

## NYC COVID-19 Community Health Resources and Needs Assessment (CHRNA) 4/23/21 to 11/5/21

### Executive Summary

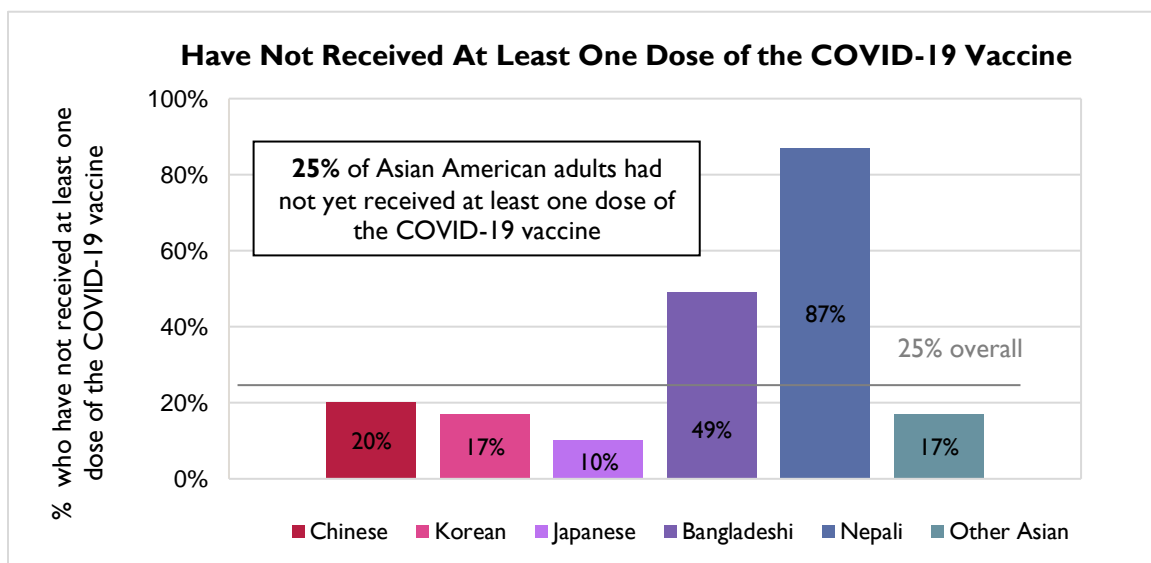
In this release, we present advance findings from our needs assessment which examined the impact of the pandemic on the NYC Asian American community. Three key areas are highlighted: COVID-19 vaccination, food hardships and access to food, and language access.

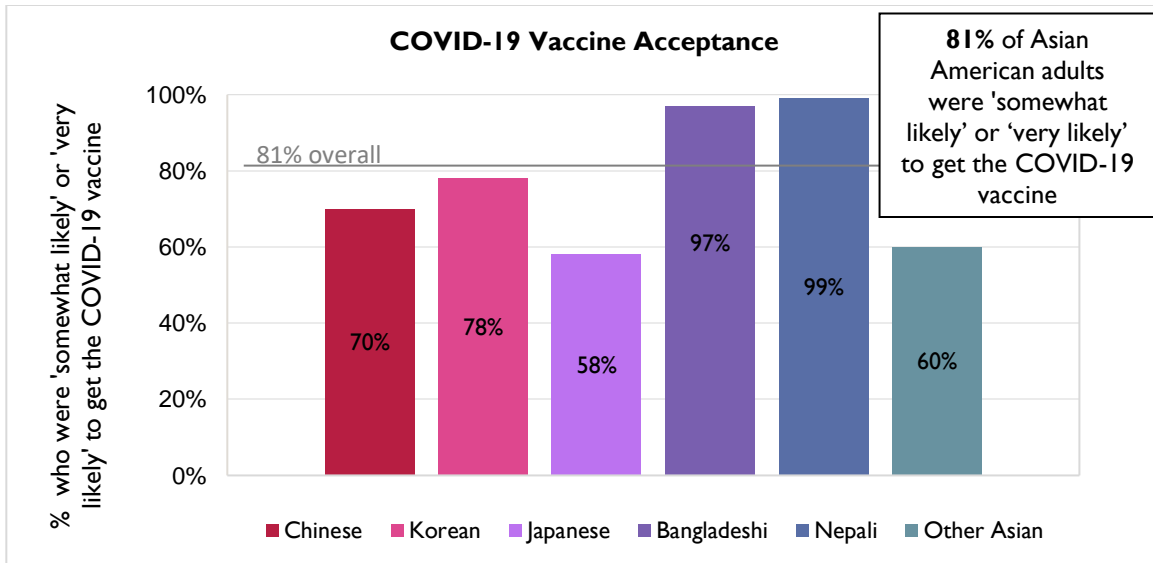
We also provide suggested opportunities to provide support for specific Asian American communities in NYC. Survey results verified patterns that have already been observed including economic hardship, disruptions in access to healthcare and Anti-Asian discrimination. The full report will be available in March 2022.

