partner and Sexual Violence Survey into AA and NHPI Languages and Invest in Culturally and Linguistically Accessible Research and Data Collection

Problem Statement:

One of the largest government supported and most cited sources of evidence used to determine priorities and funding to community-based organizations addressing intimate partner violence (IPV) is the Centers for Disease Control and Prevention's (CDC's) National Intimate Partner and Sexual Violence Survey (NISVS).⁵⁹ 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 Centers for Disease Control and Prevention (CDC) should immediately take steps to conduct the NISVS 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 develop 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.

Background and Rationale:

There is a lack of significant research in the contexts of domestic and sexual violence facing AA and NHPIs, which hinders the ability of policymakers and community partners to serve victims and survivors. There is a need for up-to-date prevalence data on victimization and injury rates disaggregated by ethnicity, gender, and gender identity, age, migration history (especially for refugees), immigration status, language(s) spoken, education, employment status, income, and housing status to address the growing needs of victims and survivors in our diverse communities.

According to the NISVS, an ongoing CDC random-digit dial telephone survey (conducted only in English and Spanish) that collects national and state level data on



intimate partner violence, sexual violence, and stalking, approximately 27% of AA and NHPI women report experiencing domestic violence during their lifetime.⁶⁰ NISVS also reports that 44% of AA and NHPI women have experienced unwanted sexual contact in their lifetime.⁶¹ IPV is a significant issue within AA and NHPI communities; other studies estimate that 16-55% of AA and NHPI women in the U.S. experience intimate partner physical and/or sexual violence during their lifetime.⁶²

The high prevalence rates of domestic violence affirm the need to address the problem. The wide range in prevalence (from 16% in a study of Chinese American women⁶³ to 55% in a study of Japanese American and Japanese immigrant women⁶⁴) reflects the diversity of AA and NHPI experiences, the importance of disaggregated data, which is absent from many large national studies, and likely shortcomings in research design, including lack of language access. For example, small scale non-representative studies of AA and NHPI subgroups show higher rates of victimization, in particular, when conducted in-language.⁶⁵ In addition, World Health Organization data on gender-based violence amongst women in Pacific Island nations estimates that 60-80% of Pacific Islander women and girls experience physical or sexual violence by a partner or other individual in their lifetime.⁶⁶ While the NISVS weighs racial and ethnic data, it is in the aggregate across AA and NHPI communities. Moreover, the survey is only conducted with English and Spanish speakers, resulting in what is likely unrepresentative data collection about victimization rates in AA and NHPI communities with higher rates of limited English proficiency.

There are successful models showing that oversampling and outreach to AA and NHPI communities yields high participation and quality data, most notably by the U.S. Census Bureau. In addition, the National Health Interview Survey has included oversamples of Asian Americans since 2006⁶⁷ and the National Center for Health Statistics conducted an NHPI survey in 2014, though only in English and Spanish.⁶⁸ The National Health and Nutrition Examination Survey has also conducted oversamples of Asian Americans since 2011.⁶⁹



Data Disaggregation Subcommittee

Subcommittee Membership:

- **Co-Chairs:** Sarah Min, Dr. Raynald Samoa, and Dr. Robert Underwood
- **Members:** Emily Chen and KaYing Yang
- **Non-Commission Members:** Dr. Ninez Ponce and Dr. Joseph Keawe Kaholokula
- **Designated Federal Officer:** Sarah Edwards

Summary of Meetings and Presentations:

The Data Disaggregation Subcommittee meets bi-weekly. Following the Commission's third meeting on September 28, 2022, the subcommittee met on October 3, October 17, October 31, November 14, and November 28, 2022. The subcommittee received presentations from the following subject matter experts who helped to inform their recommendations:

- **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.

Summary of Recommendations:

The Data Disaggregation Subcommittee will not be proposing any recommendations during the December 2022 full Commission meeting. They will be discussing issues that include federal surveys on language data collection, survey designs that incorporate culturally and linguistically appropriate mechanisms, and data reporting on hate crimes. They will solicit feedback from the full Commission and continue collaborating with subcommittees on cross-cutting issues.



Economic Equity Subcommittee

Subcommittee Membership:

- **Co-Chairs:** Ajay Bhutoria, Simon Pang, and Smita Shah
- **Members:** Luisa Blue, Dr. Kimberly Chang, Kerry Doi, Michelle Ka'uhane, Kevin Kim, and Ai-jen Poo
- **Designated Federal Officer:** Maysee Jacobs

Summary of Meetings and Presentations:

The Economic Equity Subcommittee meets bi-weekly. Following the Commission's third meeting on September 28, 2022, the subcommittee met on October 14, October 28, November 4, November 18, and December 2. The subcommittee received presentations from the following subject matter experts who helped to inform their recommendations:

- **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.

