



National
Urban League

COVID-19

COMMUNITIES OF COLOR NEEDS ASSESSMENT

Asian American Psychological Association
Native Hawaiians/Pacific Islander

A PARTNERSHIP WITH
The Alliance for National Psychological Associations for Racial and Ethnic Equity



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THE ASIAN AMERICAN PSYCHOLOGICAL ASSOCIATION

The Asian American Psychological Association strives to advance the mental health and well-being of Asian American communities through research, professional practice, education, and policy.

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Introduction

COVID-19 has disproportionately struck communities of color.^{1,2} The pandemic has laid bare for policy makers, news and social media, and the general public the longstanding inequities that cause poor health such as economic instability, poverty, racism, health care access, and social and community contexts. One racial and ethnic category frequently missing from discussions about COVID-19's dire consequences is Native Hawaiians and Pacific Islanders (NH/PI). This omission is especially glaring since different national COVID-19 data trackers report NH/PIs as having the highest rate of confirmed cases and deaths from COVID-19 in many parts of the country.³ Yet, there is little information regarding how the social determinants of health are contributing to the COVID-19 experience in NH/PI communities.

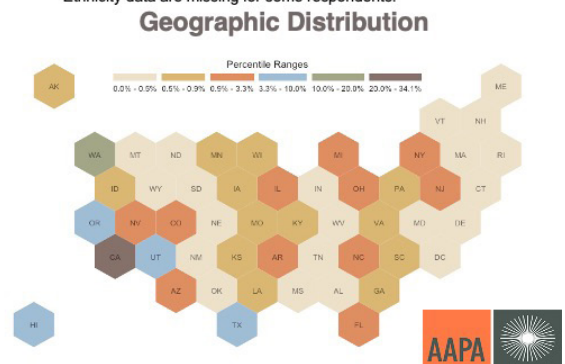
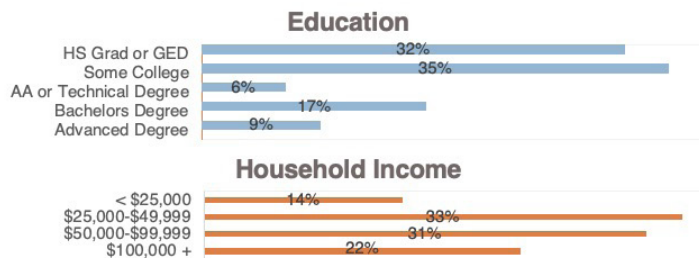
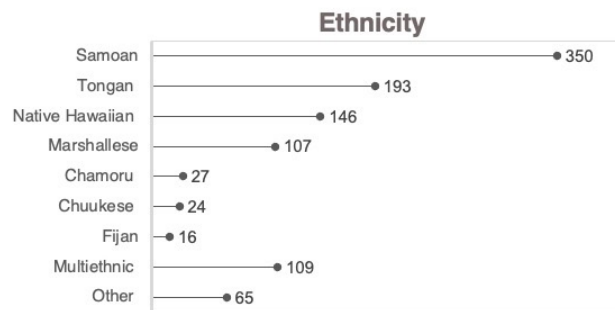
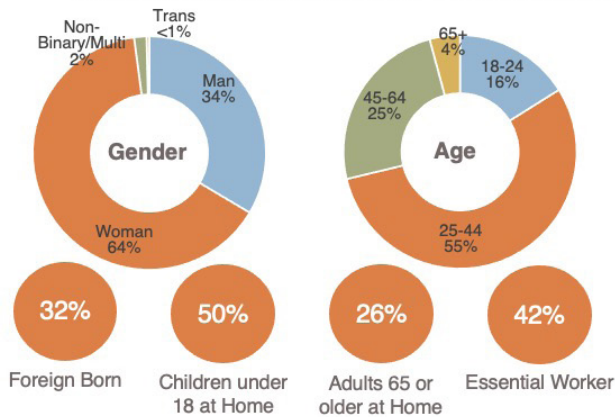
The AA & NH/PI COVID-19 Needs Assessment Project, in partnership with community organizations, conducted a nationwide survey of NH/PIs to uncover information about how residents are faring during the pandemic. The survey, conducted from January 18 through April 9, 2021, included samples representing the three major NH/PI ethnic groupings: Polynesian (Native Hawaiian, Samoan, Tongan); Micronesian (Chamoru, Marshallese); and Melanesian (Fijian). The study relied on self-report of respondent ethnicity, and a systematic screening process verified eligibility (i.e., US residency; NH/PI subgroup membership) for the study. Respondents were provided a \$10 honorarium for their participation in the survey. Eligible respondents completed a web-based survey. If eligible participants did not have access to a computer or preferred a different mode of responding to the survey, they were given a self-administered paper questionnaire or completed the survey through a phone or virtual interview. When this occurred, the questionnaire responses were coded, and researchers entered the responses into the survey database.

Respondents were recruited through a national Qualtrics panel and community organizations across the nation. The intent of the survey was to secure a broad swath of NH/PIs who live in different states and who represented different NH/PI ethnic groups. Children under the age of 18 years old were excluded from this study. The survey produced a rich dataset about various facets of the lives of NH/PIs as they manage their daily routines during the pandemic. This report highlights some of the critical data that may be useful for program and policy planning.

