

REGIONAL COMMUNITY HEALTH RESOURCES
AND NEEDS ASSESSMENT (CHRNA)

Atlanta, Georgia, Community Report on COVID-19 Impacts

5/7/21 TO 12/31/21

Executive Summary

The Regional Community Health Resources and Needs Assessment (CHRNA) – Atlanta, Georgia (n=488) was implemented to understand the health priorities, concerns, beliefs and behaviors, and access to healthcare and resources of the Asian American communities in the Atlanta metropolitan areas. This report covers the impact of the COVID-19 pandemic on Asian communities in the Atlanta metropolitan area, highlighting four key areas of importance: food hardships and access to food, COVID-19 vaccination, language access, and economic impacts.

The Regional CHRNA – Atlanta, GA survey and administration processes were collaboratively planned and developed with partnering community-based organizations and was administered from May 7, 2021 to December 31, 2021. The Regional CHRNA – Atlanta, GA is unique as compared to other regional population-based surveys and needs assessments, because it leveraged community-partnered data collection and engagement methods to reach historically unrepresented Asian American ethnic groups. This cross-sectional survey was mainly conducted online and in-person with trained community staff, and was offered in English, Traditional Chinese, Simplified Chinese, Korean, and Burmese. This community-based sample includes 488 Asian Americans. Disaggregated data are presented for ethnic subgroups that had a statistically large enough sample size ($n \geq 35$ individuals); this included five Asian American ethnic subgroups: Chinese (n= 149), Taiwanese (n=39), Korean (n=99), Vietnamese (n=87), Other Asian (n=78), and Multi-ethnic or Multiracial Asian (n=36). Other Asian includes individuals who self-identified as Asian Indian, Bangladeshi, Burmese, Cambodian, Filipino, Hmong, Indonesian, Japanese, Laotian, Malaysian, Nepali, and Thai. More information about the Regional CHRNA – Atlanta, GA sample demographics and methods are on pages 19-21.

The unintended consequences of current data collection and reporting practices are that the social needs of Asian American communities stay invisible. Many population-based surveys prior to and during the COVID-19 pandemic have not disaggregated Asian American data and are often administered solely in English and Spanish, limiting the reach into communities proficient in other languages. The data from these population-based surveys may therefore misrepresent Asian American ethnic groups in a geographic region and may only include Asian American individuals able to respond in these languages, who may often be individuals with higher education and income levels ([Haley et al. 2022](#)), and who tend to have better social and health outcomes.

Key Findings

Below are the key findings for responses from Asian American communities in the Atlanta metropolitan area, with detailed findings for each topic beginning on page 7.

Food Hardships and Access to Food

- Food insecurity affected 23.6% of Asian American participants, with the highest prevalence among Vietnamese participants (34.9%) (**Figure 1**).
- Food insufficiency affected 26.6% of Asian American participants, with the highest prevalence among Korean participants (41.7%) (**Figure 2**).
- Perceived reasons for insufficient food among Asian American participants included: being afraid or did not want to go out to buy food (45.7%) and couldn't afford to buy more food (17.3%) (**Figure 3**).

COVID-19 Vaccination and Vaccine Hesitancy

- There was high COVID-19 vaccination uptake and low vaccine hesitancy among Asian American participants during this time.
- Among Asian American participants, 82.5% had received at least one dose of the COVID-19 vaccine, with the lowest prevalence among Taiwanese participants (71.1%) (**Figure 4**).
- Among unvaccinated Asian American participants (n=85), 30.6% were hesitant to get the COVID-19 vaccine.
- The top three information sources for the COVID-19 pandemic among Asian American participants included government/health websites (65%), searching for health information online (57%), and social media (55%) (**Figure 5**).

Language Access

- In the sample, 80.6% of Asian American participants reported speaking a language other than English at home. Among individuals speaking a language other than English at home, 30.0% were limited English proficient (LEP) (**Figure 6**).
- When accessing health care, 18.6% of Asian American participants or their family members experienced language barriers during the COVID-19 pandemic (**Figure 7**).
- Among participants experiencing language barriers, the top barriers included: unable to get materials or information in their preferred languages (45.8%), unable to access an interpreter (41.0%), and difficulty with telehealth tools (39.8%).

Economic Impacts

- During the COVID-19 pandemic, 56% of Asian American participants reported needing assistance. Among those needing assistance, top needs included: mental health services (30.0%), food (28.1%), and health services (21.3%) (**Figure 8**).

- In the sample, 33.7% of Asian American participants reported that there were adults living in the home who are essential workers (**Table 1**).
- In the sample, 83.0% of Asian American participants reported that the COVID-19 pandemic impacted their family's life. Among these individuals, 22.0% reported losing work or jobs and 36.8% reported losing income (**Figure 9**).
- Additionally, 36.8% of Asian American participants reported that the pandemic had a moderate or large impact on their financial situation or their family's financial situation.

Overall Recommendations

Our community-based partner organizations based nationally and in GA quickly pivoted to provide resources to support community members' basic needs, including timely COVID-19 prevention and vaccination information in preferred languages, in-language community linkages to available and appropriate social services and public benefits, and provision of food support to increase food security ([Wong et al., 2023](#)). These issues were largely unaddressed by local, state, and national leaders in the COVID-19 emergency response efforts. This report highlights the needs of the Asian American communities in the Atlanta metropolitan area during the COVID-19 pandemic that required equitable and sustained support and resources to bolster current and post COVID-19 pandemic response and relief efforts.

Our recommendations for Asian American communities in the Atlanta metropolitan area are to:

Immediate

1. Prioritize COVID-19 outreach, vaccine and booster shot access among Asian American subpopulations – particularly those with lower vaccination uptake at the time of this survey (i.e., Taiwanese adults).
2. Couple COVID-19 relief and recovery dollars with other support services, to address food, housing, and unemployment needs.
3. Prioritize group specific language justice strategies, by:
 - Developing COVID-19 messaging culturally and linguistically appropriate for Pacific Islander communities, which can be disseminated through social media and family/friends.
 - Prioritizing translation of websites with COVID-19 information in Asian languages.

Longer-term

1. Earmark funds to sustain infrastructure within community-based organizations for provision of in-language support related to COVID-19 testing and vaccination; expand enrollment navigation for public benefits support;

provide culturally appropriate legal and mental health resources for victims of hate incidents; and to support in-language survey data collection.

