COVID-19
COMMUNITIES OF COLOR
NEEDS ASSESSMENT

Executive Summary

A PARTNERSHIP WITH
The Alliance for National Psychological Associations for Racial and Ethnic Equity
ABOUT THE NATIONAL URBAN LEAGUE

The National Urban League is a historic civil rights and urban advocacy organization. Driven to secure economic self-reliance, parity, power, and civil rights for our nation’s marginalized populations, the National Urban League works towards economic empowerment and the elevation of the standard of living in historically underserved urban communities.

Founded in 1910 and headquartered in New York City, the National Urban League has improved the lives of more than two million people annually through direct service programs run by 90 local affiliates in 36 states and the District of Columbia. The National Urban League also conducts public policy research and advocacy work from its Washington, D.C. bureau.

The National Urban League is a BBB-accredited organization and has earned a 4-star rating from Charity Navigator, placing it in the top 10% of all U.S. charities for adhering to good governance, fiscal responsibility, and other best practices.

CROSS GROUP RESEARCH TEAM

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Diane Terry, Ph.D.
Sandra Villanueva, Ph.D.

In order to resolve the problem of unequal treatment and equity, we need research that provides granular answers to big questions about the impact of COVID across Black/African American, Latinx, American Indian/Native American/Alaska Native, Asian American and Native Hawaiian/Pacific Islander communities. That’s why the National Urban League enthusiastically embraced the opportunity to help manage this COVID-19 Needs Assessment to help grassroots leaders, funders and policy makers better understand the nuances of how communities of color and other target audiences were impacted, beyond the daily death toll numbers.

Using a mix of surveys, polling, interviews, administrative data and predictive modeling, our team of researchers have assembled a set of findings and recommendations that paint a stark picture of lack of access to care, food insecurity and untreated health and mental health conditions. On the economic front, for instance, participants reported:

- **55% of Asian Americans lost income**
- **62% of Native Hawaiian and Pacific Islander Americans lost income**
- **40% of Black/African Americans were stressed about their finances**
- **64% of American Indian/ Native American/Alaska Native respondents lost jobs or income as a result**
- The percentage of Latinx respondents working full-time dropped from 52% prior to COVID to 34% during the assessment period

COVID-19 did not create the inequities, but it brought many into clearer view. The population-specific data from this research paints a nuanced picture that will help funders and policy makers distinguish the essential and empirically validated facts from stereotypes and misinformation about each group, assess whether each racial group has the requisite access to social, economic, and health resources, and to evaluate the data needs of each group.

In some cases, the research raises the need for additional study. However, we have included a robust set of policy recommendations to guide the nation through the next pandemic. The current pandemic, for example, has exposed an urgent need for improving pandemic preparedness and redressing the impact of the social determinants of health on communities of color. Social distancing and other lockdown measures were necessary to curb the spread of the virus, but often were devised hastily and implemented without much knowledge into the impact on individual and community mental and physical health.

A hearty thank you to all of our partners in the Alliance and the individual researchers who devoted so much time and energy to this effort that hews closely to our mission of providing economic empowerment to African Americans and other underserved populations.

**COVID-19 did not create the inequities, but it brought many into clearer view.**
Recognizing the disproportionate impact of COVID-19 on racial and ethnic groups in the U.S., as well as the dire need for data-informed legislation, a COVID-19 communities of color (COC) Needs Assessment (The Needs Assessment) was launched. The Alliance of National Psychological Associations of Racial and Ethnic Equity (The Alliance) led a data collection effort to inform the Congressional Tri-Caucus and the Native American Caucus about COVID’s impact on these specific communities. The National Urban League (NUL) functioned as the fiscal sponsor and agent for Phase 1 of the Needs Assessment, in addition to providing some project management, external communications, and advocacy support.