Native Hawaiian and Pacific Islander sample demographics

The final sample included 1,262 adult respondents. Over half (55%) were between the ages of 25-44, 25% were ages 45-64, and 16% were ages 18-24. The sample included diverse representation across ethnic groups including Samoan (27%), Tongan (15%), Native Hawaiian (11%), Multiethnic (9%), Marshallese (8%), Chamoru (17%), Chuukese (2%), and Fijan (1%). Women comprised nearly two-thirds (64%) of the sample, while men represented about one-third (34%). Thirty two percent were foreign born, and 42% were essential workers. About one in three (32%) had a high school diploma or GED equivalent, and 35% had some college. The remaining participants had obtained a Bachelors (17%), Advanced (9%), or AA/Technical degree (6%). Half (50%) resided with children under the age of 18, and 26% lived with adults ages 60 and older. About one in three earned \$25,000-\$49,000 annually, 31% earned \$50,000-\$99,000, and 22% earned \$100,000 or more each year. The geographic regions with the highest response rates were California and Washington, followed by Oregon, Hawaii, Texas, and Utah.

Native Hawaiian and Pacific Islander Sample Demographics (N = 1,262)



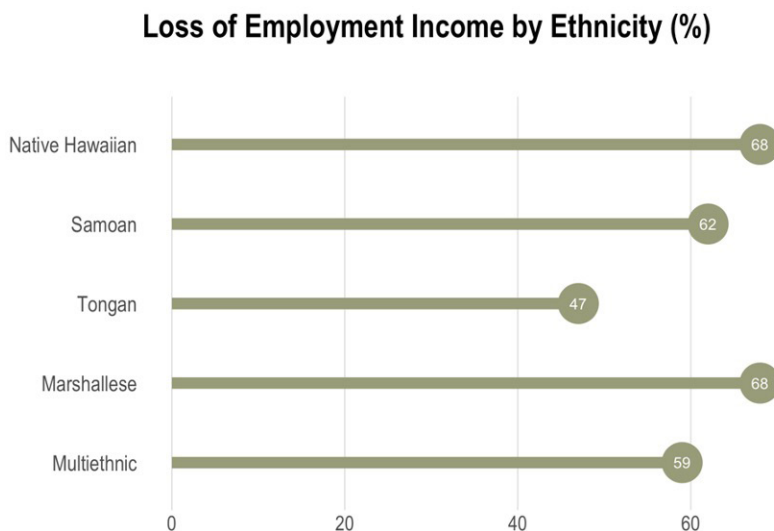
Key Findings

Economic Impact

Financial hardship (e.g., paying for mortgages or rents, buying necessities, and paying for childcare, schooling, or utilities), was frequently associated with mental health symptoms and disorders like depression and anxiety. While financial hardships have been a constant strain for many American families, COVID-19 has expanded the number of people who experience economic difficulties through closed businesses, workplaces with reduced hours, and job losses. For example, one COVID-19 study showed that 15% of U.S. respondents had experienced reduced wages or work hours in March 2020.⁴ The jobs report at that time was equally dismal with the U.S. losing 20.6 million jobs compared to the prior month which amounted to a 14.7% unemployment rate highest since the Great Depression of the 1930s.⁵

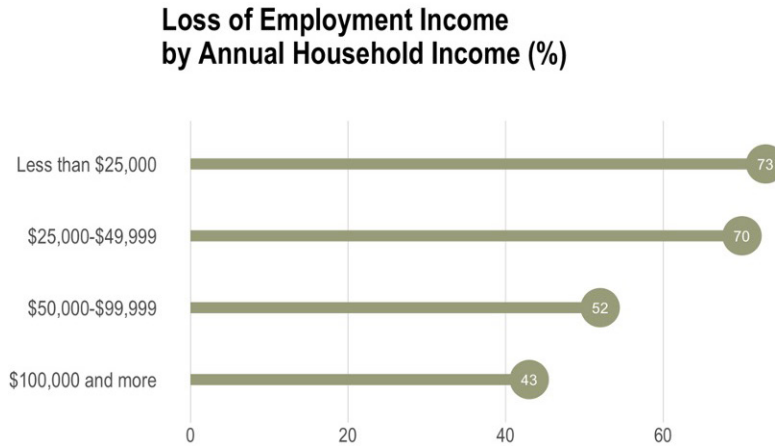
NH/PIs are similarly shaken by the economic impact of the pandemic. In our study, financial hardship was a primary source of stress among Pacific Islanders. The economic impact of COVID-19 can also highlight pandemic specific concerns or stressors that have been worsened during COVID-19. In the NH/PI sample, almost 62% had someone in their household lose employment income since the start of the pandemic with 29% expecting additional loss of employment income in the next four weeks. More than half (53%) of Pacific Islanders reported financial concerns to be one of their greatest sources of stress during the pandemic.

Current and expected employment income loss by Pacific Islander ethnicity (for ethnic groups with sample sizes 50 or more respondents)



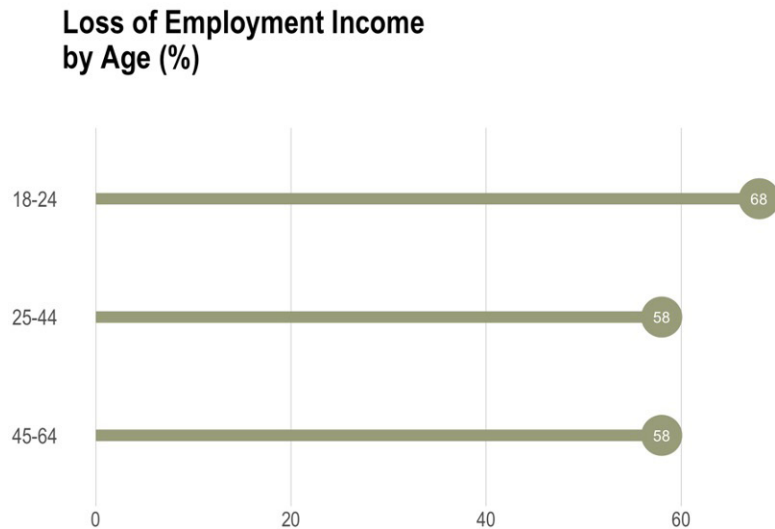
Key finding: More than two out of three Native Hawaiians and Marshallese respondents reported losing employment income, followed by three out of five Samoan and multiethnic respondents reporting lost income.