*Interpretation note: We report survey results for the overall Asian American sample and by Asian subgroup. Asian subgroups are bolded if they report higher percentages than the overall Asian American average.*

### I. COVID-19 Vaccination

**Key Findings:** Twenty-five percent of Asian American adults surveyed had not received 1 or more doses of the COVID-19 vaccine; with notable differences by subgroup. Bangladeshi and Nepali adults reported having the lowest vaccination rate compared to other Asian subgroups. However, they had high COVID-19 vaccination acceptance ('somewhat or very likely' to get the COVID-19 vaccine). In other words, the lower uptake of vaccines among Bangladeshi and Nepali adults in the NYC area may be attributable to COVID-19 vaccination access, not to hesitancy.





### Recommendations:

- Efforts to provide access to vaccinations and booster shots should continue for all Asian American groups as acceptance seems high, but Bangladeshi and Nepali adults should be priority populations in COVID-19 vaccination efforts.
- Consider using ethnic media (television, news, radio) to communicate to Asian American community members.
- Continue to provide funding and resources to support community-based and culturally-targeted efforts to facilitate vaccination across diverse Asian American populations.
- Set up vaccination sites or mobile vaccination sites in neighborhoods with high Asian density and places close to public transportation.
- Provide translated materials and on-site interpreters, bilingual staff, or community health workers to make COVID vaccination more accessible.

