



ASIAN AMERICAN COVID-19 NEEDS ASSESSMENT
Executive Summary
May 26, 2021

The AA & NH/PI COVID-19 Needs Assessment Study, conducted by the Asian American Psychological Association, examines different facets of Asian American and Native Hawaiian/Pacific Islander (AA & NH/PI) experiences during the pandemic, including mental health, discrimination, health and health care access, economic and housing impact of COVID-19, food security, and education. This project is part of a larger multi-racial research study that is supported by the National Urban League, a historic civil rights and advocacy organization with 90 affiliates in 300 communities across the country. The full COVID-19 Communities of Color Needs Assessment Phase 1 report, inclusive of this study and its full report, will be available on the National Urban League's [website](#) in June 2021.

Researchers prioritized study accessibility and community engagement. Since language is a key facet in AA and NH/PI communities, the survey was translated from English into the following languages: Bangla, Chinese (traditional and simplified), Hindi, Khmer, Korean, Tagalog, Urdu, Vietnamese, Chamoru/Chamorro, Marshallese, Samoan, and Tongan. We also worked extensively with different national and community organizations to gather input on the survey design and content, to ensure that the data can be useful and usable for policy and programmatic purposes, and to facilitate the recruitment of participants. The study was conducted January 18-April 9, 2021, with 3,736 Asian American adults (18 years and older).¹ To capture the needs of Asian Americans among those who reported hate incidents during COVID-19, these data are supplemented by a survey conducted January 21-March 21, 2021 of 421 respondents who reported to the Stop AAPI Hate Reporting Center. Sample demographics and methodology can be found on our [website](#) and in the full report.

KEY FINDINGS ON THE NEEDS AND IMPACTS OF COVID-19 ON ASIAN AMERICAN COMMUNITIES

1. Increased Mental Health Symptoms and Need for Mental Health Services

Pandemic-related stressors compounded by the rise in anti-Asian racism have contributed to an unprecedented increase in mental health needs among Asian Americans.

- More than half (53%) of Asian Americans reported that mental health has been a significant source of stress during COVID-19.
- More than 6 in 10 (62%) Asian Americans with current diagnosed mental health conditions needed help accessing mental health services, indicating extremely high unmet need.
 - 18–44 year olds and those less comfortable speaking English reported greatest need accessing mental health care.
- More than 4 in 10 Asian Americans reported current mental health symptoms,² an alarmingly high figure considering historically low prevalence rates for mental health problems.
 - Some groups were more vulnerable to mental health problems: Younger adults (18-24 years old), individuals making less than \$25,000 annually, US born, women, and non-binary adults, Southeast Asian Americans, and multiethnic Asian Americans were most vulnerable to experiencing anxiety or depression.

¹ Our executive summary of findings from Native Hawaiian/Pacific Islander respondents can be found [here](#).

² National Health Interview Study 2019 data are considered a useful benchmark of pre-pandemic mental health for Asian Americans. In 2019, 10.2% and 8.5% of Asian Americans were experiencing depression and anxiety symptoms respectively, the lowest of any racial/ethnic group.

2. Racism and Its Impact on Mental Health

Racism has profound implications for the health and mental health of Asian Americans, placing individuals at risk for the development of mental and physical health conditions.

Experiences of Anti-Asian Discrimination

- In this study, 3 in 10 (31%) Asian American adults faced discrimination during the COVID-19 pandemic.
- Three-quarters (75%) of Asian Americans believe the United States had become more dangerous for their racial/ethnic group.
- 70% believe that political rhetoric is to blame for increased bias.
- More than half (54%) of Asian-language survey respondents were cyberbullied because of their race/ethnicity compared to 25% of English-language survey respondents. Differences were also observed in the types of anti-Asian discrimination experienced by Asian-language respondents and English-language respondents.
- 72% of those who reported discrimination to Stop AAPI Hate (SAH) endorsed that discrimination was a significant source of stress for them, greater than all other pandemic stressors.

Racial Trauma

- Racial trauma is the psychological and emotional harm caused by racism and includes symptoms of depression, anxiety, anger, avoidance, hypervigilance, intrusive thoughts, and physical symptoms.³ It is not a mental illness, and those who experience racial trauma should not be stigmatized as if their psychological or behavioral responses are pathological. SAH respondents were asked about race-based traumatic stress symptoms after they experienced a hate incident, after reporting to SAH, and recently.
- 4 out of 10 experienced at least one race-based traumatic stress symptom after the event.
- 3 out of 10 experienced at least one race-based traumatic stress symptom recently, indicating that racism harms in the immediate- and short-term.
- 3 out of 10 of those of those experiencing racial trauma after anti-Asian hate no longer met criteria for racial trauma after reporting the incident to SAH. This indicates that reporting may help alleviate race-based traumatic stress.