Employment income loss by income group



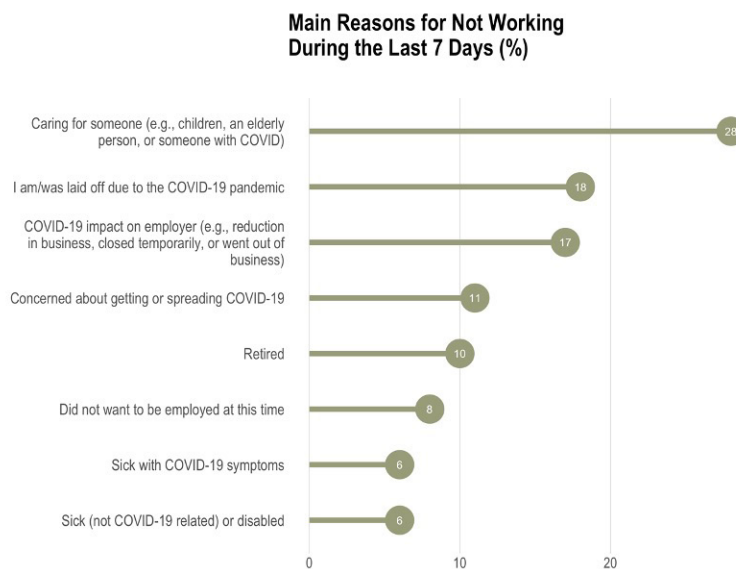
Key finding: Over 40% of NH/PI respondents across all income groups reported income losses. Employment income loss was more significant among the two lowest income brackets (below \$50,000 of annual household income).

Employment income loss by age group



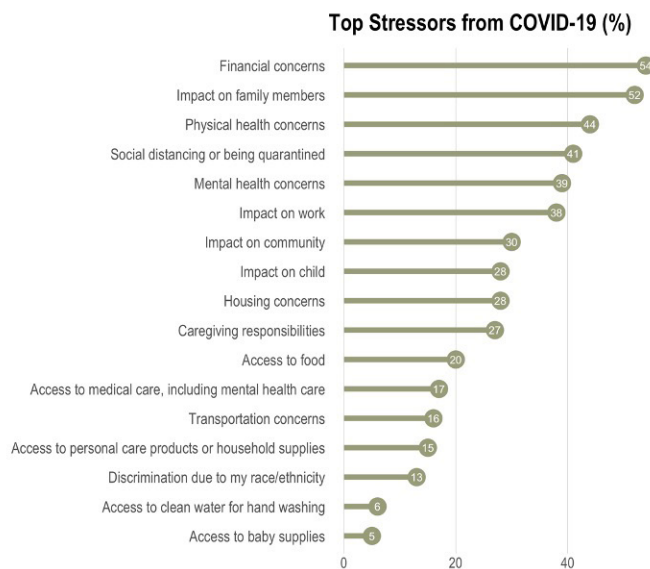
Key finding: Loss of employment income was highest among the youngest age group (68% reported job loss among respondents ages 18-24) followed by middle-aged adults (58% reported job loss among respondents ages 45-64.) Data for older adults (65+) are not reported because of their small sample size.

Main reasons for not working in the past 7 days



Key finding: Among respondents who did not work for pay in the last 7 days, the main reasons for not working were: 28% cared for children, an elderly person, or someone with COVID-19 symptoms; 18% being laid off due to the pandemic; and 17% because of COVID-19’s impact on their employers.

Top sources of stress for Pacific Islanders

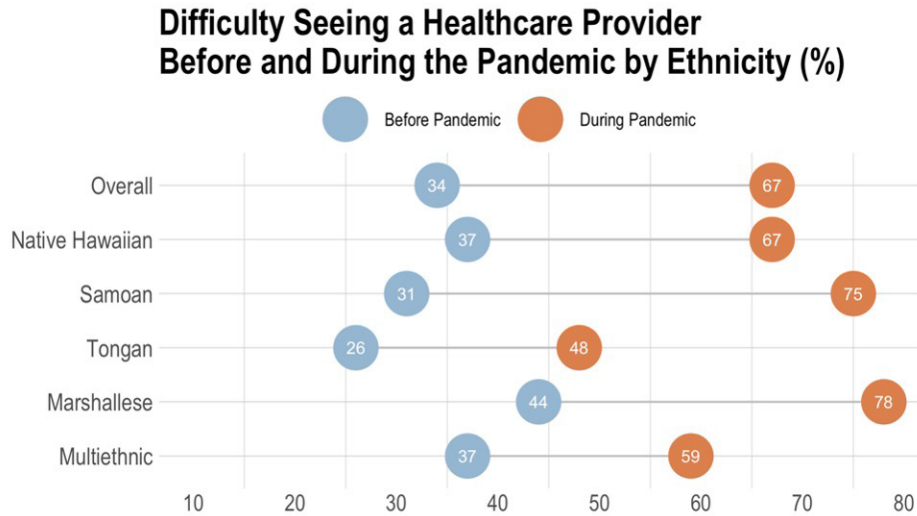


Key finding: The top stressor for Pacific Islanders during the pandemic was financial concerns.

