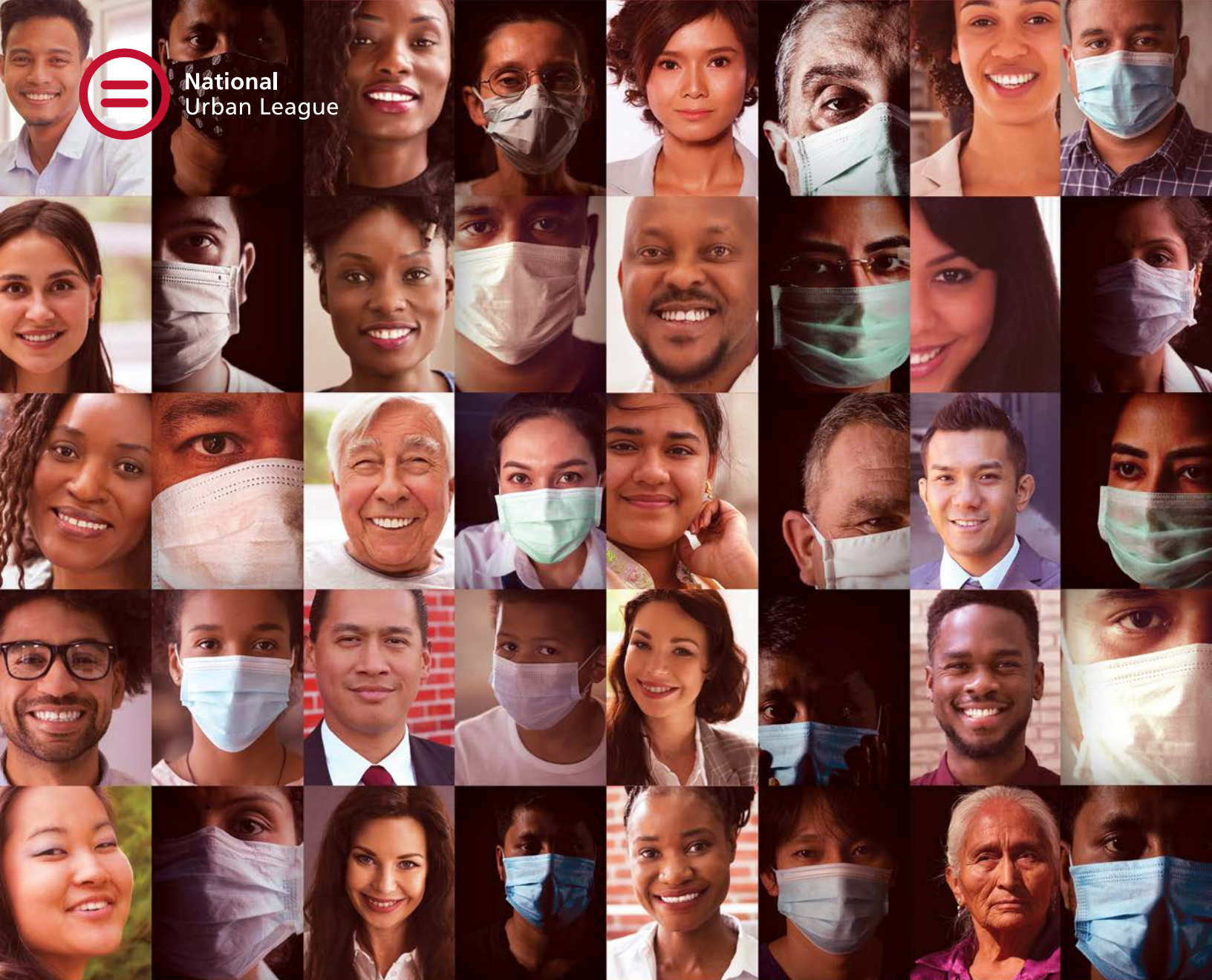




National
Urban League



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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Grills, C., Carlos Chavez, F. L., Crowder, C., De la Cruz Toledo He, E., Terry, D., & Villanueva, S. (August 2021).
COVID-19 Communities of Color Needs Assessment, National Urban League, Executive Summary.

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From the President's Desk



BY MARC H. MORIAL
President and CEO
National Urban League

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.

About the COVID-19 Needs Assessment

On January 30, 2020, the World Health Organization (WHO) announced that a novel coronavirus (SARS-CoV-2) that causes the COVID-19 disease represented a global public health emergency. A day later, the U.S. Department of Health and Human Services declared COVID-19 a health emergency for the United States. By March 11, 2020, the WHO declared a global pandemic. It quickly became clear that COVID-19 would have a disproportionate and adverse impact on Black, Latinx, Asian American, Native Hawaiian/Pacific Islander, and American Indian and Alaska Native communities. We also knew that despite a deluge of COVID-19-related research, a targeted needs assessment was necessary to capture the impact on racially and ethnically diverse communities.



