



BOARD/COMMISSION RECOMMENDATION TO COUNCIL

JOINT INCLUSION COMMITTEE

Recommendation Number: [20260325-011]: Recommendation on the FY 2026-2027 Budget related to APH Social Services Budget

Recommendation:

Restoration of the 10% funding cuts for social services

Description of Recommendation to Council:

The Commission recommends that the City of Austin exercise expediency in the contracting process to ensure organizations providing the contracted Community Health Navigator (CHN) services have contracts for ongoing funding. Currently, a delay in new contracts has put funding for these services in a precarious situation with unknown timelines for extensions and when requests for proposals will occur.

The Commission recommends that the City of Austin dedicate a 10% percentage of each contract to language accessibility.

The commission also recommends that overall funding be increased to expand Community Health Navigator (CHN) services for Limited English Proficiency (LEP) communities within the Asian American population.

This funding will support navigation services for highly needed language-specific groups, such as Pashto, Farsi, Tagalog, Urdu, Chinese (Mandarin and Cantonese), and Nepali, who currently do not receive consistent language access due to funding cuts.

Rationale:

The Joint Inclusion Committee recommends that the City restore the 10% funding for Austin Public Health with an emphasis on Community Health Navigator (CHN) services to address the growing needs of Austin's diverse Asian community. The Commission recommends that the City restore the 10% cut to social services to ensure that the rapidly increasing Asian population continues to receive necessary services. According to the City Demographers office, [Asians](#) are the fastest growing subgroup in the Austin area. It is perilous to decrease health services at a time when they are needed more than ever. Without funding, the City of Austin endangers the access to competent and knowledgeable healthcare to many individuals.



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Since the pandemic, demand for CHNs has surged, and one-time grant funding several years ago had allowed for services in several Asian languages, including Arabic, Burmese, Chin Tedim, Mandarin Chinese, Korean, Nepali, Hindi, and Vietnamese. But now, organizations such as Austin Asian Community Health Initiative (AACHI) can now only service Korean, Vietnamese, and Burmese communities leaving numerous communities without equitable language access to their healthcare. If this funding expires as planned for September 2026, essential services for more vulnerable populations will go unfunded, creating an even larger gap in care. For example, in 2025, AACHI supported 325 clients and sat beside Austin clients in 950 medical appointments. Our clients, 98% of whom have limited English proficiency, received culturally responsive support through the Community Health Navigators, who guide families toward care they can trust.

This recommendation asks for a dedicated percentage for each public service contract to be devoted to language accessibility. The lack of language access in healthcare often isolates non-native English speakers, leading to poor health outcomes. In 2024, 92% of CHN clients required help reading hospital materials. Without the city council's continued funding, many refugees and immigrants will struggle to access necessary healthcare.

With 10 out of the top 15 languages spoken by Limited English Proficient (LEP) residents in Austin being Asian languages, and a lack of Mandarin services, continued investment in language access and CHNs are crucial. Expanding funding ensures all Austin residents can access essential care, thus improving the health and well-being of the entire community, particularly for our senior citizens.

These language services, including CHNs, are critical for helping non-English-speaking residents navigate the healthcare system, schedule appointments, understand insurance, and complete paperwork. These trusted community members, who share cultural and linguistic ties with the populations they serve, play a key role in ensuring access to mental and physical healthcare. Without continued funding, hundreds of high-risk individuals will lose vital bilingual and cultural support.

Currently, there are 2 city contracts for these services, 1 ongoing and 1 one-time.

Date of Approval: March 25, 2026

Motioned By: Commissioner Laake-Stanfield

Seconded By: Commissioner Parsons

Vote: 10-0

For: Vice Chair Bondi, Commissioners Alvizo, Benson, Castaneda, Chang, Laake-Stanfield, Kanawati, Oliva-Martínez, Parsons, Thakkar

Against: None



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Abstain: None

Recuse: None

Off the dais: None

Absent: Chair Afifi, Commissioners Bullard, McNary,
Melendez

Attest: *Ryan Sperling*
(Ryan Sperling, Staff Liaison)