

REGIONAL COMMUNITY HEALTH RESOURCES  
AND NEEDS ASSESSMENT (CHRNA)

# Phoenix, Arizona, Community Report on COVID-19 Impacts

5/7/21 TO 12/31/21



## Executive Summary

The Regional Community Health Resources and Needs Assessment (CHRNA) – Phoenix, Arizona (n=195) was implemented to understand the health priorities, concerns, beliefs and behaviors, and access to healthcare and resources of the Pacific Islander and Asian American communities in the Phoenix metropolitan area. This report covers the impact of the COVID-19 pandemic on Pacific Islander and Asian American communities in the Phoenix 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 – Phoenix, AZ 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 – Phoenix, AZ 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 Pacific Islander and Asian American ethnic groups. This cross-sectional survey was mainly conducted online and in-person with trained community staff and was offered in English, Samoan, Tagalog, Tongan, and Vietnamese. A. This community-based sample includes 102 Pacific Islander and 93 Asian American individuals. Disaggregated data are presented for ethnic subgroups that had a statistically large enough sample size ( $n \geq 35$  individuals); this included two Pacific Islander ethnic subgroups: Marshallese (n=51) and Other Pacific Islander (n=51), and two Asian American ethnic subgroups: Vietnamese (n=36) and Other Asian (n=57). The Other Pacific Islander group includes individuals who self-identified as Carolinian, Chamorro, Chuukese, Palauan, Samoan, and unspecified Micronesian. The Other Asian group includes individuals who self-identified as Asian Indian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, and multiethnic Asian. More information about the Regional CHRNA – Phoenix, AZ sample demographics and methods are on pages 19-22.

The unintended consequences of current data collection and reporting practices are that the social needs of Native Hawaiian/Pacific Islander (NH/PI) and Asian American communities stay invisible ([Morey et al., 2022](#); [Chang et al., 2020](#)). Many population-based surveys prior to and during the COVID-19 pandemic have not disaggregated NH/PI and 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 NH/PI and Asian American ethnic groups in a geographic region and may only include NH/PI and 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 the Pacific Islander and Asian American communities in the Phoenix metropolitan area, with more detailed findings for each topic beginning on page 7.

### Food Hardships and Access to Food

- Food insecurity affected 58.0% of Pacific Islander and 23.9% of Asian American participants, with the highest prevalence among Marshallese (64.7%) (**Figure 1**).
- Food insufficiency affected 47.9% of Pacific Islander and 20.7% of Asian American participants, with the highest prevalence among Marshallese (56.2%) (**Figure 2**).
- Perceived reasons for insufficient food among Pacific Islander participants included: not being able to afford more food (41.3%), safety concerns (21.7%), and stores didn't have the foods they wanted (21.7%) (**Figure 3**).

### COVID-19 Vaccination and Vaccine Hesitancy

- There was low COVID-19 vaccination uptake and high vaccine hesitancy among Pacific Islander participants during this time.
- Among Pacific Islander participants, only 19.8% had received at least one dose of the COVID-19 vaccine during this time, with the lowest prevalence among Marshallese (10.0%) (**Figure 4**).
- Among unvaccinated Pacific Islander participants (n=81), 55.6% were hesitant to get the COVID-19 vaccine, with the highest prevalence among Marshallese participants (57.8%) (**Figure 5**).
- Among Asian American participants, 88.2% had received at least one dose of the COVID-19 vaccine during this time, with similar prevalence seen across Asian ethnic subgroups (**Figure 4**).
- The top three information sources for the COVID-19 pandemic among Pacific Islanders included family/friends (71%), social media (70%), and television, news, and radio (54%). The top three information sources for the COVID-19 pandemic among Asian Americans included government health websites (74%), searching for information online (72%), and social media (62%) (**Figure 6**).

### Language Access

- In the sample, 84.8% of Pacific Islander and 72.0% of Asian American participants spoke a language other than English at home. Among individuals speaking a language other than English at home, 48.2% of Pacific Islander and 34.8% of Asian American participants were limited English proficient (LEP) (**Figure 7**).

- When accessing health care, 16.8% of Pacific Islander and 18.3% of Asian American participants or their family members experienced language barriers during the COVID-19 pandemic (**Figure 8**).
- Among participants experiencing language barriers, the top barriers included: unable to access an interpreter (50.0%), unable to get materials or information in their preferred language (50.0%), long wait-times for an interpreter (43.3%), and difficulty with telehealth tools (40.0%).

## Economic Impacts

- During the COVID-19 pandemic, 70% of Pacific Islander and 56% of Asian American participants reported needing assistance. Among those needing assistance, top needs included: food, utilities, health services, and housing. Food was the most reported need: 69.8% of Pacific Islander and 55.6% of Asian American participants needed assistance with food (**Figure 9**).
- In the sample, 41.0% of Pacific Islander and 41.1% of Asian American participants reported that there were adults living in the home who are essential workers (**Table 1**).
- In the sample, 79.4% of Pacific Islander and 82.8% of Asian American participants reported that the COVID-19 pandemic impacted their family's life. Among these individuals, 38.3% of Pacific Islander adults and 23.4% of Asian American adults reported losing work or jobs, and 34.6% of Pacific Islander adults and 42.9% of Asian American adults reported losing income (**Figure 10**).
- Additionally, 39.6% of Pacific Islander and 37.4% of Asian American participants reported that the pandemic had a moderate or large impact on their financial situation or their family's financial situation (**Figure 11**).

## Overall Recommendations

Our community-based partner organizations based nationally and in AZ quickly pivoted 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. 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 Pacific Islander and Asian American communities in the Phoenix 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 Pacific Islander and Asian American communities in the Phoenix metropolitan area are to:

### Immediate

1. Prioritize COVID-19 outreach, vaccine and booster shot access among Pacific Islander and Asian American subpopulations – particularly those with low vaccination uptake at the time of this survey (i.e., Marshallese and Other Pacific Islander 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, especially Vietnamese.

