



COVID-19 COMMUNITY
HEALTH RESOURCES AND NEEDS ASSESSMENT (CHRNA)
5/7/21 TO 11/5/21





EXECUTIVE SUMMARY

In this report, we present findings from the New York City COVID-19 Community Health Resources and Needs Assessment (NYC COVID-19 CHRNA) which examined the impact of the COVID-19 pandemic on the NYC Asian American community (n=1,270). We highlight key areas including: COVID-19 vaccination, food hardships and access to food, language access, economic impact, housing, access to public benefits, healthcare and healthcare access, anti-Asian hate and discrimination, and support from community-based organizations (CBOs).

The NYC COVID-19 CHRNA is differentiated from other NYC population-based surveys and needs assessments because 54% of survey participants took the survey in an Asian language. This is in contrast to other NYC-based surveys during the COVID-19 pandemic that have mainly been administered in English, Spanish, and occasionally Mandarin. The unintended consequence of conducting surveys in only these languages is overrepresentation of Asian American New Yorkers with higher education and income levels; who tend to have better social and health outcomes. When data collection in Asian American New York City communities is done only in English, social needs stay invisible.

Our Key Findings for the NYC Asian American community during the COVID-19 pandemic are:

- COVID-19 vaccination acceptance is high, but COVID-19 vaccine access continues to be a barrier.
- Among those needing assistance during the pandemic (77%), accessing food was the #1 cited concern (51% of respondents), followed by housing (26%).
- Nearly 1 in 4 (27%) reported that they did not have regular access to timely, accurate information during the pandemic in their preferred language.
- The economic impact was stark, with over 1 in 3 reporting loss of income (39%) and being worried about going to work (39%), and 1 in 3 reporting lost work/jobs (33%).
- Half of respondents (49%) experienced problems with their living situation during the pandemic. Among these individuals, over half (56%) reported being worried about paying rent or mortgage in the following month, Nearly 1 in 4 (23%) reported they were behind on rent or mortgage, and 1 in 5 (19%) reported increased arguments or violence in the household.
- A total of 68% reported applying for federal or state benefits such as unemployment, Medicaid, or COVID-19 emergency funds. Among the 32% who did not apply for benefits, 6% cited that the application was too difficult to complete on their own and 16% reported that they did not know about these benefits being open to them.

- The majority (60%) reported that the COVID-19 pandemic impacted their overall healthcare in some way; among these individuals, over half reported that they did not go to appointments because they were concerned about getting COVID-19 at the provider's office (55%).
- Over 1 in 3 reported having a child in school or participating in remote learning (35%). The most commonly cited remote learning challenges were inability to concentrate/study because of family members at home or lack of space to study (58%) and lack of high-speed internet access (28%).
- Nearly 1 in 3 (32%) reported facing discrimination: a staggering figure. Even more widespread was increased vigilance and fear in these communities: 78% reported were being fearful for their safety because of racism or discrimination related to the COVID-19 pandemic, while 80% changed their activities in some way due to potential racism or discrimination related to COVID-19. Of those changing activities, 61% avoided walking outside alone or physical activities outside, 51% avoided taking public transportation, and 37% avoided leaving the house to go to any public places. Most (88%) believed that the U.S. has become more physically dangerous for people in their racial/ethnic group because of fear of COVID-19.
- A vast majority (74%) reported that a CBO helped them or their families during the COVID-19 pandemic. Of those receiving help from a CBO, help included information and resources (52%), meal delivery (41%), and help in applying for benefits and programs (26%).

These issues require acknowledgment and equitable support and resources to bolster our Asian American communities in ongoing COVID-19 pandemic response and relief efforts. Below, we present suggested opportunities to provide support to specific Asian American communities in NYC.

Our partner organizations pivoted quickly to provide resources in order to support basic needs to our community members, including timely COVID-19 prevention and vaccination information in preferred languages, language/interpreter services to link communities to available and appropriate social services and public benefits, and provision of food support to increase food security. These issues remain largely unaddressed by local, state, and national leaders in the COVID-19 emergency response efforts.

Interpretation note: We report survey results for the overall Asian American sample (n=1,270) and for those Asian ethnic groups for which we had a statistically large enough sample size. The Asian ethnic groups we had enough data to report on include Chinese (n=742), Korean (n=105), Japanese (n=188), Bangladeshi (n=74), Nepali (n=98), and Other Asian (n= 65). Other Asian includes individuals who self-identified as Asian Indian, Cambodian, Filipino, Indonesian, Malaysian, Okinawan, Pakistani, Singaporean, Sri Lankan, Taiwanese, Vietnamese, and unknown South Asian.



For the Asian American community in NYC, our overall recommendations are to:

IMMEDIATE

1. Prioritize COVID-19 outreach, vaccine and booster shot access among Asian American subpopulations – particularly those with low vaccination uptake at the time of this survey (i.e., Bangladeshi and Nepali individuals).
2. Couple COVID-19 relief and recovery dollars with other support services, to address food, housing, and unemployment needs.
3. Provide more funding and resources to support and expand mental health services for Asian Americans; deliver culturally appropriate mental health outreach programming to target Asian American older adults and other subpopulations who tend to underutilize mental health services; and offer trainings for culturally competent counseling.
4. Expand funding and resources to support public messaging campaigns against anti-Asian racism, K-12 and university anti-racism education efforts, and bystander intervention trainings.

LONGER-TERM

5. Earmark funds to sustain infrastructure within CBOs for provision of in-language support related to COVID-19 testing and vaccination; expand enrollment navigation for public benefits; provide culturally appropriate legal and mental health resources for victims of hate incidents; and to support in-language survey data collection. Specific in-language support needs (e.g., written translations for Korean Americans) described below.
6. Improve primary data collection efforts of city and state entities to better reach Asian American communities such that data on Asian American communities need not rely largely on academic and grassroots efforts.
7. Support efforts that provide disaggregated data on Asian Americans by ethnic group and preferred language.





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Below are key findings,

recommendations and community stories for each topic area.

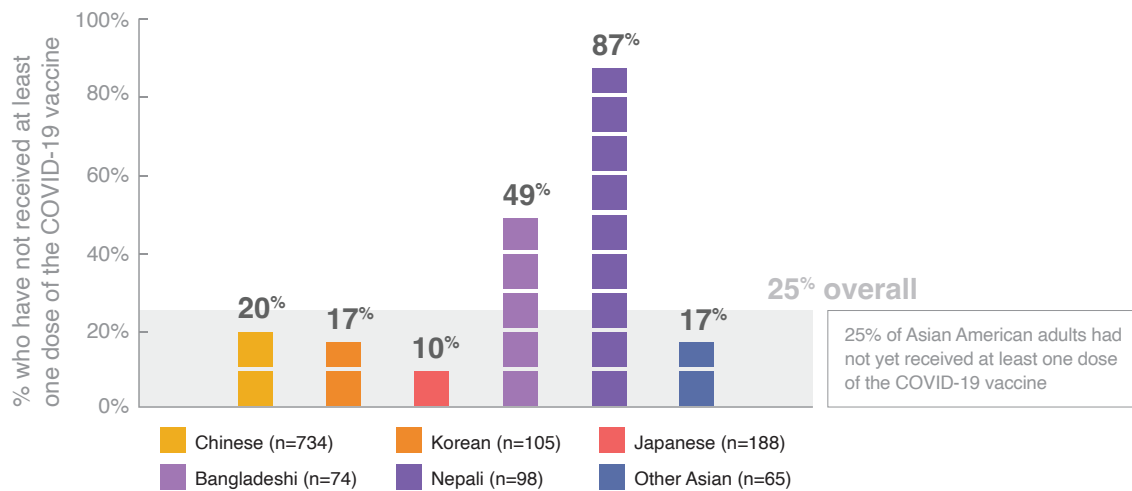
COVID-19 VACCINATION



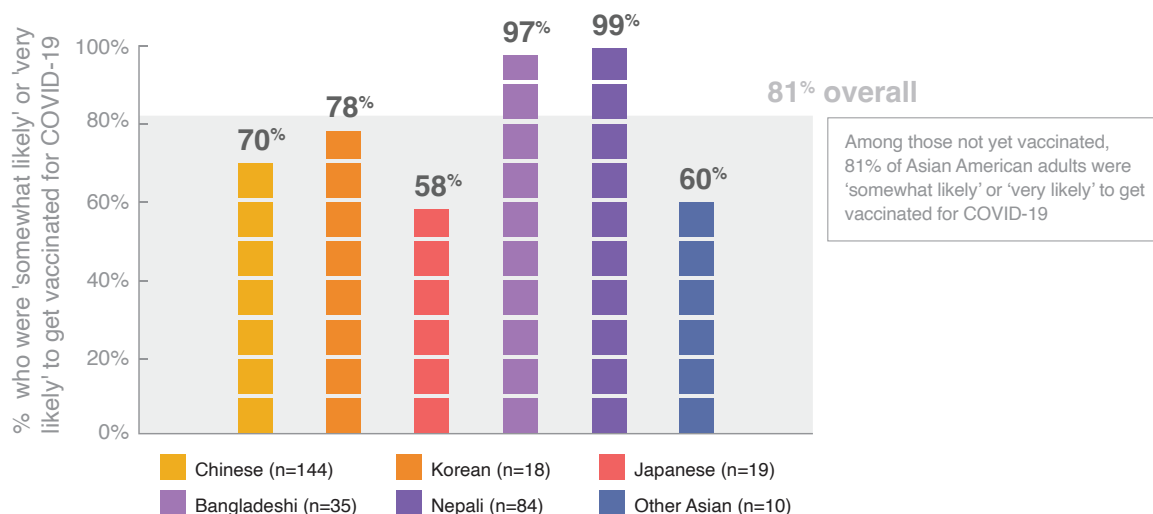
C COVID-19 VACCINATION

Key Findings: Twenty-five percent of Asian American adults surveyed had not received one or more doses of the COVID-19 vaccine; with notable differences by Asian ethnic group. Bangladeshi and Nepali adults had the lowest reported vaccination rate compared to Other Asian adults. 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.

Have Not Received At Least One Dose of the COVID-19 Vaccine (n=1,252)



COVID-19 Vaccine Acceptance (n=314)



Vaccination-Related Recommendations:

- Continue efforts to provide access to COVID-19 vaccinations and booster shots 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 to increase accessibility and uptake.
- Provide translated materials and on-site interpreters, bilingual staff, or community health workers to make COVID-19 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)**

“I have questions about its safety for myself and my family, but conclude that it is needed to keep from contracting COVID; but the fear about its safety lingers, whether it’s free of serious lasting side effects.”