3. Notable Decline in Health/Healthcare Access

Disparities in healthcare access among Asian Americans related to structural and cultural barriers and delay in seeking healthcare existed long before the pandemic,^{4,5} but because of shelter-in-place and fears of COVID-19 exposure, the pandemic has likely widened the gaps further.

- 46.5% of Asian Americans reported at least one physical health or mental health condition as confirmed by a health care provider.
 - Anxiety was the most frequently reported health condition (21.0%), followed by depression (16.4%), hypertension (14.9%), and diabetes (5.7%).
- Over 2 in 5 (43.5%) reported a decline in self-rated health since the pandemic.
 - Those with co-occurring physical and mental health conditions were the most vulnerable to a health decline (50.2%).
- 41% of respondents with medical needs delayed getting medical care because of the pandemic.
 - 31.2% with medical needs only sought medical care for COVID-19.

³ Carter, R. T., & Pieterse, A. L. (2020). *Measuring the effects of racism: Guidelines for the assessment and treatment of race-based traumatic stress injury*. Columbia University Press.

⁴ Kim, E. J., Kressin, N. R., Paasche-Orlow, M. K., Lopez, L., Rosen, J. E., Lin, M., & Hanchate, A. D. (2018). Racial/ethnic disparities among Asian Americans in inpatient acute myocardial infarction mortality in the United States. *BMC Health Services Research*, 18(1). <https://doi.org/10.1186/s12913-018-3180-0>

⁵ Nguyen, K. H., Pasick, R. J., Stewart, S. L., Kerlikowske, K., & Karliner, L. S. (2017). Disparities in abnormal mammogram follow-up time for Asian women compared with non-Hispanic white women and between Asian ethnic groups. *Cancer*, 123(18), 3468-3475. <https://doi.org/10.1002/cncr.30756>

4. Economic Impact

Asian American small business owners—especially in the food industry—were hard hit across the country.^{6,7} The unemployment rate for Asian Americans jumped from 2.8% in August 2019 to 15.0% in May 2020 and stabilized at 6.6% as of January 2021.⁸

- Over half (55%) of Asian Americans reported that either they or someone in their household experienced a loss of employment income since the start of the COVID-19 pandemic; over a quarter (26%) expected a household member to lose employment income in the coming months.
- 1 in 5 Asian Americans needed more help with unemployment services (20%) and utilities (19%); 15% needed help with housing.
- Of those who reported a significant impact on family life, 42% lost income, and 31% lost jobs.
- Vietnamese, Korean, and Filipino adults were most affected by economic concerns, income loss, or needing support.

5. Food Insufficiency

Food access has emerged as a major issue during the pandemic as the economic recession has led to sharp increases in unemployment and poverty. Asian Americans have the highest income inequality compared to other racial groups,⁴ and recent research has found significant disparities in food access across income levels and within Asian subgroups during the COVID-19 pandemic.^{9,10} **This study shows that one-third to one-half of Asian Americans need assistance accessing food (especially low income and foreign-born); such needs are exacerbated by the pandemic.**

- 7% of Asian American respondents were food insufficient both before and during the COVID-19 pandemic.
 - Most concerning, 1 in 2 (50%) did not have enough food because they were afraid to go outside, while over one-third (38%) could not afford more food.
- High levels of need were observed among Asian subgroups earning <\$25,000 per year across all key measures of food access.
 - Asian subgroups earning \$25,000 or less annually reported nearly 14 times more food insufficiency than those earning \$150,000+ (11.4% vs. 0.8%).
 - Lower-income Asian Americans were less likely to engage in practices conducive to health and safety, such as cooking at home more or using online grocery or delivery services.
- Accessing food assistance programs was rare even amongst the lowest income group.
 - 9% used a food bank or food pantry; only 3% overall (4%, lowest income group) used a community-based food delivery program (e.g., Meals on Wheels), and just 5% relied on food from their children's school (5%, lowest income group).
- Filipino, Korean, Japanese, and multiethnic subgroups; Asian-language survey respondents; and younger US born (18-24 year olds) had the highest levels of need across different measures of food access.

6. COVID-19 Related Health and Health Behaviors

When compared to non-Hispanic Whites, Asian Americans have lower COVID-19 testing rates but higher hospitalization and mortality rates related to COVID-19.^{18, 19} Prior to FDA authorization of vaccine for COVID-19, although more than 80% of English-speaking Asian Americans indicated intent to get vaccinated,²⁰ a multilingual survey found that 76% of Asian Americans expressed at least one concern of the COVID-19 vaccine for its side effects and safety.²¹ This study examined Asian Americans' COVID-19 testing status, safety practices against COVID-19, and receptiveness to COVID-19 vaccine 2 to 4 months since the COVID-19 vaccine has become available.

