



**THE COALITION FOR ASIAN AMERICAN
CHILDREN AND FAMILIES**

BRIEFING BOOK



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September 16, 2010

The Coalition for Asian American Children and Families (CACF), the nation's only pan-Asian children's advocacy organization, aims to improve the quality of life for Asian Pacific American children and families in New York. Founded in 1986, CACF consists of over 40 member organizations representing tens of thousands of New Yorkers. CACF engages the East Asian, South Asian, Southeast Asian, and Pacific Islander communities for a pan-Asian movement. CACF advocates for better policies, funding, and services for children and families of the diverse Asian Pacific American (APA) community.

Purpose: This briefing book provides an overview of the history, current critical issues, and policy recommendations in Child Welfare, Education, and Health. The briefing book is not an exhaustive list but provides a good starting point for anyone seeking to understand the current state of Asian Pacific American children and families in New York.

Demographics: According to the 2006 American Community Survey, Asian Pacific Americans are by percentage the fastest growing group in New York City, nearly doubling every decade since 1970 and making up nearly 12% of the population. In fact, New York City has the largest Asian Pacific American population of any U.S. city. This large and diverse population includes people from more than 40 cultures and ethnic groups who speak more than 150 languages and dialects. Of the nearly 1 million Asian Pacific Americans in New York City:

- 78% are foreign-born
- 26% live in poverty, the second highest of all racial groups
- 28% are linguistically isolated (no one over the age of 14 in a household speaks English well), the highest of all racial groups

Of the Asian Pacific American children in New York City, more than 60% are born into poverty¹ and nearly a quarter (24%) of them between the ages of 0-17 years are currently living below the poverty level².

Inequities: Despite these needs, the Asian Pacific American community does not receive a fair share of public and private resources. Asian Pacific American organizations receive only 0.24% of the City's social service contract dollars³ and only 0.38% of the City's foundation grant dollars⁴. This means that the increase in the Asian Pacific American population of New York has been met with a decrease in financial resources and, hence, a decrease in much needed services.

CACF believes that children of all backgrounds should grow up healthy and safe. Having culturally competent, linguistically appropriate, and immigrant accessible services will make this vision a reality for Asian Pacific American children and families. We look forward to working together with you to ensure that we address the needs and priorities of the fastest growing community of New York.

Sincerely,

Wayne Ho
Executive Director

¹ Summary of Vital Statistics 2008, The City of New York, New York City Department of Health and Mental Hygiene

² 2000 U.S. Census Bureau, Asian American Federation Census Information Center, 2003

³ Shao Chee Sim of the Asian American Federation of New York, *Asian American Policy Review*, Harvard University, Volume XI, 2002

⁴ *Growing Opportunities*, Asian Americans and Pacific Islanders in Philanthropy, 2007

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STRENGTHENING THE CHILD WELFARE SYSTEM

In New York City, the Administration for Children's Services (ACS) provides multiple services for vulnerable children and families, including child protective, preventive, foster care, and adoption services. According to 2007 data from ACS, there were approximately 12,460 preventive case openings in New York City, of which 8.7% were Asian, and over 17,000 children in foster care, of which 0.6% were Asian. Of the approximately 35,500 children with substantiated reports, 2.4% were Asian.⁵

The barriers Asian Pacific American (APA) families face in navigating the child welfare system are significant.

Language: Many APA and other immigrant families who come into contact with the child welfare system struggle with limited English proficiency (LEP).

- According to a 2005 CACF survey of then-existing ACS Neighborhood Networks (almost all of those chosen for survey served areas with at least a 15% APA population), 82% of responding Network members encountered language barriers when dealing with APAs.⁶
- In its own Language Access Policy and Implementation Plan, ACS recognized nine "priority languages" based on the need for child welfare and child care services in these languages. Five of these "priority languages" are spoken by APAs: Chinese, Arabic, Korean, Bengali, and Urdu.⁷
- A 2007 NYS Office of Children and Family Services (OCFS) report based on a survey of local departments of social services revealed that ACS has a high level of interaction with LEP persons. ACS' Division of Child Welfare interacted with 31 languages and indicated that it had "daily contact" with Cantonese speakers.⁸

Culture: APA families may engage in child rearing and disciplinary practices that reflect the cultural norms of their countries of origin, but are considered potentially harmful in the United States.