Inadequate systems of reporting, data collection methods, and data analytic approaches have led to significant gaps, made some things invisible, and presented inaccurate portrayals of the lived experiences and impact of COVID-19 on people and communities of color. The Needs Assessment was designed to fill some of the existing COVID-19 data gaps connected to the following: a) missing or small samples of racial/ethnic and other demographic groups; b) the lack of disaggregated federal, state, and local race-specific data; and c) the absence of informed, nuanced community insights and understanding of COVID-19’s differential impact within and across racial/ethnic groups.

The COVID-19 communities of color (COC) Needs Assessment was conducted December, 2020 through April, 2021. The findings provide a snapshot of COVID-19’s impact, including the potential adverse outcomes related to physical health, mental health, finances, employment, business, education, gender differences in unpaid work, food security, technology, housing, vaccination intent and messaging, children, basic needs like utilities and Wi-Fi access, and racial stress and discrimination. We also identify the use of culturally-specific protective factors to mitigate COVID-19 risks and adverse outcomes.
effects, and expose a number of problems with standard Western research methodologies with communities of color and their many sub-populations.

The Needs Assessment used a mixed methods design, with community surveys, polling, and key informant interviews, as well as various modeling strategies using administrative data. Additional data collection occurred in Los Angeles County (N=4,447), one of the counties hardest hit by COVID-19 in the country, and among a highly-vulnerable population—people experiencing homelessness (PEH)—mostly comprised of Black residents from the Skid Row and Boyle Heights neighborhoods (N=711).

While the Alliance organizations used a shared set of cross-population survey items, they also retained population-specific, culturally-based survey items about COVID’s impact on their communities. This Phase 1 report provides an overview of key findings from these cross-population items, followed by race-specific reports inclusive of methods and key findings, as well as subject matter expert (SME) key findings. Full reports inclusive of policy recommendations are available on the NUL and Alliance organization websites.
About the Alliance


Led by Principal Investigator, Cheryl Grills, Ph.D., the Alliance assembled a multi-ethnic and interdisciplinary research team that included community-based organizations and subject-matter experts in public health, economics, education, health policy, epidemiology, social policy, and polling.

For a full listing of the Alliance Research Team, please see page 24.
Cross-Population Key Findings

Several priority needs were identified across the Asian American; Native Hawaiian/Pacific Islander; Black; Native American; and Latinx populations. They included food, housing, transportation, health services, unemployment services, utilities, mental health services, and internet/Wi-Fi. Findings are organized into seven priority areas addressing the impact of COVID-19 related to food concerns and food insecurity, health, mental health, economics, vaccine uptake and intent, Wi-Fi and structural issues, and positive coping. The findings are based on a total sample of 24,944 people of color across five racial groups. It is important to note that this Needs Assessment is not a comparative study, and therefore group comparisons of findings are neither appropriate nor valid.
**Financial Concerns and Economic Effects**

### ANSIE AMERICANS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 5</td>
<td>Asian Americans needed more help with unemployment services (20%) and utilities (19%)</td>
</tr>
<tr>
<td>15%</td>
<td>reported needing help with housing</td>
</tr>
<tr>
<td>55%</td>
<td>lost employment income since the start of COVID-19</td>
</tr>
<tr>
<td>85%</td>
<td>did not receive pay for time not working</td>
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### NATIVE HAWAIIAN AND PACIFIC ISLANDER

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
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<tbody>
<tr>
<td>62%</td>
<td>had someone in their household lose employment income since the start of the pandemic</td>
</tr>
<tr>
<td>29%</td>
<td>expected additional loss of employment income within four weeks of survey completion</td>
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#### Lost Income:

More than two out of three Native Hawaiians and Marshallese reported losing employment income, followed by three out of five Samoan and Multiethnic respondents reporting lost income

#### Top Stressor:
The top stressor for Pacific Islanders during the pandemic was financial concerns

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<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
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<tbody>
<tr>
<td>56%</td>
<td>of those who were employed were essential workers and exempt from stay-at-home orders</td>
</tr>
<tr>
<td>35%</td>
<td>were employed during COVID-19 compared to 46% pre-COVID-19</td>
</tr>
<tr>
<td>28%</td>
<td>received unemployment assistance, double the number pre-COVID-19 (14%)</td>
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<tr>
<td>45%</td>
<td>reported their financial well-being was fair to poor</td>
</tr>
<tr>
<td>12%</td>
<td>worried they would lose their home or get evicted because of problems paying mortgage or rent</td>
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### LATINX