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

“I have family members who passed away from it after they got vaccinated. I am scared but I still get vaccinated because my son asked me to do so.”

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

“They all got vaccinated; still they are worried they will get infected. We are still worried in our minds, we may get corona infection again.”

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

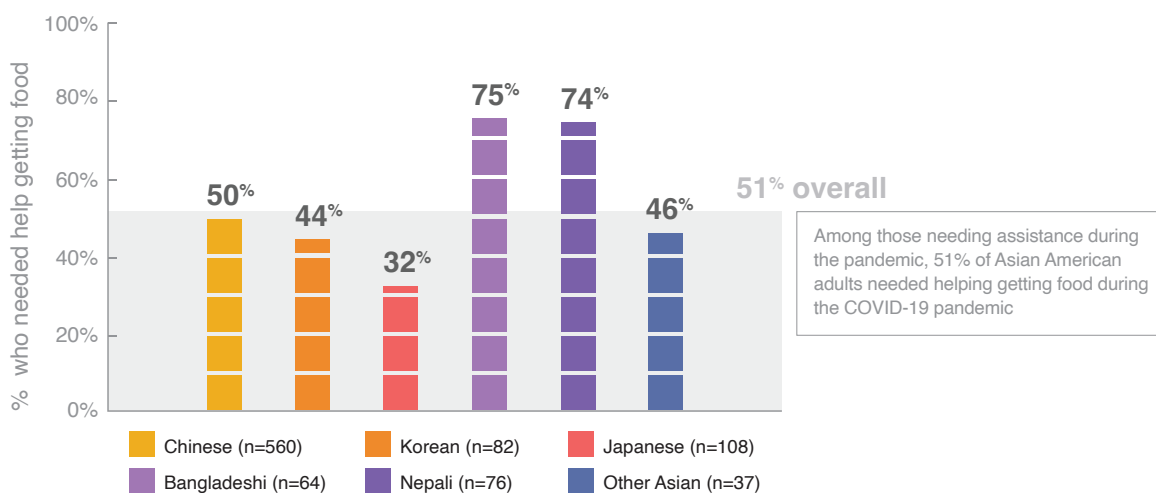
FOOD HARDSHIPS AND ACCESS TO FOOD



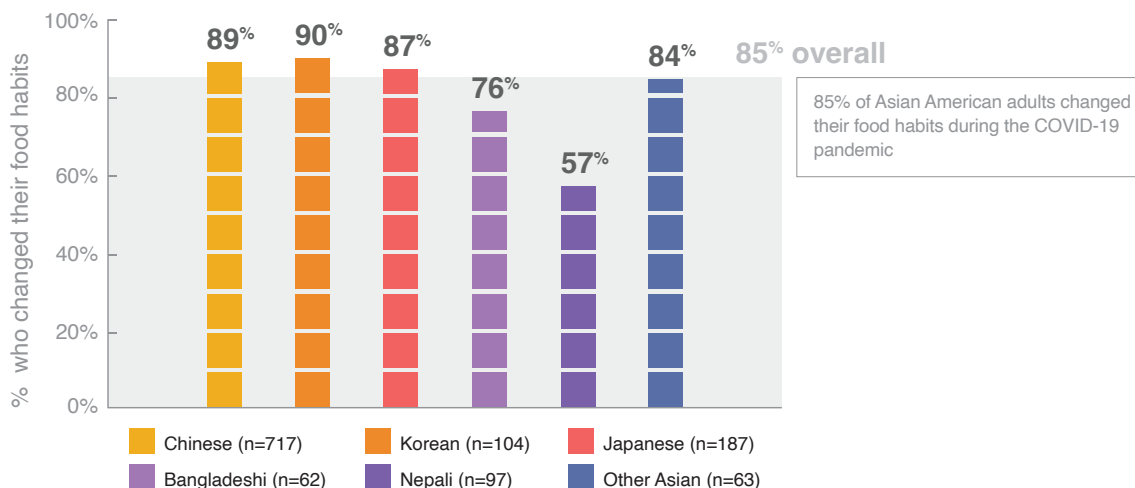
FOOD HARDSHIPS AND ACCESS TO FOOD

Key Findings: Accessing food was the #1 cited concern for Asian American New Yorkers during the COVID-19 pandemic. Among Asian American individuals needing assistance during the pandemic (77%), the most cited concern was access to food (51%). Additionally, 85% reported changing their food habits during the COVID-19 pandemic. Among individuals who changed their food habits, about 19% reported using food pantries and food banks, 6% reported using city or CBO food delivery programs like Meals on Wheels, and 8% reported meal rationing or skipped meals altogether.

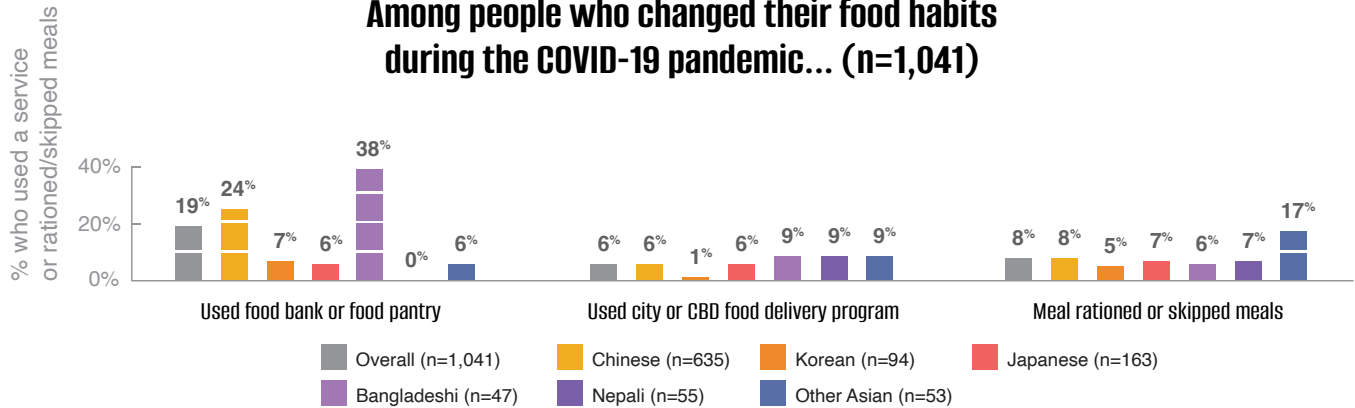
Need Help Getting Food (n=924)



Changed Food Habits because of the COVID-19 Pandemic (n=1,224)



Among people who changed their food habits during the COVID-19 pandemic... (n=1,041)



Food Access Recommendations:

- Connect food insecure individuals to food pantries and food banks, particularly those with in-language support and/or culturally appropriate foods, to ensure communities have adequate food to meet dietary needs.
- Expand funding to hire and support bilingual staff at CBOs who are already providing culturally and linguistically appropriate community outreach and food assistance.
- Prioritize infrastructure supporting food access programs that provide delivery options and/or to introduce home delivery, given the rise in anti-Asian violence.
- Develop in-language nutrition education materials that link people to less familiar food or produce items typically provided by food assistance programs (e.g., peanut butter, canned tomatoes) by centering traditional preparation techniques and adapting recipes to suit cultural 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

“I saw four or five other Sikh families who had a lot of worries, a lot of families were not able to get food.”

— Community focus group participant conducted with the New York Academy of Medicine (NYAM)

“We all were scared when the city locked down and we had no food and groceries in the house. Everyone was not prepared for this tragedy at all.”

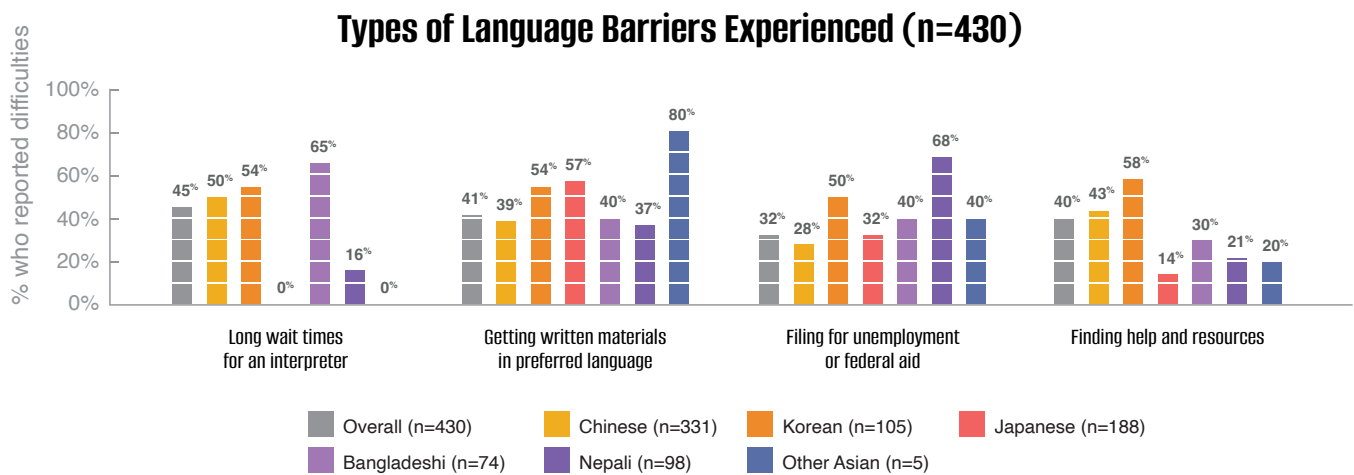
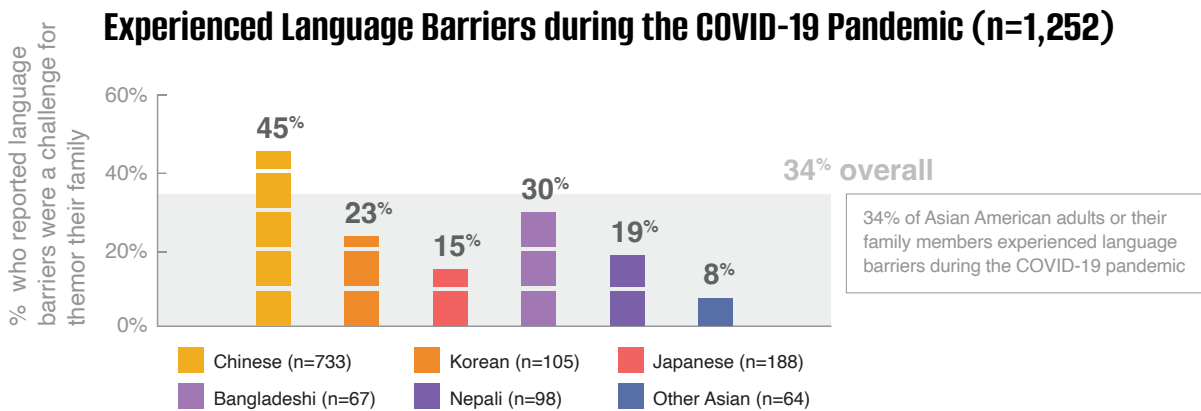
— Community focus group participant conducted with the New York Academy of Medicine (NYAM)