Lack of Familiarity: APA families are often uninformed about child welfare laws, the role of ACS, or the availability of resources for vulnerable families. For undocumented families, this unfamiliarity is exacerbated by the fear that interacting with government agencies will result in punitive action or even deportation.

As a result of these barriers, APAs experience great difficulty in communicating with ACS and other child welfare staff, understanding and exercising their rights, and accessing critical support services. Moreover, although we are awaiting new contract award recommendations, ACS currently contracts with only six preventive agencies that serve a significant number of APA families. These agencies cover limited geographical areas in three of the five boroughs and four largely serve the Chinese community. There are no foster care agencies primarily serving APAs in New York City at this time.

CACF PRIORITIES IN CHILD WELFARE

1. ENHANCE SERVICES FOR IMMIGRANT FAMILIES

The linguistic and cultural gap between immigrant families and ACS often thwarts the development of a cooperative relationship. According to the 2007 OCFS LEP report, ACS' Child Welfare division interacted with 17 distinct "essential" languages, meaning "those [languages] for which bilingual staff are needed."⁹

RECOMMENDATIONS:

- **Invest in cultural brokering services for immigrant families.** Under the former ACS-funded Immigrant Community Partnership Initiative (ICPI), "cultural brokers" from immigrant-serving community-based organizations (CBOs) worked directly with families to help them comprehend the purpose of the child welfare system and their rights. These brokers also served as a resource for ACS staff. According to an evaluation of

⁵ "Race/Ethnicity and the Path through the Child Welfare System, CY 2007, New York City," prepared by ACS Office of Strategic Resource Management and Reporting, October 2008.

⁶ "Connecting the Dots: Improving Neighborhood-Based Child Welfare Services for Asian Pacific American Families," The Coalition for Asian American Children and Families, March 2007. ("Neighborhood Network members include[d] local ACS staff from the field offices and Neighborhood Based Services unit, contracted preventive and foster care agencies, and community organizations and service providers.")

⁷ "Language Access Policy and Implementation Plan," New York City Children's Services. Available at http://www.nyc.gov/html/acs/downloads/pdf/lap_acs.pdf.

⁸ "The Needs of and Services for Persons with Limited English Proficiency (LEP): Findings from OCFS's LEP Survey," New York State Office of Children and Family Services, June 2007. Available at <http://www.ocfs.state.ny.us/main/reports/LEP2007.pdf>.

⁹ "The Needs of and Services for Persons with Limited English Proficiency (LEP): Findings from OCFS's LEP Survey," supra note 6.

ICPI, of the responding ACS caseworkers who worked with a cultural broker in a case conference, 77% agreed or strongly agreed that “the family’s behavior changed due to CBO participation.”¹⁰

- **Recruit and retain bilingual caseworkers.** The recruitment of caseworkers who can communicate with families in their native languages will greatly improve the accessibility of the child welfare system to immigrant families. Sharing the common bond of language will help build trust between the caseworker and family, eliminate language-based misunderstandings, and ensure that accurate information is obtained about the current state of child safety in the home. CACF encourages ACS to explore ways to recruit and retain bilingual caseworkers, including structured internship programs for local schools of social work, loan forgiveness, tuition subsidy programs, and salary-based incentives.
- **Mandate cultural competency training for all agency staff.** All staff needs to understand the impact of immigration and culture on family functioning and a family’s access to services. Mandatory training on cultural competency will improve the effectiveness of the child welfare system, ensuring appropriate investigations, interventions, and resources for immigrant families.