#### AMONG YOUTH

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
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<tbody>
<tr>
<td>36%</td>
<td>of youth were concerned about their family members losing their job</td>
</tr>
<tr>
<td>31%</td>
<td>of youth feared their family would likely be unable to pay important bills like rent within the next three months</td>
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#### AMONG ADULTS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
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<tbody>
<tr>
<td>40%</td>
<td>reported they and/or someone in their household were laid off from their job or had to close their own business</td>
</tr>
<tr>
<td>47%</td>
<td>indicated they and/or someone in their household experienced a reduction in work hours or were furloughed</td>
</tr>
<tr>
<td>35%</td>
<td>experienced difficulties paying bills such as rent or a mortgage</td>
</tr>
<tr>
<td>24%</td>
<td>of immigrants were laid off or had to close their business during the pandemic</td>
</tr>
<tr>
<td>33%</td>
<td>lived with someone who was laid off or had to close their business due to the pandemic</td>
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### NATIVE AMERICAN

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>64%</td>
<td>experienced pandemic-related job or income loss</td>
</tr>
<tr>
<td>27%</td>
<td>had little to no confidence about their ability to pay their rent on time</td>
</tr>
<tr>
<td>23%</td>
<td>had to quit their job to become a caretaker</td>
</tr>
<tr>
<td>35%</td>
<td>reported financial concerns as one of their greatest sources of stress during the pandemic</td>
</tr>
<tr>
<td>25%</td>
<td>reported work impact (e.g., losing their job, reduced work hours) as one of their greatest pandemic-related stressors</td>
</tr>
<tr>
<td>30%</td>
<td>needed help with employment or unemployment services</td>
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### ELDERS OF COLOR

<table>
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<tr>
<th>Metric</th>
<th>Description</th>
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<tbody>
<tr>
<td>49%</td>
<td>had a job loss in the household</td>
</tr>
<tr>
<td>37%</td>
<td>were expecting a job loss in the household</td>
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Food Insecurity

ASIAN AMERICAN
24% of Asian language respondents reported food insufficiency (vs. 3% of English-language respondents)
52% of Asian-language respondents needed help accessing food (vs. 26% English-language respondents)
50% of Asian Americans reporting food insufficiency did not have enough food because they were afraid to go outside
38% of those reporting food insufficiency could not afford more food

NATIVE HAWAIIAN AND PACIFIC ISLANDER
45% needed help accessing food during the pandemic
20% did not have enough food
20% reported rationing food or skipping meals

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43% needed more help with food during the pandemic
26% had to access food from a food bank
80% did not live within a mile of a food bank

LATINX
52% of Latinx adults reported running out of food with no money to buy more
53% of Latinx youth had meals that only included a few kinds of cheap foods because their families were running out of money for food
47% of all Latinx adult immigrants had difficulty getting enough food or healthy food

NATIVE AMERICAN
38% were moderately-to-extremely worried about affording food for the next two weeks
21% did not have enough food in the past seven days
14% had to skip meals to deal with not having enough food to eat

ELDERS OF COLOR
12% of older adults did not have enough food pre-COVID
13% did not have enough food during COVID
42% were not confident they would have food sufficiency in the future

Cross-Population Key Findings
COVID-19 COMMUNITIES OF COLOR NEEDS ASSESSMENT
# COVID-19 Cross-Population Key Findings

## Health/Health Access Impact

**ASIAN AMERICAN**
- 44% reported a decline in self-rated health since the pandemic
- 41% reported delaying medical care because of the pandemic
- 70% reported difficulty accessing a health care provider, an increase from 28% pre-pandemic
- 31% did not get care for medical needs other than COVID-19