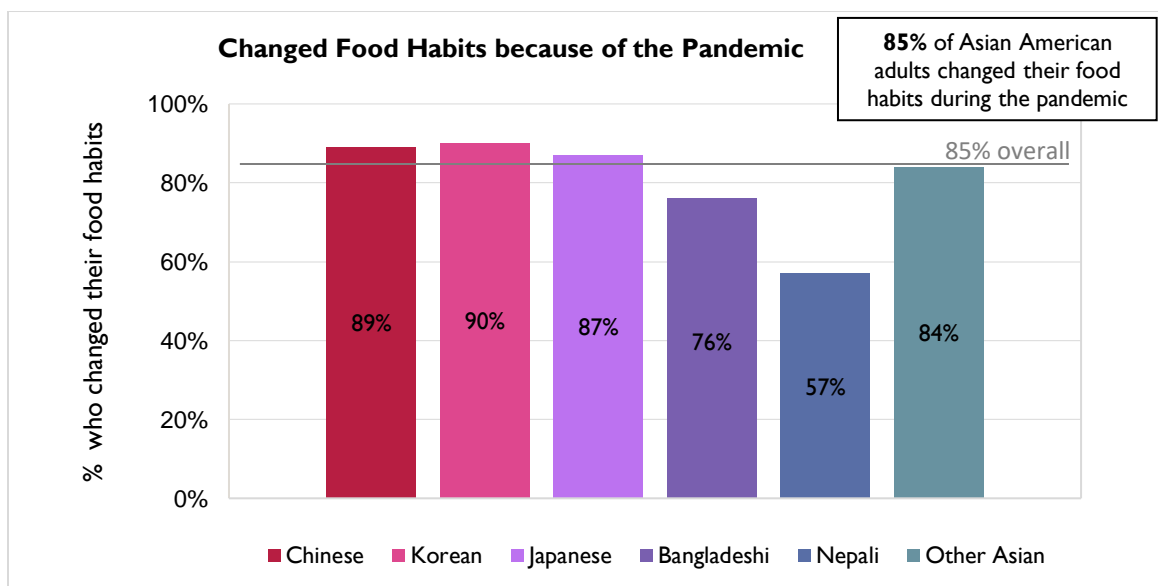
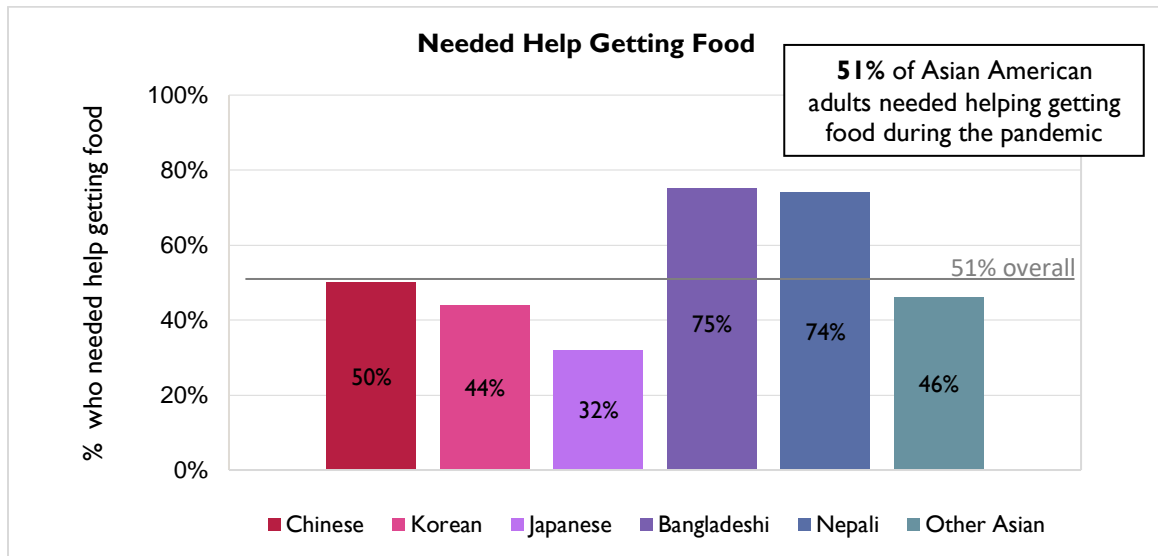
### Notes from the Community:

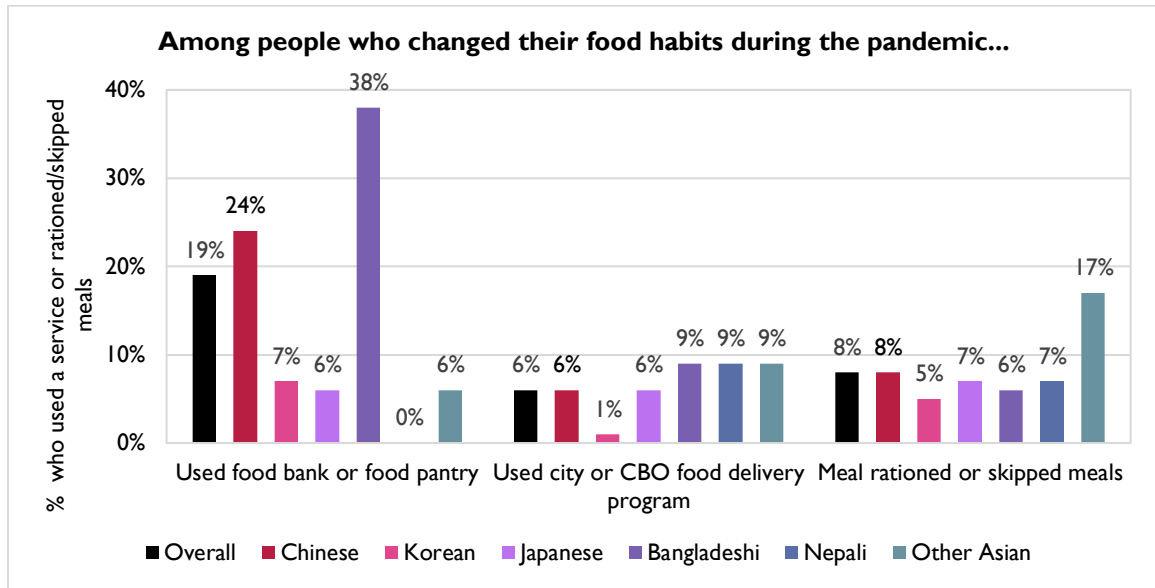
*“KCS has been partnering with Local Initiatives Support Corporation (LISC) after being awarded the Vaccine Access Fund. Through this opportunity, we were able to coordinate Uber rides to and from COVID-19 vaccine sites on the Uber Health platform. The LISC grant itself covers the costs of rides and serves as an incentive for unvaccinated or under-vaccinated people who are hesitant or lack convenient access to vaccine sites. In addition, KCS has been partnering with local faith-based organizations (FBOs) to provide testing services and culturally tailored COVID-19 outreach and education for underserved community members as part of the "RADx-UP Get Tested Queens" project.”*

- **Community member from Korean Community Services of Metro NY (KCS)**

## II. Food Hardships and Access to Food

**Key Findings:** Accessing food was the #1 cited concern for Asian American New Yorkers during the COVID-19 pandemic. Many Asian Americans reported needing help with access to food (51%) and changing their food habits during the COVID-19 pandemic (85%). Among people who changed their food habits, about 19% used food pantries and food banks, city or community-based organization food delivery programs like Meals on Wheels (6%), or rationed or skipped meals altogether (8%).





### Recommendations:

- Connecting food insecure individuals to food pantries and food banks particularly those with in-language support and/or culturally appropriate foods with sign-up should remain a priority.
- Provide more funding to hire bilingual staff and stipends to community-based organizations who are already providing for culturally and linguistically concordant outreach and assistance.
- Given the rise in anti-Asian violence, infrastructure supporting food access programs that provide delivery options and/or to introduce home delivery should be prioritized.
- Develop in-language nutrition education materials that link people to unfamiliar food or produce items by centering traditional preparation techniques and taste preferences.