2. INVEST IN PREVENTIVE SERVICES

Preventive programs link vulnerable families to numerous supports and services, such as parenting workshops, domestic violence counseling, substance abuse treatment, child care, and much more. These services strengthen families in need, improve child safety, prevent the removal of children from the home, and ultimately reduce the City’s use of more expensive foster care. Given the enormous barriers faced by immigrant families, preventive agencies working with these families must provide a rigorous combination of services that addresses language issues, eases the cultural gap, and ultimately stabilizes the family.

RECOMMENDATIONS:

- **Baseline \$11.697 million restored in FY 2011 for 2,900 preventive services slots.** While CACF applauds the FY 2011 restoration of this funding, which draws down roughly \$19.08 million in State dollars, we now urge the City to baseline these slots. First, these slots are essential to keeping families together. Second, the contract agencies that hold these slots must be able to rely on a permanent funding stream if they are to operate effectively and provide high-quality services for families.
- **Expand the number of preventive slots allocated to immigrant-serving agencies.** In FY 2008, ACS gave “200 special language” general preventive slots, including a number of Asian language slots, to agencies working with particular immigrant groups.¹¹ As ACS is currently in the process of determining new contract award recommendations for preventive service providers for FY 2012, CACF asks the City to increase the number of slots allocated to agencies with the demonstrated expertise, history, and/or staffing capacity to address the unique needs of immigrant populations.

3. IMPROVE DATA COLLECTION

Gathering and disaggregating data based on demographic factors is critical to understanding the experience of immigrant families.

RECOMMENDATION:

- **Collect data on immigrant children and families in the child welfare system.** ACS should (1) include questions regarding race, ethnicity and language in data gathering and evaluation instruments, (2) provide training to child welfare staff on how to accurately capture this data, (3) report outcomes data that is broken down by demographic factors, and (4) use this data to enhance policies for immigrant families in the child welfare system. Disaggregating data on the diverse Asian Pacific American community will give a more accurate view of the child welfare needs of the various ethnic groups. For example, the needs of Indian families may be different than the needs of Filipino families.

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¹⁰ “Program & Evaluation Report: Immigrant Community Partnership Initiative,” Agenda for Children Tomorrow, May 2009. Available at http://www.actnyc.org/images/uploads/Immigrant_Community_Partnership_Initiative_May_2009.pdf.

¹¹ “The Wisest Investment: New York City’s Preventive Service System,” Citizens’ Committee for Children of New York, Inc., April 2010. Available at <http://www.ccnnyork.org/publications/CCWisestInvestment10.pdf>; see also “Language Access Policy and Implementation Plan,” supra note 5.

INCREASING THE HEALTH OF ASIAN PACIFIC AMERICANS

The promotion of healthy families and healthy communities is of utmost importance in ensuring that Asian Pacific American (APA) children and families continue to make contributions to their communities and to society as a whole. Approaches to health promotion and disease prevention must be holistic and include access to health care, nutritious food, and safe environments.

Barriers to Health Care: Health care access is exacerbated in Asian Pacific American communities by a host of factors, such as immigration status, language barriers, cultural stigmas regarding public benefits, limited availability of culturally and linguistically appropriate programs and services targeting APA communities, and low utilization of primary and preventive care.

Uninsurance Rates: The costs of uninsurance or underinsurance to individuals and to society at large are enormous, resulting in poorer quality of life, missed work, bad debt, inefficient care, and diminished benefits of having a healthy, productive population.

- About 1 out of 8 adults in New York City is uninsured, and 8 out of 10 of these uninsured were foreign-born.¹²
- While 65% of Asian Pacific Americans receive health care through their employers, the remaining 35% are self-employed, working in small businesses or in cash-based industries that are less likely to offer health benefits.¹³
- 1 in 9 Asian Pacific American children in the country are uninsured.¹⁴ Two-thirds of all children are eligible for coverage in Medicaid or CHIP but are not enrolled largely due to state-imposed barriers that differ across states.¹⁵

Limitations of Health Care Reform: The passage of the *Affordable Health Care for America Act* promises to bring coverage to the nearly 32 million uninsured individuals in the U.S. and bring numerous benefits to the residents of New York State. While it is a tremendous first step, we recognize that the legislation is not perfect. As a largely immigrant community, CACF is concerned that health care reform will still leave thousands out, such as undocumented immigrants who are being prevented from participating in this new system.