### 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 support in-language survey data collection.

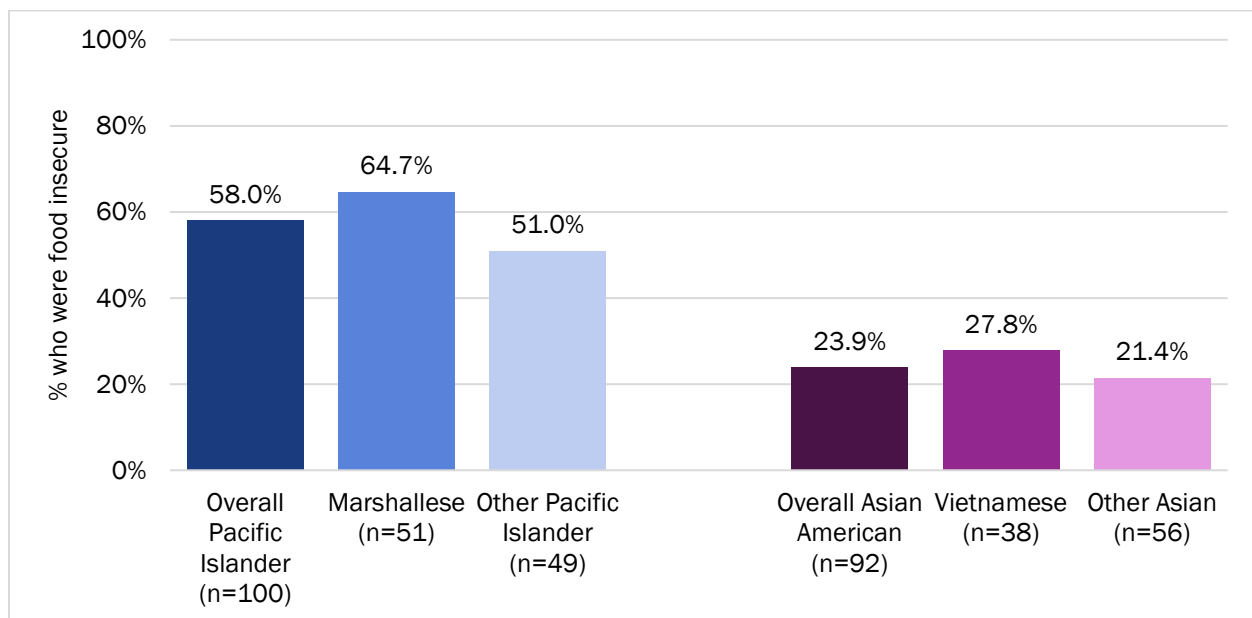
2. Improve primary data collection efforts of city and state entities to better reach NH/PI and Asian American communities such that data on NH/PI and Asian American communities need not rely largely on academic and grassroots efforts to be able to gather, access, or use data.
3. Support efforts that provide disaggregated data on NH/PI and Asian American 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 Pacific Islander participants, 64.7% of Marshallese and 51.0% of Other Pacific Islander were food insecure in the last 12 months; among Asian American participants, 27.8% of Vietnamese and 21.4% of Other Asian were food insecure in the last 12 months (Figure 1).

**Figure 1.** Food insecure in the last 12 months among Pacific Islander and Asian American participants (n=192)

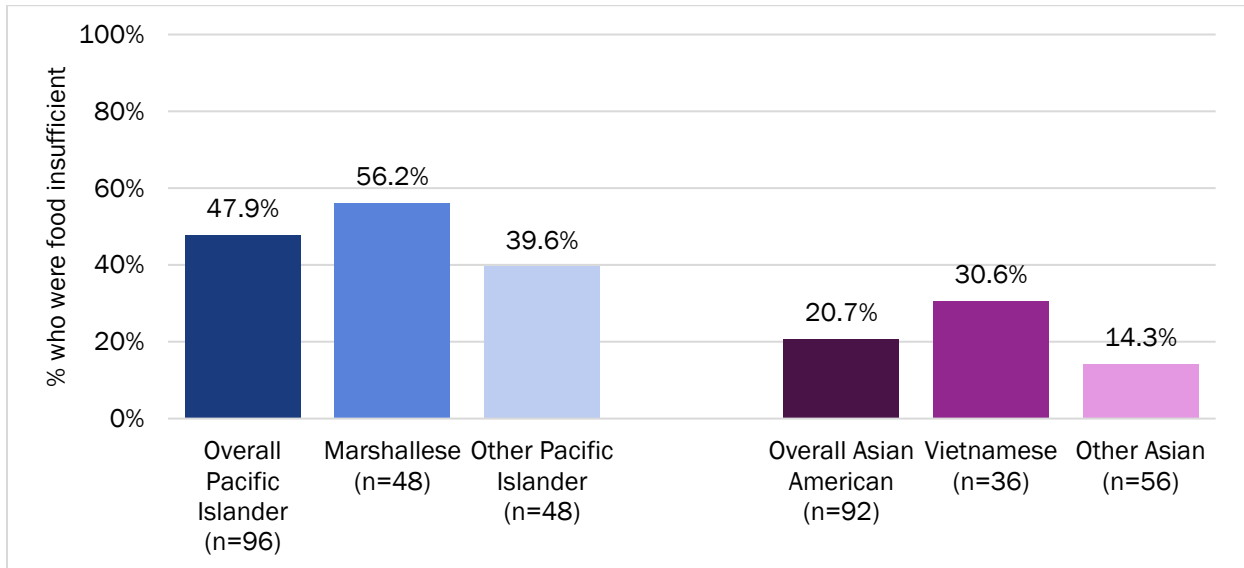


## Food Insufficiency

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 47.9% of Pacific Islander and 20.7% of Asian American participants in the sample. By ethnic subgroup, 56.2% of Marshallese participants