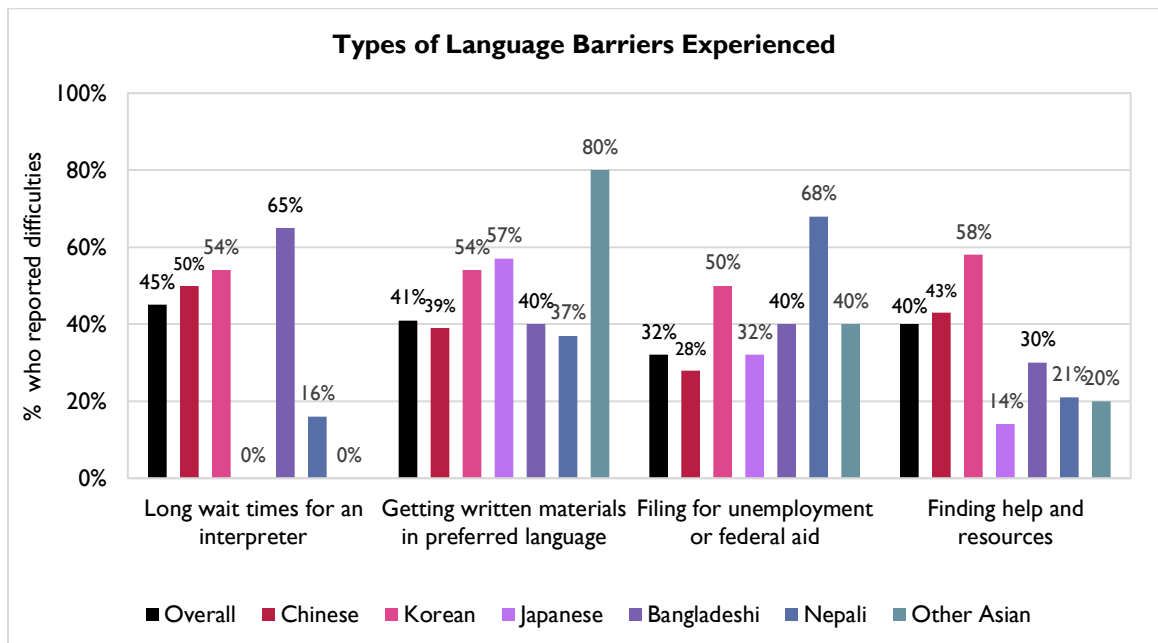
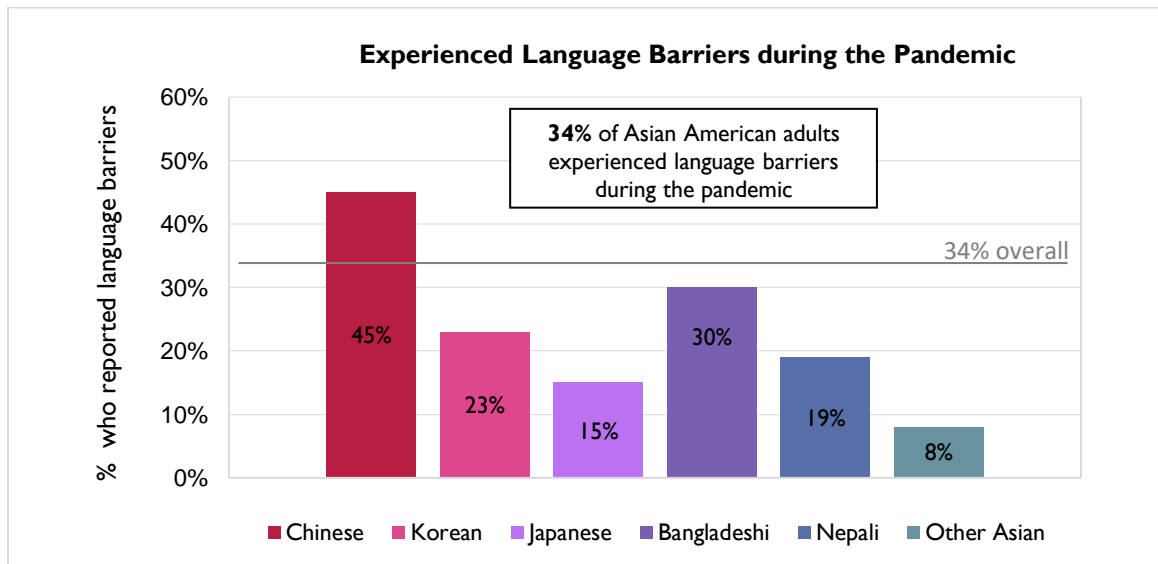
### Notes from the Community:

*“Food has been an issue because they don’t know where to go to get food. Adhikaar distributes food from the borough office. Getting food from different places was difficult, they didn’t know where to go so they went to Adhikaar. Most members didn’t go to different locations for food distribution because of COVID-19 fears but when it’s at Adhikaar it’s packed with people coming in”*

