New York City Council- Joint Hearing of the Governmental Operations and General Welfare Committees -May 11, 2015
Testimony of the Mayor's Office of Operations

Good morning, Chairman Kallos and Chairman Levin, members of the Government Operations and General Welfare Committees, my name is Bonda Lee-Cunningham from the Mayor's Office of Operations. With me is Sonia Lin, General Counsel of the Mayor's Office of Immigrant Affairs. I am here today to give testimony regarding Introductions 251, 551 and 552, which seek to expand the breadth of demographic information collected by City agencies that collect demographic information in the course of their interactions with residents who are seeking and receiving City services.

Intro. 251 proposes an expansion of categories under the broad racial group "Asian/Pacific Islander" because of the wide variety of cultures and languages among people whose origins are in that geographic area. Intro. 551 proposes to allow agency clients to indicate that they are multiracial when answering questions about race. Intro. 552 proposes to allow agency clients to indicate their gender beyond the typical options of "male" and "female," as well as sexual orientation data which is currently not collected on most city forms. Provision of any of this demographic data would continue to be fully voluntary.

The Administration is supportive of the goals of the proposed legislation. As reflected in the OneNYC report, the City is committed to systematically tracking metrics on opportunity, progress, and livability across all of New York City's traditionally disadvantaged groups. We have committed to establishing a cross-agency group to oversee the collection, analysis, and internal reporting of the data at the agency level. The City will use this data to support agencies in making decisions around OneNYC and other initiatives designed to better support equitable outcomes.

With these goals in mind, we have committed to issuing a Mayoral Executive Order requiring the Social Indicator Report, which analyzes the social, economic, and environmental health of the city, to break out measurements by traditionally disadvantaged groups and to gather that data where it is not currently being collected. This and additional reports, will also bring attention to disparities. Through these reports, we can ensure that policy decisions advance the Mayor's equity platform.

While the plans outlined in OneNYC relate to tracking progress over time, the collection of thoughtfully disaggregated data at the point of entry is consistent with the goals of better understanding the needs of and serving all New Yorkers. In a city as diverse as ours, it is important that agencies providing important social services be aware of and sensitive to the demographic and cultural characteristics of the populations to which they provide services. An individual's culture or identity may affect his or her awareness of or receptivity to services, ability to access those services, and how outreach is conducted by the City. The decennial U.S. census captures a great deal of detail on the City's racial and ethnic groups and the Department of City Planning provides very accessible ways for the public and City agencies to see who lives in the City and where they reside. The proposed collection of additional information to be implemented through this legislation would demonstrate our respect for individuals' interests in defining their own identities and would go a long way to helping the City understand how to best connect a host of services to the people we aim to serve.

All three bills call for existing forms to be changed to collect new information. Some of the forms, however, which would likely yield the most comprehensive types of information cannot be changed due to state or federal regulations. Even where allowed, changes to existing forms would require modifications to agency case management systems and require the production of new forms by agencies.

The Administration suggests an alternative approach to accomplishing the goals of the legislation. This approach would yield valuable information in a manner that is practicable and cost effective, and would also guarantee protection of agency clients' confidential information. We propose the use of a single-page, machine-readable questionnaire that applicants would be invited to complete—on a purely voluntary basis—when they complete other application materials or during service provision. This single page could be easily completed like a test answer sheet with circles to be darkened next to the applicable categories. This form would, of course, be standardized across agencies, would have instructions in the major languages used in the City, and would be designed by the Mayor's Office of Operations in consultation with the Mayor's Office of Immigrant Affairs (MOIA) and subject matter experts in City agencies. The form would enable collection of fully disaggregated racial and ethnic data for a range of ethnic groups from around the world, could be easily modified, and could be coded with the agency of origin. Geographic information about the client's neighborhood of residence could also be collected. The data collected would be kept separately from the applicant's case file, without any personally identifiable information recorded. The forms could be centrally read by a scanner programmed to build a sortable, searchable database. We are working with OMB to evaluate the cost of such a program and equipment and hope to receive an estimate of the costs shortly. We will notify the State or the federal government of a change in a current intake process where that is required. That said, we strongly believe that a robust system based on a stand-alone form is feasible and is the best way to operate a multi-agency data collection program such as this.

The implementation of the questionnaire should be focused on the major points of entry for primary human services, such as public assistance, education, child care, housing, and senior services. These are sectors which already collect some demographic information and in which the numbers of applicants are substantial, potentially yielding a great deal of useful data. Accordingly, the Administration will work with the Council and advocates to develop a list of agency programs in which this data collection would be most effective and valuable.

Intro. 251 asks that agencies incorporate greater detail with regard to those falling under the category of "Asian/Pacific Islander." The Administration recognizes that the broad ethnic categories "Asian" and "Pacific Islander" encompass an immense diversity of individuals from different backgrounds, with different languages, and with different needs and concerns. Similar considerations, in fact, indicate that data disaggregation would be similarly valuable among other commonly used ethnic categories like "Hispanic," "Black or African-American," and "White." The bill does not constrain the Office of Operations' authority to disaggregate ethnicity, country of birth, and language data for additional, non-Asian/Pacific Islander groups. We have been working closely with MOIA to understand the needs and best practices in this area, and we will continue to work with MOIA to ensure that the goals of this legislation are met.

As to the query related to "number of years in the United States," we feel that this inquiry might serve as a deterrent to City government engagement by certain immigrants—particularly recently arrived and undocumented immigrants—so we suggest that it be omitted.

We also support Intro 551, which calls for providing an opportunity for those who are multiracial to indicate this when asked for demographic information. This could easily be incorporated into the single-page questionnaire. The respondent would first select "multiracial" and then select among the categories listed, which could include any combination of the broad racial categories and the disaggregated categories

Intro. 552 provides that applicants for services be allowed to indicate gender identity and sexual orientation information. . We support the collection of this important information as it will lead to better understanding and addressing many disparities that LGBTQI New Yorkers face. We do, however, have some concerns. First, respondent safety must be paramount when obtaining this information. We later describe training associated with those using this form and recognize this as necessary. Further, we recognize that data collection on these topics as it relates to minors could pose an issue and would seek input from experts on how to best move forward recognizing that some City services are specifically directed at meeting the needs of those who identify as other than male or female or of a specific sexual orientation. Second, it is critical that these questions are asked in a manner that allows for the greatest ready comprehension of the terms used.

Because of the sensitivity of this question, we expect that it will take some time for persons to feel comfortable responding, perhaps yielding unreliable results for some time. We also recognize that if parents are involved in completing the forms that there may be danger for a minor who discloses or there may be parental answers that are contradictory to the minor's views. We understand that there is great value to service providers in knowing the answers to questions on these data points but because of the issues cited above and because terminology concerning gender identity and sexual orientation arena is constantly evolving, rather than codifying the categories in the law, we ask that Operations be given the latitude to develop an approach and the categories to be included in consultation with LGBTQI experts within City government and the advocacy community.

We appreciate this opportunity to testify with regard to these bills and wholeheartedly support, with the proposed operational modifications, the goals that the Council seeks to achieve through them. We would also like to thank the advocates who have been pushing for these changes for years for all of their hard work and the Council for its leadership on creating a more inclusive City. We look forward to a continued dialogue on these important issues.

CAB
Heights Hill
Mental Health Service
Community Advisory
Board, Inc.
25 Flatbush [illegible]
Brooklyn, NY [illegible]

CHRISTIAN HUYGEN, PH.D.
EXECUTIVE DIRECTOR
HEIGHTS HILL MENTAL HEALTH SERVICE
SOUTH BEACH PSYCHIATRIC CENTER
COMMUNITY ADVISORY BOARD
(718) 852-5212
FAX: (718) 852-5214
CHRISTIANHUYGEN@RAINBOWHEIGHTS.ORG

TESTIMONY offered at a hearing of the Committee of Governmental Operations, jointly with the Committee on General Welfare, of the New York City Council on May 11, 2015, regarding demographic data collection (Int. No. 251, Int. No. 551, Int. No. 552, Res. No. 472)

Provided by Christian Huygen, Ph.D., Executive Director, Rainbow Heights Club and the Heights-Hill Mental Health Service South Beach Psychiatric Center Community Advisory Board, Inc.

Chairman Kallos, Chairman Levin, members of the Committees on Governmental Operations and General Welfare, members of the New York City Council:

My name is Dr. Christian Huygen. For the past twelve years I have served as executive director of the Heights-Hill Mental Health Service South Beach Psychiatric Center Community Advisory Board, Inc., and of its main program, Rainbow Heights Club.

As many of you know, Rainbow Heights Club provides mental health support services to low and no income people who are living with serious mental illness, and are also lesbian, gay, bisexual or transgender. We are to our knowledge, the only publicly funded agency that specifically serves this sub population and we are extremely grateful to members of these combined committees who have directly supported our work.

Nearly 100% of the clients we serve live on disability or some form of public assistance, and are covered by Medicaid. Our services help 94% of our clients to stay out of the hospital and in the community, thus saving New Yorkers hundreds of thousands, if not millions, of dollars every year in preventable psychiatric hospitalizations.

But we can't provide services to people if we don't know they exist. THAT is why it is vitally important to know who our clients are – not vaguely, but specifically. No matter who they are, invisible populations don't get counted, invisible populations don't receive their fair share of government resources, and invisible populations do not get their needs met.

And as every council member and advocate here today knows all too well, when the needs of poor New Yorkers living with mental illness do not get met, they experience negative outcomes and wind up in the psychiatric emergency room; they wind up in the hospital; or worst of all, they wind up in the corrections system. The bottom line is, they wind up costing taxpayers much more money than they need to if we identify them and get them the support they need.

That is why I strongly support each of the introductions under discussion today. It is vitally important to know the specific multiracial identities and ethnic backgrounds of New Yorkers, and it is vital to know their sexual orientation and gender identity – which is the topic I wish to focus on.

In 2013, after years of advocacy efforts by me and many others, the New York State Office of Mental Health added questions about sexual orientation and gender identity to the intake forms that are used statewide. Almost instantly, their phones started to ring. Therapists called up saying "I want to ask my clients about these issues, but I don't know how, or it makes me uncomfortable." Responding to a deluge of calls for support, the Office of Mental Health contacted me and asked me and my colleagues to train providers on why these questions are important, how to ask, and how to record the data accurately.

Not supplying mental health professionals with the training they needed before we asked them to adapt was an unfortunate oversight but one that we have the chance to correct through Int. 552 which is before you today. Adopting legislation that will require data collection is a wonderful step forward – BUT training is also vitally needed.

That's why I am very happy that Int. 552 includes a provision for a training program and manual that will ensure that providers have the tools and information they need. I have personally trained over 3,000 people who work at more than 250 agencies on these and similar topics. Our agency is currently working with the Department of Health and Mental Hygiene to train mental health providers on how to be affirming with transgender clients, and how to assist them in the process of changing the gender marker on their birth certificate; so I know from extensive personal experience that workers throughout the system are eager to meet the needs of all the people that they serve – but they need that training, information and support, to enable them to move forward.

These introductions are good for clients, good for providers, good for the City and good for the State.

They are good for clients, because people benefit when their background and needs are clearly understood.

They're good for providers, because several of these introductions contain specific categories to be included in questions about clients' background and identity. Providers benefit from clear and consistent guidance on how to ask. And as I mentioned, providers will benefit enormously from the kind of training and guidance that is built into Int. 552, about data collection regarding sexual orientation and gender identity.

They're good for the City, because this legislation will mandate the kinds of ground breaking LGBT data collection included in Governor Cuomo's statewide LGBT data collection initiative.

Most of all, these introductions are good for all New Yorkers, NOT simply because they are the right thing to do – which they are – but because all of these introductions will enable us to better understand and meet the needs of the people we serve, to be the safety net we are designed to be, and thus save millions of dollars in unnecessary, high-cost emergency services. I thank you for this opportunity to speak in support of each of these proposed measures, especially Int. 552, which is concerned with data collection regarding sexual orientation and gender identity. And I would be happy to answer any questions that you may have.

If you need any additional information, please let me know at (718) 852-5212 or christianhuygen@rainbowheights.org.

Sincerely,

Christian Huygen, Ph.D.
Executive Director

THE CENTER

Testimony

of

Carrie Davis, MSW
Chief Programs and Policy Officer
The Lesbian, Gay, Bisexual & Transgender Community Center

In response to the

New York City Council
Proposal for Intro. No. 0552-2014
A Local Law to amend the New York City charter,
in relation to collecting and reporting data
related to sexual orientation and gender identity.

Submitted on May 11, 2015
to the
New York City Council
Committee on Governmental Operations
jointly with the Committee on General Welfare
250 Broadway, 16th Floor Committee Room
New York, NY 10007

THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER
208 W 13 ST NEW YORK, NY 10011

T. 212.620.7310
F. 212.924.2657
gaycenter.org

THE
CENTER

**THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER
208 W 13 ST NEW YORK, NY 10011**

T. 212.620.7310
F. 212.924.2657
gaycenter.org

Testimony of Carrie Davis, Chief Programs and Policy Officer
The Lesbian, Gay, Bisexual & Transgender Community Center

Good morning Mr. Chairman, Members of the Committee on Governmental Operations, the Committee on General Welfare and other Council Members. My name is Carrie Davis and I am the Chief Programs & Policy Officer at New York City's Lesbian, Gay, Bisexual & Transgender Community Center (The Center), where I have worked since 1998. I am grateful for the opportunity to address the important issues raised by Intro. 0552-2014 to better collect and report data related to sexual orientation and gender identity in New York City.

I have been very fortunate over these last 16 years to be able to collaborate with the City of New York as it has worked, step by step, to endeavor to address the basic needs of lesbian, gay, bisexual and transgender (LGBT) New Yorkers. This has including directly working with the City Council to amend the Human Rights Law in 2002 and with the Council again to help transgender people amend their birth certificates in 2014. I have worked and continue working with numerous City agencies and departments such as the Department of Health & Mental Hygiene (DOHMH), the Human Resources Administration (HRA), the Department of Corrections (DOC), the Department of Homeless Services (DHS), the Commission on Human Rights, the Police Department (NYPD), and many others to develop new practices and amend their internal policies to better serve LGBT people.

Since 1998, I have also joined in various working groups and coalitions to advocate for better collection of data related to sexual orientation and gender identity – beginning with the aborted federal Department of Health and Human Services (HHS) Healthy People 2010 LGBT Companion Document and continuing to this day in collaboration with current efforts by the New York State Interagency LGBT Task Force, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the New York City DOHMH Bureau of HIV Prevention and Control.

Why the collection of data on sexual orientation and gender identity is needed

While some LGBT people have a safe and healthy journey to health and well being, others are placed at risk by substantial social stigma and developmental disruptions. These often cascade to lifelong difficulties with health, educational attainment, and economic productivity.[1] The Center was founded to help address these concerns in 1983.

Despite all the amazing work that the City of New York has done so far, it is believed the LGBT population experiences significant clinical and public health disparities. For instance, lesbians are more likely than heterosexual and bisexual women to have an increased risk for cardiovascular disease, glucose intolerance, and morbidity related to inactivity.[2] Lesbians and bisexual women are much less likely to get Pap tests to screen for cervical cancer.[3, 4] LGBT people as a group are more likely than other Americans to smoke.[5] Gay and bisexual men and transgender women experience the highest rates of HIV and sexually transmitted infections,[6] and transgender individuals experience high rates of what is described as minority stress and mental health concerns.[7] LGBT people also experience barriers to accessing primary

---

[1] Centers for Disease Control and Prevention. (2011). *Lesbian, Gay, Bisexual and Transgender Health.* Retrieved March 5, 2014, from http://www.cdc.gov/lgbthealth/about.htm

[2] Boehmer U, Bowen DJ, Bauer GR. Overweight and obesity in sexual minority women: evidence from population-based data. *Am J Pub Health.* 2007; 97: 1134-1140. Cited in Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: What we know and what needs to be done. Am J Public Health. 2008: 98: 989- 995.

[3] Valanis BG, Bowen DJ, Bassford T, Whitlock E, Charney P, Carter RA. Sexual orientation and health: Comparisons in the Women's Health Initiative sample. Arch Fam Med. 2000;9(9):843-853.

[4] Kerker BD, Mostashari F, Thorpe L. Health care access and utilization among women who have sex with women: Sexual behavior and identity. J Urban Health. 2006;83(5):970-979.

[5] Lee, J., Griffin, G., & Melvin, C. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review. Tob Control. Aug 2009; 18(4):275-282.

[6] Centers for Disease Control and Prevention (2010, September). HIV Among Gay, Bisexual, and Other Men who Have Sex with Men (MSM): Fact Sheet. http://www.cdc.gov/nchhstp/Newsroom/docs/FastFacts- MSM-FINAL508COMP.pdf

[7] Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: The National Academies Press, 2011. Available at: http://www.iom.edu/Reports/2011/The-Health-of- Lesbian-Gay-Bisexual-and-Transgender-People.aspx

care including a lack of providers trained to address the health care needs of LGBT people[8]; lower rates of health insurance coverage[9, 10, 11]; discrimination in health care[12]; and difficulties accessing culturally appropriate health care.[13]

We also know that many LGBT people face economic and educational disparities. More lesbian couples, compared to married different-sex couples, are in poverty.[14] Transgender people have twice the rate of unemployment compared to the national average, and nearly all report having experienced harassment or discrimination on the job or taking actions to hide their identity in order to avoid it. As a consequence, transgender people are nearly four times more likely to have an annual income of under $10,000 than the general population.[15, 16]

All of this may significantly increase the contact and associated costs that some LGBT people have with the homeless, medical, mental health, legal and criminal systems here in New York City.

While the existing body of research has helped policymakers, researchers, providers and advocates begin to address these concerns, many aspects of the needs and experiences of LGBT people remain unexplored. Collecting additional high-quality population-level data on these and the other social, educational, economic, safety and health disparities associated with LGBT people is essential if city, state, federal and nonprofit agencies are to adequately serve these and all New Yorkers. Improved data is also necessary to allow researchers better understand the backgrounds and needs of LGBT people and to help advocates and their allies develop effective intervention strategies to improve the health and wellbeing of LGBT people.

In this information rich period, demographic, health, and other data are fundamental indicators of social value and inclusion. Ancient sources, including the Bible, place special emphasis on the dignity and values associated with being counted. *"To be counted is to count in important discussions about policy, resource allocations, and other issues that affect"* LGBT lives.[17]

The City's current data collection does not suffice to address these concerns. The Center supports better collection, reporting and analysis of information related to sexual orientation and gender identity. This information is necessary to develop a more comprehensive approach to the underlying dynamics that give rise to the social, educational, economic, safety and health disparities faced by the LGBT community, as well as to compare these needs to other groups. This information is necessary to develop a more comprehensive approach to the underlying dynamics that give rise to these disparities and can be used to tailor health, economic, educational and other social programs and services accordingly. Importantly, it is also used to measure and track progress toward achieving city, state and national goals in these areas.

---

[8] Obedin-Maliver J, Goldsmith E, Stewart L, et al. White, W, Tran, E, Brenman, S, Wells, M, Fetterman, DM, Garcia, G, Lunn, MR. Lesbian, gay, bisexual and transgender-related content in undergraduate medical education. JAMA. 2011; 306: 971-977.

[9] Ponce N, Cochran S, Pizer J, Mays V: The effects of unequal access to health insurance for same-sex couples in California. Health Aff. 2010;29:1539–1548.

[10] Durso L, Baker K, Cray A. LGBT Communities and the Affordable Care Act: Findings from a National Survey. Washington, DC: Center for American Progress, 2013. Available from http://www.americanprogress. org/wp-content/uploads/2013/10/LGBT-ACAsurvey-brief1.pdf

[11] Grant J, Mottet L, Tanis J, Harrison J, Herman J, Keisling M. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011

[12] Lambda Legal. When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV. New York: Lambda Legal. 2010. Smith D, Mathews W. Physicians' attitudes toward homosexuality and HIV: Survey of a California medical society-revisited (PATHH-II). Jnl Homosexuality. 2007; 52(3-4):1-9.

[13] Mayer K, Bradford J, Makadon H, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: What we know and what needs to be done. Am J Public Health. 2008: 98: 989-995.

[14] Badgett, M.V. Lee; Durso, Laura E.; & Schneebaum, Alyssa. (2013). New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community. UCLA: The Williams Institute. Retrieved from: https://escholarship.org/uc/item/8dq9d947

[15] Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.* Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.

[16] Hanssens, C., Moodie-Mills, A. C., Ritchie, A., Spade, D., & Vaid, U. (2014) *A Roadmap for Change: Federal Policy Recommendations for Addressing the Criminalization of LGBT People and People Living with HIV.* New York: Center for Gender & Sexuality Law at Columbia Law School.