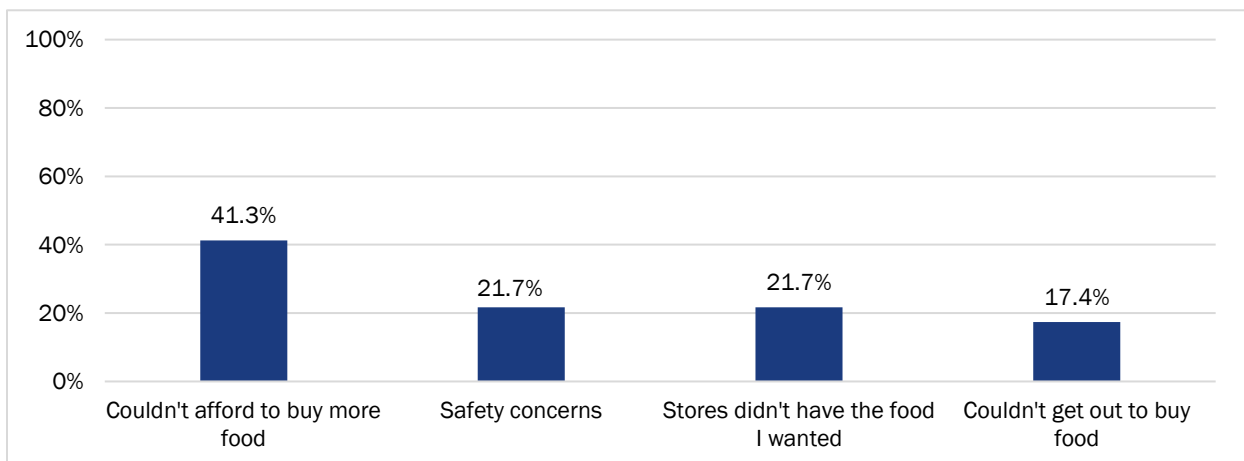
experienced food insufficiency in the past week, followed by 39.6% of Other Pacific Islander, 30.6% of Vietnamese, and 14.3% of Other Asian participants (**Figure 2**).

**Figure 2.** Food insufficiency in the last 7 days among Pacific Islander and Asian American participants (n=188)



Among overall Pacific Islander participants experiencing food insufficiency (n=46), perceived reasons included: couldn't afford to buy more food (41.3%), safety concerns (21.7%), stores didn't have the foods they wanted (21.7%), and couldn't get out to buy food (17.4%) (**Figure 3**).

**Figure 3.** Perceived reasons for food insufficiency among Pacific Islander participants (n=46)



Note: Perceived reasons for insufficient food are not presented for Asian American participants or Pacific Islander subgroup because of the small sample who were food insufficient (n<35).

## Food Access Recommendations

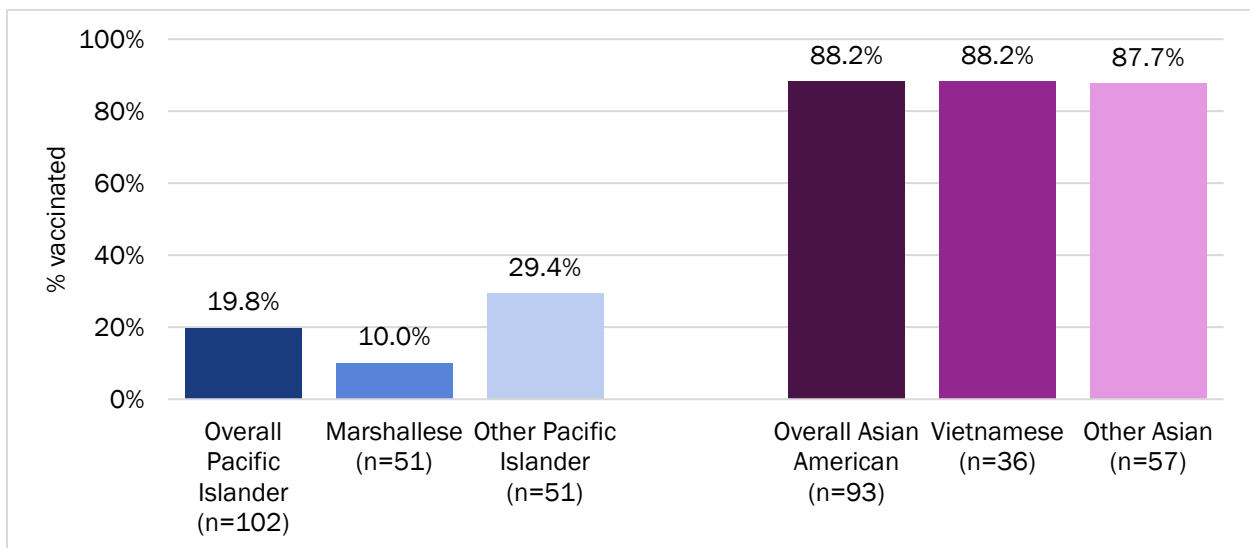
- Couple COVID-19 relief and recovery dollars with other support services, to address food, housing, and unemployment needs.
- Connect food insecure individuals to food pantries and food banks, particularly those with in-language support and/or culturally appropriate foods, to ensure communities have 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, 10% of Marshallese and 29.4% of Other Pacific Islander participants were vaccinated (low COVID-19 vaccination uptake); in contrast, 88.2% of Vietnamese and 87.7% of Other Asian participants were vaccinated (high COVID-19 vaccination uptake) (**Figure 4**).

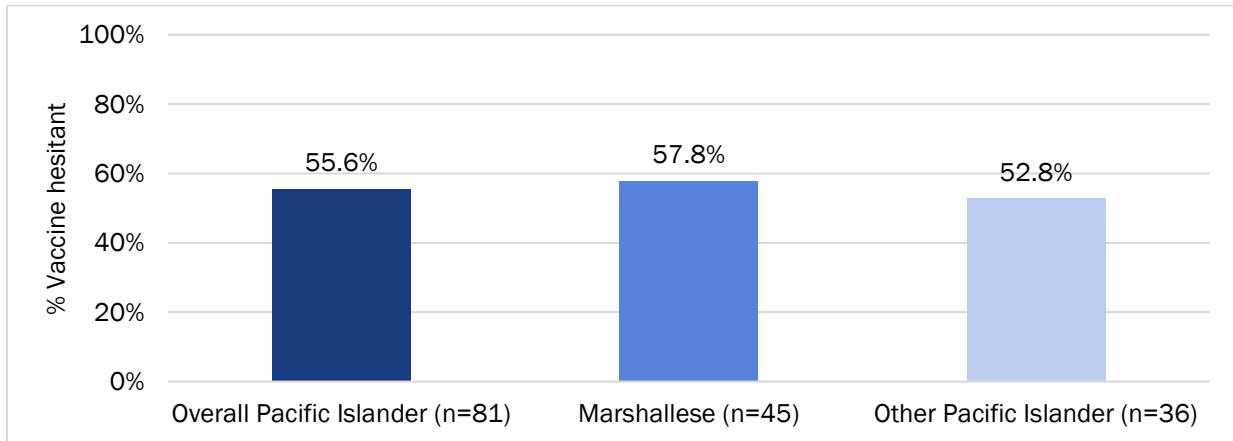
**Figure 4.** COVID-19 vaccination uptake among Pacific Islander and Asian American participants (n=195)



## 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 high COVID-19 vaccine hesitancy. Among unvaccinated Pacific Islander participants (n=81), 55.6% of overall Pacific Islander, 57.8% of Marshallese, and 52.8% of Other Pacific Islander participants were vaccine hesitant (**Figure 5**).