LANGUAGE ACCESS

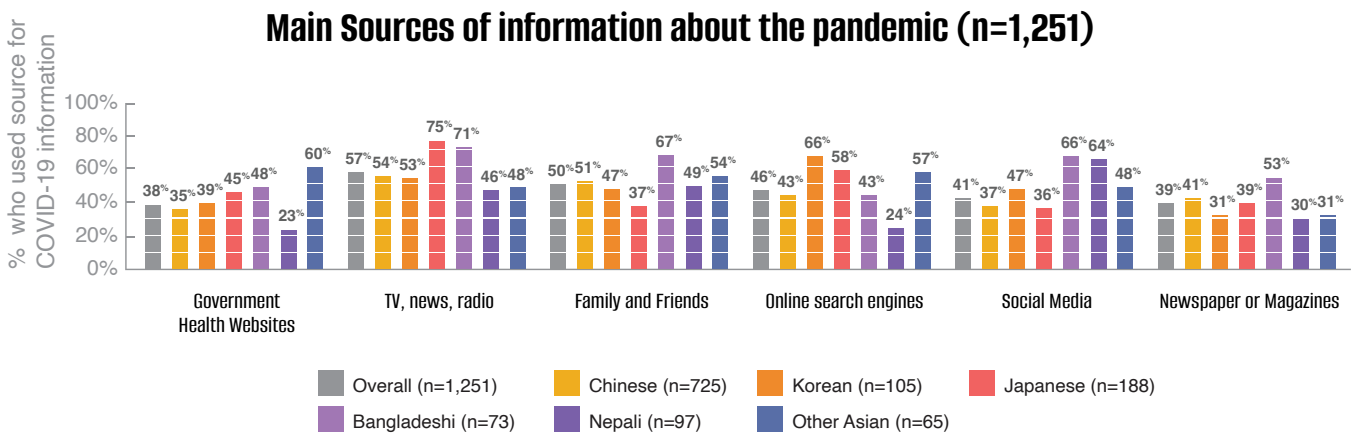
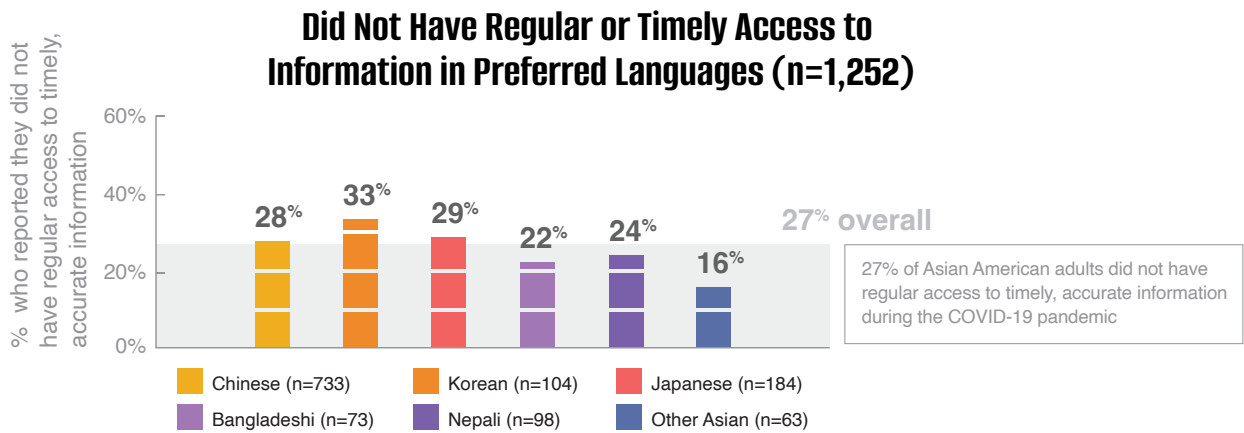


LANGUAGE ACCESS

Key Findings: Asian American adults face persistent language barriers and insufficient access to interpreters and written materials in their preferred language, which poses significant barriers to accessing health care and mental health care resources and COVID-19 aid or economic relief benefits, and impacts long-term overall health outcomes and well-being. Language access to COVID-19-related information is particularly critical for individuals whose primary language is not English. The COVID-19 pandemic has intensified the need for access to plain language written informational materials available in patient preferred languages, and uncomplicated access to interpreters, to ensure public health guidance is widely accessible to all.



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 (e.g., Google), 4) social media, 5) newspapers or magazines, and 6) government health websites. Using targeted modes of information sharing (e.g., 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 4 (27%) Asian American adults reported that they did not have regular access to timely, accurate information during the COVID-19 pandemic in their preferred language.



Language Access Recommendations:

- Prioritize tangible support to offer in-language community-facing services and resources.
- Provide funding to CBOs who are already providing services in community members' preferred languages to bolster organizational infrastructure and capacity.
- Broaden language and interpreter services and availability of 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 respond to the distinct concerns of Asian ethnic groups, and ensure COVID-19 messaging and communication are targeting community members in their preferred language.

Notes from the Community:

"Isolation has been the biggest stressor of COVID-19 for me. I have suffered from contracting COVID and needing hospital care. With a language barrier and the hospital protocol of no accompaniment of family member allowed, being sick with COVID has been traumatizing."

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

"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 (NYAM)

“If you talk about the medical institution, of course the doctor and the nurse are the people we should receive information from. But you know sometimes the hospital does not have the information materials in our language, so I prefer to get information from Mekong NYC.”

— Community focus group participant conducted with the New York Academy of Medicine (NYAM)

“So many Chinese, especially Chinese elders don’t know how to book an appointment...The truth is, elders often have a hard time waiting in the phone line for a long time when they don’t know if they could get help.

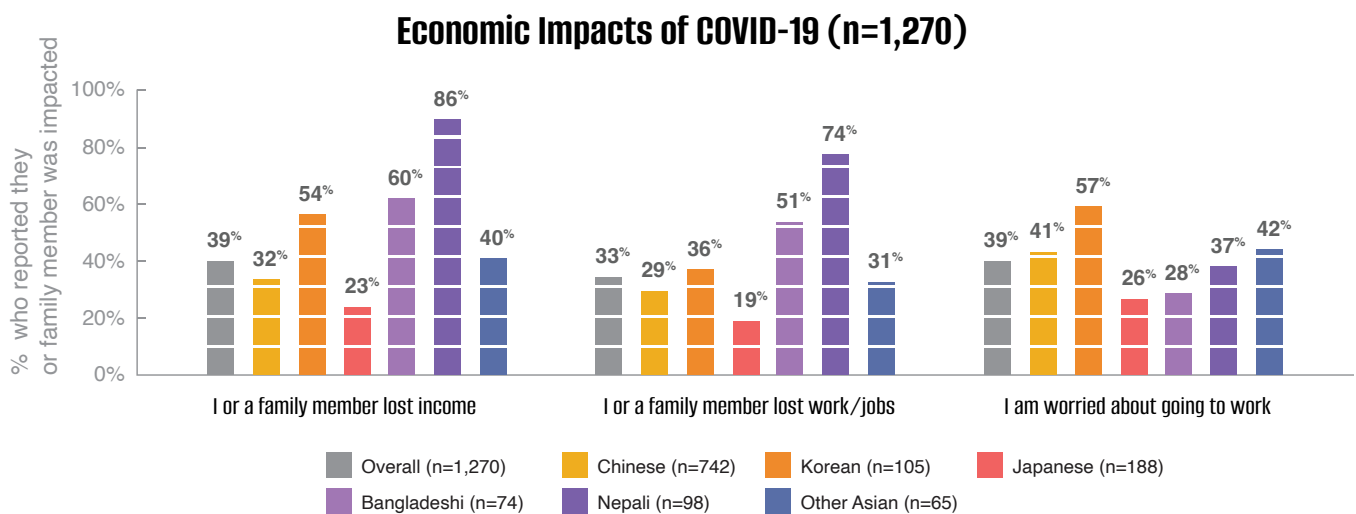
— Community focus group participant conducted with the New York Academy of Medicine (NYAM)

ECONOMIC IMPACT



ECONOMIC IMPACT

Key Findings: Asian Americans reported economic stressors, including loss of income since the start of the pandemic and loss of work or jobs for themselves or someone in their households. Over 1 in 3 reported a loss of income (39%) and being worried about going to work (39%) and 1 in 3 reported lost work/jobs. These findings align with the reported rise in unemployment claims from Asian Americans in New York seeking benefits, which increased over 4,000% between May 2019 to May 2020 [2], and also mirrors national trends showing rising long-term unemployment among Asian Americans (46% among Asian Americans compared to 35% of white workers) [3]. The unemployment rate in New York was 7.9% for Asian American workers between July to September 2021, compared to 5.7% for white workers [4].



Economic- Related Recommendations:

- Provide in-language navigation support to communities in order to ensure access to federal and state economic stimulus and relief payments.
- Translate and/or compile plain language information on accessing federal and state economic stimulus and relief efforts into multiple Asian languages.

Notes from the Community:

“Overall, a lot of people lost their jobs, and a lot of people suddenly died and got sick, two of my known families had deaths.”