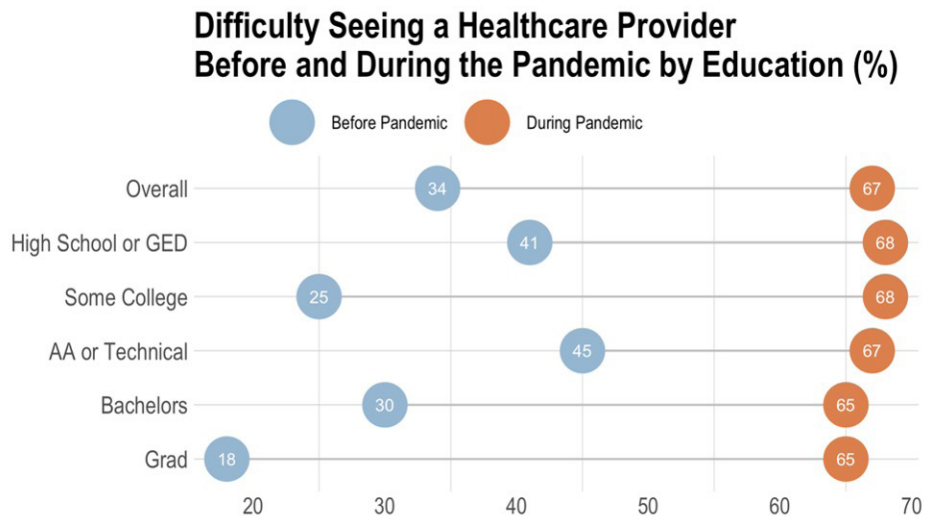
Healthcare Access

Access to health care resources and being able to access care in a timely manner are two important factors that could mitigate the transmission of COVID-19, the severity of COVID-19 symptoms and worsening of chronic conditions. Overall, NH/PIs found it more difficult to see a healthcare provider during the pandemic compared to before the spread of COVID-19.

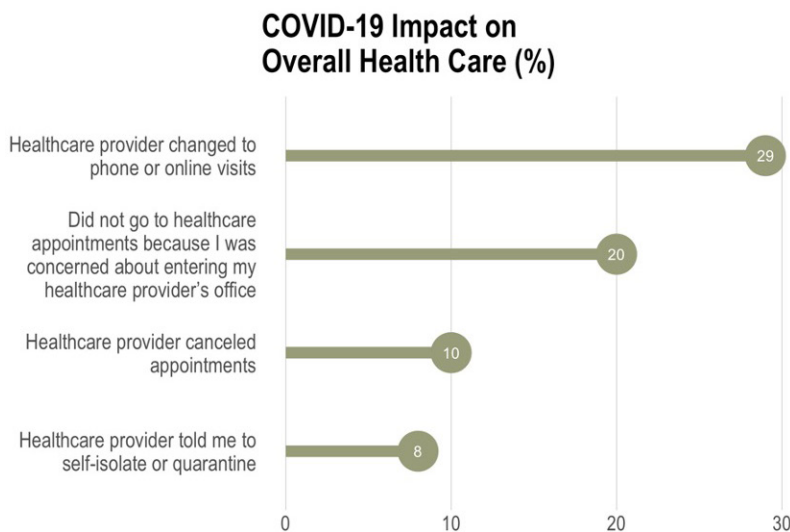
Difficulty seeing healthcare provider before and during pandemic by ethnicity



Difficulty seeing healthcare provider before and during pandemic by age group



Difficulty seeing healthcare provider before and during pandemic by education group



Key finding: NH/PI generally reported more difficulties in accessing a health care provider during the pandemic when compared to before the pandemic. These healthcare access challenges cut across ethnicity, age, and education levels.

COVID-19 impact on overall health care for Pacific Islanders

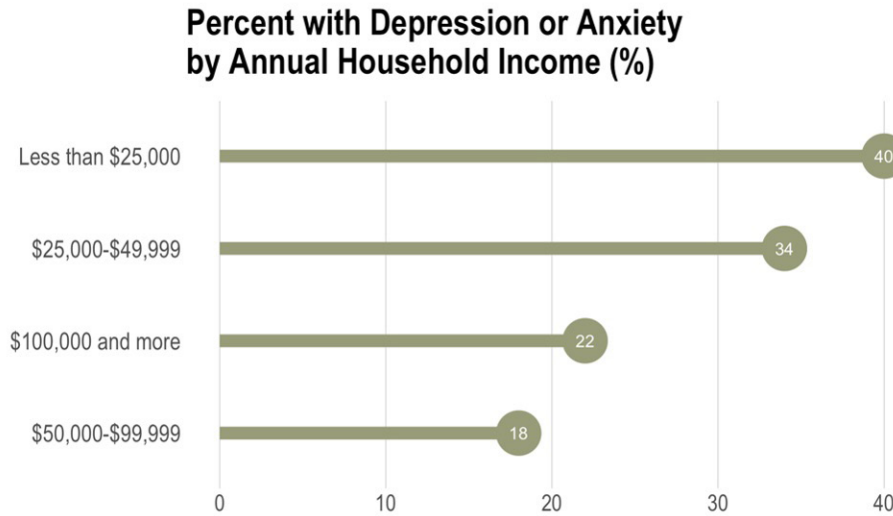
Key finding: The main ways in which COVID-19 impacted health care access was through changes from in-person appointments to phone or online visits (29%) and missing healthcare appointments due to concerns about entering a healthcare providers' office (20%).