**Figure 5.** COVID-19 vaccine hesitancy among unvaccinated Pacific Islander participants (n=92)

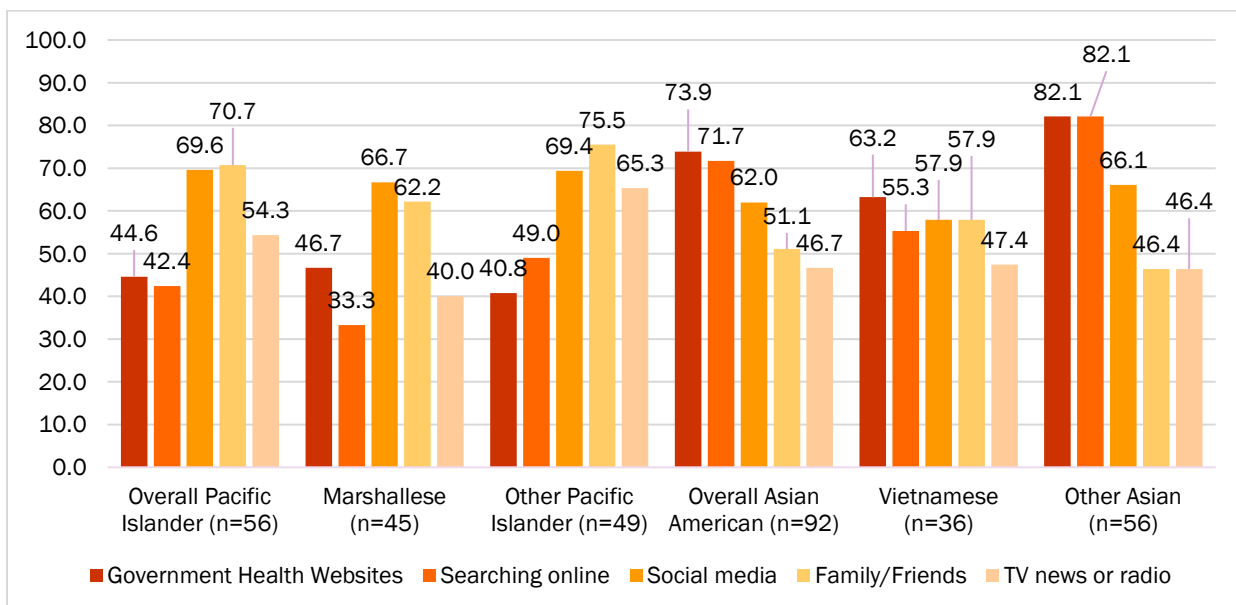


Note: Data for Asian American participants are not included because the number of unvaccinated individuals was too small (n<35) to examine vaccine hesitancy.

## Main Information Sources

The top COVID-19 information sources varied by Pacific Islander and Asian American subgroup (**Figure 6**). Social media and family/friends ranked in the top three for all Pacific Islander subgroups, while social media and government health websites ranked in the top three for all Asian American subgroups. Tailored, targeted communication efforts might improve outreach and dissemination of COVID-19 public health guidance and information to these communities.

**Figure 6.** Top information sources for the COVID-19 pandemic among Pacific Islander and Asian American participants (n=186)



## **Vaccination-Related Recommendations**

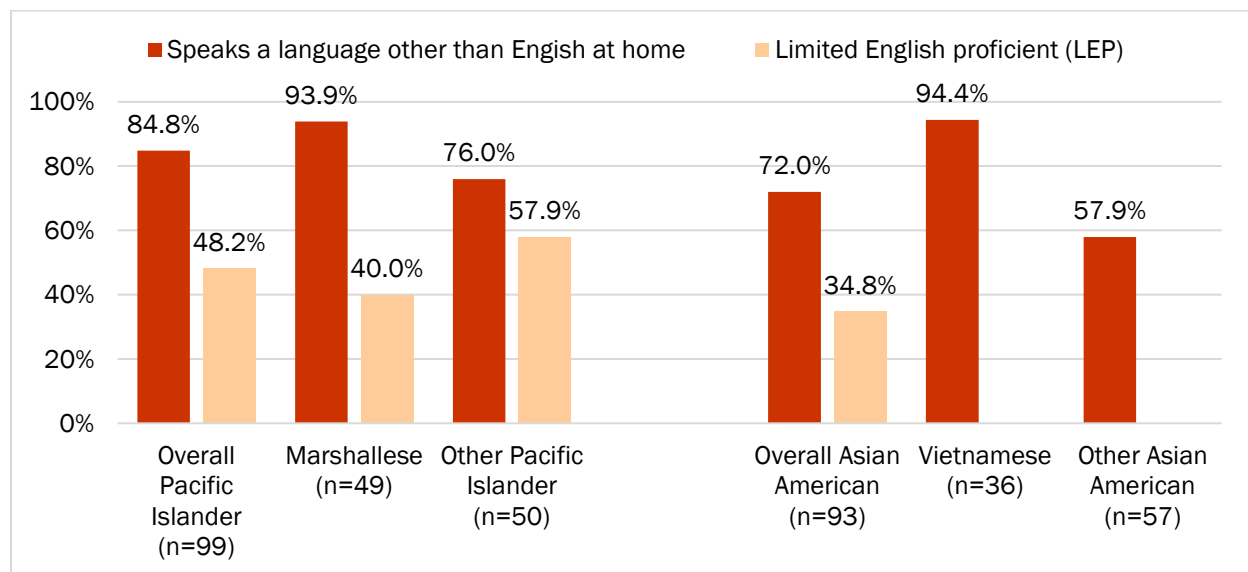
- Continue efforts to increase outreach and increase access to vaccinations and related booster shots for all Pacific Islander and Asian American groups, particularly among high-risk populations, like older adults and children.
- Partner with trusted Pacific Islander and Asian American community leaders 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 Pacific Islander and 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 Pacific Islander and 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).