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

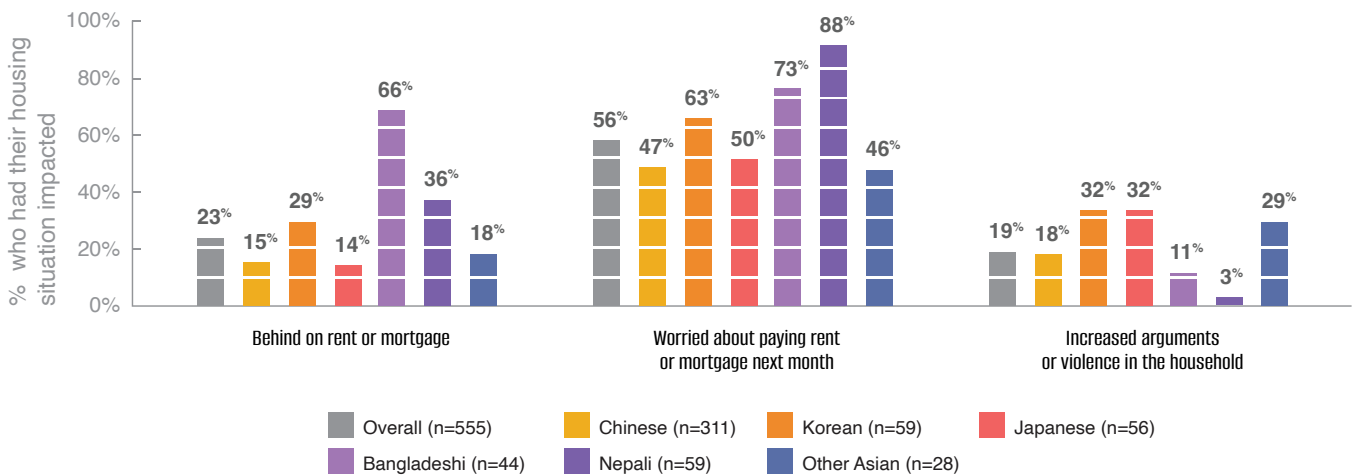
HOUSING



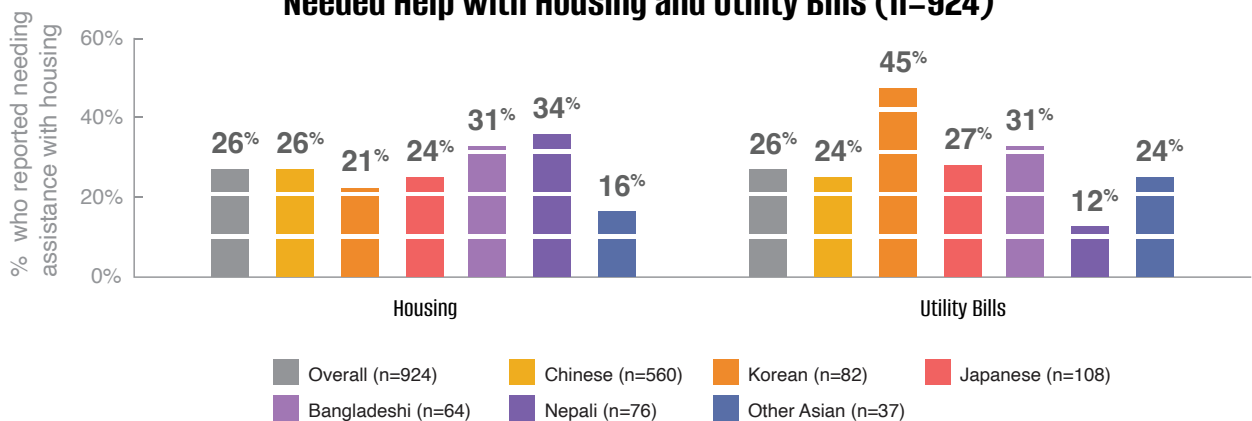


Key Findings: Asian American adults reported experiencing elevated stress in response to the pandemic. Half of respondents experienced problems with their living situation during the pandemic; among these individuals, 23% were behind on rent or mortgage, 56% were worried about paying rent or mortgage in the following month, and 19% reported increased arguments or violence in the household. More than 3 out of 4 individuals needed assistance during the pandemic, and of these individuals, 26% needed help with housing and 26% needed help with utility bills. Asian American adults reported widespread economic impacts during the COVID-19 pandemic, which directly impacted their ability to afford basic needs, like housing, food, and health care.

COVID-19 Impacts on Housing (n=555)



Needed Help with Housing and Utility Bills (n=924)



Housing Recommendations:

- Extend the eviction moratoriums for tenants and homeowners.
- Provide economic stimulus and relief payments and COVID-19 response and recovery programs to all, without additional enrollment forms, sign-ups online, and citizenship restrictions.
- Provide in-language, plain language information and resources on domestic violence services and resources and distribute through trusted messengers (e.g., CBOs, community health workers) who can enroll Asian American adults and their families.
- Allocate funding to hire bilingual staff or to provide stipends to CBOs for providing in-language assistance to address the increase in domestic violence (e.g., 24/7 hotlines for early interventions to address domestic violence).

Notes from the Community:

“COVID-19 has caused us to lose our job, our income has shorten in the household.”

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

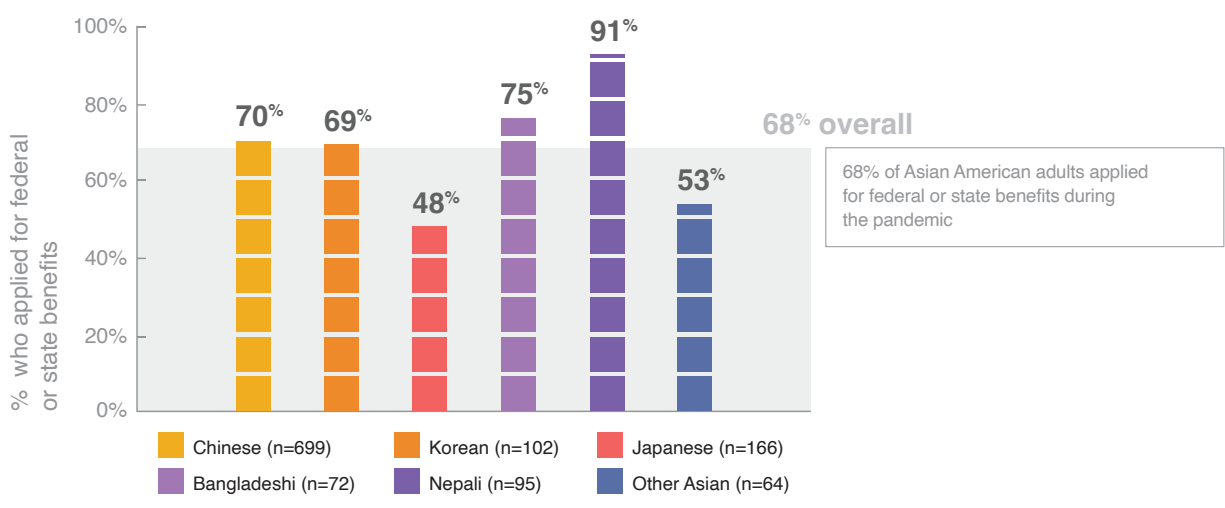
ACCESS TO PUBLIC BENEFITS



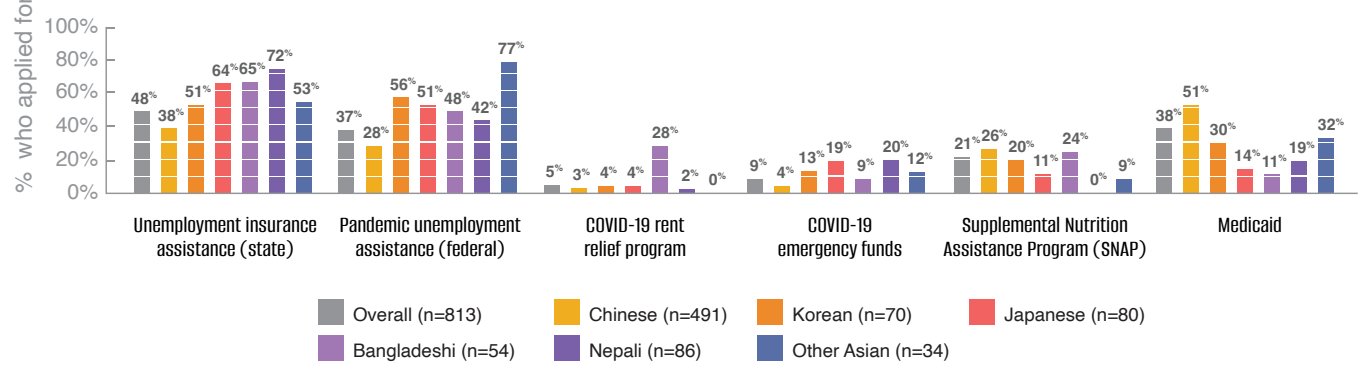
ACCESS TO PUBLIC BENEFITS

Key Findings: A total of 68% of Asian American respondents reported applying for federal or state benefits during the COVID-19 pandemic, including unemployment Medicaid, and COVID-19 emergency funds. Among those not applying for benefits, 49% reported that they did not need the benefits, 6% reported that the application was too difficult to complete on their own and 16% did not know about the benefits being open to them. These findings emphasize the need to continue providing COVID-19 economic recovery and relief supports to sustain NYC Asian American communities.

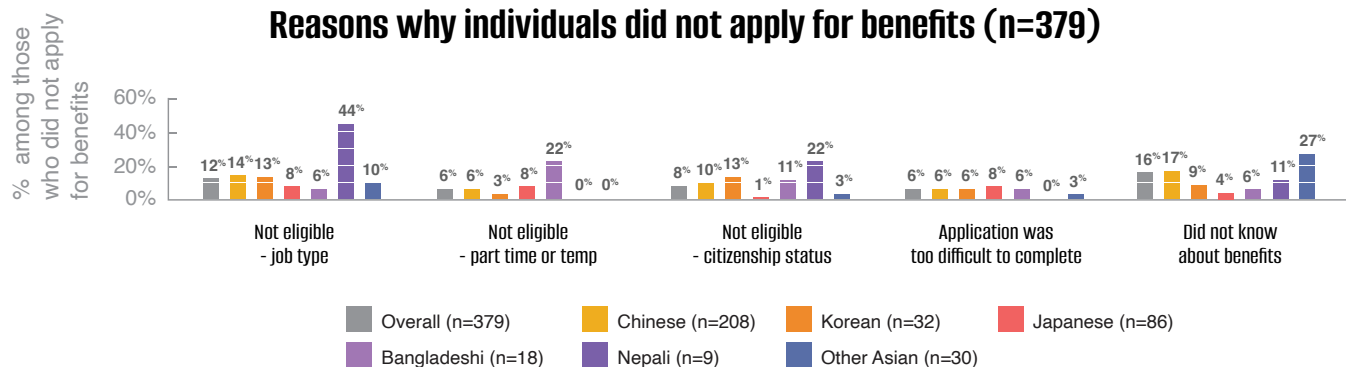
Applied for federal or state benefits (n=1,192)



Among those applying for benefits, types of benefits applied for... (n=813)



Reasons why individuals did not apply for benefits (n=379)



Public Benefits Access Recommendations:

- Allocate funds to hire bilingual staff or provide stipends for CBOs to continue providing in-language assistance to clients in order to enroll in public benefits.
- Increase in-language, plain language messaging and information on user-friendly, community-preferred communication platforms about how to access public benefits and COVID-19 recovery and relief efforts.
- Compile benefits into comprehensive in-language guides and distribute via trusted community channels and messengers (e.g., CBOs, CHWs).
- Expand the eligibility for public benefits and social services to all, regardless of citizenship and job type statuses (e.g., part-time or temporary status, or job type).
- Regularly provide messaging to ensure immigrants know that they are able to access public benefits and COVID-19 testing and vaccination, regardless of health insurance coverage or citizenship status.
- Provide in-language materials and support resources (e.g., community health workers or CBOs) to enroll more Asian American adults and their families into social services and COVID-19 response and relief programs.