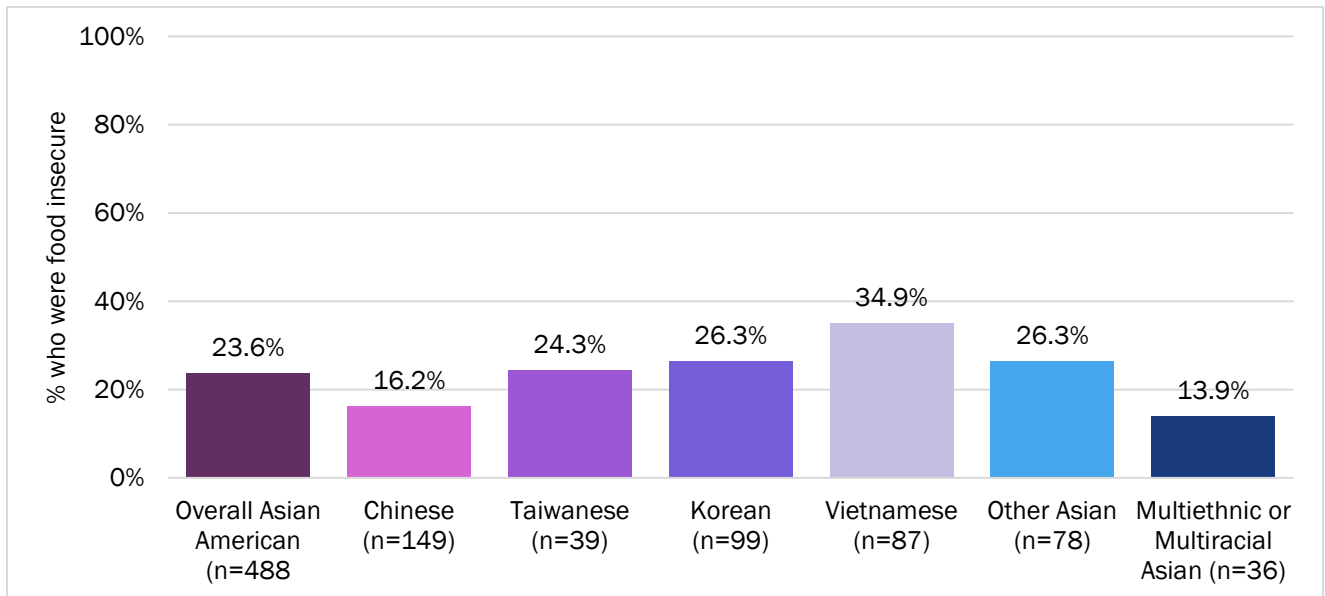
2. Improve primary data collection efforts of city and state entities to better represent Asian American such that data on Asian American communities need not rely largely on academic and grassroots efforts to be able to gather, access, or use data.
3. Support efforts that provide disaggregated data on Asian Americans ethnic subgroups.

Food Hardships and Access to Food

Food Insecurity

Food insecure was defined as answering ‘often true’ or ‘sometimes true’ to either of the following statements: 1) “I/We worried whether my/our food would run out before I/we got money to buy more” and 2) “The food I/we bought just didn’t last, and I/we didn’t have money to get more.” Was that often, sometimes, or never true for you in the last 12 months? Among Asian American participants, 34.9% of Vietnamese, 26.3% of Korean, and 26.3% of Other Asian were food insecure in the last 12 months (**Figure 1**).

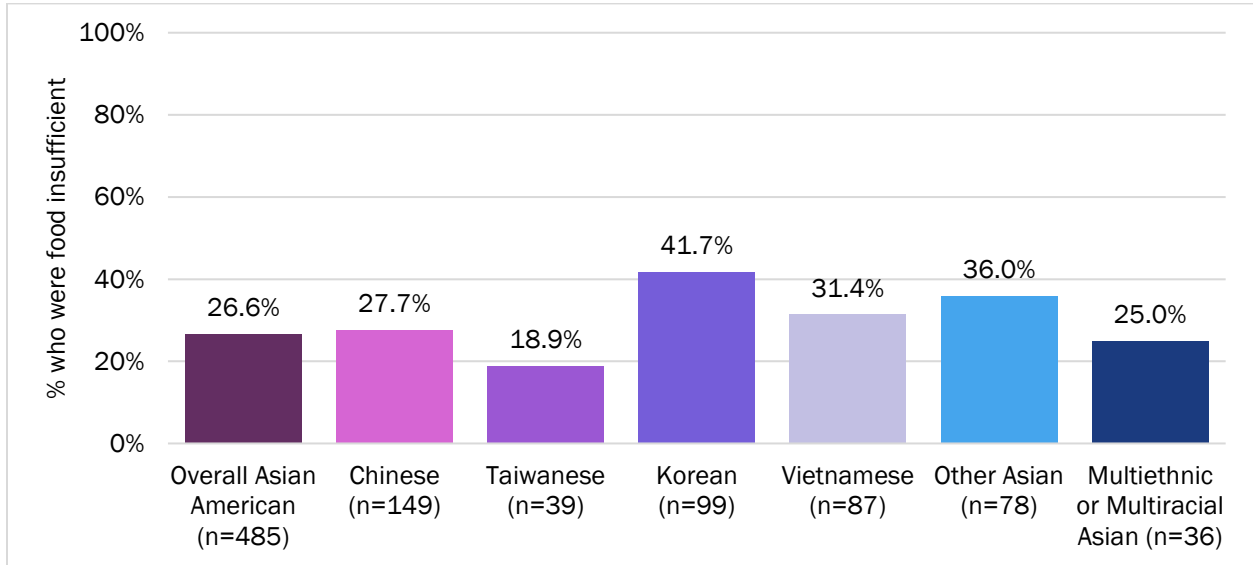
Figure 1. Food insecure in the last 12 months among Asian American participants (n=488)