Challenges to a Healthy Lifestyle: Where Asian Pacific American children and families live, work, play, learn, and worship also shapes much of their health and quality of life. Many neighborhoods lack green spaces and access to quality food. Acculturation into a mainstream American lifestyle increases the risk factor for obesity among APAs. Second generation (U.S. born children of foreign-born parents) and third generation APA adolescents (U.S. children of U.S. born parents) have an obesity rate twice that of first generation immigrant Asian adolescents.¹⁶ Not tackling the impact of poor diet, lack of physical activity, and other environmental factors will lead to a diminished quality of life.

CACF PRIORITIES IN HEALTH CARE

1. PROMOTE CHILDREN'S HEALTH

The focus on children and young people is important because the early years are the time when healthy development, good nutrition, and other components of health can form the rest of their years. Providing health insurance to children and adolescents is a great facilitator to ensuring any health and developmental problems are caught before conditions worsen.

RECOMMENDATIONS:

- **Support policies and initiatives that maintain and expand Child Health Plus/SCHIP.** This includes covering all children regardless of their immigration or economic status. Coverage must be comprehensive and include not only primary and preventive care, but also cover mental health, dental, hearing, vision, and specialty care.
- **End the bureaucratic barriers that keep millions of the uninsured children who are already eligible for Medicaid or CHIP from actually getting care they need.** A simple, seamless enrollment process like older Americans have in Medicare would ensure our children are cared for and covered.

¹² New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System – *Community Health Survey, 2008*. Web. January 7, 2009. <http://nyc.gov/health/epiquery>

¹³ Asian & Pacific Islander American Health Forum. *National Leaders in Asian American, Native Hawaiian and Pacific Islander Health Outline Need for Public Plan Option in Health Reform*. September 1, 2009. Print

¹⁴ U.S. Census Bureau, 2007 Annual Social and Economic Supplement to the Current Population Survey. Calculations by the Children's Defense Fund, November 2008.

¹⁵ Children's Defense Fund. *The State of America's Children 2010*. May 28, 2010

¹⁶ Popkin, B.M. and Udry, J.R. (1998). Adolescent Obesity Increases Significantly in Second and Third Generation U.S. Immigrants: The National Longitudinal Study of Adolescent Health. *The Journal of Nutrition*, 128 (4): 701

- **Maintain Child Health Centers, School Based Clinics, and Children’s Dental Clinics.** These clinics provide preventive and primary health services and dental services for low-income children in their communities. Many immigrant families rely on these clinics as their primary source of care because they are neighborhood based and staffed with health professionals that know and understand their communities.
- **Support an Obesity Prevention Initiative.** Obesity is a growing epidemic that impacts all children across the city, but children of color are disproportionately affected. Prevention programs that provide education and physical fitness to curb and prevent obesity are critical to starting children off right to a healthier future.

2. INCREASE ACCESS TO HEALTH CARE

Health care reform will still leave thousands out, including undocumented immigrants. Comprehensive and affordable health insurance coverage provides individuals a valuable facilitator to gain access to preventive health care services, such as early detection, treatment, and better disease management.

RECOMMENDATIONS:

- **Ensure culturally and linguistically responsive outreach strategies to inform community about changes from health care reform & how to access the Insurance Exchange.** While health reform calls for ensuring language access for LEP individuals, it does not provide standards in which to do so. CACF suggests culturally and linguistically appropriate services (CLAS) standards for insurers in the Exchange.
- **Support policies and initiatives that reduce barriers for Asian Pacific Americans to enroll and maintain participation in public and private health insurance programs.** Continued support for facilitated enrollment sites is critical. They play a vital role in helping individuals and families navigate the complicated application processes for public benefits. Policies that call for the translation of applications and documents into various Asian languages are important to promote continued care.
- **Preserve the safety net for those who will remain uninsured.** While the health care reform legislation will expand coverage to nearly 32 million individuals, there will be many who remain uninsured. The funding of safety net providers, such as community health clinics and public hospitals, must be protected as they will continue to offer affordable care for many low-income individuals and families who do not qualify for affordability credits or who do not get coverage through their employers.
- **Continue to cover uninsured and low-income communities despite recession and budget deficits.** New York State serves as an example for its commitment to cover more individuals and families despite the current economic crisis. Legislators need to continue to cover legal immigrants’ access to Medicaid and other public health programs within their first 5 years of residence and cover all children regardless of their immigration status.