Notes from the Community:

“Our community was in chaos. Prior to the pandemic, we used to go in-person to meet with the Social Service and Advocacy staff at Mekong NYC. But the organization had shifted to working remotely right away when COVID-19 spiked in the city. We have so many letters for them to help us, our public assistance got terminated without notice and we have nowhere to go because Mekong’s office closed. We have to work with them over the phone which was really hard because of the language barrier.”

— Community focus group participant conducted with the New York Academy of Medicine (NYAM)

HEALTHCARE AND HEALTHCARE ACCESS

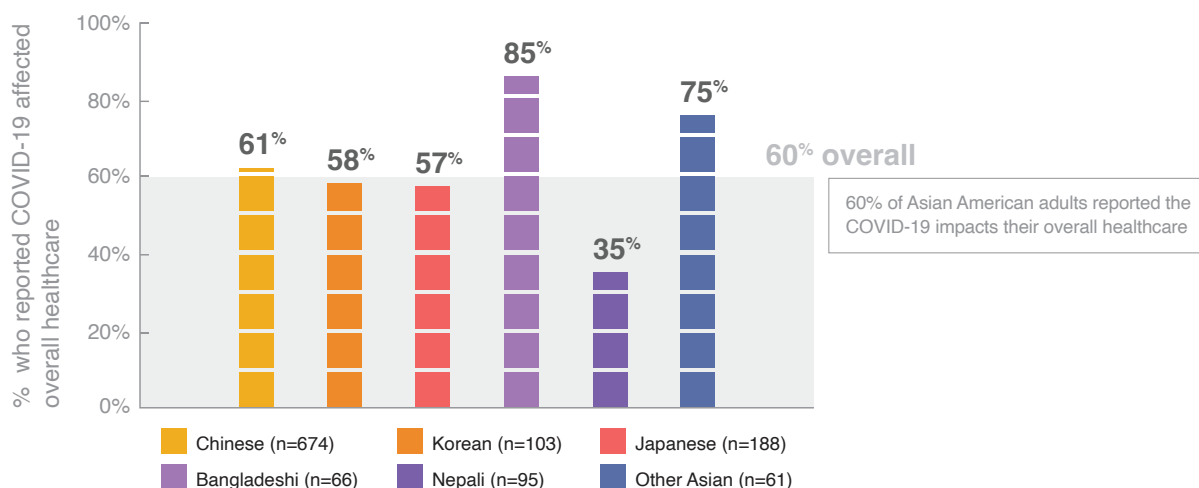
Images



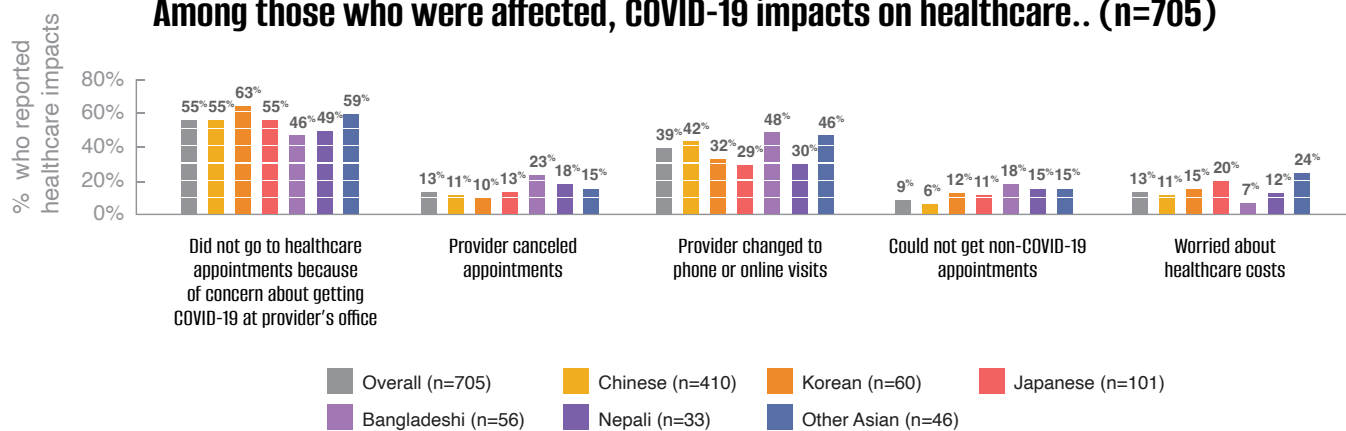


Key Findings: Nearly 2 out of 3 (60%) of Asian American adults reported that the COVID-19 pandemic impacted their overall healthcare in some way; among these individuals, over half (55%) reported that they were concerned about getting COVID-19 at the provider’s office. A significant number of adults, particularly Korean, Japanese and Other Asian adults, also reported needing assistance to access health services or mental health services.

COVID-19 Impacted Overall Healthcare (n=1,173)



Among those who were affected, COVID-19 impacts on healthcare.. (n=705)



Health Care Access Recommendations:

- Prioritize allocation of funding to hire bilingual staff who are able to provide in-language and culturally relevant assistance with public benefits enrollment and assist in navigating the health system.
- Allocate funding or stipends to CBOs who are already providing in-language assistance with health care navigation and providing in-language assistance with public benefits enrollment.

Notes from the Community:

“Most of the Sikh men are taxi drivers or truck drivers, or work at a grocery store or gas station. They worked there, and plus, they were doing langar (free meal distribution for those in need, as part of the Sikh religion), and delivering meals to people’s houses, and that’s why a lot of Sikh men got sick.”

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

“We have lost so many lives, our friends, family and relatives near and far. The contact and communication in-person has stopped completely; it didn’t just affect us physically but mentally as well.”

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

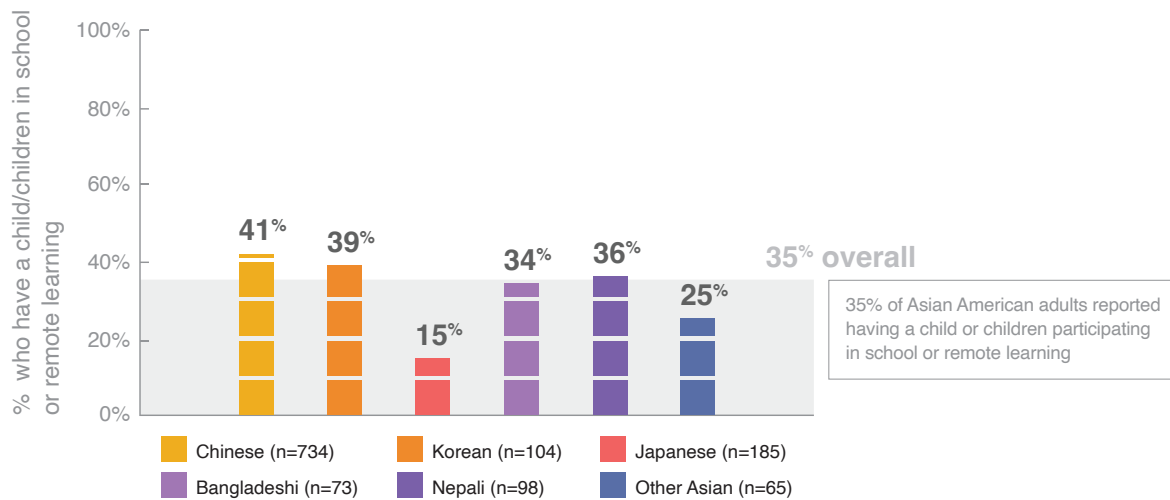
EDUCATION



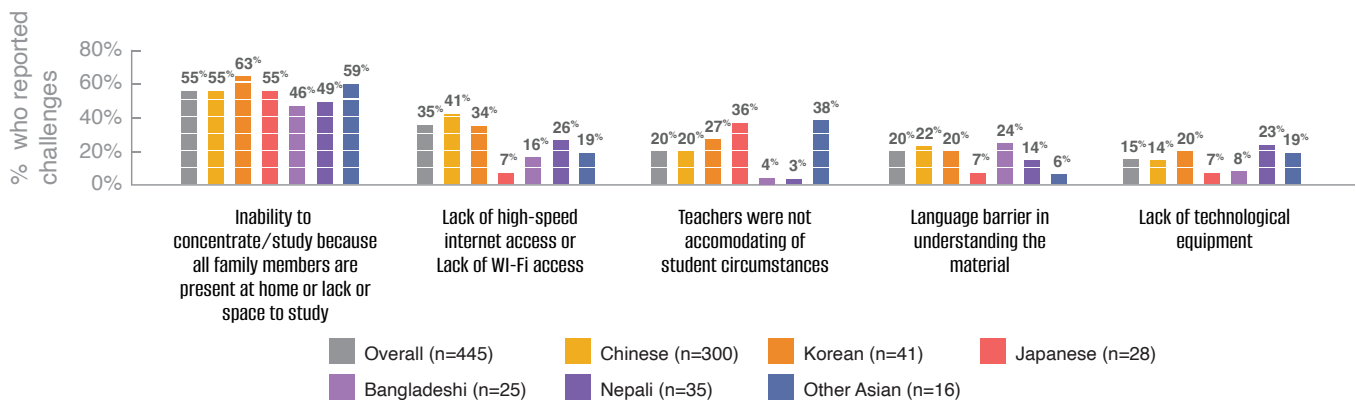


Key Findings: Asian American families with a child or children in school or participating in remote learning (35%) reported experiencing education challenges during the pandemic. Challenges were varied, and included personal (inability to concentrate/study because all family members are present at home or a lack of space to study - 58%), logistical (teachers/professors are not accommodating of the student’s circumstances - 20%), language barriers in understanding the material - 20%) and technical (lack of Wi-Fi or high-speed internet access - 35% or lack of technological equipment - 15%).