Pacific Islander and Asian American adults face persistent language barriers. Among Pacific Islander participants, 84.8% of overall Pacific Islanders, 93.9% of Marshallese, and 76.0% of Other Pacific Islanders spoke a language other than English at home. Among Asian American participants, 72.0% of overall Asian Americans, 94.4% of Vietnamese, and 57.9% of Other Asian Americans spoke a language other than English at home. Among those speaking a language other than English at home, 40.0% of Marshallese and 57.9% of Other Pacific Islander participants spoke English less than very well (in other words, they were limited English proficient (LEP)) (Figure 7).

**Figure 7.** Language spoken at home and limited English proficiency among Pacific Islander and Asian participants (n=192)



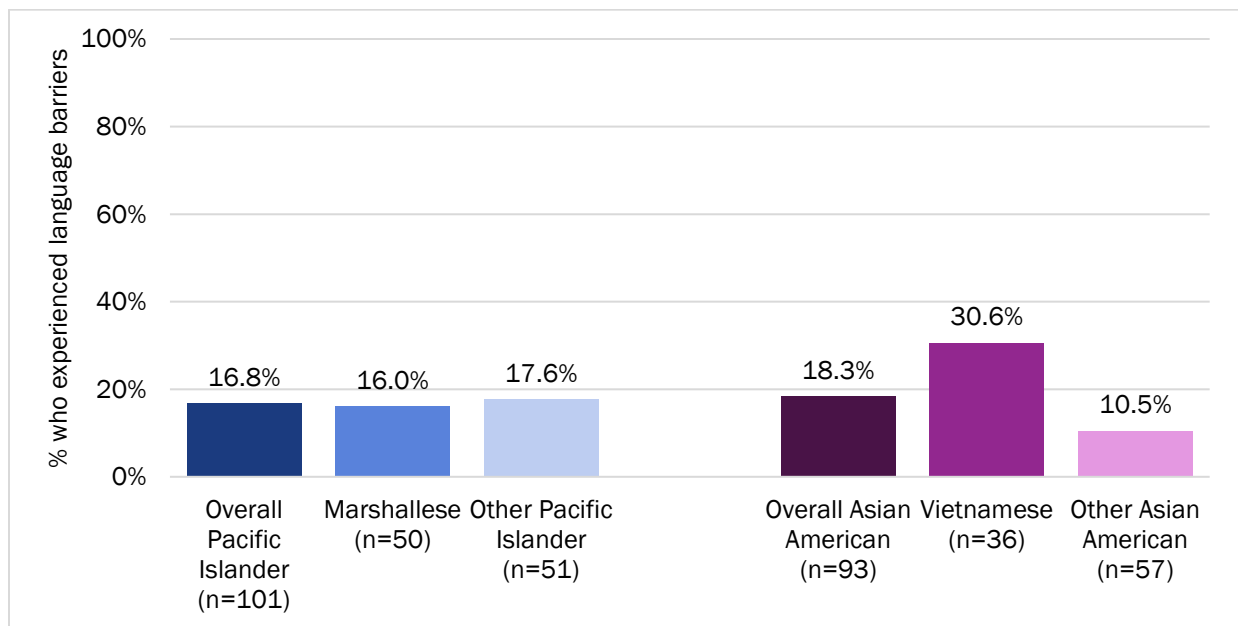
Note: LEP is defined as speaking English less than very well among individuals who speak a language other than English at home. Asian subgroups were too small to examine individually for LEP (n<35).

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 16.0% of Marshallese, 17.6% of Other Pacific Islander, 30.6% of Vietnamese, and 10.5% of Other Asian participants or their families during the COVID-19 pandemic (Figure 8).

Among Pacific Islander or Asian American participants experiencing language barriers when accessing health care (n=30), the top barriers included: unable to access an interpreter (50.0%), unable to get materials or information in their preferred language (50.0%), long wait-times for an interpreter (43.3%), and difficulty with telehealth tools (40.0%). Subgroups were too small to examine individually for language access barriers (n<35).

**Figure 8.** Experienced language barriers when accessing health care during the COVID-19 pandemic by Pacific Islander and Asian American racial/ethnic groups (n=194)