Mental Health

COVID-19 risks and efforts to mitigate its spread (e.g., social distancing) have led people to feel isolated and lonely, uncertain of their future, detached from close family members and friends, and less able to concentrate and focus. These feelings can be associated with sadness and heightened fears about daily routines and activities. If unresolved or unattended, these symptoms of depression and anxiety can lead to more serious mental health problems that can have dire consequences for the individual, family members, and society in general. The National Institute of Mental Health estimates that in 2020, 7.1% and 19.1% of adults 18 years and older suffered from major depression and anxiety disorders in the past year, most of whom did not access timely care.⁶

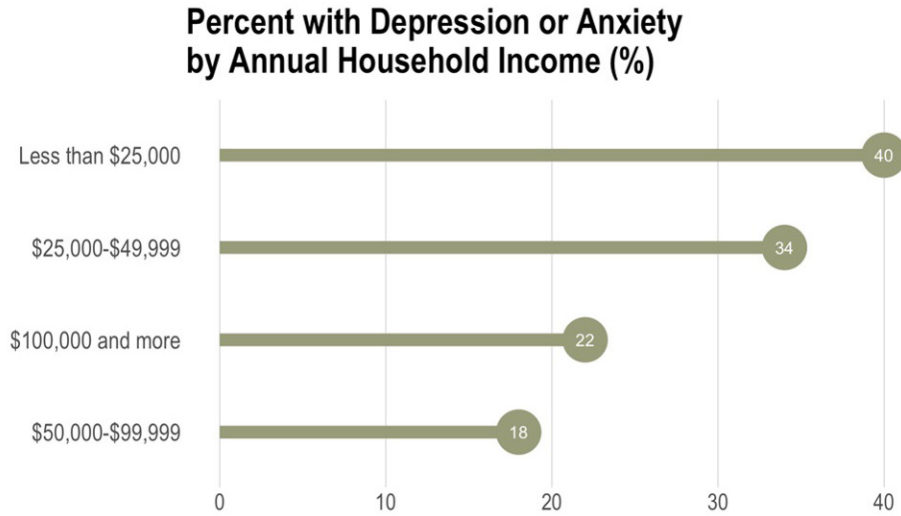
Pacific Islanders reported high levels of depressive and anxiety symptoms. Twenty-eight percent of NH/PIs reported depression symptoms and 31% of the NH/PI respondents reported anxiety symptoms. Nearly four in ten of the Pacific Islander respondents (38%) stated they had either depression or anxiety symptoms.

Percent with depression or anxiety by Pacific Islander ethnicity (for ethnic groups with sample sizes of 50 or more)



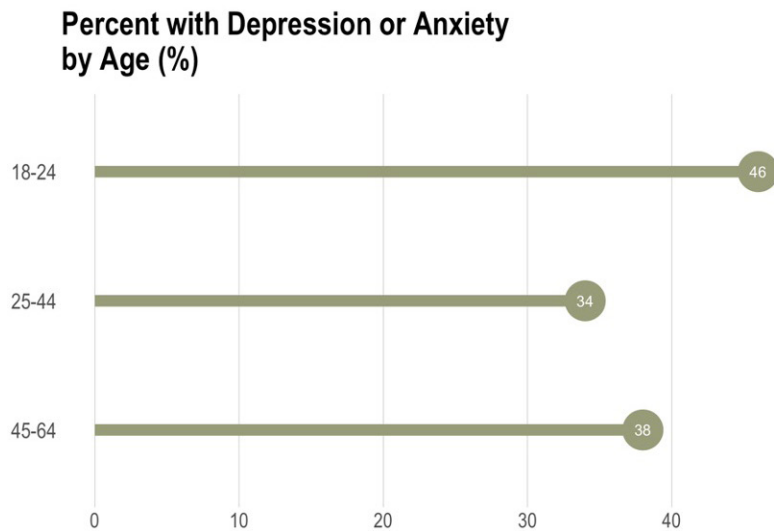
Key finding: The prevalence of depression and anxiety varied widely across NH/PI ethnic groups. Marshallese had the highest proportion of respondents with depression or anxiety and Tongan respondents had the lowest percentage.

Percent with depression or anxiety by income group



Key finding: The proportion of Pacific Islanders with depression or anxiety were highest among the two lowest income brackets (below \$50,000 of annual household income).

Percent with depression or anxiety by age group

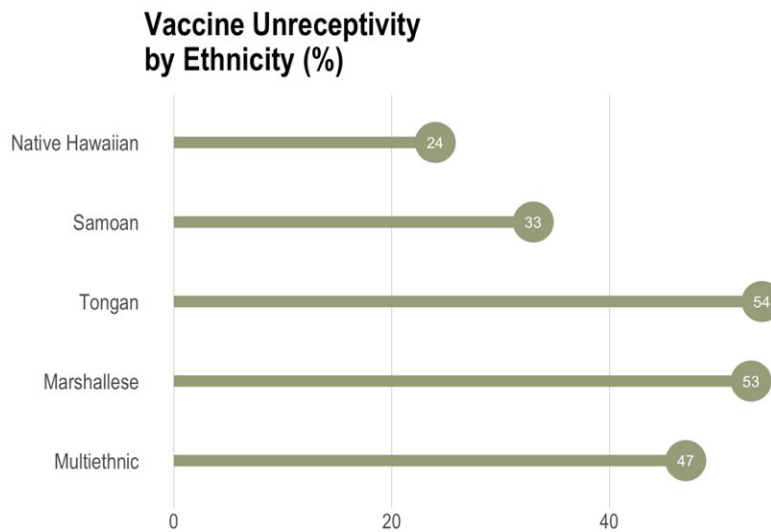


Key finding: Depression or anxiety were highest among the youngest age group (18-24 years). Older adults (65+) were excluded because of their small sample size in our survey.