[17] GENIUSS Group (Gender identity in U.S. surveillance) (2013) *Gender-related measures overview* Los Angeles: The Williams Institute. Available: http://williamsinstitute.law.ucla.edu/wp-content/uploads/GenIUSS-Gender-related-Question-Overview.pdf

Access to detailed aggregate data would allow the New York City, and advocates to identify areas in need of support—for example, patterns of targeting LGBT students, school districts where bullying is rampant, or areas where violence against LGBT people might spike. This data can be used by epidemiologists to better understand the disparate impact of disease—for example, to learn the impact of HIV on transgender people and to help public health workers to target appropriate interventions to address this. Better participant data can be used by clinicians to directly address issues of access to care and quality of care—for example, to ask clinically relevant questions about sexuality and family status.

Training to help providers sensitively, humanely and successfully collect this information is also required. HHS encourages human services programs to include LGBT cultural competency curricula, noting, *"the lack of culturally competent providers is a significant barrier to quality health care for many LGBTQ people..."*[18]

Recommended change

The Center strongly supports the collection and reporting of data related to sexual orientation and gender identity as proposed by Intro. 552. We also feel this bill would be even stronger if it were amended to better coordinate and share data with other ongoing LGBT data efforts. Some of the data collection fields or codes currently specified in Intro. 552 would make this coordination difficult and may eventually conflict with the formal regulations being developed at state and federal levels.

There is much to guide us in this. The Affordable Care Act has prioritized investment in a new national health data collection and analysis approach. HHS notes that, *"In the past, identifying disparities and effectively monitoring efforts to reduce them has been limited by a lack of specificity, uniformity, and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data will help us better understand the nature of health problems in the LGBT community."*[19]

New York City could also coordinate implementation with the LGBT data collection practices developed and proposed nationwide at various centers of excellence such as the Williams Institute at UCLA,[20] The Institutes of Medicine,[21, 22] The Fenway Institute,[23] and now HHS.[24] These institutions have been grappling with the need to collect LGBT-specific data, the importance of standardizing such data collection, and the actual methodology of asking detailed questions about sexual orientation and gender identity.

As noted previously, with the work of the Interagency LGBT Task Force New York State began in 2014 to update its agency data systems to include sexual orientation and gender identity information. Governor Cuomo has noted, *"with*

---

[18] U.S. Department of Health and Human Services (U.S. DOHHS). (2012). *U.S. Department of Health and Human Services recommended actions to improve the health and well-being of lesbian, gay, bisexual and transgender communities.* Retrieved from http://www.hhs.gov/lgbt/health.html

[19] U.S. Department of Health and Human Services Office of Minority Health (U.S. DOHHS). (2011). *Improving Data Collection for the LGBT Community.* Retrieved from http://minorityhealth.hhs.gov/assets/pdf/checked/1/Fact_Sheet_LGBT.pdf

[20] GENIUSS Group (Gender identity in U.S. surveillance) (2013) *Gender-related measures overview* Los Angeles: The Williams Institute. Available: http://williamsinstitute.law.ucla.edu/wp-content/uploads/GenIUSS-Gender-related-Question-Overview.pdf

[21] Institute of Medicine. (2011) *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.* Washington, DC: The National Academies Press. Available at: http://www.iom.edu/Reports/2011/The-Health-of- Lesbian-Gay-Bisexual-and-Transgender-People.aspx

[22] Institute of Medicine. (2012) *Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records - Workshop Summary.* Washington, DC: The National Academies Press. Available at: http://www.nap.edu/catalog.php?record_id=18260

[23] Cahill, S. & Makadon, H. (2014) Sexual Orientation and Gender Identity Data Collection Update: U.S. Government Takes Steps to Promote Sexual Orientation and Gender Identity Data Collection Through Meaningful Use Guidelines. *LGBT Health.* September 2014, 1(3): 157-160. doi:10.1089/lgbt.2014.0033.
CDC reference at www.cdc.gov/lgbthealth/transgender/cdc-programs.htm

[24] U.S. Department of Health and Human Services (2013). *HHS Secretary Kathleen Sebelius statement on LGBT Pride Month.* Retrieved from http://www.piersystem.com/go/doc/2430/1792599/

this data, the State can begin to effectively address health and financial disparities, safety concerns and a myriad of other issues, thereby improving the lives of lesbian, gay, bisexual and transgender New Yorkers across the state."[25]

At the State level, Assembly Member Bronson from Rochester and Senator Hoylman from New York City have proposed A02403 and S00054. This legislation is similar to Intro. 552 and requires *"every state agency, board, or commission that directly or by contract collects demographic data as to the ancestry or ethnic origin of residents of the State of New York shall use separate collection categories and tabulations for sexual orientation and gender identity or expression."* This is likely to improve the fit with still evolving federal sexual orientation and gender identity data collection practices by not directly specifying the actual data codes to be used.

National standards are also being developed for electronic health record systems (EHR) by the HHS, the Centers for Medicare & Medicaid Services (CMS) and vendors for the collection of this information. To this end, the Office of the National Coordinator for Health Information Technology issued proposed 2015 Edition Certified EHR Technology (CEHRT) Criteria, which suggest Systematized Nomenclature of Medicine (SNOMED) code sets for sexual orientation and gender identity data collection in 2017 as follows:

- Sexual orientation: asexual; bisexual; gay; heterosexual; lesbian; questioning; decline to answer; and (for ages 0–17) not applicable
- Gender identity: gender variant; man; intersex; questioning; transgender; woman; decline to answer; and (for ages 0–17) not applicable

It would be of tremendous value and future cost savings if the changes proposed in New York City as part of Intro. 552 were to be flexible enough to agree with and coordinate with these standards.

Conclusion

The time has come for New York City to show LGBT people that their lives and concerns matter by routinely including LGBT-inclusive sexual orientation and gender identity-related measures in data collection efforts. Intro. 552 reflects the City's commitment to this and the diverse needs of LGBT New Yorkers.

Once again, I would like to thank the Council for your attention to this important issue. New York has an opportunity to continue to lead the way in proactively addressing and improving the health and wellbeing of LGBT New Yorkers. The proposal to include LGBT-inclusive sexual orientation and gender identity-related measures in data collection efforts is a highly positive action that directly addresses the challenges faced by LGBT New Yorkers as they seek to live health and successful lives. I encourage the Council to act to ensure this data is collected, analyzed, and actually used in real time to improve the programs and services that LGBT people may require. I also hope the Council will continue to take an active role in making more detailed data about sexual orientation and gender identity accessible to the general public.

Thank you for the opportunity to offer this testimony,

Carrie Davis, MSW
Chief Programs and Policy Officer
The Lesbian, Gay, Bisexual & Transgender Community Center

---

[25] New York State Interagency LGBT Task Force (2014). Standing Up for ALL New Yorkers. http://www.governor.ny.gov/sites/governor.ny.gov/files/archive/governor_files/StandingUpForAllNYers.pdf

EMPIRE STATE
PRIDE AGENDA
25 YEARS

Testimony for Joint Hearing on Int. 0552-2014
May 11, 2015
From the Empire State Pride Agenda
Prepared by:
Levi Solimine, MPH
Director of Programs

The Empire State Pride Agenda supports Int. No. 552, a bill introduced by Council Member Dromm, which mandates that city agencies collect data on LGBTQ people that they serve. The bill would ensure that New York City has a more accurate and relevant public record of populations by sexual orientation and gender identity for determining public policies and funding priorities.

These New York City entities currently collect demographic data based on several criteria, including race, age or gender—but not sexual orientation or gender identity. Government-collected data determines which programs are created, which organizations are funded, and which health disparities are prioritized.

The Pride Agenda is the proud coordinator of the New York State LGBT Health and Human Services Network (the Network). Consisting of over 50 service providers, the Network provides cost-efficient, preventative health and human services that address many of the urgent and unmet needs of LGBT New Yorkers. The Network plays a key role in the collection of Statewide LGBT Health and Human Services Needs Assessment data. Therefore we are well-versed in LGBT data collection, as well as connecting that data to policy and funding recommendations.

Data is critical to identifying and meeting the health and human service needs of LGBTQ New Yorkers, such as substance use counseling, mental health treatment and assistance for seniors and youth. The lack of information about the LGBTQ communities in New York City makes it difficult for government resources to be targeted effectively or efficiently. Without being able to identify what and where the needs are, resources are allocated based more on anecdotes and political connections than on actual needs.

Therefore, in order to best meet the needs of New York City's LGBTQ communities, we support City Council Member Dromm's bill to require that NYC agencies collect demographic data on LGBTQ communities. We also applaud the legislation for requiring that there be mandatory training for city agency staff which will ensure that they are equipped to properly serve LGBTQ residents of NYC.

While we support the spirit of this bill, we would also like to request that the bill be revised in regards to the sexual orientation and gender identity categories to ensure the data collected is scientifically sound, and ideally in alignment with State efforts. The gender identity categories suggested in the bill raise the following concerns:

1. The categories (e.g. cisgender, intersex) may be confusing to the general public which could lead to inaccurate responses that may skew data.
2. The categories may not appropriately meet the needs of the individual agencies collecting this data.
3. There is no clear mechanism to delineate between transgender men and transgender women and they may have different service needs.
4. The bill calls for training to address constituents by their self-identified gender, but does not provide categories to support staff (e.g. gender pronoun, or a route to distinguish between different transgender identities which may or may not be a cue to pronouns)

We suggest editing the language to be aligned with NYS Assembly Bill A7669-2013, introduced by Assembly Member Harry Bronson, which would expand Governor Cuomo's Executive Order and require the collection of demographic information pertaining to the LGBT community from certain state agencies, boards and commissions. While this would allow agencies some flexibility, agencies could institute data collection that would best meet their individual needs thus resulting in more meaningful data to inform better use of funds. It would also allow agencies to adjust quickly to evolving best practices in data collection. Alternatively, I would suggest that the City Council seek expert advice from New York City's researchers with expertise in transgender data collection.

Therefore, in order to best meet the needs of New York's LGBT community, we support this important legislation with the suggested modifications to the prescribed categories.

Contact Information: Levi Solimine, MPH
Director of Programs
lsolimine@prideagenda.org
Ph: 917-522-3416

CAAAV
ORGANIZING ASIAN COMMUNITIES

New York City Council Hearing
May 11th, 2015

Good morning,

My name is Shahana Hanif and I am here on behalf of CAAAV: Organizing Asian Communities. We are a pan-Asian non-profit that organizes New York City's low-income immigrant communities for racial, gender, and economic justice.

I am here to testify in favor of the proposed bills on the collection of demographic data regarding numerous Asian Pacific American sub-demographic groups, Int. No. 251 and collecting and reporting data related to sexual orientation and gender identity, Int. No. 552.

Int. No. 251

About a year ago, CAAAV launched its newest project in New York City's public housing development to assess the needs and experiences of low-income, limited English proficient Asian tenants around access to language services and repairs. Our members in this project include the Bangladeshi, Chinese, and Korean residents as these communities populate New York City Housing Authority (NYCHA) developments including Queensbridge, Ravenswood, and Smith houses. Because NYCHA does not track nor keep a census of tenants based on ethnicity, CAAAV canvassers used the Voter Access Network (VAN) database to track Asian residents. While the VAN has an option to reach populations based on ethnicity and language, these responses are inaccessible as voters leave the prompts empty. We separated tenants' ethnicity manually by way of last name. Doorknocking and visiting tenants further helped us track tenants' ethnicity and language which was otherwise unknown.

CAAAV's mission is to build pan-Asian solidarity and help strengthen low-income, limited English proficient Asian populations. In working with the Bangladeshi, Korean, and Chinese tenants at Queensbridge Houses, while there are similarities in their struggles with housing repairs and access to language services, how we frame the issues and organize with each population has nuances. Because NYC's Asian population is not disaggregated, the diversity of non-Chinese Asians, are often underserved in city agencies and as a result, feel isolated, disempowered, and are unable to access adequate health care, education, and other social services. If the disaggregated data was accessible, we could empower immigrant communities and engage them to be active in the community. Through disaggregated information, we'll be able to effectively learn about the diverse communities and better serve the different needs that are unique to each community's history and culture.

The Asian diversity and diaspora in New York is visible throughout the boroughs. I was born and raised in what is now Brooklyn's largest Bangladeshi neighborhood, while Little Pakistan is in walking distance. Clusters of Bangladeshi, Indian, Nepalese, and Tibetan people populate the Jackson Heights region of Queens. Thriving Korean and Chinese communities can be found in Flushing, Queens. Staten Island is home to the largest population of Sri Lankans in the United States. We may identify as Asian, but the specific cultural and language differences shape a variety of needs and experiences.

Disaggregated information regarding the ancestry or ethnic origin of and language spoken by Asian city residents will allow for improved assessment of communities, particularly those who are low-income and limited in English.

In creating a better city in which these communities exist and have been living, it is important that we strive to provide resources. The under-represented Asian communities that are not captured in city data are the communities who keep this city going - they are our street vendors, nail salon workers, cab drivers, restaurant workers - they helped build NYC and contribute to this economy. The least we can do is collect the data to adequately serve these communities. This collection will help to improve, for example, the city's health services and research, capturing a better idea of what health issues exist for specific groups. We can then proactively address health disparities before and during their progression. This will help the city save funding in the long term.

On Int. No. 552

Collecting and reporting accurate data related to sexual orientation and gender identity is especially crucial in accessing adequate services for the LGBTQ or queer, trans, and gender nonconforming (GNC) communities around mental health, housing, education, and a myriad of social services. City services and institutions like the Department of Education and the Department of Homeless Services are known to disregard and discriminate based on sexual orientation and gender identity, making it a challenge for LGBTQ communities to obtain basic medical care, shelter, and a healthy lifestyle. Though we support the bill, we want to be assured that the city will commit to providing education-based programming to facilitate this data collection. Coming out and reporting one's gender identity and sexual orientation isn't always safe. We want to be assured that this collection comes with confidentiality and that queer, trans, and GNC communities can feel safe reporting.

Tracking such data informs of us issues of discrimination, profiling, and criminalization of queer, trans, and GNC communities. This collection will further help track incidents of when queer, trans, and GNC people are not served by city agencies and unfairly targeted by the NYPD.

Accurate data collection will help city agencies and community organizations take proactive approaches in the future and strive to alleviate the stigmas attached to those communities accessing basic services.

I am here this morning to speak in favor of both bills. It is crucial that the diverse Asian ethnic groups in New York City are recognized through an extensive demographic collection. Accurate data capturing the LGBTQ or queer, trans, and gender nonconforming communities is a major step in providing for a population that is unfairly marginalized within the health, education, and social services sectors. The passing of both bills will further allow organizations like CAAAV to continue to work with NYC's under-represented constituencies.

Thank you for listening. I appreciate the opportunity to speak on this matter!

CACF
Coalition for Asian American Children + Families

New York City Council
Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony of Sheelah Feinberg
Executive Director, Coalition for Asian American Children and Families

My name is Sheelah Feinberg, and I am the Executive Director of the Coalition for Asian American Children and Families (CACF). We would like to thank Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this important hearing to improve data collection for the Asian Pacific American community.

Since 1986, CACF is the nation's only pan-Asian children's advocacy organization and works to improve the health and well-being of Asian Pacific American (APA) children and families in New York City in three key policy areas: education, health and child welfare. CACF challenges the stereotype of Asian Pacific Americans as a "model minority" and advocates on behalf of underserved families in our community, especially immigrants struggling with poverty and limited English skills. We work with our membership of over 50 community-based organizations to promote better policies, funding, and services for East Asian, South Asian, and Southeast Asian children, youth, and families.

Coalition members employ thousands of New Yorkers and serve hundreds of thousands of New Yorkers. Currently, the Asian Pacific American community is, by percentage, the fastest growing group in New York City[1], nearly doubling every decade since 1970, and is nearly 15% of the city's population[2]. Unfortunately, current levels of public funding for the Asian Pacific American community remain disproportionate to our community's needs:

- 29% of APAs live in poverty, the highest of all racial groups in NYC[3].
- 1 out of 2 APA children is born into poverty[4].
- APAs have the highest rate (42%) of linguistic isolation meaning that no one over the age of 14 in a household speaks English well[5].
- 75% of the APA senior population is linguistically isolated[6].
- 1 out of 5 APAs in NYC is uninsured.[7]'
- Only 2.9% of City Council discretionary funding went to Asian-led community based organizations in FY 2015.

---

[1] Asian American Federation, *Asian Americans in New York City: A Decade of Dynamic Change 2000-2010* (New York, NY: 2012), 5.
[2] U.S. Census Bureau, 2013 American Community Survey.
[3] New York City Office of the Mayor, *The CEO Poverty Measure, 2005-2012: An Annual Report from the Office of the Mayor* (New York, NY: 2014), 9.
[4] NYC Vital Statistics, Department of Health and Mental Health, 2010.
[5] U.S. Census Bureau, 2007-2011 American Community Survey.
[6] U.S. Census Bureau, 2007-2011 American Community Survey.
[7] NYC DOHMH Community Health Survey, 2013
[8] 15% and Growing Coalition's analysis of Schedule C

INVISIBLE NO MORE

CACF strongly supports Intro 251 to amend the New York City charter to ensure that City agencies utilize a standard approach to data collection, disaggregation, and reporting out on Asian Pacific Americans.

Asian Pacific Americans in New York City are incredibly diverse, and have a wide variety of cultures, religions, and languages. APAs in New York City speak more than 40 different languages and dialects[8], and represent at least 23 ethnic groups.[9] CACF's 50 Asian-led and -serving member organizations are located in the Bronx, Queens, Brooklyn, and Manhattan, and serve the largest Asian sub-groups in New York City: Chinese (48%), Asian Indian (19%), Korean (9%), Filipino (7%), Pakistani (4%), Japanese (2%) and Indo-Caribbean. CACF members also serve the Bangladeshi community, which in the past decade has grown by 74%—the highest growth-rate of any Asian group. Borough settlement of Asian Pacific Americans as of 2013 was as follows: the Bronx housed 4% of NYC's APAs; Brooklyn, 12%; Manhattan, 13%; Queens, 26%; and Staten Island, 9%[10]. CACF's members provide culturally competent and linguistically accessible services to these populations.

The incredible diversity of APA ethnic groups is accompanied by extremely diverse needs among ethnic groups. While data is imperfect and often unavailable for APAs, researchers have been able to observe that educational success rates, employment rates, health insurance enrollment numbers, access to health services, poverty rates, and English language fluency vary greatly among ethnic groups. This has been attributed to different histories, cultural narratives, and patterns of immigration among groups; variations in the conditions of home countries; reasons for immigration; and varying experiences of groups when they settle in New York City. Basic demographic information about APAs have been collected, but CACF is calling upon the New York City Council to collect better data about our communities' needs in order to help our members reach those who need help the most.

Currently, Asian Pacific Americans are often treated as a homogeneous group even though the population is comprised of many different nationalities and ethnic groups that are geographically, culturally, politically, economically, and socially diverse. City agencies issue reports that do not mention and even suppress APAs: **categorizing APAs as "Asian" usually leaving out Pacific Islander Americans; placing APAs in "Other," which, historically, constituted Native Americans or mixed race status; or grouping APAs with "Whites" to highlight the needs of Black and Latino communities.** Even now, the APA community is often not considered a community of color. These factors mask the diversity of experiences and challenges facing many APA children and families.

Data collection, analysis, and disaggregation are integral components in properly identifying, monitoring, and addressing social service needs for the growing and diverse New York City APA community. It will ensure that the delivery of City agency services is based upon the actual needs and diversity of the population, that programs are developed efficiently and timely, and that the City can better utilize funding streams dedicated to supporting new immigrant and emerging communities. In order to ensure that services reach communities in need, the City must accurately track community needs. There are similar data disaggregation bills that have been implemented nationally and in other jurisdictions such as California's law AB1088, Oregon's law 2134, and the Affordable Care Act's Section 4302.

KEY ISSUES & RECOMMENDATIONS

We ask that members of the New York City Council Committee on Governmental Operations and Committee on General Welfare consider the following recommendations in order for data disaggregation to truly lead to improved, targeted social services:

---

[8] "Distinct Places, Shared Opportunity: A Neighborhood-based Analysis of Asian Americans in NYC." Asian Americans for Equality, Inc., February 2011. http://www.nyc.gov/html/dc/downloads/pdf/asian_americans_for_equality_report.pdf

[9] Asian American Federation "NYC 2010 Tables." http://www.aafny.org/publications.asp

[10] http://www.nyc.gov/html/dcp/html/census/popcur.shtml

1. Pass Intro 251 with amendments so that the ethnic categories listed better reflect the APA community in New York City.

- CACF suggests an **amendment to Intro 251 to include "Indo-Caribbean"** as an ethnic category as well as an open-ended option following that category (i.e., Guyanese, Trinidadian, Surinamese).

- CACF also suggests **rephrasing the Pacific Islander categories to be more in line with how these communities identify**. For Guamanian, it should be "Guamanian or Chamorro" or simply "Chamorro." Additionally, "Pacific Islander" should be changed to be "Other Pacific Islander" and provided an open-ended option to fill in the specific ethnicity. Our partners believe that the way the bill language is currently written will be confusing and cause double identification since Native Hawaiians, Chamorros, and Samoans are Pacific Islanders. The "Other Pacific Islanders" would encompass Tongans, Marshallese, Fijians, etc.