**NATIVE HAWAIIAN AND PACIFIC ISLANDER**
- 67% reported difficulty accessing a health care provider, an increase from 34% pre-pandemic
- 29% reported that their health providers changed from in-person to phone or online visits
- 20% missed healthcare appointments due to concerns about entering their provider’s office

**BLACK**
- 66% had not seen a health professional in the past 12 months
- 24% rated their health as poor or fair
- 16% needed help navigating health systems; 12% for dental services

Underlying health conditions increasing risk for severe COVID-19 related illness included:
- 23% Hypertension
- 13% Asthma
- 11% Lung disease
- 11% Heart attack
- 10% Diabetes

**LATINX**
- 70% of youth believed they could prevent community spread by mask wearing and washing hands
- 87% of youth thought they could make a difference in their community by mask wearing and washing hands
- 21% of adults had COVID-19 symptoms but were never tested
- 27% of adults experienced the death of a close friend or family member from COVID-19
- 33% of Latinx adult immigrants had to continue working even after being in close contact with someone infected by the virus
- 40% lived with someone who had to continue working after being in contact with someone who was infected with COVID-19

**NATIVE AMERICAN**
- 52% exercised less since the start of COVID
- 34% had difficulty getting the health care they needed
- 38% were under great physical health stress
- 30% had difficulty accessing medicine
- 24% lost health insurance or benefits during the pandemic

**ELDERS OF COLOR**
- 28% reported poor/fair self-rated health during Covid-19
- 37% reported delaying medical care because of the pandemic
- 31% did not get medical care because of the pandemic
ASIAN AMERICAN

41% reported anxiety or depression symptoms
62% of those with a self-reported mental health diagnosis reported needing help accessing mental health services
47% of U.S.-born Asian Americans were more likely to report symptoms compared to immigrants (33%)
31% reported facing discrimination during the COVID-19 pandemic

NATIVE HAWAIIAN AND PACIFIC ISLANDER

38% reported depression or anxiety symptoms
Depression or Anxiety were highest among 18-24 year olds (46%), those earning less than $25,000 (40%), and those who identified as Marshallese (50%)

BLACK

39% reported depression symptoms and 38% anxiety symptoms
40% worried that family members with pre-existing health conditions would contract COVID-19
37% indicated their mental health was a source of stress
25% described their mental health as fair or poor
19% took prescription drugs for their mental health in the past four weeks
Only 17% received mental health counseling in the past four weeks

LATINX

31% of youth reported feeling sad and depressed most or all of the time
56% of adults reported they and/or someone in their household were having more emotional and mental health symptoms during the pandemic
78% of adults observed an increase in behavioral problems in their children
63% of immigrants reported increases in mental health problems or symptoms during the pandemic
26% said they were unable to access mental health treatment or therapy during the pandemic

NATIVE AMERICAN

55% reported COVID-related PTSD
46% started or increased substance use due to pandemic-related stress
46% had depressive symptoms and 45% had anxiety symptoms
36% lived separately from family for health, safety, or job demands
21% often felt isolated from others
24% have seriously considered suicide in the past month, with the highest rates observed among 30-45-year-old and rural participants

ELDERS OF COLOR

30% experienced symptoms of an anxiety disorder
25% experienced symptoms of a depressive disorder
**Vaccine Uptake and Intent**

**ASIAN AMERICAN**

83% were receptive to COVID-19 vaccination

**Vaccine-hesitancy:** Korean Americans (21%) and Filipino Americans (19%) expressed the highest levels of vaccine-hesitancy in the study sample

**NATIVE HAWAIIAN AND PACIFIC ISLANDER**

**Vaccine-hesitancy:** Native Hawaiians and Pacific Islanders in the lowest income brackets were more hesitant about COVID-19 vaccination (43% to 48%)

**Over half** of Tongans and Marshallese reported high levels of uncertainty about getting vaccinated

**BLACK**

**Over half** were unlikely to vaccinate their children

**One-third** did not plan to get vaccinated

56% reported that vaccine side effects were the most important factor influencing their decision on whether to vaccinate, followed by vaccine safety (54%) and vaccine effectiveness (51%)