COVID-19 Vaccine Hesitancy

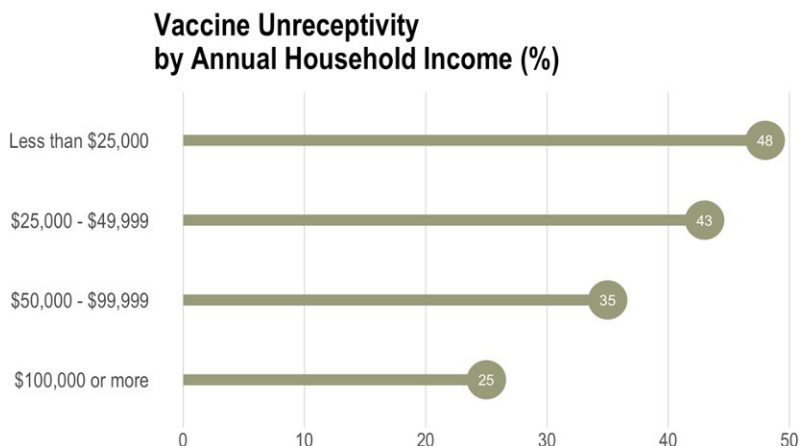
Views on getting vaccinated for COVID-19, being receptive to the vaccination, or having access to the vaccinations shed light on COVID’s continued effect in a community. Vaccination data can also highlight whether some groups remain vulnerable to the spread of COVID-19. On April 18, 2021, the Centers for Disease Control indicated that nearly one-fourth of the U.S. adult population had been fully vaccinated. Our study found a high percentage (38%) of Pacific Islanders who reported being hesitant (uncertain or unlikely to get vaccinated for COVID-19) about receiving the COVID-19 vaccination.

Percent with vaccine unreceptivity (unsure or unwilling to get vaccinated) by Pacific Islander Ethnicity (for ethnic groups with sample sizes 50 or more respondents)



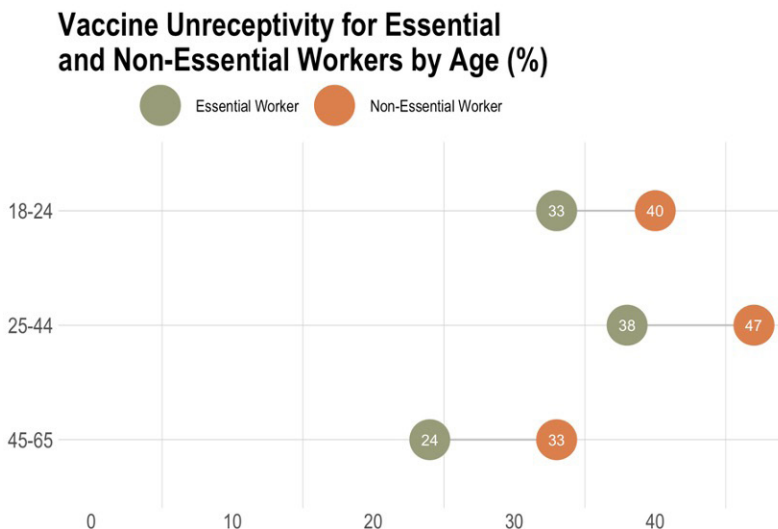
Key finding: There was substantial variation among Pacific Islanders related to vaccine hesitancy. Over half of Tongans and Marshallese reported high levels of uncertainty about the getting the COVID-19 vaccination.

Percent with vaccine unreceptivity (unsure or unwilling to get vaccinated) by income group



Key finding: Pacific Islander respondents in the lowest income brackets were more hesitant about COVID-19 vaccination (43% to 48%).

Percent with vaccine unreceptivity (unsure or unwilling to get vaccinated) by age group and essential worker status



Key finding: Pacific Islanders in the 18-24 and 25-44 age groups reported high levels of hesitancy about the vaccination. Older adults (65 years and older) are not shown in the graph because of a small sample size (N=38). Although essential workers in each age group were more receptive to the vaccination than those who were not essential workers, rates of hesitancy were still high, particularly in the youngest age groups.

Conclusions and Key Recommendations

- Data reflecting Native Hawaiians’ and Pacific Islanders’ experience during the pandemic has rarely been reported. A strong community led effort was successful in overcoming historical obstacles in data collection through effective community engagement.
- This report shows the importance of considering the heterogeneity within the NH/PI community. Critical ethnic differences were observed across different outcomes. The heterogeneity of the NH/PI population also intersected across age and income groups.
- Our survey highlights the importance of disaggregating outcomes for the NH/PI population to fully identify groups and communities who are particularly at risk for different social, economic, and health problems.
- The NH/PI population has suffered during the pandemic and many still bear a burden as COVID-19 continues to impact their lives. In the three areas highlighted in this report, NH/PIs had high levels of economic stress, limited use and access to health care, high levels of depression and anxiety symptoms and a reluctance to receive the COVID-19 vaccination.
- The demographic breakdown of the survey suggests that NH/PIs frequently experience low levels of educational attainment and live in low-income households which may have contributed to delays in seeking healthcare and significant hesitancy to receive the COVID-19 vaccine. This disengagement of resources intended to protect communities from COVID-19 have the potential to prolong the devastating impact COVID-19 has on Native Hawaiian and Pacific Islanders.