- **Sandhya, Health Navigator and Program Assistant at Adhikaar**

### III. Language Access

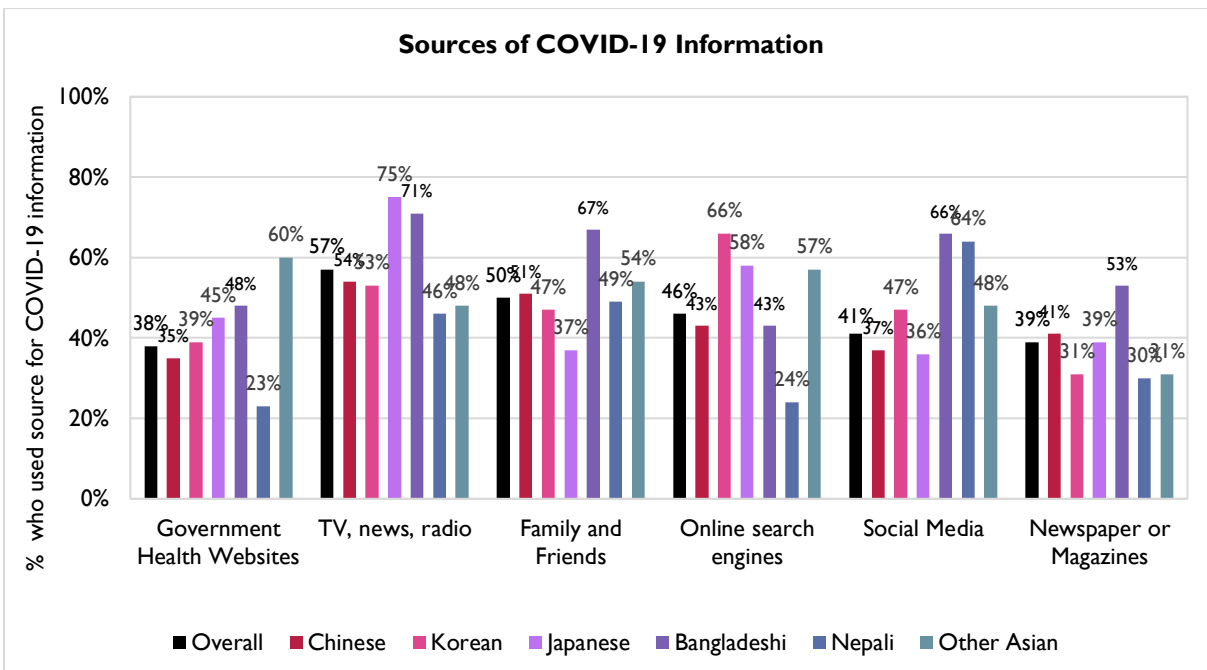
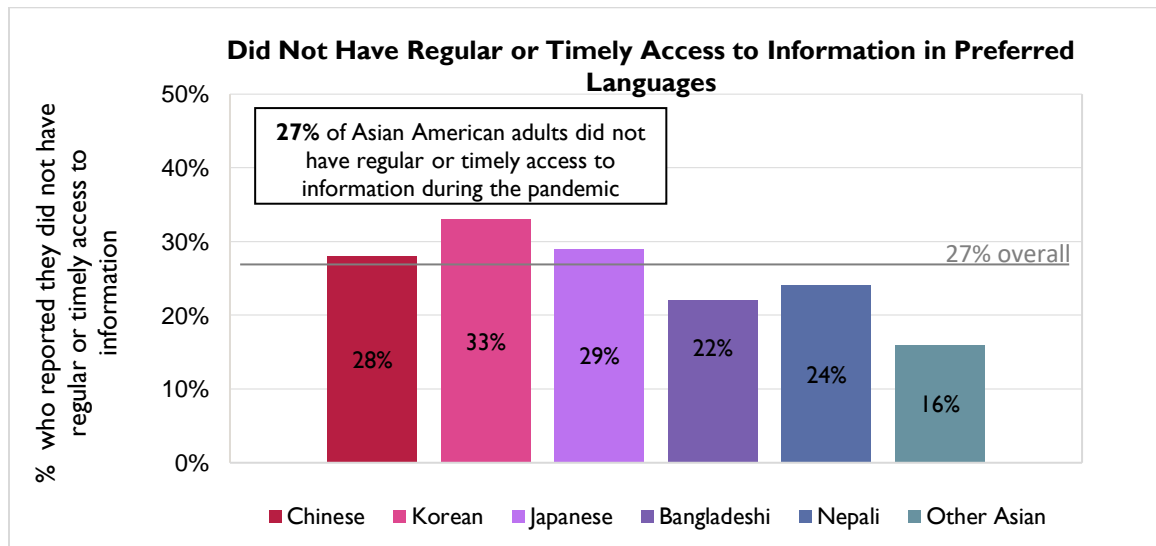
**Key Findings:** Asian American adults face language barriers and insufficient access to interpreters and written materials in their preferred language, which poses barriers to accessing health care and mental health care resources, COVID-19 relief benefits, and their long-term, overall health and well-being if language barriers persist. Language access to COVID-19 related information is particularly important for individuals whose primary language is not in English. The COVID-19 pandemic has intensified the need for appropriate access to COVID-19 materials in patient preferred languages, interpreters, and COVID-19 written information in patient preferred languages to ensure public health guidance are widely accessible to everyone.