Have Child or Children in School or Remote Learning (n=1,256)



Remote learning Challenges (n=445)



Education-Related Recommendations:

- Provide resources and funding to support students and their families to expand access to high-speed internet and devices to improve engagement in remote-school.
- Expand resources and tailor support for students who may have greater language access needs or require extra support to engage in online-learning environments.
- Increase in-language community outreach campaigns, particularly for poor and low-income families, to ensure that Asian American parents and children are aware of and have access to all educational support opportunities available to them.

Notes from the Community:

“Parents of young children are left in a highly stressful state, having to babysit, home school and cook meals AND still work. So many parents are exhausted. There is also high stress in managing health, sickness and underlying predispositions which leads to a higher level of depression.”

— Community focus group participant conducted with the New York Academy of Medicine (NYAM)

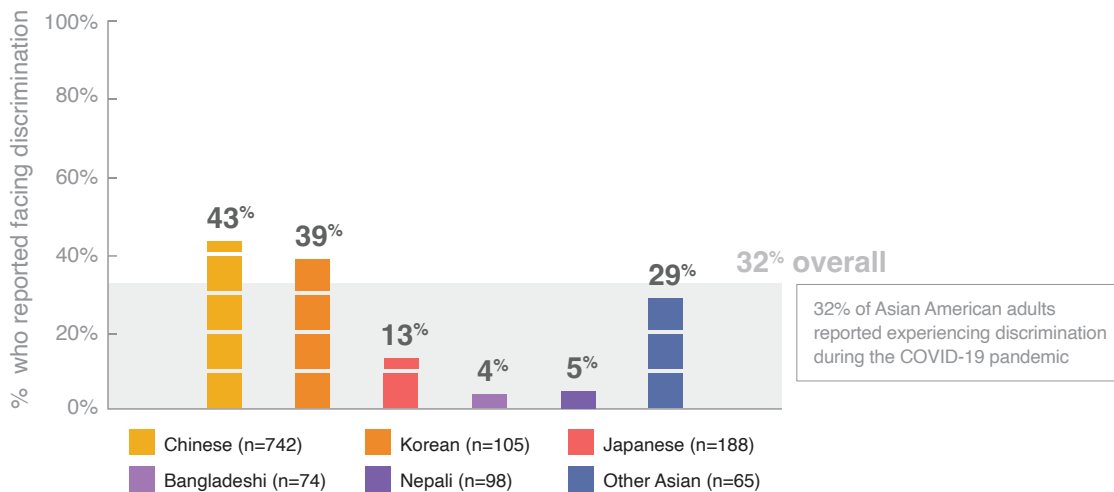
ANTI-ASIAN HATE AND DISCRIMINATION



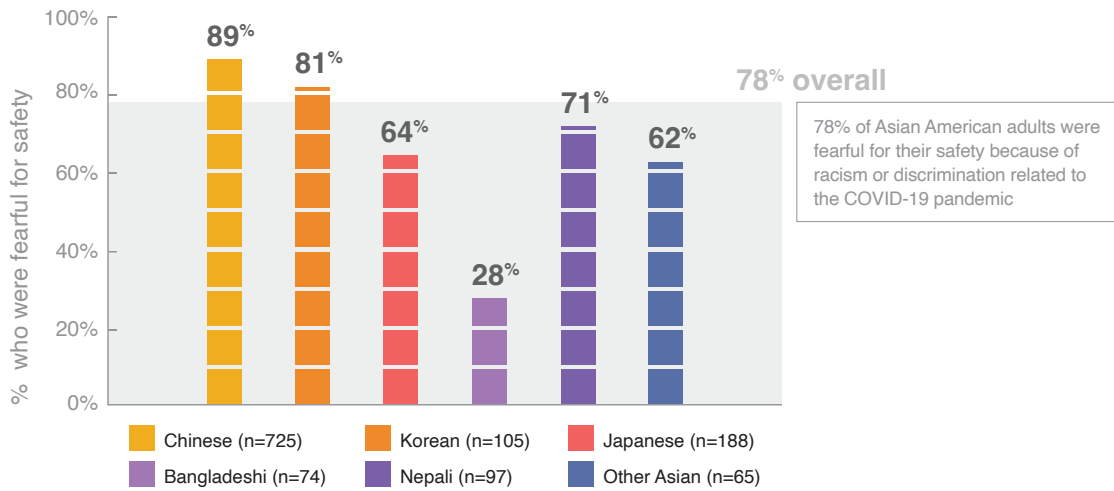
ANTI-ASIAN HATE AND DISCRIMINATION

Key Findings: Hate crimes targeting Asian Americans in the United States (U.S.) have significantly increased over the last two years [5]. Similar to national trends noting the impact of anti-Asian hate and discrimination on the lived experience of Asian Americans and Asian immigrant communities, 1 of 3 individuals responding to our survey reported facing discrimination (32%), being fearful for their safety because of racism or discrimination related to the COVID-19 pandemic (78%), and changed their activities in some way due to potential racism or discrimination related to COVID-19 (80%). The vast majority (88%) believed that the U.S. has become more physically dangerous for people in their racial/ethnic group because of fear of COVID-19. From March 19, 2020 to December 31, 2021, there were 10,905 reports of hate incidents by Asian Americans, equivalent to about 17 incidents per day in the U.S. [5]. Hate crimes against Asian Americans have increased by 150%, while decreasing 7% overall nationally [6]. In NYC, there was a 395% increase in anti-Asian violence from 2020 to 2021 [7].

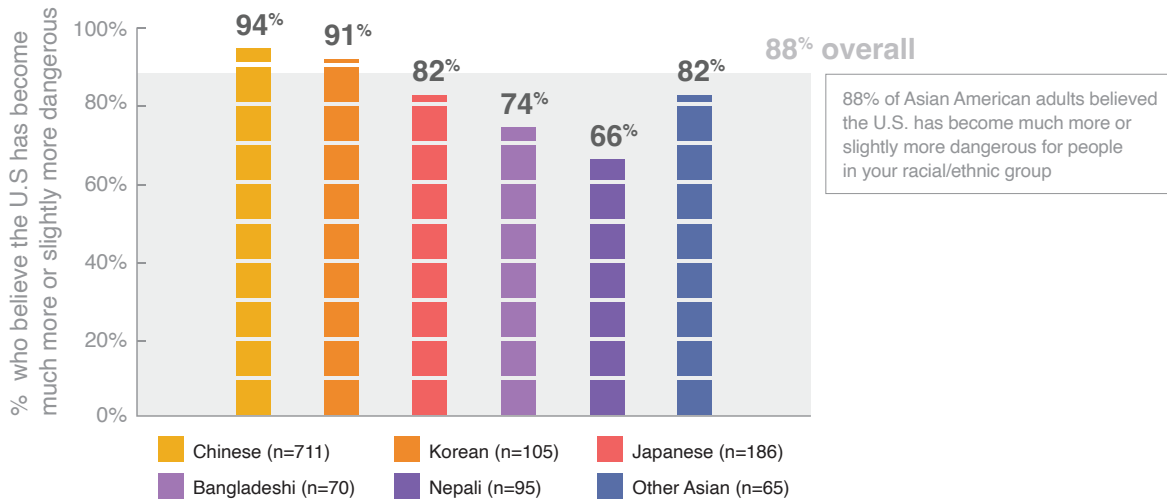
Reported facing discrimination (n=1,270)



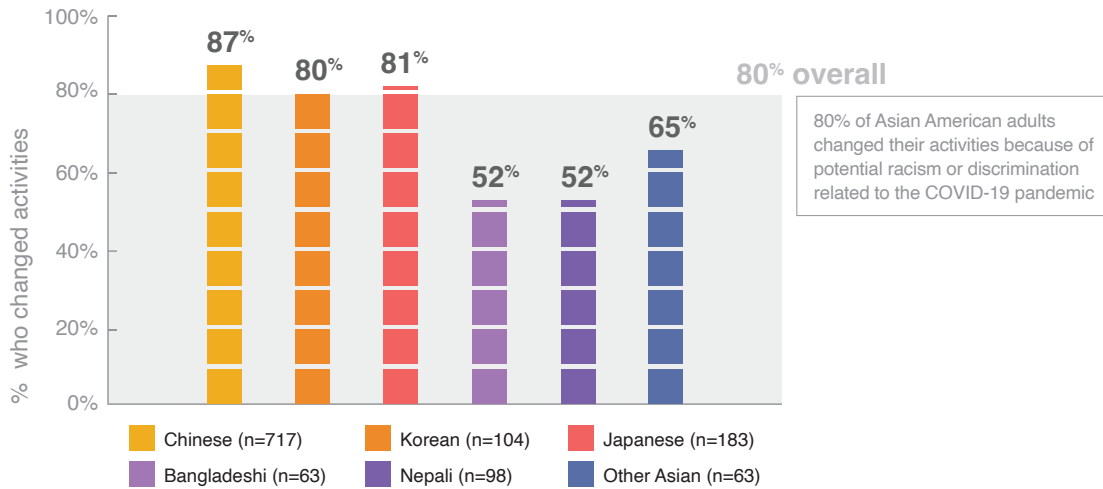
Fearful for safety because of racism or discrimination related to the COVID-19 pandemic (n=1,250)



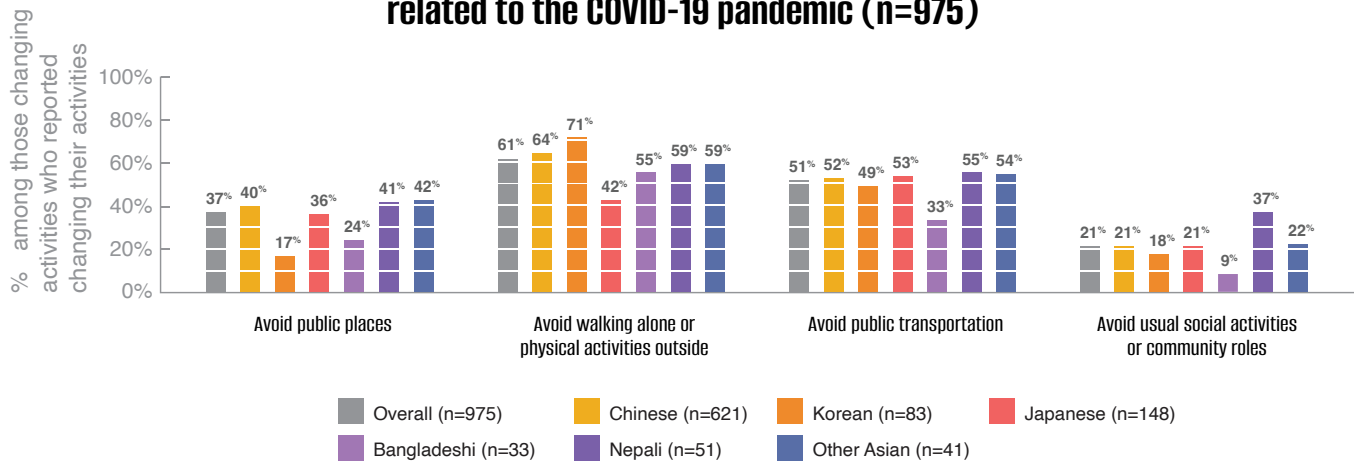
Believes the U.S. has become much more or slightly more dangerous for people in your racial/ethnic group (n=1,226)



Changed any activities because of potential racism or discrimination related to the COVID-19 pandemic (n=1,224)



Changes to activities because of potential racism or discrimination related to the COVID-19 pandemic (n=975)



Anti-Asian Hate and Discrimination Recommendations:

- Raise awareness about the rise of anti-Asian hate and discrimination, and the history of discrimination in the U.S.
- Develop and promote easy-to-use, in-language reporting platforms to encourage and facilitate reporting of anti-Asian hate or harassment experiences in the community.