1. This project demonstrated the importance of partnering with communities to collect data and conduct research that reflects the diversity of NH/PI populations.

Recommendations

- Fund efforts that provide disaggregated data on NH/PI communities
- Partner with NH/PI national and community organizations to ensure timely development and maintenance of culturally respectful, competent, and responsive methods for research and data collection.
- Directly fund community-based organizations (CBOs) to build infrastructures to conduct Community Engaged Research as this will ensure research and data are from a community-centered and driven lens. This type of data collection and research is fundamental to critically address the deficits and disparities for NH/PIs.
- Fund secondary analysis of existing databases to fully describe health disparities experienced by NH/PIs with community members and do so in consultation with NH/PI research community councils.

2. Native Hawaiians and Pacific Islanders (NH/PI) are a low-income group.

Recommendations

- Increase access to benefits (e.g., unemployment) through hiring culturally and linguistically competent staff to translate and interpret enrollment materials while assisting families with technology and linguistic barriers and contracting NH/PI organizations to provide these services.
- Expand access and benefits like SNAP and WIC (e.g., acceptance of SNAP at online retailers beyond corporate giants).
- Directly fund NH/PI CBOs mitigating food and housing insecurity with low barrier flexible emergency funding made available to families experiencing crisis, and support cultural foods access programs for NH/PI & other BIPOC communities.
- Fund poverty reduction programs (e.g., financial literacy, early learning education, first time buyers and job training) that can increase the financial autonomy of NH/PI families to build wealth. This could have an impact on closing the wealth and educational achievement gaps in NH/PI communities.
- Fund dedicated re-entry programs focused on restorative justice community-led programs and support cultural programming focused on the healing of communities.
- Expand benefits such as the FEMA Funeral Assistance Program to include “Habitual residents such as citizens of the Federated States of Micronesia, Palau, and the Republic of the Marshall Islands.”⁷

3. NH/PI are at increased risk of severe illness from COVID-19 due to a delay in seeking healthcare.

Recommendations

- Ensure resources to develop and implement innovative approaches to uncover and address upstream root causes of NH/PI health inequities.
- Fund projects to address, monitor and evaluate systemic causes of NH/PI health inequities.

4. NH/PI-led CBOs fill in critical gaps in federal, state, and local government especially to improve the likelihood NH/PI obtain a COVID-19 vaccine.

Recommendations

- Ensure funding and resources within aid relief packages that are earmarked for distribution to CBOs providing direct to community services. Include flexible funding to support CBO capacity and community engagement work.
- Include ‘Native Hawaiian and Pacific Islander’ lead organizations when defining and describing organization eligibility.

Community Partners

Arkansas Coalition of Marshallese
Chuuk Community Health Center
Chuuk Women's Council
Empowering Pacific Islander Community
Faith in Action Research and Resource Alliance
First Chuukese Washington Women's Association
Hawaii COVID-19 NHPI 3R Team
Kosrae Community Health Center
Kwajalein Diak Coalition
Majuro Wellness Center
Marianas Health
Marshallese Women's Association
National Tongan American Society
Native Hawaiian and Pacific Islander Alliance
Northern California COVID-19 Response Team
Oregon Pacific Islander Coalition
Oregon Pacific Islander COVID-19 Response Team
Pacific Islander Community Association of Washington
Pacific Islander Health Board
Pacific Islander Primary Care Association
Pacific Islander Regional Taskforce
Palau Community Health Center
Pasefika Empowerment and Advancement
Papa Ola Lokahi
PolyByDesign
Southern California COVID-19 NHPI Response Team
Tinumasalasala A Samoa Student Organization

Utah Pacific Islander Civic Engagement Coalition
Utah Pacific Islander Health Coalition
UTOPIA Portland
UTOPIA Seattle
We are Oceania
Hana Center
Asian & Pacific Islander American Health Forum
Kalusugun Kalusugan Coalition
Community & Advocacy Network PartnersAsian Pacific Partners
for Empowerment, Advocacy, and Leadership
Center for Pan Asian Community Services
Coalition for Asian American Children+Families
Asian Pacific Community in Action
National Indo-American Museum
Hanul Family Alliance
Hiep Luc VN Teamwork
Pui Tak Center
Center for Pan Asian Community Services
Coalition for a Better Chinese American Community
Asian Business Association of San Diego
Search to Involve Pilipino Americans
Filipino American National Historic Society
National Council of Asian Americans
Association of Asian Pacific Community Health Organizations
Chinese-American Planning Council

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Appendix A

METHODOLOGY

Overview

The study population consisted of Asian American (AA) and Native Hawaiian and Pacific Islander (NH/PI) adults, 18 years and older, residing in the United States. Eligible respondents included people who reside in the U.S. in permanent or temporary quarters (e.g., dormitories, apartments, hotels), but who still consider their permanent residence within the U.S. A primary objective of this study was to assess emerging needs because of COVID-19 and to have diverse representation of different AA and NH/PI ethnic groups. To meet this end, the sample was initially stratified by five AA ethnic groups (Chinese, Filipino, South Asian, Vietnamese, and Korean) and five NH/PI ethnic groups (Native Hawaiian, Samoan, CHamoru, and Marshallese), but was later expanded to include all AA and NH/PI groups. AA groups included the five largest in most census estimates. The South Asian ethnic group included people with roots in India, Pakistan, Bangladesh, Sri Lanka, Nepal, among others. The NH/PI ethnic groups included the largest in the three major categories: Polynesian (Native Hawaiian, Samoan, Tongan); Micronesian (CHamoru, Marshallese); and Melanesian (Fijian). A systematic screening process verified eligibility (i.e., US residency; AA and/or NH/PI subgroup membership) for the study and ask eligible respondents to participate in the study. The study relied on self-report to measure the ethnicity of the respondent.