**LATINX**

47% of Latinx recently heard a lot about the vaccine

50% are much more likely to take the COVID-19 vaccine

34% had safety concerns related to vaccine side effects and allergic reactions

**NATIVE AMERICAN**

21% received the vaccine

**Among unvaccinated, 27%** of those who were unvaccinated report they are unlikely or extremely unlikely to get the vaccine; 24% were unsure about whether they will get vaccinated

28% are motivated to get the vaccine to protect elders and 27% were motivated by wanting to protect vulnerable family members

26% reported science and 24% said family members’ recommendations would increase their trust in getting the vaccine
**Wi-Fi and Utilities Effects**

**ASIAN AMERICAN**
- 20% had Wi-Fi or internet needs (23% of Asian-language vs. 19% of English-language respondents)
- 19% had utility needs (27% of Asian-language vs. 11% of English-language respondents)

**NATIVE HAWAIIAN AND PACIFIC ISLANDER**
- 24% had Wi-Fi or internet needs
- 41% had utility needs

**BLACK**
- 23% had Wi-Fi or internet needs
- 32% had utility needs

**LATINX**
- 25% had Wi-Fi or internet needs
- 28% had utility needs

**NATIVE AMERICAN**
- 37% had Wi-Fi or internet needs

**Positive Coping Strategies**

**ASIAN AMERICAN**
- 73% talked with friends and family as a primary source of positive coping
- 47% did hobbies and indoor activities
- 43% exercised
- 26% used meditation

**NATIVE HAWAIIAN AND PACIFIC ISLANDER**
- 73% talked with friends and family as a primary source of positive coping
- 43% engaged in religious/spiritual practices
- 37% did hobbies and indoor activities
- 34% exercised

**BLACK**
- 67% talked with friends and family as a primary source of positive coping
- 46% listened to music
- 33% used prayer and spirituality
- 33% talked to healthcare providers

**LATINX**
- 54% of Latinx adults talked with friends and family as a way to cope with COVID-19 related stress
- 70% of Latinx youth tried to talk about the stress of the pandemic with friends and family.

**NATIVE AMERICAN**
- 43% cooked together more as a family
- 39% were exercising, taking walks, or doing more sports/fitness activities together as a family
- 38% were working more as a family on Native art, crafts, beadwork, or other creative activities
- 33% accessed traditional medicines (e.g., cedar, roots, traditional teas) to manage pandemic-related stress
- 33% with their families helped others in the community
- 19% were getting outdoors
- 17% were walking in their neighborhood
Los Angeles County Findings

The Los Angeles County’s Needs Assessment provides a snapshot of the impact of COVID-19 among communities of color and people experiencing homelessness (PEH) living in Los Angeles County, particularly in South Los Angeles, the Skid Row, and Boyle Heights communities. Particular attention was paid to the needs and experiences of individuals from the following ethnic backgrounds: Black (including African American, Caribbean American, Afro-Latinx, African immigrant), Latinx, Asian American, Native Hawaiian and Pacific Islander American, and Native American.
Financial Concerns and Economic Effects

PEOPLE EXPERIENCING HOMELESSNESS AND/OR WITH LIVED HOMELESS EXPERIENCE

Over half (57%) were unemployed prior to the pandemic
16% earned between $5,000-$12,000
12% earned between $12,000-$25,000
Over half earned less than $5,000 annually

Full-time workers: Employment rates dropped from 12% to 9%
Part-time workers: Employment rates dropped from 8% to 6%
46% reported their greatest source of stress pertained to Financial Concerns

LOS ANGELES COUNTY RESIDENTS

Full-time workers: Employment rates dropped from 39% to 23%
Part-time workers: Employment rates dropped from 8% to 6%
Unemployment rates increased from 4% to 9% overall
24% were essential workers and exempt from stay-at-home orders
34% reported financial concerns was their greatest source of stress