3. PROMOTE DEVELOPMENT OF HEALTHY COMMUNITIES

Steps need to be taken to reduce the barriers the community experiences in accessing nutritious food and safe places to play, exercise, work, and gather. By doing so, we can ensure the development of Asian Pacific American children, youth, and adults into healthy and productive residents of New York.

RECOMMENDATIONS:

- **Create policies to promote healthy built environments for families to live, work, and play.** This requires a coordinated, comprehensive effort by multiple organizations, leaders, fields, and sectors, including health, education, business, urban planning, housing, and environmental sustainability. Approaches should address the physical, social, and cultural environments of neighborhoods.
- **Provide opportunities such as town halls, advisory committees, and leadership development programs for various stakeholders to participate in and to inform the larger food justice and active living policy movements.** Many APA communities have traditions of wellness that have not been fully cultivated in the U.S. APA perspectives are vital to creating a larger food justice and active living policy movement that is inclusive of culturally appropriate and linguistically responsive approaches.
- **Ensure culturally appropriate, linguistically responsive, and economically feasible strategies to address access to nutritious food.** Similar to the recent changes in the WIC and Food Stamps program, the re-authorization of the Child Nutrition Act should be supportive of and responsive to the specific dietary needs of all communities of color. The inclusion of guidelines, the local response and implementation of these federal laws, and additional funding are needed to encourage and support providers who operate food programs that are culturally responsive to the APA community.

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IMPROVING K THROUGH 12 PUBLIC EDUCATION

Asian Pacific American (APA) students make-up approximately 14% of the New York City public school student population. APA students are often subjected to the model minority myth which suggests that all APAs are academically successful and higher achieving compared to other racial and ethnic groups. This stereotype masks the reality that many APA students have academic challenges that are often overlooked and neglected by schools.

Nationally, New York has the second largest number of APA English Language Learner (ELL) student population (38,614).¹⁷

- There are approximately 150,000 ELL students in the NYC public schools, and 1 out of 5 is Asian Pacific American.¹⁸
- In 2010, a mere 14% of ELL students met city-wide proficiency standards for English Language Arts (ELA) with 32% meeting Math standards.¹⁹

In September 2010, New York State was awarded \$700 million in federal Race to the Top funds, of which New York City is expected to receive between \$250-300 million. CACF urges the NYC Department of Education (DOE) to use this opportunity to ensure the needs of immigrant students are taken into account as funding allocations are made.

CACF PRIORITIES IN EDUCATION

1. DISAGGREGATE DATA ON ASIAN PACIFIC AMERICAN STUDENTS

Currently, the Department of Education (DOE) uses the following five categories for students: race, national origin, home language, immigrant status, and geo-code (zip code before entering DOE schools). While this information provides a useful baseline, it overlooks the diversity among APAs. For example, the current system does not collect data on ethnicity (e.g., Bangladeshi, Hmong, Indian, Korean, Vietnamese, etc.) and does not accurately account for second-migration immigrants, such as Indo-Caribbeans (people of Indian descent born in the Caribbean, who in the current data system may be categorized as Latino). The data system also does not account for religious/faith-based groups, such as Sikhs. Consequently, the DOE has been unable to address these communities because its data system lumps these populations into one homogeneous group (“Asian”) and is unable to discern place of birth.