2. Partner with community-based organizations to identify priority data needs.

- **Community-based organizations are embedded in neighborhoods and are often multi-service providers who know their communities' needs best.** In order for data disaggregation to be successful, the City Council and City agencies should collaborate with community-based organizations and the larger APA community on a strategic, comprehensive process in order to engage agency leadership and staff at all levels of data collection, reporting and oversight.

3. Use best practices that have been identified to ensure proper implementation.

- Use rules set by the U.S. Census Bureau and legislation such as the **Affordable Care Act Section 4302** (a policy for new data standards on race, ethnicity, sex, primary language, and disability status within the US Department of Health and Human Services) and **Oregon's HB 2134** (a policy that creates a standard for collecting race, ethnicity, and spoken language data for all programs within the state's Department of Human Services and Oregon Health Authority) in order to develop uniform standards for data collection.

- Establish an **advisory board or committee** to:
    - **Ensure new standards are updated based on local, state, and national best practices**
    - Ensure **timely** and successful implementation

- It is critical that all **City agencies and front-line staff are properly informed of the benefits of data disaggregation**, why it is needed, and how it can be utilized to better serve the APA community. Having data that better reflects APAs in NYC is just the first step to advancing equity for our community. Therefore, it is crucial that everyone interacting with community members to collect and report data on APAs does so in a way that will make the data meaningful to all users.

4. Ensure data is accessible.

- Data is only as good as its availability to users. In order to ensure that disaggregated data on APAs is used across agencies and sectors, it **should be made publicly accessible**.

5. Pass and implement other legislation that will address the need for better data collection.

- In addition to Intro 251, CACF strongly supports Intro 551, Intro 552, and Res 472. City agencies should update their data collection practices to reflect the diversity of all New York City residents.

Thank you for this opportunity to testify, and we urge the New York City Council to pass Intro 251 to ensure that city agencies improve and standardize data collection on Asian Pacific Americans.

CACF
Coalition for Asian American Children + Families

May 11, 2015

Honorable Melissa Mark-Viverito
250 Broadway, Suite 1856
New York, NY 10007

Dear Speaker Mark-Viverito:

We, the undersigned organizations, are writing to express our strong support of Intro 251 (Dromm): *City agencies' collection of demographic data regarding Asian Pacific American sub-demographic groups.*

Intro 251 (Dromm) calls on city agencies to utilize a standard approach to data collection, disaggregation, and reporting out on Asian Pacific Americans. Intro 251 would ensure that city agencies:

- Include specific Asian and Pacific Islander ethnicities in data collection that are consistent with US Census categories.
- Identify primary language.
- Collect information on place of birth/country of origin
- Make data publicly available in uniform data sets.

Asian Pacific Americans are by percentage the fastest growing group in New York State, doubling every decade since 1970 and comprising of over 40 ethnicities and over 100 languages/dialects. Today, there are over 1.1 million Asian Pacific Americans living in New York City.

Despite growing numbers, the needs of underserved segments of the APA community outstrip current levels of service. Little is known about the over 40 different ethnic groups comprising the APA community. Often, when city agencies issue reports, APAs are not mentioned, APA data is suppressed, or APAs are categorized simply as "Asian", "Asian/Pacific Islander", or "Other". The omission of the different APA ethnic communities in citywide reports leads to invisibility and masks the unique social, educational, and economic differences associated with diverse Asian and Pacific Islander ethnicities. Aggregated data and/or data that only focus on the performance of a few subgroups masks the varied experiences and the real challenges facing many APA children and families. Sound data is a matter of inclusion and equity.

Intro 251 is a critical first step to better data that will more accurately capture inequalities in health, education, civic and voter engagement, housing, labor, poverty, and language access. Better data on the city's growing and diverse Asian Pacific American communities will improve government efficiency by helping city agencies properly identify, monitor, and address social service needs that truly reflect New York's diversity. More comprehensive data may also create opportunities for increased federal funding for the state and the city. Enhanced government efficiency and data-driven decision making are key principles endorsed by Mayor Bloomberg and this legislation will advance both principles.

We urge the NY City Council to pass Intro 251 to ensure Asian Pacific Americans are properly counted and policies, programs, and resources meet the needs of vulnerable, underserved APA communities. This legislation will set the stage for more efficient and equitable policy and program design.

We thank you for your longstanding leadership and commitment to the Asian Pacific American community not only in your district but throughout New York City.

Sincerely,

The Coalition for Asian American Children & Families and the undersigned organizations

New York Organizations

Adhikaar
Advocates for Children
Alliance of South Asian American Labor
APEX for Youth
APICHA Community Health Center
A Place for Kids
Arab American Family Support Center
Asian American / Asian Research Institute – CUNY
Asian American Consulting Service, Inc.
Asian Americans for Equality
Asian American Youth Center
CAAAV Organizing Asian Communities
Center for Children's Initiatives (formerly Child Care, Inc.)
Center for the Elimination of Minority Health Disparities
Center for the Integration & Advancement of New Americans, Inc.
Chhaya CDC
Children's Aid Society
The Children's Village
Child Welfare Organizing Project
Chinatown Youth Initiatives
Chinatown YMCA
Chinese-American Planning Council
Citizen Action of New York
The Coalition of Behavioral Health Agencies, Inc.
Coalition for Educational Justice
The Committee for Hispanic Children and Families
Commission on the Public's Health System
Community Service Society
Council of Family and Child Caring Agencies
Council of Senior Centers and Services
CMP (formerly Chinatown Manpower Project)
DREAM Project Coalition
Federation of Protestant Welfare Agencies
Filipino American National Historical Society- Metro New York Chapter
General Human Outreach in the Community, Inc.
Hamilton-Madison House
Henry Street Settlement
Human Services Council
Hunter College, Asian American Studies Program
Indochina Sino-American Community Center
Internationals Network for Public Schools
Japanese American Association
Japanese American Social Services, Inc.
Kalusugan Coalition
Korean American Family Service Center
Korean Community Services of Metropolitan New York, Inc.

Little Sisters of the Assumption Family Health Service, Inc.
Lower East Side Family Union
Make the Road New York
Mekong
Mental Health Association of New York City
MinKwon Center for Community Action
Muslim Progressive Traditionalist Alliance
NAACP Legal Defense Fund
Neighborhood Family Services Coalition
New York Asian Women's Center
New York Immigration Coalition
New York Lawyers for the Public Interest
New York University Center for the Study of Asian American Health
One Flushing
Pilipino American Unity for Progress (UniPro)
Queens Community House
RICE (Reaching Immigrants Through Community Empowerment) Coalition
Sapna NYC
Schuyler Center for Analysis and Advocacy
Sikh Coalition
The Shield Institute an affiliate of JBFCS
South Asian Council for Social Services
South Asian Health Initiative
South Asian Youth Action (SAYA!)
SustyQ (Sustainable Queens)
Turning Point for Women & Families
UniPro
United Chinese Association of Brooklyn
United Neighborhood Houses
University Settlement
YWCA Queens

Out-of-State Organizations
Asian Americans for Change (Ocean Springs, MS)
Asian American Health Coalition of Greater Houston dba Hope Clinic (Houston, TX)
Asian Pacific American Network of Oregon (Portland, OR)
Asian Services in Action (Akron, OH)
Asian Pacific Community in Action (Phoenix, AZ)
Asian Women for Health (Somerville, MA)
Boat People SOS – Delaware Valley (Philadelphia, PA)
Center for Pan Asian Community Services (Atlanta, GA)
Center for Southeast Asians (Providence, RI)
Empowering Pacific Islander Communities (Los Angeles, CA)
Light and Salt Association (Houston, TX)
Malama Pono Health Services (Lihue, Hawai'i)
MQVN Community Development Corporation (New Orleans, Louisiana)
Pacific American Foundation (Kane'ohe, HI)
Saath USA (Los Angeles, CA)
Samoan Community Development Center (San Francisco, CA)
South Asian Total Health Initiative (New Brunswick, NJ)
Tongan American Youth Foundation (Los Angeles, CA)

National Organizations
Asian & Pacific Islander American Health Forum
Asian Pacific Islander National Cancer Survivors Network
Asian Pacific Partners for Empowerment, Advocacy & Leadership

Boat People SOS - National
National Federation of Filipino American Associations (NaFFAA)
National Pacific Islander Educator Network
National Tongan American Society
Samoan National Nurses Association
Southeast Asia Resource Action Center

ICA
INDO-CARIBBEAN ALLIANCE, INC.

Testimony for the New York City Council Committee on Governmental Operations - Intro 251 – APA Data Disaggregation Bill

Monday, May 11th 2015

Presented by: Richard David, Co-Founder and Board Member

Thank you for the opportunity to submit this testimony and for allowing us to voice our support for Intro 251 – A local law to amend the New York City Charter to collect demographic data regarding numerous Asian American sub-demographic groups.

However, we are disappointed with the current text of the law does not include Indo-Caribbean Americans and are calling for this inclusion.

About the Indo-Caribbean Alliance ("ICA")

ICA was founded in 2010 to empower youth and families from Guyana, Trinidad and other South Asians living in New York. We provide supportive and culturally-sensitive programs, services and advocacy. ICA's strategies include creating outlets for children, their families and the community to partner in building success; forming coalitions with allied organizations, businesses and residents around shared issues; creating awareness and developing leadership within the community to take action and to foster social change.

The Indo-Caribbean Community in New York City

Indo-Caribbeans are from Guyana, Trinidad, Jamaica, Suriname and other countries in the Caribbean. We trace our lineage to South Asia where our ancestors left as indentured laborers starting in 1838, 177 years ago. Today, Indo-Caribbeans are the largest ethnic group in Guyana, Trinidad and Suriname and are the largest minorities in almost every other former British colony in the region.

Our migration to United States, and to New York City in particular, started in the 1960's. It coincided with political persecution and discrimination that followed independence in these countries. Today many Indo-Caribbeans are second and third generation Americans. In fact, we are the largest South Asian group in New York City.

The Population of Indo-Caribbeans in New York City

In December 2013, the New York City Department of City Planning issued a detailed report showing that Guyanese are the second largest immigrant group in Queens and the fifth largest in New York City. Immigrants from Trinidad and Tobago occupy the eighth position. The report, *The Newest New Yorkers*, is based on data collected in the 2010 Census and the 2011 American Community Survey.

The report revealed that in Queens, which has the largest concentration of Indo-Caribbeans among the five boroughs, Guyanese represent the second largest foreign-born population with over 82,000 individuals trailing only Chinese immigrants who account for over 142,000. The report shows that Guyanese are the single largest immigrant group in almost every single neighborhood in South Queens.

There are also significant communities in the Castle Hill section of the Bronx and in Flastbush, Canarsie and East New York in Brooklyn.

Intro 251

Intro 251 presents a landmark opportunity to collect demographic data on not just the Indo-Caribbean community, but every Asian American community in New York City. This data is important to non-profit organizations like ICA and our allies that provide daily and vital programs to these residents. It would also help City agencies target their outreach, funding, and services more appropriately.

Request

We request the text of the Intro 251 to be revised to specifically include "Indo-Caribbean" as a recognized subgroup of the Asian American community in New York City.

We also look forward to the early passage of the important piece of legislation.

Thank you to the Coalition for Asian American Children + Families for leading this effort, and thank you to each of you for your support.

Contact Info

richard@indocaribbean.org
917-690-5852
www.indocaribbean.org

APIAHF
ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM

Headquarters:
450 Sutter Street
Suite 600
San Francisco CA 94108
Main 415-954-9988
Fax 415-954-9999
www.apiahf.org

Washington D.C. Office:
1629 K Street N.W.
Suite 400
Washington, D.C. 20006
Main 202-466-7772
Fax 202-466-6444

National Advocates for
Asian American,
Native Hawaiian &
Pacific Islander Health

May 8, 2015

Honorable Melissa Mark-Viverito
250 Broadway, Suite 1856
New York, NY 10007

RE: Support for Intro 251 (Dromm)

Dear Speaker Mark-Viverito:

On behalf of the Asian & Pacific Islander American Health Forum (APIAHF), I write in support of Intro 251, which would require New York City agencies to collect data on ethnicity and primary language for Asian American and Pacific Islander subgroups, and make the data publicly available.

APIAHF is a national health justice organization that influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPIs). For 29 years, APIAHF has dedicated itself to improving the health and well-being of Asian American, Native Hawaiian, and Pacific Islander communities living in the United States and its jurisdictions. One of our key policy priorities is the collection and reporting of disaggregated racial and ethnic data. We work on the federal, state and local levels to advance sensible policies that decrease health disparities and promote health equity.

The collection and reporting of disaggregated data is very important for Asian Americans and Pacific Islanders, as they represent more than 50 different countries and speak more than 100 languages. Without the collection and reporting of data on Asian American and Pacific Islander subgroups, the unique health needs and disparities facing the various subgroups are likely to be overlooked or underestimated. For example, about 15% of Asians and 14% of Native Hawaiians and Pacific Islanders are uninsured, which is very similar to the uninsured rate of the general U.S. population (15%). However, due to the diversity of this population, the high uninsured rates of certain groups are masked when aggregated. For example, Pakistanis, Koreans, and Burmese all have uninsured rates of 22% compared to Japanese and Taiwanese, with uninsured rates of less than 10%. Additionally, AAs and NHPIs experience certain diseases and conditions, such as cancer and diabetes, at a higher rate than other racial groups, and certain subgroups of AAs and NHPIs experience significantly higher rates than other AA and NHPI subgroups.

Intro 251 takes an important step toward collecting the data needed to identify health and other inequities facing the AA and NHPI population in New York City. By collecting and reporting disaggregated data, communities and city officials can work together to identify and address community needs with efficient and focused solutions. We hope other cities and states across the country will follow New York City's leadership in this area.

APIAHF supports Intro 251 and urges the New York City Council to pass this important measure. If you have any questions, please contact Iyanrick John, Senior Policy Analyst, at ijohn@apiahf.org.

Sincerely,

KKChin

Kathy Ko Chin
President/Chief Executive Officer

New York City Council Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony of Kevin L. Nadal, Ph.D.
Associate Professor of Psychology, City University of New York
President-Elect, Asian American Psychological Association

Hello. My name is Kevin Nadal, and I am an Associate Professor of Psychology at the City University of New York. I have studied and have written extensively on Asian American communities, particularly on issues related to mental health. I am also the President-Elect of the Asian American Psychological Association (AAPA) - one of the oldest national organizations committed to advancing the mental health needs of Asian Americans and Pacific Islanders. Founded in December 1972, our mission is to advance the mental health and well-being of Asian American communities through research, professional practice, education, and policy.

Over the past forty years, there has been a growth in literature examining the mental health experiences and needs of Asian Americans and Pacific Islanders. Studies have focused on issues related to depression, acculturative stress, influences of discrimination on mental health, etc. Specific data from both national and local studies that may be of interest include the following:

- Suicide was the 8th leading cause of death for Asian Americans, whereas it was the 11th leading cause of death for all racial groups combined (Heron, 2011, Xu et al., 2010).
- Among all Asian Americans, those aged 20-24 had the highest suicide (12.44 per 100,000; Heron, 2011, Xu et al., 2010).
- Asian American college students had a higher rate of depression and suicidal thoughts than White college students (Duldulao et al., 2009).
- Asian Americans have the lowest utilization for mental health services and are more likely to have psychotic diagnoses in inpatient and outpatient settings (Nadal, 2011).

Despite the increase in studies surrounding mental health issues (like the ones mentioned above), there is still a dearth of literature that examines within-group differences, particularly for specific Asian American ethnic groups. Disaggregated data that does exist tends to focus on Asian American communities on the West Coast, which are often not generalizable to Asian Americans on the East Coast. Furthermore, given that there are over forty distinct Asian American groups in the US, data must be disaggregated in order for this scientists and practitioners to understand specific trends among the various Asian American groups. Finally, while the Asian American population has increased significantly in New York City in recent years, community and governmental agencies tend to homogenize the group, leaving for information about Asian American subgroups to continue to go unnoticed.

Given all of these factors, I am writing to strongly support Intro 251 to amend the New York City charter to ensure that City agencies utilize a standard approach to data collection, disaggregation, and reporting out on Asian Pacific Americans. In order to address the mental health needs of Asian Americans in New York City, all agencies and organizations need to collect, disaggregate, and report data in standardized ways.

Thank you for the opportunity.

References

Duldulao, A. A., Takeuchi, D. T., & Hong, S. (2009). Correlates of suicidal behaviors among *Asian Americans. Archives of Suicide Research, 13,* 277-290.

Heron, M. (2011). Deaths: Leading causes for 2007. *National Vital Statistics Reports, 59,* 8.

Nadal, K. (2011). *Filipino American Psychology: A Handbook of Theory, Research, and Clinical Practice.* New York: John Wiley & Sons.

Xu, J. Kochanek, K.D., Murphy, S. L., & Tejada-Vera, B. (2010). Deaths: Final data for 2007. *National Vital Statistics Reports, 58*, 10.

ASIAN
HEALTH
COALITION

180 W. Washington St. Suite 1000
Chicago, IL 60602
Tel: 312-372-7070
Fax: 312-372-7171
www.asianhealth.org

New York City Council
Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony of Ranjana Paintal
Program Director, Asian Health Coalition

My name is Ranjana Paintal, and I am a Program Director at the Asian Health Coalition (AHC) in Chicago, IL. We would like to thank Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this important hearing to improve data collection for the Asian Pacific American community.

Since 1996, Asian Health Coalition's mission has been to improve the health and well-being of Asian Americans and Pacific Islanders (AAPIs) in Illinois through advocacy, technical assistance, education, and community-based research. We do this by:

- Advocating for culturally and linguistically appropriate services and programs.
- Increasing representation of AAPIs in all levels of the health care policy/ decision-making process.
- Providing technical assistance for programs promoting culturally and linguistically appropriate community health education and disease prevention while overcoming barriers to health care access.
- Serving as a clearinghouse, think tank, and resource center for all Illinois based health related organizations for AAPI issues.
- Combating invisibility by increasing and improving the collection, analysis, and dissemination of data about AAPI populations and sub-populations

Asian Health Coalition is also pleased to be part of a nationwide effort to increase data equity in regards to the increasingly prominent Asian Pacific Islander community. We wholeheartedly support our partners in this effort, Coalition For Asian Children and Families as they advocate for the passage of Intro 251 to amend the New York City Charter to ensure that City agencies utilize a standard approach to data collection, disaggregation, and reporting out on Asian Pacific Americans.

As an agency that primarily serves the Asian American population in the state of Illinois, we have seen and experienced firsthand how lack of disaggregated data can affect key funding and policy decisions, resulting in resources and assistance being withheld from populations who are in need. We strongly feel that the only way to ensure that these decisions can be made in an informed manner is by ensuring that the data used by the decision makers is collected and reportedly accurately.

In closing, AHC would like to reiterate CACF's testimony:

Currently, Asian Pacific Americans are often treated as a homogeneous group even though the population is comprised of many different nationalities and ethnic groups that are geographically, culturally, politically, economically, and socially diverse. City agencies issue reports that do not mention and even suppress APAs, categorizing APAs as "Asian" or "other," or grouping APAs with "Whites" to highlight the needs of other communities of color. This masks the diversity of experiences and challenges facing many APA children and families.

Data collection, analysis, and disaggregation are integral components in properly identifying, monitoring, and addressing social service needs for the growing and diverse New York City APA community. It will ensure that City agency service delivery is based upon the actual need and diversity of the population, that programs are developed efficiently and timely, and that the City can better utilize funding streams dedicated to supporting new immigrant and emerging communities.

KEY ISSUES & RECOMMENDATIONS

We ask that members of the New York City Council Committee on Governmental Operations and Committee on General Welfare consider the following recommendations in order for data disaggregation to truly lead to improved, targeted social services:

Partner with community-based organizations to identify priority data needs.

- **Community-based organizations are embedded in neighborhoods and are often multi-service providers who know their communities' needs best.** In order for data disaggregation to be successful, the City Council and City agencies should collaborate with community-based organizations and the larger APA community on a strategic, comprehensive process in order to engage agency leadership and staff at all levels of data collection, reporting and oversight.

Use best practices that have been identified to ensure proper implementation.

- Use rules set by the U.S. Census Bureau and legislation such as the **Affordable Care Act Section 4302** (a policy for new data standards on race, ethnicity, sex, primary language, and disability status within the US Department of Health and Human Services) and **Oregon's House Bill 2134** (a policy that creates a standard for collecting race, ethnicity, and spoken language data for all programs within the state's Department of Human

Services and Oregon Health Authority) in order to develop uniform standards for data collection.

- Establish an **advisory board or committee** to
    - **Ensure new standards are updated based on local, state, and national best practices**
    - Ensure **timely** and successful implementation
- It is critical that all City agencies and front-line staff are properly informed of the benefits of data disaggregation, why it is needed, and how it can be utilized to better serve the APA community. Having data that better reflects APAs in NYC is just the first step to advancing equity for our community. Therefore, it is crucial that everyone interacting with community members to collect and report data on APAs does so in a way that will make the data meaningful to all users.