Food Insufficiency

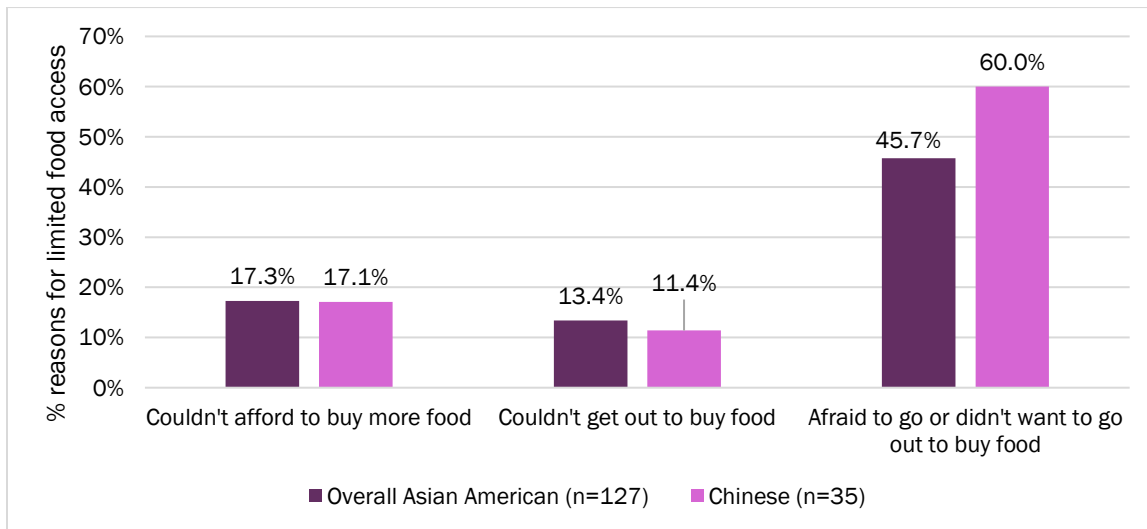
There were significant food affordability and access challenges because of the COVID-19 pandemic. Food insufficiency was defined as “sometimes not enough to eat,” “often not enough to eat” or “enough but not always the kinds of foods I/we wanted to eat” to the question: In the last 7 days, which of these statements best describes the food eaten in your household? Food insufficiency affected 26.6% of Asian American participants in the sample. By ethnic subgroup, 41.7% of Korean participants experienced food insufficiency in the past week, followed by 36.0% of Other Asians, 31.4% of Vietnamese, 27.7% of Chinese, 25.0% of Multiethnic or Multiracial Asians, and 18.9% of Taiwanese participants (**Figure 2**).

Figure 2. Food insufficiency in the last 7 days among Asian American participants (n=485)



Among Asian American participants who experienced food insufficiency (n=127), perceived barriers included: afraid or did not want to go out to buy food (45.7%), couldn't afford to buy more food (17.3%), and couldn't get out to buy food (13.4%). Among Chinese participants who experienced food insufficiency (n=35), perceived barriers included: afraid or did not want to go out to buy food (60.0%), couldn't afford to buy more food (17.1%), and couldn't get out to buy more food (11.4%) (Figure 3).

Figure 3. Perceived reasons for food insufficiency among Asian American participants (n=121)



Note: Perceived reasons for insufficient food are not presented for other Asian American subgroups because of the small sample who were food insufficient (n<35).

Food Access Recommendations

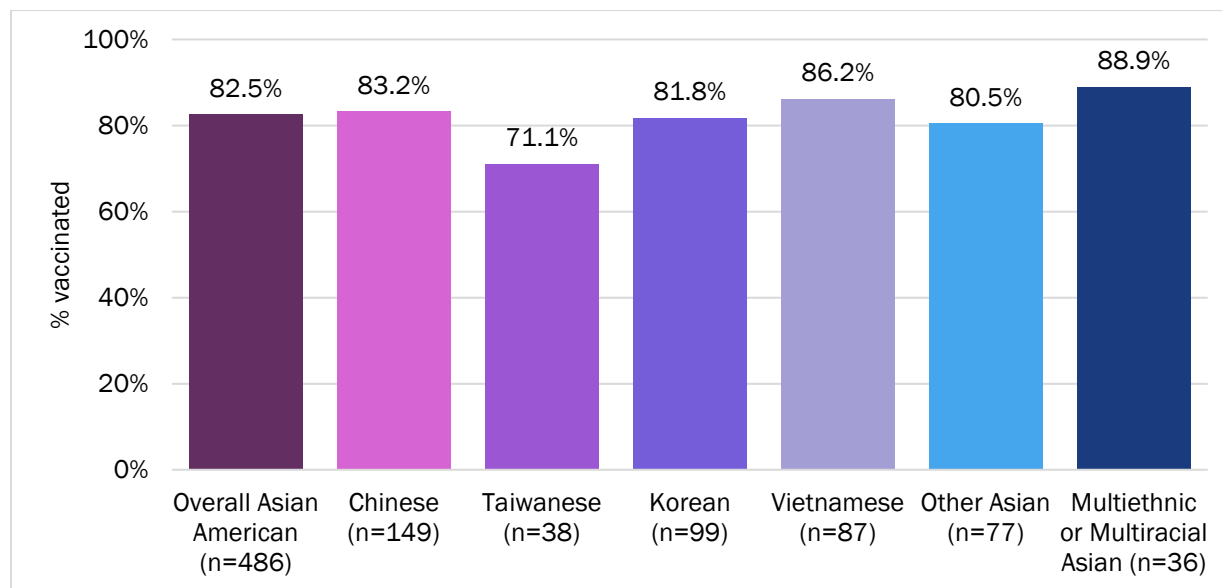
- Couple COVID-19 relief and recovery dollars with other support services, to address food, housing, and unemployment needs.
- Connect food insecure individuals to food pantries and food banks, particularly those with in-language support and/or culturally appropriate foods, to ensure communities have adequate food to meet dietary needs.
- Expand funding to hire and support bilingual staff at community-based organizations who are already providing culturally and linguistically relevant community outreach and food assistance.
- Prioritize infrastructure supporting food access programs that provide delivery options and/or to introduce home delivery, given the fear of going out to get food and rise in anti-Asian violence around the country.

COVID-19 Vaccination and Vaccine Hesitancy

COVID-19 Vaccination Uptake

Vaccination is defined as receiving at least one dose of the COVID-19 vaccine. At the time of our survey in 2021, 88.9% of Multiethnic/Multiracial Asian, 86.2% of Vietnamese, 83.2% of Chinese, 81.8% of Korean, 80.5% of Other Asian, and 71.1% of Taiwanese participants were vaccinated (high COVID-19 vaccination uptake) (Figure 4).