Health Effects

PEOPLE EXPERIENCING HOMELESSNESS AND/OR WITH LIVED HOMELESS EXPERIENCE

46% reported physical health as their greatest source of stress
31% reported Health Services among their top needs during COVID-19
30% reported Dental Services among their top needs during COVID-19
29% used alcohol or drugs to cope with pandemic stress
25% reported having vivid dreams that disturbed their sleep

About 1 in 4 used maladaptive coping strategies to manage pandemic-related stress
24% ate and/or snacked more often
23% slept, napped, or laid down more often
Close to 1 in 3 used alcohol or drugs to cope
18% tobacco (i.e., smoking, vaping)
17% alcohol
15% marijuana
12% illicit drugs

LOS ANGELES COUNTY RESIDENTS

30% reported physical health as their greatest source of stress
25% ate more often to manage pandemic-related stress
24% reported Health or Dental services among their top needs during the pandemic
13% used alcohol or drugs to cope with pandemic-related stress
**Mental Health Effects**

**PEOPLE EXPERIENCING HOMELESSNESS AND/OR WITH LIVED HOMELESS EXPERIENCE**

- 48% reported their greatest source of stress was associated with concerns about their mental health
- 47% reported high or very high levels of nervousness and stress
- 31% thought a lot about past historically traumatic events similar to this pandemic
- 29% felt alone, isolated, and fearful/worried about dying alone
- 25% reported moderate levels of stress
- 25% reported mental health services among their top needs during COVID-19
- 20% worried about historical trauma and stressors related to their ancestors

**LOS ANGELES COUNTY RESIDENTS**

- 39% reported one of their greatest sources of stress was associated with concerns about their mental health
- 26% thought a lot about past historically traumatic events similar to this pandemic
- 21% worried about historical trauma and stressors related to their ancestors
- 15% needed help accessing family counseling, faith-based spiritual care, or grief counseling
- 17% needed help with mental health services

**Housing**

**PEOPLE EXPERIENCING HOMELESSNESS AND/OR WITH LIVED HOMELESS EXPERIENCE**

- 61% reported housing among their top needs during COVID-19
- 40% reported their greatest source of stress pertained to housing

**LOS ANGELES COUNTY RESIDENTS**

- 16% reported housing among their top needs during COVID-19
- 16% reported their greatest source of stress pertained to housing
COVID-19 did not create the inequalities that American society currently confronts. The disparities made evident during the pandemic existed for decades, even centuries, and are simply now much more in the public view. While efforts to assist people during COVID-19 are necessary, it is also critical to provide disaggregated information and data about the state of different racial/cultural groups after the pandemic ebbs, distinguish the essential and empirically validated facts from stereotypes and misinformation about each group, assess whether each racial group has the requisite access to social, economic, and health resources, and to evaluate the data needs of each group.

The chart (left) identifies 7 factors that increase the validity and reliability of research with communities of color, increase the ability to discern critical social inequalities and poor conditions of health (a syndemic perspective), and provide the kinds of nuanced data from which to draft public policy and legislation. Comprehensive reports on each racial group will be helpful for policymakers to have a more holistic understanding of the needs of each racial group, and essential for community agencies and programs to better serve their constituencies.

Finally, this Needs Assessment demonstrates the importance of partnering with communities to collect data that reflect the diversity of Asian American and Native Hawaiian and Pacific Islander populations. Asian American and NHPI communities’ perspectives are not well represented due to continued aggregation of data, failing to include NHPI in data collection/tracking efforts, or misrepresenting them in “Other” or “AAPI” groups. Likewise, raising the visibility of Native experiences is critical during this pandemic as Native American communities have been hit exceptionally hard and yet remain largely invisible, undercounted, or misidentified in COVID-19 public health surveillance data. Inadequate systems of reporting, data collection methods, and data analytic approaches have led to significant gaps in understanding the lived experiences and impact of COVID-19 on American Indian and Alaska Native populations, communities, and families.
Subject Matter Expert Findings

ECONOMICS

Wealth is the economic indicator in which Whites and communities of color are most disparate.