Ensure data is accessible.

- Data is only as good as its availability to users. In order to ensure that disaggregated data on APAs is used across agencies and sectors, it should be made publicly accessible.
-

Pass and implement other legislation that will address the need for better data collection.

- In addition to Intro 251, CACF strongly supports Intro 551, Intro 552, and Res 472. City agencies should update their data collection practices to reflect the diversity of all New York City residents.

Thank you for this opportunity to testify, and we urge the New York City Council to pass Intro 251 to ensure that city agencies improve and standardize data collection on Asian Pacific Americans.

National Tongan American Society
3007 South West Temple Building H, Salt Lake City, UT 84115

New York City Council
Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony of O. Fahina Tavake-Pasi
Executive Director, National Tongan American Society

First, I would like to thank Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this important hearing to improve data collection for the Asian American and Pacific Islander community.

My name is O. Fahina Tavake-Pasi, and I am the Executive Director of **National Tongan American Society (NTAS)** and I stand in strong support of Intro 251. NTAS' mission is to advocate and empower all Tongan-Americans and other Pacific Islanders through programs and referrals that promote health, youth development, model citizenship, education and cultural preservation.

We have worked with several partners in New York City like the Coalition for Asian American Children and Families to advocate for data improvement efforts at the national level. We stand with them to push for more comprehensive and inclusive mechanisms to capture data of diverse communities.

STRONG SUPPORT

NTAS strongly supports Intro 251 to amend the New York City charter to ensure that City agencies utilize a standard approach to data collection, disaggregation, and reporting out on Asian Pacific Americans.

Currently, Asian Pacific Americans are often treated as a homogeneous group even though the population is comprised of many different nationalities and ethnic groups that are geographically, culturally, politically, economically, and socially diverse. City agencies issue reports that do not mention and even suppress APAs, categorizing APAs as "Asian" or "other," or grouping APAs with "Whites" to highlight the needs of other communities of color. This masks the diversity of experiences and challenges facing many APA children and families.

Data collection, analysis, and disaggregation are integral components in properly identifying, monitoring, and addressing social service needs for the growing and diverse New York City APA community. It will ensure that City agency service delivery is based upon the actual need and diversity of the population, that programs are developed efficiently and timely, and that the City can better utilize funding streams dedicated to supporting new immigrant and emerging communities.

"The Reef of Today is the Island of Tomorrow"

Recommendations on Intro 251

We ask that members of the New York City Council Committee on Governmental Operations and Committee on General Welfare consider the following recommendations in order for data disaggregation to truly lead to improved, targeted social services:

1. Pass Intro 251 with amendments so that the ethnic categories listed better reflect the APA community in New York City.

- NTAS suggests **rephrasing the Pacific Islander categories to be more in line with how our communities identify**. For Guamanian, it should be "Guamanian or Chamorro" or simply "Chamorro." Additionally, "Pacific Islander" should be changed to be "Other Pacific Islander" and provided an open-ended option to fill in the specific ethnicity. As Pacific Islander, we believe that the way the bill language is currently written will be confusing and cause double identification since Native Hawaiians, Chamorros, and Samoans are Pacific Islanders. The "Other Pacific Islanders" would encompass Tongans, Marshallese, Fijians, etc.

2. Partner with community-based organizations to identify priority data needs.

- **Community-based organizations are embedded in neighborhoods and are often multi-service providers who know their communities' needs best.** In order for data disaggregation to be successful, the City Council and City agencies should collaborate with community-based organizations and the larger APA community on a strategic, comprehensive process in order to engage agency leadership and staff at all levels of data collection, reporting and oversight.

3. Use best practices that have been identified to ensure proper implementation.

- Use rules set by the U.S. Census Bureau and legislation such as the **Affordable Care Act Section 4302** (a policy for new data standards on race, ethnicity, sex, primary language, and disability status within the US Department of Health and Human Services) and **Oregon's HB 2134** (a policy that creates a standard for collecting race, ethnicity, and spoken language data for all programs within the state's Department of Human Services and Oregon Health Authority) in order to develop uniform standards for data collection.

- Establish an **advisory board or committee** to:
    - **Ensure new standards are updated based on local, state, and national best practices**
    - Ensure **timely** and successful implementation

4. Ensure data is accessible.

- Data is only as good as its availability to users. In order to ensure that disaggregated data on APAs is used across agencies and sectors, it **should be made publicly accessible.**

Thank you for this opportunity to testify, and we urge the New York City Council to pass Intro 251 to ensure that city agencies improve and standardize data collection on Asian Pacific Americans

Sincerely,

O Fahina Tavake-Pasi

O. Fahina Tavake-Pasi, Executive Director

2 Rector Street, Suite 2104, New York NY 10006
t 212 748 1225 e info@apexforyouth.org www.apexforyouth.org

apex

New York City Council
Joint Hearing of the Committee on Governmental Operations and the New York City Council
Committee on General Welfare
May 11, 2015

Testimony of Michael Lee
Executive Director, Apex for Youth

My name is Michael Lee, and I am the Executive Director of Apex for Youth. We would like to thank Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this important hearing to improve data collection for the Asian Pacific American community.

Founded in 1992, Apex for Youth delivers possibilities to underserved Asian and immigrant youth in New York City by recruiting volunteers to be positive role models for them. Through its mentoring and educational programs for students from 1st to 12th grade, Apex volunteers guide and inspire youth to become confident young adults who are ready for college and give back to the community. Today Apex serves over 700 children weekly with nearly 8,000 hours of volunteer service a year.

Currently, the Asian Pacific American community is by percentage the fastest growing group in New York City since 1970, and is nearly 15% of the population. Unfortunately, current levels of public funding for the Asian Pacific American community remain disproportionate to our community's needs.

- 29% of APAs live in poverty, the highest of all racial groups in NYC
- 1 out of 2 APA children is born into poverty
- APAs have the highest rate (42%) of linguistic isolation meaning that no one over the age of 14 in a household speaks English well
- 75% of the APA senior population is linguistically isolated
- 1 out of 5 APAs in NYC is uninsured.

Apex for Youth strongly supports Intro 251 to amend the New York City charter to ensure that City agencies utilize a standard approach to data collection, disaggregation, and reporting out on Asian Pacific Americans.

Currently, Asian Pacific Americans are often treated as a homogeneous group even though the population is comprised of many different nationalities and ethnic groups that are geographically, culturally, politically, economically, and socially diverse. City agencies issue reports that do not mention and even suppress APAs: categorizing APAs as "Asian" usually leaving out Pacific Islander Americans; categorizing APAs with "Other," which, historically, constituted Native Americans; or grouping APAs with "Whites" to highlight the needs of Black and Latino communities. APAs are often not considered a community of color. These factors mask the diversity of experiences and challenges facing many APA children and families.

Data collection, analysis, and disaggregation are integral components in properly identifying, monitoring, and addressing social service needs for the growing and diverse New York City APA community. It will ensure that City agency service delivery is based upon the actual need and diversity of the population, that programs are developed efficiently and timely, and that the City can better utilize funding streams dedicated to supporting new immigrant and emerging communities.

apex

2 Rector Street, Suite 2104, New York NY 10006
t 212 748 1225 e info@apexforyouth.org www.apexforyouth.org

KEY ISSUES & RECOMMENDATIONS

We ask that members of the New York City Council Committee on Governmental Operations and Committee on General Welfare consider the following recommendations in order for data disaggregation to truly lead to improved, targeted social services:

Partner with community-based organizations to identify priority data needs.

- **Community-based organizations are embedded in neighborhoods and are often multi-service providers who know their communities' needs best.** In order for data disaggregation to be successful, the City Council and City agencies should collaborate with community-based organizations and the larger APA community on a strategic, comprehensive process in order to engage agency leadership and staff at all levels of data collection, reporting and oversight.

Use best practices that have been identified to ensure proper implementation.

- Use rules set by the U.S. Census Bureau and legislation such as the **Affordable Care Act Section 4302** (a policy for new data standards on race, ethnicity, sex, primary language, and disability status within the US Department of Health and Human Services) and **Oregon's House Bill 2134** (a policy that creates a standard for collecting race, ethnicity, and spoken language data for all programs within the state's Department of Human Services and Oregon Health Authority) in order to develop uniform standards for data collection.
- Establish an advisory board or committee to
    - Ensure new standards are updated based on local, state, and national best practices
    - Ensure timely and successful implementation
- It is critical that all City agencies and front-line staff are properly informed of the benefits of data disaggregation, why it is needed, and how it can be utilized to better serve the APA community. Having data that better reflects APAs in NYC is just the first step to advancing equity for our community. Therefore, it is crucial that everyone interacting with community members to collect and report data on APAs does so in a way that will make the data meaningful to all users.

Ensure data is accessible.

- Data is only as good as its availability to users. In order to ensure that disaggregated data on APAs is used across agencies and sectors, it should be made publicly accessible.

Pass and implement other legislation that will address the need for better data collection.

- In addition to Intro 251, Apex for Youth strongly supports Intro 551, Intro 552, and Res 472. City agencies should update their data collection practices to reflect the diversity of all New York City residents.

Thank you for this opportunity to testify, and we urge the New York City Council to pass Intro 251 to ensure that city agencies improve and standardize data collection on Asian Pacific Americans.

UNIPRO

Pilipino American Unity for Progress (UniPro)

New York City Council
Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony of Maria Cruz Lee
Board Member, Pilipino American Unity for Progress (UniPro)
Filipino American, New York City Resident

Thank you for holding this important hearing to improve data collection for the Asian Pacific American (APA) community. We appreciate the opportunity to submit testimony for review by Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees.

My name is Maria Cruz Lee and I am a Board Member at Pilipino American Unity for Progress (UniPro). Founded in 2009, UniPro's mission is to engage Pilipino Americans through collaboration, advocacy and education. It seeks to transform Pilipino students & young professionals into community leaders through its various programs, which incorporate professional development, history, and policy through the lens of the Pilipino experience. The organization provides Pilipino Americans the opportunity to explore their place in the community in the hope of realizing, owning and contributing to their niche interest.

According to the Asian American Federation's Profile of New York City's Filipino Americans, which pulled data from the American Community Survey, **Filipinos are the fourth largest Asian ethnic group in New York City at a recorded population of over 82,000, with the majority of the population living in Queens (56%).** Relative to all NYC residents, Filipinos have higher education levels, better English skills, higher incomes, and lower poverty rates[1].

I also come to you as a Queens resident who cares deeply about the intricacies of data collection. Quality data is relative; it is only as good as the collection methodology, its participants, and how the results are presented.

This means the "ideal" situation is each person who receives a decennial census long form or the American Community Survey[2] will submit their response in a timely and accurate manner without assistance from a third party. It means the individual receiving the survey is able to self-categorize within the preset boxes of the survey, which results in national findings largely aggregated into the primary categories of White, Black, Asian and Hispanic. In the Population Section of the United States Census Bureau, more attention is given to "Hispanic Origin"[3] highlighting the disaggregate findings of Hispanics, which can be perceived as more important the other primary categories of White, Black and Asian. We as Asian Pacific Americans (APAs) are largely included in the primary category of "Asian."

---

[1] Asian American Federation, *Profile of New York City's Filipino Americans: 2013 Edition* [http://www.aafny.org/cic/briefs/filipino2013.pdf], 1

[2] http://www.census.gov/acs/www/Downloads/questionnaires/2015/Quest15.pdf

[3] United States Census Bureau, *Population* [http://www.census.gov/topics/population.html]

When you present aggregated data, respective groups become invisible. When groups are invisible, they are less likely to feel accountable for what's happening in their communities. This means they are less likely to be involved in civic affairs and live in the shadows.

Though we are generalized in the federal census, there are reports such as "Newest New Yorkers[4]" where country of origin is disaggregated for the five boroughs. The report takes into account the findings of the American Community Survey and the characteristics of the City's Foreign-born population.

The federal census and data collection is important, but as the local public officials who represent and serve those living in the five boroughs, it is imperative you have data that covers the nuances of each respective APA community. Though the American Community Survey, paired with Newest New Yorkers provides an overview of immigrants in New York City, there is need to disaggregate data on the Asian communities.

We at UniPro strongly support "Intro 251" to amend the New York City charter, ensuring City agencies utilize a standard approach to data collection, disaggregation and reporting out on Asian Pacific Americans. In addition, UniPro strongly supports Intro 551, Intro 552 and Res 472.

Key Recommendations:

- Build on the Newest New Yorkers findings by having the Department of City Planning partner with APA community organizations to conduct a more comprehensive survey of APAs in NYC as each organization can speak to the nuances of their respective communities.
    - Identify APA groups that have notable reach within their respective community and provide funding to conduct a comprehensive survey.
- The City Council and the Mayor's Office of Immigrant Affairs partner with APA community organizations to:
    - discuss key datasets that can lead to better equity for APA constituents.
    - highlight the importance of quality data and note the Executive Orders on Language Access and Confidentiality.
- Build awareness around the importance of the American Community Survey and provide a "Know Your Rights" informational session in case APA community members receive the survey.
- Issue findings in a public report released online and in print, shared with both APA community organizations
    - Host a community forum where findings are discussed with community members, government officials, and APA organizations who assisted in the data collection.

Proposed Outcomes:

- A standard dataset that can be utilized as a source by city government and APA communities which provides a common place to start discussion.
- Accountability within the respective APA groups in regard to the advocacy needs for their communities.
- Awareness for City Agencies about the nuanced needs of APA communities which leads to better service for constituents

Thank you for this opportunity to submit a testimony. We urge the New York City Council to Pass "Intro 251" to insure that agencies standardize data collection on Asian Pacific Americans.

---

[4] The Newest New Yorkers [http://www.nyc.gov/html/dcp/pdf/census/nny2013/nny_2013.pdf]

अधिकार
adhikaar
Strengthening our collective voices

7101 Woodside Ave.
Woodside, NY 11377

718-937-1117
info@adhikaar.org

www.adhikaar.org
facebook.com/adhikaar
twitter.com/adhikaar

Adhikaar Testimony in support of Intro 251 Bill for Data Disaggregation

Due to the devastating earthquake that took place on April 25th in Nepal, the Nepali and Tibetan community in New York have been in a state of mourning. In these uncertain times, we are grateful for the support of the City Council and the city at large. Since the day of the earthquake, we have been working nonstop to support those on the ground providing direct help as well as bringing the community together for mutual support, therefore, we could not be present at this hearing today. However, as this issue is very close to our hearts we would like to share our thoughts with you. Adhikaar has been working with the Nepali-speaking and Tibetan community since 2005. Our work was and is still rooted in assessing needs of this particular community because we are an overlooked population. We are put in the category of South Asian, which is a very diverse group with roots tracing back to many countries, languages and cultures. Compared to the broader South Asian community, our community is relatively new to the country and New York City, with most arriving in the last 10-15 years. Our community still faces setback from being lumped into the South Asian category.

Agencies and courts still assume that most Nepali speakers actually speak Hindi, an assumption that costs our community additional months in court proceedings because almost always first court appearance is spent clarifying the language preference. And the onus of clarification is put on the Nepali speaking clients. Similar situations take place in hospitals as well. Therefore for us, data disaggregation isn't just about numbers, its about improving the quality of life of those that call New York their home--recent immigrant communities as well as those with deep roots.

We ask our members to always choose the "Other" category and write Nepali when they fill out demographic questionnaire. In the absence of "Other" we are forced to choose "Asian American" which isn't a helpful indicator at all because it does not accurately reflect the needs of the community as designated in the category. It also does not give clear picture of how the demographic is changing in our city.

The success of this initiative will depend upon the city government collaborating with community based organization like Adhikaar because we work closely with and have trustful relationship with the community. This is instrumental as collecting accurate demographic information is difficult and collaboration and organizing within communities is essential. We support this bill and we want to be part of the planning process so we can see our vision actualized.

Sincerely,
Adhikaar Team
05/11/2015

PFLAG
NEW YORK CITY

PFLAG NYC
Parents, Families and Friends of
Lesbian, Gay, Bisexual and Transgender People
130 E. 25th Street, Ste. M1
New York, NY 10010
646-240-4288
www.pflagnyc.org

Testimony of Suzanne Ramos, Board Chair of PFLAG NYC

Before the New York City Council Committee on Governmental Operations, Jointly with the Committee on General Welfare

May 11, 2015

Members of the Committee on Governmental Operations and the Committee on General Welfare, thank you for allowing me to submit testimony for this hearing. I write on the behalf of PFLAG NYC in support of Int 0552-2014, a Local Law to amend the New York City charter, in relation to collecting and reporting data related to sexual orientation and gender identity.

Introduction

My name is Suzanne Ramos and I am the Board Chair of PFLAG NYC. I am here to talk about the importance of this legislation to families such as the ones represented by our organization. PFLAG is Parents, Families and Friends of Lesbian, Gay, Bisexual and Transgender People, an organization that was founded here in New York City in 1973 and has grown into the largest family-based, grassroots network of people working to protect the safety and dignity of, and secure equality for, our loved ones who are lesbian, gay, bisexual, or transgender (LGBT).

I am the mother of a gay child. When my son, John, came out to me when he was in college in the early nineties, I thought I was the only mother in NYC who had a gay child… until I found PFLAG. I learned so much from people sharing their personal stories, but most importantly, I realized I wasn't alone. I eventually joined the board of PFLAG and have stayed involved this long because of another program we developed beyond the parent support groups, our Safe Schools program.

But before I get to that, some general information about the Current Situation.

Current Situation

Demographic research and survey data about the population of LGBT individuals and their life experiences has long been fuzzy, inadequate, and incomplete. Historically, based on Kinsey and other early research, the figure 10% was widely used, but accurate demographic data sources were sparse. Traditional demographic data sources, such as census questionnaires, did not include questions related to sexual orientation and gender identity research, and even if they did, fear of discrimination and harassment have been an obstacle to reliable reporting of information.

Only with the last 15 years has this situation begun to change. Several large, national, population-based surveys, including the federal Census since 2010, have begun to include questions that measure sexual orientation, while a smaller number have begun to elicit useful data on gender identity. Research within the last ten years has produced estimates that LGBT individuals make up 1.7% to 5.6% of the U.S. population.[1]

New York City, however, has no reliable data regarding the numbers of individuals who are LGBT among constituents receiving services from city departments and agencies. This must change. In support of the need for change, allow me to cite three specific examples from the experience of families that are part of our organization.

Schools & Education

The biggest program of PFLAG NYC is the Safe Schools Program, which works with schools throughout New York City to reduce bullying and harassment in schools and to provide education on LGBT people that counters misinformation and prejudice. This program was developed by PFLAG NYC parents as a direct response to the experiences just like that of my family— namely, children growing up LGBT who believed that they were alone in the world, with virtually no other LGBT people or LGBT-supportive teachers and other professionals in their schools.

A bit of background: One day well after he had come out, I asked John what his experience had been like as a gay student at Stuyvesant High School, a school with over 3000 students. John told me that except for one or two students whose demeanor suggested that they were gay, he knew no other gay students and he got the clear message that the subject was taboo. Being gay was something that, in his words, "would not be well-received." So he did everything he could to conceal his sexual orientation from his teachers, his coaches, and his friends.

---

[1] Gates, Gary J. 2011. *How Many People are Lesbian, Gay, Bisexual, or Transgender?* Los Angeles: Williams Institute, UCLA School of Law.

After that heartbreaking conversation with John, I thought that through PFLAG NYC, we might have the ability to not only help educate parents who some to support meetings... but to go beyond that... to support and educate young people in the schools—to support the LGBT students, the straight students who have LGBT loved ones, and to give other straight students who may be ill-informed and could be prone to bullying, a new perspective.

When we first began to approach schools just over ten years ago and offer to send in trained parent speakers to address classes—or even just faculty and counselors—about these issues, principals and other school officials denied flat out that they had any LGBT students in their schools. Many said to me, "Oh, we don't need a program like that. We don't have any gay kids in our school."

As parents of LGBT children, we knew that was not the case. Whether our children were grown and out of school, and especially if they were still in New York City public schools, we know that in a school system with 1.1. million students, between 50,000 and 100,000 students will be LGBT.

Without programs that work proactively to create welcoming school environments that encourage respect for diversity, including students who are lesbian, gay, bisexual, and transgender, the school environment can be one that is hostile and not supportive of success for LGBT students. Data from the latest National School Climate Survey by GLSEN reveals that 74% of students were verbally harassed in connection to sexual orientation and 55% of students because of gender expression in the past year.[2] When students feel unsafe at school, their academic performance suffers, their mental health is detrimentally affected, and the

---

[2] Kosciw, Joseph G., et al. 2014. *The 2013 National School Climate Survey.* New York: GLSEN.

likelihood of their succumbing to a variety of other negative risks, including substance abuse, personal harm, and suicide, increases dramatically.

The reception that PFLAG NYC receives in New York City public schools has improved considerably in recent years. With students coming out at younger ages, making it clear that there are LGBT students in every school, and with supportive programs like "Respect for All," school administrators and teachers are increasingly receptive to programs that include discussion of LGBT-related issues in middle and high schools, but school administrators provide services without the guidance of reliable data on the population of LGBT individuals in schools. Collection of such data would provide an important additional resource for them.