Figure 4. COVID-19 Vaccination uptake among Asian American participants (n=486)



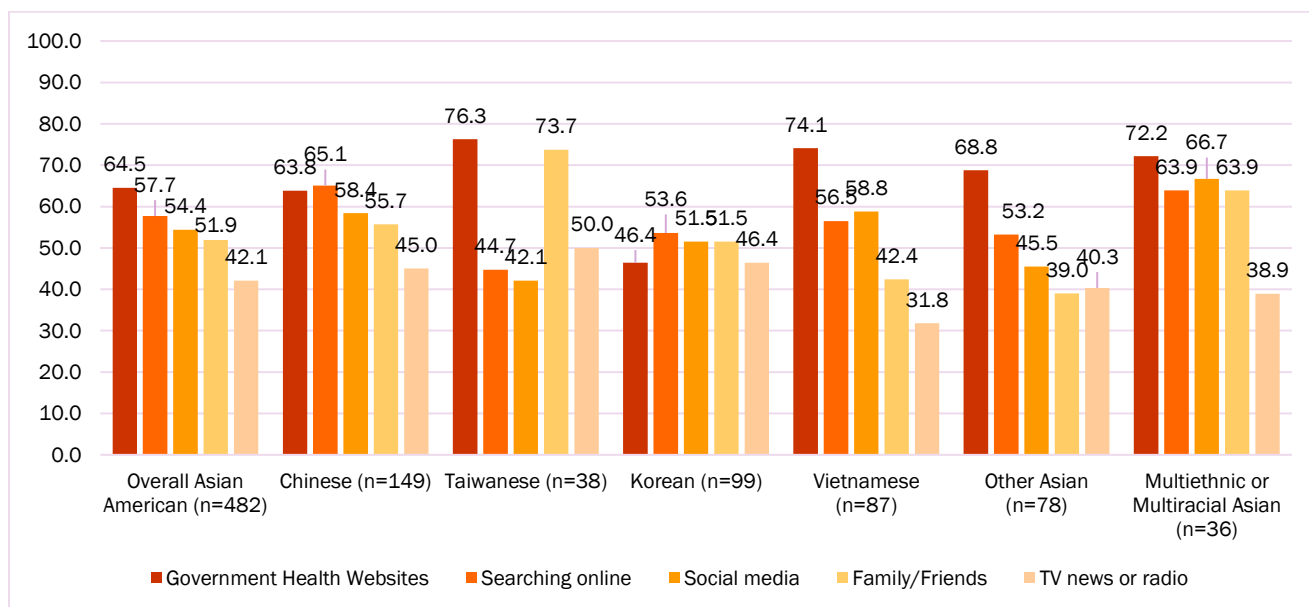
COVID-19 Vaccine Hesitancy

Vaccine hesitant is defined as individuals who were ‘very unlikely,’ ‘somewhat unlikely,’ or ‘unsure’ about getting the COVID-19 vaccine among unvaccinated participants. There was low COVID-19 vaccine hesitancy. Among unvaccinated Asian American participants (n=85), 30.6% were vaccine hesitant. Unvaccinated Asian American subgroups were too small to examine individually (n<35).

Main Information Sources

The top COVID-19 information sources varied by Asian American subgroup (Figure 5). Government health websites ranked in the top three for all Asian American subgroups, and social media ranked in the top three for Chinese, Korean, Vietnamese, Other Asian, and Multiethnic or Multiracial Asian subgroups. Tailored, targeted communication efforts might improve outreach and dissemination of COVID-19 public health guidance and information to these communities.

Figure 5. Top information sources for the COVID-19 pandemic among Asian American participants (n=482)



NOTES FROM THE COMMUNITY

My father isn't against vaccines, but he just feels that he doesn't really need them. My sister and I kept asking him to please get the COVID vaccine, but he refused because he just didn't feel like it. In Vietnam, my family member had a close call with COVID, just barely surviving. This scared my dad, and my sister cried and begged him to get the vaccine. Once my dad saw my sister cry, that's when he told us to take him to get the vaccine. I am happy that my dad chose to get vaccinated because I want him to be safe.

— COMMUNITY HEALTH WORKER AT CPACS

Vaccination-Related Recommendations

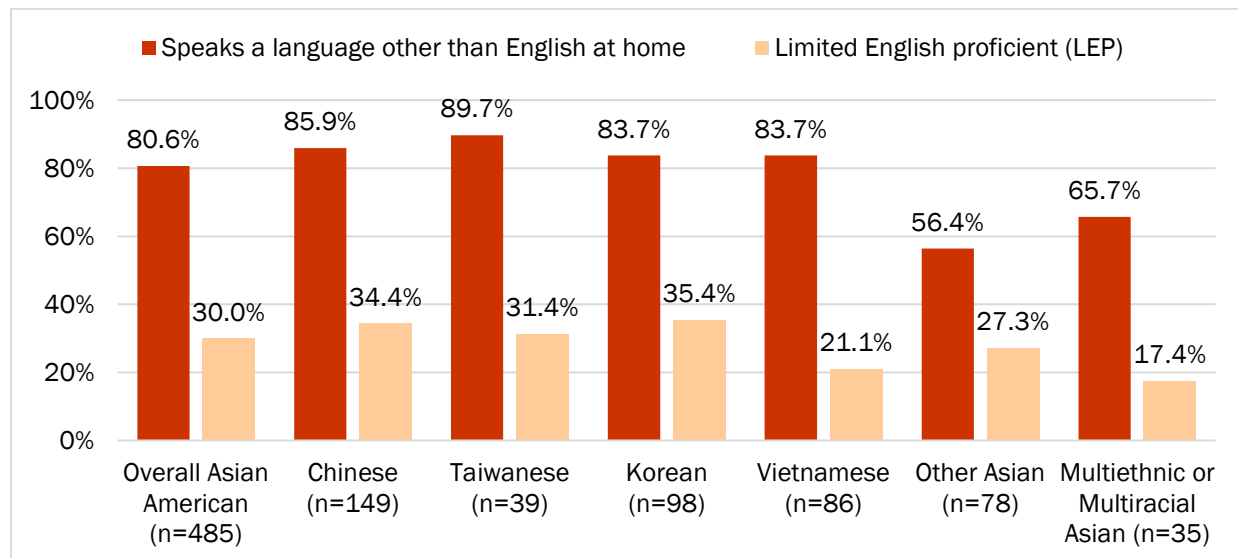
- Continue efforts to increase outreach and increase access to vaccinations and related booster shots for all Asian American groups, particularly among high-risk populations, like older adults and children.
- Partner with trusted Asian American community leaders and community-based organizations to prepare more effective outreach approaches and to disseminate critical vaccination information and resources more efficiently.
- 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 close collaboration with trusted community leaders and community-based organizations at frequented locations (e.g., community centers) of Asian American communities to increase accessibility and uptake.
- Provide translated materials and on-site interpreters, bilingual staff, or community health workers to make vaccinations more accessible across the community.