- 3.2% of the respondents were hospitalized overnight due to known or suspected COVID-19 infections.
- The COVID-19 testing rate remained suboptimal. Slightly over half (56.6%) of Asian Americans were tested.

⁶ Dang, E., Huang, S., Kwok, A., Lung, H., Park, M., & Yueh, E. (2020). *COVID-19 and advancing Asian American recovery*. <https://www.mckinsey.com/~media/McKinsey/Industries/Public%20and%20Social%20Sector/Our%20Insights/COVID%2019%20and%20advancing%20Asian%20American%20recovery/COVID-19-and-advancing-Asian-American-recovery-v3.pdf>

⁷ Mar, D., & Ong, P. (2020). COVID-19's employment disruptions to Asian Americans. *AAPI Nexus*, 17(1 & 2). <http://www.aapinexus.org/2020/12/03/covid-19s-employment-disruptions-to-asian-americans/>

⁸ Horsley, S. (2020). 'Overlooked': Asian American jobless rate surges but few take notice.

<https://www.npr.org/2020/10/01/918834644/overlooked-asian-american-jobless-rate-surges-butfew-take-notice>

⁹ Yi, S. S., Ali, S. S., Chin, M., Russo, R. G., Doan, L. N., & Rummo, P. (Under review). Contrasting the experiences for high- and low-income Asian Americans during COVID-19. *Preventive Medicine Reports*.

¹⁰ Rummo, P. E., Naik, R., Thorpe, L. E., & Yi, S. S. (In press). Changes in diet and food shopping behaviors among Asian-American adults due to COVID-19. *Obesity Science & Practice*.

- A possible reason for low testing rates for COVID-19 is the low perceived risk of infection. Overall, 72.3% Asian Americans believed that they have never been infected with COVID-19.
 - Among those who have never been tested, 3 in 4 (76.3%) Asian Americans believed that they did not have or never had COVID-19. Most (88.6%) older adults ages 65 and older believed they had never been infected with COVID-19 despite never having been tested.
- A majority (83.3%) were receptive to getting vaccinated for COVID-19 once it was available to the public (ranged from 86.9% among Pakistani, 85.7% among Chinese, to 78.6% among Korean).
- Most Asian Americans were engaging in COVID-19 safety precautions such as using a face mask and social distancing. Nearly all (94.3%) used face masks in public places much or all of the time, and 90.6% social distanced much or all of the time. Less than half (43.1%) had isolated themselves due to known or suspected exposure to COVID-19, while only 3.7% said they did not want to isolate when they had known or suspected exposure.
- Nearly 60% of Asian Americans obtained information about the pandemic at least weekly, with 15.2% daily.

7. Housing

Among Asian Americans with household income less than \$25,000, one quarter (25%) expressed a need for help with housing, 20% reported that housing is a source of stress during the pandemic, and 23% reported little to no confidence that they could pay their next rent or mortgage payment on time.

8. Educational Impact

Asian Americans reported significant educational challenges for themselves and/or their children due to the pandemic. The most endorsed challenge faced by Asian Americans across income groups was the inability to concentrate in the remote learning home environment (64%). However, low- and middle-income Asian Americans also reported more challenges related to high-speed internet access, lack of technological equipment, and language barriers in understanding material.

Executive summary authored by: Anne Saw, DePaul University and Asian American Psychological Association; Lan Doan, New York University Grossman School of Medicine; David Takeuchi, University of Washington; Janice Tsoh, UCSF; Stella Yi, New York University Grossman School of Medicine.

Contact: Anne Saw, PhD, asaw@depaul.edu

Acknowledgements:

We thank our community partners: Asian Business Association of San Diego, Asian Pacific Community in Action, Asian & Pacific Islander American Health Forum, Association of Asian Pacific Community Health Organizations, The Cambodian Family, Center for Pan-Asian Community Services, Chinese-American Planning Council, Coalition for a Better Chinese American Community, Coalition for Asian American Children+Families, Filipino American National Historical Society, Hanul Family Alliance, Kalusugan Coalition, Light and Salt Foundation, National Council of Asian Pacific Americans, National Indo-American Museum, Pui Tak Center, Search to Involve Pilipino Americans, VN Teamwork.

We also thank Shreya Aragula, Wendy de los Reyes Moore, Michael Huynh, Ian Kahrilas, Reina Kwon, Dr. Simona Kwon, Nancy Mai, Jay Mantuhac, Rebecca McGarity-Palmer, Afshan Rehman, Sabrina Salvador, Fiona Sun, Dr. Rebecca Siltan, and Jennifer Wong for their invaluable assistance with this project.

This project was funded by The W. K. Kellogg Foundation, JPB Foundation, Ford Foundation, The California Endowment, Weingart Foundation, and The California Wellness Foundation.