Health

PFLAG NYC is also acutely aware of the importance of our families being acknowledged and appropriately accommodated in the provision of health care services. When I first joined the organization in the early 1990s, a large number of families had seen their children through the first decade of the AIDS crisis. It was not an easy road, but we are now well aware that the epidemic of HIV/AIDS became the first instance where the medical community began to recognize the importance of incorporating data on sexual orientation into the planning and provision of healthcare services.

Even with that knowledge, however, city healthcare agencies must frequently take stabs in the dark when planning for services that will serve members of the LGBT community because data remains patchy and inconsistent. Over the past year, for example, PFLAG NYC has been one of dozens of community-based organizations cooperating with the Department of Health and Mental Hygiene on a project to attempt to measure the population of young gay men in the city, but the effort progresses slowly. Routine collection of demographic data related to sexual orientation and gender identity would be immensely valuable.

Services for Transgender Individuals

In addition to Education and Health, the third and final area to which I would like to draw attention is services for transgender and gender non-conforming individuals. I have been involved in PFLAG for two decades, yet it is only in the last few years that people I know from outside the PFLAG circle come to me and tell me how surprised they are about the increase in the number of transgender people. Well, it is not the number of transgender people that is increasing, but it is society's awareness of transgender people that is undergoing a very rapid change. Collection of demographic data that includes attributes related to gender identity and expression will let us understand this reality even better.

It took 50 years from the beginnings of the gay rights movement to reach the relatively progressive point we are at today. Let us get ahead of the curve now and see what a difference it will make as we are more proactive about accommodating transgender individuals with appropriate programs and services.

Conclusion

As I close, I would like to make one final point about the proposed legislation. As important as the collection of demographic data on individuals' sexual orientation and gender identity is, the measures contained within this proposed legislation in Subdivision (h), Paragraph 2 relating to training and privacy are also critically important. Without them, the effect of the legislation would be significantly weakened.

Training and privacy are essential so that individuals will feel comfortable to provide information on their sexual orientation and gender identity on City forms where such information is solicited.

We recently worked with a school that had a fifth-grade student identify as transgender and declare the intention to change the way that the student expressed their gender in school, or in other words to transition—in this case from M. to F. The student's teacher had personal beliefs that were in conflict with the student's gender transition and expressed misgivings about continuing to teach the student. Because of supportive Department of Education policy and regulations, the school leadership was able to offer the teacher training that not only made the teacher aware of professional and legal obligations with respect to the student, but also helped the teacher to examine personal feelings and reach a reasonable accommodation that allowed the teacher to continue comfortably working with the student.

We believe that the mandate for a training program and manual regarding the implementation of the new data collection will enable agencies to offer similar support to employees as they become accustomed to the new procedures.

Thank you for the opportunity to speak before you today. PFLAG NYC fully supports the proposed legislation and its potential to provide valuable new, accurate data about the LGBT community. I look forward to its smooth passage.

The need to implement appropriate interventions to reduce LGBT health disparities has led to governmental and professional bodies to call for the collection of SOGI information in health care settings. The US Department of Health and Human Services, in Healthy People 2020, its 10-year plan for improving the health of the nation, called for the collection of SOGI data in health care settings in December of 2010. In 2011, the Institute of Medicine of the National Academies of Sciences, which sets standards for clinical care for providers, and the Joint Commission, which accredits hospitals, nursing homes and health centers, also called for the collection of SOGI in health settings. It is clear the federal government and the two of the most critical oversight entities for health care providers recognize the essential role of collecting SOGI information to be able ensure our vulnerable communities receive appropriate and sensitive care.

However, none of the recommendations have the force of law in requiring entities to collect this information. This leaves the LGBT communities subject to ongoing neglect or discrimination and its negative health consequences. The currently proposed legislation will ensure that in receiving services from the City of New York, our communities' needs will be recognized and addressed. This is critically important because it is oftentimes the most vulnerable in our communities which are cared for in the safety net services provided by the City.

This legislation will also have the effect of normalizing the collection of SOGI information which we believe reduce stigma and empower LGBT persons to access care and pursue their rights if they experience barriers.

Callen-Lorde applauds and is grateful to the sponsors of this important legislation and to the City Council as a whole in protecting and supporting all of the residents of the City. Thank you.

TESTIMONY OF THE CALLEN LORDE COMMUNITY HEALTH CENTER ON INT. NO. 552
May 11, 2015

Good morning. My name is Michael McFadden, and I am the Director of Funded Programs at Callen-Lorde Community Health. Callen-Lorde Community Health Center would like to thank the Council of the City of New York's Committees on Governmental Operations and General Welfare for this opportunity to provide testimony on **Int. No. 552 - In relation to collecting and reporting data related to sexual orientation and gender identity.**

The mission of Callen-Lorde Community Health Center is to provide sensitive and quality care to lesbian, gay, bisexual and transgender communities regardless of ability to pay. Callen-Lorde has a forty-plus year history in providing medical, mental health and dental care to New York City's LGBT communities and in 2014 provided care to over 15,000 patients, most of whom identify as LGBT. Callen-Lorde has seen countless examples of increased illness due to our patients avoiding or delaying care because of perceived or actual discrimination. We strongly support the proposed legislation which is the important first step in identifying our communities' needs and barriers to care.

Collecting data on sexual orientation and gender identity ('SOGI') in healthcare settings is essential to understanding, addressing, and reducing LGBT health disparities. Without this information, it is not possible to assure that the quality of care provided to LGBT patients is appropriate and is consistent with the level of care provided the general population. There are numerous studies which show the impact of discrimination and lack of access have on the physical and behavioral health of the LGBT communities. A number of important studies are cited in the proposed legislation itself. However, while these studies validate the need for specific physical and behavioral health interventions, the interventions cannot be made unless the patient's identity is known.

NYU CENTER FOR THE STUDY OF
ASIAN AMERICAN HEALTH

New York City Council
Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony of Simona Kwon, DrPH, MPH
Director, NYU School of Medicine Center for the Study of Asian American Health

My name is Simona Kwon, and I am the Director of the NYU Center for the Study of Asian American Health (CSAAH). We would like to thank Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this important hearing to improve data collection for the Asian Americans and Pacific Islanders.

The New York University Center for the Study of Asian American Health (NYU CSAAH) is a National Institutes of Health (NIH) National Institute on Minority Health and Health Disparities (NIMHD) funded National Research Center of Excellence. Established in 2003, CSAAH is the only Center of Excellence that is dedicated to research and evaluation on Asian American health and health disparities. CSAAH is committed to building partnerships to identify health priorities and reduce health disparities in the Asian American community by integrating and building on the work of researchers and over 55 Asian American community, government, business and academic/medical partners.

CSAAH aims to work in collaboration with community coalitions to 1). Build new and strengthen existing private and public partnerships in order to increase outreach, advocacy and research capacity to address Asian American health disparities and social inequalities; 2). Develop and conduct research to understand, address and eliminate health disparities including the use of a community health worker model approach; and 3). Train a cadre of community leaders, community health workers, junior investigators, and health professionals about community-based approaches of addressing health disparities in Asian American communities. Since 2007, CSAAH has been a partner of Project CHARGE, a health collaborative of 16 community partners that gathered together to address health access for Asian Pacific Americans in New York City, and supporter of the 15% & Growing Coalition.

THE NEED FOR GRANULAR, DISAGGREGATED DATA ON SUB-POPULATIONS

The Asian American and Pacific Islander community is by percentage the fastest growing group in New York City,[1] nearly doubling every decade since 1970, and numbering nearly 15% of the population.[2]

- Asian Americans represent more than 50 different subgroups and over 100 languages and dialects.
- Overall the largest percent increase in New York City Asian Americans was reported for South Asian and Southeast Asian groups, including Bangladeshis (+119%), Sri Lankans (+65%), Hmong (+219%) and Laotians (+110%).[1]

---

[1] Asian American Federation, *Asian Americans in New York City: A Decade of Dynamic Change 2000-2010* (New York, NY: 2012), 5.
[2] U.S. Census Bureau, 2013 American Community Survey.

- While Nepalese and Burmese populations were insignificant numbers in 2000, in 2010 they grew exponentially, now numbering 6,187 and 4,132 respectively in New York City.[1]
- Citywide the rate of limited English proficiency (LEP) is 23%, while Asian Americans reported the highest rates varying by subgroups including: Bangladeshis: 53%; Chinese: 61%; Koreans: 49%, and Asian Indians: 24%.[3]
- 29% of Asian Americans and Pacific Islanders live in poverty, the highest of all racial groups in New York City, [4] by subgroups rates vary: Bangladeshis: 32%; Pakistanis: 25%; Koreans: 17%; and Japanese: 12%.[3]

Asian Americans and Pacific Islanders represent very diverse populations in terms of ethnic subgroup, language, culture, education, income level, English proficiency, and sociopolitical experience including migration histories and patterns. Within the past ten years, the Asian subgroups in New York City have continued to grow and diversify even further. City agencies, however, treat Asian Americans and Pacific Islanders as a homogeneous group, and report data in the aggregate or fail to include Asian Americans and Pacific Islanders, categorizing the population as "Asian" or "other," or grouping them with "Whites" to highlight the needs of other communities of color. In public health research, the practice of aggregating the data masks significant health disparities within this population and leads to misleading assumptions that Asian Americans and Pacific Islanders do not experience health-related disparities as they appear healthier than other groups when reported in the aggregate.

The New York City Department of Health and Mental Hygiene tracks the health of New Yorkers using the New York City Community Health Survey. In reporting their data, information on Asians are analyzed in the aggregate; thus, finding often indicate reduced health risks or outcomes for Asian New Yorkers. CSAAH has conducted research using disaggregated data to unmask some of the health disparities by Asian subgroups. For example, the New York City Department of Health and Mental Hygiene have reported the following:

- Smoking. Based on the New York City Community Health Survey, the prevalence of smoking for Asians was 11%, the lowest rate among all the racial and ethnic groups.[5]
  - CSAAH disaggregated analysis indicated smoking prevalence rates of 23% in Koreans, 11% in Chinese, and 5% in Asian Indians.[6]
- Diabetes. The New York City Community Health Survey data reported the prevalence of diabetes in Asians as 13%, lower than the rates for Blacks and Hispanics.[7]
  - CSAAH disaggregated analysis indicated diabetes prevalence of 22% in Asian Indians, 10% in Koreans, and 9% in Chinese.[8]

According to the New York City Department of Health and Mental Hygiene website[9], the New York City Community Health Survey not only allows the department to track the health of New Yorkers but it also influences health program decisions. This underscores the need for appropriate disaggregated data collection and analysis to properly identify, monitor, and address the health needs for the growing and diverse New York City Asian American and Pacific Islander community. This will be particularly key for the smaller emerging and rapidly increasing Asian American and Pacific Islander subgroups (e.g.

---

[3] U.S. Census Bureau, 2007-2011 American Community Survey. Data derived from analysis by the Asian American Federation Census Information Center.

[4] New York City Office of the Mayor, *The CEO Poverty Measure, 2005-2012: An Annual Report from the Office of the Mayor* (New York, NY: 2014), *9*.

[5] NYC DOHMH Community Health Survey. http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief12.pdf

[6] Li S, Trinh-Shevrin C, Weerasinghe I, Rey MJ, Kwon S. Smoking among Asian Americans: Acculturation and Gender in the Context of Tobacco Control Policies in New York City. Health Promotion and Practice. 2013; 4(5 Suppl):18S-28S.

[7] NYC DOHMH Community Health Survey. http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief26.pdf

[8] Islam N, Wyatt L, Kapadia S, Marian R, Trinh-Shevrin C, Kwon S. Diabetes and Associated Risk Factors among Asian American Subgroups in New York City. Diabetes Care. 2013; 36: e5.

[9] http://www.nyc.gov/html/doh/html/data/survey.shtml

Nepali, Bhutanese) who are even more understudied, have high needs, and for whom large gaps in data exist.

Started in spring 2014, CSAAH developed and is implementing a Community Health Resource and Needs Assessment (CHRNA) using a community-engaged and community venue-based approach, to capture the diversity of Asian New Yorkers and assess health issues, available resources, and best practices to meet community needs. The survey is being conducted in 11 Asian subgroups with a target of 100-200 surveys collected per subgroup. Surveys, to date, have been collected in the Bangladeshi, Asian Indian, Pakistani, Indo-Caribbean, Korean, Chinese, Filipino, Himalayan, Vietnamese, Cambodian, and Arab communities (N=1169).

Preliminary analyses indicate the following:

- Mental health. Using the PHQ-9 scale, Cambodians had the greatest percentage of at-risk scores (39%), followed by Indo-Caribbeans (33%) and Vietnamese (16%); Lower risk was found in Asian Indians (3%), Koreans (6%), Filipinos (8%), and Himalayans (8%).
- Smoking. Smoking rates among males varied by subgroup, with Bangladeshis reporting the highest rate (31%), Himalayans (20%), Koreans (18%), Pakistanis (15%), and Chinese (14%).
- Flu vaccine. Vaccination rates varied by subgroup with Himalayans reporting the lowest rate (33%) and Chinese the highest (60%), compared to 50% for all New Yorkers.

Findings overall demonstrate significant differences in health behavior and outcomes by Asian subgroup and indicate elevated risk for some of the emerging, understudied Asian subgroups.

KEY ISSUES & RECOMMENDATIONS

CSAAH strongly supports Intro 251 to amend the New York City charter to ensure that City agencies utilize a standard approach to data collection, disaggregation, and reporting out on Asian Americans and Pacific Islanders.

We ask that members of the New York City Council Committee on Governmental Operations and Committee on General Welfare consider the following recommendations in order for data disaggregation to lead to improved, health promotion and disease prevention outcomes and services:

Partner with community-based organizations to identify meaningful priority data needs.

- **Community-based organizations are embedded in neighborhoods and are often multi-service providers who are experts on their communities' needs.** In order for data disaggregation to be successful, the City Council and City agencies should collaborate with community-based researchers and community-based organizations serving the Asian American and Pacific Islander community on a strategic, comprehensive process to engage agency leadership and staff at all levels of the data collection process—including the collection of meaningful and appropriate data.
    - Partnering with community-based organizations will ensure that collected data is meaningful and appropriate. For example, in implementing the CHRNA in the Nepali community, community-based partners informed CSAAH of the importance of including additional ethnic subgroup level questions. The Nepali people are made up of over 40 different Nepali ethnic subgroups including, Sherpas, Tamangs, Satars, Gurungs, all characterized by different cultures, religions, and traditions.

Use best practices to guide the data collection process to ensure proper implementation.

- Use rules set by the U.S. Census Bureau and legislation such as the **Affordable Care Act Section 4302** (a policy for new data standards on race, ethnicity, sex, primary language, and disability status within the US Department of Health and Human Services) and **Oregon's House Bill 2134** (a policy that creates a standard for collecting race, ethnicity, and spoken language data for all programs within the state's Department of Human Services and Oregon Health Authority) in order to develop uniform standards for data collection.

- Establish an **advisory board or committee** to
  - **Ensure new standards are updated based on local, state, and national best practices**
  - Ensure **timely** and successful implementation
- It is critical that all City agencies and front-line staff are properly informed of the benefits of data disaggregation, why it is needed, and how it can be utilized to better serve the Asian American and Pacific Islander community.

Ensure data is accessible.

- Data is only as good as its availability to users. In order to ensure that disaggregated data on Asian Americans and Pacific Islanders is used across agencies and sectors, it should be made publicly accessible and user-friendly.

Pass and implement other legislation that will address the need for better data collection.

- In addition to Intro 251, CSAAH strongly supports Intro 551. City agencies should update their data collection practices to reflect the diversity of all New York City residents.

Thank you for this opportunity to testify, and we urge the New York City Council to pass Intro 251 to ensure that city agencies improve and standardize data collection on Asian Americans and Pacific Islanders.

FOR THE RECORD

WOMEN FOR AFGHAN WOMEN
158-24 73rd Avenue Fresh Meadows, NY 11366
(718) 591-2434
www.womenforafghanwomen.org

New York City Council
Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony of Naheed Samadi Bahram
New York Program Director, Women For Afghan Women

My name is Naheed Samadi Bahram, and I am the New York Program Director of Women For Afghan Women (WAW). We would like to thank Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this important hearing to improve data collection for the Asian Pacific American community.

Women for Afghan Women (WAW) is a grassroots, civil society organization dedicated to securing and protecting the rights of disenfranchised Afghan women and girls in Afghanistan and New York, particularly their rights to develop their individual potential, to self-determination, and to be represented in all areas of life: political, social, cultural and economic. We advocate for women's rights and challenge the norms that underpin gender-based violence wherever opportunities arise to influence attitudes and bring about change.

While WAW was originally founded to advocate for Afghan women then living under Taliban rule, WAW's leaders quickly learned that Afghan women living in New York City were enduring similar abuses as their sisters in Afghanistan. Therefore, the Community Outreach Program was created in Queens, where over 90% of New York's Afghan population resides. Once the sheer need for our services was discovered, this program evolved into the New York Community Center.

Traditional practices and belief systems often follow immigrant Afghan families to the United States. Oppression is rampant in many households, with most women heavily monitored and isolated, having left their own families abroad to join their husbands here, whether by choice or by force. Most arrive at WAW completely illiterate in their native language and unable to speak English. They often lack marketable skills to find employment, making them unable to contribute to their low-income households. Many women suffer domestic abuse in silence, ignorant of their rights and the services available to protect them.

WAW remains the only culturally competent organization able to serve the specific needs of the New York Afghan population, and the Community Center has become an invaluable resource and second home for this large and growing community.

The Afghan population living in New York City is estimated to be 4,715 (American Community Survey 2013). However, experts and those familiar with this community maintain that underreporting is a significant problem. In fact, both the Consulate General of the Islamic Republic of Afghanistan in New York and the U.S. State Department have estimated, based on the number of Afghans who leave Afghanistan to settle in New York City, that there are about 20,000 Afghans currently living in the New York metropolitan area. WAW agrees that the official figure is well below the actual number of Afghans living here. We know that language barriers, distrust of authorities, and a lack of cultural competency make it impossible for the U.S. Census Bureau to adequately capture and record this entire population.

New York has seen an influx of Afghan refugees and immigrants in the last few years, and this is predicted to continue, due to the recent foreign troop withdrawal and the continued political uncertainty in Afghanistan. According to the Office of Refugee Resettlement, 9 percent of the total of newly arrived Afghans in New York in fiscal year 2014. New York received the third highest number of Afghan refugees following California and Texas. In 2014 alone we assisted 163 new refugee and immigrant families who had recently arrived in New York City.

SUPPORT FOR INTRO 251

WAW strongly supports Intro 251 to amend the New York City charter to ensure that City agencies utilize a standard approach to data collection, disaggregation, and reporting out on Asian Pacific Americans.

Currently, Asian Pacific Americans are often treated as a homogeneous group even though the population is comprised of many different nationalities and ethnic groups that are geographically, culturally, politically, economically, and socially diverse. City agencies issue reports that do not mention and even suppress APAs: categorizing APAs as "Asian" usually leaving out Pacific Islander Americans; categorizing APAs with "Other," which, historically, constituted Native Americans; or grouping APAs with "Whites" to highlight the needs of Black and Latino communities. APAs are often not considered a community of color. These factors mask the diversity of experiences and challenges facing many APA children and families.

Data collection, analysis, and disaggregation are integral components in properly identifying, monitoring, and addressing social service needs for the growing and diverse New York City APA community. It will ensure that City agency service delivery is based upon the actual need and diversity of the population, that programs are developed efficiently and timely, and that the City can better utilize funding streams dedicated to supporting new immigrant and emerging communities.

KEY ISSUES & RECOMMENDATIONS

We ask that members of the New York City Council Committee on Governmental Operations and Committee on General Welfare consider the following recommendations in order for data disaggregation to truly lead to improved, targeted social services:

- Partner with community-based organizations to identify priority data needs. Community-based organizations are embedded in neighborhoods and are often multi- service providers who know their communities' needs best. In order for data disaggregation to be successful, the City Council and City agencies should collaborate with community-based organizations and the larger APA community on a strategic, comprehensive process in order to engage agency leadership and staff at all levels of data collection, reporting and oversight.

- Use best practices that have been identified to ensure proper implementation. Use rules set by the U.S. Census Bureau and legislation such as the Affordable Care Act Section 4302 (a policy for new data standards on race, ethnicity, sex, primary language, and disability status within the US Department of Health and Human Services) and Oregon's House Bill 2134 (a policy that creates a standard for collecting race, ethnicity, and spoken language data for all programs within the state's Department of Human Services and Oregon Health Authority) in order to develop uniform standards for data collection.