Language Access

Insufficient language access creates significant barriers to accessing health and mental health care resources and COVID-19 relief and recovery benefits in the short-term and has negative, long-term implications for health and well-being. COVID-19 relief and recovery efforts cannot be equitable without timely access to public health guidance and information in peoples’ preferred languages (including written text and audio).

Asian American adults face persistent language barriers. Among Asian American participants, 80.6% of overall Asian Americans, 85.9% of Chinese, 89.7% of Taiwanese, 83.7% of Korean, 83.7% of Vietnamese, 56.4% of Other Asians, and 65.7% of Multiethnic or Multiracial Asians spoke a language other than English at home. Among participants who spoke a language other than English at home, 35.4% of Koreans, 34.4% of Chinese, 31.4% of Taiwanese, 27.3% of other Asians, and 21% of Vietnamese spoke English less than very well (in other words, they were limited English proficient [LEP]) (Figure 6).

Figure 6. Language spoken at home and limited English proficiency by Asian American racial/ethnic groups (n=485)



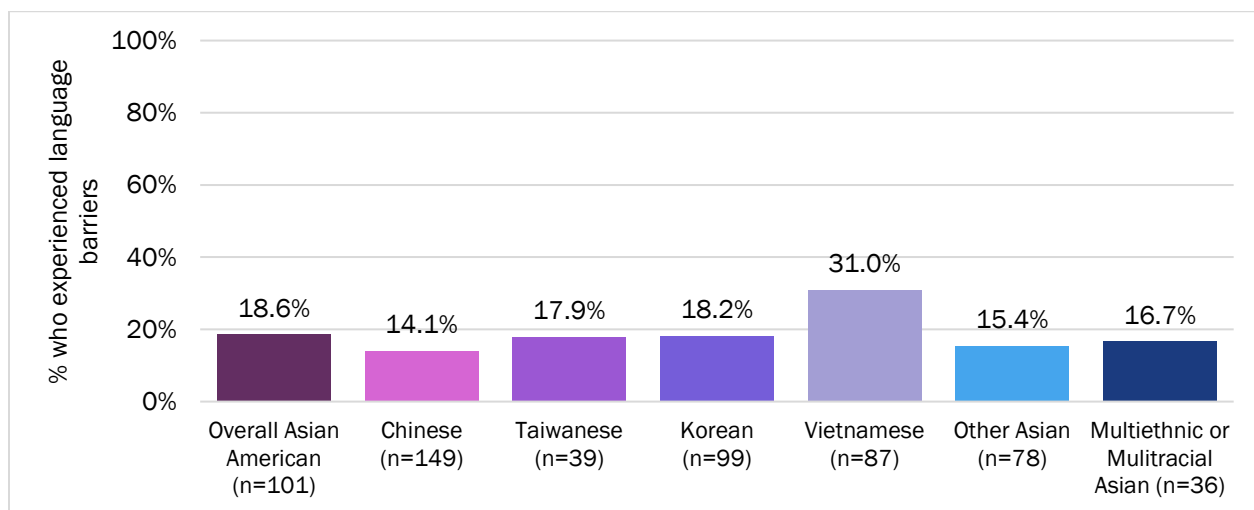
Note: LEP is defined as speaking English less than very well among individuals who speak a language other than English at home. Multiethnic or Multiracial Asian subgroup was too small to examine individually for LEP (n<35).

Language access is particularly critical for individuals during public health emergencies and who are not fluent in English. Language barriers related to health care access were a challenge for 31.0% of Vietnamese, 18.2% of Korean, 17.9% of Taiwanese, 16.7% of

Multiethnic or Multiracial Asian, 15.4% of Other Asians, and 14.1% of Chinese participants or their families during the COVID-19 pandemic (**Figure 7**).

Among overall Asian participants experiencing language barriers when accessing health care (n=83), the top barriers included: unable to get materials or information in preferred language (45.8%), unable to access an interpreter (41.0%), difficulty with telehealth tools (39.8%), and long wait-times for an interpreter (18.1%). Subgroups were too small to examine individually for language access barriers (n<35).

Figure 7. Experienced language barriers when accessing health care during the COVID-19 pandemic by Asian American racial/ethnic groups (n=488)



NOTES FROM THE COMMUNITY

My stepdad has had trouble with learning English for many years. He knows some, but my mom has to translate/interpret for him most of the time. He started going to English classes, but he left after the classes weren't following CDC guidelines once the COVID-19 pandemic started.