Children under the age of 18 years old at the time of the survey were excluded from this survey. The exclusion of children was a function of cost and time considerations since it would take considerably more effort to secure parental consent to recruit children into the sample. To obtain some information about how children are faring in the pandemic environment, the survey includes a few questions asking parents about this issue.

Survey Design

The design used a dual frame to recruit eligible respondents for the survey. The intent of the survey was to secure a broad swath of AA and NH/PI who live in different states and who represented different ethnic groups. The first frame recruited respondents from a Qualtrics panel that provided an overall national dataset about how different AA and PI ethnic groups are doing on certain dimensions during the pandemic. Since the Qualtrics panel would likely have been biased toward highly educated, middle to high income and English proficient respondents, we supplemented this sample with a frame derived from recruiting residents from community organizations and social media platforms. Convenience samples, like the one used here, are relatively efficient and less costly means to recruit samples especially from relatively rare population. The non-probability characteristic of the convenience sample is its most serious disadvantage. It is, by nature, difficult to generalize to a specific population since we do not have sufficient information about the types of people among AA and PI populations who do not use social media or participate in the selected organizations which are critical elements of our recruitment strategy. Accordingly, it will not be possible to make precise prevalence estimates of the outcome variables. Despite this disadvantage, the convenience sample can be enhanced to increase its value. The dual sampling strategy provided the opportunity to recruit people with different profiles which will increase the coverage and inclusion of a heterogeneous final sample. In subsequent data analyses, we plan to consider recent statistical innovations that can complement convenience sample which may make it amenable to use powerful inferential statistical tools in our analyses (Hedt & Pagano, 2014). For this current report, we used the pool unweighted samples from the dual frames.

A systematic screening process verified eligibility (i.e., US residency; AA or NH/PI subgroup membership) for the study. The study relied on self-reports to measure the ethnicity of the respondent. Respondents were provided a \$10 honorarium for their participation in the survey. Eligible respondents completed a web-based survey. If eligible participants did not have access to a computer or preferred a different mode of responding to the survey, they were given a self-administered questionnaire or completed the survey through a phone or virtual interview. When this occurred, the questionnaire responses were coded and researchers entered the responses into the survey database.

Cultural Considerations

One of the goals of this survey was to make it accessible to a broad range of respondents. Since language is a key facet in the AA and PI communities, the survey was translated from English into the following languages: Chinese (traditional and simplified); Bangla, Hindi, Urdu; Vietnamese; Korean; Tagalog; Khmer; Samoan; Tongan; CHamoru; and Marshallese. We also worked extensively with different national and community AA and PI organizations to gather input on the survey design and content, to ensure that the data can be useful and useable for policy and programmatic purposes, and to facilitate the recruitment of eligible respondents into the survey.

Measures

Three principles guided the selection of the measures. First, the core measures agreed upon by the Alliance members were given priority for inclusion in the AA and PI survey. Second, some survey measures are taken from the Census Bureau's Household Pulse Study (HPS) project about the public's response to the COVID-19 pandemic. The inclusion of the HPS measures provided a means to compare the findings from this survey with a national probability sample. Finally, the AA and PI research team agreed on the remaining measures for the survey that were derived from other local and national COVID surveys. Measures were generally taken from established scales. At the outset, the AA and PI group agreed that the survey was to take no longer than 20 minutes to complete to minimize respondent burden.

Data Cleaning and Verification

Extensive time was spent verifying the survey responses and cleaning the resulting survey data. Since bots are a major problem with online survey, we checked for inconsistent responses between variables such as age and birthdays, the inordinate use of the same internet protocol addresses. Since we provided a \$10 stipend for participation in the survey, we also checked for inconsistency in the address and the geographic location recorded in the survey.

Limitations

This needs assessment study has several limitations. First, findings are based on cross-sectional surveys and it is not possible to make causal attributions. Second, we do not have data prior to the start of the pandemic. While we do ask respondents about their perception of changes before and during COVID-19, the absence of survey data on our samples do not allow us to make precise comparison between these two time periods. Third, despite our intent to provide data on specific NH/PI ethnic groups, it was not possible to do so in all cases. For example, the South Asian sample includes a number of ethnic groups and for some ethnic groups, like the Bangladeshi, the resulting sample is too small to make a statistically accurate conclusion.

Despite these limitations, the surveys produced rich datasets on AA and NH/PI residents and how they are faring during the current pandemic. This report can only touch on some of these important findings and we plan to produce more data briefs for community audiences and policy makers as well as papers for scholarly and academic outlets. It also should be noted that even when some sample sizes are too small to make definitive statistical conclusions about some ethnic groups, having representation from these groups does allow us to identify patterns that may be useful to examine in future studies.

Human Subjects

The Asian American Pacific Community Health Organizations (AAPCHO) reviewed and approved the human subjects protocol for the surveys. The AA & NH/PI COVID-19 Needs Assessment investigators completed their individual human subjects training and are certified by their local institutions.

Selected References

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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



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