The Needs Assessment was designed to address four questions posed by members of Congress:

- What are the differential pandemic experiences among Black/African American; Asian American, Native Hawaiian, Pacific Islander; Latinx; and Native American populations?
- Given the last recession in 2008, and the fact that communities of color have not recovered, how will these communities be affected in the wake of the pandemic?
- How is COVID-19 affecting the physical and mental health of communities of color? Has it exacerbated existing health problems?
- How has COVID-19 impacted the economic status of these communities?

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

Methods in Brief

Survey Sample Size: 24,944 + Admin Data: 154,064 + SME Data

Period of Data Collection: Dec 2020 – April 2021

Subject Matter Experts (SME)

Economics, Education, Public Health, Social Policy,
Epidemiology, Health Policy, Polling

The Association of Black Psychologists

N=2,480 adults
N=31 Key Informant Interviews
National mixed-methods sample
Survey collected: February 1 – March 29, 2021
Key Informant interviews conducted from April 1–24, 2021

Asian American Psychological Association

N=4,998
N=3,736 adults (Asian American)
N=1,262 adults (Native Hawaiian/Pacific Islander)
Survey translated into 9 Asian languages and 4 Pacific Islander languages
National cross-sectional online survey
Surveys collected: January 18 through April 9, 2021

National Latinx Psychological Association

N=3,759
N=2,300 Latinx adults
N=536 Adult immigrants
N=923 youth 13-17
National cross-sectional online survey
Survey translated into Spanish
Surveys collected: December 23, 2020 – January 31, 2021

American Psychological Association

N=154,064 elders across racial groups
Black: N=60,458
Asian American: N=32,939
Latinx: N=60,667
Primary analysis of the Census Bureau’s Household Pulse Survey (HPS)
HPS Surveys collected: April, 2020 – February, 2021

Community Coalition

N=4,447

Los Angeles County cross-sectional online survey
Survey translated into Spanish
Surveys collected: December 23, 2020 – April 15, 2021

Social Model Recovery Services

N=711

Community-based in-person surveys of people experiencing homelessness (PEH)
Surveys collected: April 7 – 22, 2021

Indigenous Wellness Research Institute

N=8,549 adults

National cross-sectional online survey in partnership with the Research for Indigenous Social Action and Equity Center (RISE).
Surveys collected: January 18, – March 19, 2021



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

The Alliance of National Psychological Associations for Racial and Ethnic Equity is a partnership of national psychological associations and research institutes, including The Asian American Psychological Association, The Association of Black Psychologists, The Indigenous Wellness Research Institute in partnership with the Research for Indigenous Social Action and Equity Center, The National Latinx Psychological Association, and The American Psychological Association.

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.

COVID-19

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.

COVID-19 Cross-Population Key Findings

Financial Concerns and Economic Effects

ASIAN AMERICANS

- 1 in 5** Asian Americans needed more help with unemployment services (20%) and utilities (19%)
- 15%** reported needing help with housing
- 55%** lost employment income since the start of COVID-19
- 85%** did not receive pay for time not working

NATIVE HAWAIIAN AND PACIFIC ISLANDER

- 62%** had someone in their household lose employment income since the start of the pandemic
- 29%** expected additional loss of employment income within four weeks of survey completion
- 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

BLACK

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

LATINX

AMONG YOUTH

- 36%** of youth were concerned about their family members losing their job
- 31%** of youth feared their family would likely be unable to pay important bills like rent within the next three months

AMONG ADULTS

- 40%** reported they and/or someone in their household were laid off from their job or had to close their own business
- 47%** indicated they and/or someone in their household experienced a reduction in work hours or were furloughed
- 35%** experienced difficulties paying bills such as rent or a mortgage
- 24%** of immigrants were laid off or had to close their business during the pandemic
- 33%** lived with someone who was laid off or had to close their business due to the pandemic

NATIVE AMERICAN

- 64%** experienced pandemic-related job or income loss
- 27%** had little to no confidence about their ability to pay their rent on time
- 23%** had to quit their job to become a caretaker
- 35%** reported financial concerns as one of their greatest sources of stress during the pandemic
- 25%** reported work impact (e.g., losing their job, reduced work hours) as one of their greatest pandemic-related stressors
- 30%** needed help with employment or unemployment services

ELDERS OF COLOR

- 49%** had a job loss in the household
- 37%** were expecting a job loss in the household

COVID-19 Cross-Population Key Findings

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

BLACK

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

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

COVID-19 Cross-Population Key Findings

Mental Health Effects

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

COVID-19 Cross-Population Key Findings

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

COVID-19 Cross-Population Key Findings

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 WiFi 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

COVID-19

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.