– COMMUNITY MEMBER AT CPACS

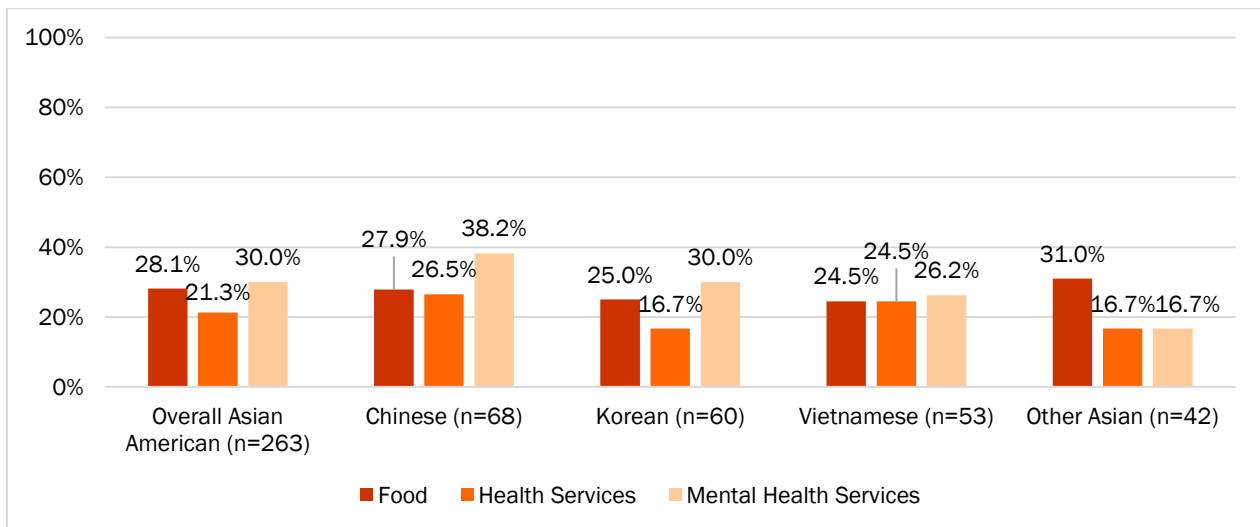
Language Access Recommendations

- Prioritize tangible support to offer in-language community-facing services and resources.
- Provide funding to community-based organizations who are already providing services in community members' preferred languages with staff fluent in those 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 Pacific Islander and Asian American communities
- Tailor messages to respond to the distinct concerns of Pacific Islander and Asian American ethnic groups, and ensure COVID-19 messaging and communication are targeting community members in their preferred language and communication platforms.

Economic Impact

During the COVID-19 pandemic, 56% of Asian Americans reported needing assistance. Food, health services, and mental health services were the top cited needs. Among individuals needing help, food help ranged from 24.5% among Vietnamese participants to 31.0% among Other Asian participants; health services help ranged from 16.7% among Koreans and Other Asian participants to 26.5% among Chinese participants; and mental health services help ranged from 16.7% among Other Asian participants to 38.2% among Chinese participants (**Figure 8**).

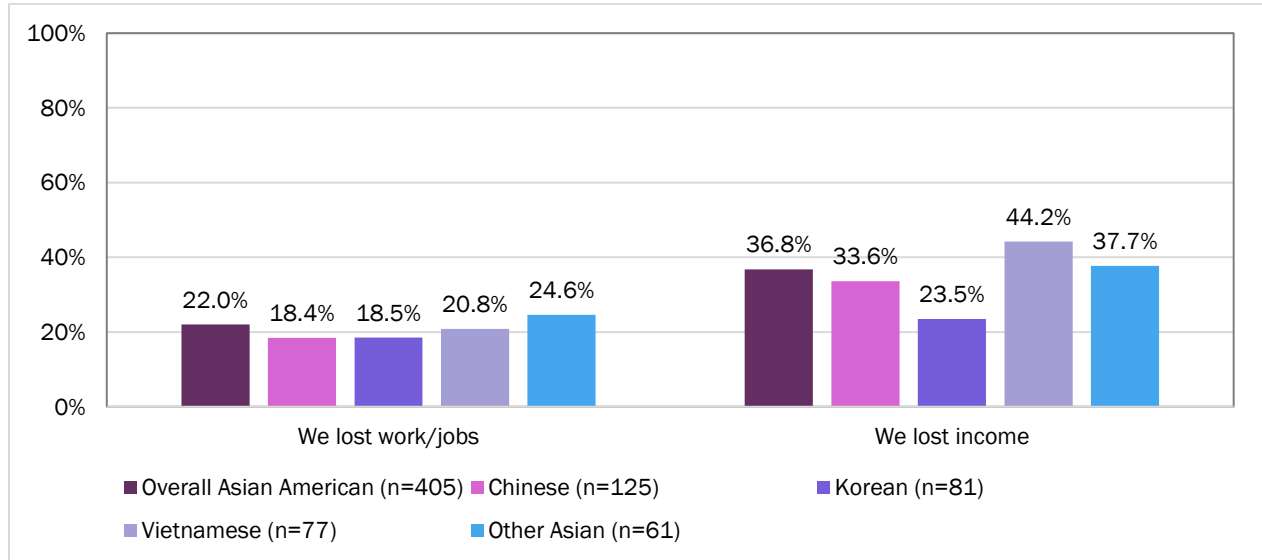
Figure 8. Main types of help needed during the COVID-19 pandemic among Asian participants needing help (n=263)



Note: Taiwanese and Multiethnic or Multiracial Asian subgroups were too small to examine individually (n<35)

In the sample, 83.0% of Asian American participants reported that the COVID-19 pandemic impacted their family’s life. Among Asian American participants who were impacted, 18.4% of Chinese, 18.5% of Korean, 20.8% of Vietnamese, and 24.6% among Other Asian participants reported losing work/jobs. Additionally among Asian American participants who were impacted, 23.5% among Korean, 33.6% of Chinese, 37.7% of Other Asian, and 44.2% of Vietnamese participants reported losing income (**Figure 9**).

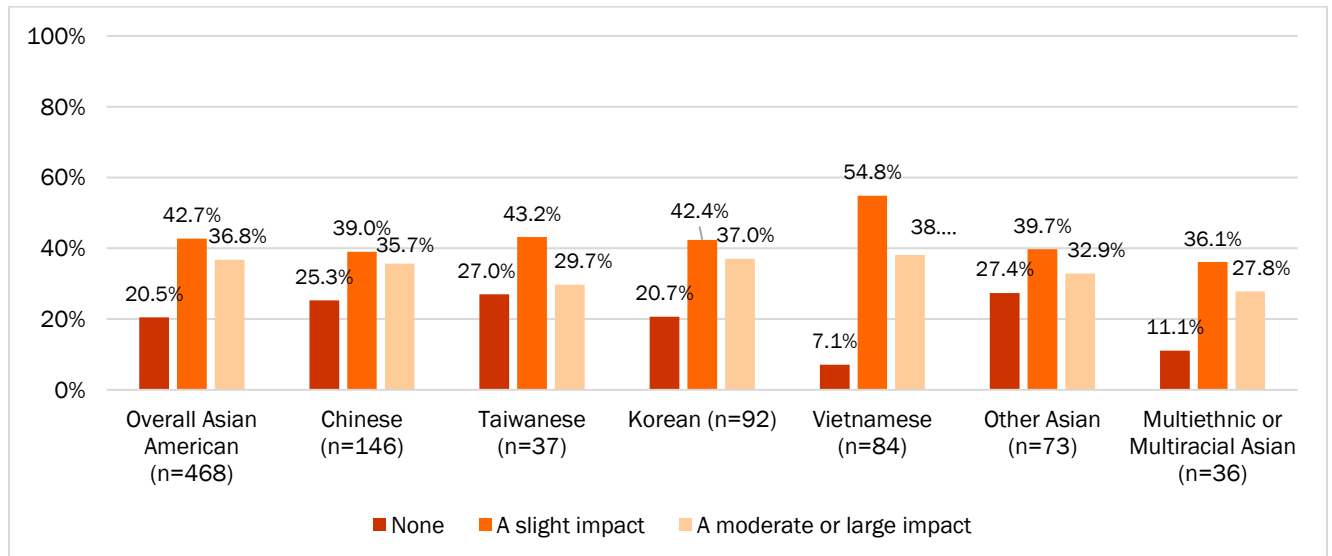
Figure 9. Lost work or lost income among Asian American participants reporting that the COVID-19 pandemic impacted their family’s life (n=405)