- Establish an advisory board or committee to□ensure new standards are updated based on local, state, and national best practices. Ensure timely and successful implementation. □

- It is critical that all City agencies and front-line staff are properly informed of the benefits of data disaggregation, why it is needed, and how it can be utilized to better serve the APA community. Having data that better reflects APAs in NYC is just the first step to advancing equity for our community. Therefore, it is crucial that everyone interacting with community members to collect and report data on APAs does so in a way that will make the data meaningful to all users. □

- Ensure data is accessible. Data is only as good as its availability to users. In order to ensure that disaggregated data on APAs is used across agencies and sectors, it should be made publicly accessible.

- Pass and implement other legislation that will address the need for better data collection. In addition to Intro 251, CACF strongly supports Intro 551, Intro 552, and Res 472. City agencies should update their data collection practices to reflect the diversity of all New York City residents.

Thank you for this opportunity to testify, and we urge the New York City Council to pass Intro 251 to ensure that city agencies improve and standardize data collection on Asian Pacific Americans.

FOR THE RECORD

To Whom It May Concern,

I am writing to submit testimony related to Introduction 552, a local law to amend the New York city charter, in relation to collecting and reporting data related to sexual orientation and gender identity. Urgent professional requirements prevent me from offering this testimony in person, but I hope that you will still take it under consideration.

The proposed amendment to the city charter calls for demographic data collection by the city to include questions about sexual orientation and gender identity, and for these questions to "include the options heterosexual, gay, lesbian, bisexual, and queer." I strongly urge the council to amend this list to include the option "asexual."

The asexual community, consisting of individuals who do not experience sexual attraction, constitutes approximately 1% of the human population*. New York City hosts an active community of individuals identified as asexual, a community which has hosts local conferences, has a strong presence on university campuses such as NYU, and which actively works with a range of organizations to provide more effective, asexual-friendly services to LGBTQA populations. Our community has begun to grow rapidly as asexual identity becomes more widely acknowledged and accepted.

There is precedent for the inclusion of asexuality in legal definitions of sexual orientation, most notably in New York State's Sexual Orientation and Non-Discrimination Act which defines sexual orientation as "heterosexuality, homosexuality, bisexuality, or asexuality, whether actual or perceived."

Failure to follow historical precedent and acknowledge our orientation in the city's demographic data collection efforts could have disastrous consequences both for our community and for the city's goal of accurately mapping the orientation and gender identity of its residents in order to provide more effective services. Here in New York our community actively works with organizations such as Planned Parenthood to provide asexual-friendly comprehensive sex education, and with organizations such as the Trevor Project to provide asexual-friendly emergency mental health services. Inclusion in city demographic surveys will allow city agencies concerned with issues such as education, mental health, and homeless youth services a more accurate picture of the populations that they serve.

Best Regards,

David Jay
Founder, Asexual Visibility and Education Network

* Bogaert A.F. (2004) Asexuality: Its Prevalence and Associated Factors in a National Probability Sample. Journal of Sex Research, 41, 279-287

NYLAG
NEW YORK LEGAL ASSISTANCE GROUP
LGBTQ Law Project

Testimony of the New York Legal Assistance Group

Before the New York City Council
Committee on Governmental Operations
Regarding Proposed Bill Int. No. 552

May 11, 2015

Thank You Committee Chair Kallos, Intro 522 sponsor Councilmember Dromm and members of the Committee on Governmental Operations for spearheading this important bill.

My name is Anya Mukarji-Connolly and I am the Supervising Attorney for the LGBTQ Law Project of the New York Legal Assistance Group (NYLAG), NYLAG serves immigrants, seniors, the homebound, the LGBTQ community, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence victims, persons with disabilities, patients with chronic illness or disease, low-wage workers, and Holocaust survivors, as well as others in need of free civil legal services.

We offer our strong support for the proposed amendment to the New York City Charter, in relation to collecting and reporting data related to sexual orientation and gender identity.

Launched in 2008, the LGBTQ Law Project provides low-income LGBTQ communities with free, comprehensive legal services delivered in an affirming, culturally sensitive manner. The Project protects and expands the rights of LGBTQ communities, to address the unique legal needs of the City's LGBTQ population, and help those most vulnerable, including transgender people and youth, rise above poverty and escape violence. The Project pursues gender, racial and economic justice through direct legal services, systemic advocacy and community education.

The LGBTQ Law Project focuses on removing discriminatory barriers and increasing our client's access to: employment, housing, public assistance, legal name changes, life planning, immigration and family law.

While we recognize the challenges inherent in the proposed bill, we believe the overall intent and goal of this bill is important. Without accurate numbers of the legal and social service needs of the LGBTQ community, especially among those seeking services through City agencies, it is difficult to ensure that the need for services and support are being met. Capturing this information will enable City agencies to adequately serve all of those in need, especially those who have been marginalized and until now not fully recognized by the agencies serving them. With a better sense of the community's needs, advocates and government agencies can leverage funding and develop programing to meet those needs.

While stigma against the LGBTQ community may be gradually eroding in some social spaces, violence and discrimination is still a regular threat for the most vulnerable members of the LGBTQ community, including youth, immigrants and transgender and gender non-conforming communities.

We recognize that it may not be safe for a person to disclose their LGBTQ identity in every encounter with a City agency. For these reasons, we believe that the identity information being sought through City agency demographic questionnaires must be voluntary and that all applicants be expressly told that they do not have to answer this question. Further, the questionnaire should include an option that is to be checked off which states that the applicant has "declined to answer". Including this option will make it clear that a person was asked or read the question and has opted out of answering. Further, the questionnaires must include multiple boxes which reflect the wide diversity of identities within the LGBTQ community, and not one singular "LGBTQ" box.

Equally important is the mandatory training component of this legislation, which ensures that City agency staff are equipped to properly serve LGBTQ community members. This training should be conducted by trainers who have experience working with LGBTQ communities and providing cultural competency trainings. This training must be mandatory for all City agency staff and must be provided annually to account for the turnover and changes inherent in any government agency.

In addition to the agencies mentioned in the bill, we believe that the New York City Human Rights Commission and the New York City Civilian Complaint Review Board should also be involved in the collection and analysis of this data.

Finally, as you probably know, over the summer Governor Cuomo ordered most State agencies to collect data on all LGBTQ New Yorkers served by the State. Int. No. 552 would bolster the State's data collection efforts.

NYLAG applauds the City Council for taking this critical step towards ensuring that New York City's agencies providing critical services to vulnerable communities are doing so with a clear commitment to serving and meeting the needs of LGBTQ New Yorkers.

Sincerely,

Anya Mukarji-Connolly, Esq.
Supervising Attorney
LGBTQ Law Project
New York Legal Assistance Group

The SHIELD Institute

Testimony of

Heath Bloch, Assistant Executive Director
The Shield Institute

At the Hearing for Intro 251

The Committee on Governmental Operations
New York City Council

May 11, 2015

Good morning, my name is Heath Bloch. I am Assistant Executive Director at The Shield Institute, an affiliate of Jewish Board of Family and Children's Services (JBFCS).

I would like to thank Councilmember Ben Kallos for Chairing this hearing and Council member Daniel Dromm for organizing the Asian Pacific American (APA) Data Disaggregation efforts and all the members of the committee and council who have played a role in this important effort.

On behalf of The Shield Institute, we feel the proposed data disaggregation bill for the APA community, further improves a system that has been valuable to our agency and community organizations throughout the city.

We'd like to take this opportunity to restate the importance of APA data disaggregation. Under current law, only general demographic data is collected, lumping together dozens of different linguistic and ethnic groups under "Asian" or "Other" masking the needs of New York City's most diverse community.

Data Disaggregation will:

- Help to identify needs and to develop culturally competent and linguistically appropriate programs for children and adults with intellectual/developmental and behavioral health disabilities
- Provide tools to help non-profit providers respond to the changing needs of the APA communities and celebrate their diversity
- Allow the Shield Institute and other non-profit social service providers better understand the needs of the APA community and invest strategically in their unique social, educational, and economic needs

Accurate data is integral to properly identifying, monitoring, and addressing the social service needs of New York City. Accurate demographic data is essential in planning for and investing in the diverse needs of the growing APA community.

Furthermore, we strongly believe that the benefits of APA data disaggregation bill will support city agencies and providers by accurately identifying service needs and aid in the strategic and efficient allocation of resources.

Thank you for the opportunity to testify.

APPEAL

ASIAN PACIFIC PARTNERS FOR EMPOWERMENT, ADVOCACY AND LEADERSHIP
300 Frank H. Ogawa Plaza, Suite 620, Oakland, CA, 94612
Tel: (510) 272-9536, Fax: (510) 272-0817, http://www.appealforcommunities.org

New York City Council
Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony in Strong Support of Intro 251
Rod Lew, Executive Director of Asian Pacific Partners for Empowerment, Advocacy and Leadership

First, I would like to thank Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this important hearing to improve data collection for the Asian American Pacific Islander American community.

My name is Rod Lew, and I am the Executive Director of Asian Pacific Partners for Empowerment, Advocacy and Leadership or APPEAL and I stand in strong support of Intro 251. APPEAL is a national Asian American, Native Hawaiian and Pacific Islander (AANHPI) health justice network of over 750 organizational members, has been working for the past 20 years to reduce tobacco, obesity and cancer disparities through capacity building, education, advocacy and leadership development in the Asian American and Pacific Islander communities. We have community partners based in New York City like CACF are part of the **15% & Growing Coalition**, a group of over 45 Asian led and serving organizations that work together to ensure that New York City's budget protects the most vulnerable Asian Pacific American New Yorkers. Currently, the Asian Pacific American community is by percentage the fastest growing group in New York City[1], nearly doubling every decade since 1970, and is nearly 15% of the population[2]. Unfortunately, current levels of public funding for the Asian Pacific American community remain disproportionate to our community's needs.

- 29% of APAs live in poverty, the highest of all racial groups in NYC[3].
- 1 out of 2 APA children is born into poverty[4].
- APAs have the highest rate (42%) of linguistic isolation meaning that no one over the age of 14 in a household speaks English well[5].
- 75% of the APA senior population is linguistically isolated[6].
- 1 out of 5 APAs in NYC is uninsured.[7]

---

[1] Asian American Federation, *Asian Americans in New York City: A Decade of Dynamic Change 2000-2010* (New York, NY: 2012), 5.
[2] U.S. Census Bureau, 2013 American Community Survey.
[3] New York City Office of the Mayor, *The CEO Poverty Measure, 2005-2012: An Annual Report from the Office of the Mayor* (New York, NY: 2014), 9.
[4] NYC Vital Statistics, Department of Health and Mental Health, 2010.
[5] U.S. Census Bureau, 2007-2011 American Community Survey.
[6] U.S. Census Bureau, 2007-2011 American Community Survey.
[7] NYC DOHMH Community Health Survey, 2013

STRONG SUPPORT

APPEAL strongly supports Intro 251 to amend the New York City charter to ensure that City agencies utilize a standard approach to data collection, disaggregation, and reporting out on Asian Pacific Americans.

Currently, Asian Pacific Americans are often treated as a homogeneous group even though the population is comprised of many different nationalities and ethnic groups that are geographically, culturally, politically, economically, and socially diverse. City agencies issue reports that do not mention and even suppress APAs, categorizing APAs as "Asian" or "other," or grouping APAs with "Whites" to highlight the needs of other communities of color. This masks the diversity of experiences and challenges facing many APA children and families.

Data collection, analysis, and disaggregation are integral components in properly identifying, monitoring, and addressing social service needs for the growing and diverse New York City APA community. It will ensure that City agency service delivery is based upon the actual need and diversity of the population, that programs are developed efficiently and timely, and that the City can better utilize funding streams dedicated to supporting new immigrant and emerging communities.

Recommendations on Intro 251

We ask that members of the New York City Council Committee on Governmental Operations and Committee on General Welfare consider the following recommendations in order for data disaggregation to truly lead to improved, targeted social services:

Partner with community-based organizations to identify priority data needs.

- **Community-based organizations are embedded in neighborhoods and are often multi-service providers who know their communities' needs best.** In order for data disaggregation to be successful, the City Council and City agencies should collaborate with community-based organizations and the larger APA community on a strategic, comprehensive process in order to engage agency leadership and staff at all levels of data collection, reporting and oversight.

Use best practices that have been identified to ensure proper implementation.

- Use rules set by the U.S. Census Bureau and legislation such as the **Affordable Care Act Section 4302** (a policy for new data standards on race, ethnicity, sex, primary language, and disability status within the US Department of Health and Human Services) and **Oregon's House Bill 2134** (a policy that creates a standard for collecting race, ethnicity, and spoken language data for all programs within the state's Department of Human Services and Oregon Health Authority) in order to develop uniform standards for data collection.
- Establish an **advisory board or committee** to
  - **Ensure new standards are updated based on local, state, and national best practices**
  - Ensure **timely** and successful implementation
- It is critical that all City agencies and front-line staff are properly informed of the benefits of data disaggregation, why it is needed, and how it can be utilized to better serve the APA community. Having data that better reflects APAs in NYC is just the first step to advancing equity for our community. Therefore, it is crucial that everyone interacting with community members to collect and report data on APAs does so in a way that will make the data meaningful to all users.

Ensure data is accessible.

- Data is only as good as its availability to users. In order to ensure that disaggregated data on APAs is used across agencies and sectors, it should be made publicly accessible.

Thank you for this opportunity to testify, and we urge the New York City Council to pass Intro 251 to ensure that city agencies improve and standardize data collection on Asian Pacific Americans. Please pass and implement other legislation that will address the need for better data collection: Intro 551. Intro 552 and Res 471.

30 Years of Advancing Health Equity
The Heckler Report:
A Force for Ending Health Disparities in America
www.minorityhealth.hhs.gov

Good morning members of the City Council,

This testimony is being presented by Gloria Callwood and Suki Terada Ports, Co-Chairs of Region IIof the United States Office of Minority Health's Regional Health Equity Council which consists of members from New York State, New Jersey, The US Virgin Islands and Puerto Rico We are honored to have this opportunity to address our support of Intro. 251. We know that this data disaggregation bill for Asian Pacific Americans in NYC would greatly expand the collection of APA sub-demographic groups. It also is a major step to insure that with better data collection and reporting other communities of color will benefit, as well as other underserved communities and populations which could benefit by having the potential to receive more culturally appropriate services including language and age appropriateness. Because 251 pertains to two other bills and the hearing will also decide on these two additional data equity bills: one on multiracial categories and another on sexual orientation and gender identity we support them as well.. These bills will change how New York City agencies collect and report demographic information to better reflect and include the recognition of and respect for the diversity of our city.

In August of 1989, a group of Native Americans and Asians and Pacific Islanders attending a national minority AIDS conference in Washington, DC discussed the need to have "Other" as a data collecting designation for Asians, Pacific Islanders and American Indians eliminated and replaced by separate columns for each race. The need to end our invisibility by designating us as "Other" was immediately understood by the Assistant Secretary for Health, Dr. James Mason and the Director of the AIDS Program for the CDC, Dr. Gary Noble and they promised that the monthly US Surveillance reports would have two new columns in addition to Black, White, Hispanic and Other. This historic change happened immediately in September of 1989 and the data was collected by all 50 states and territories and sent to the CDC with the two new columns, Asians and Pacific Islanders and American Indians and Alaska Natives. New York City provided the new data in December of 1989 and New York State in January of 1990. Now relevant reports and crucially, proposals can include requested data validating "need" and "population" by specific data instead of misleading and inappropriate designation of "other" rendering the reports or proposals as "other" as invisible.

Among the reasons RHEC IIsupports the passage of Intro 251 - within the context that any additional collection of data which enhances the knowledge of and about any and all people of color and other overlooked or under reported entities constituting a "minority" related to age, gender, physical and mental ability,and limited education, resulting in an inability to understand prevention or other health related circumstances utilizing the following examples:

One of the potential purposes of the RHEC is to raise awareness and promote the adoption of the enhanced CLAS standards among health, human and social service providers;others are:

- To end health disparities;
- To identify gaps in the provision of and utilization of healthcare services for racial/ethnic and underserved populations; and
- To identify gaps in the collection of data on residents of the US Virgin Islands and Puerto Rico.

We urge that you look and vote favorably upon Intro 251 and the other related bills before you today.

Thank you for this opportunity to support Intro. 251.

Gloria Callwood, Co- Chair RHECII
Director Caribbean Exploratory Research Center,
University of the Virgin Islands
and
Suki Terada Ports
Vice president of the
Japanese American Association of New York

Over 100 Years of Community Service

★助け合って100年+★

New York City Council
Joint Hearing of the Committee on Governmental Operations and the Committee on General Welfare
May 11, 2015

Testimony in Strong Support of Intro 251
Susan Onuma, President, Japanese American Association

Good morning Members of the City Council,

The Japanese American Association of New York, Inc.(JAA) a social service agency now 108 years since our founding is honored to have this opportunity to address our support of Intro. 251. We know that this data disaggregation bill for Asian Pacific Americans in NYC would greatly expand the collection of APA sub-demographic groups. This is a major step to insure that with better data collection and reporting other communities of color, underserved communities and populations could benefit by having the potential to receive more culturally appropriate services including language and age appropriateness as well. Because 251 pertains to two other bills and the hearing will also decide on these two additional data equity bills: one on multiracial categories and another on sexual orientation and gender identity we support them as well. These bills will change how New York City agencies collect and report demographic information to better reflect and include the recognition of and respect for the diversity of our city.

In August of 1989, a group of Native Americans and Asians and Pacific Islanders attending a national minority AIDS conference in Washington, DC discussed the need to eliminate "Other" as a data collecting designation for Asians, Pacific Islanders and American Indians to be replaced by separate columns for each race. The need to end our invisibility by designating us as "Other" was immediately understood by the Assistant Secretary for Health, Dr. James Mason and the Director of the AIDS Program for the CDC, Dr. Gary Noble and they promised that the monthly US Surveillance reports would have two new columns in addition to Black, White, Hispanic and Other. This historic change happened immediately in September of 1989 and the data was collected by all 50 states and territories and sent to the CDC with the two new columns, Asians and Pacific Islanders and American Indians and Alaska Natives. New York City provided the new data in December of 1989 and New York State in January of 1990. Now relevant reports and crucially, proposals can include requested data validating "need" and "population" by specific data instead of misleading and inappropriate designation of "other" rendering the reports or proposals as "other" as invisible.

To ignore further designations by ethnicity of Asian subgroups, critical language issues arise. JAA had a specific experience last year. When the New York State of Health (Obamacare as it is locally called) was rolled out, there was no Japanese speaking Navigator and so we had to have unnecessary time and funds spent and language translations for each explanatory group meeting and each individual enrollment session because only with the kindness of the Korean Community Services of Metropolitan New York, familiar with Japanese were we able to have English translated to Japanese translated back to English and all within the context of difficult Japanese/Korean history. This year we will have succeeded in obtaining funds for a Japanese speaking navigator. This is but one example of the fact that there is no common" Asian" language and many people are ignored, invisible and or misunderstood because of their different ethnic heritage.

We urge that you look and vote favorably upon 251 and the other related bills before you today.

Thank you for this opportunity to share one of our experiences with you.

Susan Onuma, President

布碌崙華人联合會
United Chinese Association of Brooklyn
78 Quentin Road, Brooklyn NY 11223
718-256-0404 / 718-232-0055

Joint Hearing of the Committee on Governmental Operations and the New York City Council Committee on General Welfare

May 11, 2015

Testimony of Steve Chung

President, United Chinese Association of Brooklyn

I would like to express my gratitude to Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this special hearing to improve data collection for the Asian Pacific American (APA) community.

United Chinese Association of Brooklyn (UCA) was founded in 2002 and its main goal is to serve and improve the well being of the Chinese immigrants and families in Bensonhurst neighborhood. As of now, UCA is the only nonprofit organization in Bensonhurst Brooklyn that provides both civic justice advocacy as well as direct social services to the new immigrants

UCA supports Intro 251 to amend the New York City charter to ensure that City agencies implement a standard approach to data collection, disaggregation, and reporting out on APA population demographic background. Currently, APA is frequently categorized as a single group even though APAs are different in language, culture and social background. City agencies' reports usually group APAs as "Asian" and frequently ignoring Pacific Islander Americans or categorize APAs as "Other," These factors cover up the diversity of experiences and challenges facing many APA

If government agencies such as, U.S. Census Bureau or Department of City Planning can provide a source of data, like collection, analysis, and disaggregation about the APA community, it will significantly improve organizations like us to better use our resources to outreach and serve the APA community needs. In addition, by knowing this disaggregation source of APA data, we can channel and refer APA clients to the right organizations which can communicate and better understand their needs.

Data is only as good as its availability to users. In order to ensure that disaggregated data on APAs is used across agencies and sectors, it should be made publicly accessible.

* **Pass and implement other legislation that will address the need for better data collection.** In addition to Intro 251, CACF strongly supports Intro 551, Intro 552, and Res 472. City agencies should update their data collection practices to reflect the diversity of all New York City residents.

Re: INTRO 552

May 11, 2015

Dear NYC Council Committee members:

My name is Nelson Acevedo. I am a retired New York City Department of Education high school assistant principal. I have worked with the New York City Department of Education for over twenty seven years.