Summary of Recommendations:

The Economic Equity Subcommittee approved three draft recommendations for presentation at the December 5-6, 2022, full Commission meeting:

- **Recommendation:** The Commission recommends that the U.S. Small Business Administration, U.S. Department of the Treasury, U.S. Department of Health and Human Services, and U.S. Department of Commerce create a multi-year capacity building fund that can enable Community Development Corporations to build capacity, finance projects, and stabilize small businesses that are focused on creating jobs and improving the economy.
- **Recommendation:** The Commission recommends that the U.S. Small Business Administration award no less than 2% of annual contracts to new AA and NHPI entrants to the federal marketplace.
- **Recommendation:** The Commission recommends that the U.S. Department of Labor target 5% of the overall number of nationwide apprenticeship participants to be AA and NHPIs, which can be achieved through increased community outreach, simplification of the application process, and the removal of financial barriers.



Recommendation: Build Capacity for Community Development Corporations

Problem Statement:

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 decreased revenue for many Asian American neighborhood businesses by 50-80% and an estimated 233,000 businesses closed from February to April 2020.⁷⁰ Yet funding for AA and NHPI communities is minimal. For example, in December 2021, the U.S. Small Business Administration released 2020 data on the amount of federal procurement dollars that went to minority-owned businesses. Although AA and NHPI-owned businesses make up about 10% of all businesses in the U.S.,⁷¹ the data indicated that less than 3% of federal procurement dollars went to these businesses in 2020.⁷²

Recommendation:

The Commission recommends that within a year, the federal government, specifically the U.S. Small Business Administration (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), U.S. Department of Health and Human Services (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 (CDCs) to build capacity, finance projects, and stabilize small businesses focused on creating jobs and improving the economy.

Background and Rationale:

COVID-19 severely impacted AA and NHPI owned small businesses, which experienced more than a 60% decrease in revenue at the onset of the pandemic (compared to a decrease of 45-50% experienced by peer businesses).⁷³ In addition, closures of AA and NHPI businesses was widespread, contributing to a 6,900% increase in unemployment filings by AA and NHPIs in states like New York.⁷⁴ These communities endured three concurrent crises in 2020: an unprecedented pandemic; small businesses decimated



without adequate assistance; and an onslaught of anti-Asian racism resulting in violent and deadly attacks, vandalism, prejudice, and business rejection.⁷⁵ Further exacerbating matters, AA and NHPIs are masked with invisibility perpetuated by the model minority myth and are perceived as a population not needing support. For example, in 2020, less than 3% of federal procurement funds were allocated to AA and NHPI small businesses, yet AA and NHPIs make up 10% of businesses nationally. As far as funding, only 20 cents for every one hundred dollars of grants nationwide went to serving AA and NHPI-focused causes in 2018, even though AA and NHPIs comprised roughly 6% of the population and continue to be the fastest growing minority group.⁷⁶

Supporting AA and NHPI businesses is critical to our recovery. Yet, based on a national survey, 58% of AA and NHPI entrepreneurs had difficulty accessing government relief at the onset of the COVID-19 pandemic due to: (1) limited English proficiency, which prevented many from accessing critical information in a timely manner; (2) confusion over the different relief programs, eligibility requirements, and guidelines; (3) lack of formal banking relationships; and (4) lack of access to basic technology to access programs via online platforms.⁷⁷ Smaller and local capital providers, unlike many national nonprofit CDFIs, possess the community relationships, language capability, and/or cultural competency necessary to be effective with and provide technical assistance to the diverse AA and NHPI communities.⁷⁸ Consistent investments, funding, and resources are needed, especially as the country continues to recover from the pandemic and community needs are multi-faceted and complex. To advance equity, addressing the need for multi-year funding to local organizations is vital.⁷⁹ This type of investment would also directly align with Sections 6(a) and (b) of Executive Order 13985, calling for economic equities. Providing investments for underserved small businesses and their local CDCs will build their capacity and ensure an equitable Main Street recovery.



Recommendation: Increase AA and NHPI Federal Small Business Contractors

Problem Statement:

AA and NHPI communities contribute immensely 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.
- 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.
- 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.

Background and Rationale:

AA and NHPI small businesses face challenges in gaining access to economic opportunities, including navigating the hurdles in becoming a federal contractor and competitive challenges in entering the federal marketplace.



Recommendation: Increase AA and NHPI Participation in Apprenticeship Programs

Problem Statement:

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 that 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:

- 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.
- 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.
- 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.

Background and Rationale:

According to DOL demographic data provided by 686,000 apprentices between 2010 and 2019, 77.5% identified as white, 15.3% as Black, 2.9% American Indian/Alaska Native, 2.1% Asian, 1.6% Native Hawaiian/Other Pacific Islander, and 0.5% as multi-racial.⁸⁰ In 2019 alone, the share of apprenticeship participants for Asian Americans was only 2.2% and 1.3% for Native Hawaiian or Other Pacific Islanders.⁸¹

Apprenticeships stimulate economic and career growth and provide individuals with a stable income and marketable skills. Apprenticeships create a pathway to middle-class jobs without debt for those without a four-year degree.⁸² The low AA and NHPI apprenticeship rate may be attributed to a lack of awareness of apprenticeship programs and benefits in the community, lack of understanding of apprenticeship programs, eligibility requirements, language access issues, limitations dealing with transportation, childcare, and housing, or a lack of self-confidence and role models in apprenticeship industries.



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