COVID-19 Los Angeles County Findings

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

COVID-19 Los Angeles County Findings

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

The Problem with Data for People of Color

This research was designed to address the gap in collaborative, interdisciplinary, multi-method multilingual research highlighting the unique circumstances and realities of ethnically minoritized groups in the U.S. during the COVID-19 pandemic. For example, this research addresses many common methodological issues that plague research on Asian Americans. The large sample allowed for the disaggregation of data by ethnic group, age, income, language, and other key dimensions; the Needs Assessment survey instrument was available in nine Asian languages, increasing accessibility and representation; and partnered with community and advocacy organizations and networks, further increasing geographic representation and better ensuring that our work is useful to our community stakeholders. Even with the diverse Asian subgroups, some of the categories remain quite small. This is problematic, particularly for those subgroups that are rarely captured in national or local data efforts (e.g., Indonesian, Cambodian) but have known disparities in healthcare access and socioeconomic status (e.g., Bangladeshi).

While efforts to assist people during COVID-19 are necessary, it is also critical to

1. Provide disaggregated information and data about the experiences of different racial/cultural groups after the pandemic ebbs,
2. Distinguish the essential and empirically validated facts from stereotypes and misinformation about each group,
3. Assess whether each racial group has the requisite access to social, economic, and health resources,
4. Evaluate the data needs of each group,
5. Guard against a one-size-fits-all approach to research methods and metrics,
6. Ground research studies in culture and context, and
7. Desist from research that prematurely and inappropriately engages in race/ethnicity comparisons.

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.

RESEARCHERS

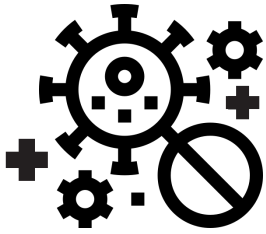
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KEY FINDINGS

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.

HEALTH POLICY



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.

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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.

EDUCATION



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.

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KEY FINDINGS:

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. In addition:

- 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.

POLLING



Blacks and Hawaiians tend to agree more readily that the pandemic is disproportionately affecting people of color and to broadly see race at play in multiple aspects of healthcare.

RESEARCHERS

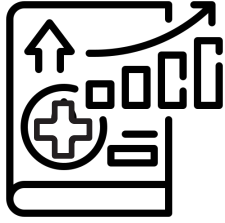
Brilliant Corners

Cornell Belcher

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 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.

SOCIAL POLICY/HEALTH ECONOMICS



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.

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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.

EPIDEMIOLOGY



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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.

Thank You

Our Funders

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Alliance Community Partners

The Community Coalition	Tinumasalasila A Samoa Student Organization	Charles R. Kelly Community Center
CDTech	Utah Pacific Islander Civic Engagement Coalition	Church of Christ, Ruleville
Social Model Recovery Systems	Utah Pacific Islander Health Coalition	Delmarva African American Pride Magazine
Arkansas Coalition of Marshallese	UTOPIA Portland	Delta Community Solutions
Chuuk Community Health Center	UTOPIA Seattle	Impact Detroit Network
Chuuk Women’s Council	We are Oceania	Joy Southfield Community Development Corporation
Empowering Pacific Islander Community	Hana Center	Life Asset
Faith in Action Research and Resource Alliance	Asian & Pacific Islander American Health Forum	Mississippi Center for Justice
First Chuukese Washington Women’s Association	Kalusugan Coalition	Quinn Community Outreach Corporation
Hawaii COVID-19 NHPI 3R Team	Asian Pacific Partners for Empowerment, Advocacy, and Leadership	Set for Life
Kosrae Community Health Center	Center for Pan Asian Community Services	Sisters 4 Sisters Network, Inc.
Kwajalein Diak Coalition	Coalition for Asian American Children+Families	Split Second Foundation
Majuro Wellness Center	Asian Pacific Community in Action	Sustainable Community Farms
Marianas Health	National Indo-American Museum	The National Coalition of 100 Black Women, Inc., Los Angeles Chapter
Marshallese Women’s Association	Hanul Family Alliance	Trinity AME Church - Gonzales, LA
National Tongan American Society	VN Teamwork	Tunica 10 Point Coalition, Inc.
Native Hawaiian and Pacific Islander Alliance	Pui Tak Center	Center for Native American Youth at the Aspen Institute
Northern California COVID-19 Response Team	Center for Pan Asian Community Services	IllumiNative
Oregon Pacific Islander Coalition	Coalition for a Better Chinese American Community	Native Organizers Alliance
Oregon Pacific Islander COVID-19 Response Team	Asian Business Association of San Diego	University of Michigan Research for Indigenous Social Action and Equity (RISE)
Pacific Islander Community Association of Washington	Search to Involve Pilipino Americans	Mni Wiconi Clinic and Farm
Pacific Islander Health Board	Filipino American National Historic Society	Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai’i at Manoa
Pacific Islander Primary Care Association	National Council of Asian Americans	Papa Ola Lokahi
Pacific Islander Regional Taskforce	Association of Asian Pacific Community Health Organizations	American Indian Cultural Center of San Francisco
Palau Community Health Center	Chinese-American Planning Council	Native American Indigenous Studies Program UC San Diego
Pasefika Empowerment and Advancement	Career and Recovery Resources, Inc.	Pacific Islander Community Association of Washington
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**During the time of the Project, Dr. Byrd was a Post-Doctoral Fellow at the Institute of Gerontology Wayne State University.*

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



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