- Offer trainings, workshops and resources to support bystander and upstander intervention, self-defense and safety, and provide informational resources on ways to respond to xenophobia, racism, and harassment.
- Support efforts at the K-12 and university levels to include Asian American history in regular curricula and/or Asian American studies programs.
- Create accompaniment programs to provide safety patrolling on the streets and accompany seniors or other vulnerable individuals to their daily activities.
- Work with local businesses to develop a network of safe stores people can go to if there are threats of physical assault and anti-Asian hate and discrimination incidents.

Notes from the Community:

“Anxiety level for Japanese seniors has been very high since late 2019. The first was an increase in anti-Asian attacks, then came the lockdown in March last year. These stressful incidents increased the demand for assurance calls by 368% in 2020 compared to pre-corona period. And we anticipate this trend will continue after seeing the recent attacks on Asian communities nationwide.”

— **Community member from Japanese American Social Services Inc. (JASSI)**

“I feel like discrimination and racism happened really often. Racism and discrimination were as bad before, but now because people think that COVID-19 was brought by Chinese, so now they discriminate against us Chinese very seriously.”

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**

SUPPORT FROM COMMUNITY-BASED ORGANIZATIONS

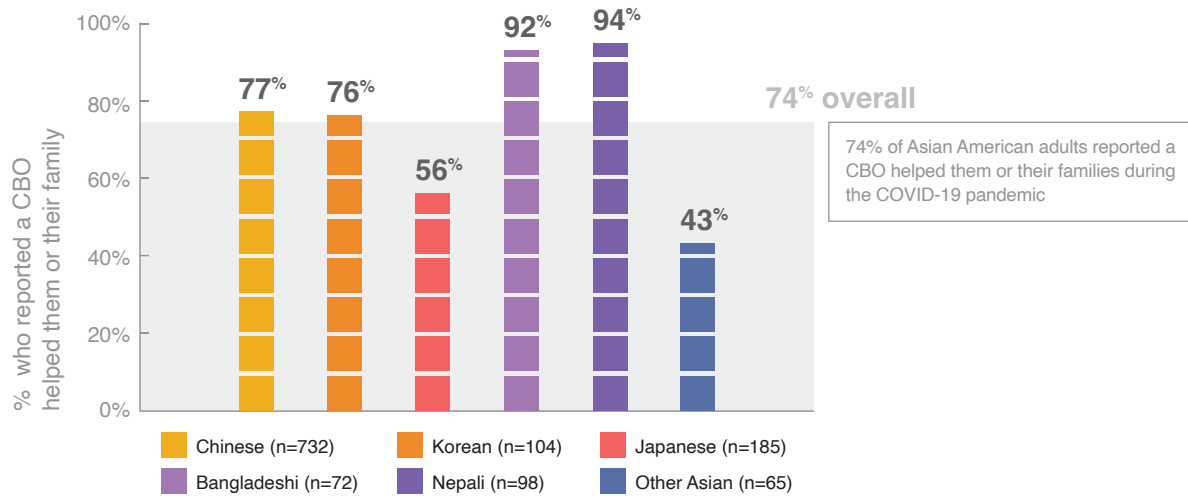




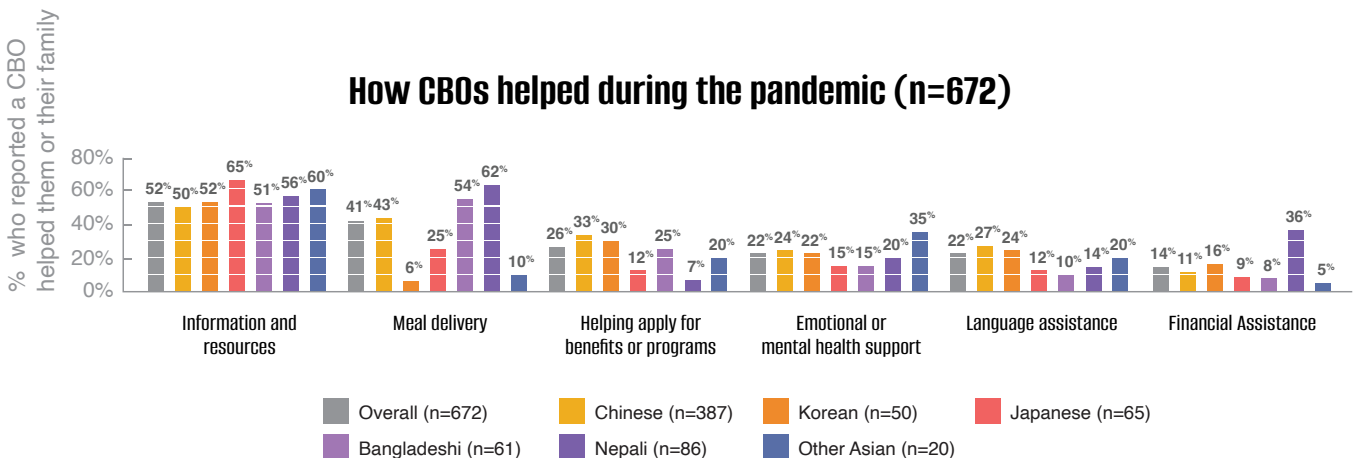
SUPPORT FROM COMMUNITY-BASED ORGANIZATIONS

Key Findings: CBOs provided important resources and services to the Asian American community before the COVID-19 pandemic. Most (74%) individuals reported that a CBO had helped them or their families during the COVID-19 pandemic. Many CBOs had to pivot and/or expand their regular activities to support their clients and the broader Asian American community with access to necessities (e.g., food or meal delivery, applying for public benefits), health care access (e.g., language services, mental health and stress support), and COVID-19 relief help. CBOs have been essential in COVID-19 response and recovery efforts and stepped in to fill the gaps left by federal and state responses – including translating COVID-19 health information, offering resources and vaccinations, and requesting equitable state and regional funds allocations to support CBO capacity building to sustain and increase their work and impact.

Community-based organization helped during the pandemic (n=1,252)



How CBOs helped during the pandemic (n=672)



Recommendations to Support CBO (community-based organization)s:

- Prioritize providing of equitable state and regional funding to build and sustain CBOs' organizational infrastructure and staff capacity to deliver COVID-19 response and recovery support
- Continue to provide in-language, culturally competent services after the COVID-19 pandemic.
- Engage directly with local or regional CBOs in budget or resource plans, as they are key allies who can inform and implement culturally- and linguistically-relevant COVID-19 response and recovery efforts and other public health efforts.
- Recognize CBOs and local community leaders as effective and trusted advocates to deliver COVID-19 information and implement COVID-19 preventive services and vaccination efforts in underresourced, unreached communities.

Notes from the Community:

"Project Bento was created by several volunteers in cooperation with the Yoshida Restaurant Group after JAA's Senior Luncheon/Keirokai was suspended because of COVID-19. JAA volunteers delivered 180-200 lunch boxes weekly to seniors and individuals with disabilities throughout NYC. This project was executed with the support of the Consulate General of Japan in New York, various restaurants, and many volunteers and was launched in collaboration with Japanese and Japanese Americans living in NYC. The volunteers came from different backgrounds, occupations, and organizations, but they united to support seniors and others in need in the community."

— **Community member from The Japanese American Association of New York (JAANY)**

"As agencies, as we speak the languages, we are in the heart of the community and providing these services, as there weren't as many services from the city so we are doing the work."

— **Maha, Health Program Manager from Arab American Family Support Center (AAFSC)**

"When COVID-19 happened, I couldn't understand anything but Mekong NYC staff called, checked in and explained to me in our language. I got more information about everything that happened in the country, mostly in Khmer from Mekong NYC. I am very grateful for that."

— **Community focus group participant conducted with the New York Academy of Medicine (NYAM)**



Our results illuminated several high priority areas for disaggregated Asian American ethnic groups, summarized below:

Chinese American adults:

- Increase food access: food bank and food pantries should continue community outreach efforts and increase 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: expand language access services like providing varied patient navigator and interpreter services in health care and public service settings.
- Provide economic support: continue to offer in-language navigation and support services to enable access to federal and state economic stimulus and relief payments.
- Provide housing support: continue outreach to provide in-language information and resources to enable access and uptake of economic stimulus and relief payments.
- Strengthen access to public benefits: continue multi-pronged community outreach efforts to increase awareness about, and offer in-language support and enrollment navigation for, public benefits (e.g., state unemployment assistance, federal pandemic employment benefits).
- Increase health care access: continue to offer in-language and culturally relevant assistance with healthcare enrollment and health system navigation.
- Improve education access: increase access to Wi-Fi, high-speed internet, and smart devices; expand services for students who have greater language learning needs or need extra help engaging with online learning environments; expand in-language outreach campaigns to increase awareness about educational resources and opportunities.
- Address anti-Asian hate and discrimination: create safety accompaniment programs to provide safety patrolling on the streets and accompany seniors or other vulnerable individuals to their daily activities; provide community self-defense and safety trainings.
- Support Asian American-serving CBOs: continue investment in CBOs to support and build their organization infrastructure and capacity to provide in-language, culturally competent services (e.g., information, meal delivery, public benefits enrollment, mental health support, financial assistance); increase engagement with CBOs as trusted messengers of COVID-19 information and vaccination efforts.