## Language Access Recommendations

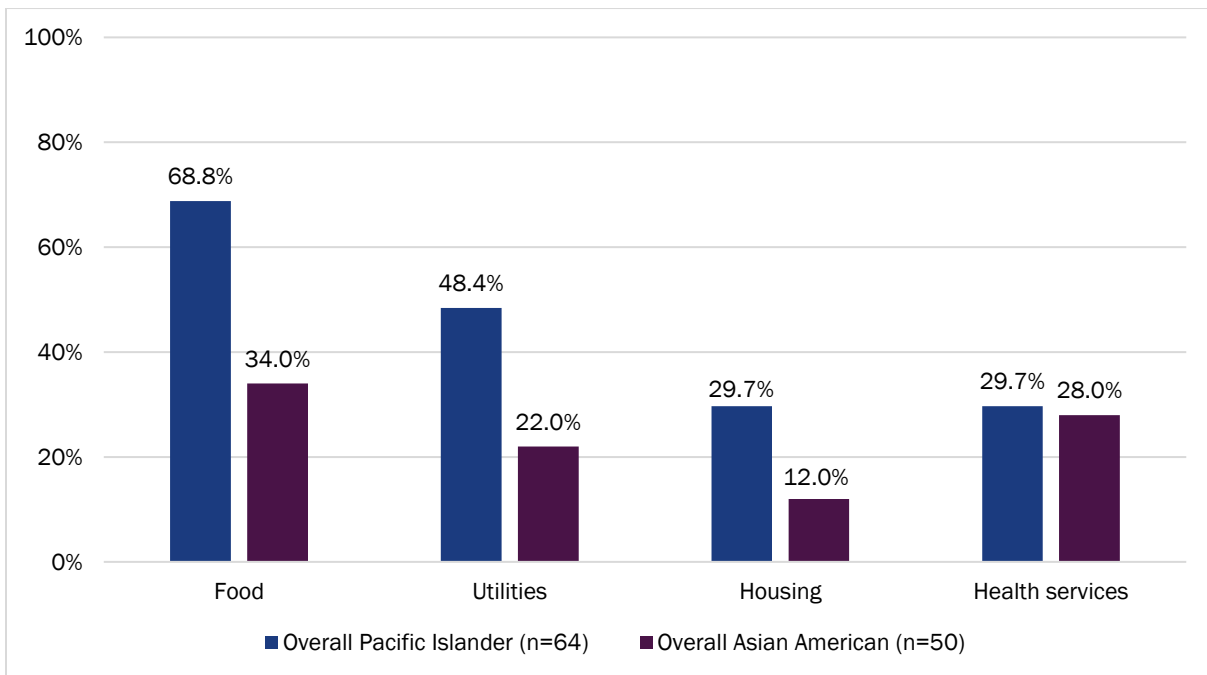
- Prioritize tangible support to offer in-language community-facing services and resources.
- Provide funding to community-based organizations who are already providing services in community members’ preferred languages with staff fluent in those languages, to bolster organizational infrastructure and 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, 70% of Pacific Islander and 56% of Asian American participants reported needing assistance. Among those individuals needing help, Food, utilities (e.g., electricity, gas, water, sewer, trash collection, phone, or cable), housing, and health services were the top cited needs (**Figure 9**).

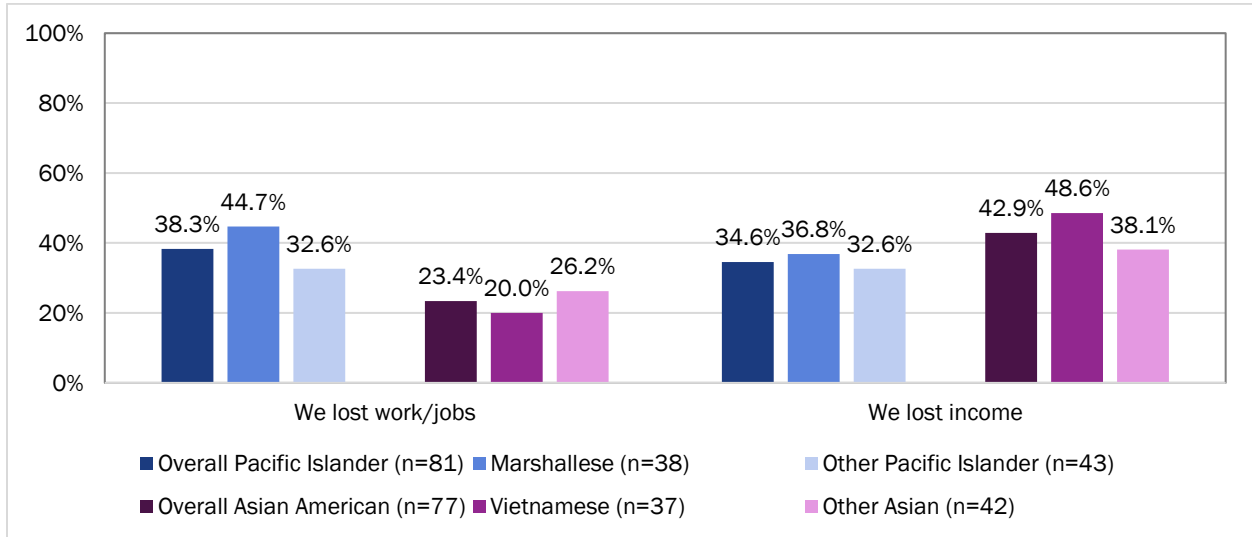
**Figure 9.** Main types of help needed during the COVID-19 pandemic among Pacific Islander and Asian American participants needing help (n=114)



Note: Asian American and Pacific Islander subgroups were too small to examine individually (n<35).

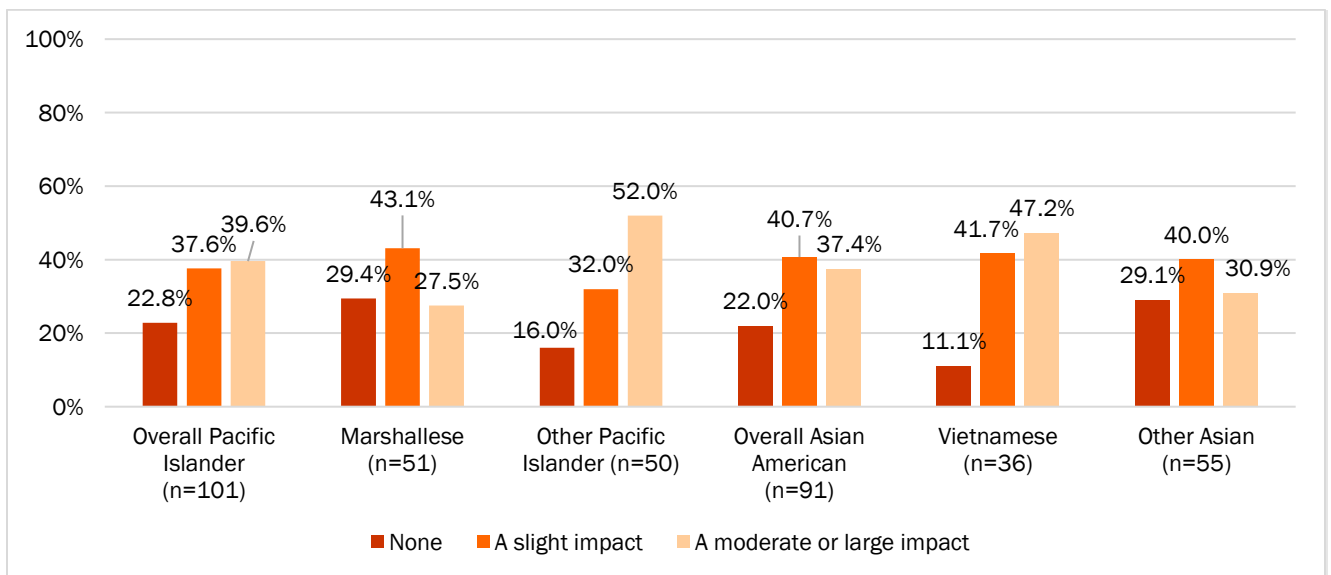
In the sample, 79.4% of Pacific Islander and 82.8% of Asian American participants reported that the COVID-19 pandemic impacted their family's life. Among Pacific Islander participants who were impacted, 44.7% of Marshallese and 32.6% of Other Pacific Islander adults reported that they or someone in their household lost work/jobs; and 36.8% of Marshallese and 32.6% of Other Pacific Islander adults reported that they or someone in their household lost income. Among Asian American participants who were impacted, 20.0% of Vietnamese and 26.2% of Other Asian adults reported that they or someone in their household lost work/jobs; and 48.6% of Vietnamese and 38.1% of Other Asian adults reported that they or someone in their household lost income (**Figure 10**).