KEY FINDINGS

When labor markets tighten, it does so more for Black and Latinx workers than for White workers. These labor market differences cannot be fully explained by education or any other individual characteristics. In fact, (1) racial disparity persists or worsens with higher levels of education, including college degree attainment; (2) wages for Black college graduates tend to be more unstable and take a more substantial hit during economic downturns; (3) in comparison to White men, Black women, Latinx women, and Latinx men are crowded into “essential work,” referred to as occupational crowding (the degree to which a racial, ethnic or gender group is over, under, or proportionally represented in an occupation given the group’s educational attainment and the educational requirement for jobs), (4) the crowding index is highest for Black women, who are 80% more likely than White men to be in low-wage, high-health risk occupations, followed by Latinx women; and (5) while income is often used by researchers, practitioners, advocates, and policymakers to describe local economic conditions and drive policy decisions, it also increasingly is recognized as an inadequate indicator of economic well-being, mobility, and security, especially across race and generation. Wealth is the economic indicator in which Whites and communities of color are most disparate.

At the core of this rapid assessment report is the idea that race is inseparable from all aspects of the U.S. economy. There are significant differences in wealth holdings across race in the U.S. Black and Brown households hold mere fractions of the wealth of White households. Second, patterns of occupational crowding are such that Black and Brown workers are crowded into low-paying precarious jobs with significant pay differences stratified by race. Most of these occupations are classified as essential and thus continue to expose many Black and Brown workers to the risks of the COVID-19 pandemic. Lastly, the burden of unemployment that comes with recessions tends to disproportionately fall on Black and Brown workers who also have to contend with racial discrimination in labor markets.

RESEARCHERS

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Grieve Chelwa, Ph.D.
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Among Fijians, Tongans, and Samoans, more deaths were in the 18 to 64 age group than in the 65+ age group, a shocking departure from trends we have witnessed in other race groups in which the 65+ age group is the hardest hit.

KEY FINDINGS:
The 1997 OMB Directive 15 mandates federal statistical agencies to collect and report data on Hispanic/Latino ethnicity and five major racial/ethnic groups: American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Pacific Islanders (NHPI) and White. However, in many public facing data systems, the NHPI category is not reported, or aggregated in an “other race” category, or are aggregated with the Asian group. Currently, only 21 states report on COVID-19 statistics for NHPIs. Of the states reporting, the NHPI population is often ranked first or second in the COVID-19 case rates and death rates among racial/ethnic groups.

The Native Hawaiian and Pacific Islander label encompasses over 20 communities, each with their own distinct traditions, languages, and relationships with the United States. This has led to significant socio-economic disparities related to the different historical relationships between various NHPI groups and the U.S.

Among Fijians, Tongans, and Samoans, more deaths were in the 18 to 64 age group than in the 65+ age group, a shocking departure from trends we have witnessed in other race groups in which the 65+ age group is the hardest hit.

The lack of disaggregated Asian American data has hidden the needs of smaller Asian American subpopulations – namely Southeast Asian Americans – who suffered disproportionately from COVID-19 and who face sociodemographic stressors that make them vulnerable to poor health outcomes.
Approximately one in four students who tested last year were missing in the fall 2020 data. A higher percentage of missing test takers were Black or Latinx and attended schools serving a higher proportion of students living in poverty.

**KEY FINDINGS:**

- Using math and reading test scores from 2.1 million students of color students in grades three to eight, math achievement was significantly impacted in fall 2020 but reading achievement was mostly parallel to prior years.

- Math achievement among students of color during the pandemic dropped relative to a pre-pandemic national sample of same-grade students, particularly for students who were in fourth, fifth, and sixth grade in Fall 2020.

- All student groups exhibited average test score gains during the Fall 2019 to Fall 2020 period, indicating that students were learning during the pandemic; however the rate of learning was lower than during the pre-pandemic period.