Note: Taiwanese and Multiethnic/Multiracial subgroups were too small to examine individually (n<35).

In the sample, 36.8% of Asian American participants reported that the pandemic had a moderate or large impact on their financial situation or their family’s financial situation; 38.1% of Vietnamese, 37.0% of Korean, 35.7% of Chinese, 32.9% of Other Asians, 29.7% of Taiwanese, and 27.8% of Multiethnic or Multiracial Asian participants reported that there was a moderate or large financial impact (Figure 10).

Figure 10. Financial impact of the pandemic among Asian American participants (n=468)



NOTES FROM THE COMMUNITY

My grandfather passed away because of COVID, and this caused a lot of stress in our family. Because of his death, we took COVID much more seriously. I work in health, so I made sure we wore masks, socially distanced, and when the vaccine became available, my whole family was 100% on board with getting it.

– COMMUNITY HEALTH WORKER AT CPACS

Economic- Related Recommendations

- Provide in-language resource and economic benefits navigation support to communities in order to ensure access to and enrollment in 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 Pacific Islander and Asian languages and widely disseminate information to trusted Pacific Islander and Asian American community leaders and community-based organizations to ensure this information is well-shared within these communities.

Survey Methods

The Regional CHRNA – Atlanta, GA survey instrument and administration processes were collaboratively planned and developed with partnering community-based organizations and was administered May 7 to December 31, 2021. This cross-sectional survey that was conducted online and in-person with trained community staff and offered in English, Traditional Chinese, Simplified Chinese, Korean, and Burmese. The majority of participants completed the survey in English (91.3%), followed by Korean (4.0%), Simplified Chinese (3.0%), Traditional Chinese (1.4%), and Burmese (0.2%).

The Regional CHRNA – Atlanta, GA is a community-based sample consisting of 7 Native Hawaiians and Pacific Islanders (NH/PIs) and 488 Asian Americans (including 149 Chinese, 39 Taiwanese, 99 Korean, 87 Vietnamese, 78 Other Asians, and 36 Multiethnic or Multiracial Asians who: were 18 years or older; self-identified as NH/PI or Asian American; and who lived in the Atlanta metropolitan area. Other Asian includes individuals who self-identified as Asian Indian, Bangladeshi, Burmese, Cambodian, Filipino, Hmong, Indonesian, Japanese, Laotian, Malaysian, Nepali, Thai, and unspecified South Asian. Multiethnic/Multiracial Asian includes individuals identifying as more than one Asian subgroup or racial group. The 7 NH/PI individuals were not included in the analysis.

Results from the Regional CHRNA – Atlanta, GA may not be representative of the Asian American communities in the Atlanta metropolitan area or nationally. However, by leveraging the breadth and depth of trusted community partners, we were able to reach historically unrepresented NH/PI and Asian American ethnic groups, collect information on the COVID-19 pandemic, and relay this information back to community partners and public health professionals to inform COVID-19 pandemic-related and broader health promotion efforts. The community-engaged research process and shared practices that arose from this partnership are detailed [here](#).

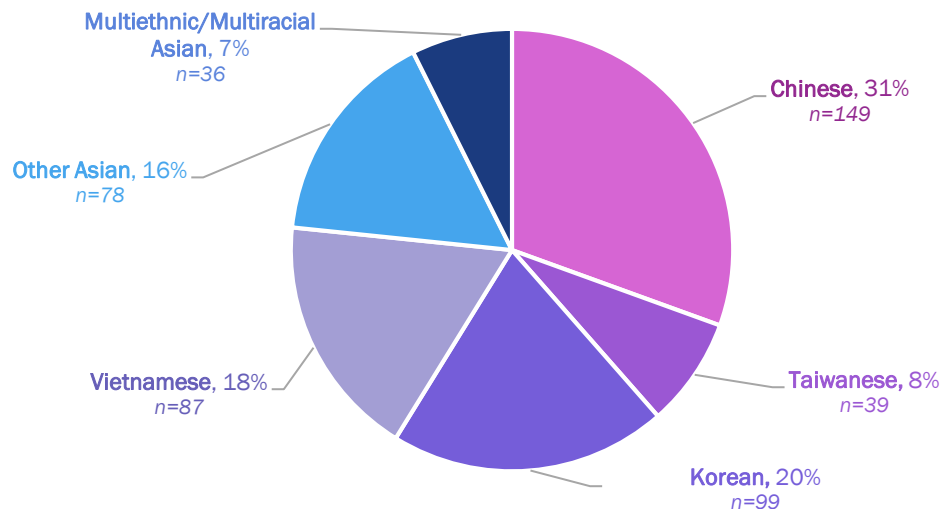
Participant Demographics

The majority of Asian Americans were younger (67.6% were 18 to 34 years) and middle-aged (20.0% were 35 to 54 years); 67.1% were female; 2.7% had less than a high school education, while 67.9% had a college education or higher; and 28.9% had an annual household income less than \$50,000, while 18.5% did not know or report their income. Nearly half (48.1%) of Asian American adults were born outside of the US, and of these, 89.5% had lived in the US for 10 or more years. A total of 80.6% spoke a language other than English at home, and 30.0% of these individuals were limited English proficient (LEP). Asian American adults had a median household size of 3 people, with the 41.0% reporting at least 2 generations living in their household, and 33.7% reported an adult essential worker in their household.