**Figure 10.** Lost work or lost income among Pacific Islander and Asian American participants reporting that the COVID-19 pandemic impacted their family’s life (n=158)



In the sample, 39.6% of Pacific Islander and 37.4% of Asian American adults reported that the pandemic had a moderate or large impact on their financial situation or their family’s financial situation. Among overall Pacific Islander participants, 27.5% of Marshallese and 52.0% of Other Pacific Islanders reported that there was a moderate or large financial impact; among overall Asian American participants, 47.2% of Vietnamese and 30.9% of Other Asians reported that there was a moderate or large financial impact (**Figure 11**).

**Figure 11.** Financial impact of the pandemic among Pacific Islander and Asian American participants (n=192)



## **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 – Phoenix, AZ 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, Samoan, Tagalog, Tongan, and Vietnamese. All Pacific Islander participants completed the survey in English, and 15.1% of Asian American participants completed the survey in Vietnamese.

The Regional CHRNA – Phoenix, AZ is a community-based sample consisting of 102 Pacific Islander (including 51 Marshallese and 51 Other Pacific Islander adults) and 93 Asian American (including 36 Vietnamese and 57 Other Asian adults) participants who: were 18 years or older; self-identified as NH/PI or Asian American; and lived in the Phoenix metropolitan area. The Other Pacific Islander group includes individuals who self-identified as Carolinian, Chamoru, Chuukese, Palauan, Samoan, and unspecified Micronesian. The Other Asian group includes individuals who self-identified as Asian Indian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, and multiethnic Asian.

Results from the Regional CHRNA – Phoenix, AZ may not be representative of all Pacific Islander and Asian American communities in the Phoenix metropolitan area or nationally. However, by working closely with our community-based partners at APCA and through their network of trusted community partners, we were able to reach historically unrepresented Pacific Islander and Asian American ethnic groups and collect health-related information that was relayed back to community partners and public health professionals to inform local and national COVID-19 pandemic 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 Pacific Islander participants (**Figure 12**) were younger (47.5% were 18 to 34 years) and middle-aged (33.7% were 35 to 54 years); 59.8% were female; 11.5% had some high school education or less, while 16.7% had a college degree or higher; and 29.4% had an annual household income < \$50,000, while 49.0% did not know or report their income. Approximately 76.5% of Pacific Islander adults were not born in the US and 84.8% spoke a language other than English at home; of these individuals, 47.5% were limited English proficient (LEP). Pacific Islander adults had a median household size of 7 people, with the majority (95.9%) reporting 2 or 3 generations living in their household, and 41.0% reporting an adult essential worker in their household.

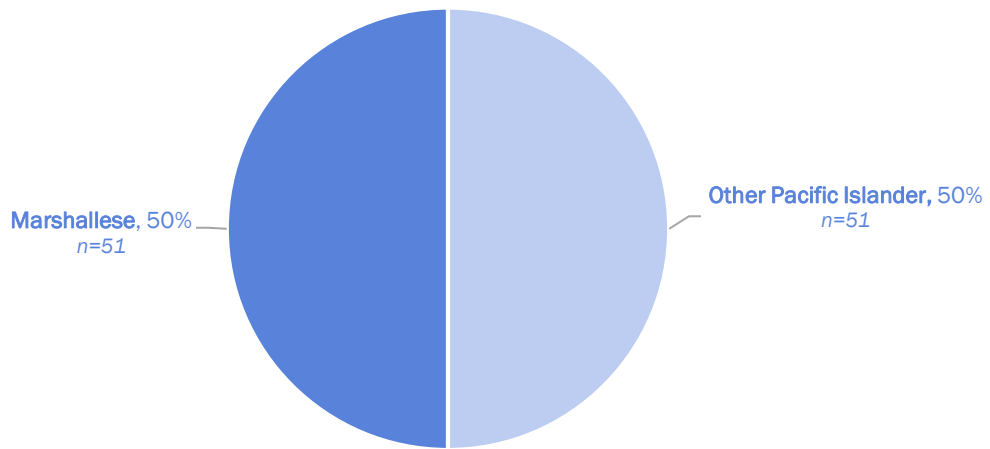
By Pacific Islander ethnic group, the Marshallese sample was younger (52.0% were 18 to 34 years old vs. 43.1% of Other Pacific Islander adults) and had a lower household income (37.3% had <\$50,000 income vs. 21.6% of Other Pacific Islander adults); the Other Pacific Islander sample reported greater LEP (57.9% were LEP vs. 40.0% of Marshallese adults) and reported more adult essential workers in the household compared to Marshallese adults (53.1% vs. 29.4%, respectively).

The majority of Asian American participants (**Figure 13**) were younger (53.3% were 18 to 34 years) and middle-aged (37.8% were 35 to 54 years); were female (65.9%); had a college degree or higher (48.9%); and reported having an annual household income of \$75,000 or more (46.2%). Approximately 60.2% of Asian American adults were not born in the US and 72.0% spoke a language other than English at home; of these adults, 34.8% were LEP. Asian American adults had a median household size of 4 people, with 48.0% reporting 2 or 3 generations living in their household, and 4.11% reporting an adult essential worker in their household.