RECOMMENDATIONS:

- **Disaggregate data by race, ethnicity, and other relevant demographics in DOE data collection.** Collecting and reporting educational outcomes by ethnicity will allow a more comprehensive understanding of APA student’s academic achievements and educational needs.
- **Use disaggregated data to ensure adequate resources are properly allocated.** A comprehensive understanding will allow for better planning and allocation of additional support services and targeted interventions to address educational needs.

2. INCREASE LANGUAGE ACCESS

Language access presents a barrier for many Asian Pacific American and immigrant parents who want to be more involved in their children’s schools. Long work hours and limited time also restrict and inhibit parent involvement in schools. Under Chancellor’s Regulation A-663, schools must determine a family’s primary language within 30 days of enrollment and provide interpretation and translation for parents. This regulation ensures that LEP families can communicate and engage in their child’s education. To fulfill this regulation, a central Translation and Interpretation Unit was created to assist the Department of Education and schools with their language assistance needs. With the signing of Executive Order 120, the Department of Education is also bound to comply with this regulation as well.

RECOMMENDATIONS:

- **Ensure funding resources to support language access services.** Although the Translation and Interpretation Unit exists, advocacy to ensure funding for this unit is necessary.

¹⁷ Asian American Legal Defense and Education Fund. *Left in the Margins: Asian American Students and the No Child Left Behind Act*. 2008: page 2.

¹⁸ New York City Department of Education, Presentation by Anjelica Infante, Office of ELLs, Spring 2010. *English Language Learners (ELLs) in New York City*.

¹⁹ New York City Department of Education, 2010. Available online at: <http://schools.nyc.gov/Accountability/data/TestResults/ELAandMathTestResults>.

- **Monitor the Department of Education's implementation of Chancellor's Regulation A-663 and Executive Order 120.** Monitoring efforts enable us to identify issues in schools and advocate for language services.

3. IMPROVE RESOURCES FOR ENGLISH LANGUAGE LEARNER (ELL) STUDENTS

In 2010, a mere 14% of ELL students met city-wide proficiency standards for English Language Arts (ELA), and 32% met Math standards. ELL students in New York City are the most vulnerable and have the highest dropout rate.

RECOMMENDATIONS:

- **Monitor access to quality services for ELLs in new small schools.** In the past, DOE had a policy that allowed new small schools to exclude ELLs and special education students for two years of its creation. Advocacy efforts reversed this policy. However, monitoring and advocacy efforts are needed to make sure that schools provide ELL students with a quality education.
- **Advocate for accountability measures for ELL funding.** Under the current foundation aid system, it is unclear if ELL students are receiving their fair share of the legally-required instructional services and funds that are intended for ELL students. Transparency is needed to ensure that the funds generated by ELL students are going towards improving their education.
- **Support more quality bilingual and dual language programs.** Currently, dual language and bilingual language courses are offered in Chinese and Korean. Additional programs in Bengali, Urdu, and other languages are needed to serve these growing populations. These programs encourage native language retention while learning English. Dual language programs also allow native English speakers to participate in learning a second language. Additionally, general and special education teachers should also be trained to work with and integrate ELLs into their classes.
- **Ensure more support and resources for ELLs.** This include guidance counseling, supplemental education services, increased access to small schools, reformed evaluation systems, and replication of successful programs that will enhance ELL student learning.

4. PROTECT STUDENTS FROM HARASSMENT IN SCHOOLS

Immigrant, refugee, and limited English proficient students in the Asian Pacific American community are particularly vulnerable to bias-based harassment. In 2004, CACF along with community partners worked with the New York City Council to pass the Dignity for All Students Act. The statute includes provisions that mandate training programs for school staff and created a mechanism to log student complaints. Unfortunately, the Bloomberg administration refused to implement and enforce this law. In September 2008, after increased advocacy efforts, a Chancellor's Regulation was issued to address bias-based harassment. Despite this significant victory, monitoring is necessary to ensure full enforcement and compliance with the regulation – including annual trainings and public reporting. The regulation also only addresses student-to-student harassment and should include harassment that occurs between teachers/staff and students.