By Asian American ethnic group (**Figure 11**), the Multiethnic/Multiracial and Vietnamese samples were youngest (88.6% and 84.7% were 18 to 34 years old, respectively). Koreans and Chinese reported the greatest LEP (35.4% and 34.4%, respectively), while Multiethnic/Multiracial Asians and Other Asians had more adult essential workers in the household (44.4% and 37.3%, respectively).

Table 1 provides Regional CHRNA – Atlanta, GA participant demographics by Asian American racial/ethnic group (n=488).

Figure 11. Asian American racial/ethnic group distribution among Regional CHRNA – Atlanta, GA participants (n=488).



Note: Other Asian includes individuals who self-identified as Asian Indian, Bangladeshi, Burmese, Cambodian, Filipino, Hmong, Indonesian, Japanese, Laotian, Malaysian, Nepali, and Thai.

Table 1. Participant Demographics by Asian American racial/ethnic group (n=488)

Characteristic, %	Overall Asian (n=488)	Chinese (n=149)	Taiwanese (n=39)	Korean (n=99)	Vietnamese (n=87)	Other Asian (n=78)	Multietnic/Multiracial Asian (n=36)
Age group, %							
18 to 34 years	67.6	58.5	55.6	62.1	84.7	68.8	88.6
35 to 54 years	20.0	23.8	19.4	21.1	10.6	28.6	5.7
≥55 years	12.4	17.7	25.0	16.8	4.7	2.6	5.7
Gender, %							
Male	67.1	68.5	69.2	65.3	64.0	59.2	88.9
Female	31.6	29.6	30.8	34.7	34.9	38.2	11.1
Other	1.3	1.9	0.0	0.0	1.2	2.6	0.0
Education, %							
Less than high school	2.7	6.2	0.0	0.0	2.3	1.3	2.8
High school graduate	6.6	6.2	5.1	10.1	5.8	3.9	8.3
Some college	22.8	23.4	28.2	18.2	25.6	15.6	36.1
College or more	67.9	66.2	66.7	71.7	66.2	79.2	52.8
Income, %							
<\$25,000	10.5	10.7	17.9	8.1	9.2	7.7	16.7
\$25,000 - <\$50,000	18.4	18.8	17.9	11.1	25.3	23.1	11.1
\$50,000 - <\$75,000	18.4	16.8	5.1	25.3	25.3	14.1	13.9
≥ \$75,000	34.2	38.3	43.6	33.3	25.3	34.6	30.6
Missing/Don't know	18.5	15.4	15.4	22.3	14.9	20.5	27.8
Born outside the US, %	48.1	58.4	48.7	54.4	34.9	49.4	16.7
Speaks a language other than English at home, %	80.6	85.9	89.7	83.7	83.7	56.4	65.7
Limited English proficient, %	30.0	34.4	31.4	35.4	21.1	27.3	17.4
Speaks English well	22.7	24.2	20.0	25.6	19.7	25.0	13.0
Speaks English not well	5.5	6.3	5.7	9.8	1.4	2.3	4.3
Speaks English not at all	1.8	3.9	5.7	0.0	0.0	0.0	0.0
Household Size, Median	3.0	4.0	2.0	3.0	3.0	4.0	3.0
Generations in household							
1	59.0	29.7	32.4	31.5	35.7	37.3	44.4
2	34.0	66.2	67.6	64.1	60.7	57.3	55.6
3	7.0	4.1	0.0	4.3	3.6	5.3	0.0
Adult Essential Worker in Household, %	33.7	29.7	32.4	31.5	35.7	37.3	44.4

Report Information

Acknowledgments

The Regional CHRNA – Atlanta, GA was a collaborative community survey effort developed, implemented, and conducted by a dynamic partnership between:

- Center for Pan Asian Community Services, Inc. (CPACS),
- NYU Center for the Study of Asian American Health (CSAAH),
- In partnership with a network of local Atlanta, GA community advocates and volunteers.

Funding

This project was supported by the National Institutes of Health (NIH) National Institute on Minority Health and Health Disparities (NIMHD) U54MD000538; National Heart, Lung, Blood Institute (NHLBI) Community Engagement Alliance (CEAL) Non-Federal 10T2HL156812-01, Westat Sub-OTA No: 6793-02-S013; and U.S. Department of Health & Human Services, Centers for Disease Control and Prevention (CDC) NU38OT2020001477, CFDA number 93.421 and 1NH23IP922639-01-00, CFDA number 93.185.

About NYU CSAAH

The Center for the Study of Asian American Health (CSAAH) at NYU Langone Health is a National Institutes of Health (NIH) National Institute on Minority Health and Health Disparities (NIMHD)–funded Specialized Center of Excellence based in NYU Langone’s Section for Health Equity. Established in 2003, CSAAH is focused on community-engaged research and investigator development programs to advance health equity among Asian American communities in the United States (US). CSAAH works closely with national and local organizations serving Asian American, as well as Native Hawaiian/Pacific Islander (NH/PI) communities to support coordinated research policy and dissemination activities, such as advancing disaggregated racial/ethnic data collection.

About Center for Pan Asian Community Services

The Center for Pan Asian Community Services, Inc. (CPACS) is a nonprofit organization located in Atlanta, GA. Established as the first and largest Asian and Pacific Islander health and human service agency in the Southeast region. CPACS has been providing its core group of services to immigrant and refugee families in Georgia since 1980, with the mission to promote self-sufficiency and equity for immigrants, refugees, and the underprivileged through comprehensive health and social services, capacity building, and advocacy. CPACS staff and volunteers serve over 79,500 clients a year and has the ability to speak over 17 different languages, both Asian and non-Asian.

Icons

Icons used in this report are from MBCR, little_dipper_studio, NAPISAH, and Zunli Pebruansyah via The Noun Project.

Suggested Citation

Đoàn LN, Wyatt LC, Wong JA, Gutlay, A, Kawpunna, H, Wu S, Kwon SC, Yi SS. (2022). Regional Community Health Resources and Needs Assessment (CHRNA): Atlanta, Georgia Community Report on COVID-19 Impacts. <https://aanhpihealth.org/resource/regional-chna/>

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