By Asian American ethnic group, the Vietnamese sample had lower educational attainment (28.5% had a high school education or less vs. 10.5% of Other Asian adults), was more likely to be born outside the US (75.0% vs. 50.9% of Other Asian adults), and to speak a language other than English at home (94.4% vs. 57.9% of Other Asian adults); the Other Asian sample was younger (68.5% were 18 to <34 years old vs. 30.6% of Vietnamese adults) and reported more adult essential workers in the household (50% vs. 27.8% of Vietnamese adults).

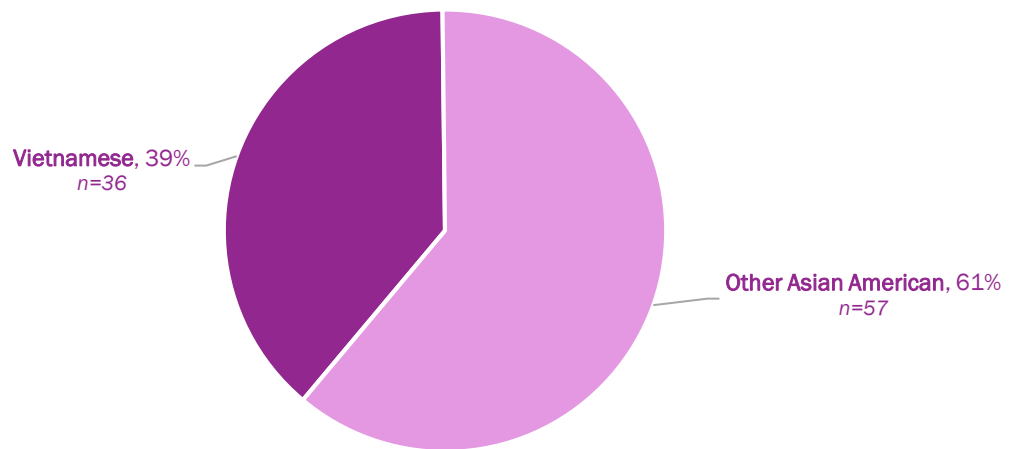
**Table 1** provides Regional CHRNA – Phoenix, AZ participant demographics by Pacific Islander and Asian American racial/ethnic group (n=195).

**Figure 12.** Pacific Islander racial/ethnic group distribution among Regional CHRNA – Phoenix, AZ participants (n=102).



Note: *Other Pacific Islander* includes individuals who self-identified as Carolinian, Chamorro, Chuukese, Palauan, Samoan, and unspecified Micronesian.

**Figure 13.** Asian American racial/ethnic group distribution among Regional CHRNA – Phoenix, AZ participants (n=93).



Note: *Other Asian* includes individuals who self-identified as Asian Indian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, and multiethnic Asian.

**Table 1.** Participant Demographics by Pacific Islander (PI) and Asian American (AA) racial/ethnic group (n=195)

Characteristic, %	Overall PI (n=102)	Marshallese (n=51)	Other PI (n=51)	Overall AA (n=93)	Vietnamese (n=36)	Other AA (n=57)
Age group, %						
18 to 34 years	47.5	52.0	43.1	53.3	30.6	68.5
35 to 54 years	33.7	32.0	35.3	37.8	50.0	29.6
≥55 years	18.8	16.0	21.6	8.9	19.4	1.9
Gender, %						
Male	39.2	33.3	45.1	30.8	40.0	25.0
Female	59.8	66.7	52.9	65.9	60.0	69.6
Non-binary	1.0	0.0	2.0	3.3	0.0	5.4
Education, %						
Less than high school	11.5	12.2	10.6	4.3	11.4	0.0
High school graduate	46.9	46.9	46.8	13.0	17.1	10.5
Some college	25.0	30.6	19.1	33.7	28.6	36.8
Bachelors or more	16.7	10.2	23.4	48.9	42.9	52.6
Income, %						
<\$25,000	8.8	11.8	5.9	10.8	11.1	10.5
\$25,000 -<\$50,000	20.6	25.5	15.7	7.5	2.8	10.5
\$50,000 - <\$75,000	10.8	5.9	15.7	20.4	27.8	15.8
≥ \$75,000	10.8	2.0	19.6	46.2	47.2	45.6
Missing/Don't know	49.0	54.9	43.2	15.1	11.1	17.6
Born outside the US, %	76.5	75.5	77.6	60.2	75.0	50.9
Speaks a language other than English at home, %	84.8	93.9	76.0	72.0	94.4	57.9
Limited English proficient, %	48.2	40.0	57.9	34.8	–	–
Speaks English well	38.6	31.1	47.4	22.7	–	–
Speaks English not well	9.6	8.9	10.5	9.1	–	–
Speaks English not at all	0.0	0.0	0.0	3.0	–	–
Household Size, Median	7.0	7.5	6.0	4.0	4.0	4.0
Generations in household						
1	4.1	0.0	8.3	51.7	44.4	56.6
2	75.5	82.0	68.8	44.9	50.0	41.5
3	20.4	18.0	22.9	3.1	5.6	1.9
Adult Essential Worker in Household, %	41.0	29.4	53.1	41.1	27.8	50.0

# Report Information

## Acknowledgments

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

- Asian Pacific Community in Action (APCA),
- NYU Center for the Study of Asian American Health (CSAAH),
- in partnership with a network of local Phoenix, AZ 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) NU380T2020001477, 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 within 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 Asian Pacific Community in Action

Since 2002, Asian Pacific Community in Action (APCA) has been meeting the health-related needs of Arizona’s fastest-growing segment: Asian American, Native Hawaiian and Pacific Islander families and individuals. APCA champions health access so that all Arizonans have meaningful, culturally competent and linguistically appropriate healthcare they can afford. Their mission is to provide services, advocacy and education for diverse communities resulting in a more empowered population seeking good health.

## Icons

Icons used in this report are from MBCR, little\_dipper\_studio, NAPISAH, and Zunli Pebruansyah via The Noun Project.

## Suggested Citation

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<https://aanhpihealth.org/resource/regional-chna/>

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