RECOMMENDATIONS:

- **Monitor Chancellor's Regulation to ensure full implementation.** Despite this significant victory, monitoring is necessary to ensure full enforcement and compliance with the regulation – including provision of trainings and public reporting that disaggregates data by race/ethnicity, school, and type of incident.
- **Support the inclusion of staff-to-student harassment in the regulation.** The regulation only addresses student-to-student harassment. Sometimes, harassment occurs between teachers/staff and students. The regulation should also include these types of harassments.

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PROMOTING ACCESS AND EQUITY

1. IMPROVE DATA COLLECTION AND REPORTING

Data collection, analysis, and dissemination are integral components in properly identifying, monitoring, and addressing needs of the growing and diverse APA community. Accurate data helps to identify needs and resources and develop vital programs. Data can also identify unequal access to resources. Disaggregated data by variables such as ethnicity and language prevents APAs from being lumped into one homogenous group.

RECOMMENDATIONS:

- **Include and disaggregate subgroup categories.** This includes but is not limited to the addition and reporting of the umbrella terms (Asian American, Native Hawaiian and Other Pacific Islanders) in national and local surveys. There needs to be greater efforts to further disaggregate categories by race/ethnicity, language/dialects, acculturation, immigration or nativity status, and years in the U.S. in order to understand subgroup differences among the diverse APA community.
- **Include significant sample sizes of Asian Pacific Americans in City and State research studies.** The City and State must have better recruitment and retention strategies to ensure that the sample sizes of Asian Pacific Americans in public studies are reflective of the growth and diversity of the community.
- **Improve standards for collecting and reporting data.** Training and standards should be created to ensure that those responsible for collecting information commit to reporting their client's information.
- **Utilize data to develop appropriate policies and interventions.** With a better understanding of the diverse APA community's needs, policymakers can make better informed decisions on resource allocations and service improvements.

2. PROMOTE LANGUAGE ACCESS

Of all racial groups in New York City, APAs have the highest percentage (28%) who does not speak English well or at all.²⁰ Approximately 12% of children living in linguistically isolated households are APA.²¹ Language barriers to essential systems of care in New York City can be devastating to a child's development and future well-being.

RECOMMENDATIONS:

- **Increase funding to support translation and interpretation services.** Although there are a number of local programs and initiatives, increasing funding is necessary because language access services are often not deemed as core services by public agencies.
- **Monitor the implementation of Executive Order 120 in the Administration for Children Services, Department of Education, Department of Health and Mental Hygiene, and Health and Hospital's Corporation.** Monitoring the implementation and maintenance of language access policies in these agencies, as well as working with the Mayor's Office of Immigrant Affairs and the Mayor's Office of Operations, will ensure compliance of Executive Order 120. This will also improve translation and interpretation services in order to ensure compliance citywide.

3. SUPPORT SMALL COMMUNITY BASED ORGANIZATIONS (CBOs)

Small CBOs have the trust of their community members and have much more flexibility to respond to emerging needs. Vulnerable members of the APA community rely on these CBOs because they offer services that are culturally competent and linguistically appropriate. Unfortunately, small CBOs are not competitive when applying for government contracts because of bureaucratic guidelines but offer important services that should be supported and sustained through government funding. Investment in these CBOs will ensure that individuals facing cultural and language barriers will have equitable access to needed support services.

RECOMMENDATIONS:

- **Ensure proper considerations are included in Request for Proposals (RFPs) that allow small CBOs serving emerging communities to be competitive.** When public agencies develop their RFPs, they need to allow for broader definitions of demonstrated success and history.
- **Support innovative approaches to capacity building.** Small CBOs that offer quality services need to be given opportunities to build their capacity to take on government contracts. This includes public agencies incentivizing sub-contracting by mainstream organizations and offering technical assistance grants.

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²⁰ 2000 U.S. Census Bureau, Asian American Federation Census Information Center, 2005

²¹ 2000 U.S. Census Bureau, Asian American Federation Census Information Center, 2005