Korean American adults:

- Increase food access: food bank and food pantries should continue community outreach efforts and city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or supports – should expand linkages to these communities.
- Improve language access: expand language services like providing varied patient interpreter services and translating written materials in plain language, in preferred languages in health care and public service settings.
- Provide economic support: continue to offer in-language navigation and support to enable access to federal and state economic stimulus and relief payments.
- Provide housing support: continue outreach to provide in-language information and resources on economic stimulus and relief payments and domestic violence services.
- Improve access to public benefits: continue outreach to increase awareness about benefits and in-language support and enrollment navigation for public benefits (e.g., Medicaid).
- Increase health care access: continue in-language and culturally relevant assistance with healthcare enrollment and health system navigation.
- Improve education access: increase access to devices; expand services for students who have greater language learning needs or need extra help engaging with online learning environments; expand language outreach campaigns to increase awareness about educational resources and opportunities.
- Address anti-Asian hate and discrimination: create safety accompaniment programs to provide safety patrolling on the streets and accompany seniors or other vulnerable individuals to their daily activities; providing self-defense and safety trainings.
- Support Asian American-serving CBOs: continue investment in CBOs to support and build their organizational infrastructure and capacity to provide in-language, culturally competent services (e.g., information, public benefits enrollment, mental health support, financial assistance); increase engagement with CBOs as trusted messengers of COVID-19 information and vaccination efforts.

Japanese American adults:

- Increase food access: food bank and food pantries should continue community outreach efforts and city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or supports – should expand linkages to these communities.

- Improve language access: expand translated written materials in plain language, in preferred languages in health care and public service settings.
- Provide economic support: continue in-language navigation and support to expand access to federal and state economic stimulus and relief payments.
- Provide housing support: continued outreach to provide in-language information and resources on economic stimulus and relief payments and domestic violence services.
- Improve access to public benefits: continue outreach to increase awareness about benefits and in-language support and enrollment navigation for public benefits (e.g., Medicaid).
- Increase health care access: continue to offer in-language and culturally relevant assistance with healthcare enrollment and health system navigation.
- Improve education access: expand services for students who need extra help engaging with online learning environments; expand language outreach campaigns to increase awareness about educational resources and opportunities.
- Address anti-Asian hate and discrimination: create safety accompaniment programs to provide safety patrolling on the streets and accompany seniors or other vulnerable individuals to their daily activities; provide self-defense and safety trainings.
- Support Asian American-serving CBOs: continue regular investment in CBOs to support and build their organization infrastructure and capacity to provide in-language, culturally competent services (e.g., information, meal delivery); increase engagement with CBOs as trusted messengers of COVID-19 information and vaccination efforts.

Bangladeshi American adults:

- Bangladeshi adults should be priority populations in COVID-19 vaccination efforts.
- Increase food access: food bank and food pantries should continue community outreach efforts and city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or supports – should expand linkages to these communities.
- Improve language access: expand language services like interpreter services in health care and public service settings.
- Provide economic support: continue to offer in-language navigation and support to enable access to federal and state economic stimulus and relief payments.

- Provide housing support: continue outreach to provide in-language information and resources to enable access and uptake of economic stimulus and relief payments.
- Improve access to public benefits: continue outreach to increase awareness about benefits and in-language support and enrollment navigation for public benefits (e.g., federal pandemic employment assistance, Medicaid).
- Increase health care access: continue in-language and culturally relevant assistance with healthcare enrollment and health system navigation.
- Improve education access: expand services for students who have greater language learning needs; expand language outreach campaigns to increase awareness about educational resources and opportunities.
- Address anti-Asian hate and discrimination: create safety accompaniment programs to provide safety patrolling on the streets and accompany seniors or other vulnerable individuals to their daily activities; provide self-defense and safety trainings.
- Support Asian American-serving CBOs: continue investment in CBOs to support and build their organization infrastructure and capacity to provide in-language, culturally competent services (e.g., information, meal delivery, public benefits enrollment, mental health support); increase engagement with CBOs as trusted messengers of COVID-19 information and vaccination efforts.

Nepali American adults:

- Nepali adults should be priority populations in COVID-19 vaccination efforts.
- Increase food access: food bank and food pantries should continue community outreach efforts and city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or supports – should expand linkages to these communities.
- Provide economic support: continue to offer in-language navigation and support to enable access to federal and state economic stimulus and relief payments.
- Provide housing support: continue outreach to provide in-language information and resources on economic stimulus and relief payments.
- Improve access to public benefits: continue outreach to increase awareness about benefits and in-language support and enrollment navigation for public benefits (e.g., Medicaid).
- Increase health care access: continue in-language and culturally relevant assistance with healthcare enrollment and health system navigation.

- Improve education access: increase access to devices; expand language outreach campaigns to increase awareness about educational resources and opportunities.
- Address anti-Asian hate and discrimination: create safety accompaniment programs to provide safety patrolling on the streets and accompany seniors or other vulnerable individuals to their daily activities; provide self-defense and safety trainings.
- Support Asian American-serving CBOs: continue to invest in CBOs to support and build their organization infrastructure and capacity to provide in-language, culturally competent services (e.g., information, mental health support, financial assistance); increase engagement with CBOs as trusted messengers of COVID-19 information and vaccination efforts.

Other Asian American adults:

- Increase food access: food bank and food pantries should continue community outreach efforts and city or community-based organization food delivery programs – particularly those that have culturally appropriate options or in-language nutrition information or supports – should expand linkages to these communities.
- Improve language access: expand translated written materials in preferred languages in health care and public service settings.
- Provide economic support: continue to offer in-language navigation and support to federal and state economic stimulus and relief payments.
- Provide housing support: continue outreach to provide in-language information and resources on economic stimulus and relief payments and domestic violence services.
- Improve access to public benefits: continue outreach to increase awareness about benefits and in-language support and enrollment navigation for public benefits (e.g., Medicaid).
- Increase health care access: continue in-language and culturally relevant assistance with healthcare enrollment and health system navigation.
- Improve education access: increase access to devices; expand services for students who need extra help with online learning environments; expand language outreach campaigns to increase awareness about educational resources and opportunities.
- Address anti-Asian hate and discrimination: create safety accompaniment programs to provide safety patrolling on the streets and accompany seniors or other vulnerable individuals to their daily activities; provide self-defense and safety trainings.

- Support Asian American-serving CBOs: continue investment in CBOs to support and build their organization infrastructure and capacity to provide in-language, culturally competent services (e.g., information, mental health support); increase engagement with CBOs as trusted messengers of COVID-19 information and vaccination efforts.

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URVEY RESPONDENT DEMOGRAPHICS



We reached a total of $n=1,270$ Asian American adults. Our sample consisted largely of women (79%) and represented a wide age range of adults (18-105 years, mean age=48.7, standard deviation (SD)=17.6) and education levels. By Asian ethnicity, those with less than a high school education ranged from: Chinese (32%), Korean (3%), Japanese (0%), Bangladeshi (19%), Nepali (33%), and Other Asian (8%). Over half of participants did not speak English well or at all (52%). About 1 in 3 Asian American adults had an essential worker in their household.

About 87% of participants were foreign-born; about 1 in 5 (20%) Asian American adults have been in the US since 2012 or later (recent immigrants in the last 10 years) and 1 in 3 (37%) adults have been in the US since 2001 or before (immigrants who have resided in the US for >20 years). By Asian ethnicity, the percent foreign born was: Chinese (87%), Korean (74%), Japanese (96%), Bangladeshi (94%), Nepali (100%), Other Asian (58%). About 1 in 3 Bangladeshi (31%) and Nepali (36%) adults were recent immigrants (in the US since 2012 or later), while more than half of Korean (51%), Japanese (72%) and Other Asian (56%) adults have been in the US for >20 years.

The majority (94%) spoke another a language other than English at home and over 52% did not speak English well/at all. By Asian ethnicity, the percent who did not speak English well/at all were: Chinese (61%), Korean (37%), Japanese (40%), Bangladeshi (45%), Nepali (53%), Other Asian (11%).

14% of Asian Americans lived in a multigenerational home with 3+ generations. Over 1 in 3 (35%) Asian American adults reported an adult 65 years or older living in their household. About one-third of participants lived in Queens (34%) or Brooklyn (32%), followed by Manhattan (23%), the Bronx (4%) and Staten Island (3%), and New York State (outside of NYC)/New Jersey (4%).

The NYC COVID-19 CHRNA was developed with partnering CBOs and administered online between May 7 to November 5, 2021.

The survey was offered online in the following languages:

Bangla, Burmese, Simplified and Traditional Chinese, English, Japanese, Korean, Nepali, Punjabi, Tagalog, Urdu, and Vietnamese. Total survey administration in language included: English (46%), Simplified Chinese (31%), Traditional Chinese (4%), Bangla (1%), Japanese (10%), Korean (4%), and Nepali (4%).

Survey Administration: The survey was administered online using REDCap electronic data capture tools hosted at NYU Langone Health, Clinical and Translational Science Institute. REDCap (Research Electronic Data Capture) is a secure, HIPAA (Health Insurance Portability and Accountability Act) compliant software platform designed to support data collection for research studies.

Participants:

Eligibility criteria included – 1) 18+ years; 2) self-identification as Asian American, Arab American, or Latinx; and 3) 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 self-identified Asian American adults. This is a community-based sample and not representative of the NYC Asian American population as a whole. However, we want to emphasize that the NYC COVID-19 CHRNA is differentiated from other NYC population-based surveys and needs assessment because 54% of survey participants took the survey in an Asian language. Other NYC survey efforts have mainly been administered in English, Spanish, and occasionally Mandarin, making invisible the social and economic needs of Asian American New Yorkers, particularly individuals who have limited English proficiency (LEP) and have high economic stress. These data are a representation of the cultural and linguistic diversity of Asian American communities in NYC that are not captured in existing data.

We report survey results for the overall Asian American sample (n=1,270) and for those Asian ethnic groups for which we had a statistically large enough sample size. The Asian ethnic groups we had enough data on were Chinese (n=742), Korean (n=105), Japanese (n=188), Bangladeshi (n=74), Nepali (n=98), and 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).

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- 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 28 NYC community-based organizations: Academy of Medical & Public Health Services (AMPHS), Adhikaar for Human Rights and Social Justice, Arab American Family Support Center (AAFSC), 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 Association of New York (JAANY), 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 Academy of Medicine (NYAM), New York Project Hope, Project New Yorker, Sapna NYC, South Asian Youth Action (SAYA), Shetu Inc., UNITED SIKHS, Yemeni American Merchants Association (YAMA).



We wanted to ensure that the data was useful and usable for policy and programmatic purposes. The survey was conducted by the Coalition for Asian American Children + Families, Chinese American Planning Council, NYU CSAAH, in partnership with the 28 community-based organizations listed here. We worked extensively with community partners to gather input on the survey design and content, vet the survey instrument, survey administration and recruitment of survey participants, and to develop these reports.



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