## COVID-19 Information Barriers

The main COVID-19 information sources for Asian Americans were: 1) television, news, radio, 2) family and friends, 3) online search engines (like Google), 4) social media, 5) newspapers or magazines, and 6) government health websites. Using targeted modes of information sharing (like ethnic television, news or radio) could also increase COVID-19 information uptake, while other sources like government health websites should expand outreach to Asian Americans.

Nearly 1 in 3 (27%) Asian American adults reported that they did not have regular and timely access to information in their preferred language during the COVID-19 pandemic.



**Recommendations:**

- Prioritize support for in-language services and resources and provide funding to community-based organizations who are already providing services in community members' preferred languages to build their organization infrastructure and capacity.
- Expand language services and translated written materials in health care and public service settings to ensure equal access to care.
- Expand COVID-19 language services and translate materials in a timely manner at federal (e.g., the NIH and CDC) and state (state Departments of Health) agencies and increase outreach and dissemination efforts for Asian American communities via local ethnic television, news or radio) to expand outreach in Asian American communities.
- Tailor messages to the distinct concerns of Asian ethnic groups. Ensure COVID-19 messaging and communication are targeting community members in their preferred language.

**Notes from the Community:**

*"I don't feel that there is enough language support in Korean. When I was waiting 3 hours in line at Citi-field, there could have been a Korean language informational flyer and interpreters available on site. I sure felt unrepresented and felt my dignity violated. There needs to be more access to language needs. We need more places like KCS that produce materials in the Korean language."*

- **Community member from Korean Community Services of Metro NY (KCS)**

*"I feel like the Khmer language has not been listed in the universal language for people to have access to. So, since the beginning of covid-19 pandemic, there are only English languages available more than any other language."*

- **Community focus group participant conducted with the New York Academy of Medicine**

Our results also suggest the highest priority areas below for each Asian American subgroup:

**Chinese American adults:**

- Increase food access: continued outreach from food bank and food pantries and increasing linkages to city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or support.
- Improve language access: expanding language services like interpreter services in health care and public service settings.

**Korean American adults:**

- Increase food access: continued outreach from food bank and food pantries and increasing linkages to city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or support.
- Improve language access: expanding language services like interpreter services and translated written materials in preferred languages in health care and public service settings.

**Japanese American adults:**

- Increase food access: continued outreach from food bank and food pantries and increasing linkages to city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or support.
- Improve language access: expanding translated written materials in preferred languages in health care and public service settings.

**Bangladeshi American adults:**

- Bangladeshi adults should be priority populations in COVID-19 vaccination efforts
- Increase food access: continued outreach from food bank and food pantries and increasing linkages to city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or support.
- Improve language access: expanding language services like interpreter services in health care and public service settings.

**Nepali American adults:**

- Nepali adults should be priority populations in COVID-19 vaccination efforts



- Increase food access: continued outreach from food bank and food pantries and increasing linkages to city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or support.