- Black, American Indian and Alaska Native, and Latinx students made 55-68% of typical learning gains in math and 73-86% of typical gains in reading during the pandemic, whereas Asian American students made between 88-100% of their typical gains in the two subjects.

- Male students of color and students of color attending high-poverty schools were the least likely to achieve typical learning gains during the pandemic.
KEY FINDINGS
At the time of the poll, the issue was vaccine access, not vaccine hesitancy for the communities surveyed. Moms (41% Latina and 38% Black) and women 18-49 (38% Latina and 32% Black) were the least confident in COVID vaccine safety. Compared to the general population, across Black, Latinx, and Asian American Pacific Islander populations, vaccine skeptics are much more likely to have consumed negative or no info about the vaccine. In addition, the most frequently reported factor that would increase likelihood to take the vaccine is information about the vaccine’s effectiveness and safety. Perceptions of the vaccine’s safety are a much better predictor of people’s intent to vaccinate than perceptions of the vaccine’s effectiveness. Blacks and Hawaiians tend to agree more readily compared to other groups that the pandemic is disproportionately affecting people of color and to broadly see race at play in multiple aspects of healthcare. While some cite historical medical abuses, people believe quality of medical treatment is affected by race. Finally, a successful strategy for driving up intent to vaccinate combines the external validation that comes with showing you are responsible and care about your community with an internal drive to end the pandemic and get back to normal life. For those who are vaccine hesitant, attacking the safety issue head-on is necessary.
KEY FINDINGS

Food insecurity remained unchanged for fathers before and during COVID-19, while it increased for mothers. The use of public benefits increased for both parents, but with higher reliance for mothers even before COVID-19. A third of those who signed up for public benefits since the pandemic received informal and formal support from family/friends and community organizations to do so. This highlights the importance of social networks and community organizations in times of crisis.

Mothers struggled with mental health issues. A fourth of mothers “felt nervous” or engaged in “non-stop worrying” more than nearly half the day or nearly every day. Mothers had higher levels of clinical depressive and anxiety symptoms, which resulted in a mental wellbeing gap of 6 to 7 percentage points between mothers and fathers. Mothers experienced worse physical health, but all parents struggled with reduced medical care.

Unpaid work largely falls on mothers and during this pandemic, their workload increased, straining the balancing act of home responsibilities and paid work. During COVID-19, mothers are spending an additional 51 weekly hours on childcare and housework, compared to fathers.
Across NYC neighborhoods, Asian restaurants, food retail stores, and produce vendors had higher closures and slower reopening rates than non-Asian restaurants and compared to higher- and lower-resourced neighborhoods in the Manhattan and Brooklyn boroughs.

KEY FINDINGS

Administrative data have been the backbone of the response to the COVID-19 pandemic. Yet as of April 21, 2021, racial/ethnic group was missing for 39% of COVID cases and 17% of deaths in national data being used to drive policy and decision-making. Improving race/ethnicity data quality represents an opportunity to innovate on inclusive research and healthcare practices.

Across NYC neighborhoods, Asian restaurants, food retail stores, and produce vendors had higher closures and slower reopening rates than non-Asian restaurants and compared to higher- and lower-resourced neighborhoods in the Manhattan and Brooklyn boroughs.

Due to food outlet closures, there would be a 20% reduction in fruit and vegetable consumption due to the COVID-19 pandemic in the sampled New York neighborhoods. Given the well-known link between low fruit and vegetable consumption and the risk of severe diseases such as cardiovascular disease and cancer, coupled with stress related to increased anti-Asian violence against Asian Americans, and food insecurity documented for residents in that neighborhood, these effects will likely lead to an increase in the incidence of long-term chronic disease and poor mental health outcomes among residents in Chinatown.
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Few events have shaped American history and our national perspective on racial inequity as profoundly as the grief, community distress and economic devastation brought about by the COVID-19 pandemic.

The pandemic unmasked the stark racial inequities in our economic, health care, education and other systems and institutions — a reality of inequities to which we can not and must not return.

— Marc H. Morial