I fully support Int.552.We have a fair amount of LGBTQ students enrolled in our city schools. Many of our LGBTQ students have been the victims of bullying. Many LGBTQ students are at high risk for depression, anxiety, substance abuse and gender identification. Direct services are needed to address the problems faced by LGBTQ students. New York City Department officials have no idea of the number of LGBTQ students are in the school system because no data has ever been collected as to the number of LGBTQ students. Data in the form of confidential student surveys to be completed by high school students can help city education officials access much needed services for LGBTQ students .

LGBTQ students have a tremendous impact on our NYC schools. They come from our specialized high schools as well as our low performing schools. These students need to be respected and counted. Several of our NYC high schools have Gay/Straight alliance programs but more are needed.

I urge members of the city council to pass this bill so that city agencies such as the New York City Department of Education will include sexual orientation and gender identity on their forms and then they can cull data to tailor services directly for LGBTQ students.

Thank you for your consideration..

Nelson Acevedo

Nelson Acevedo

Testimony in Support of Intro 551-2014

Committee on Governmental Operations
& Committee on General Welfare
by Daniel Reckart

Good morning. My name is Daniel Reckart. I'm here to testify specifically in favor of Introduction 551-2014 and the Resolution 472-2014.

I'd like to thank the City Council for taking up this important issue. It's one that this country and this city have been very slow to recognize given the great diversity of our country.

You see, my mother is half Jamaican and half British-Caucasian. My father is half-Mexican half-German. My siblings and I – as siblings do – look both alike and at the same time a spectrum of our multiple races. Some of us look more Latino and some of us look more White and some look more Black. But the fact is that we have all always identified proudly as multiracial, and to ask us to choose just one box is like asking us to choose allegiance with just one of our grandparents.

Unfortunately, even when we were children, this posed a problem, because government forms, like the ones you fill out in school and for jobs, often only let you check one box. Not only is this offensive, but it also leads inaccurate information, which defeats the whole purpose of collecting the data in the first place. As an example, when we started school in Arizona, my oldest sister was called to the office with my mother. They told her that she had filled out her registration form wrong, because she'd checked multiple boxes for race. And, since she was only allowed to check one, they wanted to know if she'd be willing to check Black, because that would really help their numbers. Well, my oldest brother looks the least Black of all of us, so when he enrolled and was forced to check one, he checked Latino instead. But the school system then had a problem with this, because they couldn't have children of the same family being multiple races. So he was told, also, to check Black.

I tell this story, because I just want you to understand the personal frustration of growing up multiracial, when your government doesn't even acknowledge the possibility of your existence. I am really excited to see the City Council consider this legislation, and I hope you all will make it reality as quickly as possible.

Thank you.

MEKONG

Testimony of Khamarin Nhann
Campaign Coordinator, Mekong NYC

My name is Khamarin Nhann, I am the Campaign Coordinator of Mekong. Mekong aims to improve the quality of life of the Southeast Asian community in the Bronx and throughout New York City by achieving equity through community organizing and healing, promoting arts, culture, and language, and creating a safety net by improving access to essential social services. The Southeast Asian community in the Bronx primarily consists of Cambodian and Vietnamese.

This year marks the 40 Years after the Vietnam War and Khmer Rouge Regime the Southeast Asian community continues to suffer from the legacy of war and violence. We have been often undercounted and underserved. We have been invisible because there has not been any real or comprehensive data that distinguish the different ethnicity and race we organize. We often get lumped or mixed into the groupings where we see the disconnection in valuable data.

Some of the different levels of disparities that are lost because of the grouping hides some of the key issues and challenges our community faces. Specifically for Cambodian and Vietnamese community we are the bottom of all national and local data or statistics. From high levels of poverty, dropout rate and government assistances which only tackles the social and economic issues, there is also the high levels of chronic physical and mental illness as a result of war and violence. The trauma and struggles have lead to the high rates of depression, PTSD, sleep deprivation and substance abuse. There are two perpetuating cycle at work here, poverty and inter-generational trauma and mental illnesses.

Not only do we have to organize through the social and economic barriers that isolated our vulnerable communities, but we have to build through the inter-generational trauma and mental illnesses of war, violence and genocide. This is through years of working and building relationships and trust within the community we serve. We are currently engaging in a campaign to help keep and expand our Indochinese Mental Health Clinic in the Bronx. There will always be a lack of services or need. One of the missing links we identify is the lack of data and information that has never really been at forefront of discussion. The disaggregation data or concept of providing actual evidence or evaluating whether or not a specific communities needs are being met is essential to provide the quality of care we deserve. That means having culturally competent health care providers with the language and skills to effectively serve the community. We need to heal our community both internally and externally. We can do that with disaggregated data and information that supports or warrants the needs of the community. Language access has always been a challenge for our community, but the data can now speak for the communities we serve.

This bill is not only the first step in the right direction, but it will create the open dialogue between Community-Based Organization, other governmental or non governmental institutions and agencies. We understand the importance of disaggregating data and what the impact this bill will do for our community. The resources that our community needs can directly be associated with the success and implementation of this bill through collective relationships.

Our community has been 40 years strong and resilient, that is the resistance and power you create when the voices of the community are being heard. We are tired of being invisible. They say that there is "strength in numbers, but how much power can we actually build if we have accurate data to portray that".

Thank you for the opportunity for us to share our voices and experiences.

2471 University Ave| Bronx, NY 10468 | p: 347.918.9220. | e: mekong@mekongnyc.org | mekongnyc.org

Bryan J. Ellicott

ellicottbryan@gmail.com
718-710-1061
8 Wilson Ave, Staten Island NY 10308

Testimony- General Welfare and Government Operations
Intro 0552- Data Collection (Sexual Orientation and Gender Identity)

Good Afternoon, Chairpersons Levin and Kallos and members of their respected Committee members on General Welfare and Government Operations. I want to thank Councilmember Daniel Dromm for his continued commitment to the LGBTQIA community for the bulk of his career.

My name is Bryan Ellicott, and I am here as an advocate for the LGBTQIA community. I choose to self-identify my gender identity and expression as a Transgender, Female to Male (FTM). My sexual orientation is bisexual. I'm a New Yorker born and raised in the borough of Staten Island. I am here to speak in support of Intro 0552, which too a person like me seems like a common sense piece of legislation.

As a person like myself, who comes here often too talk about legislation that support the furthering of progressive change and further the idea of equality to all New Yorkers especially those in the LGBTQ and Gender Non-Conforming community.

It is however sometimes a struggle to come here with out the numbers of our community in order to make the best case possible for what things are needed. It would be easier with numbers at least to show the best practical application and need for programs and services specifically for the LGBTQ and Gender Non-Conforming community.

We don't accurately have a number of how many New York City residents identify within the spectrum of sexual orientation and gender identify. We live in all parts of New York City and in all of your Council districts from the South Shore of Staten Island to the North Bronx in 2015 its safe to say we can be anywhere and everywhere.

We do know however know that members of the LGBTQ and Gender Non-Conforming community have a history of facing discrimination and lack of information when it comes to needing to receive information or services from many city agencies across a wide range of issues specific to them as members of the LGBTQ and GNC community or those similar to our heterosexual and cisgender community members across the City of New York.

Research done by many organizations have shown the need for services for the LGBTQ, Intersex and Gender Non- Conforming community on a federal level, it also shows that due to societal homophobia and its consequences LGBTQ and GNC people are at a higher risk for mental health problems such as depression, anxiety, substance abuse and in extreme cases suicide.

The National Alliance on Mental Health says that "LGBTQ and GNC individuals are approximately x2.5 more likely than heterosexual men and women to have mental health disorder diagnose in their lifetime."

The Southern Poverty Law Center suggest that LGBTQ and GNC people in the United States are 8.3x more likely than their straight counter parts to be victimized by a hate crime.

The Gay, Lesbian and Straight Education Network known by many as (GLSEN) released a report in 2011that said 81.9% of all LGBTQ students ages 13-20 have been verbally

harassed at school. Many students 4 out of 10 have been physically harassed at school, 1 out of 5 have been a victim of a physical assault at school because of their sexual orientation.

According to the Intersex Society of North America (ISNA) 1 in every 1,666 birth are NOT XX and NOT XY, 1 in every 1,000 births Klinefelter (XXY) and 1 in every 13,000 births Androgen insensitive syndrome[1]

---

[1] a condition that affects sexual development before birth and during puberty. People with this condition are genetically male, with one X chromosome and one Y chromosome is each cell. Their bodies are unable to respond to certain male sex

These are all statics based on a national level it's unclear how many of these LGBTQ community members live are New Yorkers and live in New York City. How many of our children and families are part of our Department of Education system?

People identify themselves in so many different ways either within their sexual orientation, gender identity or even both. Many receive services from the city and agencies and are members of society and our city. These agencies that this data would be best suited for collecting would include.

- The Administration for Children Services
- The Department for the Aging
- The Department of Corrections
- The Department of Education
- The Department of Health & Mental Hygiene
- The Department of Homeless Services
- Human Resources Administration
- New York City Housing Authority
- New York Police Department

---

hormones called androgens. They may have mostly female sex characteristics or sex of birth male and female sexual development.

The idea is to ensure that city agencies capture this information and utilize it to tailor programing and funds for programs that will help provide services to the LGBTQ and GNC community ideally in all part of our City.

I find it necessary for city agencies and advocates who fight or services from their City Councilmembers and other grants available to them have data that shows how large and diverse the LGBTQ and GNC in all parts of New York City. To include additional fields on certain forms and documents that will capture data on individuals based on sexual orientation and gender identity is necessary and requires very little change and training. In 2015 knowledge of the LGBTQ and gender non-conforming community should be in place already for all these agencies.

I am recommending to the members of this committee and the New York City Council too push for the following categories to be added to demographic information for data collection within those agencies and service providers that I mentioned earlier in my testimony. Those are as follows:

Sexual Orientation

- Heterosexual/ Straight
- Gay
- Lesbian
- Bisexual
- Queer
- Other ____________

- Decline/ Not specified

Gender Identity

- Male (cisgender)
- Female (cisgender)
- FTM (Female to Male) (Transgender Male)
- MTF (Male to Female) (Transgender Women)
- Gender Non-Conforming
- Intersex
- Other ___________________

I want to stress two important parts of my recommendations to the committee and the council on the categories that I have recommend in my testimony.

1) The term **cisgender** needs to be included with the definition of male or female. As the following: *"A person whose self-identity conforms to the gender they were assigned at birth."*

This definition affirms the lives of all people without having to draw more stigmas moving forward and allowing people to be comfortable in self-identifying themselves. This benefits the transgender, gender non-conforming and allies of the LGBT.

2) The need for the **Other and the fill-in** the ability to allow for people to identify as they choice and not feel confided to the boxes we have given to them to check in order to collect data.

It will take time for the data to be accurate because of the many decades of stigma the LGBTQ and gender non-conforming people in New York City. Over time people will feel better about identifying themselves to agencies when they start to see that they will be treated with decency and respect.

My personal goal that I'd like to see with the implementation of this legislation is that next year during the HOPE 2016 night for counting our residents who live in our city without shelter. That question #10 on our survey packets have the ability to see more than Female, Male or Unsure.

Thank You,

FOR THE RECORD

BROOKLYN
COMMUNITY PRIDECENTER

To: Members of the Committee on Governmental and
the Committee on General Welfare
From: Sarah Hartzell, Program Director
Brooklyn Community Pride Center
Date: May 11, 2015

Int. No. 251

The Legislature should bring the city in line with best practices in other major cities with large Asian populations to capture the significant difference in experiences and needs of specific Asian sub-demographics.

In Seattle this decision was made to appropriately track outcomes and needs for large Vietnamese, Pilipino and Cambodian populations among others, whose recent and pre-arrival conditions were drastically different than those of other Asian communities already living in the area.

By disaggregating data it was clear that Vietnamese youth were not doing well in school, on academic placement exams, and the population as a whole had high rates of poverty compared to the broader Asian demographic.

Tracking this information allows for appropriated additional and targeted outreach and services to communities.

By asking for specific sub-Asian demographics more people will be likely to begin sharing them, and bring City data and responsiveness to community needs in line with other major urban areas.

Int. No. 551

The city should expand demographic tracing to include multiracial identity.

Of our 5,560 program attendees so far this year show that mixed race community members are the second largest group we serve. Our racial demographics, collected by leaving a blank for members to fill in as they see fit,

BCPC Racial/Ethnic Demographics FY2015 show a diversity we cannot report on city forms.

Black	White	Mixed	Latin@	Asian	Arab	Indian
31.13%	21.00%	20.12%	19.38%	3.08%	0.59%	0.44%

Over 20% of our community members and program participants identify, specifically, as mixed. Some identify as mixed solely, some further explain their mixed identity to us. Each year when we report to the city on our contracts this data is lost.

The city should allow for additional racial identifiers including multiracial for greater accuracy in reporting.

The Brooklyn Community Pride Center Strongly Advises the City to update is demographic tracking to the standards set by other cities. As a city known for its large multi-racial population, and large LGBTQ population, collecting accurate and detailed information on what our communities is experience is important not only for New York City, but for those who look to us as a leader in best practices.

Int. No. 552

The city should capture sexual identity in demographic data. There is a serious lack of data on the specific experiences and needs of LGBTQ community in New York City. City wide data on interactions with police, health care, income, employment, service accessed and not accessed is profoundly important among others.

For FY2015, of those who report of the over 5,000 people we have work with their share their sexual orientation and gender identities as follows:

Orientation	Straight	Gay	Bi	Lesbian	Queer	Pan
	34.60%	29.17%	15.22%	15.22%	15.22%	15.22%

Gender Identity	Trans*	GenderQueer	Male	Female	Asexual
	9.84%	1.04%	33.16%	55.44%	0.52%

When reporting for city contracts all of this information is lost when we must collapse our demographics into Male/Female and leave out sexual orientation all together.
To complete contracts we must extrapolate numbers, generalize, and leave out many of the people it is our mission to serve.

Res. No. 472 –

The Brooklyn Community Price Center strongly encourages a resolution urging state and federal government to similarly update their demographic tracking to represent the population.

Coalition for Asian American Children + Families

New York City Council Committee on Governmental Operations
Hearing on Intro 251
May 11, 2015
Prepared by Sumie Okazaki, Policy Fellow

Good morning. My name is Sumie Okazaki, and I am a Policy Fellow for the Coalition for Asian American Children and Families. I am also a professor of applied psychology at NYU Steinhardt School of Culture, Education, and Human Development as well as the current President of Asian American Psychological Association. My research expertise is in the areas of educational and mental health concerns facing immigrant Asian American families. I would like to thank Chair Dromm and members of the Committee on Governmental Operations for holding this important hearing on the proposed legislation on "collection of demographic data regarding numerous Asian Pacific American demographic sub-groups."

Speaking from a researcher's perspective, I urge the Committee to support this legislation to mandate that any city agency that directly or by contract collects demographic information regarding ancestry or ethnic origin of city residents seeking city services to include collection of major Asian Pacific American (APA) subgroups.

BACKGROUND

APAs have long been an integral part of the U.S. history going back as far as the 1760's with the early settlement of Filipino fishermen in Louisiana, followed by successive groups of migrants from China, Japan, Korea, India, Southeast Asia, and South Asia. Throughout American history, various APA groups of newcomers and immigrants have been met with social, political, and civic exclusion as they established communities and made their way home as Americans. However, the notion of Asian Pacific Americans as a pan-ethnic group is a uniquely American construction born out of the struggles during the Civil Rights era in the 1960's in order to have the concerns and voices of the community heard. At the start of the pan-ethnic coalition, the APA population was comprised primarily of American-born Chinese, Japanese, Korean, and Filipino Americans. Today, the APA population is enormously diverse and dynamic, tracing their heritage to nations not just in East Asia but also Southeast Asia, South Asia, Central Asia, and the Pacific Islanders. Today's APA communities include a large number of immigrants who were born overseas.

Here in New York City, APAs are, by percentage, the fastest growing community – having doubled every decade since 1970 and now constituting close to 15% of the City's population. As the decennial US Census and the American Community Survey estimates have shown, there is vast heterogeneity within APA population today with respect to their ethnic and national origin, language, income, poverty, and health insurance status, and so on. Analyses of the Census data by the NYC Department of City Planning show that the City's largest Asian ethnic groups (Chinese, Asian Indian, Korean, Filipino, Bangladeshi, and Pakistani) have very different patterns of residential settlements, age group distributions, poverty and income, and educational attainment.[1]

Despite the exponential growth in the population, the concerns and needs of APA communities within New York City have remained largely invisible. One salient reason for this lack of attention is the sheer paucity of disaggregated demographic information about APA individuals who are served by the City's social service agencies. Too often, APAs are lumped together as "Asians" or "Asian Americans and

---

[1] Salvo, J. (May 2014). *New York City's Asian population: One million and counting.* Presentation at the AACRI Conference on rethinking NYC's Asian American communities. CUNY Graduate Center. http://aaari.info/notes/14-05-05Salvo.pdf

Pacific Islanders" at best – and "Other" at worst. I argue that the City is putting itself at risk for not meeting the needs of the most vulnerable segments of its APA residents by not collecting disaggregated ethnicity data. Given the enormous heterogeneity with respect to major indicators of the APA population's quality of life and wellness (including but not limited to income and poverty status, educational and occupational attainment, health and mental health statuses, family patterns, and access to social capital), it is imperative that NYC's social service agencies collect disaggregated ethnicity data for its APA population.

DATA EXAMPLE FROM EDUCATION

I would like to use a research example from the NYC Department of Education (NYCDOE) data about its Asian students to illustrate the potential power of collecting more granular ethnicity information.

A host of research examining racial differences on educational outcomes in the United States has shown that Asian American students in the aggregate outperform students from other racial groups on multiple indices, from higher grades to higher standardized test scores and higher college enrollment especially at elite and selective colleges.[2] However, cross-racial analyses like these have been criticized for ignoring the within-group differences among Asian American students and for contributing to the persistent stereotyping of Asian American students as the hard-working, high-achieving "model minority" students.[3] Too often, simple cultural explanations such as Confucianism and cultural affinity for rote learning are used to explain their high performance, with the implication that Asian American students do not need academic support.[4]

Yet, when disaggregated data are available for APA students, evidence is clear that there is wide variability in academic performance of different APA ethnic groups. For this reason, researchers have argued that continuing to present a monolithic image of Asian Americans students based on the performance of two or three high-achieving groups does disservice to underperforming Asian American students whose needs are invisible. The monolithic image of Asian American students also does great disservice to high-achieving Asian Americans because they must contend with racial stereotypes and expectations by school officials and teachers. Unfortunately, many states – including New York – do not routinely collect ethnicity data beyond the major racial categories. The lack of granular ethnicity data for APA students in our public schools make it difficult for both the schools and CBOs to identify who in the APA community might benefit from more resources.

In these examples, I am using the data requested and obtained from the NYCDOE for the 2013-14 school year's NY State common core-aligned Math and English Language Arts (ELA) test scores for students enrolled in grades 3 through 8. As a context, the ethnic comparisons for the Math and ELA proficiencies for the four major ethnic groups are shown in Figure 1. These racial/ethnic comparative results are routinely reported by the NYCDOE, with Asian students shown to outperform all other groups in Math and comparatively to White students in ELA.

Although NYCDOE does not collect disaggregated ethnicity information, they do routinely collect data about the language spoken at home for all students. Taking advantage of the fact that the majority (70.8%) of Asian American students in grades 3-8 in 2013-14 came from homes where a language other

---

[2] Kao, G., & Thompson, J. S. (2003). Racial and ethnic stratification in educational achievement and attainment. *Annual Review of Sociology, 29*, 417-424.

[3] Tran, N., & Birman, D. (2010). Questioning the model minority: Studies of Asian American academic performance. *Asian American Journal of Psychology*, *1*(2), 106-118.

[4] Ng, J. C., Lee, S. S., & Pak, Y. K. (2007). Contesting the model minority and perpetual foreigner stereotypes: A critical review of literature on Asian Americans in education. *Review of Research in Education*, *31*(1), 95-130.

than English was spoken, I used home language as a proxy to ethnicity data to disaggregate the population.