**Other Asian American adults:**

- Increase food access: continued outreach from food bank and food pantries and increasing linkages to city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or support.
- Improve language access: expanding translated written materials in preferred languages in health care and public service settings.

**Next Steps:**

The release of the full report will include economic impact, housing, access to public benefits, healthcare and healthcare access, education, and Anti-Asian hate and discrimination.

Sign up here to be notified of the release of the full report: <http://ow.ly/urxi50I7mle>

For more information, please contact: Lakshmi Gandhi, Communications and Outreach Coordinator, Coalition for Asian American Children and Families, at [lgandhi@cacf.org](mailto:lgandhi@cacf.org).

## **Survey Respondent Demographics**

Our sample was mostly women (79%), represented a wide age range of adults (18 years and older) and education levels. Over half of participants did not speak English well or at all (52%). The groups for which we were able to report findings for are: Chinese (n=742), Korean (n=105), Japanese (n=188), Bangladeshi (n=74), Nepali (n=98), and Other Asian (n = 65). About 1 in 3 Asian American adults had an essential worker in their household.

13.5% of Asian Americans lived in a multigenerational home (i.e., 3+ generations). About 2 in 5 (40%) Asian American adults reported having one or more children under 18 years at home and 1 in 3 (35%) reported having a child or children in school or participating in remote learning. Over 1 in 3 (35%) Asian American adults reported an adult 65 years or older lived in their household.

## **Survey Methods**

The NYC COVID-19 CHRNA was developed with community partners and administered online between April 23 to November 5, 2021.

**Languages survey was offered in:** Bangla, Simplified and Traditional Chinese, Urdu, Vietnamese, English, Japanese, Korean, Punjabi, Burmese, Tagalog, and Nepali.

**Participants:** 18+ years, self-identified as Asian American, Arab American, or Latinx, and a resident in the NYC metropolitan area.

We had an overall sample of 1,353 adults in the NYC COVID-19 CHRNA, with 1,270 Asian American adults. This is a community-based sample and not representative of the NYC Asian American population as a whole. These data are a representation of Asian American communities in NYC that are not captured in existing data. We present data on Asian Americans overall and stratified by the categories in which we had a large enough sample size to present.

- Chinese (n=742)
- Korean (n=105)
- Japanese (n=188)
- Bangladeshi (n=74)
- Nepali (n=98)
- Other Asian (n= 65). *Other Asian* includes individuals who self-identified as Filipino, Asian Indian, Vietnamese, Pakistani, Cambodian, Indonesian, Sri Lankan, Malaysian, Okinawan, Taiwanese, Singaporean, and South Asian (unknown).

**Acknowledgements:** The New York City COVID-19 Community Health Resources and Needs Assessment (NYC COVID-19 CHRNA), was conducted by:

- Chinese-American Planning Council (CPC),
- Coalition for Asian American Children and Families (CACF),
- NYU Center for the Study of Asian American Health (CSAAH), and
- in partnership with 25 NYC community-based organizations: Academy of Medical & Public Health Services (AMPHS), Adhikaar for Human Rights and Social Justice, Asian American/Asian Research Institute City University of New York (AAARI-CUNY), Center for the Integration and Advancement of New Americans (CIANA), Chinatown Manpower Project (CMP), Chinese Progressive Association (CPA), Chinatown Young Men's Christian Association (YMCA), Council of People's Organization (COPO), Damayan Migrant Works Association, Hamilton-Madison House, India Home, Inc., Indochina Sino-American Community Center (ISACC) Japanese American Social Services, Inc. (JASSI), Korean American Family Health Service (KAFSC), Korean Community Services of Metro New York (KCS), Mekong NYC, New York City Coalition for Asian American Mental Health (NYCCAAMH), Philippine Nurses Association of New York (PNA-NY), New York Project Hope, Project New Yorker, Sapna NYC, South Asian Youth Action (SAYA), Shetu Inc., UNITED SIKHS, Yemeni American Merchants Association (YAMA).

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