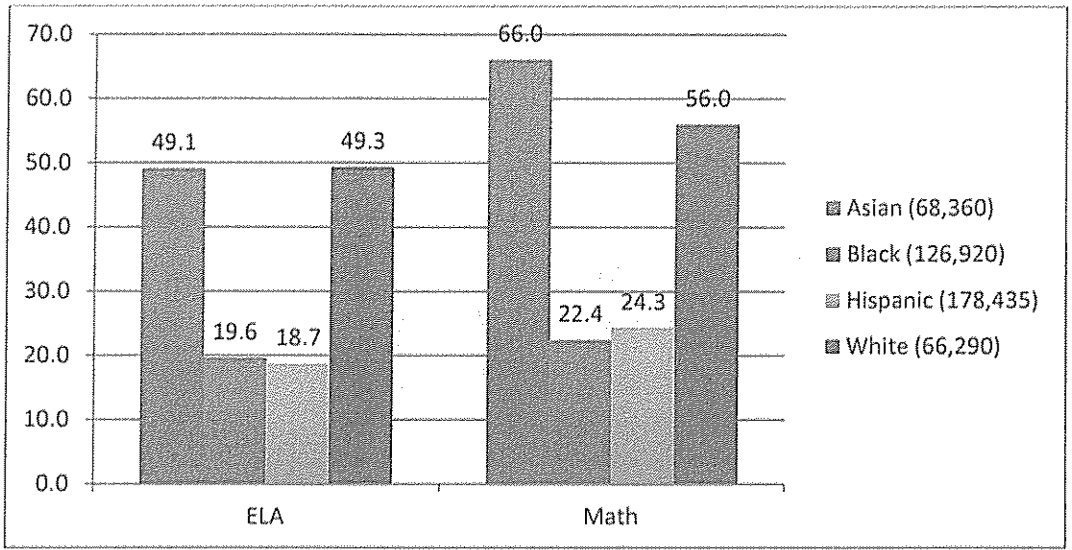

Figure 1 Percent at or above proficiency on NY State exams

Specifically, I examined the NY State Math and ELA performance of 7 ethno-linguistic subgroups (Cantonese, Mandarin, other or non-specified Chinese dialects, Korean, Bengali, Urdu, and Punjabi) in order to examine demographic variation as well as academic performance. In 2013-14, there were 5,878 students in grades 3-8 from Cantonese-speaking homes, 8,556 from Mandarin, 10,449 from "Chinese" (unspecified), 2,199 from Korean, 9,068 from Bengali, 3,788 from Urdu, 1,520 from Punjabi, and 20,534 from English speaking homes. Students from these 8 home languages represented 84.9% of all Asian students in grades 3-8.

Figure 2 shows proportion of each ethnic group students who were eligible for free and reduced price lunch. Although Asian students, like many students in the district, come from low-income homes, there is also considerable variability across the language groups with respect to their free lunch eligibility status.

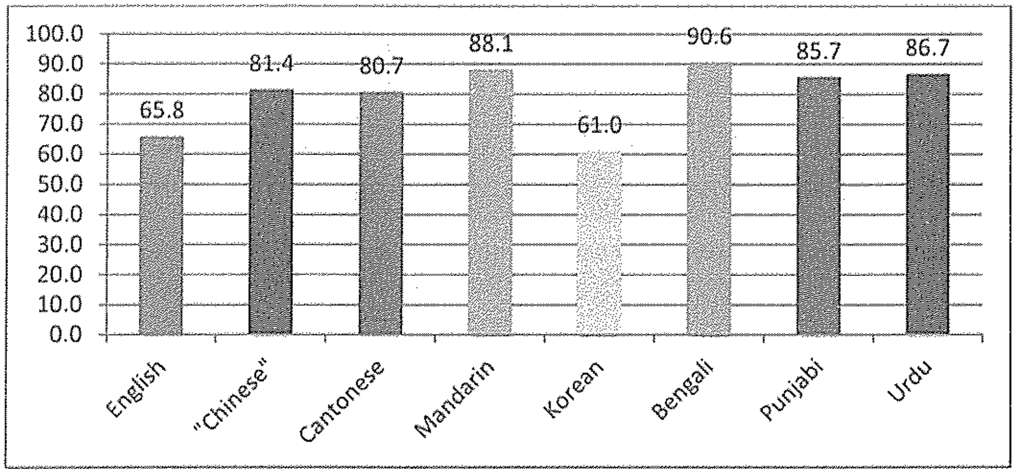

Figure 2 Percent eligible for free or reduced price lunch

Figure 3 shows the proportion of students in each ethnic group who were identified as English Language Learners (ELLs). What is especially noteworthy here is that even among the Chinese language groups, students from Mandarin speaking homes were much more likely to be ELLs than students from Cantonese speaking homes or any other Asian language groups.

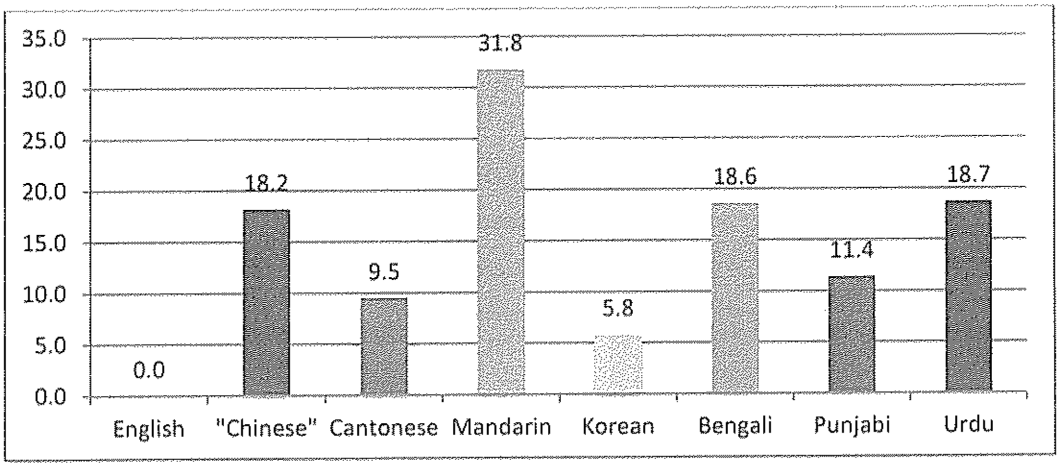

Figure 3 Percent who are current English Language Learners

Finally, Figures 4 and 5 show the Math & ELA proficiency for the Asian language groups. Again, even though APA students in the aggregate perform relatively well on the NYS exams, there are some language groups who are doing less well. Interestingly, the students from East Asian language groups outperformed not only the students from South Asian language homes but also from English speaking homes on the Math test. Similar patterns are evident on the ELA test.

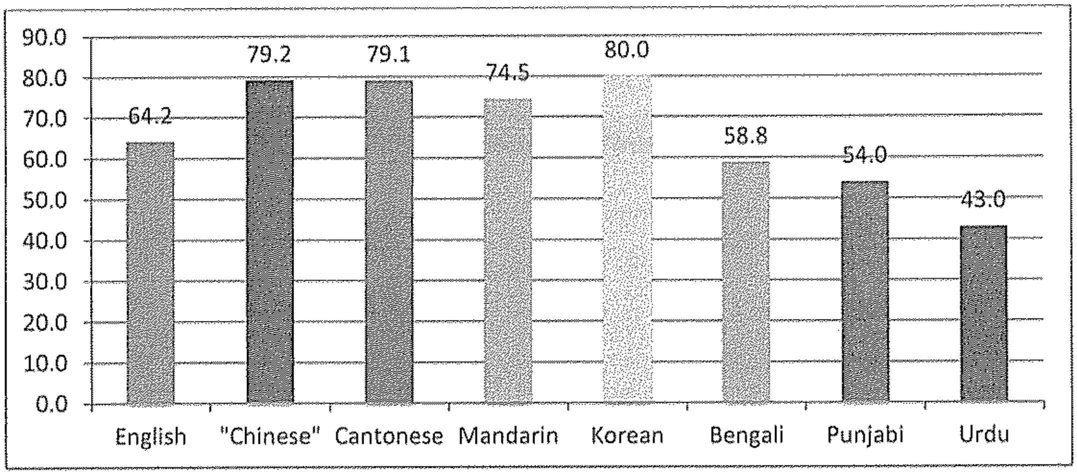

Figure 4 Percent at or above proficiency in NYS Math test

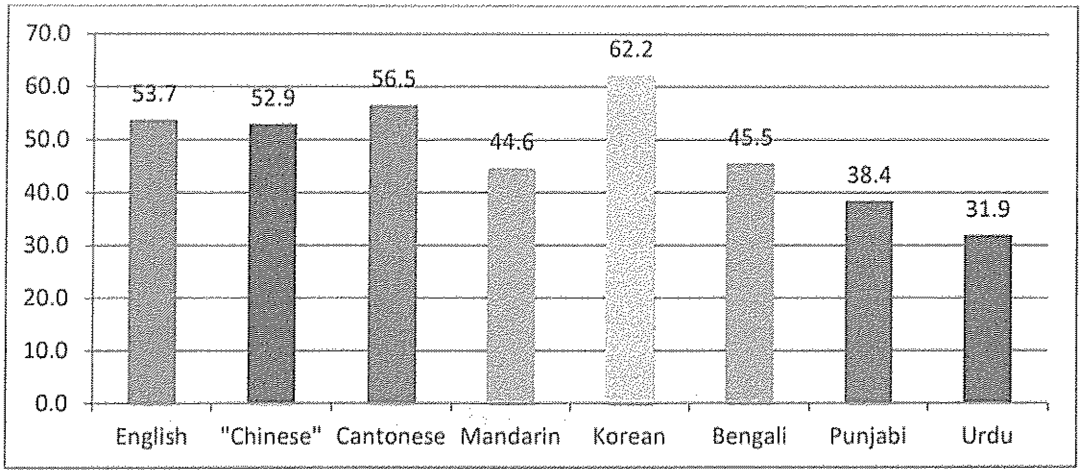

Figure 5 Percent at or above proficient on NYS ELA test

These disaggregated results suggest that within the NYCDOE's APA student population, students from South Asian language speaking homes (Bengali, Urdu, and Punjabi) seem to be struggling more than students from Korean and Chinese speaking homes. These students from Bengali, Punjabi, and Urdu speaking homes are likely the children recently immigrated families from Bangladesh and Pakistan – the same fast-growing newcomer ethnic communities described by the US Census data. The disaggregation also revealed important differences between students from Mandarin and Cantonese speaking homes, which likely reflect differences in their families' immigration and settlement, parental level of education, socioeconomic status, and so on.

These analyses of the NYCDOE data on Asian students disaggregated by home languages demonstrate considerable variability on both demographic and academic indicators. Yet, when these students are lumped into "Asian" category, their needs are often invisible in an urban school context with other struggling students. I argue that more specific ethnicity data – in combination with continued collection of home language data – will help the City formulate policies that can best serve the needs of all its residents.

RECOMMENDATIONS

I would like to commend members of this committee and other Council Members who are invested in ensuring that the demographic data we collect reflect the true diversity of APA population in New York City. Better data will help all of us identify and meet the needs of our community. Thank you for this opportunity to speak to you today.

Arab-American Family Support Center
المركز العربي الأمريكي للخدمات الاجتماعية

www.aafscny.org

150 Court Street, 3rd Fl
Brooklyn NY 11201
T: 718 643 8000
F: 718 797 0410

37-10 30th Street, 2nd Fl
Queens NY 11101
T: 718 937 8000
F: 347 808 8778

Family Justice Center
350 Jay Street, 15th Fl
Brooklyn, NY 11201
T: 718 250 5035

Family Justice Center
126-02 82ND Avenue
Queens, NY 11415
T: 718 575 4500

New York City Council
Joint Hearing of the Committee on General Welfare and the Committee on Government Operations
May 11, 2015

Testimony of Lena Alhusseini
Executive Director, Arab-American Family Support Center

My name is Lena Alhusseini, and I am the Executive Director of the Arab-American Family Support Center. I would like to thank Governmental Operations Chair Kallos, General Welfare Chair Levin, and members of the Governmental Operations and General Welfare Committees for holding this important hearing to improve data collection for the Asian-Pacific American community for the Asian-Pacific American communities of New York City.

The Arab-American Family Support Center (AAFSC) is a non-profit, non-sectarian organization created in 1994 to provide culturally and linguistically competent social services to Arab, Middle Eastern, Muslim, and South Asian (AMEMSA) communities of New York City. These immigrant communities are often marginalized and underserved. Our mission is to empower new immigrants with the tools they need to successfully acclimate to the world around them and become active participants in your districts.

During the past decade there has been a dramatic increase in the Arab immigrant population of New York City, our main client base. According to the NYC Department of City Planning, the number of Arab immigrants increased by one-third between 2007 and 2011, making it one of the fastest growing immigrant groups in the city. Additionally, New York City has the largest population of South Asian immigrants in the country, with the second highest concentration residing in Brooklyn. According to the Asian American Federation of New York, between the years 1990 and 2010, Bangladeshi, Pakistani and Indian populations in the city grew by 973%, 210%, and 103%, respectively.

AAFSC has established itself as the oldest and largest social service agency providing culturally-specific services tailored to members of AMEMSA communities across the city. We promote equity for underserved populations while also helping them to address the many complex challenges they face related to language barriers, limited education or resources, and the emotional and cultural difficulties associated with migration and resettlement in an unfamiliar new country.

As part of our effort to enhance our services to meet the needs of the communities we serve, our entire organization underwent trauma-informed training, and incorporated it into the cultural competency training that we provide to both new hires and volunteers. We serve over

6,000 low-income people annually through seven major programs: the Youth Program, Preventive Services Program, Adult Education & Literacy Program, Health Program, Legal Services Program, Disaster Relief Program and Anti-Violence Program.

SUPPORT FOR INTRO 251

In order for us to play a critical role in the advancement of Asian-Pacific Americans (APA) of New York City, we need to have more detailed knowledge about them. However, with the current data policy, which combines and aggregates APAs into either “White” or “Other” categories, it is nearly impossible to learn about the current socioeconomic circumstances APAs are in. This policy means APAs are not categorized as communities of color.

Through our extensive experience since opening our doors, AAFSC has gained an accurate understanding of the cultural and linguistic barriers Arab, Middle Eastern, Muslim and South Asian communities face. AAFSC’s services have largely been centered on the various Arab American communities of New York City, which is estimated to have 150,000 residents. According to the Office of English Language Learners 2013 Demographic Report, among the top five languages spoken in New York City, Arabic stood at 4th place, after Spanish, Chinese and Bengali, respectively. Arab Americans have historically faced challenges in data aggregations conducted by federal and state agencies. For many decades, Arabs have been classified as "White" and, at times, “Black” or “Asian” by the U.S. Census Bureau, thus contributing greatly to their overlooked social and economic status. Thanks to the efforts of various Arab American organizations across the U.S., the Census announced earlier this year that they will begin to test the new Middle Eastern and North African (MENA) classification for possible inclusion into the 2020 Census.

AAFSC and its partner organizations present today recognize that data collection, analysis, and disaggregation are integral components in properly identifying, monitoring, and addressing social service needs for the growing and diverse New York City APA community. With this critical information, numerous community-based organizations will be able to highlight the needs of these communities and provide detailed data and information about them when responding to Request for Proposals issued by various City agencies, thus allowing the City government to reach communities that and may still be invisible to them.

As the City Council considers the amendments to the New York City Charter, we are asking that along with the 22 mentioned Asian-Pacific groups, a category is included for the Arab population. Such a move will ensure that City agency service delivery is based upon the actual need and diversity of the population, that programs are developed efficiently and timely, and that the City can better utilize funding streams dedicated to supporting new immigrant and emerging communities. Developments such as these give us great hope in removing the cloak of invisibility that often shrouds the communities we serve, and gives us a chance to reveal the true diversity of New York City.

KEY ISSUES & RECOMMENDATIONS

We ask that members of the New York City Council Committee on Governmental Operations and the Committee on General Welfare consider the following recommendations in order for data disaggregation to truly lead to improved, targeted social services:

Partner with community-based organizations to identify priority data needs.

- **Community-based organizations are embedded in neighborhoods and are often multi-service providers who know their communities' needs best.** In order for data disaggregation to be successful, the City Council and City agencies should collaborate with community-based organizations and the larger APA community on a strategic, comprehensive process in order to engage agency leadership and staff at all levels of data collection, reporting and oversight.

Use best practices that have been identified to ensure proper implementation.

- Use rules set by the U.S. Census Bureau and legislation such as the **Affordable Care Act Section 4302** (a policy for new data standards on race, ethnicity, sex, primary language, and disability status within the US Department of Health and Human Services) and **Oregon's House Bill 2134** (a policy that creates a standard for collecting race, ethnicity, and spoken language data for all programs within the state's Department of Human Services and Oregon Health Authority) in order to develop uniform standards for data collection.
- Establish an **advisory board or committee** to
  - **Ensure new standards are updated based on local, state, and national best practices**
  - Ensure **timely** and successful implementation
- It is critical that all City agencies and front-line staff are properly informed of the benefits of data disaggregation, why it is needed, and how it can be utilized to better serve the APA community. Having data that better reflects APAs in NYC is just the first step to advancing equity for our community. Therefore, it is crucial that everyone interacting with community members to collect and report data on APAs does so in a way that will make the data

On behalf of the Arab-American Family Support Center, I wish to thank you for the opportunity to testify. We urge the New York City Council to pass Intro 251 with the proposed amendment to include the Arab population in order to ensure that city agencies improve and standardize data collection on Asian-Pacific and Arab Americans.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251 Res. No.

☒ in favor ☐ in opposition

Date: 5-11-2015

(PLEASE PRINT)

Name: Richard David

Address: 92-15 103rd Ave, Ozone Park, NY 11417

I represent: Indo-Caribbean Alliance

Address: Same as above

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251 Res. No.

☒ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: Jennifer Leng

Address: 485 Lexington Ave.

I represent: Immigrant Health + Cancer Disparities

Address: 485 Lexington Ave MSKCC

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251 Res. No.

☑ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: Khamacin Nhann

Address: 2471 University Ave

I represent: Mekong

Address:

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251 Res. No. 552

☑ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: SHAHANA HANIF
Address: 3 AVENUE C BK, NY 11218
I represent: CAAAV
Address: 55 HESTER St

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251 Res. No.

☒ in favor ☐ in opposition

Date: 5-11-15

(PLEASE PRINT)

Name: Sumie Okazaki
Address: 170 E 87th St W12A, NY, NY
I represent: Coalition for Asian American Children & Families
Address: 50 Broad St, 18th Fl, NY, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251 Res. No.

☑ in favor ☐ in opposition

Date:

(PLEASE PRINT)

Name: Sheelah Feinberg
Address:
I represent: CACF
Address: 50 Broad St. 1837

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 551-2014 Res. No. 472-2014

☑ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: Dan Reckart

Address: 285 Eastern Pkwy Apt 4 Brooklyn, NY

I represent:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251 551 552 Res. No.

☒ in favor ☐ in opposition

Date: 5/11/2015

(PLEASE PRINT)

Name: SONIA LIN Mayor's Office Immigrant

Address: 253 Broadway [illegible] Affairs

I represent:

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251 Res. No.

☒ in favor ☐ in opposition

Date: 5/11/2015

(PLEASE PRINT)

Name: Simona Kwon

Address: 365 4th St 11215

I represent: NYU CSAAH

Address: 550 1st Ave NY NY

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 251/551/552 Res. No.
☑ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: Banda Lee-Cunningham
Address: [redacted]
I represent: Mayor's Office of Operations
Address: 253 Broadway 10th Fl.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0552-2014 Res. No.
☒ in favor ☐ in opposition

Date:

(PLEASE PRINT)

Name: Suzanne Ramos / PFLAG NYC
Address: 130 E 25th St NYC 10010
I represent: PFLAG NYC
Address: Same

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 552 Res. No.
☒ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: MICHAEL MCGOWAN
Address: 356 W 18th ST
I represent: CALLEN-LORDE COMMUNITY
Address: HEALTH CENTER

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 552 Res. No.
☒ in favor ☐ in opposition

Date:

(PLEASE PRINT)

Name: Bryan Ellicott
Address: 8 Wilson Ave SI, NY 10308
I represent:
Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 552 Res. No.
☒ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: Shelby Chestnut
Address: 1051 Bergen BK
I represent: Anti-Violence Project
Address: 240 West 35th

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 552 Res. No.
☒ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: Christian Huygen
Address: 3721 80th St #1-E NY NY 11372
I represent: Rainbow Heights Club
Address: 25 Flatbush Ave 3rd Fl. BK NY 11217

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 552 Res. No. ______
☐ in favor ☐ in opposition

Date: ______

(PLEASE PRINT)

Name: Nelson Acevedo

Address: 7622 Grand Central Parkway Forest Hills, NY

I represent: ______

Address: ______

▶ *Please complete this card and return to the Sergeant-at-Arms* ◀

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 552 Res. No. ______
☒ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: Allison Yurcik/New York Legal Assistance Group

Address: 7 Hanover Sq., New York, NY 10004

I represent: NYLAG

Address: ______

▶ *Please complete this card and return to the Sergeant-at-Arms* ◀

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 552 Res. No.

☒ in favor ☐ in opposition

Date:

(PLEASE PRINT)

Name: Levi Solimine

Address: ~~80 Maiden Lane, NY, NY~~ 267 Lincoln Pl. #1B Brooklyn

I represent: Empire State Pride Agenda

Address: 80 Maiden Lane, NY, NY

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 552 Res. No.

☒ in favor ☐ in opposition

Date: 5/11/15

(PLEASE PRINT)

Name: CARRIE DAVIS

Address: 10 OCEAN PKWY, BROOKLYN, NY 11218

I represent: LGBT COMMUNITY CENTER

Address: 208 W. 13TH ST., NY, NY 10011

Please complete this card and return to the Sergeant-at-Arms